

# Proposition 63: Is the Mental Health Services Act Reaching California's Transition Age Foster Youth?



A SPECIAL REPORT OF THE  
**CHILDREN'S ADVOCACY INSTITUTE**  
UNIVERSITY OF SAN DIEGO SCHOOL OF LAW

JANUARY 2010



# TABLE OF CONTENTS

Acknowledgements / About the Children’s Advocacy Institute .....	ii
Executive Summary .....	iii
<b>PART I: PROPOSITION 63: IS THE MENTAL HEALTH SERVICES ACT REACHING CALIFORNIA’S TRANSITION AGE FOSTER YOUTH?.....</b>	<b>1</b>
A. INTRODUCTION .....	1
B. CALIFORNIA’S TRANSITION AGE FOSTER YOUTH.....	2
1. General Overview .....	2
2. Transition Age Foster Youth and Mental Health .....	4
3. Assistance Currently Available to Transition Age Foster Youth .....	5
a. Federal Assistance.....	5
b. California State Assistance .....	5
C. PROPOSITION 63: THE MENTAL HEALTH SERVICES ACT .....	7
1. Purpose and Intent .....	7
2. Components of the Act .....	7
a. Community Program Planning.....	8
b. Community Services and Support .....	8
c. Capital Facilities and Information Technology .....	8
d. Education and Training .....	9
e. Prevention and Early Intervention .....	9
f. Innovative Programs .....	10
3. Prop. 63’s Non-Supplant Clause and Prohibition on Reducing Mental Health Funding .....	10
4. Statewide Programs Funded by Prop. 63 .....	12
5. Local Control vs. State Direction / Review .....	13
6. Nonfeasance by the State .....	14
D. KEY FINDINGS .....	15
E. PROPOSED SOLUTION .....	16
F. CONCLUSION .....	17
<b>PART II: CALIFORNIA’S 58 COUNTIES: DO THEIR PROP. 63 CSS PLANS REACH TRANSITION AGE FOSTER YOUTH? .....</b>	<b>19</b>
<i>Endnotes</i> .....	132

## ACKNOWLEDGEMENTS

The primary author of this is Melanie Delgado, Staff Attorney of the Children's Advocacy Institute (CAI) of the University of San Diego (USD) School of Law. CAI would like to thank the many USD School of Law students whose research and analysis helped make this report possible.

**This project is funded in part by a grant from The California Wellness Foundation (TCWF). Created in 1992 as a private, independent foundation, TCWF's mission is to improve the health of the people of California by making grants for health promotion, wellness education and disease prevention.**

## ABOUT THE CHILDREN'S ADVOCACY INSTITUTE

The Children's Advocacy Institute (CAI) was founded in 1989 as part of the Center for Public Interest Law at the University of San Diego (USD) School of Law. CAI's mission is to improve the health, safety, development, and well-being of children. CAI advocates in the legislature to make the law, in the courts to interpret the law, before administrative agencies to implement the law, and before the public to educate Californians on the status of children.

CAI strives to educate policymakers about the needs of children—about their needs for economic security, adequate nutrition, health care, education, quality child care, and protection from abuse, neglect, and injury. CAI's goal is to ensure that children's interests are represented effectively whenever and wherever government makes policy and budget decisions.

**For more information about this report  
or for additional copies, please contact:**

Children's Advocacy Institute  
University of San Diego School of Law  
5998 Alcalá Park  
San Diego, CA 92110  
(619) 260-4806 / Fax: (619) 849-4753  
[info@caichildlaw.org](mailto:info@caichildlaw.org) / [www.caichildlaw.org](http://www.caichildlaw.org)

Sacramento Office  
Children's Advocacy Institute  
717 K Street, Suite 509  
Sacramento, CA 95814  
(916) 444-3875 / Fax: (916) 444-6611

Published by the Children's Advocacy Institute  
of the University of San Diego School of Law.

Copyright © 2010 by the Children's Advocacy Institute. All rights reserved.

# PROPOSITION 63: IS THE MENTAL HEALTH SERVICES ACT REACHING CALIFORNIA'S TRANSITION AGE FOSTER YOUTH?

## — EXECUTIVE SUMMARY —

The 2004 passage of Proposition 63, the Mental Health Services Act (referred to herein as MHSA, the Act, or Prop. 63), provided California with the unprecedented opportunity to lead the country in providing effective mental health services. Prop. 63 states clearly that it is intended to address the needs of those subject to severe emotional difficulties, and that *prevention* of mental disability is a critical purpose. It directly references the need to assure transition of self-sufficiency of youth from age 16–25, requiring that

“The programs established pursuant to [specified provisions of the Act] **shall include services to address the needs of transition age youth ages 16 to 25.**”

The Transition Age Youth (TAY) population is a distinct population with extraordinary needs. The MHSA’s choice to target transition age youth is a sound one. These youth have extraordinary mental health needs as they separate from parents and family. They are vulnerable because they are moving through a period in their lives wrought with changes and challenges, physical, emotional, financial, psychological and social.

Within the TAY population is a subgroup that warrants special treatment and elevated priority: Transition Age **Foster** Youth (TAFY). Four important features distinguish TAFY from TAY:

- TAFY have no parental support to help them cope with their mental health challenges;
- TAFY have uniformly been abused and neglected, first by their parents, second by an underfunded and undervalued system that stubbornly tolerates poor outcomes;
- TAFY are the children of the state, and hence are owed a special moral as well as legal obligation; and
- TAFY have the most acute and urgent mental health needs of any subgroup of transition age youth.

What do we know about Transition Age Foster Youth specifically? We know that despite their precarious situations, they are forced to stand on their own eight years earlier than their counterparts, with only one-fifth the amount of financial support their counterparts receive. The typical youth—one who does not have a history of abuse and neglect—does not achieve true self-sufficiency until age 26. We know that parents invest a median amount of just under \$50,000 on their young adult children after age 18, thus giving their children a chance at becoming productive, self-sufficient adults. Foster youth, on the other hand, are thrust into the world at 18 years of age, with no safety net, and receive on average less than \$10,000 of financial assistance—and most of that help goes toward the paltry 3% who manage

to buck the odds and obtain a college degree. Most Transition Age Foster Youth receive virtually no financial help as they struggle toward adulthood.

More pointedly, we know that Transition Age Foster Youth have uniquely acute and desperate mental health needs as compared with Transition Age Youth generally:

- Suicide: A 2006 study found adolescents who had been in foster care at some point in their lives were almost four times as likely as other adolescents to have attempted suicide and more than twice as likely to have thought seriously about killing themselves in the previous 12 months.<sup>a</sup> Further, foster youth experience mental illnesses associated with suicidal behavior, such as major depressive disorder and Post Traumatic Stress Disorder (PTSD) at much higher rates than their peers in the general population.<sup>b</sup>
- Incarcerations: 25%–35% of former foster youth are incarcerated at some point after leaving care.<sup>c</sup> Their peers in the general population serve time in state or federal prison at a rate of 2.7%.<sup>d</sup>
- School Failure or Dropout: It is well documented that foster youth complete high school at rates far below the average. Only 50% of foster youth graduate from high school, compared with 75% of their peers who were not a part of the foster care system.<sup>e</sup>
- Unemployment: The unemployment rate among former foster youth is staggering: 60% of former foster youth are unemployed at age 19 compared with 42% of their peers with no history of foster care, and 50% of former foster youth are unemployed at age 21, compared with 35% of their peers with no history of foster care.<sup>f</sup> Of those former foster youth who are employed, 90% earn less than \$10,000 a year after leaving foster care,<sup>g</sup> and 75% still make less than \$10,000 annually at age 21.<sup>h</sup> As a point of reference, the 2009 poverty level for a single individual in the 48 contiguous states is \$10,830.<sup>i</sup>
- Prolonged Suffering: Even with overwhelming evidence that early intervention may be an important element in reducing long-term negative effects of mental illness, less than one-third of youth receive any type of mental health services during the year following their contact with the child welfare system.<sup>j</sup> Studies show that up to 85% of current or former foster youth have serious mental health issues<sup>k</sup> — compared with the 8% of the transition age youth in the general population who suffer from serious mental illness.<sup>l</sup>
- Homelessness: Foster youth are highly at risk of becoming homeless. For example, Sacramento County estimates that 45% of the youth who age out of the foster care system each year will have unstable plans that leave them vulnerable to becoming homeless.<sup>m</sup> Former foster youth — who make up just 0.8% of the total TAY population,<sup>n</sup> account for up to 40% of the population in homeless shelters.<sup>o</sup>

Young adults aging out of the foster care system have not yet “failed” into homelessness, poverty, or incarceration — but statistics show us that many soon will. A recent peer-reviewed cost-benefit analysis established that simply investing in TAFY to the level manifested by other (private) parents (\$50,000 during the years of transition) would yield a cost benefit in terms of direct public budgetary impact.<sup>p</sup> Such savings accrue when calculating known effects of such spending on mental health-related costs—unemployment, welfare, and incarceration as opposed to revenue generating and taxable income of successfully employed adults. And there is an ethical dimension beyond the economic argument: The abandonment of these children by the state raises profound questions about the family values of public officials.

## MENTAL HEALTH SERVICES ACT BACKGROUND

The Act specifies that the Department of Mental Health shall *contract for the provision of services with each county mental health program* as set forth in Welfare and Institutions Code § 5897. That section specifies that the state shall implement the Act through contracts with county mental health programs or counties acting jointly. This language provides substantial local control to the counties. However, the Act gives the state a critical role in determining and overseeing how funds from the Act's are spent. The Act contains several provisions that give the state oversight responsibility, contain guidelines and specifications for the programs, give the state some flexibility with surplus funds, and ultimately give the Legislature the authority to pass amendments. Finally, and importantly, the state has created and implemented programs using Proposition 63 funding. Notable statewide, state-administered programs utilizing this funding include the Statewide Suicide Strategic Planning Program, the Statewide Stigma and Discrimination Reduction Program, and the Student Mental Health Initiative.

Voters passed the Act with a stated purpose and intent to define serious mental illness among children, adults and seniors as a condition deserving priority attention, including prevention and early intervention.<sup>4</sup> Further, the purpose and intent is to reduce the long-term adverse impact on individuals, families and state and local budgets resulting from untreated serious mental illness.<sup>5</sup>

The Act imposes a 1% tax on adjusted annual income over \$1 million. Original estimates of generated revenue approximated \$750 million in 2005–06 and \$800 million in 2006–07.<sup>6</sup> The Act has far exceeded these estimates. Since 2005–06, the Act has taken in well over \$4 billion.<sup>7</sup> The fund condition statement released as part of the Governor's 2009–10 Budget Proposal projects that the Mental Health Services Fund took in over \$1.5 billion in 2007–08, over \$980 million in 2008–09, and is projected to take in \$887million during 2009–10.<sup>8</sup> At the end of the 2008–09 fiscal year, the Fund had amassed an unspent reserve in excess of \$2 billion.<sup>9</sup>

Importantly, the Act provides that its funding may not *supplant*, or indirectly divert to another purpose, the current mental health funding. In other words, Prop. 63 was designed and intended to generate new public investment.

Six major components make up the Act: Community Planning (services and support)<sup>w</sup>, Capital Facilities (buildings for services)<sup>x</sup>, Prevention and Early Intervention<sup>y</sup>, Community Services and Support<sup>z</sup> (including mental health programs for children and youth with serious mental and emotional problems), Education and Training<sup>aa</sup>, and Innovative Programs (increase access to underserved groups).<sup>bb</sup> Each of the six components is being implemented separately; each has its own timeline.

## CALIFORNIA'S PERFORMANCE IN IMPLEMENTING PROP. 63

Though the Act gives the counties a great deal of input and control over the funding it generates and the programs they create with the funding, the State maintains a large degree of control. The state Department of Mental Health and the Mental Health Services Oversight and Accountability Commission (referred to herein as MHSOAC or the Commission) must administer the fund, create guidelines for the counties, and approve the county plans. Thus, the organization and efficiency of the state bureaucracy directly affect the counties' ability to create and implement programs with Act funding.

Particularly relevant to the fate of Transition Age Foster Youth and the availability of Proposition 63 funding to assist them is the Commission's creation of guidelines for the counties' plans. The Commission guidelines could require counties to create programs solely and specifically for Transition Age Foster Youth, for example, and they do not. The guidelines only mention foster youth as one of several TAY "priority populations" counties may choose to serve.

In addition to failing to require programs to serve Transition Age Foster Youth, the State has failed in its responsibility to facilitate timely implementation of the Act.

## **GRADING THE STATE AND COUNTIES**

The Children’s Advocacy Institute (CAI) has examined the Community Services and Support (CSS) plans each county has implemented and the performance of the State and counties in fulfilling the purposes of Proposition 63 as applied to the subset of Transition Age Youth with the most acute mental health needs: Transition Age Foster Youth.

This review revealed that most counties acknowledge TAFY as highly at risk to develop serious mental illnesses, and many counties properly name them as a priority population for Act-funded CSS Transition Age Youth services. However, counties generally include TAFY as one of three to five at-risk TAY populations being served by their program(s). In most counties, the capacity of the Act-funded CSS programs falls far short of meeting the need of even the TAFY population alone—much less all of the priority populations that the programs seek to serve.

After reviewing each county’s Proposition 63-funded CSS plans and programs, CAI has assigned grades based on factors such as whether the program was designed specifically for the TAFY population; whether TAFY are identified as a priority population for the programs (and the number of other groups are identified as priority populations); program capacity; the type and number of services provided; and whether the county tracks TAFY participation and outcomes.

## **KEY FINDINGS**

- While foster youth are named as a priority population in most counties’ CSS plans, virtually no Prop. 63-funded CSS programs were created solely and specifically for Transition Age Foster Youth—despite the fact that many counties have focused programs on other priority populations such as prisoners who are transitioning back into society and Transition Age Youth exiting the juvenile justice system. While they properly recognize foster youth as a group highly at risk for mental illness, the counties have overlooked the unique situation of Transition Age Foster Youth who are transitioning out of the child welfare system without parental support or a social safety net comparable to that of their peers—even their peers transitioning out of juvenile justice or the Children’s Mental Health system.
- Based on the extent to which their Proposition 63 CSS programs reach TAFY, 26 counties earned an “F”. Most regrettably, these counties are home to almost 79% of California’s TAFY population—meaning that Proposition 63 CSS funds are not effectively reaching roughly 4 out of every 5 TAFY.
- Another 14.8% of the State’s TAFY live in counties where Proposition 63-funded CSS program capacity is inadequate to meet the demand for services, and where TAFY must compete with other priority populations for these limited services.
- The State of California merits a grade of “Incomplete” for its role in ensuring that Proposition 63 funds reach Transition Age Foster Youth—a population that is disproportionately experiencing the very outcomes that the Mental Health Services Act was enacted to address, and a population to whom the State (as parent) owes a special duty. In addition to what the State has done wrong — such as failing to properly implement the Act in a timely manner; producing county guidelines that are cumbersome and time consuming; and cutting funding from the core mental health budget and apparently expecting counties to backfill those programs and services with Prop. 63 funds — CAI is

concerned with what California has failed to do at all: mandate that counties create programs solely and specifically to address the unique needs of Transition Age Foster Youth.

- The Act was intended to give counties discretion to use Prop. 63 funds to meet the needs of their communities. However, when the majority of counties choose to ignore a population in as much need as TAFY, the State must intervene and either establish a set-aside percentage of Prop. 63 funds that it will allocate specifically for TAFY, or require that counties devote a certain percentage of Prop. 63 funding specifically for the TAFY population (or demonstrate how they are adequately meeting the needs of their TAFY population using other funding sources).
- To their credit, the Mental Health Services Act Oversight and Accountability Commission and other State leaders have stressed the importance of enacting programs that move away from a “fail first” approach to one that addresses serious mental illness before an individual has failed into homelessness or incarceration. The TAFY population faces eventual outcomes like homelessness and/or incarceration like no other—but it does not have to be that way. Transition Age Foster Youth are an easily identifiable and reachable population before they age out of the system; focusing a program on this unique population and funding it to support a capacity sufficient to address the actual need would be an effective and efficient use of Prop. 63 dollars. The creation of TAFY-specific Prop. 63-funded programs should complement—and not replace—other Prop. 63 programs serving the broader TAY population.

## PROPOSED SOLUTION

With the counties having with near uniformity failed specifically to address the unique and uniquely acute mental health needs of the State’s own children even while inexplicably addressing the needs of other specific groups like prisoners, the Commission must act and act immediately to cure this injustice; one that trammels upon both the intent of the Act and our moral obligations to these children, orphaned by our hand. To rectify this injustice, the Commission must take the following actions:

- ✓ First, the Commission at the earliest opportunity must unambiguously require the counties by a time certain to change their plans to explain how they will be using the Act’s funds to address the unique mental health needs of Transition Age Foster Youth, and to set aside a specified percentage of Prop. 63 funds for programs serving this specific population.
- ✓ Second, given that the counties failed to address the needs of these children on their own, the Commission must by a time certain adopt a plan for it actively to monitor the counties’ implementation of their plans, where Transition Age Foster Youth are concerned.
- ✓ Third, the Commission must establish a permanent set-aside of Prop. 63 funding that will be devoted to statewide programs and efforts to meet the unique needs of Transition Age Foster Youth to the extent that county-based programs are not doing so.
- ✓ Fourth, the Commission must require that programs designed to meet the unique needs of Transition Age Foster Youth offer a range of options that will meet the specialized needs of this population, without requiring these youth to remain part of a “system” that they are all too eager to leave behind. To that end, one such option that must be available to Transition Age Foster Youth is the Transition Life Coach Program.

***Transition Life Coach Proposal.*** Several studies demonstrate the importance of mentors or other adults whose stability and consistency contribute to the mental health and well-being of foster youth.<sup>cc</sup> Accordingly, CAI has developed the Transition Life Coach Program, which would pair every TAFY with



such a person—a Transition Life Coach, who would be appointed by the court on or as soon as possible after the Transition Age Foster Youth’s 16<sup>th</sup> birthday. The Coach would be an adult who is trusted by the youth and a part of the youth’s life. The Coach would take on many of the roles generally filled by the parent of a TAY, thus helping to prevent the trauma and isolation to which foster youth have been subjected and the stress associated with the transition into adulthood from developing into a mental illness. For youth already experiencing mental illness, a consistent, caring, trusted adult may be even more important to moving toward recovery.

The Coach would be responsible for monthly distribution of a flexible fund of money meant to assist the youth in a successful transition to a productive and healthy adult life. The amount of money in each fund would be the equivalent of the amount of money average parents spend on their children post-18, with consideration given to any special needs the youth may have and adjusted annually according to the Consumer Price Index.<sup>dd</sup> The Coach would be responsible for overseeing distribution the fund in accordance with a court-approved plan designed by each Transition Age Foster Youth with input from his/her attorney, social worker, Transition Life Coach, and where applicable, Court Appointed Special Advocate.

The Transition Life Coach would answer to either the Juvenile or Probate court — which would have jurisdiction over the Coach and the fund but not the Transition Age Foster Youth. The program would be flexible, it would closely resemble the relationship that non-foster care youth have with their parents, and it would help Transition Age Foster Youth transition to a successful, healthy adulthood.

Many Transition Age Foster Youth are transient, moving from county to county for various reasons. Currently, each county has a different and complex patchwork of limited public and private services to assist Transition Age Foster Youth. This often causes problems for youth moving between counties, and it causes disruption in services. The Transition Life Coach proposal provides a plan that is simple, customized to the needs of each youth and it is flexible, allowing the youth to move between counties without experiencing potentially harmful disruption in services.

The Transition Life Coach program is simple, it is new, and it is a smart use of public resources.<sup>ee</sup> CAI estimates that an annual set-aside of just 12% of Prop. 63 funds, combined with possibly available federal Title IV-E money for some of these youth (under recently-enacted federal legislation) would be sufficient to implement the Transition Life Coach plan statewide—providing TAFY with a meaningful chance at obtaining self-sufficiency, and providing them with a mentor to help get them there. The core fund would cost approximately \$220 million annually, spread across the 4,000 youth aging out of foster care each year.

A state set-aside would ensure that regardless of a county’s resources, Transition Age Foster Youth would receive funding, either to address an existing mental health issue under CSS funding or to prevent the onset of a serious mental illness under MHSA Prevention and Early Intervention (PEI) funding. The Transition Life Coach Program serves a population that, more than any other, meets the criteria and serves to forward the stated purpose and intent of the Mental Health Services Act.

## **CONCLUSION**

Counties have already implemented programs using the Community Services and Support funding provided through the Act. Most counties name Transition Age Foster Youth as a priority population and most provide at least some programs from which TAFY may benefit. However, not one county provides a comprehensive program solely and specifically for this unique population, and the services that are provided differ greatly from county to county, as this report documents below.

California and her counties must use a portion of the Community Services and Support funding to address specifically the unique needs of the Transition Age Foster Youth population. Additionally, the state must mandate the use of Prevention and Early Intervention funding to screen youth for mental health issues that would qualify youth for CSS funding prior to their aging out of the foster care system.

The Children’s Advocacy Institute has proposed the Transition Life Coach plan to help ensure a healthy and successful transition to adulthood for youth aging out of the foster care system. As is explained above, the program would appoint a Transition Life Coach to each foster youth, to be a consistent, caring adult in the Transition Age Foster Youth’s life, serve as a mentor, and distribute a fund to the youth according to a plan individualized to fit his/her unique needs. The program would be flexible, it would closely resemble the relationship that non-foster care youth have with their parents, and it would help Transition Age Foster Youth transition to a successful, healthy adulthood.

The Transition Life Coach proposal is a proper use of Prop. 63 funding. Transition Age Foster Youth are far more likely to experience Severe Mental Illness (SMI) or Serious Emotional Disturbance (SED) than their non-foster care peers, they have been exposed to the trauma and neglect that are often causes of SMI and SED and the state has legally taken on the role of parent to these youth. The stated intent of the Act is to define serious mental illness as a condition deserving priority attention, including prevention and early intervention services, and to reduce the long-term adverse impact on individuals, families and state and local budgets resulting from untreated mental illness. Studies have shown the value of mentors in preventing the onset of SMI, and this Program would also provide needed flexible funding for education, housing, transportation, and healthcare without requiring Transition Age Foster Youth to adhere to a strict schedule of requirements. The Program would be individualized to the needs of each youth, and it would help them move away from a dependence on the system and teach them how to live on their own, by providing a safety net much the same way that parents do.

### **Explanation of Commonly-Used Acronyms**

CSS	Community Services and Support
DMH	Department of Mental Health
EPSDT	Early and Periodic Screening, Diagnosis and Treatment
FSP	Full Service Partnership
MHSA	Mental Health Services Act (Proposition 63)
MHSOAC	Mental Health Services Oversight & Accountability Commission
PEI	Prevention and Early Intervention
SED	Serious Emotional Disturbance
SMI	Severe Mental Illness
TAFY	Transition Age Foster Youth
TAY	Transition Age Youth
THP-Plus	Transitional Housing Placement-Plus

- <sup>a</sup> Pilowsky, D.J. and L.T. Wu. *Psychiatric Symptoms and Substance Use Disorders in a Nationally Representative Sample of American Adolescents involved with Foster Care*, JOURNAL OF ADOLESCENT HEALTH 38(4) (2006) at 351–358.
- <sup>b</sup> Casey Family Programs, *Casey Northwest Foster Care Alumni Study* (2005) (available online at [http://www.casey.org/Resources/Publications/pdf/CaseyNationalAlumniStudy\\_MentalHealth.pdf](http://www.casey.org/Resources/Publications/pdf/CaseyNationalAlumniStudy_MentalHealth.pdf)).
- <sup>c</sup> O'Sullivan, J. & Lussier-Duynstee, P. (2006). Adolescent homelessness, nursing, and public health policy. *Policy, Politics, & Nursing Practice*, 7, 73–77. CYC: Facts on emancipation distributed at Summer Policy and Leadership Conference, August 2008. Other similar findings in the following studies: Courtney, Mark, Piliavan, Irving and Grogan-Kaylor, Andrew. The Wisconsin Study of Youth Aging Out of Out-of-Home Care: A Portrait of Children About to Leave Care Madison, Wisconsin: School of Social Work, University of Wisconsin, 1995. Also: Nevada KIDS COUNT. "Transition From Care: The Status and Outcomes of Youth Who Have Aged Out of the Child welfare system in Clark County, Nevada." *Issue Brief II*. Las Vegas: University of Nevada, 2001. See also: Foster Care – Hope Emerges San Francisco Chronicle December 22, 2005 (available online at <http://sfgate.com/cgi-bin/article.cgi?file=/c/a/2005/12/22/EDGABGB5LE1.D1T1&type=printable>). See also *Improving Outcomes for Older Youth in Foster Care*, Casey Family Programs (2008) at 4 (available online at [http://www.casey.org/NR/rdonlyres/983E5E8D-DE21-49A5-BC42-3C137D757FDE/658/WhitePaper\\_ImprovingOutcomesOlderYouth\\_FR.pdf](http://www.casey.org/NR/rdonlyres/983E5E8D-DE21-49A5-BC42-3C137D757FDE/658/WhitePaper_ImprovingOutcomesOlderYouth_FR.pdf)).
- <sup>d</sup> Statistic is from 2001 and was obtained from the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics (available online at <http://www.ojp.usdoj.gov/bjs/crimoff.htm#prevalence>).
- <sup>e</sup> Wolanin, Thomas R., *Higher Education Opportunities for Foster Youth*, The Institute for Higher Education Policy (Dec. 2005) at v (available online at <http://www.ihcp.org/>).
- <sup>f</sup> Mark E. Courtney, et al., *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 19*, Chapin Hall (2007) (available at [www.chapinhall.org/sites/default/files/ChapinHallDocument\\_4.pdf](http://www.chapinhall.org/sites/default/files/ChapinHallDocument_4.pdf)).
- <sup>g</sup> *Id.*
- <sup>h</sup> *Id.*
- <sup>i</sup> Federal Register, January 23, 2009 (Volume 74, Number 14) at 4199–4201 (available online at <http://aspe.hhs.gov/poverty/09fedreg.shtml>).
- <sup>j</sup> See *supra*, note e.
- <sup>k</sup> Marsenich, Lynn, *Evidence-Based Practices In Mental Health Services for Foster Youth*, California Institute for Mental Health (March 2002) at 24 (available online at <http://www.cimh.org/downloads/Fostercaremanual.pdf>). The wide variation is due to the different instruments used to measure mental health problems. For example, see Casey Family Programs, *Young Adult Survey 2006* (“[a] disproportionate number of respondents had mental health problems. Almost one-fourth (23.0%) of the young adults were experiencing a clinically significant level of mental health symptoms according to a global measure, while over one third (36.0%) were considered to be a “positive case” for having mental health problems”). The survey also found that half (49.4%) had alcohol problems (available online at [http://www.casey.org/Resources/Publications/pdf/CaseyYoungAdultSurvey2006\\_FR.pdf](http://www.casey.org/Resources/Publications/pdf/CaseyYoungAdultSurvey2006_FR.pdf)). See also Child Trends Research Brief Publication 2003-23 (Dec. 2003) (available online at <http://www.childtrends.org/files/FosterHomesRB.pdf>), which estimates that 40% of 11–14-year-olds in foster care and 47% of 6–11-year-olds in foster care have a clinical level of behavioral or emotional problems. See also Casey Family Programs, *Improving Family Foster Care: Findings from the Northwest Foster Care Alumni Study* (2005), finding that within the previous 12 months, more than half of the alumni (54.4%) had clinical levels of at least one mental health problem and one in five (19.9%) had three or more mental health problems (available online at [http://www.casey.org/Resources/Publications/pdf/ImprovingFamilyFosterCare\\_FR.pdf](http://www.casey.org/Resources/Publications/pdf/ImprovingFamilyFosterCare_FR.pdf)).
- <sup>l</sup> This statistic is an average taken from statistics on the California Department of Mental Health website ([http://www.dmh.cahwnet.gov/Statistics\\_and\\_Data\\_Analysis/CNE2/Calif\\_CD/q5asr.htm/California/q5asr2k\\_wsmi01\\_ca000\\_p0.xls](http://www.dmh.cahwnet.gov/Statistics_and_Data_Analysis/CNE2/Calif_CD/q5asr.htm/California/q5asr2k_wsmi01_ca000_p0.xls)).
- <sup>m</sup> See Sacramento County Mental Health Services Act, Community Services & Supports Three-Year Program and Expenditure Plan (Jan. 2006) at 51 (available online at [http://www.sacdhhs.com/CMS/download/pdfs/MHA/CSS\\_Plan\\_Submitted\\_to\\_State\\_1-31-06%20.pdf](http://www.sacdhhs.com/CMS/download/pdfs/MHA/CSS_Plan_Submitted_to_State_1-31-06%20.pdf)).
- <sup>n</sup> California's population was 37.6 million as of January 1, 2007 per the California Department of Finance Demographic Research Unit (statistics available online at <http://www.dof.ca.gov/html/DEMOGRAP/ReportsPapers/Estimates/E2/documents/E-2%20Report.xls>). There were 76,803 children in Child Welfare-supervised foster care as of January 1, 2007 Statistics available online at <http://cssr.berkeley.edu/ucb%5Fchildwelfare/> (visited 07/29/2009).
- <sup>o</sup> Statement by Robin Nixon, Director for Youth Services Child Welfare League of America, “Testimony Before the House Committee on Ways and Means Subcommittee on Human Resources: Hearing on Challenges Confronting Children Again Out of Foster Care” (March 9, 1999).
- <sup>p</sup> Packard, Thomas, et al. *A Cost-Benefit Analysis of Transitional Services for Emancipating Foster Youth*. Children and Youth Services Review 30 (2008) 1267–78.
- <sup>q</sup> Proposition 63, the Mental Health Services Act, at Section 3(a) (2004).
- <sup>r</sup> *Id.* at Section 3(b).
- <sup>s</sup> Voter information on Proposition 63, prepared by the Attorney General in 2004 and available from the California Secretary of State prior to the 2004 election.
- <sup>t</sup> Fund Condition Statements released with the *Governor's 2008–09 May Revision* (May 2008) and the *Governor's 2009–10 Proposed Budget* (Jan. 2009).
- <sup>u</sup> *Id.*
- <sup>v</sup> *Id.*
- <sup>w</sup> MHSA website at Community Planning page (available online at [http://www.dmh.ca.gov/Prop\\_63/MHSA/Community\\_Planning/default.asp](http://www.dmh.ca.gov/Prop_63/MHSA/Community_Planning/default.asp) last visited on July 22, 2009).
- <sup>x</sup> MHSA website at Capital Facilities (available online at [http://www.dmh.ca.gov/Prop\\_63/MHSA/Capital\\_Facilities/default.asp](http://www.dmh.ca.gov/Prop_63/MHSA/Capital_Facilities/default.asp) last visited on 7/23/2009).
- <sup>y</sup> Cal. Welf. & Inst. Code § 5840.
- <sup>z</sup> The term Community Services and Supports refers to "System of Care Services" as required by the MHSA in Cal. Welf. & Inst. Code §§ 5813.5 and 5878.1-3.
- <sup>aa</sup> Cal. Welf. & Inst. Code § 5820.
- <sup>bb</sup> Cal. Welf. & Inst. Code § 5830.
- <sup>cc</sup> Perry, Brea L. *Understanding Social Network Disruption: The Case of Youth in Foster Care*. Social Problems, Vol. 53, Issue 3, pp. 371–391 (discusses mental health and well-being impact of instability in foster care). See also Farrugia, Susan P., et al. *Perceived Social Environment and Adolescents' Well-Being and Adjustment: Comparing a Foster Care Sample with a Matched Sample*. Journal of Youth and Adolescence. 35 (3) June 2006 at 349–358.
- <sup>dd</sup> The fund would be \$46,700 in 2008 dollars. Schoeni, Robert F. and Ross, Karen E. Chapter 12: *Material Assistance Received From Families During Transition to Adulthood. On the Frontier to Adulthood: Theory, Research and Public Policy*. Edited by Richard A. Settersten, Jr., Frank F. Furstenberg, Jr., and Rubén G. Rumbaut (available online at [www.transad.pop.upenn.edu/projects/frontier.htm](http://www.transad.pop.upenn.edu/projects/frontier.htm)). The average amount parents pay to assist their children post-18 is \$38,340 (in 2001 dollars); the figure is \$46,701 in 2008 dollars). The yearly average tends to be larger during the earlier years when the young person is in school and decreases over time. See also Bahney, A., *The Bank of Mom and Dad*, The New York Times (April 20, 2006) at G2, p.1.
- <sup>ee</sup> *Supra* note p.

