

## EXHIBIT A-1

### COUNTY FUNDING REQUEST FACE SHEET MENTAL HEALTH SERVICES ACT COMMUNITY PROGRAM PLANNING

**Date Submitted:** March 10, 2005

**Name of County:** Orange County

**County Contact Person** (include title, address, telephone and fax numbers and e-mail address):

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**Funding Requested:** \$636,415

**Signature of County  
Mental Health Director  
(Required):** \_\_\_\_\_

**Submit Funding Request no later than March 15, 2005 to:**

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# **Orange County Funding Request for Mental Health Services Act (MHSA) Community Program Planning**

## **Introduction**

On November 2, 2004, the voters of California took an important first step to improve the lives of adults afflicted with serious and persistent mental illness and children with serious emotional disturbances. With the adoption of Proposition 63, the Mental Health Services Act (MHSA) became law effective January 1, 2005. The MHSA is a unique opportunity to transform the local community mental health system from its current state toward a state-of-the-art culturally-competent system that promotes recovery/wellness through independence, hope, personal empowerment and resilience.

In Orange County, the purpose of our initial planning is to provide a structure and process that can be used by our community. In partnership with a wide array of stakeholders, we will determine how best to use future funding that will become available for Community Services and Supports. Our planning process is designed to be broad, open, inclusive, effective and efficient. It will rely upon the wealth of knowledge, expertise, experience and ideas among diverse community members and the many collaborative initiatives already in existence in Orange County. One of the Health Care Agency's top priorities is to assure that input from under-represented ethnic groups and special needs target populations will be included in our planning efforts.

While Orange County staff realizes that the Mental Health Services Act (MHSA) offers a historic and unique opportunity, we do not want to re-create systems and processes that already exist and are working, but rather to build upon them. One example noted below is our Mental Health Board.

Planning for the implementation of the MHSA in Orange County has been built upon the strong foundation already in place between the Mental Health Board and the community at large. For the past three years, the Mental Health Board has conducted community forums to solicit feedback about the Orange County community mental health system. Consumers, family members, advocates, service providers, collaborative partners and many other stakeholders attended these forums.

These open public meetings served as a way to collect community input to use in setting programming and budgeting priorities for the following fiscal year. The meetings also produced a comprehensive inventory of ideas of how to better achieve a culturally competent system that is client-directed, supports recovery and resiliency, produces desired outcomes, and is accountable to the community at large.

Prior to the passage of Proposition 63, Orange County Behavioral Health Services also held several meetings with various community groups to educate the public about the purpose, scope and contents of the ballot initiative. These meetings helped us convey to the public that, with the passage of the MHSA, we would be afforded a unique opportunity to transform the community mental system both here in Orange County and throughout California.

Since election day and the passage of the MHSA, County staff have conducted more than twenty (20) meetings throughout the County with groups such as the Orange County Coalition for Comprehensive Mental Health Services, the Hospital Association of Southern California, the OC Alcohol and Drug Board, client meetings held at clubhouses, National Alliance for Mentally Ill (NAMI) Orange County, the OC Mental Health Association, the Mental Health Board and its various working subcommittees, various County Mental Health staff meetings, contract provider staff groups and other community groups to review the MHSA, its component parts and timeframes for implementation. At these meetings, feedback on the proposed planning structure was solicited. Additionally, Behavioral Health Services staff, MH Board members, and other OC stakeholders, attended the State Department of Mental Health (DMH) meeting regarding implementation of the MHSA held December 17, 2004 in Sacramento and the Mental Health Policy Forum held February 9-11, 2005 in San Diego.

These activities have prepared Orange County to begin the planning phase of Proposition 63 implementation. There is consensus that the Orange County planning process will be based upon community values and priorities that will include:

- Client-centered
- Family-focused
- Culturally-competent
- Outcome-driven
- Strengths-based
- Comprehensive and integrated with a wide range of supportive services
- Individualized to each client
- Provided in the least restrictive and most appropriate setting.
- Coordinated at both the system and service delivery levels
- Programs and services that have proven effectiveness/best practices models

In addition, clients shall be involved as full partners in their treatment and care, and their rights will be protected. Furthermore, families will be recognized as a valuable resource for the planning process and fully integrated treatment programs, with family's needs recognized as a paramount priority.

## **I. Methods to Ensure Participation from Consumers and Families**

### **A. Outreach to Diverse Consumers and Families**

Orange County is a culturally diverse community. In terms of ethnicity, the population is 49% non-Hispanic White, 32% Hispanic, 15% Asian Pacific Islander, and 1.5% African American. Linguistically, Orange County has the largest Spanish-speaking city in the nation (Santa Ana). Seventy-four percent of Santa Ana residents identify Spanish as their primary language. Another city in Orange County (Anaheim) is the fourth largest Spanish-speaking city in the United States. Penetration rates by ethnicity for publicly-funded mental health services in Orange County for all types of mental health services combined are: Caucasian, 12.15%; Latino, 2.43%; and Vietnamese, 2.53%. The overall penetration rate for the County is 6.02%. This data shows us that there is opportunity for improvement.