# PART I. PROPOSITION 63: IS THE MENTAL HEALTH SERVICES ACT REACHING CALIFORNIA'S TRANSITION AGE FOSTER YOUTH?

## A. INTRODUCTION

The 2004 passage of Proposition 63 — the Mental Health Services Act (referred to herein as MHSA, the “Act” or “Prop. 63”) — gave California the unprecedented opportunity to lead the country in providing innovative and effective mental health services to its most vulnerable citizens. By assessing a 1% income tax on personal income in excess of \$1 million, the measure was intended to provide increased funding, personnel and other resources to support county mental health programs for children, transition age youth, adults, older adults and families.

One of the most significant features of the Act is that it expressly requires certain programs established by counties to include services that address the needs of Transition Age Youth (TAY), aged 16–25:

“The programs established pursuant to [specified provisions of the Act] **shall include services to address the needs of transition age youth ages 16 to 25.**”<sup>1</sup>

TAY are a distinct population with extraordinary needs; these young people are moving through a period in their lives wrought with changes and challenges — physical, emotional, psychological, social, financial, *et al.*

Within the general TAY population is a subset of youth who have no one to guide them through this difficult period of life — youth who have experienced significant trauma and upheaval in their formative years, and who lack stable parent-figures in their lives to help them navigate the labyrinthine challenges that face young people transitioning into adulthood. These are California’s Transition Age Foster Youth (TAFY), who are still in or have aged out of the foster care system.

Four important features distinguish TAFY from TAY:

- TAFY have no parental support to help them cope with their mental health challenges;
- TAFY have uniformly been abused and neglected, first by their parents, second by an underfunded and undervalued system that stubbornly tolerates poor outcomes;
- TAFY are the children of the State, and hence are owed a special moral as well as legal obligation; and
- TAFY have the most acute and urgent mental health needs of any subgroup of transition age youth.

In fact, the list of negative outcomes the Act specifically seeks to avoid reads like a description of the outcomes far too many TAFY face upon leaving California’s foster care system: suicide, incarceration, school failure or dropout, unemployment, prolonged suffering, homelessness, and removal of children from their homes.<sup>2</sup> As they age out of the foster care system, these young adults have not yet “failed” into homelessness, poverty, or incarceration — but statistics show us that many soon will.

The Act gives high priority to the prevention and treatment of mental illness, and it is hard to imagine a single population more in need of such services than Transition Age Foster Youth. However, while county plans created pursuant to the Act nearly always include TAFY as one of several “priority populations”, a review of performance to date finds that:

- few Prop. 63-funded Community Services and Supports (CSS) programs are tailored specifically and solely to the unique needs and circumstances of TAFY;<sup>3</sup> and
- programs that do serve TAFY, among other priority populations, meet the needs of an insubstantial proportion of the total Transition Age Foster Youth population.

Like other Transition Age Youth, TAFY may benefit marginally from Prop. 63-funded programs created for children and adults due to the overlap of the TAY group with these two other groups. However, this report focuses solely on their inclusion in programs created specifically for TAY, who do not fit neatly into either the children's or the adult systems of care, thus necessitating the creation of the TAY category.<sup>4</sup>

Finally, several counties have historically offered non-Prop. 63 programs that serve Transition Age Foster Youth (as well as other populations). As will be detailed later in this report, however, many of these programs have suffered funding cutbacks over the last few years. Although Prop. 63 funding is to be utilized solely "to expand mental health services" (the Act includes unambiguous anti-supplantation language and requires the state to "continue to provide financial support for mental health programs with not less than the same entitlements, amounts of allocations from the General Fund and formula distributions of dedicated funds as provided in [fiscal year 2003–04]"), it would appear that Prop. 63 funding is now being utilized to provide mental health programs and services that had previously been supported by the General Fund — a phenomenon that is contrary to the express mandate as approved by the voters, and one which reduces the overall impact of the Act and its usefulness to its intended beneficiaries.

## **B. CALIFORNIA'S TRANSITION AGE FOSTER YOUTH**

### **1. Overview and Outcomes**

Over 4,000 youth age out of California's foster care system each year. The TAFY population has unique standing among priority populations for Prop. 63 funding for numerous reasons.

First, when the state places a child in the foster care system, it legally takes on the role of parent for that child. Like every parent, California has a responsibility to ensure the well-being of its children. California's parental responsibilities go beyond ensuring the physical well-being of its children — we as a state are required to ensure the emotional and mental wellness of these children and youth. Further, a responsible parent does not abandon his/her child at age 18, particularly if that child has a serious mental illness or the symptoms of the onset of such an illness. Responsible parents budget first for their children. Accordingly, California has the duty to give top priority to ensuring the health and well-being of her children and youth.

Second, these youth are cloaked by a confidential child welfare system. They are not often heard from — nor are they easily accessible to officials who make local planning decisions. With this unique barrier to participation, counties will not hear from Transition Age Foster Youth absent a specific, focused, and sustained strategy.

Third, beyond California's legal, ethical and moral obligations to Transition Age Foster Youth as their parent, these youth deserve priority because they are more highly at risk by virtue of being a part of the foster care system. These children enter California's foster care system because of neglect or abuse,<sup>5</sup> and studies estimate that up to 85% of them have substantial mental health problems.<sup>6</sup> The incidence of emotional, behavioral, and developmental problems is three to six times greater among children in foster care than among other children in the community.<sup>7</sup>

Fourth, not only do California's foster youth experience mental illness at a higher rate than their peers, Transition Age Foster Youth experience each of the negative outcomes associated with mental illness that the Act's Prevention and Early Intervention component specifically seeks to reduce at significantly higher rates than the general population:

- (1) Suicide: A 2006 study found adolescents who had been in foster care at some point in their lives were almost four times as likely as other adolescents to have attempted suicide and more than twice as likely to have thought seriously about killing themselves in the previous 12 months.<sup>8</sup> Further, foster youth experience mental illnesses associated with suicidal behavior, such as major depressive disorder and Post Traumatic Stress Disorder, at much higher rates than their peers in the general population.<sup>9</sup>
- (2) Incarcerations: Approximately 25%–35% of former foster youth are incarcerated at some point after leaving care.<sup>10</sup> Their peers in the general population serve time in state or federal prison at a rate of 2.7%.<sup>11</sup>
- (3) School Failure or Dropout: It is well documented that foster youth complete high school at rates far below the average. Only 50% of foster youth graduate from high school compared with 75% of their peers who were not a part of the foster care system.<sup>12</sup>
- (4) Unemployment: The unemployment rate among former foster youth is staggering: 60% of former foster youth are unemployed at age 19 compared with 42% of their peers with no history of foster care, and 50% of former foster youth are unemployed at age 21, compared with 35% of their peers with no history of foster care.<sup>13</sup> Of those former foster youth who are employed, 90% earn less than \$10,000 a year after leaving foster care,<sup>14</sup> and 75% still make less than \$10,000 annually at age 21.<sup>15</sup> As a point of reference, the 2009 poverty level for a single individual in the 48 contiguous states is \$10,830.<sup>16</sup>
- (5) Prolonged Suffering: Even with overwhelming evidence that early intervention may be an important element in reducing long-term negative effects of mental illness, less than one-third of youth receive any type of mental health services during the year following their contact with the child welfare system.<sup>17</sup> Studies show that 23%–85% of current or former foster youth have serious mental health issues<sup>18</sup> — compared with the 8% of the transition age youth in the general population who suffer from serious mental illness.<sup>19</sup>
- (6) Homelessness: Foster youth are highly at risk of becoming homeless. For example, Sacramento County estimates that 45% of the youth who age out of the foster care system each year will have unstable plans that leave them vulnerable to becoming homeless.<sup>20</sup> Former foster youth — who make up just 0.8% of the total TAY population,<sup>21</sup> account for up to 40% of the population in homeless shelters.<sup>22</sup>

Fifth, although many counties' CSS plans identify various TAY populations as priority populations, TAFY are a population distinct from other high risk TAY in California. These youth have endured abuse, neglect, or abandonment, and were taken away from their parents, their home, their friends, often their siblings, etc. When they are faced with making the difficult transition from youth to adult, they do not have the traditional familial or social supports to which their peers — including their at-risk TAY peers in other Prop. 63 priority populations — have ready access.

Sixth, because they lack the traditional roots that a family structure provides, TAFY tend to move between counties as they exit the foster care system. For this reason, county programs that do not accept out-of-county TAY are especially disadvantageous to TAFY.

Because foster youth have unique experiences and unique characteristics as a group, any program attempting to address their mental health and well-being must be equally unique, and specifically tailored to meet these specific issues.

Again, though most counties name Transition Age Foster Youth as a priority population for funding in their Community Services and Support plans, Transition Age Foster Youth are not the only priority population. They are a priority along with some or all of several other at risk TAY, such as youth who are exiting the juvenile justice system, those who have had their first psychotic break, those who are homeless or at risk of becoming homeless and those who are aging out of the children's system of mental health care who have a Severe Mental Illness or Serious Emotional Disorders. This broad spectrum of priority populations casts a wide net for the somewhat limited capacity of the programs created with Prop. 63 funding.

This is not to suggest that counties stop offering programs serving other named TAY priority populations. Instead, counties should create and provide additional programs that are specifically tailored for Transition Age Foster Youth, and which complement other programs serving broader populations.

The practice of utilizing Prop. 63 funding to create a program for a unique high-risk population within a specified age group is not unprecedented. Los Angeles, for example, has a program created specifically for adults exiting the prison system. Another example, Los Angeles and Lassen counties have programs designed specifically for youth exiting the juvenile justice system.<sup>23</sup>

However, the majority of California's counties have not yet used Prop. 63 funding to create and offer programs solely and specifically geared to address the unique challenges faced by Transition Age Foster Youth. This is unfortunate given the fact that Transition Age Foster Youth are preparing not only to meet the challenges associated with transitioning from adolescence to adulthood, but also approach those challenges with little or no support from family or any consistent, caring adult presence in their lives to guide them along the way and are highly at risk to develop serious emotional disturbances or severe mental illness.

A recent peer-reviewed cost-benefit analysis established that simply investing in TAFY to the level manifested by other (private) parents (\$50,000 during the years of transition) would yield a cost benefit in terms of direct public budgetary impact.<sup>24</sup> Such savings accrue when calculating known effects of such spending on mental health-related costs—unemployment, welfare, and incarceration as opposed to revenue generating and taxable income of successfully employed adults. And there is an ethical dimension beyond the economic argument: The abandonment of these children by the state raises profound questions about the family values of public officials.

## **2. Transition Age Foster Youth and Mental Health**

Children entering the foster care system have already endured some form of abuse, neglect or abandonment. Most suffer from abuse and/or neglect at home only to suffer the additional trauma of being forcibly removed from their parents. They suffer disruptions in their relationships when they are separated from family, friends and others familiar to them. Children who suffer the chronic stresses of living in poverty are often over-represented in the foster care system.<sup>25</sup> Finally, they often experience multiple placements for indeterminate and varying lengths of time, which may worsen emotional issues.<sup>26</sup>

By the time they age out of the foster care system at 18, these children have experienced more trauma in their young lives than most adults will experience over an entire lifetime. Consequently, TAFY have a higher incidence of serious mental illness than virtually any other group of people. The litany of statistics is staggering:

- Former foster youth have a higher incidence of Post-Traumatic Stress Disorder than war veterans (21.5% among foster care alumni compared with 15% among Vietnam veterans, 6% among Afghanistan veterans and 13% among Iraq veterans.);<sup>27</sup>
- Former foster youth experience panic disorder at a rate three times higher than that of the general population;
- They experience seven times the rate of drug dependence and almost twice the rate of alcohol dependence as the general population.<sup>28</sup>

- They are more likely to experience a major depressive episode, generalized anxiety disorder and eating disorders (seven times more likely to have bulimia) than the general population.<sup>29</sup>

### **3. Assistance Currently Available to Transition Age Foster Youth**

#### **a. Federal Assistance**

Each year, over 4,000 youth age out of California's foster care system.<sup>30</sup> Until very recently, the state and federal government offered little assistance to help Transition Age Foster Youth make a successful transition to adulthood and self-sufficiency.

There has been some slow progress toward assisting this vulnerable population over the past two decades. In 1986, the federal government amended the Social Security Act to include the Title IV-E Independent Living Initiative (ILI), which provided funding to assist foster youth with the transition from foster care to independent living. Between 1986 and 1998, these funds were limited to current foster youth, primarily those ages 16–18 years of age, and they focused on teaching skills necessary for self-sufficiency.<sup>31</sup>

In 1999, Congress passed the John H. Chafee Foster Care Independence Act ("Chafee Act"), which doubled federal funding for independent living programs from \$70 million to \$140 million. The Chafee Act replaced Title IV-E ILI and significantly changed independent living services for former foster youth.<sup>32</sup> The Chafee Act contained two notable accomplishments. First, it created the federal mandate that states use a portion of Chafee Act funds to serve former foster youth up to age 21. Second, it included provisions permitting optional state participation in extending Medicaid coverage to age 21 and using up to 30% of Chafee Act funds to provide housing assistance to former foster youth.<sup>33</sup>

In 2002, Congress authorized \$60 million annually for Chafee Education and Training Vouchers (ETV). The vouchers are limited to \$5,000 annually and are available until age 24. <sup>34</sup> California foster youth receive approximately \$12 million in ETV assistance annually.

Most recently, in 2008, the President signed the Fostering Connections to Success and Increasing Adoptions Act. This new federal law makes several improvements to child welfare; the most relevant to the TAY population is a provision that takes effect in October 2010, which gives states the option to extend foster care to age 21. This is significant because it would provide federal matching funds to states that opt to extend care. As of November 2008, there is a bill pending in California, AB 12, by which the state would exercise its option to extend foster care to age 21.

#### **b. California State Assistance**

California has extended its Medicaid program, Medi-Cal, to former foster youth up to age 21.<sup>35</sup> Medi-Cal provides Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services, which give children and youth the right to medically necessary treatment.<sup>36</sup> Lake County, for example, provides extensive services for former foster youth through Medi-Cal coverage, and does not use Prop. 63 funding to create further services for youth in foster care.<sup>37</sup>

The criteria for a service to be medically necessary are as follows<sup>38</sup>:

- (1) The youth must be diagnosed with one of several specified mental illnesses as described in the Diagnostic and Statistical Manual, Fourth Edition, published by the American Psychiatric Association.
- (2) The youth must have at least one of the following problems as a result of the diagnosis: A significant difficulty in an important area of life functioning; a probability of significant deterioration in an important area of life functioning; or, except as provided for people under 21



years of age, a probability that a child will not progress developmentally as individually appropriate.

- (3) The expectation is that the proposed treatment will significantly reduce the problem, prevent significant deterioration in an important area of life functioning, or allow a child to progress developmentally as individually appropriate.
- (4) The condition would not be responsive to physical health care based treatment.
- (5) For Transition Age Foster Youth under age of 21 who have full-scope Medi-Cal and have one of the required specified diagnosis, but do not meet the criteria in (2) and (3) above, services will turn on whether mental health treatment would correct or improve their mental health.<sup>39</sup>

Though Medi-Cal can provide some medically necessary mental health services, Medi-Cal has shortcomings where former foster youth are concerned.

First, Transition Age Foster Youth who age out of Kin-GAP placements, and who represent over a quarter of the youth who emancipate from child welfare-supervised foster care each year,<sup>40</sup> are not automatically eligible for this Medi-Cal extension.<sup>41</sup>

Second, children and youth who are in residential treatment facilities or incarcerated are not eligible for this Medi-Cal coverage.<sup>42</sup>

Third, Prop. 63 funding is more flexible than that of Medi-Cal EPSDT. This means that, while Medi-Cal EPSDT services may cover treatment for Transition Age Foster Youth who are diagnosed with a serious mental illness, it does not have the flexibility necessary to provide the comprehensive services that the Act's Community Services and Support (CSS) programs can provide. CSS programs, for example, could fill the cracks in EPSDT coverage without supplanting Medi-Cal provided services. Further, TAY must meet strict criteria and have a diagnosis before they can qualify for Medi-Cal funded EPSDT services while the Act has a Prevention and Early Intervention component from which Transition Age Foster Youth that may not qualify for Medi-Cal would be able to benefit greatly.

Finally, Medi-Cal covers Transition Age Foster Youth only until age 21,<sup>43</sup> whereas Prop. 63 funding for TAY specific services is available until age 25.

In the area of housing assistance, California provides the Transitional Housing Placement-Plus (THP-Plus) program for former foster youth. The program is available for 24 months cumulatively until a youth reaches age 24.<sup>44</sup> It provides housing, as well as several services to help Transition Age Foster Youth successfully transition into adulthood. For the first several years of its existence, THP-Plus was woefully underfunded and fiscally structured such that implementation was out of reach for most counties; the state was only required to cover 40% of costs, and counties had to cover 60%. Legislation enacted in 2006 changed the fiscal obligations, and the state now bears 100% of the cost of the program, allowing many more counties to participate. Further, in 2008, the legislature increased funding for the program to \$40.8 million, which raised the number of available THP-Plus slots to 1,600.<sup>45</sup> Those changes resulted in an expansion of the program from 13 counties to 45 counties as of June 2008.<sup>46</sup> The May revision of the 2008–09 budget includes another \$5 million increase to the annual allocation to the statewide THP-Plus program making the total available for this program \$40.8 million, which would potentially create space for 1,600 additional participants in THP-Plus Programs.<sup>47</sup> Some counties' Prop. 63-funded Transition Age Youth programs, such as Solano County's, work with the local THP-Plus programs and provide "links" or references to these THP-Plus programs.

While California's recent moves to improve housing and health care for former foster youth represent a substantial improvement, much remains for the state to accomplish. Even with the \$40 million California invests annually in THP-Plus, advocates estimate that the program will serve only 2,300 youth.<sup>48</sup> To put that

number in perspective, remember that each year over 4,000 youth age out of California's foster care system. Further, while California has extended Medi-Cal to former foster youth, there remain gaping holes in coverage — the most notable of which is that the coverage does not extend to former foster youth who were part of the Kin-GAP program, when nearly one-third of Transition Age Foster Youth aging out of child welfare-supervised foster care each year are exiting from Kin-GAP placements.<sup>49</sup> California's children should be at the front of the line where funding is concerned, especially in a tight budget year.

## C. PROPOSITION 63: THE MENTAL HEALTH SERVICES ACT

### 1. Purpose and Intent

The Act seeks to reduce the long-term adverse impact from untreated serious mental illness by expanding successful, innovative, and evidence-based practices, and defines serious mental illness as a condition deserving priority attention. The Act stresses prevention and intervention, and seeks to reduce negative outcomes associated with serious mental illness such as suicide, incarcerations, school failure or dropout, unemployment, prolonged suffering, homelessness, and removal of children from their homes.

The stated purpose and intent of Prop. 63 is as follows:

- (1) To define serious mental illness as a condition deserving priority attention, including prevention and early intervention services and medical and supportive care.
- (2) To reduce the long-term adverse impact on individuals, families and state and local budgets resulting from untreated serious mental illness.
- (3) To expand the kinds of successful, innovative service programs for children, adults and seniors begun in California.
- (4) To provide state and local funds to adequately meet the needs of all children and adults who can be identified and enrolled in programs under Prop. 63. State funds shall be available to provide services that are not already covered by federally sponsored programs or by individuals' families or insurance providers.
- (5) Finally, to ensure that all funds are expended in the most cost effective manner and services are provided in accordance with recommended best practices subject to local and state oversight to ensure accountability to taxpayers and the public.<sup>50</sup>

One of the most significant features of the Act is that it expressly requires certain programs established by counties to include services that address the needs of Transition Age Youth (TAY), aged 16–25:

**“The programs established pursuant to [specified provisions of the Act] shall include services to address the needs of transition age youth ages 16 to 25.”**

As is noted above, the Act imposes a 1% tax on adjusted annual income over \$1 million. While original estimates of generated revenue approximated \$750 million for 2005–06 and \$800 million in 2006–07,<sup>51</sup> the Act has far exceeded those initial estimates. Since 2005–06, the Act has taken in well over \$4 billion.<sup>52</sup> The fund condition statement released as part of the Governor's 2009–10 Budget Proposal projects that the Mental Health Services Fund took in over \$1.5 billion in 2007–08, over \$980million in 2008–09, and is projected to take in \$887million during 2009–10.<sup>53</sup> **At the end of the 2008–09 fiscal year, the Fund had amassed an unspent reserve in excess of \$2 billion.**<sup>54</sup>

### 2. Components of the Act

The Act has six components: Community Program Planning,<sup>55</sup> Community Services and Support,<sup>56</sup> Capital Facilities and Information Technology,<sup>57</sup> Education and Training Programs,<sup>58</sup> Prevention and Early Intervention Programs,<sup>59</sup> and Innovative Programs.<sup>60</sup> The programs are being introduced in phases. The first

two components to be implemented are the Community Program Planning and the Community Services and Support components. As of October 2007, most counties had submitted plans for these initial components, and the Mental Health Services Act Oversight and Accountability Commission (Commission) approved them. Most are in the second or third year of implementation. At this writing, the guidelines for the Prevention and Early Intervention (PEI) component of the plans have been distributed and the counties are in the process of drafting and submitting PEI plans.

### **a. Community Program Planning**

The Community Program Planning component provides funding for counties to undertake efforts to involve community stakeholders in planning how to use the available Prop. 63 funding. It is intended to provide a structure and process that counties can use to how best to utilize Prop. 63 funds.<sup>61</sup>

### **b. Community Services and Support**

The Community Services and Supports (CSS) component provides funding for programs that will address diagnosed serious mental illness in children and adults. The Act provides counties with funding in three different areas: Full Service Partnerships (FSP), General System Development Funds, and Outreach and Engagement Funding. Counties are required to request the majority of the funding for FSPs.

The priority populations for the CSS plans, as set out in the guidelines provided to the counties are as follows:

- Children and youth between the ages of 0 and 21 who have serious emotional disorders, and their families who are not being served;
- Transition Age Youth (TAY) between the ages of 16 and 25 who are un-served or underserved and who have serious emotional disorders and who are homeless or at risk of being homeless, youth who are aging out of the child and youth mental health, child welfare and/or juvenile justice systems, are at risk for hospitalization or institutionalization, or have experienced their first break;
- Adults with serious mental illness, and adults 60 and older with serious mental illness.

As noted above, the Act specifically carves out TAY for funding; in so doing, it prominently acknowledges the challenges unique to this age group.

The five essential elements each plan must include are (1) community collaboration; (2) cultural competence; (3) client/family driven mental health system for older adults, adults, and transition age youth; (4) family driven system of care for children and youth; and (5) wellness focus, which includes the concepts of recovery and resilience, integrated service experiences for clients and their families throughout their interactions with the mental health system.

At this writing, most of California's counties have approved CSS plans and are in the second or third year of their implementation. These plans are discussed specifically as they relate to Transition Age Foster Youth at the end of this report.

### **c. Capital Facilities and Information Technology**

The third component of the Act is Capital Facilities and Information Technology.<sup>62</sup> A portion of Prop. 63 funding has been set aside specifically for capital facilities and technology in fiscal years 2004–05 through 2008–09.<sup>63</sup> These funds have been set aside to enable counties to implement the CSS, PEI, and Innovation components of the Act.<sup>64</sup> The counties can use capital facilities funding for clinics and housing, for example. The counties can use the technology funding to create data collection, reporting systems, and other technology necessary to implement planned programs.<sup>65</sup>

#### **d. Education and Training**

The intent of the Education and Training component is to establish a program with dedicated funding to remedy the shortage of qualified individuals to provide services to address severe mental illness.<sup>66</sup> To achieve this, the Department of Mental Health first must collect data and do a statewide occupational needs assessment. The Act then requires the state to develop a five-year education and training development plan to address these needs.<sup>67</sup> The five-year plan is required to include the following:<sup>68</sup>

- Expansion plans for the capacity of secondary education to meet the needs of identified shortages in mental health occupations.
- Expansion plans for the loan forgiveness and scholarship programs offered for commitment to employment in California's Mental Health system and current employees of California's Mental Health System who are interested in furthering their education.
- Creation of a stipend program for those enrolled in academic institutions who want to be employed in the mental health field.
- Establishment of regional partnerships among the mental health system and the educational system to expand outreach and increase the diversity of the mental health workforce.
- Strategies to recruit high school students for mental health occupations, increasing the prevalence of mental health occupations in high school career development programs.
- Curriculum to train and retrain staff in accordance with the provisions of the Act.
- Promotion of the employment of mental health consumers and family members in the mental health system.
- Promotion of the meaningful inclusion of mental health consumers and their families and incorporating their viewpoint and experiences in training and education programs.
- Promotion of the inclusion of cultural competency in the training and education programs described above.

In addition, the three-year plans submitted by each county mental health program must include identification of shortages in personnel and identification of additional assistance needed from the education and training programs established by the Act.<sup>69</sup>

The five-year plan was finalized and approved by the California Mental Health Planning Council; it covers the period April 2008 to April 2013, with subsequent plans to be developed every five years.<sup>70</sup>

#### **e. Prevention and Early Intervention**

The Prevention and Early Intervention (PEI) component requires the creation of new county prevention and intervention programs to get persons showing early signs of mental illness into treatment quickly before their illnesses become more severe.<sup>71</sup> The PEI programs must include:<sup>72</sup>

- Outreach to help recognize the early signs of potentially severe and disabling mental illness.
- Access and linkage to medically necessary care provided by county mental health programs.
- Reduction in stigma associated with mental illness diagnoses or seeking mental health services.
- Reduction in discrimination against people with mental illnesses.

The programs must emphasize strategies to reduce negative outcomes associated with mental illness. For purposes of examining the Act as it relates to California's Transition Age Foster Youth, it is important to note that the Act specifies a reduction in the following negative outcomes: suicide, incarcerations, school failure or dropout, unemployment, prolonged suffering, homelessness, and removal of children from their homes.<sup>73</sup>

Final PEI Guidelines were released to the counties in September 2007. Though children and youth in stressed families were named as a priority population, and the plan enumerates prevention for foster children and

youth as a prevention focus area; Transition Age Foster Youth are not specifically named as a priority population for prevention and early intervention funding.<sup>74</sup> This despite the fact that Transition Age Foster Youth experience the negative outcomes the Act specifically seeks to reduce with the PEI programs it funds. In addition to developing serious mental health problems at a rate at least twice as high as their peers in the general population develop, they are at greater risk for suicide attempts, they have a higher rate of incarcerations, they are at greater risk for school failure, they have higher unemployment rates and they are at greater risk for homelessness. As of this writing, most counties have approved PEI plans and are in varying stages of implementation of those plans.<sup>75</sup>

#### **f. Innovative Programs**

The sixth and final component is Innovative Programs,<sup>76</sup> the purpose of which is to encourage counties to create new county programs to experiment with ways to improve access to mental health services and increase the quality of those services.

### **3. Prop. 63's Non-Supplant Clause & Prohibition on Reducing Mental Health Funding**

As is noted above, Prop. 63 has brought in several billion dollars since its enactment,<sup>77</sup> and is projected to collect over \$887 million over the 2009–10 fiscal year.<sup>78</sup> Importantly, the initiative prohibits “supplantation,” the use of Prop. 63 monies to provide existing services currently funded by other funding streams or sources. Such supplantation would essentially divert Prop. 63 funds to other purposes as the state or counties use it to fund existing services and back out current appropriations. Accordingly, all Prop. 63 monies must be expended on new services and programs for the target populations.

Specifically, the Act states in relevant part:

The funding established pursuant to this act shall be utilized to expand mental health services. These funds shall not be used to supplant existing state or county funds utilized to provide mental health services. The state shall continue to provide financial support for mental health programs with not less than the same entitlements, amounts of allocations from the General Fund and formula distributions of dedicated funds as provided in the last fiscal year which ended prior to the effective date of this act....<sup>79</sup>

Note the two important provisions in the above-quoted section of the Act. First, it clearly and unequivocally prohibits the state from decreasing entitlements, amounts of allocations from the General Fund, and formula distributions of dedicated funds for mental health services below 2004 levels.<sup>80</sup>

The information distributed to educate the voters prior to the election in which Proposition 63 passed repeatedly emphasized that the initiative would *expand* mental health programs and prohibit the state from reducing financial support for mental health programs below 2003–04 levels.<sup>81</sup> This is particularly important because evidence of an initiative’s purpose can be drawn from many sources, including ballot arguments distributed to the voters that favored the measure.<sup>82</sup>

In 2004, in a statewide debacle that blurs the lines of legality under the Act, the state cut \$20 million, including almost all funding for the Children’s System of Care — eliminating mental health services for 4,000 children in California.<sup>83</sup>

Second, the Act specifically prohibits supplantation, which would occur when a county uses Prop. 63 funding to pay for services that the county originally funded with another federal, state or county source. California voters recently reaffirmed the prohibition on supplantation in 2009 when they overwhelmingly rejected proposition 1E, which would have redirected money from the Mental Health Services Fund created by Proposition 63 to Early Periodic Screening Development Treatment (EPSDT) programs.<sup>84</sup>

In support of Governor Schwarzenegger's 2007 line item veto which eliminated \$55 million in funding for an AB 2034 program that served 4,700 previously homeless adults with severe mental illnesses, the Governor's staff argued that the individuals who were previously served by this program may continue to be served by Prop. 63-funded programs.<sup>85</sup> This action by Gov. Schwarzenegger is questionable and will have a detrimental impact on many counties across the state. Marin County, for example, will lose \$1.4 million because of the Governor's cut, nearly obliterating the \$1.8 million the county received in Prop. 63 funding in 2007.<sup>86</sup>

Cuts in mental health services have not been limited to the state. Funding cuts and supplantation have occurred on the county level as well. Media reports reflect the trend; several counties have made cuts to their mental health budgets. In Contra Costa County, a \$20 million spending reduction in 2006 meant to help balance the county's budget resulted in cuts to mental health services. The County justified the reduction stating that, "federal and state funds will materialize for other assessment and treatment programs."<sup>87</sup>

Santa Clara County reported a \$126.3 million annual budget cut in 2005. The *San Jose Mercury News* reported that due to Proposition 63's passage, "mental health services would suffer no reductions."<sup>88</sup>

The list goes on and on. In 2005, the County Medical Services Program, an alliance of 34 counties including Marin County, decided to limit mental health hospital stays to ten days per fiscal year, in response to reductions in funding at the state level.<sup>89</sup> Los Angeles County reported problems with mental health services funding in 2006, stating that the County Department of Mental Health would be facing a \$50 million shortfall in the next fiscal year that would mean cuts in mental health services funding for non-Proposition 63 services.<sup>90</sup> In 2007, Humboldt County reported that core service funding for mental health was cut from county funds in addition to continued state budget cuts for mental health services.<sup>91</sup> Plumas County reports that Prop. 63 funding is significantly less than the increases in costs; the Plumas County Mental Health Department experienced a \$250,000 loss in children's funding one year prior to Prop. 63 approval and a \$500,000 increase in labor costs prior to receiving just \$388,000 in Prop. 63 funding.<sup>92</sup>

In January 2007, Merced County voted to cut more than \$3 million in mental health funding from its county budget, due to the failure of the state to make reimbursements owed to the county for the services.<sup>93</sup> The state gave no indication of when these payments might be made. This is part of a larger problem — California in fact owes \$252 million to counties for mental health services already provided.<sup>94</sup>

These transgressions harm the state's most vulnerable children and youth. When a county such as Tehama is losing as much money from its core mental health budget as it is gaining in Prop. 63 funding, it loses the ability to expand its mental health services as intended by the Act. Instead, counties must scramble to find or create new Prop. 63 programs for the people who are being hurt by the elimination of funding for non-Prop. 63 programs like those created by AB 2034. This is the very result the Act's non-supplant and maintenance of effort clauses were intended to avoid. If funding for new programs created for the displaced population comes from Prop. 63 funding, it reduces the amount of funding available for actually expanding services to populations like TAY in general — and TAFY in particular.

The counties have been encouraged to respond to shortfalls in core mental health funding by "transforming" programs — taking a program that has been shut down due to state cuts, tailoring it to the Act's requirements, and reopening the program as a "different" program, now funded with Prop. 63 dollars. In fact, in a 2009 letter to the county mental health directors, the California Council of Community Mental Health Agencies told the counties that even though these programs provide the same services to the same clients through the same service provider, this is lawful and not prohibited supplantation.<sup>95</sup> The letter pointed out that many counties have already "transformed" their programs in this manner and have received approval from the state for so doing.

Again, the legislative analyst's analysis of Proposition 63 stressed that the fund would be used to create "new county mental health programs and to *expand* some existing programs" (emphasis added). The voters did not

intend Prop. 63 funding to replace services already offered — the clear message to voters was that it would add to existing services. In many regards, that has not been the case.

#### **4. Statewide Programs Funded by Prop. 63**

Though the intention of the Act is to direct most of the money generated through its enactment to counties, the law does allow the state to use some funding for statewide programs as well. To date, the state has set aside millions of dollars in Prop. 63 funding for statewide programs, including the following:

- The state sets aside \$14 million each year for suicide prevention, and will continue to do so until the implementation of the Act's integrated plan.<sup>96</sup> Additionally, the state set aside \$500,000 a year for two years for Statewide Suicide Strategic Planning.<sup>97</sup>
- The state has set aside \$20 million annually for Statewide Stigma and Discrimination Reduction, up until the implementation of the Act's integrated plan.<sup>98</sup>
- The state set aside \$12 million annually for Statewide Training, Technical Assistance, and Capacity Building for Partners, until the implementation of the Act's integrated plan.
- In the wake of the Virginia Tech shootings in 2007, the Mental Health Oversight and Accountability Commission approved \$60 million for a Student Mental Health Initiative.<sup>99</sup>
- Finally, the State is developing a fifth statewide project: Ethnically and Culturally Specific Programs and Interventions to Reduce Mental Health Disparities.

In determining the extent to which the state is able to utilize Proposition 63 funds for statewide programs, the following questions must be addressed:

- (1) What are the limitations on state alteration or set-aside of funds under the Act?
- (2) Can the Legislature reserve specified funds for a particular high incidence/risk/priority population without county routing under Prop. 63?
- (3) Other than such a set-aside, what alternative — consistent with a county routing arrangement — would allow proper Prop. 63 contribution to Transition Age Foster Youth mental health and prevention?

Answering these questions calls into consideration the constitutional balance between the state and counties. The state is the sovereign. Counties are merely political subdivisions of that sovereign. They have no generic authority except that which the constitution or the state legislature confers. However, an enacted initiative is a decision of the state — where the electorate makes a legislative decision. Proposition 63, as with most initiatives, allows legislative amendment if it “furtheres the purposes” of the electorate in approving it.

The language of the initiative also extends its reach beyond direct treatment of mental illness, explicitly and repeatedly authorizing the “prevention” of mental illness, and the delivery of “wrap around” services to treat the mental health related needs of the patient. There is a link between mental health and the abandonment of a youth with a mentally unstable background, lacking parents, at age 18, with no home to return to, uncertain safety net, little help for basic sustenance, little to no educational opportunity, etc. Giving a young person in this predicament the standard county-delivered mental health counseling is not consistent with the initiative's stated intent, particularly given the special legal status and mental health profile of this group, over a quarter of whose members will experience homelessness during their first year after they age out of care. Incidence of arrests, welfare dependence, extreme poverty and qualification for expensive mental health in-patient care is highly disproportionate to other populations. The mental health and well-being of these youth directly depends upon a minimum level of sustenance and personal security, and a possible track to self-sufficiency, including assured housing, education, and work opportunity.

## 5. Local Control vs. State Direction/Review

The Act specifies that the Department of Mental Health shall “contract for the provision of services with each county mental health” as set forth in Welfare and Institutions Code § 5897. The section specifies that the state shall implement the Act through contracts with county mental health programs or counties acting jointly. This language provides substantial local control to the counties. This local control element is at odds with a state directed set-aside.

However, the Act gives the state a critical role in determining and overseeing how funds from the Act are spent. The Act contains several provisions that give the state oversight responsibility, contain guidelines and specifications for the programs, give the state some flexibility with surplus funds, and ultimately give the legislature the authority to pass amendments:

- 1) The Act states, in Section 3 (Purpose and Intent), that one purpose of the Act is to ensure that all funds are expended in the most cost effective manner and services are provided in accordance with recommended best practices subject to local **and state** oversight. Further, Section 3 states the Act’s purpose is to reduce the long-term adverse impact on **state** and local budgets resulting from untreated serious mental illness. Thus, Section 3 indicates that, while the local counties have an oversight role, the funds are not solely at local discretion and the Act gives the state a substantial oversight role as to how funds are spent.
- 2) Section 4 Part 3.6 (codified at Welfare and Institutions Code §5840) states that the **State Department** of Mental Health shall devise a program designed **to prevent** mental illnesses from becoming severe and disabling. [Note that any authority to a State Department necessarily empowers the state legislature that funds and directs state agencies.] The Act specifies that the program shall emphasize improving timely access to services for underserved populations. The Act goes on to outline the components of such a program and to give direction **to the state department to revise the program elements, applicable to all county** mental health programs, in consultation with stakeholders. Thus, the state provides authorized guidance to the counties in the form of guidelines. State guidelines formulated by a state agency can always be altered by the state legislature. The suppression of local control authorized by any state agency applies *a fortiori* to the legislature that instructs all state agencies. Presumably, the State Department of Mental Health will produce guidelines to be followed notwithstanding local control preference.
- 3) The state Commission is tasked with overseeing the implementation of the Act and **reviewing and approving each county mental health program for expenditures created pursuant to the Act.** Its members are appointed by the governor, and at least 4 members are **state officials or the designees of state officials.** The Commission may at any time advise the Governor or the Legislature regarding actions the state may take to improve care and services for people with mental illness. Again, a state Commission or agency is subject to the oversight, funding and jurisdiction of the state legislature, which may instruct its executive branch entities. Such instruction must be consistent with the purposes of the initiative – a limitation that binds the legislature. Each county must prepare and submit a three-year plan which shall be updated at least annually and **approved by the Department of Mental Health after review and comment by the Commission.** Welfare and Institutions Code § 5847(a) outlines requirements each county plan and update must meet. Moreover, § 5898 states that **the department shall develop regulations, as necessary, for the department or designated local agencies to implement this Act.** Again, while the funds are allocated to the counties to use for their programs, ultimately the programs must meet standards set by the state and must be approved by the state Department of Mental Health after review and comment by a commission that is made up of individuals appointed by the governor. Where such standards are set by the state, they may be adjustable consistent with the substantive purposes of the initiative.



- 4) Welfare and Institutions Code § 5891(i) **requires the Commission to develop a plan for expenditures of any revenues that remain after the Commission has determined that there are prudent reserves and no unmet needs, and the legislature may appropriate such funds for any purpose consistent with the Commission's adopted plan which furthers the purposes of the Act.**
- 5) The Act allows a broad construction of the Act to accomplish its purposes and allows the legislature to amend, by a two-thirds vote, all provisions of the Act as long as the amendments are consistent with and further the purposes of the Act.

## **6. Nonfeasance By the State**

As the report below details, counties have not used Prop. 63 funds to create adequate or appropriate programs for Transition Age Foster Youth. This is not entirely their fault. The state Department of Mental Health (DMH) and the Mental Health Services Oversight and Accountability Commission have contributed to this failure in a number of ways. They have failed to properly implement the Act in a timely manner, consistent with the provisions passed by the voters in Prop. 63. An audit by the California Department of Finance (DOF) found that in early 2008, the only component fully implemented was the CSS component and that the limited fund distributions and services for other components resulted in “the perceived notion that the intent of the Act is not being adequately met.”<sup>100</sup> In the case of Transition Age Foster Youth, this observation would appear to be understated. Consider the following:

First, the guidelines the DMH and the Commission gave to counties are cumbersome and time consuming. The DOF audit found DMH's application of the CSS component guidelines to be strict and inflexible<sup>101</sup> and that the guidelines create a “labor intensive process requiring extensive administrative tasks.”<sup>102</sup>

Second, the state DMH and the Commission did not set guidelines that would require the counties to create programs solely and specifically to address the needs of Transition Age Foster Youth. Instead, Transition Age Foster Youth are given the designation of “priority population” along with other at-risk groups of Transition Age Youth. Given the unique status of foster youth as the state's children, simply requiring “priority population” status does not go far enough. The state must require counties to address the unique needs of Transition Age Foster Youth first. If there is no need for a Transition Age Foster Youth program because other adequate programs exist, the state must require counties to document it. This straightforward requirement would not add unnecessary steps to the process because counties should already be aware of the programs available to Transition Age Foster Youth when they are creating their Prop. 63 funding proposals.

Third, as mentioned above, the Commission and the DMH have not released the guidelines in a timely manner.<sup>103</sup> As a result, only two components of the Act have been implemented to a substantial degree—Community Planning and Community Services and Support. Not until five years after the implementation of the Act, in 2009, did most counties roll out their Prevention and Early Intervention component. At this writing, most counties are in the planning stage of the Innovation component. Neither DMH nor Commission established deadlines for the submission of additional requested information at any stage of the review process.<sup>104</sup>

In the case of TAFY, timing is vitally important. It does not take long for an 18-year-old former foster youth, who has been suddenly cut off from the only support system he or she has known and who has no familial support, to fall through the cracks and begin a downward spiral. About 4,000 youth age out of California's foster care system each year. This means that about 16,000 youth have aged out from the foster care system in the four years since the passage of Prop. 63. Potentially thousands of members of this population prone to mental illness have fallen through the cracks due to failures at the state and county levels.

Fourth, as discussed above, the governor and the legislature continue to cut money from the core mental health budget, despite provisions in the Act that specifically prohibit the state from reducing financial support

to these programs below the levels that existed in the fiscal year that ended prior to the effective date of the Act.<sup>105</sup> These actions force counties to replace old programs with new programs that serve the same populations from which funds have been taken while attempting to avoid supplantation. The result is a reduction in funds available from the Act to actually expand and create new mental health services for underserved populations like Transition Age Foster Youth.

Finally, the California Department of Finance audit found several other problems with the state implementation of the Act that impact all potential consumers of Prop. 63 services. Some of these include: fund distribution not in compliance with the Act, ineffective communication and coordination, undefined roles and responsibilities of Prop. 63 entities, deficiencies in the application of CSS guidelines, inefficient review processes, and a fund distribution process in need of improvement.<sup>106</sup>

## D. Key Findings

Based on its research, analysis, and review of each county's Prop. 63 CSS plans and programs (presented in detail in Part II, *infra*), the Children's Advocacy Institute has made the following findings:

- While foster youth are named as a priority population in most counties' CSS Plans, virtually no Prop. 63-funded CSS programs were created solely and specifically for TAFY—despite the fact that many counties have focused programs on other priority populations such as prisoners who are transitioning back into society and Transition Age Youth exiting the juvenile justice system. While they properly recognize foster youth as a group highly at risk for mental illness, the counties have overlooked the unique situation of Transition Age Foster Youth who are transitioning out of the child welfare system without parental support or a social safety net comparable to that of their peers—even their peers transitioning out of juvenile justice or the Children's Mental Health system.
- Based on the extent to which their Prop. 63 CSS programs reach TAFY, 26 counties earned an “F”. Most regrettably, these 26 counties are home to nearly 79% of California's TAFY population—meaning that Prop. 63 CSS funds are not effectively reaching roughly 4 out of every 5 TAFY.
- In addition to this 79%, another 14.8% of the State's TAFY live in counties where the Prop. 63 CSS program capacity is inadequate to meet the demand for services, and where TAFY must compete with other priority populations for these limited services.
- The State of California merits a grade of “Incomplete” for its role in ensuring that Prop. 63 funds reach Transition Age Foster Youth—a population that is disproportionately experiencing the very outcomes that the Mental Health Services Act was enacted to address, and a population to whom the State (as parent) owes a special duty. In addition to what the State has done wrong — such as failing to properly implement the Act in a timely manner; producing county guidelines that are cumbersome and time consuming; and cutting funding from the core mental health budget and apparently expecting counties to backfill those programs and services with Prop. 63 funds — CAI is concerned with what California has failed to do at all: mandate that counties create programs solely and specifically to address the unique needs of Transition Age Foster Youth.
- The Act was intended to give counties discretion to use Prop. 63 funds to meet the needs of their communities. However, when the majority of counties choose to ignore a population in as much need as TAFY, the State must intervene and either establish a set-aside percentage of Prop. 63 funds that it will allocate specifically for TAFY, or require that counties devote a certain percentage of Prop. 63 funding specifically for the TAFY population (or demonstrate how they are adequately meeting the needs of their TAFY population using other funding sources).
- To their credit, the Mental Health Services Act Oversight and Accountability Commission and other State leaders have stressed the importance of enacting programs that move away from a “fail first”

approach to one that addresses serious mental illness before an individual has failed into homelessness or incarceration. The TAFY population faces eventual outcomes like homelessness and/or incarceration like no other—but it does not have to be that way. Transition Age Foster Youth are an easily identifiable and reachable population before they age out of the system; focusing a program on this unique population and funding it to support a capacity sufficient to address the actual need would be an effective and efficient use of Prop. 63 dollars. The creation of TAFY-specific Prop. 63-funded programs should complement—and not replace—other Prop. 63 programs serving the broader TAY population.

## E. Proposed Solution

As two noted Prop. 63 proponents and authors stated after its passage: “Now we must move from fail first to help first. Give everyone the right care at the right time in the right place. No child should age out of the child welfare system and be dumped on the streets....This won’t happen overnight, but in a few years it should be an expectation.”<sup>107</sup>

A few years have passed, and youth aging out of the child welfare system are still being dumped on the streets. Counties have failed to adequately include Transition Age Foster Youth in their Prop. 63 CSS programs—and once again we have failed this population. Transition Age Foster Youth face eventual outcomes like homelessness and/or incarceration like no other—**but it does not have to be that way.** Transition Age Foster Youth are an easily identifiable and reachable population before they age out of the system; at that point, they have not yet failed into homelessness, poverty, and/or incarceration. Focusing a program on this unique population and funding it to support a capacity sufficient to address the actual need would be an effective and efficient use of Prop. 63 dollars. The creation of TAFY-specific Prop. 63-funded programs should complement—and not replace—other Prop. 63 programs serving the broader at-risk TAY population.

The counties have with near uniformity failed to address the unique and uniquely acute mental health needs of the State’s own children (even while inexplicably addressing the needs of other specific groups like prisoners). The Commission must act and act immediately to cure this injustice that trammels upon both the intent of the Act and our moral obligations to these children, orphaned by our hand. To rectify this injustice, the Commission must take the following actions:

- ✓ First, at its earliest opportunity, the Commission must unambiguously require the counties by a time certain to change their plans to explain how they will be using the Act’s funds to address the unique mental health needs of Transition Age Foster Youth, and to set aside a specified percentage of Prop. 63 funds for programs serving this specific population.
- ✓ Second, given that the counties failed to address the needs of these children on their own, the Commission must by a time certain adopt a plan for it actively to monitor the counties’ implementation of their plans, where Transition Age Foster Youth are concerned.
- ✓ Third, the Commission must establish a permanent set-aside of Prop. 63 funding that will be devoted to statewide programs and efforts to meet the unique needs of Transition Age Foster Youth to the extent that county-based programs are not doing so.
- ✓ Fourth, the Commission must require that programs designed to meet the unique needs of Transition Age Foster Youth offer a range of options that will meet the specialized needs of this population, without requiring these youth to remain part of a “system” that they are all too eager to leave behind. To that end, one such option that must be available to Transition Age Foster Youth is the Transition Life Coach Program.

***Transition Life Coach Proposal.*** Several studies demonstrate the importance of mentors or other adults whose stability and consistency contribute to the mental health and well-being of foster youth.<sup>108</sup> Accordingly,

CAI has developed the Transition Life Coach Program, which would pair every TAFY with such a person—a Transition Life Coach, who would be appointed by the court on or as soon as possible after the TAFY’s 16<sup>th</sup> birthday. The Coach would be an adult who is trusted by the youth and a part of the youth’s life. The Coach would take on many of the roles generally filled by the parent of a TAY, thus helping to prevent the trauma and isolation to which foster youth have been subjected and the stress associated with the transition into adulthood from developing into a mental illness. For youth already experiencing mental illness, a consistent, caring, trusted adult may be even more important to moving toward recovery.

The Coach would be responsible for monthly distribution of a flexible fund of money meant to assist the youth in a successful transition to a productive and healthy adult life. The amount of money in each fund would be the equivalent of the amount of money average parents spend on their children post-18, with consideration given to any special needs the youth may have and adjusted annually according to the Consumer Price Index.<sup>109</sup> The Coach would be responsible for overseeing distribution the fund in accordance with a court-approved plan designed by each Transition Age Foster Youth with input from his/her attorney, social worker, Transition Life Coach, and where applicable, Court Appointed Special Advocate.

The Transition Life Coach would answer to either the Juvenile or Probate court — which would have jurisdiction over the Coach and the fund but not the Transition Age Foster Youth. The program would be flexible, it would closely resemble the relationship that non-foster care youth have with their parents, and it would help Transition Age Foster Youth transition to a successful, healthy adulthood.

Many Transition Age Foster Youth are transient, moving from county to county for various reasons. Currently, each county has a different and complex patchwork of limited public and private services to assist Transition Age Foster Youth. This often causes problems for youth moving between counties, and it causes disruption in services. The Transition Life Coach proposal provides a plan that is simple, customized to the needs of each youth and it is flexible, allowing the youth to move between counties without experiencing potentially harmful disruption in services.

The Transition Life Coach program is simple, it is new, and it is a smart use of public resources. (As noted above, a recent peer-reviewed cost-benefit analysis established that investing in TAFY to the level manifested by other (private) parents would yield a cost benefit in terms of direct public budgetary impact.<sup>110</sup>) CAI estimates that an annual set-aside of just 12% of Prop. 63 funds, combined with possibly available federal Title IV-E money for some of these youth (under recently-enacted federal legislation) would be sufficient to implement the Transition Life Coach plan statewide—providing TAFY with a meaningful chance at obtaining self-sufficiency, and providing them with a mentor to help get them there. The core fund would cost approximately \$220 million annually, spread across the 4,000 youth aging out of foster care each year.

A state set-aside would ensure that regardless of a county’s resources, Transition Age Foster Youth would receive funding, either to address an existing mental health issue under CSS funding or to prevent the onset of a serious mental illness under PEI funding. The Transition Life Coach Program serves a population that, more than any other, meets the criteria and serves to forward Prop. 63’s stated purpose and intent.

## **F. Conclusion**

Counties have already implemented programs using the Community Services and Supports funding the Act provides. Most counties name Transition Age Foster Youth as a priority population and most provide at least some programs from which TAFY may benefit. However, not one county provides a comprehensive program solely and specifically for this unique population, and the services that are provided differ greatly from county to county, as this report documents below.

California and her counties must use a portion of the Community Services and Supports funding to address specifically the unique needs of the Transition Age Foster Youth population. Additionally, the state must

mandate the use of Prevention and Early Intervention funding to screen youth for mental health issues that would qualify youth for CSS funding prior to their aging out of the foster care system.

The Children's Advocacy Institute has proposed the Transition Life Coach plan to help ensure a healthy and successful transition to adulthood for youth aging out of the foster care system. As is explained above, the program would appoint a Transition Life Coach to each foster youth, to be a consistent, caring adult in the Transition Age Foster Youth's life, serve as a mentor, and distribute a fund to the youth according to a plan individualized to fit his/her unique needs. The program would be flexible, it would closely resemble the relationship that non-foster care youth have with their parents, and it would help Transition Age Foster Youth transition to a successful, healthy adulthood.

The Transition Life Coach proposal is a proper use of Prop. 63 funding. Transition Age Foster Youth are far more likely to experience Severe Mental Illness (SMI) or Serious Emotional Disturbance (SED) than their non-foster care peers, they have been exposed to the trauma and neglect that are often causes of SMI and SED and the state has legally taken on the role of parent to these youth. The stated intent of the Act is to define serious mental illness as a condition deserving priority attention, including prevention and early intervention services, and to reduce the long-term adverse impact on individuals, families and state and local budgets resulting from untreated mental illness. Studies have shown the value of mentors in preventing the onset of SMI, and this Program would also provide needed flexible funding for education, housing, transportation, and healthcare without requiring Transition Age Foster Youth to adhere to a strict schedule of requirements. The Program would be individualized to the needs of each youth, and it would help them move away from a dependence on the system and teach them how to live on their own, by providing a safety net much the same way that parents do.

“The consequences of making children who already have the fewest emotional defenses pay the price for an inadequate child-welfare and mental-health services system can be detrimental not just to the individual child, but to society as a whole....Californians need to work to ensure that the mental-health needs of one of our most at-risk populations—foster youth—are adequately addressed.”<sup>111</sup>

— *Darrell Steinberg and Miriam Aroni Krinsky*

## PART II. CALIFORNIA'S 58 COUNTIES: DO THEIR PROP. 63 CSS PLANS REACH TRANSITION AGE FOSTER YOUTH?

The Children's Advocacy Institute has reviewed each county's Prop. 63 CSS plans and assigned grades based on the following criteria:

Criteria	Point Range
1. <b>TAFY Focus:</b> Does the county offer a program designed solely and specifically for TAFY? Has it tailored a component of a program specifically to TAFY?	0–10
2. <b>Priority Population:</b> Does the county designate TAFY to be a priority population? How many other priority populations are served by the program? If not named expressly as a priority population, how likely is it that TAFY will fit into one of the named priority populations?	0–20
3. <b>Capacity:</b> What is the capacity of the program? How does capacity compare to estimated need?	0–35
4. <b>Sufficiency of Services Provided:</b> How many of the optimal elements are included in the program? Optimal elements for TAFY are deemed to be mental health services, immediate shelter, long-term housing, peer support/mentoring, flexible funding, education, and employment assistance.	0–30
5. <b>TAFY Tracking:</b> To what extent does the program track TAFY participation and outcomes?	0–5

In order to calculate the scores in a uniform manner, CAI estimated that 23% of each county's Transition Age Foster Youth population would qualify for Prop. 63 CSS programs—a very conservative assumption given that TAFY experience higher incidence of serious mental illness than virtually any other group of people, as is noted above.

When allocating points for Criteria numbers 2 and 3, CAI gave partial credit for CSS programs that include homeless TAY as a priority population, as there is significant crossover between the homeless TAY and TAFY populations.

CAI was able to assign grades to 38 California counties. The remaining 20 counties had Prop. 63 CSS eligible TAFY populations (23% of each county's total TAFY population) of 20 or less, and thus were too small to evaluate fairly (most would have received a failing grade); in total, these 20 counties have only about 1.9% of the state's total TAFY population.