Orange County intends to ensure representative participation by racial/ethnic communities by: asking consumers and family members to contact individuals within their social networks, placing ads in local

Vietnamese and Latino media, putting notices about the planning process in the waiting rooms of County medical, mental health and substance abuse clinics, and utilizing health educators (as an in-kind contribution) to publicize MHSA planning events during educational sessions at senior centers and other venues.

Other strategies to ensure a representative process include, but are not limited to the following.

1. Culturally competent outreach and public information efforts within the County will be concentrated on ethnic/cultural enclaves, such as Santa Ana and Anaheim for Latinos, and Westminster and Garden Grove for Vietnamese residents.
2. Language utilized in all media will be culturally appropriate, reflecting values, beliefs and cultural norms of the diverse populations present in Orange County.
3. Bilingual/bicultural providers, key community leaders and cultural brokers, interpreters and translation services will be utilized in the Orange County Planning Process.
4. Meetings and focus groups will be held in all four regions of the County, concentrating on historically under-represented communities.
5. The assistance of existing organizations with a presence in these communities will be enlisted, including faith-based organizations, Area Agency on Aging, community clinics, the Orange County Medi-Cal managed care program (CalOPTIMA), and both primary and secondary schools. Already existing networks such as NAMI's Faith Net will also be used.
6. Members of these groups will be included in both ad hoc and permanent committees related to the planning process.
7. Specific outreach efforts will be made for hard to reach populations, such as homeless individuals and homebound older adults. Examples include the County's homeless outreach program/AB2034, the Risk Reduction Education and Community Health Program (REACH), the Senior Health Outreach and Prevention Program (SHOPP) and the Substance Abuse Resources Team (START).

## **B. Outreach to Those Individuals and Families Not in Organized Advocacy Groups**

A variety of strategies will be used to reach individuals and families who may not belong to organized advocacy groups. These include, but are not limited to the following.

1. Using mass media, including the Orange County Register and local community newspapers targeted at the bilingual and monolingual populations of the County (Spanish Exselsior, La Opinion, and Hoy, and the Vietnamese newspaper, Nguoi Viet); radio ads (including Public Service Announcements on Vietnamese radio stations, such as Saigon Radio, KALI Hai Ngoai, KVNR and Spanish radio stations, such as KLVE, KWIZ, KMXW and KLAX) and television networks such as KOCE. Media coverage will be used to inform the community of the planning process and to target non-English speakers as well as the Latino and Asian communities to invite their participation. Public Service Announcements (PSA's) as well as paid advertisements will be used.
2. Holding a series of town hall meetings, community forums, and specific focus groups in a culturally appropriate manner and utilizing community leaders as partners in the MHSA activities to attract members of Orange County's diverse communities. Such meetings will be held in each of the four regions in Orange County (North, South, East and West)
3. Using consumer and advocacy organizations, such as NAMI, Mental Health Association (MHA), United Advocates for Children of California (UACC) and Depression and Bipolar Support Alliance

(DBSA) to reach individuals who are not current members but are within the social networks of members, focusing on support groups for monolingual consumers and family members.

4. Posting notices of meetings and input opportunities in English, Spanish and Vietnamese at clinic sites, clubhouses, (such as MHA's consumer-run Golden Treasures Clubhouse), homeless shelters, inpatient psychiatric units, and the waiting areas for pharmacies, schools and other areas frequented by the public at large.
5. Using community-based organizations and existing natural networks, including faith-based organizations and schools, to assist in reaching older adults and youth.
6. Reaching out to private sector hospitals that have emergency room services and to shelters for the homeless.
7. Designating contact persons (community outreach workers) who will receive and summarize input and recommendations in English, Spanish, and Vietnamese, including input not solicited by Orange County Behavioral Health Services.
8. Enhancing a new Mental Health Services Act website using English, Spanish and Vietnamese and posting notices on other related websites, giving details about the MHSA and opportunities to participate in planning. Links to websites hosted by culture/language specific groups, such as the National Latino Behavioral Health Association and the Vietnamese Community of Orange County will be included.
9. Utilizing dedicated e-mail, voice mail accounts, and sampling methods to receive input from the public in English, Spanish and Vietnamese. The MHSA website for Orange County is [www.ochealthinfo.com/prop63](http://www.ochealthinfo.com/prop63). The email address is [prop63@ochca.com](mailto:prop63@ochca.com). The dedicated phone line is 714-834-6023.
10. Providing a list of Frequently Asked Questions in the three threshold languages and posting them on web sites and including them in mailings to existing mailing lists.
11. Preparing Fact Sheets and data summaries to guide the discussion of service gaps.
12. Requesting the assistance of existing organizations and agencies to get the word out, e.g., County schools, public health field nursing and health promotion, Head Start, Regional Center, public safety, the jails, County Alcohol and Substance Abuse Prevention and Treatment programs, and culture/language-specific agencies and community centers frequented by historically under-served populations. Examples of such agencies include, Delhi Community Center (a Latino-based community organization providing numerous services), the Office on Aging's Senior Citizen's Advisory Council, all area Senior Citizens Centers and other hubs of service to the County's older adult population, such as the Southern California Indian Center and the Vietnamese Center of Orange County.
13. Keeping the Planning Groups, County administration, and the community informed about the progress of the planning and implementation, using consumer friendly materials.