**The plans that CAI reviewed and graded for this report were each county's initial three-year CSS plans that were approved by DMH after review by MHSOAC. It is important to note that as counties implement and update their plans, they may have added or amended programs and the capacities may have changed. Every effort has been made to ensure that this report reflects those changes; however, recent amendments may not be reflected.**

**Grade Summary.** The letter grades assigned to counties are based on their point total, and generally indicate the following findings:

**“A” Grade (90–100 points):**

- County has created a Prop. 63-funded CSS program solely and specifically for TAFY, and TAFY is the only priority population.
- Program capacity is sufficient to meet the need in the county.
- Services provided are sufficient to meet the transition needs of SMI or SED TAFY.
- The county tracks (has a mechanism in place to track) outcomes for TAFY who have participated in the program.

**“B” Grade (80–89 points):**

- The county does not have a program designed solely and specifically for foster youth or has only one component of a program designed solely and specifically for foster youth.
- TAFY are a priority population and capacity is sufficient to serve the majority of the need OR the county has a program designed solely and specifically for foster youth but either the capacity is insufficient to serve a majority of the potentially qualified TAFY population in the county or the program does not offer adequate services to these youth.
- Services are adequate to meet the transition needs of SMI or SED TAFY.
- The county has a tracking system in place for TAFY, or is actively planning to implement a system to track outcomes (beyond that which the state mandates).

**“C” Grade (70–79 points):**

- There is no program solely and specifically for TAFY or very limited capacity in a program designed for TAFY.
- TAFY are named as a priority population.
- Program capacity meets less than 50% of the need.
- Services are adequate to meet the transition needs of SMI or SED TAFY.
- The county has a system to track outcomes but not specifically for TAFY, the county has proposed a system to track outcomes, or the county needs to improve an existing system to track outcomes for this population.

**“D” Grade (60–69 points):**

- There is no program solely and specifically for TAFY.
- TAFY are a priority population, but are one of several priority populations, or are intended to be included in a larger “at risk” TAY population.
- Program has limited capacity.
- The county has no system in place to track outcomes beyond that which the state mandates.

**“F” — Failing Grade (59 or fewer points):**

- There is no program solely and specifically for TAFY.
- TAFY are a priority population but they are one of several priority populations or they are intended to be included in a larger “at risk” TAY population; or TAFY are not named at all as a priority population.
- Program has very limited capacity (generally under 35%).
- The county has no system in place to track outcomes or has an inadequate system in place and no plans to track TAFY outcomes.

Based on the above scale, CAI’s review of the counties’ CSS plans resulted in the following grades:

Grade	# of Counties	Counties	% of State’s Total TAFY Population
<b>A</b>	0		
<b>B</b>	1	Merced	<b>0.7%</b>
<b>C</b>	4	Kern, Mendocino, Monterey, Santa Cruz	<b>4.0%</b>
<b>D</b>	7	Butte, Contra Costa, Imperial, Orange, Riverside, Santa Barbara, Tehama	<b>14.8%</b>
<b>F</b>	26	Alameda, El Dorado, Fresno, Humboldt, Kings, Lake, Los Angeles, Madera, Placer, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Clara, Shasta, Solano, Sonoma, Stanislaus, Sutter/Yuba, Tulare, Ventura, Yolo	<b>78.6%</b>
<b>Not Graded*</b>	20	Alpine, Amador, Calaveras, Colusa, Del Norte, Glenn, Inyo, Lassen, Marin, Mariposa, Modoc, Mono, Napa, Nevada, Plumas, San Benito, Sierra, Siskiyou, Trinity, Tuolumne	<b>1.9%</b>
<i>*After applying the 23% rate to determine the Prop. 63 CSS eligible TAFY population, these counties had eligible TAFY populations of 20 or less, and thus were too small to evaluate fairly.</i>			

## ALAMEDA COUNTY

## GRADE: F

Alameda County has a population of 1,530,620.<sup>112</sup> As of January 1, 2008, there were 611 Transition Age Foster Youth aged 16–20 in Alameda County’s child welfare-supervised foster care.<sup>113</sup> Between 2002 and 2007, an estimated 1,497 Transition Age Foster Youth aged out of Alameda County’s child welfare-supervised foster care.<sup>114</sup> Therefore, there were approximately 2,108 Transition Age Foster Youth aged 16–25 in Alameda County as of July 1, 2007.<sup>115</sup> Conservatively assuming that 23% of the Transition Age Foster Youth in Alameda County have mental health issues, approximately 485 Transition Age Foster Youth would potentially qualify for Prop. 63-funded CSS services.

### *To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?*

**Alameda County has not created a Prop. 63-funded CSS program solely and specifically for Transition Age Foster Youth.**

Alameda County has created two major programs to address the needs of all Transition Age Youth (TAY): Supportive Housing for Transition Age Youth and the Transition to Independence Program.<sup>116</sup>

The Supportive Housing for Transition Age Youth (STAY) is a long-term supportive housing program that provides case management, substance abuse counseling, mental health services and linkage to education, job development and peer mentorship.<sup>117</sup> The priority populations for the STAY program is youth who are homeless or leaving one of the following systems: foster care, justice, or residential treatment. The STAY program serves 35 TAY and does not provide services for out-of-county residents.<sup>118</sup>

The STAY program is not tailored specifically to the needs of Transition Age Foster Youth; it casts a relatively broad net, making its services available to many populations of TAY—including homeless youth and TAY leaving the juvenile justice system or residential treatment.<sup>119</sup> The program barely makes a dent when one considers the enormity of the need within the Transition Age Foster Youth population. As noted above, the STAY program has the capacity to serve 35 TAY. CAI estimates that 485 Transition Age Foster Youth would potentially qualify for STAY program—let alone all of the other types of Transition Age Youth who would qualify. Program capacity is not nearly sufficient to meet the needs of the County.

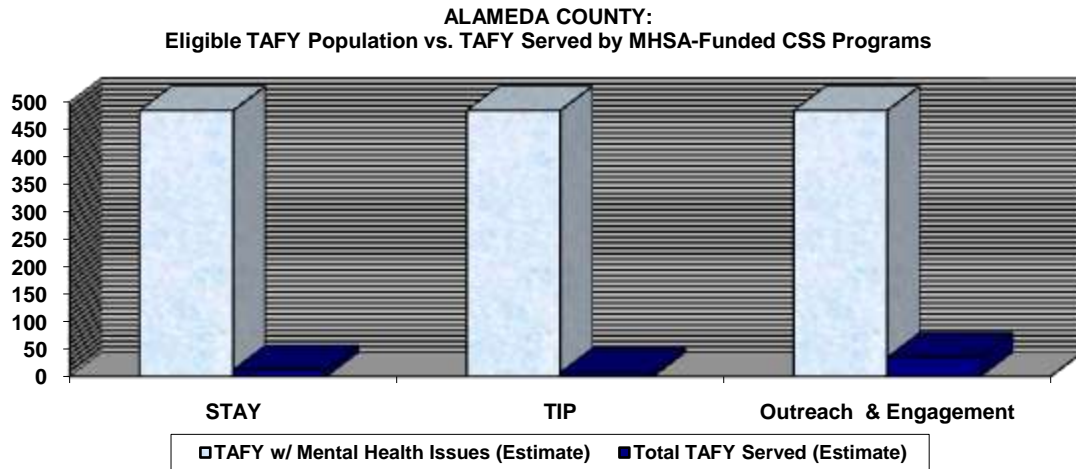
The Transition to Independence Process (TIP) provides mentor-coaches to a group of severely emotionally disturbed TAY.<sup>120</sup> The TIP program focuses on moving youth toward independence by teaching community relevant skills, encouraging completion of secondary education, providing exposure to community life experience, promoting movement into post-school employment, educational opportunities, and living situations, and respecting the self-determination of young people.<sup>121</sup> In addition to the case managers, the TIP team includes vocation counselors, alcohol/drug counselors, peer counselors and housing specialists. The team works with the TAY to provide linkages to community supports such as housing, education, and vocational resources. Further, the program works with Alameda County’s Creating Homes program to assist the participants with housing and will provide a housing stipend to youth with no other resources.<sup>122</sup> Like the STAY program, the TIP program does not serve out-of-county youth.

Though it is not specifically tailored to Transition Age Foster Youth and it targets a number of populations in addition to foster youth, the TIP program is potentially an excellent resource for Transition Age Foster Youth.<sup>123</sup> It provides them with a much-needed adult mentor, who could act as a stable, caring figure in the life of the participant; it also provides greatly needed assistance in linking the participants with housing. Further, the housing stipend TIP provides when necessary is an important aspect because housing programs often have waiting lists and some are not appropriate for Transition Age Foster Youth. Finally, the TIP program proposes “flex funds,” which can be used for miscellaneous necessities. These funds, in conjunction with the guidance of a mentor-coach, could play an important role in ensuring the well-being and success of the participants.

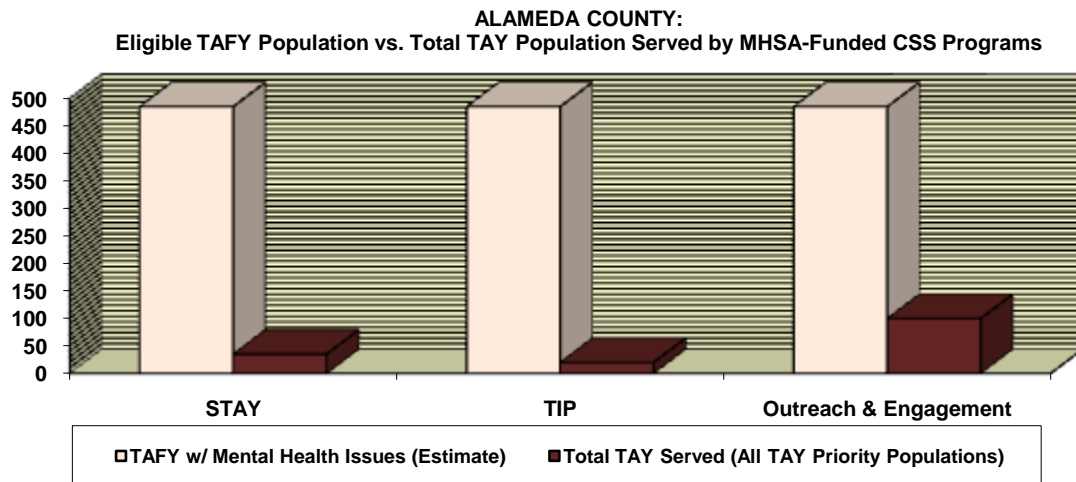
The most glaring deficiency in the promising TIP program, as in the STAY program, is its capacity; the TIP program serves only 20 youth at a time.<sup>124</sup>

Though both of Alameda’s plans offer needed assistance to Transition Age Foster Youth, the currently capacity falls far short of meeting the need. The planned capacity for both programs is 55 participants, which falls far short of meeting the needs of even the Transition Age Foster Youth population, let alone the general TAY population.





Even if Alameda County's CSS TAY programs were available exclusively to Transition Age Foster Youth, capacity would still fall far short of meeting the need:



Criteria	Points
1. <b>TAFY Focus:</b> Does the county offer a program designed solely and specifically for TAFY? Has it tailored a component of a program specifically to TAFY?	0 of 10
2. <b>Priority Population:</b> Does the county designate TAFY to be a priority population? How many other priority populations are served by the program? If not named expressly as a priority population, how likely is it that TAFY will fit into one of the named priority populations?	15 of 20
3. <b>Capacity:</b> What is the capacity of the program? How does capacity compare to estimated need?	2 of 35
4. <b>Sufficiency of Services Provided:</b> How many of the optimal elements are included in the program? Optimal elements for TAFY are deemed to be mental health services, immediate shelter, long-term housing, peer support/mentoring, flexible funding, education, and employment assistance.	29.4 of 30
5. <b>TAFY Tracking:</b> To what extent does the program track TAFY participation and outcomes?	1 of 5
<b>TOTAL:</b>	<b>47.4 of 100</b>

**Final Grade:** Regarding its use of Prop. 63 CSS funding to meet the needs of Transition Age Foster Youth, Alameda County's grade is **F**. While the county is making some positive steps toward preventing the need for foster care, overall, it is not trending in a positive direction toward improving mental health services specifically for Transition Age Foster Youth with Prop. 63 funding.

---

***A Note on Alameda County's Prop. 63-Funded Prevention and Early Intervention (PEI) Programs.*** *Alameda County's PEI plan was approved in November 2008.<sup>125</sup> Again, Alameda has not created a PEI program solely and specifically for Transition Age Foster Youth. The plan includes a project called "Early Intervention for the Onset of First Psychosis and Serious Mental Illness Among Transition-Age Youth;" the target population includes trauma-exposed individuals, individuals experiencing the onset of serious psychiatric illness, children and youth in stressed families, children and youth at risk for school failure, children and youth at risk for or experiencing juvenile justice involvement.<sup>126</sup>*

*The project has two components: (1) outreach and education and (2) community-based treatment.<sup>127</sup> The first component would include linkage with the Anti-Stigma Campaign<sup>128</sup> to deliver community education and local media via articles, interviews and presentations about mental health issues, targeted training and consultation to individuals and institutions likely to come into contact with young persons who may experience signs of SMI, and youth involvement in all efforts and use of technology to communicate with TAY. Strategies will be tailored to different groups, including involved in the child welfare system and foster families.<sup>129</sup>*

*The second component will provide assessment and community-based treatment with clinical and support services to young people demonstrating early signs of psychotic episodes and services for caregivers. This will include training for providers on identification and treatment of early psychosis; assessment of TAY interested in program and development of treatment plans; supported education/employment services to allow youth to more quickly return to work or school; peer support and mentoring; substance abuse services; linkage to medical services; and other therapies, counseling services and interventions.<sup>130</sup>*

*Alameda County estimates that the outreach and education component will train about 600 individuals, including professionals, families, and TAY. The outreach and education component is expected to respond to 200 inquiries a year. The community based treatment component is expected to serve about 60 new clients a year; each client would be served for about two years.<sup>131</sup>*

## ALPINE COUNTY

## GRADE: NA

Alpine County did not immediately apply for Prop. 63 funding. It is one of the smallest counties in California with only 1,225 residents. Alpine calculated that it would cost more to accept the funds than to turn them away. However, Alpine has since decided to begin the application process to obtain funding for a new building in one of Proposition 63's later phases.<sup>132</sup>

There were no foster youth in child welfare-supervised foster care in Alpine County as of January 2008.<sup>133</sup> Only two youth aged out of Alpine County's Child Welfare supervised foster care system between 2002 and 2007.<sup>134</sup>

**Final Grade:** Alpine County's Transition Age Foster Youth population is too small to evaluate the County fairly for a grade.

---

*A Note on Alpine County's Prop. 63-funded Prevention and Early Intervention (PEI) Programs. The Commission approved Alpine County's PEI plan in July 2009. The plan does not include any programs solely and specifically designed for Transition Age Foster Youth, however, it is important to recall that Alpine County is California's smallest county with just over 1,200 residents and has no current foster youth as of this writing.*

*Alpine has created two programs with PEI funding. First, the Second Step Children and Youth program serves children and youth ages 4–14 in schools and pre-schools. It is a classroom-based, social skills program and will be implemented in all elementary schools in Alpine County. Second, the Strengthening families program serves adults 18+ years of age who are pregnant and/or have young children. It is an evidence-based practice that is science-based and develops parenting skills, child life skills, and family life skills.<sup>135</sup>*

## AMADOR COUNTY

GRADE: NA

Amador is one of California's smaller counties, with a population of about 38,320.<sup>136</sup> As of January 1, 2008, there were only 8 Transition Age Foster Youth ages 16–20 in Amador County's child welfare-supervised foster care.<sup>137</sup> Between 2002 and 2007, an estimated 12 Transition Age Foster Youth aged out of Amador County's child welfare-supervised foster care.<sup>138</sup> Therefore, there were approximately 20 Transition Age Foster Youth aged 16–25 in Alameda County as of July 1, 2007.<sup>139</sup> Conservatively assuming that 23% of the Transition Age Foster Youth in Amador County have mental health issues, approximately five Transition Age Foster Youth would potentially qualify for Prop. 63-funded CSS services.

### *To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?*

**Amador County has not created a Prop. 63-funded CSS program solely and specifically for Transition Age Foster Youth.**

Amador County is employing three strategies to implement Prop. 63-funded programs.

The first strategy is integrated systems development. It focuses on training and development required for the new programs.

The second is outreach and engagement targeting children and older adults; there is a notable lack of any focus on TAY. Outreach and engagement also includes a full service partnership that provides services to children and older adults, with the focus primarily on children. Amador County enters into contracts with service providers who offer around-the-clock supervision, room and board, individual, group and family therapy, medication evaluation, medical care, and post-discharge re-entry supervision with around-the-clock access.<sup>140</sup> Amador plans to extend this program to the broad TAY population in the third or fourth year of the program.

The third strategy consists of the Peer Support Program. This program provides easily accessible support groups for older adults, the entire TAY population, and children. The program also provides stipends and assistance with obtaining employment training, job support and other opportunities related to employment. The program does not provide assistance with housing beyond groups and classes focused on budgeting and living skills.

**Final Grade: Amador County's Transition Age Foster Youth population is too small to evaluate the County fairly for a grade.**

---

*A Note on Amador County's Prop. 63-funded Prevention and Early Intervention (PEI) Programs. As of this writing, Amador County has not submitted a plan for Prop. 63 PEI funding.*

## **BUTTE COUNTY**

## **GRADE: D**

Butte County has a population of 219,101.<sup>141</sup> As of January 1, 2008, there were 163 Transition Age Foster Youth ages 16–20 in Butte County’s child welfare-supervised foster care.<sup>142</sup> Between 2002 and 2007, an estimated 208 Transition Age Foster Youth aged out of Butte County’s child welfare-supervised foster care.<sup>143</sup> Therefore, there were approximately 371 Transition Age Foster Youth aged 16–25 in Butte County as of January 1, 2008.<sup>144</sup> Conservatively assuming that 23% of the Transition Age Foster Youth in Butte County have mental health issues, approximately 85 Transition Age Foster Youth would potentially qualify for Prop. 63-funded CSS services.

### *To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?*

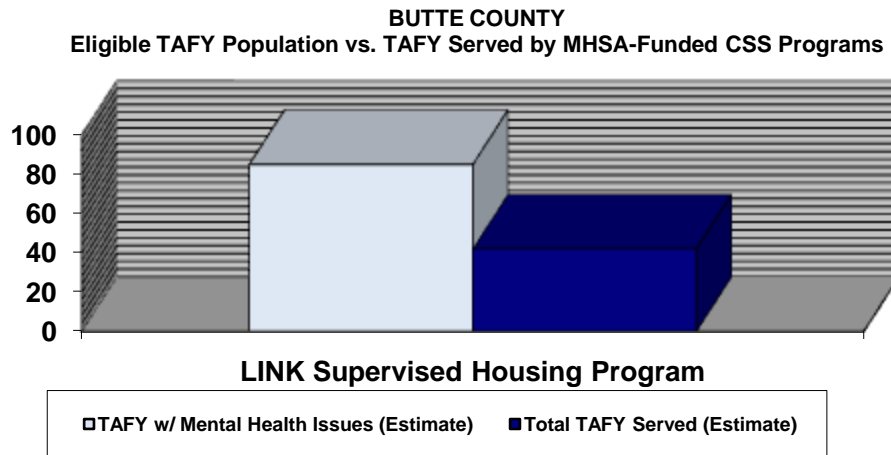
**Butte County has not created a Prop. 63-funded CSS program solely and specifically for Transition Age Foster Youth.**

However, Butte County recognizes the strong correlation between having a history of foster care and becoming homeless.<sup>145</sup> Butte County’s major Prop. 63-funded TAY program is the LINK<sup>146</sup> (Living, Insight, New Knowledge) program, which serves youth ages 14–24 who are homeless or at risk of being homeless. Foster care youth are one of the priority populations, but they are not the only priority population. Any TAY who is homeless or is at risk of becoming homeless is eligible for this program.<sup>147</sup>

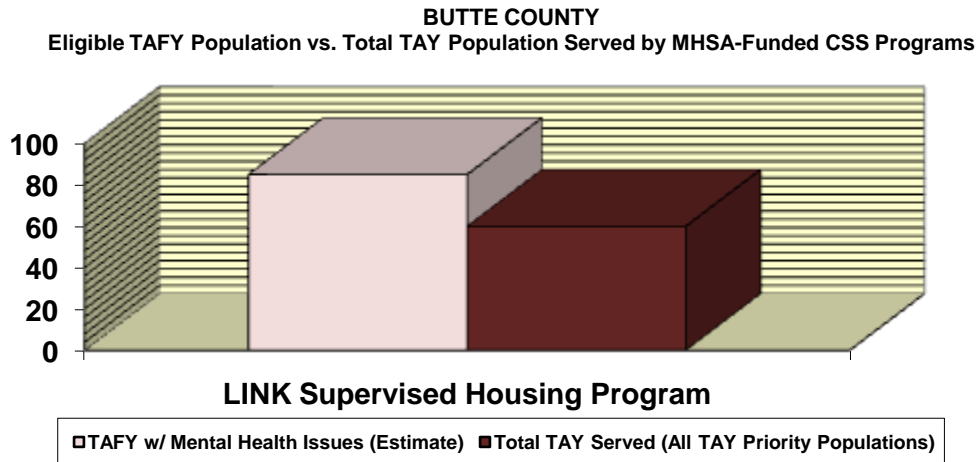
There are several components to the LINK program.

1. A drop-in center provides crisis services, case management addresses issues like anger and budget management, tutoring, individual and family counseling, public health services, healthy relationship building, dating violence prevention, drug and alcohol prevention, education, employment skills such as job finding and coaching, transportation, emancipation assistance, direct access and transportation to overnight emergency shelter, and assistance locating permanent housing.<sup>148</sup> The crisis center serves approximately 755 TAY per year.<sup>149</sup>
2. Second, the LINK program provides an overnight shelter for youth aged 14–18 from 5pm to 8am, seven days a week. Additionally, the program provides monitored motel accommodations for youth aged 18–24. The goal of these programs is a two-week stay, but an extension of an additional two weeks is granted when necessary.<sup>150</sup> Butte County provides approximately 335 shelter nights for TAY through this component.<sup>151</sup>
3. The third component of the LINK program is permanent supportive housing, which provides for 60 youth aged 18–24.<sup>152</sup>

The LINK program provides an expansion of successful methods used in Butte County’s HERE program (the Butte County Department of Behavioral Health’s Homeless Runaway Emergency Effort). The drop-in center provides several valuable resources, and the shelters help to provide shelter and opportunity for many TAY.<sup>153</sup> However, the first two components provide temporary solutions; only the third component of LINK provides the permanent supportive housing that would approach the kind of assistance many Transition Age Foster Youth need. And that permanent supportive housing would serve only 69 of the hundreds of TAY in Butte County, including at least 85 Transition Age Foster Youth, who are homeless or at risk of becoming homeless. Creating a program solely for Transition Age Foster Youth would open more space in the permanent housing program for the non-foster youth TAY population and would provide a program for Transition Age Foster Youth more appropriate to their unique set of circumstances.<sup>154</sup>



Even if Butte County's Supervised Housing Program was available exclusively to Transition Age Foster Youth, capacity would still fall short of meeting the need:



- ★ A note about the charts above: As discussed in the description of Butte County's TAY programs, there are two other components to the LINK program in addition to the LINK Supervised Housing program. While those two programs have higher capacity than the LINK Supervised Housing Program, they serve broader populations, are far less comprehensive, are very short-term, and do not have the scope of services that the LINK Supervised Housing program offers.

Criteria	Points
1. <b>TAFY Focus:</b> Does the county offer a program designed solely and specifically for TAFY? Has it tailored a component of a program specifically to TAFY?	0 of 10
2. <b>Priority Population:</b> Does the county designate TAFY to be a priority population? How many other priority populations are served by the program? If not named expressly as a priority population, how likely is it that TAFY will fit into one of the named priority populations?	19 of 20
3. <b>Capacity:</b> What is the capacity of the program? How does capacity compare to estimated need?	26.1 of 35
4. <b>Sufficiency of Services Provided:</b> How many of the optimal elements are included in the program? Optimal elements for TAFY are deemed to be mental health services, immediate shelter, long-term housing, peer support/mentoring, flexible funding, education, and employment assistance.	19.9 of 30
5. <b>TAFY Tracking:</b> To what extent does the program track TAFY participation and outcomes?	1 of 5
<b>TOTAL:</b>	<b>66 of 100</b>

**Final Grade:** Regarding its use of Prop. 63 CSS funding to meet the needs of Transition Age Foster Youth, Butte County's grade is D.

---

***A Note on Butte County's Prop. 63-funded Prevention and Early Intervention (PEI) Programs.*** *The Commission approved Butte County's PEI plan in June 2009. The plan does not have any programs created solely and specifically for Transition Age Foster Youth. However, TAFY may be able to benefit from The African-American Cultural Center, which is available to all age groups; integrated primary health care and mental health care, available to all age groups; the Mobile TAY project, available to TAY; GLBTQ (Gay, Lesbian, Bi, Transsexual, and Questioning) services, available to Children, Youth and TAY; and Mental Health Awareness, available to all ages.*

*The Mobile TAY project, available exclusively to TAY, serves individuals who meet the "At Risk Mental Health State" (ARMS) and whose lives have become more compromised as they approach young adulthood and the related tasks and responsibilities necessary to become independent and self-reliant. Their ARMS will be serious enough to disrupt their lives and keep them from achieving their mental health and/or personal goals. The program provides a range of prevention/early intervention services focused on supporting young people to meet their goals for mental health progress and stability and to transition to independence. Mobile TAY staff will respond to the needs of youth to ensure their safety and to meet any other needs identified by the consumer. The Mobile TAY Team will travel to wherever youth are in need of service.<sup>155</sup>*

*While Transition Age Foster Youth may benefit from Butte County's PEI programs, the county has not improved upon its performance in its CSS plan. It continues to lack an appropriate focus on Transition Age Foster Youth.*

## **CALAVERAS COUNTY**

**GRADE: NA**

Calaveras is a small county in central California with a population of 45,950. There were 14 Transition Age Foster Youth between the ages of 16–20 in child welfare-supervised foster care in Calaveras County as of January 1, 2008.<sup>156</sup> Additionally, 53 youth aged out of foster care in Calaveras County between 2002 and 2007.<sup>157</sup> Therefore, there are approximately 67 Transition Age Foster Youth aged 16–25 in Calaveras County as of January 1, 2008. Conservatively assuming that 23% of the Transition Age Foster Youth in Calaveras County have mental health issues, approximately 15 Transition Age Foster Youth would potentially qualify for Prop. 63-funded CSS services.

### **To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?**

**Calaveras County has not created an Prop. 63-funded CSS program specifically for Transition Age Foster Youth.**

The county includes the TAY population in the Children’s System of Care or the Adult System of Care, depending upon which system would better serve the individual.<sup>158</sup> The Calaveras CSS plan, as in most counties, specifies youth aging out of foster care as one of several priority populations.

**Final Grade:** Calaveras County’s Transition Age Foster Youth population is too small to evaluate the County fairly for a grade.

---

***A Note on Calaveras County’s Prop. 63-funded Prevention and Early Intervention (PEI) Programs.*** Calaveras County’s PEI plan was approved in April 2009.<sup>159</sup> It includes two programs for TAY from which Transition Age Foster Youth may benefit.

*First, it includes a commendable and creative provision to expand the grandparents program, which exists to assist grandparents who are raising their grandchildren or other relatives. While this program is not tailored to Transition Age Foster Youth, the program is notable because it helps relatives raise children who either are in the foster care system or may be at risk for entry into the system, and as such might benefit Transition Age Foster Youth. The extension will allow 20 more families to take part in the Grandparents Program.*

*Second, the County will use funding to facilitate suicide prevention planning, training and programs.*



Colusa County has a population of 21,945. As of January 1, 2008, there were nine TAY aged 16–20 in Colusa County’s child welfare-supervised foster care.<sup>160</sup> Between 2002 and 2007, an estimated eight Transition Age Foster Youth aged out of Colusa County’s child welfare-supervised foster care.<sup>161</sup> Therefore, there were approximately 17 Transition Age Foster Youth aged 16–25 in Colusa County as of January 1, 2008.<sup>162</sup> Conservatively assuming that 23% of the Transition Age Foster Youth in Colusa County have mental health issues, approximately four Transition Age Foster Youth would potentially qualify for Prop. 63-funded CSS services.

Colusa County is a smaller county and, as such, it has included its TAY program in its Children’s System of Care. The county specifies the priority population as children and youth, and transitional age youth who have serious emotional disorders and their families. Special focus is on children and TAY “at risk” and those identified as unserved or underserved.<sup>163</sup>

### *To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?*

**Colusa County has not created a Prop. 63-funded CSS program solely and specifically for Transition Age Foster Youth.**<sup>164</sup>

Colusa County’s first Prop. 63-funded CSS program is an expansion of the existing multi-disciplinary team (MDT),<sup>165</sup> which provides outreach and engagement services, staff available 24/7 to provide crisis interventions, screening and assessment, and linkages to a full range of community services and supports including assistance with transportation, medication monitoring, home visitation, and crisis management.<sup>166</sup> Additionally, the multidisciplinary team provides linkage to services and supports in the area of employment.<sup>167</sup> Finally, the program provides housing assistance to families and TAY in the form of housing/shelter vouchers, transitional housing, safe havens, and in some cases, permanent housing.<sup>168</sup>

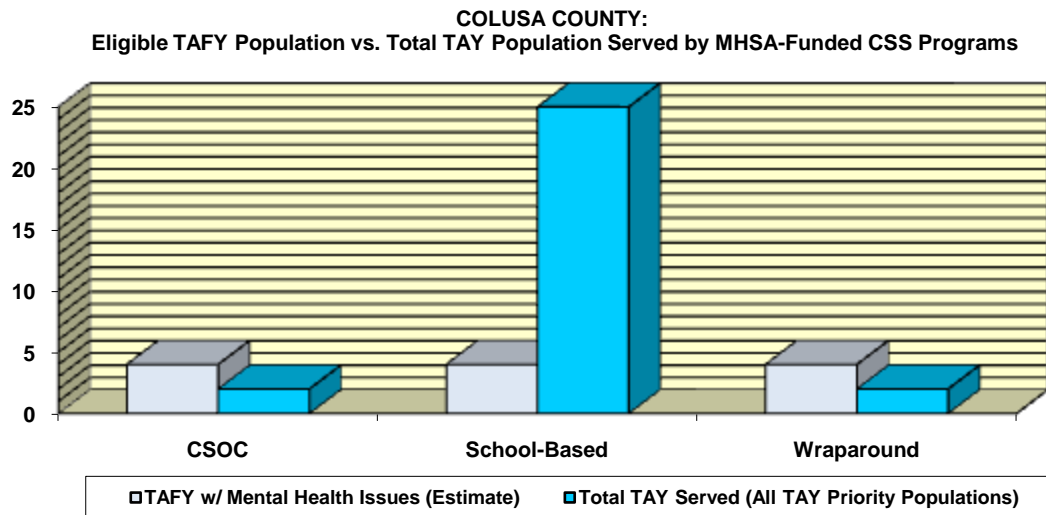
Colusa County’s second Prop. 63-funded CSS program is the Direct School Services program.<sup>169</sup> Priority populations for this program include children and TAY who have serious emotional disorders and their families, children returning from out of home placement, children that are at risk of school failure due to emotional problems, and children who have not received services in the past due to being under-insured.<sup>170</sup> While Transition Age Foster Youth may fall into any of these populations and therefore may benefit from the program, the program is not specifically targeted to meet their special needs and it has other groups competing for the limited capacity.

The Direct School Services program expands services from a clinic-based model to a school-based model.<sup>171</sup> The county’s goal is to have a clinician and a case manager providing services directly in each school district in the county. The program provides funding to assist children and youth with education and employment needs through participation in skill building workshops, employment search activities, college recruitment and information seminars and transportation to these events, among other things.<sup>172</sup>

Colusa County’s third Prop. 63-funded CSS program for TAY is the Colusa Wraparound program.<sup>173</sup> TAY between the ages of 16–25, who are currently unserved or underserved, who have serious emotional disorders and who are homeless or at imminent risk of being homeless, and youth who are aging out of the child welfare system are designated as priority population, among others.<sup>174</sup> The Wraparound program provides outreach and engagement services, as well as individualized, family-driven mental health services and “whatever it takes” to help consumers live successfully in the community.<sup>175</sup> It provides housing assistance in the form of housing vouchers, rent, and temporary housing. Finally, the program provides employment services and job training where appropriate and sets aside funds for children and youth with education and employment needs.<sup>176</sup>

The total target TAY population Colusa County proposes to serve through MSHA-funded CSS programs in 2007–08 was 29 SED TAY (the Children’s System of Care serves approximately 2 TAY; the Direct School Services serves approximately 25 TAY; and the Wraparound program serves 2 TAY). Colusa is a small county, with only 17 Transition Age Foster Youth. Taken together, the three Prop. 63-funded programs would meet the needs of the Transition Age Foster Youth population, if those programs were available only to Transition Age Foster Youth—but this is not the case. These programs serve Transition Age Foster Youth as well as several other designated priority populations. The school-based program, for example, has a much larger capacity than either CSOC or the Wraparound program, but it also serves a much broader population.

If Colusa County's CSS programs for TAY were available exclusively to Transition Age Foster Youth—which is not currently the case—capacity would be sufficient to meet estimated demand for the School-Based program, but would still be insufficient to meet estimated demand in the other two CSS programs:



**Final Grade:** Colusa County's Transition Age Foster Youth population is too small to evaluate the County fairly for a grade.

---

***A Note on Colusa County's Prop. 63-funded Prevention and Early Intervention (PEI) Programs.** The Commission approved Colusa County's PEI plan in February 2009.<sup>177</sup> Colusa County is utilizing PEI funding to expand its successful Friday Night Live and Community Live Programs (these programs give priority to children and youth). The extension will serve an additional 100 individuals and an additional 25 families.*

# CONTRA COSTA COUNTY

# GRADE: D

Contra Costa's population is 1,044, 201. As of January 1, 2008, there were 332 Transition Age Foster Youth ages 16–20 in Contra Costa County's child welfare-supervised foster care.<sup>178</sup> Between 2002 and 2007, an estimated 737 Transition Age Foster Youth aged out of Contra Costa County's child welfare-supervised foster care.<sup>179</sup> Therefore, there were approximately 1,069 Transition Age Foster Youth aged 16–25 in Contra Costa County as of January 1, 2008.<sup>180</sup> Conservatively assuming that 23% of the Transition Age Foster Youth in Contra Costa County have mental health issues, approximately 246 Transition Age Foster Youth would potentially qualify for Prop. 63-funded CSS services.

## To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?

**Contra Costa County has not created a Prop. 63-funded CSS program solely and specifically for Transition Age Foster Youth; however, Contra Costa County's CSS TAY plan does have an outreach component that specifically targets Transition Age Foster Youth, along with other populations.**

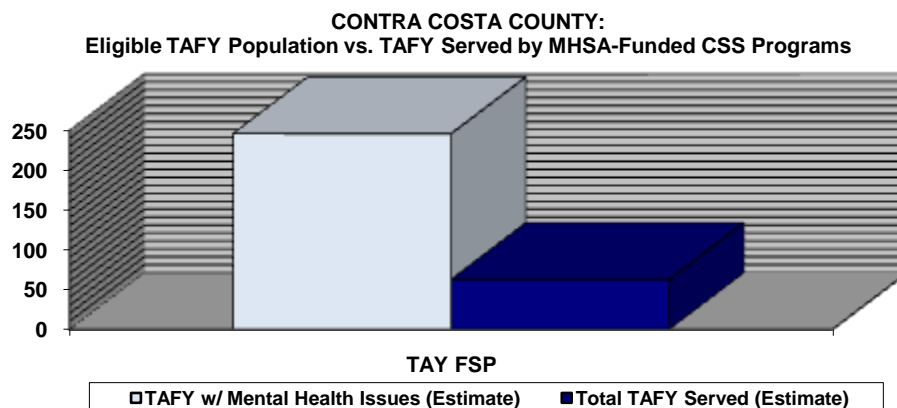
Contra Costa County has an outreach program created with Prop. 63 funding that specifically targets youth aging out of foster care. The component makes linkages with foster youth-serving agencies to identify and support foster youth with psychiatric disabilities as they are becoming homeless, or before their homelessness becomes chronic. Though youth involved with child welfare are one of the priority populations, the program is not specifically and solely targeted to TAY in foster care or former foster youth.

Beyond the outreach program, Contra Costa County has created a TAY Full Service Partnership (FSP) with Prop. 63 funding. The TAY FSP serves TAY aged 16–25 with psychiatric disabilities, who are homeless or at imminent risk of homelessness.<sup>181</sup> Though youth involved with child welfare are one of the priority populations, the program is not specifically and solely targeted to Transition Age Foster Youth. However, the county believes that a significant percentage of TAY served will be current or former foster youth.<sup>182</sup>

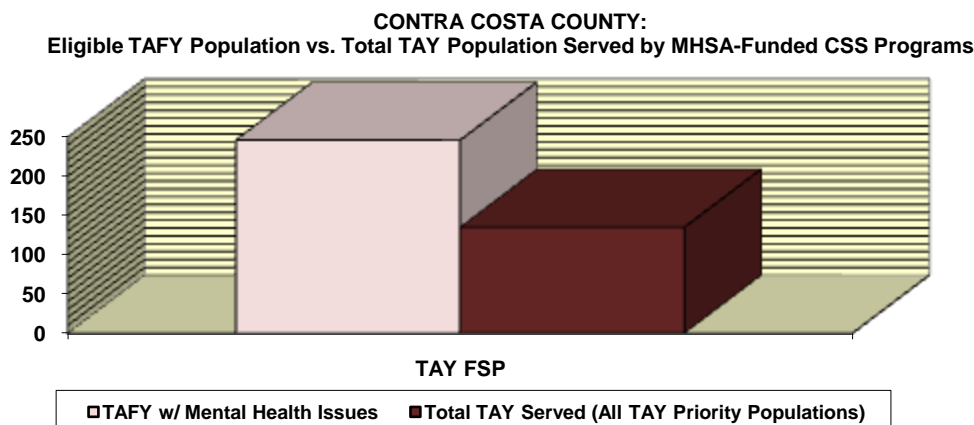
According to Contra Costa County's Prop. 63 website, the TAY FSP provides a 24/7 service team that conducts outreach, engagement, and personal service coordination, which may include educational and vocational supports, wellness recovery peer programs, substance abuse treatment, and financial counseling. The team links consumers with other services and resources to support community integration. The TAY program is in collaboration with Fred Finch Youth Center, GRIP (Greater Richmond Interfaith Program), the Latina Center, and County Mental Health.<sup>183</sup>

The TAY FSP program made contact with 70 potential clients as of the end of 2007, more fully engaging 17 of them and enrolling 14. This number was below the originally targeted number. However, enrollment doubled to 28 by the end of 1st quarter, 2008, and then rose to 39 by June 30, 2008. The program experienced implementation challenges that involved building new relationships between the County and multiple community-based organizations, high staff turnover, engaging/enrolling TAY who were very mobile and often unsure of what they wanted, and difficulty in hiring and retaining qualified peer mentors.<sup>184</sup>

The TAY FSP had capacity for 135 TAY at the end of 2007–08.<sup>185</sup>



Even if Contra Costa County's programs were available exclusively to Transition Age Foster Youth, capacity would still fall far short of meeting the need:



Criteria	Points
1. <b>TAFY Focus:</b> Does the county offer a program designed solely and specifically for TAFY? Has it tailored a component of a program specifically to TAFY?	5 of 10
2. <b>Priority Population:</b> Does the county designate TAFY to be a priority population? How many other priority populations are served by the program? If not named expressly as a priority population, how likely is it that TAFY will fit into one of the named priority populations?	17 of 20
3. <b>Capacity:</b> What is the capacity of the program? How does capacity compare to estimated need?	9.1 of 35
4. <b>Sufficiency of Services Provided:</b> How many of the optimal elements are included in the program? Optimal elements for TAFY are deemed to be mental health services, immediate shelter, long-term housing, peer support/mentoring, flexible funding, education, and employment assistance.	30 of 30
5. <b>TAFY Tracking:</b> To what extent does the program track TAFY participation and outcomes?	1 of 5
<b>TOTAL:</b>	<b>62.1 of 100</b>

**Final Grade:** Regarding its use of Prop. 63 CSS funding to meet the needs of Transition Age Foster Youth, Contra Costa County's grade is **D**. It is notable that Contra Costa County has taken the commendable step of dedicating a component of its Outreach and Engagement program specifically to target foster youth.

---

**A Note on Contra Costa County's Prop. 63-funded Prevention and Early Intervention (PEI) Programs.** The Commission approved Contra Costa County's PEI plan in March 2009.<sup>186</sup> The plan includes several programs to assist families, and one to help youth and young adults. There is a potential for Transition Age Foster Youth to benefit from this program. The county plans to fund up to five youth-serving entities to implement and carry out youth development projects relevant to their target population.<sup>187</sup> The project intends to promote "new and innovative approaches, which support youths' development of a positive identity, self esteem and positive community involvement, and are not simply recreational."<sup>188</sup> The county's recognition of Transition Age Foster Youth as an at-risk group and its expressed interest in innovative programs to assist TAY are encouraging signals of a move in the right direction.

# DEL NORTE COUNTY

GRADE: NA

As of January 1, 2008, there were 11 TAY aged 16–20 in Del Norte County’s child welfare-supervised foster care.<sup>189</sup> Between 2002 and 2007, an estimated 36 Transition Age Foster Youth aged out of Del Norte County’s child welfare-supervised foster care.<sup>190</sup> Therefore, there were approximately 47 Transition Age Foster Youth aged 16–25 in Del Norte County as of January 1, 2008.<sup>191</sup> Conservatively assuming that 23% of the Transition Age Foster Youth in Del Norte County have mental health issues, approximately 11 Transition Age Foster Youth would potentially qualify for Prop. 63-funded CSS services.

## To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?

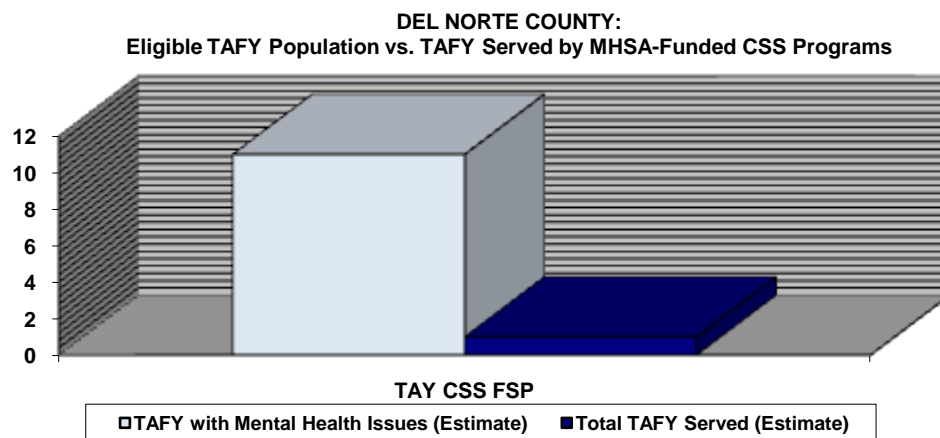
**Del Norte County has not created a Prop. 63-funded CSS program solely and specifically for Transition Age Foster Youth.**

Del Norte County has developed a Full Service Partnership (FSP) for its TAY population. As is the case with most counties in California, youth who have been in out-of-home placement (foster youth) are one of the priority populations. The FSP develops a Transition Age Youth Service Team that provides services to TAY. The team works with the youth and the family to create strength-based, needs-driven services.<sup>192</sup> The services provide “whatever it takes” to help the TAY successfully transition to adulthood.<sup>193</sup>

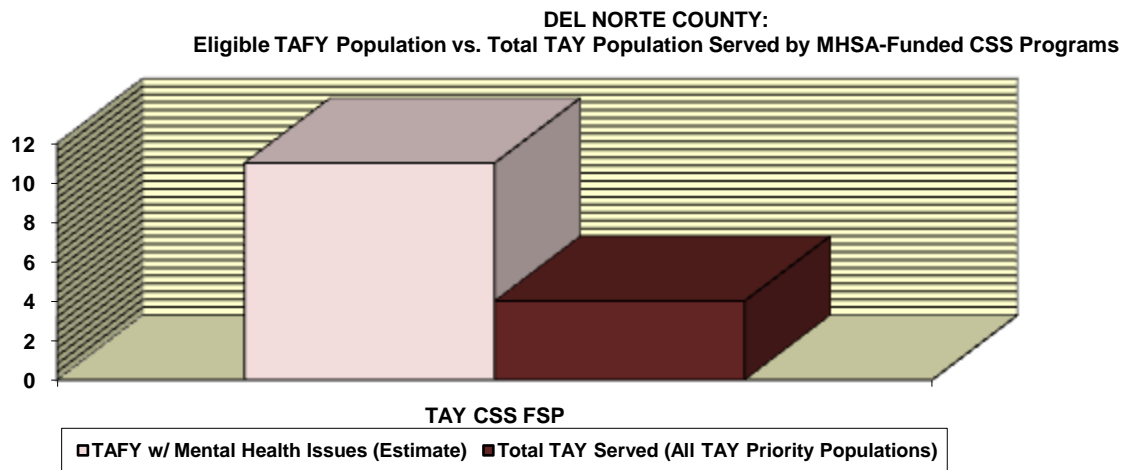
Del Norte County’s TAY CSS program provides supportive housing services. The program places a very high priority on housing. It utilizes a “housing first” model, and places a client in a living situation as soon as possible. The program provides supports for independent living, supportive services to promote stability, and rent subsidies.<sup>194</sup>

The program also promotes development of job skills and supportive employment. Finally, assistance to utilize educational resources will be available to the youth. The program will use peer mentors and community providers to assist TAY with education and employment. The program places TAY clients at a job site as soon as possible. Upon placing a TAY at a job site, the program provides support and coaching.

Del Norte County originally projected that it would serve four TAY in the 2007–08 fiscal year.



Even if Del Norte County’s programs were available exclusively to Transition Age Foster Youth, capacity would still fall far short of meeting the need:



**Final Grade:** Del Norte County's Transition Age Foster Youth population is too small to evaluate the County fairly for a grade.

---

*A Note on Del Norte County's Prop. 63-funded Prevention and Early Intervention (PEI) Programs. As of this writing, Del Norte County has not submitted a proposal for Prop. 63 PEI program funding.*

# EL DORADO COUNTY

# GRADE: F

El Dorado County has a population of 178,689.<sup>195</sup> As of January 1, 2008, there were 54 Transition Age Foster Youth aged 16–20 in El Dorado County’s child welfare-supervised foster care.<sup>196</sup> Between 2002 and 2007, an estimated 80 Transition Age Foster Youth aged out of El Dorado County’s child welfare-supervised foster care.<sup>197</sup> Therefore, there were approximately 134 Transition Age Foster Youth aged 16–25 in El Dorado County as of January 1, 2008.<sup>198</sup> Conservatively assuming that 23% of the Transition Age Foster Youth in El Dorado County have mental health issues, approximately 31 Transition Age Foster Youth would potentially qualify for Prop. 63-funded CSS services.

## To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?

**El Dorado County has not created a Prop. 63-funded CSS program solely and specifically for Transition Age Foster Youth.**<sup>199</sup>

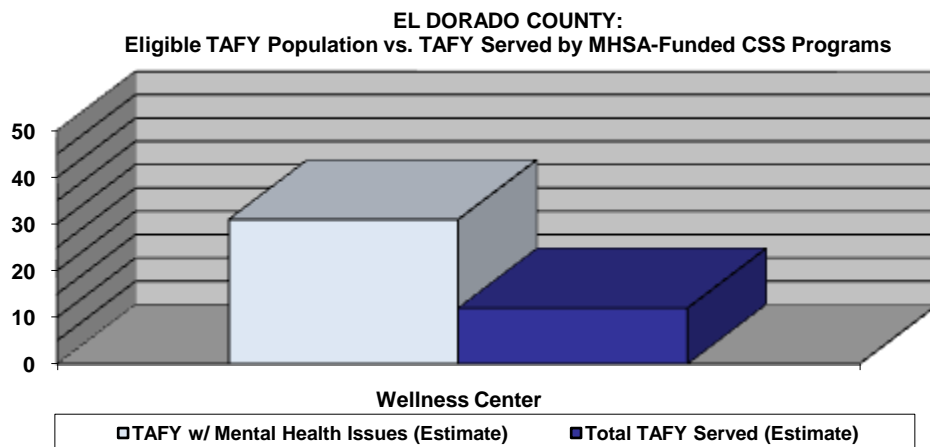
El Dorado County’s CSS plan emphasizes the Transition Age Foster Youth population’s need for mental health services. It states that an estimated 40% of youth who emancipate from El Dorado County’s foster care system have diagnosable mental health issues,<sup>200</sup> and it states that of the 134 youth in its foster care related Independent Living Program (ILP), 80% needed mental health services.<sup>201</sup> The plan states that the County does not have a comprehensive mental health services program designed to meet the full range of needs experienced by this population.<sup>202</sup>

Transition Age Foster Youth are one of the priority populations in the county’s Prop. 63-funded Wellness program. Other priority populations for the program are youth aging out of the child and youth mental health system, youth aging out of juvenile justice, and youth and adults who are homeless or at risk of homelessness.<sup>203</sup> The Wellness program is a Full Service Partnership that offers a continuum of housing options along with comprehensive, integrated services and a collaborative case management team.<sup>204</sup>

The county estimated that it would serve 35 youth and adults in the Wellness program in 2007–08.<sup>205</sup> The plan also identified initial priority populations, in which it specified that it would serve 12 Transition Age Foster Youth in the FSP in 2007–08.<sup>206</sup>

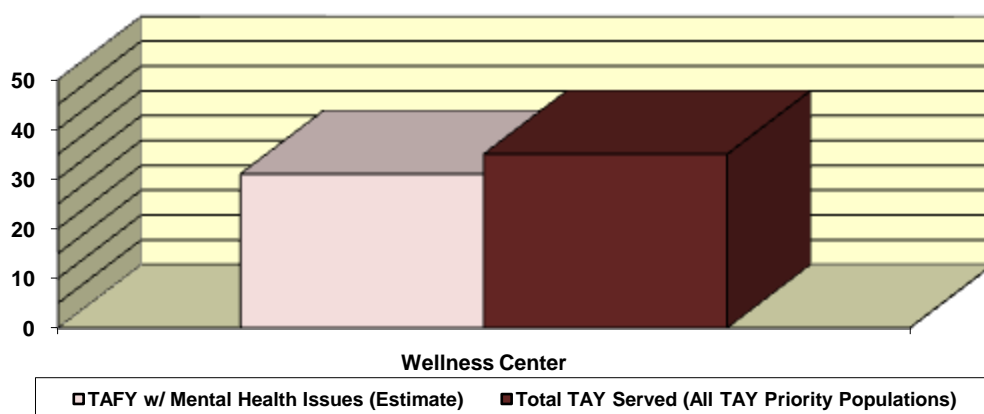
Additionally, El Dorado County created the Latino Engagement Initiative with Prop. 63 funding. The priority population for this program is rather broad, but Transition Age Foster Youth may be able to benefit from it. The priority population is the “Latino population of all ages who are isolated and at risk of having unmet mental health needs and thereby at risk of out of home placement and institutionalization at various levels.”<sup>207</sup>

The Latino Engagement Initiative collaborates with other agencies in the areas of outreach, engagement and the provision of support services while adding the availability of bilingual and bicultural services for the Latino community. The Latino Engagement Initiative reached approximately 80 Latino consumers of all ages in 2007–08.



Only if El Dorado County’s programs were available exclusively to Transition Age Foster Youth—which is not currently the case—would capacity be sufficient to meet estimated demand.

**EL DORADO COUNTY:**  
**Eligible TAFY Population vs. Total TAY Population Served by MHSA-Funded CSS Programs**



Criteria	Points
1. <b><u>TAFY Focus:</u></b> Does the county offer a program designed solely and specifically for TAFY? Has it tailored a component of a program specifically to TAFY?	0 of 10
2. <b><u>Priority Population:</u></b> Does the county designate TAFY to be a priority population? How many other priority populations are served by the program? If not named expressly as a priority population, how likely is it that TAFY will fit into one of the named priority populations?	16 of 20
3. <b><u>Capacity:</u></b> What is the capacity of the program? How does capacity compare to estimated need?	13.5 of 35
4. <b><u>Sufficiency of Services Provided:</u></b> How many of the optimal elements are included in the program? Optimal elements for TAFY are deemed to be mental health services, immediate shelter, long-term housing, peer support/mentoring, flexible funding, education, and employment assistance.	23 of 30
5. <b><u>TAFY Tracking:</u></b> To what extent does the program track TAFY participation and outcomes?	1 of 5
<b><u>TOTAL:</u></b>	<b>53.5 of 100</b>

**Final Grade:** Regarding its use of Prop. 63 CSS funding to meet the needs of Transition Age Foster Youth, El Dorado County's grade is F.

---

*A Note on El Dorado County's Prop. 63-funded Prevention and Early Intervention (PEI) Programs. As of this writing, El Dorado County has not submitted a proposal for Prop. 63 PEI program funding.*



## FRESNO COUNTY

## GRADE: F

Fresno County has a population of 923,052.<sup>208</sup> As of January 1, 2008, there were 440 Transition Age Foster Youth aged 16–20 in Fresno County’s child welfare-supervised foster care.<sup>209</sup> Between 2002 and 2007, an estimated 904 Transition Age Foster Youth aged out of Fresno County’s child welfare-supervised foster care.<sup>210</sup> Therefore, there were approximately 1,344 Transition Age Foster Youth aged 16–25 in Fresno County as of January 1, 2008.<sup>211</sup> Conservatively assuming that 23% of the Transition Age Foster Youth in Fresno County have mental health issues, approximately 309 Transition Age Foster Youth would potentially qualify for Prop. 63-funded CSS services.

### To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?

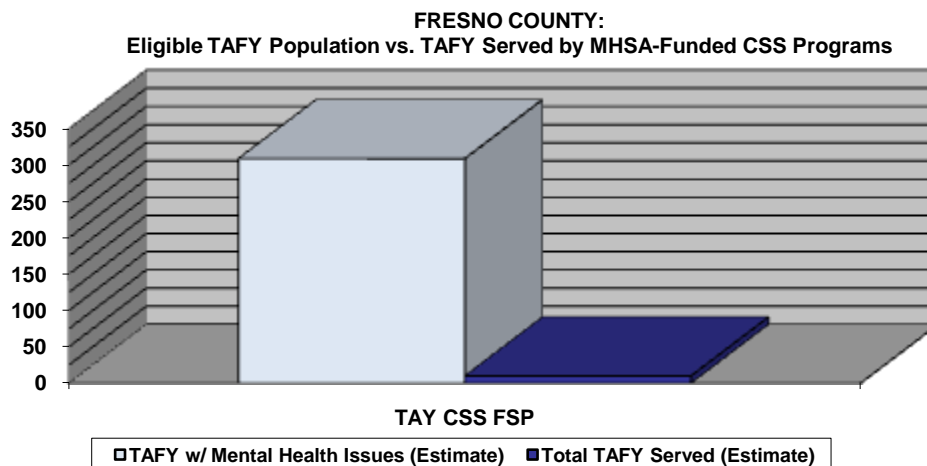
**Fresno County has not created a Prop. 63-funded CSS program solely and specifically for Transition Age Foster Youth.**

Fresno has used Prop. 63 funding to create a Full Service Partnership (FSP) program for TAY. Fresno’s plan lists as priority populations for this program youth aging out of the Children’s Mental Health System, youth experiencing their first break, youth aging out of the Juvenile Justice System, and youth at risk of homelessness.<sup>212</sup> While some Transition Age Foster Youth may fall into these categories, Fresno County does not specifically designate Transition Age Foster Youth as a priority population.

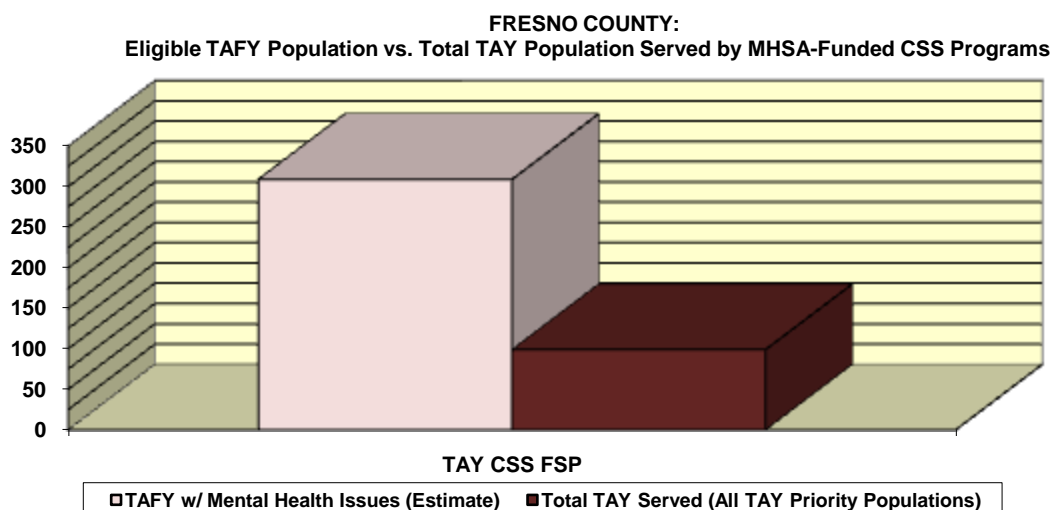
Fresno County’s Transition Age Youth Mental Health Services and Support program utilizes the Transition to Independent Process (TIP) Model.<sup>213</sup> The program employs three strategies: (1) Transition Age Youth Mental Health Services and Supports for Regional Areas of Fresno County, (2) Mental Health Services and Supports for Youth Aging out of the Juvenile Justice System, and (3) Housing Services Including WRAP-Around Services.<sup>214</sup> The ratio of staff to consumer in these programs is not to exceed 1:10–1:15 (one staff person serving 10 to 15 consumers.) The program provides services such as outreach, mental health treatment, rehabilitation and support services 24 hours a day, 7 days a week. In addition, the plan provides wrap-around services for TAY who return to the home of their family of origin, kinship care, or foster care.<sup>215</sup> These services are comprehensive, home-based mental health treatment and case management services designed to support severely emotionally disturbed youth between the ages of 16–21.<sup>216</sup> The services are meant to ensure a safety net of support by involving the TAY’s parents, educational partners, family members and other informal and formal key members.<sup>217</sup>

Housing assistance is available through Fresno’s CSS program for TAY.<sup>218</sup> This assistance includes emergency housing vouchers, assistance in locating and securing housing appropriate to the consumer’s level of functioning, training and instruction in financing and maintaining safe, clean and affordable housing, and supported independent and permanent housing as appropriate for consumers in their community.<sup>219</sup> Finally, the program provides links to the adult Prop. 63-funded “Center,” which will provide various supported employment and educational services.<sup>220</sup>

Fresno County has projected that its Prop. 63-funded TAY CSS program will serve 99 clients from all TAY populations.