### **C. Outreach to Those Who May be Underserved Due to Race/Ethnicity, Language, Culture or Geographic Factors.**

1. Hiring three half-time community outreach workers (Vietnamese/Latino) to facilitate the inclusion and participation of the community and of persons of diverse ethnic backgrounds, including those who are not currently receiving services. These employees will be consumers and/or family members.
2. Making written materials available in English, Spanish, Vietnamese and other languages as needed. See **Attachment A** for examples.
3. Providing interpreters and presenters for the threshold languages and for other languages as needed, including American Sign Language.

4. Providing transportation (with assistance if necessary) and child care as needed to facilitate the participation of consumers and families.
5. Holding public forums, focus groups, and other meetings at locations easily accessible to each ethnic community and ensuring that sites in each of the four regions in the County are included.
6. Utilize the community outreach workers to provide a promotora type of program model (layperson training), similar to the one utilized by a local Latino community-based organization, Latino Health Access, to reach those segments of the population that are traditionally under-served.
7. Implementing client focus groups and surveys in linguistic and culturally appropriate ways, such as in conjunction with trusted community leaders and faith based organizations.
8. Using public meetings, public hearings and mental health community-based organizations to promote planning activities and results in all three-threshold languages.

#### **D. Methods to Obtain Family and Consumer Involvement.**

Both the MHSA planning requirements and local system of care principles require meaningful, extensive involvement in the planning process of consumers, potential consumers, family members, and caregivers. Some of the strategies that will be used to ensure consumer input and involvement include, but are not limited to, the following:

1. Including consumers and families in the discussion and recommendation process outlined below.
2. Providing consumer-only meetings on an ad hoc basis, utilizing existing advocacy organizations, and including consumers and family members for whom English is a second language or who are monolingual Spanish or Vietnamese-speaking.
3. Providing client focus groups in large 24-hour facilities such as hospitals, Institutes for Mental Disorders, and Board and Care facilities, as well as clubhouses and outpatient clinics.
4. Hiring consumers and family members to facilitate focus groups and the planning process.
5. Providing transportation (with assistance if necessary) and child care, or respite care, as needed to allow consumer, caregiver, and family participation.
6. Hiring consumers and recruiting volunteers as community forum facilitators, or advocacy group leaders to conduct community forums in English, Spanish and Vietnamese. This will help us access hard to reach consumers and potential clients.
7. Holding meetings in neighborhoods where consumers live and work.
8. Providing information written in English, Spanish and Vietnamese and ensuring that all communication is culturally appropriate.
9. Holding scheduled meetings at times that are convenient for consumers and family members.

#### **E. N/A**

Orange County has many established consumer and family groups participating in County mental health program policy and planning. These include, but are not limited to NAMI Orange County, the Mental Health Association, the Depression & Bipolar Support Alliance, Spanish-Speaking Parents Support Group and the and the County's Community Quality Improvement Committee.

#### **F. Assistance to Be Provided to Consumers Involved in Planning**

Orange County intends to provide a broad array of supports to enable consumers to fully participate in the planning process. These include, but are not limited to the following: stipends, childcare, supplemental meals, transportation assistance and refreshments at meetings.

Stipends to pay for consumer's time in attending meetings or focus groups will be made available in the amount of \$20 per meeting. Stipends will be available under the following guidelines.

- The consumer or family member is not a paid employee of either the County or a community-based organization providing mental health services.
- The meeting lasts a minimum of one hour.
- The consumer or family member will sign a county generated form acknowledging payment.

When consumers are acting as facilitators for focus groups and other planning activities, they will be paid at an hourly rate consistent with County policy.

Whenever possible, community meetings will be held in facilities where childcare is routinely provided. Experienced/licensed childcare providers will care for children in a facility close by.

## **II. Comprehensive Community Program Planning Model**

Orange County is committed to an inclusive planning process that will ensure maximum input from local consumers, family members, service providers, and other key stakeholders. Our approach will create numerous opportunities for meaningful involvement of consumers and family members from the inception of planning through implementation and evaluation of identified services and programs. To ensure an effective county-wide process planning activities will be held in each of the four regions within the County. The proposed organizational structure may be found in **Attachment B**.

The majority of the planning activities will occur in six major work groups and two sub-groups. The major work groups are: Education and Training, Capital and Technology, Older Adults Services and Supports, Adult Services and Supports, Children and Youth Services and Supports (Community Services and Supports means "System of Care Services" as required by the MHSA in WIC Sections 5813.5 and 5878.1-3), and Prevention and Early Intervention. The two subgroups are Transitional Older Adults and Transitional Age Youth. Clients, family members and other stakeholders will self-select membership on any or all of these planning groups. The intent is to be as inclusive as possible.

If representation on these work groups is not consistent with Orange County demographics, members from under-represented groups will be recruited and invited to participate. Each of the above-mentioned work groups and subgroups is expected to meet twice monthly.

The Orange County Steering Committee will review written reports and recommendations from the work groups. These recommendations will eventually be incorporated into a three-year strategic plan that will be circulated for review.

The County Mental Health Director will appoint members to the Steering Committee. It will consist of fifty-six stakeholders. (See **Attachment C** for list of proposed members.) The main functions of the Steering Committee will be to: 1) ensure a comprehensive, thorough consideration of community mental health needs in Orange County; 2) to ensure that the Orange County MHSA Plan includes the most effective strategies to meet those needs; and 3) ensure that local consumers, family members and other stakeholders have active participation in the planning process. The Steering Committee will meet at least monthly to discuss recommendations from the planning groups and review draft sections of the

written plan as they are completed. Finally, the Steering committee will approve the draft plan and forward it for public comment and a public hearing held by the Mental Health Board.