Even if Fresno County’s programs were available exclusively to Transition Age Foster Youth, capacity would still fall far short of meeting the need:



Criteria	Points
1. <b>TAFY Focus:</b> Does the county offer a program designed solely and specifically for TAFY? Has it tailored a component of a program specifically to TAFY?	0 of 10
2. <b>Priority Population:</b> Does the county designate TAFY to be a priority population? How many other priority populations are served by the program? If not named expressly as a priority population, how likely is it that TAFY will fit into one of the named priority populations?	3 of 20
3. <b>Capacity:</b> What is the capacity of the program? How does capacity compare to estimated need?	1.1 of 35
4. <b>Sufficiency of Services Provided:</b> How many of the optimal elements are included in the program? Optimal elements for TAFY are deemed to be mental health services, immediate shelter, long-term housing, peer support/mentoring, flexible funding, education, and employment assistance.	25 of 30
5. <b>TAFY Tracking:</b> To what extent does the program track TAFY participation and outcomes?	1 of 5
<b>TOTAL:</b>	<b>30.1 of 100</b>

**Final Grade:** Regarding its use of Prop. 63 CSS funding to meet the needs of Transition Age Foster Youth, Fresno County's grade is **F**.

---

**A Note on Fresno County's Prop. 63-funded Prevention and Early Intervention (PEI) Programs.** Fresno County submitted its PEI Plan in July 2009; as of this writing, the Commission has not yet approved the plan.

*As submitted, Fresno's PEI plan contains no projects designed solely and specifically for Transition Age Foster Youth. The plan is comprised of 12 projects, 10 of which name the TAY age group as one of several priorities. Not one of the projects singles out the TAY age group alone for services. The plan offers a broad range of services such as a Peri-Natal Program for Pregnant/Parenting Women and their Infants, suicide prevention, resource centers, stigma reduction and prevention and early intervention for children of men in co-occurring treatment.*

## GLENN COUNTY

GRADE: N/A

Glenn County is a small county with a population of 29,018.<sup>221</sup> As of January 1, 2008, there were 11 Transition Age Foster Youth aged 16–20 in Glenn County’s child welfare-supervised foster care.<sup>222</sup> Between 2002 and 2007, an estimated 24 Transition Age Foster Youth aged out of Glenn County’s child welfare-supervised foster care.<sup>223</sup> Therefore, there were approximately 35 Transition Age Foster Youth aged 16–25 in Glenn County as of January 1, 2008.<sup>224</sup> Conservatively assuming that 23% of the Transition Age Foster Youth in Glenn County have mental health issues, approximately 8 Transition Age Foster Youth would potentially qualify for Prop. 63-funded CSS services.

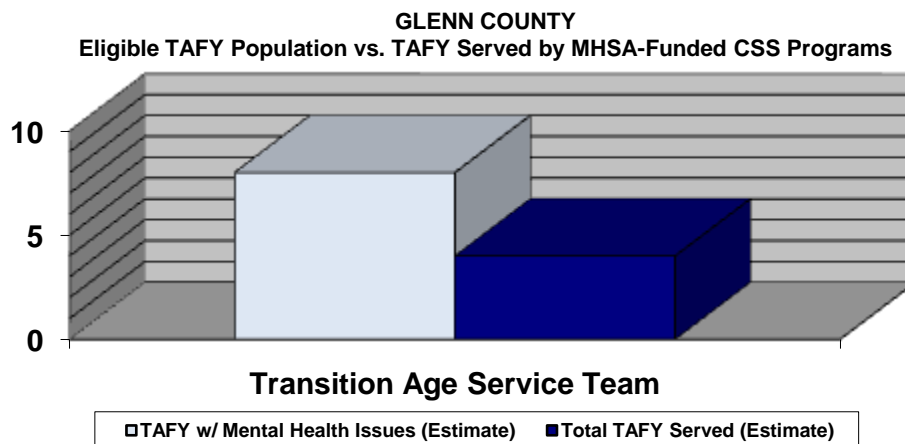
### To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?

**Glenn County has not created a Prop. 63-funded CSS program solely and specifically for Transition Age Foster Youth.**

Transition Age Foster Youth who have a serious emotional disorder and are ready to age out of care are included as a priority population in Glenn County’s Prop. 63-funded Transition Age Service Team. Other priority populations for this program are youth ages 16–25 who have a serious emotional disturbance and (1) have experienced school disciplinary problems, are likely to drop out of school, are at risk of out-of-home placement, involved in the criminal justice system in the past year, or are homeless; and/or (2) are uninsured or underinsured and who are at serious risk of or have a history of psychiatric hospitalization, residential care, or out-of-home placement, due to their mental health diagnosis; and/or (3) are ready to be released from juvenile hall.<sup>225</sup>

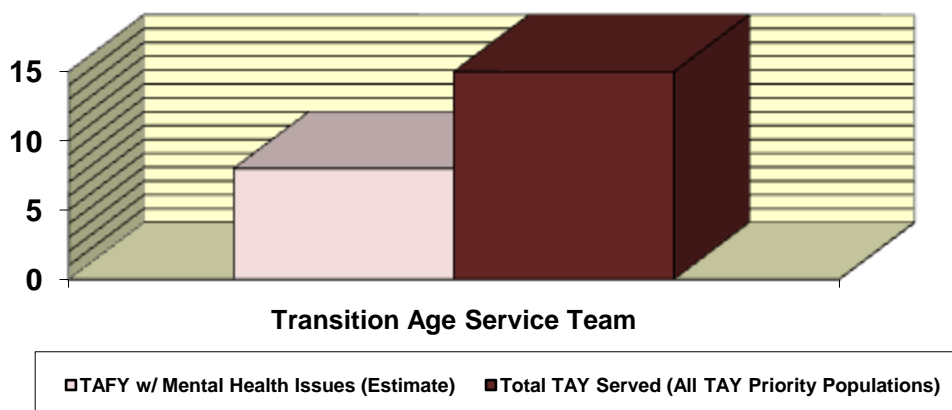
The Transition Ages Service Team will begin in the third year of the plan. It expands the Glenn County Children’s System of Care. The program provides a team, including a peer mentor,<sup>226</sup> to work with the youth and his/her family to coordinate care, support, and rehabilitation services. The program provides linkages to supportive housing services, employment services and assistance to utilize educational resources.<sup>227</sup>

Glenn County estimated the Transition Age Service Team would provide services to 15 TAY in 2007–08.<sup>228</sup>



Only if Glenn County’s programs were available exclusively to Transition Age Foster Youth—which is not currently the case—would capacity be sufficient to meet estimated demand:

**GLENN COUNTY**  
**Eligible TAFY Population vs. Total TAY Population Served by MHSA-Funded CSS Programs**



**Final Grade:** Glenn County’s Transition Age Foster Youth population is too small to evaluate the County fairly for a grade. However, it should be noted that the County’s PEI plan indicates that county is trending in a positive direction toward improving mental health services to Transition Age Foster Youth (see below).

---

**A Note on Glenn County’s Prop. 63-funded Prevention and Early Intervention (PEI) Programs.** Four years after the enactment of the Act, Glenn County was one of first twelve counties in California to submit PEI plans.<sup>229</sup> The Commission approved the Glenn County PEI plan in September 2008.<sup>230</sup>

Unlike the Community Services and Supports component, the Prevention and Early Intervention component does not require counties to design a program specifically for TAY. Glenn County, however, has proposed a PEI program for foster youth, specifying foster and probation youth as its priority populations. It requires the County to screen all children and youth placed through the social services and probation. This program is a step in the right direction because it has the potential to help identify Transition Age Foster Youth who could benefit from other Prop. 63-funded programs that could ease their transition to a healthy adulthood.<sup>231</sup>

# HUMBOLDT COUNTY

# GRADE: F

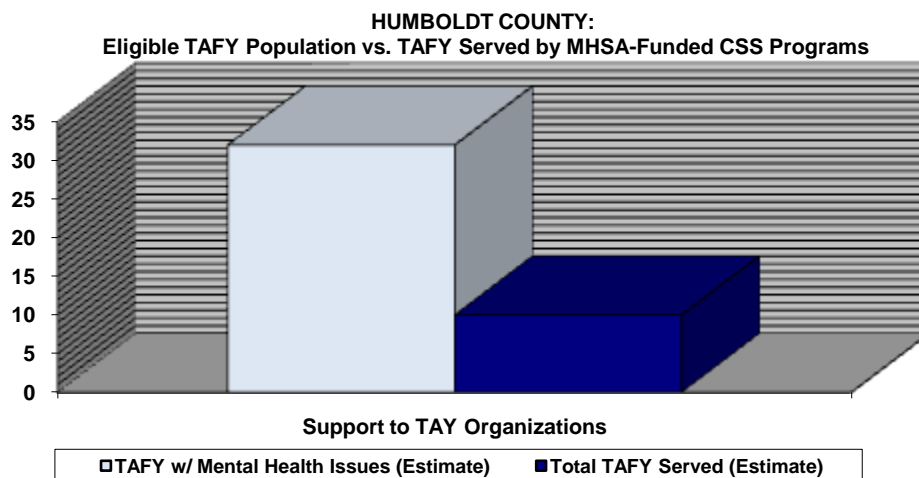
Humboldt County has a population of 132,364.<sup>232</sup> As of January 1, 2008, there were 40 Transition Age Foster Youth aged 16–20 in Humboldt County’s child welfare-supervised foster care.<sup>233</sup> Between 2002 and 2007, an estimated 97 Transition Age Foster Youth aged out of Humboldt County’s child welfare-supervised foster care.<sup>234</sup> Therefore, there were approximately 137 Transition Age Foster Youth aged 16–25 in Humboldt County as of January 1, 2008.<sup>235</sup> Conservatively assuming that 23% of the Transition Age Foster Youth in Humboldt County have mental health issues, approximately 32 Transition Age Foster Youth would potentially qualify for Prop. 63-funded CSS services.

## To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?

**Humboldt County has not created a Prop. 63-funded CSS program solely and specifically created for Transition Age Foster Youth.**

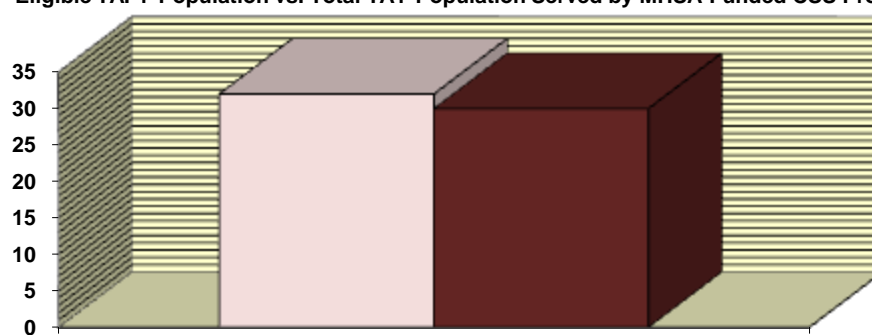
However, the county has created a unique and promising program that will fund organizations that advocate for former foster youth; organizations with experience in probation and mental health are eligible for these funds as well.<sup>236</sup> The plan singles out three organizations that work with foster youth and have been influential in improving the foster care system in California: California Permanency for Youth, Youth Transition Action Teams, and the California Youth Connection.<sup>237</sup> Humboldt County plans to serve 30 TAY with this program in 2008–09.<sup>238</sup>

Humboldt County has not created CSS programs specifically for TAY; TAFY may be able to benefit from the five other programs created with Prop. 63 funding. However, these programs include a very broad priority population, with most including children, adults and older adults among the priority population with TAY.<sup>239</sup>



Even if Humboldt County’s programs were available exclusively to Transition Age Foster Youth, capacity would still fall short of meeting the need:

**HUMBOLDT COUNTY:**  
**Eligible TAFY Population vs. Total TAY Population Served by MHSA-Funded CSS Programs**



**Support to TAY Organizations**

■ TAFY w/ Mental Health Issues (Estimate)    
 ■ Total TAY Served (All TAY Priority Populations)

Criteria	Points
1. <b>TAFY Focus:</b> Does the county offer a program designed solely and specifically for TAFY? Has it tailored a component of a program specifically to TAFY?	5 of 10
2. <b>Priority Population:</b> Does the county designate TAFY to be a priority population? How many other priority populations are served by the program? If not named expressly as a priority population, how likely is it that TAFY will fit into one of the named priority populations?	16 of 20
3. <b>Capacity:</b> What is the capacity of the program? How does capacity compare to estimated need?	10.9 of 35
4. <b>Sufficiency of Services Provided:</b> How many of the optimal elements are included in the program? Optimal elements for TAFY are deemed to be mental health services, immediate shelter, long-term housing, peer support/mentoring, flexible funding, education, and employment assistance.	11 of 30
5. <b>TAFY Tracking:</b> To what extent does the program track TAFY participation and outcomes?	1 of 5
<b>TOTAL:</b>	<b>43.9 of 100</b>

**Final Grade:** Regarding its use of Prop. 63 CSS funding to meet the needs of Transition Age Foster Youth, Humboldt County's grade is **E**. However, the County should be commended for collaborating with organizations such as the California Youth Connection in the development and implementation of its CSS and PEI programs. The recognition of this important advocacy group and its inclusion in the process shows the County is trending in a positive direction toward addressing the mental health and wellness needs of Transition Age Foster Youth.

---

**A Note on Humboldt County's Prop. 63-funded Prevention and Early Intervention (PEI) Programs.** Humboldt County's PEI expenditure plan was approved in January 2009. The PEI TAY project will "enhance and support peer-to-peer activities such as peer counseling, peer support groups, peer mentors, peer support specialists, and peer educators."<sup>240</sup> Humboldt County's PEI TAY project consists of three programs: education, training and outreach; TAY advocacy; and TAY Plus.<sup>241</sup>

The education, training, and outreach component will provide education and training throughout Humboldt County about the early identification of indicators for TAY who are at risk of or experiencing the onset of serious psychiatric illness, the importance of family and community in supporting mental health and wellness and recovery, and ways to access behavioral health services within local communities.<sup>242</sup>

The TAY advocacy program will allow TAY to experience opportunities for community engagement, leadership and meaningful and caring relationships with peers and adults.<sup>243</sup> Notably, one of the youth organizations with which Humboldt County is collaborating to promote youth involvement and advocacy is the California Youth Connection (CYC), which is a statewide foster youth advocacy group.

The TAY Plus program will provide a comprehensive team to offer integrated services to TAY who are at risk of or experiencing the onset of serious psychiatric illness, their families, and their other significant supports.<sup>244</sup>

## IMPERIAL COUNTY

## GRADE: D

Imperial County has a population of approximately 169,888.<sup>245</sup> As of January 1, 2008, there were 52 Transition Age Foster Youth aged 16–20 in Imperial County’s child welfare-supervised foster care.<sup>246</sup> Between 2002 and 2007, an estimated 103 Transition Age Foster Youth aged out of Imperial County’s child welfare-supervised foster care.<sup>247</sup> Therefore, there were approximately 155 Transition Age Foster Youth aged 16–25 in Imperial County as of January 1, 2008.<sup>248</sup> Conservatively assuming that 23% of the Transition Age Foster Youth in Imperial County have mental health issues, approximately 36 Transition Age Foster Youth would potentially qualify for Prop. 63-funded CSS services.

### To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?

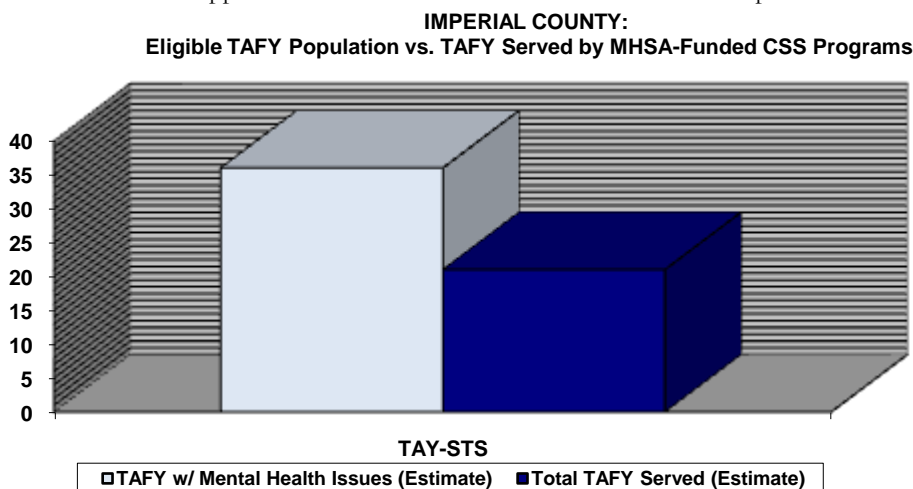
**Imperial County has not created a Prop. 63-funded CSS program solely and specifically created for Transition Age Foster Youth.<sup>249</sup>**

Interestingly, Imperial County has created Prop. 63-funded CSS services solely and specifically for wards exiting the juvenile justice system (Ward Access to Supportive Services) and programs created solely and specifically for TAY and adults who are incarcerated and transitioning back into the community (Jail Supportive Transitional Services).<sup>250</sup>

Transition Age Foster Youth are one of several at-risk groups identified as priority populations for Imperial County’s TAY Supportive Transitional Services Full Service Partnership (FSP),<sup>251</sup> which creates a service team consisting of the TAY, mental health rehabilitation technician (MHRT), social worker, substance abuse counselor as appropriate, education, and mental health clinician, as well as any additional members of the TAY’s support system designated by the youth and/or service team.<sup>252</sup> The TAY receives a comprehensive assessment to identify strengths and psychosocial, medical, behavioral and educational needs. The team then decides on strategies to address them, and uses a “whatever it takes” approach to do so.<sup>253</sup> The services include case management, rehabilitative services, illness management services, “wrap-like” services, integrated community mental health and alcohol and drug services, mentoring, peer support, employment support, housing support, education support, transportation, crisis response, and benefit acquisition.<sup>254</sup>

The program works with local community programs, departments, and organizations to provide housing for consumers. The program provides temporary housing through hotel vouchers and rent subsidies. It provides payment of security deposits and first month’s rent. Further, it provides access to utility hook-up by subsidizing these costs with additional vouchers.<sup>255</sup> The program provides opportunities for employment and education through partnerships with local departments, the Workforce Investment Act, school districts, and community college. Finally, the program utilizes local services such as CalWORKs, the Workforce Investment Board, and the Youth Employment Service.<sup>256</sup>

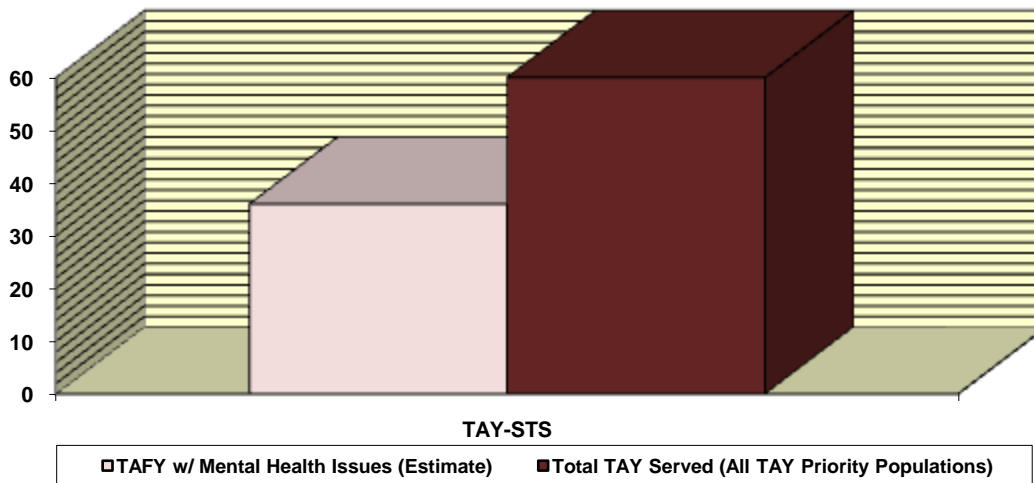
Imperial County projected that the TAY Supportive Transitional Services Full Service Partnership would serve 12 clients



in 2007–08.<sup>257</sup>

Only if Imperial County’s TAY Supportive Transitional Services Full Service Partnership was available exclusively to Transition Age Foster Youth—which is not currently the case—would capacity be sufficient to meet estimated demand.

**IMPERIAL COUNTY:  
Eligible TAFY Population vs. Total TAY Population Served by MHSA-Funded CSS Programs**



Criteria	Points
1. <b>TAFY Focus:</b> Does the county offer a program designed solely and specifically for TAFY? Has it tailored a component of a program specifically to TAFY?	0 of 10
2. <b>Priority Population:</b> Does the county designate TAFY to be a priority population? How many other priority populations are served by the program? If not named expressly as a priority population, how likely is it that TAFY will fit into one of the named priority populations?	15 of 20
3. <b>Capacity:</b> What is the capacity of the program? How does capacity compare to estimated need?	20.3 of 35
4. <b>Sufficiency of Services Provided:</b> How many of the optimal elements are included in the program? Optimal elements for TAFY are deemed to be mental health services, immediate shelter, long-term housing, peer support/mentoring, flexible funding, education, and employment assistance.	25 of 30
5. <b>TAFY Tracking:</b> To what extent does the program track TAFY participation and outcomes?	3.5 of 5
<b>TOTAL:</b>	<b>63.8 of 100</b>

**Final Grade:** Regarding its use of Prop. 63 CSS funding to meet the needs of Transition Age Foster Youth, Imperial County's grade is **D**.

***A Note on Imperial County's Prop. 63-funded Prevention and Early Intervention (PEI) Programs.** The Commission approved Imperial County's Prevention and Early Intervention Plan in July 2009. The Plan does not include any projects solely and specifically designed to meet the needs of Transition Age Foster Youth. It does not include any programs solely for the TAY population; rather it names the TAY population as one of several priority age groups.*

*Transition Age Foster Youth may be able to benefit from the Nurturing Parenting Program, designed for stressed families, as well as from the Trauma Focused Behavioral Therapy portion of its Trauma Exposed Individuals project, which was designed specifically with trauma exposed children, such as foster youth, as the focus.*

*Imperial County should be commended for continuing to consider foster youth in its planning processes; however, it has not improved in the area of providing services specifically tailored to the needs of Transition Age Foster Youth.*



# INYO COUNTY

# GRADE: NA

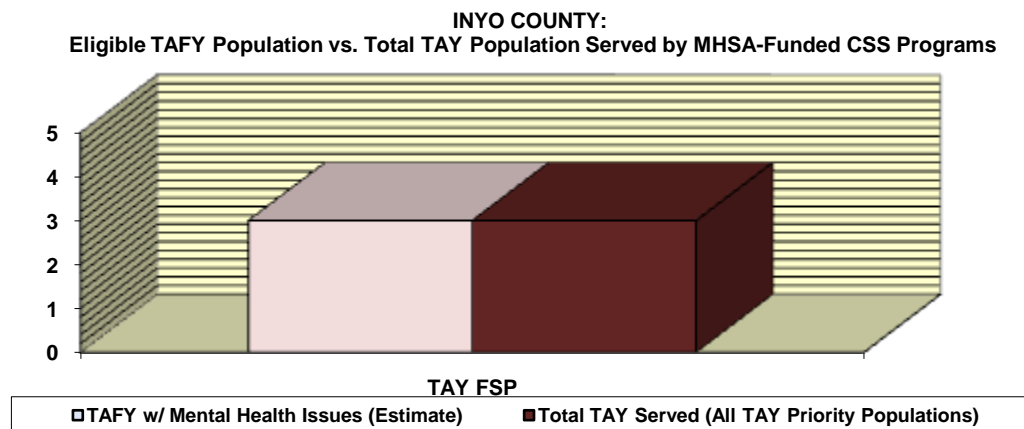
Inyo is one of the smallest counties in California with a population of approximately 18,300.<sup>258</sup> As of January 1, 2008, there were four Transition Age Foster Youth aged 16–20 in Inyo County’s child welfare-supervised foster care.<sup>259</sup> Between 2002 and 2007, an estimated 10 Transition Age Foster Youth aged out of Inyo County’s child welfare-supervised foster care.<sup>260</sup> Therefore, there were approximately 14 Transition Age Foster Youth aged 16–25 in Inyo County as of January 1, 2008.<sup>261</sup> Conservatively assuming that 23% of the Transition Age Foster Youth in Inyo County have mental health issues, approximately three Transition Age Foster Youth would potentially qualify for Prop. 63-funded CSS services.

## To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?

**Inyo County has not created a Prop. 63-funded CSS program solely and specifically for Transition Age Foster Youth.**

Inyo County has created a Transition Age Youth Services Team Full Service Partnership (FSP) with Prop. 63 funding.<sup>262</sup> The priority population for the FSP is youth who have a serious emotional disturbance and who (1) have experienced school disciplinary problems, are likely to drop out of school, are at risk for out-of-home placement, involved in the criminal or juvenile justice systems in the past year, or are homeless and/or (2) are uninsured or underinsured and are at serious risk of or have a recent history of psychiatric hospitalization, residential care or out-of-home placement due to their mental diagnosis and/or (3) are ready to be released from juvenile hall or residential placement (foster care or group homes) and are returning to the community and have inadequate services and supports to successfully transition to adulthood.<sup>263</sup> The FSP provides “whatever it takes” services to the TAY participant. The program includes flexible funds for clothing, housing vouchers, transportation and other services and supports the participant youth may need. The plans are individualized, based on the youth’s needs and desired outcomes.<sup>264</sup> Inyo County serves an estimated three TAY annually in this program.<sup>265</sup>

Only if Inyo County’s programs were available exclusively to Transition Age Foster Youth—which is not currently the case—would capacity be sufficient to meet estimated demand.



**Final Grade:** Inyo County’s Transition Age Foster Youth population is too small to evaluate the County fairly for a grade.

---

***A Note on Inyo County’s Prop. 63-funded Prevention and Early Intervention (PEI) Programs.*** The Commission approved Inyo County’s PEI plan in May 2009.<sup>266</sup> The plan does not include a program solely and specifically for Transition Age Foster Youth, nor does include a program designed for TAY. The proposed programs include the PATHS Pre-school program, the Parent-Child Interaction Therapy program, and an Older Adult Prevention and Early Intervention Program.

# KERN COUNTY

# GRADE: C

As of January 1, 2008, there were 310 Transition Age Foster Youth aged 16–20 in Kern County’s child welfare-supervised foster care.<sup>267</sup> Between 2002 and 2007, an estimated 669 Transition Age Foster Youth aged out of Kern County’s child welfare-supervised foster care.<sup>268</sup> Therefore, there were approximately 979 Transition Age Foster Youth aged 16–25 in Kern County as of January 1, 2008.<sup>269</sup> Conservatively assuming that 23% of the Transition Age Foster Youth in Kern County have mental health issues, approximately 225 Transition Age Foster Youth would potentially qualify for Prop. 63-funded CSS services.

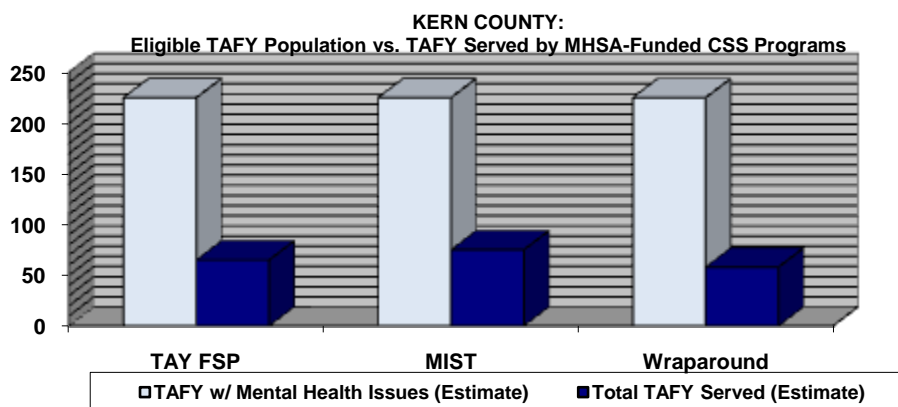
## To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?

**Kern County has not created a Prop. 63-funded CSS program solely and specifically for Transition Age Foster Youth.**

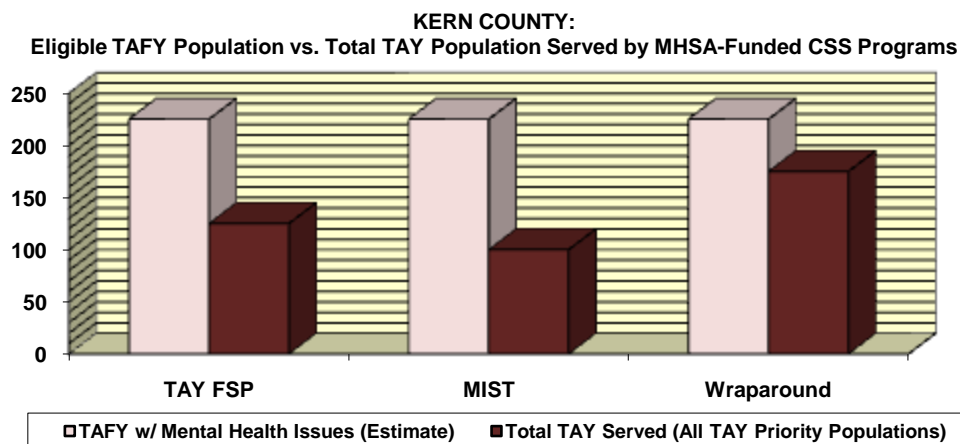
However, Kern County has done better than most California counties with using Prop. 63 CSS funding to expand capacity to serve Transition Age Foster Youth. It has created three programs from which Transition Age Foster Youth can benefit. The first program was created specifically for foster youth and probation youth who are aging out of the system. Kern County’s Transition Age Youth Full Service Partnership adopts the Transition to Independence Process (TIP),<sup>270</sup> pairing each TAY with a team that identifies service needs based on clear goals set regarding education, employment, housing, transition to the community and transitions to the adult systems of care.<sup>271</sup> A strength of Kern County’s program is that the plans are individualized.<sup>272</sup> Finally, one component of the program, the United Friends of Children Program, provides an 18-month supported housing model for TAY participants. Kern County estimates that this TAY FSP served 125 TAY by June 30, 2008.<sup>273</sup>

Kern County also offers the Children and Youth Multi-Agency Integrated Services Team (MIST) Full Service Partnership.<sup>274</sup> The priority populations for the MIST program are youth with more than one inpatient hospitalization within a year, youth with multiple emergency room visits that have not led to hospitalization, and youth who have had one placement failure or who are at risk for future placement failure.<sup>275</sup> The MIST program provides individualized family-based service alternatives to high-level group homes. The program provides multi-dimensional treatment foster care and wraparound services.<sup>276</sup> The program provides housing and employment services in accordance with each individualized plan. Kern County estimated that the MIST program would serve 100 youth by June 30, 2008.<sup>277</sup>

The third Kern County program from which TAFY may benefit is the Youth Wraparound Program, which serves youth under age 19 who are transitioning back into the community from high-level group placements, hospital and other institutional settings, and juvenile correction facilities.<sup>278</sup> The priority population includes youth who are at high risk for further hospitalization, out of home placement, changes in placement to more restrictive long-term settings, juvenile justice involvement, and frequent use of crisis services.<sup>279</sup> The Program seeks to expand the number of high-risk youth who are linked immediately to care as they transition out of various facilities and institutions.<sup>280</sup> The services here are individualized; a Wraparound team attends daily treatment focus meetings to link resources or coordinate discharge plans, and works with the youth’s coordinator. The program provides linkages to housing and assistance with employment planning through the Wraparound team.<sup>281</sup> Kern County estimates that this program will serve 175 individuals by June 2008.



Even if Kern County's programs were available exclusively to Transition Age Foster Youth, capacity would still fall short of meeting the need:



Criteria	Points
1. <b>TAFY Focus:</b> Does the county offer a program designed solely and specifically for TAFY? Has it tailored a component of a program specifically to TAFY?	0 of 10
2. <b>Priority Population:</b> Does the county designate TAFY to be a priority population? How many other priority populations are served by the program? If not named expressly as a priority population, how likely is it that TAFY will fit into one of the named priority populations?	15 of 20
3. <b>Capacity:</b> What is the capacity of the program? How does capacity compare to estimated need?	30.8 of 35
4. <b>Sufficiency of Services Provided:</b> How many of the optimal elements are included in the program? Optimal elements for TAFY are deemed to be mental health services, immediate shelter, long-term housing, peer support/mentoring, flexible funding, education, and employment assistance.	23.4 of 30
5. <b>TAFY Tracking:</b> To what extent does the program track TAFY participation and outcomes?	3.5 of 5
<b>TOTAL:</b>	<b>72.7 of 100</b>

**Final Grade:** Regarding its use of Prop. 63 CSS funding to meet the needs of Transition Age Foster Youth, Kern County's grade is **C**.

**A Note on Kern County's Prop. 63-funded Prevention and Early Intervention (PEI) Programs.** The Commission approved Kern County's PEI plan in July 2009. Kern County's PEI plan contains no programs designed solely and specifically for TAFY. However, there is one program designed specifically for TAY from which TAFY may benefit. The TAY Sheltered Housing program targets trauma exposed children, those in stressed families, and children and TAY at risk of experiencing juvenile justice involvement. The program will be located into a centralized area in Bakersfield, and will provide shelter for up to 90 days for TAY who are homeless or at risk of becoming homeless. It will provide a safe, stable, age-appropriate environment from which TAY can move forward toward health independence. Participants will be linked to programs that facilitate connections to peers, adult mentors, and the community, to aid the TAY in being supported, involved and connected. The program will serve 125 individuals and 25 families (parenting teens).

TAY are also listed as one of several priority populations in two other PEI projects: Student Assistance Programs, and Integrated Physical and Behavioral Healthcare.

Kern County continues to provide services from which TAFY can benefit, but has not made improvements in creating programs specifically for TAFY.

## KINGS COUNTY

## GRADE: F

Kings County is a small county with a population of approximately 150,000 people.<sup>282</sup> As of January 1, 2008, there were 38 Transition Age Foster Youth aged 16–20 in Kings County’s child welfare-supervised foster care.<sup>283</sup> Between 2001 and 2008, an estimated 60 Transition Age Foster Youth aged out of Kings County’s child welfare-supervised foster care.<sup>284</sup> Therefore, there were approximately 98 Transition Age Foster Youth aged 16–25 in Kings County as of January 1, 2008.<sup>285</sup> Conservatively assuming that 23% of the Transition Age Foster Youth in Kings County have mental health issues, approximately 23 Transition Age Foster Youth would potentially qualify for Prop. 63-funded CSS services.

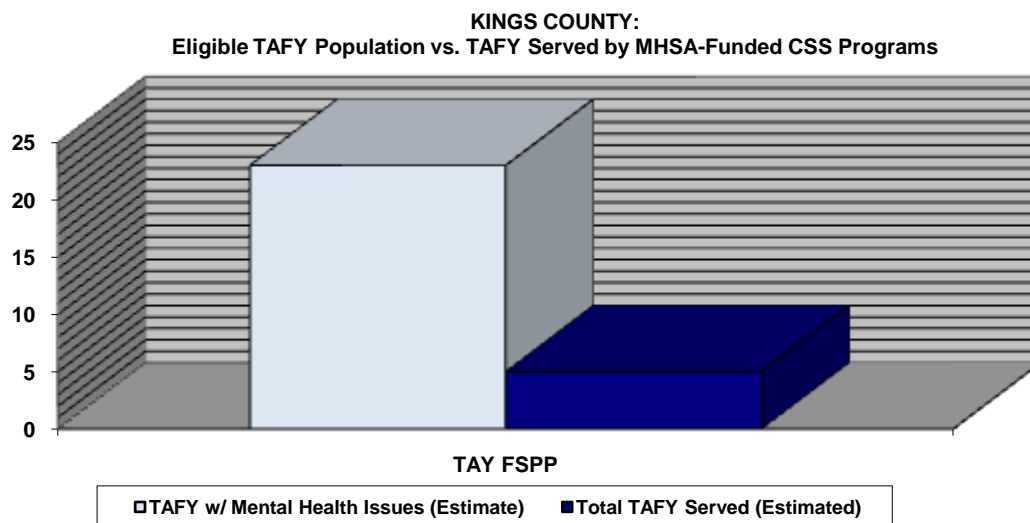
### To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?

**Kings County has not created a Prop. 63-funded CSS program solely and specifically for Transition Age Foster Youth.**

Kings County created a Children/Youth and TAY Full Service Partnership Program (FSPP) with Prop. 63 funding. The priority TAY population is youth aging out or transitioning from foster care, a juvenile justice setting or other out-of-home placement, with a priority focus on unserved Latino youth.<sup>286</sup> In addition, the plan calls for the County to work closely with the Independent Living Skills Coordinator (ILP) for Child Welfare and Probation to identify any emancipated youth who meet the criteria. This is one strength of the plan because it will help to make Transition Age Foster Youth who may benefit from this program aware of its availability.<sup>287</sup>

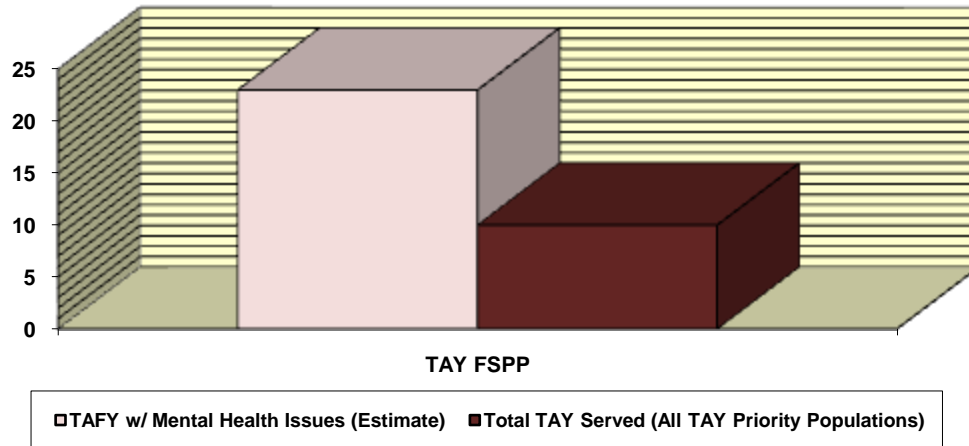
The TAY FSPP provides individualized, seamless services to the TAY participant. It provides educational and training opportunities and housing services where necessary. Temporary housing services and facilitating permanent housing opportunities and/or transitional housing are a component of each FSP Program if needed.<sup>288</sup>

Kings County plans to serve 10 TAY with the TAY FSPP.<sup>289</sup>



Even if Kings County’s programs were available exclusively to Transition Age Foster Youth, capacity would still fall far short of meeting the need:

**KINGS COUNTY:**  
**Eligible TAFY Population vs. Total TAY Population Served by MHSA-Funded CSS Programs**



Criteria	Points
1. <b>TAFY Focus:</b> Does the county offer a program designed solely and specifically for TAFY? Has it tailored a component of a program specifically to TAFY?	0 of 10
2. <b>Priority Population:</b> Does the county designate TAFY to be a priority population? How many other priority populations are served by the program? If not named expressly as a priority population, how likely is it that TAFY will fit into one of the named priority populations?	18 of 20
3. <b>Capacity:</b> What is the capacity of the program? How does capacity compare to estimated need?	7.6 of 35
4. <b>Sufficiency of Services Provided:</b> How many of the optimal elements are included in the program? Optimal elements for TAFY are deemed to be mental health services, immediate shelter, long-term housing, peer support/mentoring, flexible funding, education, and employment assistance.	30 of 30
5. <b>TAFY Tracking:</b> To what extent does the program track TAFY participation and outcomes?	1 of 5
<b>TOTAL:</b>	<b>56.6 of 100</b>

**Final Grade:** Regarding its use of Prop. 63 CSS funding to meet the needs of Transition Age Foster Youth, Kings County's grade is E.

---

*A Note on Kings County's Prop. 63-funded Prevention and Early Intervention (PEI) Programs. As of this writing, Kings County had not submitted a Prop. 63 PEI expenditure plan.*

# LAKE COUNTY

# GRADE: F

Lake County is a small county with a population of approximately 63,800.<sup>290</sup> As of January 1, 2008, there were 32 Transition Age Foster Youth aged 16–20 in Lake County’s child welfare-supervised foster care.<sup>291</sup> Between 2002 and 2007, an estimated 53 Transition Age Foster Youth aged out of Lake County’s child welfare-supervised foster care.<sup>292</sup> Therefore, there were approximately 85 Transition Age Foster Youth aged 16–25 in Lake County as of January 1, 2008.<sup>293</sup> Conservatively assuming that 23% of the Transition Age Foster Youth in Lake County have mental health issues, approximately 20 Transition Age Foster Youth would potentially qualify for Prop. 63-funded CSS services.

## To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?

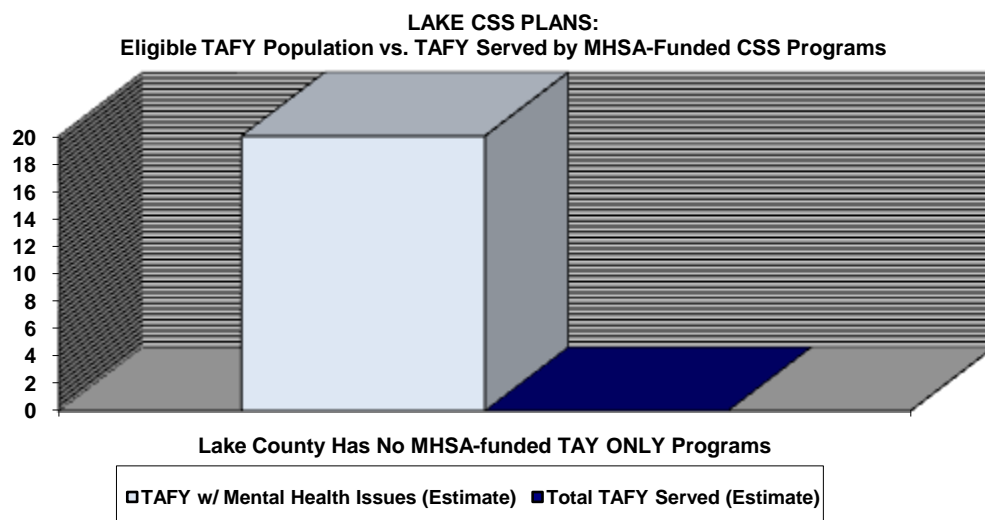
**Lake County has not created a Prop. 63-funded CSS program solely and specifically for Transition Age Foster Youth.**

Further, Lake County has not created an Prop. 63-funded program devoted specifically to Transition Age Youth. However, TAY are listed as one of the priority populations meant to benefit from some of Lake County’s programs. For example, Lake County has an Prop. 63-funded outreach program,<sup>294</sup> and it offers an Prop. 63-funded Crisis Response Continuum available to all age groups, and consisting of a 24-hour crisis line, outpatient crisis resolution, a psychiatrist, a crisis residential facility and flexible funding.<sup>295</sup>

Lake County also offers a TAY and Adult One-Stop Drop-in Center that operates Monday through Friday from 9am to 5pm. The services and supports at the Center include peer support, vocational and educational resources, housing services (referrals, help finding financing, etc.), services for co-occurring disorders, psychiatric consultations, and Forensic Mental Health Partnership Services.<sup>296</sup>

TAY and TAFY may also benefit from Lake County’s Housing Development and Access program created with Prop. 63 funding. This program will offer various housing options to SED/SMI TAY, adults, and older adults.<sup>297</sup>

Lake County has developed an Prop. 63-funded program—Forensic Mental Health Partnership—aimed at older children, TAY and adults who are in juvenile hall or the County Jail.<sup>298</sup>



Criteria	Points
1. <b>TAFY Focus:</b> Does the county offer a program designed solely and specifically for TAFY? Has it tailored a component of a program specifically to TAFY?	0 of 10
2. <b>Priority Population:</b> Does the county designate TAFY to be a priority population? How many other priority populations are served by the program? If not named expressly as a priority population, how likely is it that TAFY will fit into one of the named priority populations?	2 of 20
3. <b>Capacity:</b> What is the capacity of the program? How does capacity compare to estimated need?	0 of 35
4. <b>Sufficiency of Services Provided:</b> How many of the optimal elements are included in the program? Optimal elements for TAFY are deemed to be mental health services, immediate shelter, long-term housing, peer support/mentoring, flexible funding, education, and employment assistance.	12 of 30
5. <b>TAFY Tracking:</b> To what extent does the program track TAFY participation and outcomes?	0 of 5
<b>TOTAL:</b>	<b>14 of 100</b>

**Final Grade:** Regarding its use of Prop. 63 CSS funding to meet the needs of Transition Age Foster Youth, Lake County's grade is **F**.

---

**A Note on Lake County's Prop. 63-funded Prevention and Early Intervention (PEI) Programs.** *The Commission approved Lake County's PEI Plan in July 2009. The Plan includes a broad priority population for a number of Prevention and Early Intervention programs. Lake County has not designed any of its PEI programs solely and specifically for TAFY. However, there is a program designed for TAY from which TAFY may benefit. The program expands services at the Prop. 63-funded TAY drop-in center by providing funding for a TAY peer support staff position to coordinate prevention activities targeting at-risk youth and their families. The TAY program serves 60 youth and 60 families.*

*While TAFY may benefit from the TAY program, Lake County has yet to design a program solely and specifically for TAFY, and thus, has not improved its performance in this area.*

## LASSEN COUNTY

**GRADE: NA**

Lassen County is a small county with a population of approximately 36,200.<sup>299</sup> As of January 1, 2008, there were eight Transition Age Foster Youth aged 16–20 in Lassen County’s child welfare-supervised foster care.<sup>300</sup> Between 2002 and 2007, an estimated 18 Transition Age Foster Youth aged out of Lassen County’s child welfare-supervised foster care.<sup>301</sup> Therefore, there were approximately 26 Transition Age Foster Youth aged 16–25 in Lassen County as of January 1, 2008.<sup>302</sup> Conservatively assuming that 23% of the Transition Age Foster Youth in Lassen County have mental health issues, approximately six Transition Age Foster Youth would potentially qualify for Prop. 63-funded CSS services.

### *To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?*

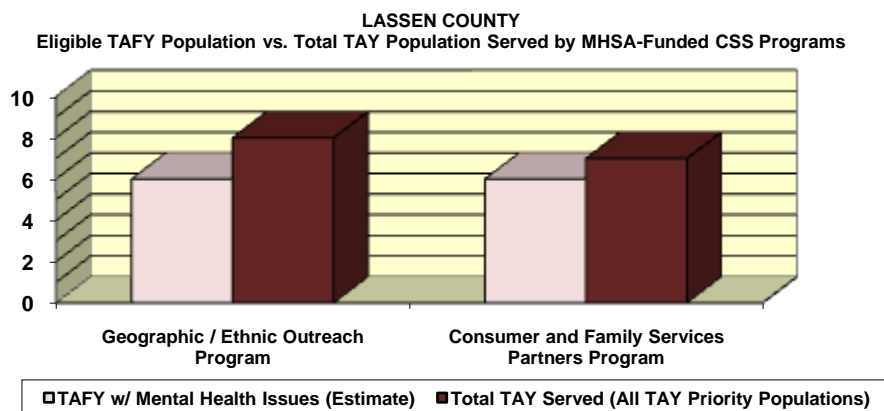
**Lassen County has not created a Prop. 63-funded CSS program solely and specifically for Transition Age Foster Youth.<sup>303</sup>**

Lassen County has created three programs from which Transition Age Foster Youth may benefit, along with other populations. The first is a Geographic/Ethnic Outreach Program, which provides outreach and engagement to identify unmet needs of the SMI/SED population across Lassen County. It establishes an integrated delivery system with clinicians, consumers, family members, and existing community resources.<sup>304</sup> The priority population is unserved and inappropriately served SMI/SED individuals and families who have not had consistent mental health services and includes children, TAY, adults and older adults.<sup>305</sup> The Program does not name current or former foster youth as a priority population. Lassen County’s CSS plan estimated the capacity of this program at 30 consumers in 2007–08. If the program serves each age group equally, the program will serve approximately eight TAY.

Lassen County also offers the Consumer and Family Services Partners Program, which supports the development of a local consumer organization. The organization provides outreach and engagement, peer support, training on wellness and recovery concepts, maintain wellness centers (clubhouse model), work to eliminate stigma, develop wellness tool kits and relapse prevention plans, maintain a resource library, and participate in quality improvement activities.<sup>306</sup> The priority populations for the Consumer and Family Services program are SMI/SED Children, Transitional Age Youth, Adults and Older Adults throughout the county. The program does not specify current or former foster youth as a priority population. Lassen County’s CSS plan estimated the capacity of this program at 28 consumers. If the program serves each age group equally, the program serves approximately seven TAY a year.

Finally, Lassen County has created a program to serve children and youth in the Lassen County Juvenile facility and selected schools.<sup>307</sup> The program has a capacity to serve 21 children and youth in 2007–08.<sup>308</sup> Transition Age Foster Youth may benefit from this program, to the extent that some foster youth spend time in juvenile hall. However, because this program is tailored to youth in juvenile hall, it is not included in the chart below.

Only if Lassen County’s CSS programs for TAY were available exclusively to Transition Age Foster Youth—which is not currently the case—would capacity be sufficient to meet estimated demand:



**Final Grade:** Lassen County’s Transition Age Foster Youth population is too small to evaluate the County fairly for a grade.



---

***A Note on Lassen County's Prop. 63-funded Prevention and Early Intervention (PEI) Programs.*** *The Commission approved Lassen County's PEI Plan in April 2009.<sup>309</sup> The program targets youth ages 0–12 and their families. The County proposes that it will expand its child and family education and support programs to youth ages 13–18 and 19–24 when possible. The program would expand evidence-based practices to additional families, and to communities that do not have current access to such programs. The program is designed to further strengthen protocols for referral to assessment and, if necessary, treatment of families and children with a need for intensive treatment. They will expand their program capacity to provide early intervention and treatment for troubled families whose needs are not met by the parenting education and family support programs.*

*The three major elements of program are:*

- 1. Support and augmentation of existing screening and identification efforts, including developing a staff position to provide consultation and support to collaborating partners that identify families and children in difficulty;*
- 2. Financial support and expanded direct family education and support programs; and*
- 3. Clear protocols for referring children and families that need and want early intervention clinical services, and the training and material for clinical staff to utilize evidence-based practice to provide that intervention.*

# LOS ANGELES COUNTY

# GRADE: F

Los Angeles County is the largest county in California, with a population of approximately 10,294,280 people.<sup>310</sup> As of January 1, 2008, there were 4,987 Transition Age Foster Youth aged 16–20 in Los Angeles County’s child welfare-supervised foster care.<sup>311</sup> Between 2002 and 2007, an estimated 8,452 Transition Age Foster Youth aged out of Los Angeles County’s child welfare-supervised foster care.<sup>312</sup> Therefore, there were approximately 13,439 Transition Age Foster Youth aged 16–25 in Los Angeles County as of January 1, 2008.<sup>313</sup> Conservatively assuming that 23% of the Transition Age Foster Youth in Los Angeles County have mental health issues, approximately 3,091 Transition Age Foster Youth would potentially qualify for Prop. 63-funded CSS services.

## *To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?*

### **Los Angeles County has not created a Prop. 63-funded CSS program solely and specifically for Transition Age Foster Youth.**

Los Angeles County designated the following groups as target populations: TAY who are homeless or at imminent risk of becoming homeless, TAY aging out of child mental health or juvenile justice/child welfare systems, TAY involved with the juvenile justice system or at risk of involuntary hospitalization or institutionalization, and TAY who have experienced their first episode of major mental illness. Thus, Transition Age Foster Youth (youth aging out of the child welfare system), are one of the many TAY priority populations that the County’s CSS programs serve.

Los Angeles County’s CSS plan for TAY has four components. First, Full Service Partnerships (FSPs) are designed to do “whatever it takes” to serve the needs of clients with serious emotional disturbance (SED) or Severe Persistent Mental Illness (SPMI). Each client who takes part in an FSP has an individual services and support plan, which must be client/family driven with a “wellness/recovery/ resilience” focus and must provide an integrated service experience for the client/family whenever possible.<sup>314</sup> All FSP TAY clients have a case manager with a caseload low enough to allow availability to the TAY “and his or her family” appropriate to their service needs, availability to provide intensive services and supports when needed and in support of their overall treatment plan.<sup>315</sup> The case managers are available to the TAY 24 hours a day, 7 days a week. The services provided include linkage to or provision of needed services and supports as defined by the TAY client and when appropriate their family, in collaboration with the case manager. Housing options that are available to TAY in an FSP are emergency housing, individual rental subsidies, and assistance with accessing housing entitlements including housing with supportive services specifically designed for TAY with SED or SPMI.<sup>316</sup> One notable aspect of this Los Angeles County program is the inclusion of TAY system navigators to help TAY navigate the various human services systems to achieve effective connections to mental health, housing, and other essential services.<sup>317</sup>

The total number of unduplicated TAY that Los Angeles County estimates these FSPs served in the first year is 1,121. This number represents just over one-third of the likely eligible Transition Age Foster Youth population *alone*, a figure that drops considerably when factoring in the many other TAY priority populations.

The second component of Los Angeles County’s CSS plan for TAY involves Drop-In Centers, which are intended to be entry points to the mental health system for SED or SPMI TAY living on the street or in unstable living situations. In addition to basic supports such as food, shelter and clothing, Drop-In Centers provide information on educational and vocational opportunities, linkage to mental health and health services, referrals and information on housing, referrals and information on access to benefits, and assistance with transportation.<sup>318</sup> In its CSS plan, Los Angeles County estimated that the Drop-In Centers would serve 832 clients total.<sup>319</sup>

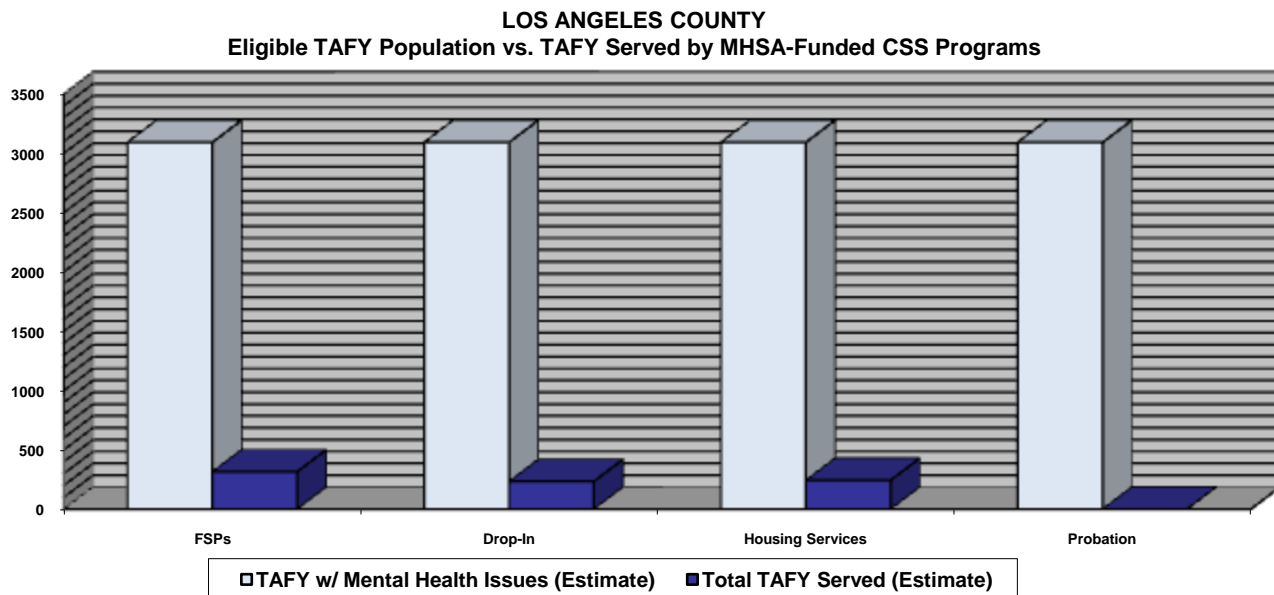
Housing Services, the third component, includes housing specialists, an enhanced emergency shelter plan (EESP) and project-based subsidies. Housing Specialists develops comprehensive housing resource lists, assist individuals with completing applications for rental subsidies, assist with housing search, prepare clients for interviews, serve as advocates and negotiators for clients with little or no housing history and/or poor credit, and provide a liaison services between clients, case managers, property owners and others.<sup>320</sup> The EESP is intended for TAY who are homeless, living on the streets, and in need of immediate shelter. The length of stay, in most cases, does not exceed 20 days, during which time the TAY Navigation team links the TAY to FSP and other needed mental health programs and other housing options.<sup>321</sup> Project-Based Subsidies are operational subsidies linked to permanent housing units that address the long-term housing needs of SED and SPMI TAY who are otherwise able to live independently in the community and who may be eligible for FSP, transitioning from more intensive levels of care, and others coming directly from transitional housing programs. These funds will be leveraged with other public and private funds to develop permanent housing sites. The operational

subsidies in these cases stay with the unit, not with the individual, and the rents remain stable over decades.<sup>322</sup> Los Angeles County estimates that the TAY Housing Services Program will serve 864 clients.