A Project Management Group of Health Care Agency staff will provide oversight to ensure compliance with Department of Mental Health (DMH) guidelines. This will also ensure that inputs to the plan such as information on community resources, literature reviews on best practices and needs assessment data from surveys and focus groups are available to work group members.

The Project Management Group will also provide technical assistance and ensure that the work group participants have access to the best information available to use in the planning process. The Project Management Group will include, but not be limited to the following individuals: the County Mental Health Director, the Behavioral Health Services Chief of Operations, the MHSA Administrator, a member of the County Board of Supervisors, the HCA Health Planner, the Behavioral Health Services Family Advocate, the Training Coordinator, the Cultural Competency Coordinator, three part-time Community Outreach Workers, the Chair of the Mental Health Board, and the Chair of the Alcohol and Drug Advisory Board.

Once the three-year strategic plan draft is completed and reviewed internally, it will then be distributed for public comment. After a thirty-day comment period, the Mental Health Board will hold a public hearing on the plan. Comments received in writing or through public testimony will be attached to the final plan. Revisions to the Plan will be based on those comments.

### **III. Designation of Responsibilities**

Orange County Behavioral Health Services will ensure clear designation of responsibilities for MHSA Community Program Planning. The following is a brief description of the expected staffing plan.

#### **A. Overall Responsibility**

The County has hired a full-time Prop. 63 Administrator. She will be responsible for the planning process and overall coordination of the project.

#### **B. Responsibility for Organizational Work**

A Staff Specialist will handle the organizational work. This individual will devote 100% of his or her time to the project.

#### **C. Responsibility for Stakeholder Participation (Unserved and Underserved Groups)**

The County plans to hire three half-time community outreach workers to ensure participation of unserved and underserved populations of consumers and family members. The outreach workers will speak Spanish or Vietnamese.

#### **D. Responsibility for Stakeholder Participation (Ethnically Diverse Populations)**

The same community outreach workers referenced in C above will also be responsible for providing outreach to ethnically diverse stakeholders. Again, each will be half time, for a total of 1.5 FTEs.

## **E. Consultants**

Consultants will be used to facilitate the Steering Committee meetings and any public forums or public hearings. They will also be used to provide specialized subject matter expertise and technical assistance to the work groups as needed. They will be integrated into the existing county structure through consultation with Behavioral Health Services management staff such as the Mental Health Director, and the MHSA Administrator, and the Project Management Group.

## **F. Other Staff**

Other staff and the percent time allocated are as follows.

Deputy Agency Director	20%
Chief of Behavioral Health Operations	20%
Staff Analyst III (Health Planner)	45%
Training Coordinator	25%
Family Advocate	40%
Cultural Competency Manager	25%
Six Program Managers @	15% each
Information Processing Technician	100%
Staff Specialist/MH Board	20%
Research Analyst	30%

Except for the Information Processing Technician, the staff listed above is an in-kind contribution of the County, funded through a redirection of existing resources.

## **IV. Advance Training of Stakeholders and Staff**

Planning is a cooperative process in which each partner in the planning process brings to the discussion his or her own expertise, background and experiences. At the same time, each learns from others their concepts, ideas and strategies. In order to facilitate conversation, all the parties to the planning process need to share a common body of information to which they will add their unique contributions. To ensure that all planning partners share a basic level of information, common trainings will be instituted in which everyone will receive similar information, sometimes tailored to the level of knowledge already present in that group.

Although much of the planning will be accomplished within specialized workgroups, most of the knowledge basis for planning will need to be presented to everyone, regardless of their special area of interest. Additional training in specialty areas will be provided to particular workgroups to facilitate their planning activities. The following stakeholders, at a minimum, will be represented in the planning process and will participate in training:

- Consumers and families
- County Behavioral Health Services management and supervisors
- County Behavioral Health Services line staff
- County Behavioral Health Contractors (management, supervisors and line staff)

- Other Health Care Agency and County personnel with direct contact with mental health clients (e.g., education, probation, social services, law enforcement, non-profit community agencies)
- Mental Health Board, Alcohol and Drug Advisory Board, MHSA Steering Committee, a County Supervisor or his representative
- Community special interest groups and non-profit agencies (e.g. Vietnamese-American Human Services Association, Orange County Asian Pacific Islander Community Alliance, Orange County Children's Therapeutic Art Center, YMCA Community Services)

Orange County Behavioral Health Services staff, some of which are currently providing training in mental health services, cultural competency, or consumer rights, can provide much of the training. Additional consultation and expert teaching will be contracted as needed to ensure a high level of training in all areas. General trainings will include the following broad topics: background information on the publicly funded mental health system; cultural competency, recovery and resiliency; county demographics, service utilization and resources; and planning for systems change.

#### **A. General Trainings:**

Basic training will be presented over four hours, in two, two-hour sessions. This will allow enough time to provide an overview of the necessary topics, without putting an undue burden on attendees. Many of those people who will be involved in the planning process have full-time jobs and/or other responsibilities that will enable them to attend trainings only if we make efficient use of their time. Below is a brief synopsis of the topics to be covered during the four hours of training.

#### **1. Background Information**

Everyone involved in the planning process will need to have an overview of the public mental health system (Health Care Agency, Behavioral Health Services), the Mental Health Services Act and the planning process to be used in Orange County. The following specific topics will be addressed:

- MHSA and the publicly-funded mental health system in California and Orange County
- The planning process for the MHSA in Orange County, including areas to be addressed, the process of communication, and decision making.
- Overview of integrated services for clients with co-occurring disorders.
- Overview of Older Adult, Adult, and Children's Services and Supports (Systems of Care)
- Mental health recovery, prevention and early intervention, education, stigma and suicide prevention
- Promising practices and innovative approaches

This training will be conducted by the County of Orange Behavioral Health Services (BHS) training staff and the BHS management staff.

#### **2. Cultural Competency, Recovery and Resiliency**

Cultural competence is a broad topic, which includes an understanding of the types of issues listed below.

- Understanding the community, understanding collaboration, and assuring community representation
- Diversity, cultural sensitivity and inclusiveness in collaboration
- Identifying cultural/linguistic barriers to accessing services
- Developing and implementing culturally competent mental health services

Recovery and resiliency are critical components of a transformed community Mental Health System. Mary Ellen Copeland’s work in the Vermont Education Recovery Project will be discussed. In that project, individuals who experienced psychiatric symptoms, their family members, supporters, and health care professionals were taught how to reduce or eliminate psychiatric symptoms safely, simply, and effectively on a daily basis, and how to get well and stay well. These skills are used complementary to, and exclusive of other treatments, including medication and rehabilitation supports. Another component of this project focused on teaching peers (others who have experienced mental illness) who have attended a Recovery Education Cycle to become “Recovery Educators” using a variety of formats to network and teach recovery skills to people in their region.

William Anthony’s work on a recovery-oriented Mental Health System will also be explained. This type of Mental Health System incorporates critical services of a community support system organized around the rehabilitation model’s description of the impact of severe mental illness. Each essential service is analyzed with respect to its capacity to ameliorate people’s impairment, dysfunction, disability and disadvantage.

The County of Orange Behavioral Health Services includes a Cultural Competency Unit, which is skilled in training. The unit will supplement its own expertise with the addition of consultant trainers, as needed.

### **3. Orange County Population, Resources and Services**

Everyone involved in the planning process will need to become knowledgeable about the publicly-funded population of Orange County, the types of mental health services utilized by that population (including private sector), and the resources currently available to provide those services. This training will cover the following specific topics:

- Ethnic/linguistic diversity in Orange County
- Existing services and current budget and staffing
- Utilization of services by publicly-funded patients overall and by age, gender, race/ethnicity
- Underserved communities and reduction/elimination of racial/ethnic disparities
- Gaps in mental health and mental health-related services in Orange County

This training will be provided by Orange County Behavioral Health Cultural Competency staff, with consultation from the County Quality Management and Planning staff and outside consultants who have conducted demographic and statistical studies of the county and its services.

### **4. Planning for Systems Change**

Inclusive planning, which ensures representation from all stakeholder groups, including traditionally under-represented ethnic, linguistic, socioeconomic, age, or other groups as well as consumers and family members, needs to cover some basic information on holding a public meeting, the use of a

variety of types of data/information in developing action plans, how to develop plans for evidence based outcomes to monitor systems change. In addition, consumers, as well as being involved in the planning process, can also be a vital asset in providing services. This concept will be included in the training. Thus, all participants in the planning process will receive training that includes the following specific topics:

- How to hold a successful interactive hearing
- Using data to develop recommendations
- Dimensions of change and strategies for creating change
- Implementing evidence-based practices as a method of ensuring program and system accountability
- Improving outcomes of the mental health services and supports system
- Background on consumer and family-operated services and promoting consumer participation

Orange County BHS staff, using consultation and training services from the National Alliance for the Mentally Ill, will offer this training.

#### **B. Specific Trainings:**

Each workgroup may need training in specific areas of knowledge or competence to help it address the issues within its area of interest. Although topics for these trainings will be more evident once the workgroups are formed, some areas of training may be identified from the outset. These may include, but are not limited to the following topics, as well as others to be developed later, and may be taught by a combination of county training staff and specialists from outside the county system:

- Evidence-based practices in children's mental health, adult and older adult mental health
- Evidence-based practices in prevention and early intervention
- Evidence-based practices for developing employment and housing
- Training and service models for mental health professionals
- Client and family operated services programs
- Wrap-around programs
- Supported employment
- Transitional employment
- Holistic approaches that include physical health care

#### **V. Budget and Budget Narrative (see next page)**

**ATTACHMENT C-1**  
**Fiscal Year 2004-05 Mental Health Services Act**  
**Proposed Program Planning Budget Worksheet**

Date:

<u>County:</u>	<b>County Mental Health Department</b>	<b>Community Mental Health Contract</b>	<b>Total</b>
<b>1. Salaries and Benefits</b>			
a. Salaries, Wages and Overtime	\$199,939		\$199,939
b. Bi-Lingual Pay Supplement	\$2,340		\$2,340
c. Employee Benefits	<u>\$68,511</u>		<u>\$68,511</u>
d. Total	\$270,791	\$0	\$270,791
<b>2. Consumer and Family Member Support</b>			
a. Stipends, Wages and Contracts	\$88,633		\$88,633
b. Translator Services	\$8,730		\$8,730
c. Travel and Transportation (including meals, housing, mileage)	\$13,440		\$13,440
d. Childcare	\$2,680		\$2,680
e. Other	<u>\$5,400</u>		<u>\$5,400</u>
f. Total	\$118,883	\$0	\$118,883
<b>3. Other Operating Expenditures</b>			
a. Professional Services	\$100,000		\$100,000
b. Travel and Transportation	\$13,980		\$13,980
c. Supplies (Postage, Copying, Office Supplies, etc.)	\$12,000		\$12,000
d. Rent, Utilities and Equipment	\$23,950		\$23,950
e. Other	<u>\$28,680</u>		<u>\$28,680</u>
f. Total	\$178,610	\$0	\$178,610
<b>4. Inter/Intra-Governmental Transfers</b>			
a. County Social Services Agency			\$0
b. County Health Services Agency			\$0
c. County Probation Agency			\$0
d. Education Agency(ies)			\$0
e. Other			<u>\$0</u>
f. Total	\$0	\$0	\$0
<b>5. Administration</b>			
a. County Overhead	\$68,131		\$68,131
b. Contract Overhead			<u>\$0</u>
c. Total	\$68,131	\$0	\$68,131
<b>6. Total-Proposed Community Program Planning Budget</b>	<b>\$636,415</b>	<b>\$0</b>	<b>\$636,415</b>

**1. Salaries and Benefits: \$270,791**

*Administrative Manager I: 100% for 18 months.* An Administrative Manager for the Orange County Mental Health Services Act was hired in January 2005. Duties and responsibilities include: overseeing and directing all aspects of the MHSA planning process; making policy decisions related to the MHSA; ensuring compliance with State regulations and guidelines; attending or conducting all pertinent meetings; effectively communicating and collaborating with clients, providers, community organizations, HCA executives, Board of Supervisors and other elected officials. Dorothy Hendrickson fills this position.

*Information Processing Technician (IPT): 100% for 12 months.* Duties and responsibilities include: typing and formatting a variety of complex documents, such as plans and progress reports; developing/designing mass mailers/emails; answering phones; making travel arrangements; handling routine correspondence; taking minutes at Steering Committee meetings and public forums; making meeting arrangements (handouts, refreshments, facilities, transportation and child care); and other support activities as needed by the Administrative Manager. This position is currently vacant.

*Staff Specialist: 100% for 12 months.* Duties and Responsibilities include: overseeing operational functions related to MHSA planning and implementation; providing support for six workgroups and two Subgroups; organizing and tracking all agendas, minutes and follow-up actions; arranging for and tracking client stipends and supports; and providing other types of administrative support as needed by the Administrative Manager. This position is currently vacant.

*Mental Health Worker II (Bilingual Spanish or Vietnamese speaking) Three positions @ 50% time each.* Duties and responsibilities include: conducting focus groups and doing community outreach to determine the mental health services needs of the community; interviewing key informants; communicating verbally and in writing findings from focus groups, outreach and interviews; acting as a liaison between target populations and Steering Committee members; and providing additional support for the planning process as needed. These positions are currently vacant.

**2. Consumer and Family Member Support: \$118,883**

Such supports include: stipends for attendance at Steering Committee or Work group meetings, focus groups, and public hearings; child care expenses, translator services; travel expenses and transportation to attend meetings.

**3. Other Operating Expenditures: \$178, 610**

These expenses include professional services of consultants to facilitate Steering Committee meetings and public hearings and to provide technical assistance; office supplies, such as paper, postage, and copying; travel and transportation for County staff to attend meetings in Sacramento and Los Angeles, as well as within OC; conference fees; leased space, communications; equipment, and advertising.

4. **Inter/Intra Governmental Transfers: \$0**

5. **Administration: \$68, 131**

County overhead.

# **Attachment A**

Community flyers in the  
3 threshold languages  
(Examples)



County of Orange Health Care Agency  
Behavioral Health Services

and



Orange County Mental Health Board



We cordially invite you to attend the  
Proposition 63 Kick-Off Celebration of the

## **The Mental Health Services Act (MHSA)**

Learn more about this new opportunity to expand services and develop innovative  
programs for mentally ill children, adults and older adults in Orange County

**Wednesday, January 26, 2005**

1st Session: 3:00-5:00pm

2nd Session: 6:00-8:00pm

St. Joseph Justice Center  
480 S. Batavia, Mother Louis Room  
Orange, CA 92868

### **Guest Speakers:**

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Erica Phoa, Member, Mental Health Board  
Maureen Kochen, RN, Chair, Mental Health Board  
Alan Edwards, M.D., Medical Director, Behavioral Health Services  
Mark Refowitz, Deputy Agency Director, Behavioral Health Services  
Theresa Boyd, Member, Mental Health Board

Free Parking - Light refreshments provided -  
- Spanish and Vietnamese interpreter service provided -

**Come celebrate the beginning of a new era for Mental Health!**



La Agencia del Cuidado de Salud del Condado de Orange,  
Departamento de Salud Mental

y



La Junta de Salud Mental del Condado de Orange



Le invitamos cordialmente participar  
en la celebración de la Proposición 63 sobre la

## **Acta de Servicios de Salud Mental (MHSA)**

Aprenda mas acerca de esta nueva oportunidad para la expansión y desarrollo de  
estos nuevos programas para los niños, adultos y personas de la tercera edad con  
enfermedades mentales que viven en el Condado de Orange.

**Miércoles, 26 de Enero de 2005**

1ra Sesión: 3:00-5:00pm  
2da Sesión: 6:00-8:00pm

St. Joseph Justice Center  
480 S. Batavia, Mother Louis Room  
Orange, CA 92868

### **Invitados de Honor:**

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Erica Phoa, Miembro de la Junta de Salud Mental  
Maureen Kochen, RN, Presidenta de la Junta de Salud Mental  
Alan Edwards, M.D., Director Medico de Salud Mental  
Mark Refowitz, Director de Salud Mental  
Theresa Boyd, Miembro de la Junta de Salud Mental

Estacionamiento Gratuito – Se serviran refrescos  
- Se proveerán servicios de interpretación en Español y Vietnamita

**¡Venga a celebrar el comienzo de una nueva era para la Salud Mental!**



CƠ QUAN Y TẾ QUẬN CAM  
Dịch Vụ Săn Sóc Sức Khỏe Tâm Thần



Hội Đồng Quản Trị Dịch Vụ Y Tế  
Tâm Thần Quận Cam



Trân trọng kính mời quý vị tham dự  
Lễ Chào Mừng việc Khởi Động Dự Luật 63 thuộc

## ĐẠO LUẬT DỊCH VỤ Y TẾ TÂM THẦN (Mental Health Services Act - MHSA)

Để tìm hiểu thêm về cơ hội mới này đối với việc khuyến khích  
những dịch vụ và việc phát triển sự làm mới các chương trình sức  
khỏe tâm thần dành cho trẻ em, người trưởng thành và các bậc  
cao niên trong Quận Cam.

Ngày Giờ: Thứ Tư ngày 26 tháng 1 năm 2005

Buổi họp thứ nhất bắt đầu từ 3:00 đến 5:00 giờ chiều  
Buổi thứ hai từ 6:00 giờ chiều đến 8:00 tối

Địa Điểm:

St. Joseph Justice Center  
(Trung tâm Thánh Giuse; tại phòng họp Mẹ bề trên Louis)  
480 S. Batavia, Mother Louis Room, Orange, CA 92868

Diễn Giả:

Erica Phoa, Quản trị viên, Hội Đồng Quản Trị Dịch Vụ Y Tế Tâm Thần  
Maureen Kochen, RN, Chủ Tịch, Hội Đồng Quản Trị Dịch Vụ Y Tế Tâm Thần  
Alan Edwards, M.D., Bác sĩ trưởng, Dịch Vụ Săn Sóc Sức Khỏe Tâm Thần  
Mark Refowitz, Phụ tá giám đốc Cơ Quan Y Tế, Dịch Vụ Săn Sóc Sức Khỏe Tâm Thần  
Theresa Boyd, Quản trị viên, Hội Đồng Quản Trị Dịch Vụ Y Tế Tâm Thần

Đậu Xe Miễn Phí - Sẽ có thức ăn nhẹ.

Sẽ có thông dịch viên cho tiếng Tây Ban Nha và Tiếng Việt

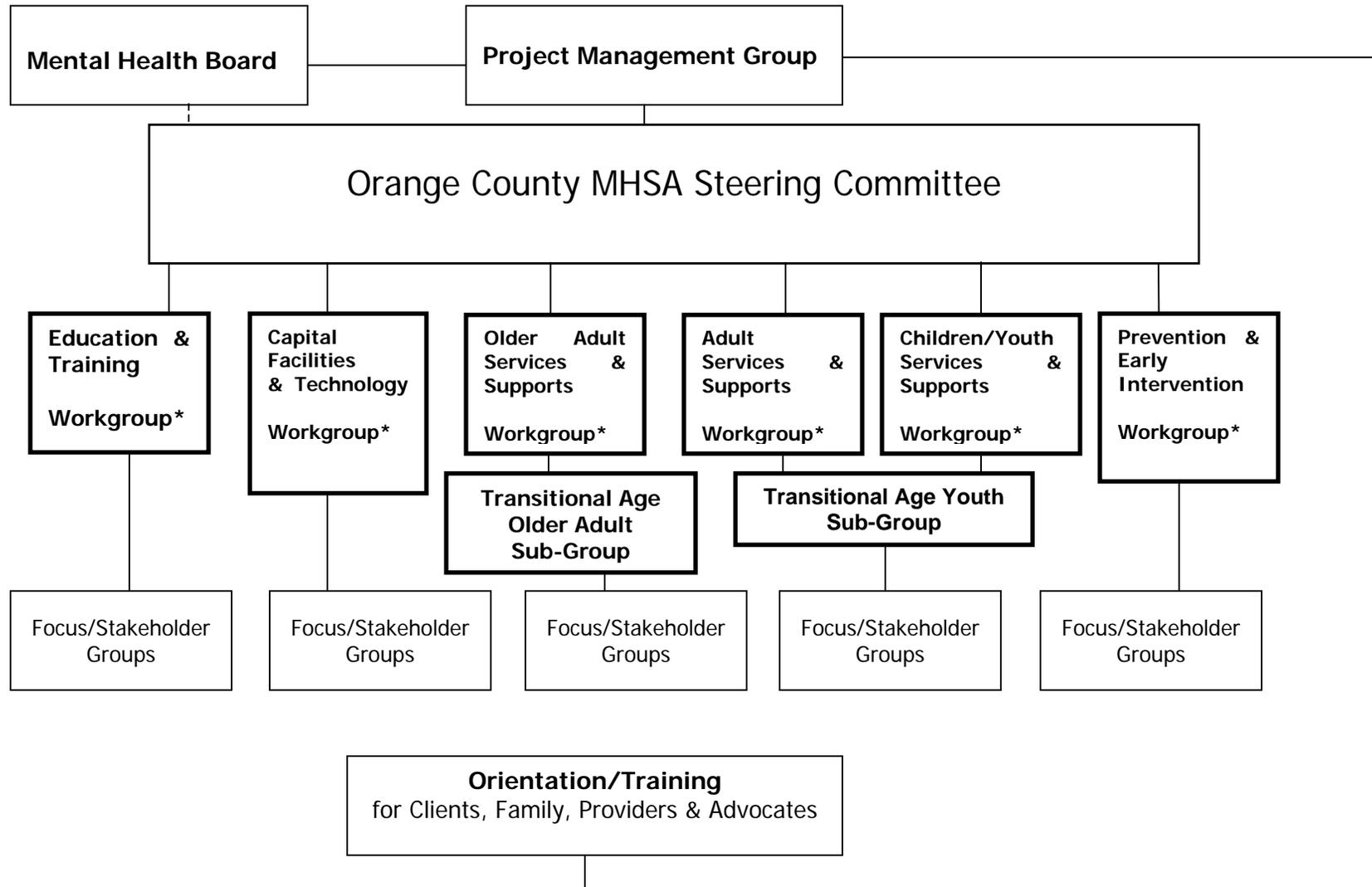
**Hãy đến đón mừng một giai đoạn mới cho sức khỏe tâm thần!**

# **Attachment B**

## Organizational Structure

# Mental Health Services Act (MHSA)

## Orange County Planning Structure



**\*Co-Chaired by HCA Division Managers and Community Representatives**

**The Project Management Group** will consist of the Mental Health Director, Behavioral Health Services (BHS) Chief of Operations, BHS/Prop 63 Administrator, Chief of Quality Management, BHS Family Advocate, BHS Cultural Competency Coordinator, Mental Health Board Chair, Alcohol and Drug Board Chair, and the Executive Assistant to the Orange County Board Supervisor assigned to Mental Health issues.

# **Attachment C**

Steering Committee Membership

**Mental Health Services Act (MHSA) /Prop 63**  
**Orange County Steering Committee**  
**Composition**

1. Alcohol & Drug Board, Chair
2. Behavioral Health Services, Deputy Agency Director
3. Behavioral Health Services Medical Director
4. Consumer Representative, Adults
5. Consumer Representative, Latino
6. Consumer Representative, Children and Youth
7. Consumer Representative, Older Adults
8. Consumer Representative, Transitional Youth
9. Consumer Representative, Vietnamese
10. Community Provider, Acute Services
11. Community Provider, Adults
12. Community Provider, Children & Youth
13. Community Provider, Emergency Services
14. Community Provider, Ethnic-Special Services
15. Community Provider, General Community Services
16. Community Provider, Older Adults
17. Community Provider, Transitional Youth
18. Family Representative, Adults
19. Family Representative, Children & Youth
20. Family Representative, Older Adults
21. Family Representative, Latino
22. Family Representative, Transitional Youth
23. Family Representative, Vietnamese
24. Mental Health Board, Chair
25. Provider of Alcohol & Drug Services
26. Representative, Alliance for the Mentally Ill
27. Representative, Board of Supervisors
28. Representative, CalOPTIMA
29. Representative, Cal State University
30. Representative, Children & Families Commission Orange County
31. Representative, Coalition of Orange County Community Clinics
32. Representative, Coastline Community College
33. Representative, County Executive Office, County of Orange
34. Representative, Cultural Competency
35. Representative, Department of Education
36. Representative, District Attorney
37. Representative, Emergency Room Physician
38. Representative, Homeless Service Provider
39. Representative, Housing & Community Services Department
40. Representative, Juvenile Justice Commissioner
41. Representative, Labor Organization
42. Representative, Law Enforcement – Local Law Enforcement Agency
43. Representative, Law Enforcement – Sheriff’s Department
44. Representative, Local School District / Special Education Learning Plan Area (SELPA)
45. Representative, Mental Health Association, Orange County
46. Representative, Multi-Ethnic Behavioral Health Services Task Force, Chair
47. Representative, NAMI Orange County
48. Representative, Probation Officer
49. Representative, Public Defender
50. Representative, Office on Aging
51. Representative, Orange County Regional Center
52. Representative, Senior Citizen Advisory Council
53. Representative, Social Services Agency
54. Representative, Superior Court, Central Justice Center
55. Representative, Veterans Service Office
56. Representative, Work Force Investment Board