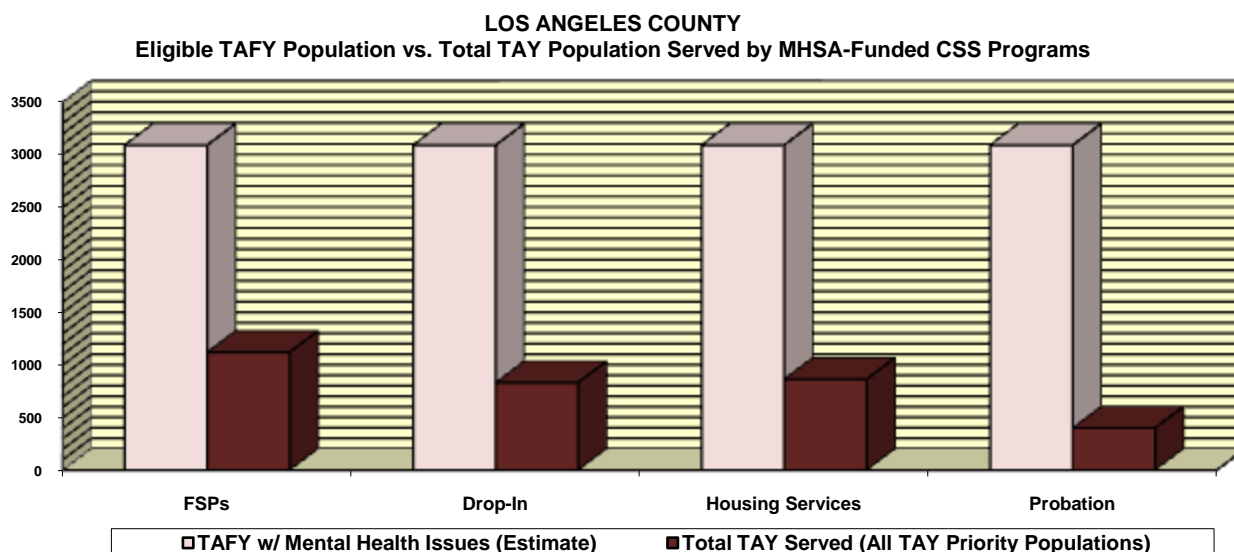
The fourth component is Probation Camp Services. Though there may be some overlap with youth formerly in child welfare-supervised care, this program is designed exclusively for probation youth residing in L.A. County probation camps.<sup>323</sup> The Probation Camp Services “provide[s] an array of mental health, substance abuse treatment, and advocacy services aimed at successfully transitioning youth out of the Probation Camp settings.”<sup>324</sup> An essential component of this program is the early engagement of probation youth’s family support system in the youth’s treatment while the youth is incarcerated in the camps; this includes providing transportation for clinical services, family sessions, and treatment planning as well as transition planning for the youth’s return to the community. Los Angeles County estimates that the Probation Camp Services program will serve over 400 SED TAY. A very small percentage of the 3,091 likely eligible TAY coming from the child welfare-supervised foster care system will be served by this program, if any at all.

In sum, Los Angeles County’s Prop. 63-funded CSS programs for TAY are projected to serve 2,817 TAY clients (excluding the youth involved with probation). This number represents 91% of the eligible TAFY population; however, when the other listed TAY priority populations are considered, it becomes apparent that the services offered—though comprehensive and largely necessary—lack the capacity to serve the need adequately. The programs will reach only about 26% of the eligible Transition Age Foster Youth population, at most, when the other at-risk populations are factored in.

This is particularly true in light of another disturbing trend that is arising in Los Angeles County and other counties throughout California. Although the Act contains a clause prohibiting supplantation,<sup>325</sup> Los Angeles County and others are cutting their core mental health budgets due in part to state budget cutbacks. For its part, Los Angeles County received \$125 million in Prop. 63 funds while simultaneously experiencing a \$70 million shortfall in its core mental health budget, resulting in long waiting lists at many of its clinics.<sup>326</sup> This trend creates the potential for SED/SMI Transition Age Foster Youth served by pre-existing programs to fall out of the system. Therefore, the already broad population for whom Los Angeles County’s Prop. 63 CSS services were designed is threatening to grow.



Even if Los Angeles County's programs were available exclusively to Transition Age Foster Youth, capacity would still fall short of meeting the need:



Criteria	Points
1. <b>TAFY Focus:</b> Does the county offer a program designed solely and specifically for TAFY? Has it tailored a component of a program specifically to TAFY?	0 of 10
2. <b>Priority Population:</b> Does the county designate TAFY to be a priority population? How many other priority populations are served by the program? If not named expressly as a priority population, how likely is it that TAFY will fit into one of the named priority populations?	13 of 20
3. <b>Capacity:</b> What is the capacity of the program? How does capacity compare to estimated need?	7 of 35
4. <b>Sufficiency of Services Provided:</b> How many of the optimal elements are included in the program? Optimal elements for TAFY are deemed to be mental health services, immediate shelter, long-term housing, peer support/mentoring, flexible funding, education, and employment assistance.	30 of 30
5. <b>TAFY Tracking:</b> To what extent does the program track TAFY participation and outcomes?	1 of 5
<b>TOTAL:</b>	<b>51 of 100</b>

**Final Grade:** Regarding its use of Prop. 63 CSS funding to meet the needs of Transition Age Foster Youth, Los Angeles County's grade is **E**.

---

*A Note on Los Angeles County's Prop. 63-funded Prevention and Early Intervention (PEI) Programs. The Commission approved Los Angeles County's PEI plan in March 2009.<sup>327</sup> It includes the Early Start Suicide Prevention Didi Hirsch 24/7 crisis line. This funding will be used transform and enhance the existing 24/7 crisis line by the completion of training developed to formulate proven interventions; National Institute of Mental Health and Substance Abuse and Mental Health Services Administration will provide technical assistance and oversight. Additionally, the County will increase the capacity of the Hotline to serve non-English speaking individuals and their families by the hiring of additional bilingual staff.<sup>328</sup>*

# MADERA COUNTY

# GRADE: F

Madera County has a population of approximately 150,000.<sup>329</sup> As of January 1, 2008, there were 53 Transition Age Foster Youth aged 16–20 in Madera County’s child welfare-supervised foster care.<sup>330</sup> Between 2002 and 2007, an estimated 94 Transition Age Foster Youth aged out of Madera County’s child welfare-supervised foster care.<sup>331</sup> Therefore, there were approximately 147 Transition Age Foster Youth aged 16–25 in Madera County as of January 1, 2008.<sup>332</sup> Conservatively assuming that 23% of the Transition Age Foster Youth in Madera County have mental health issues, approximately 34 Transition Age Foster Youth would potentially qualify for Prop. 63-funded CSS services.

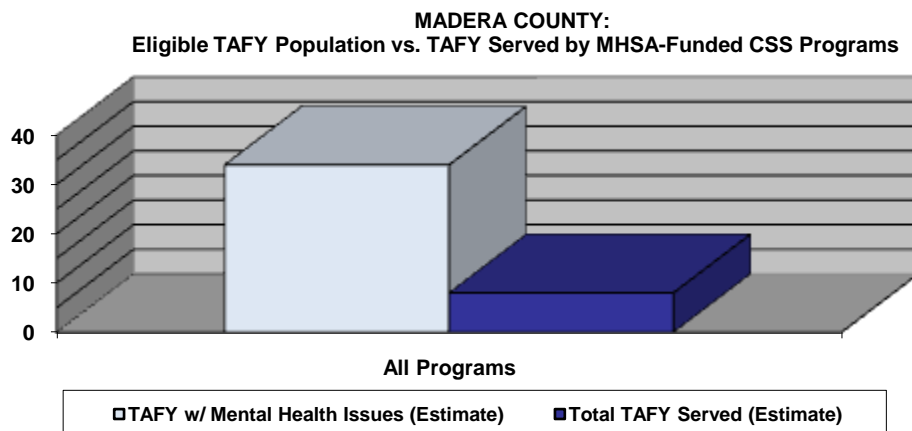
## To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?

**Madera County has not created a Prop. 63-funded CSS program solely and specifically for Transition Age Foster Youth.**

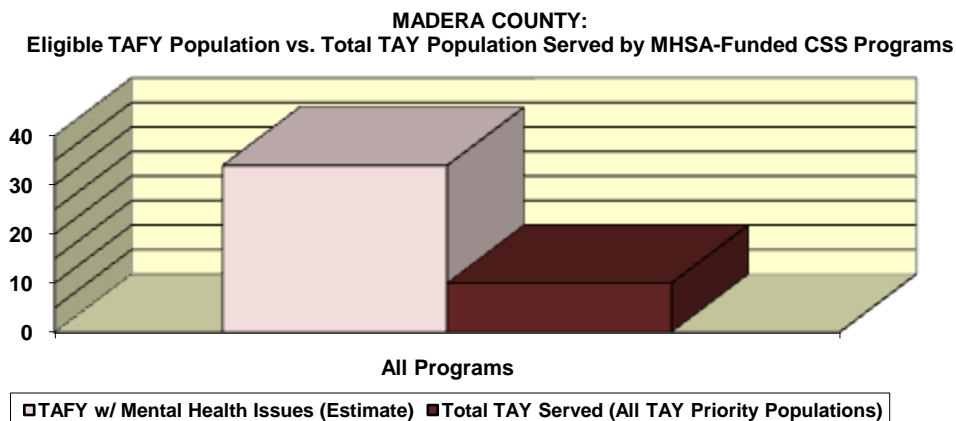
However, the county has created an Prop. 63-funded program for TAY who are aging out of foster care or the juvenile justice system—specifically, TAY between the ages of 16–18, aging out of the child welfare or juvenile justice systems, and at risk for school failure or unsuccessful transition to adulthood due to their untreated mental illness. Hispanic males will have the highest priority for services.<sup>333</sup>

The Prop. 63-funded TAY program will provide a case manager to assist the TAY participants to obtain “whatever it takes” to help them transition to adulthood.<sup>334</sup> “Whatever it takes” services include safe and adequate housing, education, transportation, child care, health care, food, clothing, income, vocational support, alcohol/drug counseling, education about their illness and recovery, support for family and significant others, crisis services, mental health treatment, social and community activities, and supportive relationships.<sup>335</sup> The program provides childcare and transportation with special funds. In addition, the County contracts with an experienced, non-profit organization to provide a “drop-in center” called HOPE House where the TAY participants will be able to attend support groups and classes and obtain assistance connecting with necessary resources and services.<sup>336</sup> Finally, immediate, transitional, and long-term housing for TAY participants are addressed through a contract with a non-profit organization, and staff help participants access community organizations that provide vocational and employment services.

A strength of this program is that—although the priority population includes youth emancipating from the juvenile justice system as well as Transition Age Foster Youth—it is not as broad as programs offered in many other counties, and thus it is likely that a significant percentage of the clients served by this program will be Transition Age Foster Youth. However, the County projects that this program will serve just 10 TAY annually.<sup>337</sup>



Even if Madera County's programs were available exclusively to Transition Age Foster Youth, capacity would still fall far short of meeting the need:



Criteria	Points
1. <b>TAFY Focus:</b> Does the county offer a program designed solely and specifically for TAFY? Has it tailored a component of a program specifically to TAFY?	0 of 10
2. <b>Priority Population:</b> Does the county designate TAFY to be a priority population? How many other priority populations are served by the program? If not named expressly as a priority population, how likely is it that TAFY will fit into one of the named priority populations?	18 of 20
3. <b>Capacity:</b> What is the capacity of the program? How does capacity compare to estimated need?	5.1 of 35
4. <b>Sufficiency of Services Provided:</b> How many of the optimal elements are included in the program? Optimal elements for TAFY are deemed to be mental health services, immediate shelter, long-term housing, peer support/mentoring, flexible funding, education, and employment assistance.	25 of 30
5. <b>TAFY Tracking:</b> To what extent does the program track TAFY participation and outcomes?	1 of 5
<b>TOTAL:</b>	<b>49.1 of 100</b>

**Final Grade:** Regarding its use of Prop. 63 CSS funding to meet the needs of Transition Age Foster Youth, Madera County's grade is **E**.

---

**A Note on Madera County's Prop. 63-funded Prevention and Early Intervention (PEI) Programs.** The Commission approved Madera County's PEI expenditure plan in March 2009.<sup>338</sup> The PEI expenditure plan does not have any programs created solely and specifically for Transition Age Foster Youth. Madera County's PEI expenditure plan includes the following programs: Connected Communities (for all age groups), Community Outreach and Wellness Center (TAY, Adults, and Older Adults), Community and Family Education (Children, TAY), School Based Services (Children, TAY), and Focus on Early Intervention (All age groups).

# MARIN COUNTY

**GRADE: NA**

Marin County has a population of approximately 256,000.<sup>339</sup> As of January 1, 2008, there were 24 Transition Age Foster Youth aged 16–20 in Marin County’s child welfare-supervised foster care.<sup>340</sup> Between 2002 and 2007, an estimated 57 Transition Age Foster Youth aged out of Marin County’s child welfare-supervised foster care.<sup>341</sup> Therefore, there were approximately 81 Transition Age Foster Youth aged 16–25 in Marin County as of January 1, 2008.<sup>342</sup> Conservatively assuming that 23% of the Transition Age Foster Youth in Marin County have mental health issues, approximately 19 Transition Age Foster Youth would potentially qualify for Prop. 63-funded CSS services.

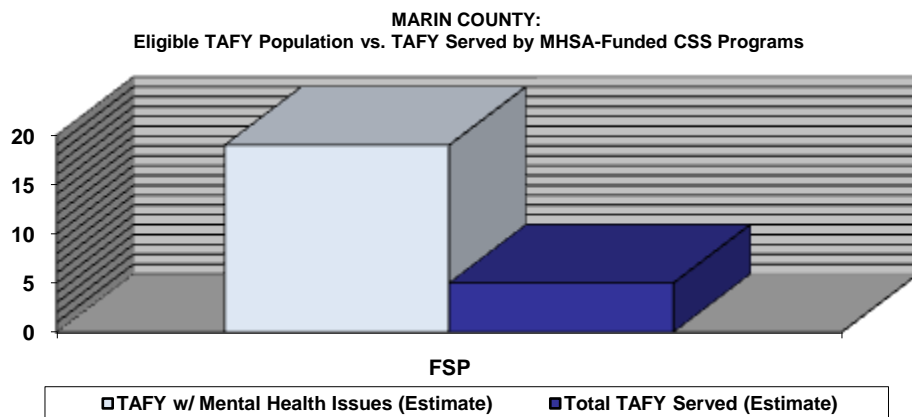
## To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?

**Marin County has not created a Prop. 63-funded CSS program solely and specifically for Transition Age Foster Youth.**

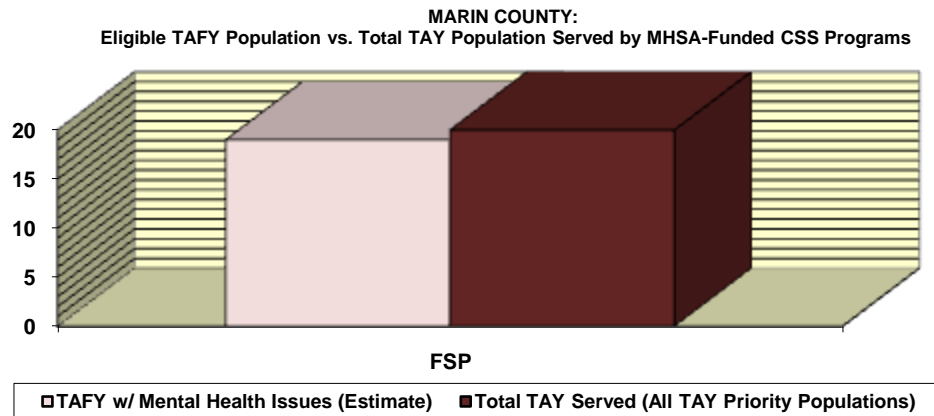
Marin County offers Full Service Partnership services to 20 youth. The priority population for the FSP is youth who are aging out of the children’s system, the child welfare system, or the juvenile justice system and TAY who are experiencing their first episode of psychosis. The Full Service Partnership program provides “whatever it takes” to provide treatment, skills, and the level of self-sufficiency necessary for TAY to manage their illness.<sup>343</sup> To that end, the FSP provides independent living skills, employment services, housing supports, mental health and substance abuse services. The program utilizes a team approach to treatment. The TAY team consists of a TAY Team leader, a peer mentor, a family partner and the TAY and his/her family. The team leader Team Partner, ILS counselor, and peer mentor provide education and employment support. The county has a partnership with College of Marin and works closely with Buckleaw Employment Services. The TAY and his or her family provide their perspectives and help to develop the youth’s plan.<sup>344</sup>

Housing services are site-based or scattered site, and use stipends as needed.<sup>345</sup> The program partners with existing resources in the community, such as the local community college and Social Services Independent Living Skills staff, to offer classes, workshops and peer support in areas of basic life skills, peer support, and education.<sup>346</sup>

Marin County has also created a client-operated resource center for adults age 18 and over.<sup>347</sup> Transition Age Foster Youth are not named specifically as a priority population, but they may benefit from the Center.<sup>348</sup>



Only if Marin County’s programs were available exclusively to Transition Age Foster Youth—which is not currently the case—would capacity be sufficient to meet estimated demand.



**Final Grade:** Marin County’s Transition Age Foster Youth population is too small to evaluate the County fairly for a grade.

---

***A Note on Marin County’s Prop. 63-funded Prevention and Early Intervention (PEI) Programs.*** *The Commission approved Marin County’s PEI plan in March 2009.<sup>349</sup> The PEI plan does not include any programs solely and specifically designed for Transition Age Foster Youth. Marin County’s PEI plan includes the following programs: Children and Youth Prevention and Intervention, including a Positive Parenting Program (Children and Youth), Student Assistance Program (Children and Youth), TAY Prevention and Early Intervention Program (TAY), Canal Community Based Prevention and Early Intervention (TAY, Adult and Older Adult), Integrating Behavioral Health in Primary Care (Adult and Older Adult), Home Delivered Meals Prevention and Early Intervention (Older Adults), Suicide Prevention (TAY, Adult, Older Adult), and Mental Health Awareness and Stigma Reduction (All Populations).*



## MARIPOSA COUNTY

GRADE: NA

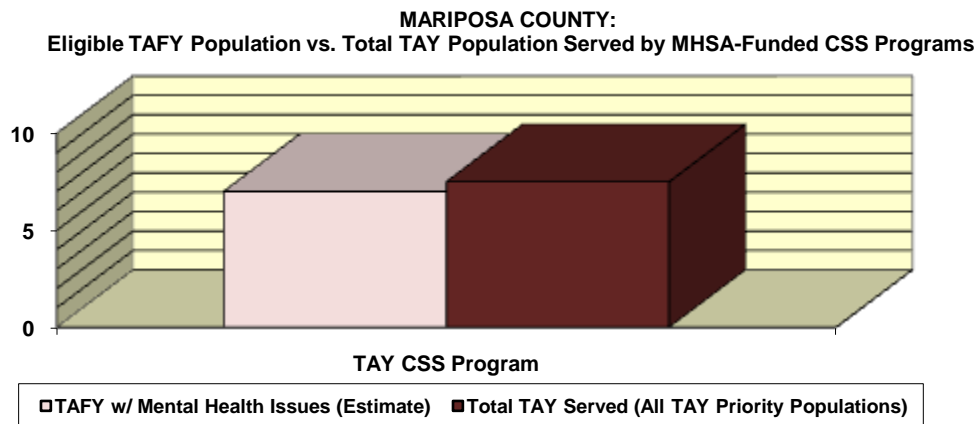
Mariposa County is a small county with a population of approximately 18,356.<sup>350</sup> As of January 1, 2008, there were 13 Transition Age Foster Youth aged 16–20 in Mariposa County’s child welfare-supervised foster care.<sup>351</sup> Between 2002 and 2007, an estimated 16 Transition Age Foster Youth aged out of Mariposa County’s child welfare-supervised foster care.<sup>352</sup> Therefore, there were approximately 29 Transition Age Foster Youth aged 16–25 in Mariposa County as of January 1, 2008.<sup>353</sup> Conservatively assuming that 23% of the Transition Age Foster Youth in Mariposa County have mental health issues, approximately seven Transition Age Foster Youth would potentially qualify for Prop. 63-funded CSS services.

### To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?

**Mariposa County has not created a Prop. 63-funded CSS program solely and specifically for Transition Age Foster Youth.**

Mariposa County’s Prop. 63-funded CSS program will work with TAY and Transition Age Foster Youth by providing individual therapy, family therapy, and group therapy as needed, Therapeutic Behavioral Services and life skills.<sup>354</sup> The program will serve approximately 5–10 youth.

Only if Mariposa County’s programs were available exclusively to Transition Age Foster Youth—which is not currently the case—would capacity be sufficient to meet estimated demand.



**Final Grade:** Mariposa County’s Transition Age Foster Youth population is too small to evaluate the County fairly for a grade.

---

**A Note on Mariposa County’s Prop. 63-funded Prevention and Early Intervention (PEI) Programs.** The Commission approved Mariposa County’s Prop. 63 PEI expenditure plan in March 2009.<sup>355</sup> Mariposa County’s PEI expenditure plan includes two programs: the Step Mentoring Individual Leadership Enrichment (SMILE) Program and Project Respect. SMILE is an after school mentoring program will provide elementary and high school aged students with experiences designed to discover strengths, celebrate individuality, develop leadership, increase resilience and enrich life through community linkages. The program is a targeted prevention/intervention partnership with teachers, school counselors and education professionals, and it includes a component for parent involvement in leadership development.<sup>356</sup> SMILE is coordinated with Project Respect, which is a community-wide effort to end bullying in Mariposa County which includes professional development (training for teachers, coaches, bus drivers, yard duties, etc.), student education (Steps to Respect, Second Step), and Community Awareness. Although the programs are not created solely and specifically for Transition Age Foster Youth, outreach efforts include Child Welfare.

# MENDOCINO COUNTY

# GRADE: C

Mendocino County is a small county with a population of approximately 89,669.<sup>357</sup> As of January 1, 2008, there were 64 Transition Age Foster Youth aged 16–20 in Mendocino County’s child welfare-supervised foster care.<sup>358</sup> Between 2002 and 2007, an estimated 101 Transition Age Foster Youth aged out of Mendocino County’s child welfare-supervised foster care.<sup>359</sup> Therefore, there were approximately 165 Transition Age Foster Youth aged 16–25 in Mendocino County as of January 1, 2008.<sup>360</sup> Conservatively assuming that 23% of the Transition Age Foster Youth in Mendocino County have mental health issues, approximately 38 Transition Age Foster Youth would potentially qualify for Prop. 63-funded CSS services.

## To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?

**Mendocino County has not created a Prop. 63-funded CSS program solely and specifically for Transition Age Foster Youth.**

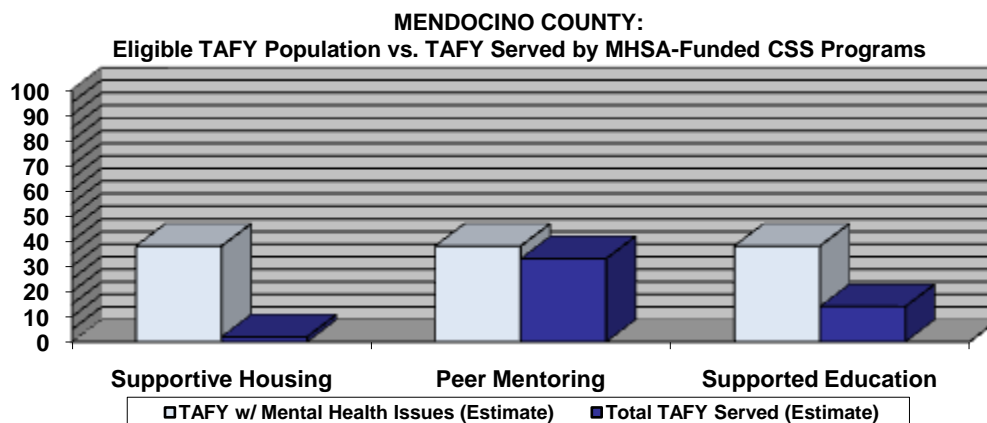
The priority populations on which the County’s CSS TAY programs focus include Transition Age Foster Youth, along with several other groups of at-risk TAY.<sup>361</sup> The Transition Age Youth System of Care (TSOC) consists of transitional housing support, a peer-mentoring program, family-based support to rural communities, supported education, and partnerships with service coordinators.<sup>362</sup>

The transitional housing support is a congregate living facility,<sup>363</sup> available to the youth for up to 18 months while they work toward their educational or vocational goals and develop skills and a support system.<sup>364</sup> The residents in this program will have a Personal Services Coordinator who will help them with their plan and work with them to access flexible funding.<sup>365</sup> Residents pay a monthly program fee that will go into a personal savings account that they can use upon their departure for rental security deposit, vocational school, or other necessary expenses.<sup>366</sup>

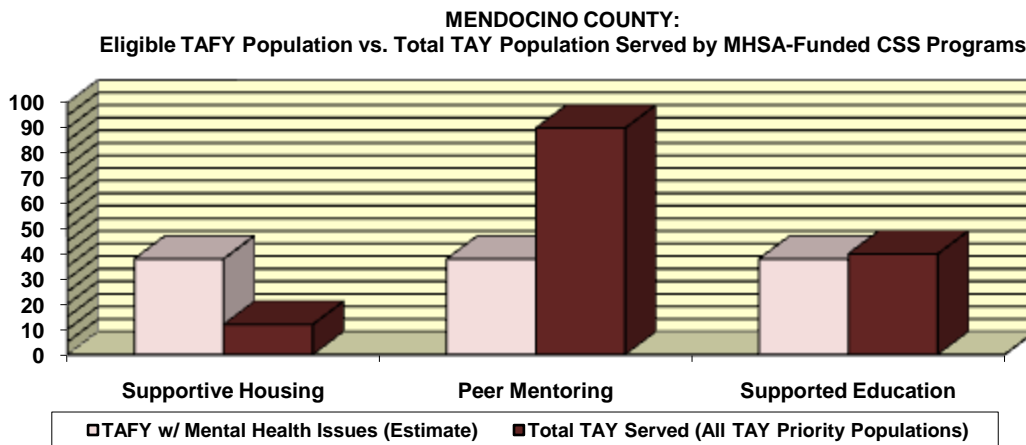
The peer-mentoring program is available in the larger communities of the County,<sup>367</sup> which is developing these programs in each of the larger communities and on college campuses. College students who have experienced adversity in their own lives, but are not currently dealing with a mental illness, are be hired and trained to identify and understand issues relating to mental health, peer support, resiliency and recovery and other relevant issues.<sup>368</sup> They make contacts with TAY who are struggling with the symptoms of mental illness and want support.<sup>369</sup>

The County addresses the needs of the TAY population in its smaller communities with Prop. 63-funded family-based support to rural communities.<sup>370</sup> A mental health clinician provides at least one full day of support each week in each of the smaller communities.<sup>371</sup> This program serves a very broad population, including TAY.<sup>372</sup>

Finally, Mendocino County provides supported education by hiring a college coach who works with TAY at Mendocino College.<sup>373</sup> The college coach provides trainings to counselors regarding interventions to assist students with specific disabilities, welcome TAYs to college, schedule regular office hours, provide opportunities for development of personal relationships, and provide guidance in areas such as study skills, test-taking skills and managing mental illness.<sup>374</sup> Importantly for Transition Age Foster Youth, the college coach coordinates with the Department of Rehabilitation to ensure that students are taking advantage of all possible entitlements.<sup>375</sup>



Only if Mendocino County's programs were available exclusively to Transition Age Foster Youth—which is not currently the case—would capacity of two of the programs be sufficient to meet estimated demand, and capacity of the Supportive Housing program would still fall short of meeting demand.



Criteria	Points
1. <b>TAFY Focus:</b> Does the county offer a program designed solely and specifically for TAFY? Has it tailored a component of a program specifically to TAFY?	0 of 10
2. <b>Priority Population:</b> Does the county designate TAFY to be a priority population? How many other priority populations are served by the program? If not named expressly as a priority population, how likely is it that TAFY will fit into one of the named priority populations?	15 of 20
3. <b>Capacity:</b> What is the capacity of the program? How does capacity compare to estimated need?	35 of 35
4. <b>Sufficiency of Services Provided:</b> How many of the optimal elements are included in the program? Optimal elements for TAFY are deemed to be mental health services, immediate shelter, long-term housing, peer support/mentoring, flexible funding, education, and employment assistance.	27 of 30
5. <b>TAFY Tracking:</b> To what extent does the program track TAFY participation and outcomes?	1 of 5
<b>TOTAL:</b>	<b>78 of 100</b>

**Final Grade:** Regarding its use of Prop. 63 CSS funding to meet the needs of Transition Age Foster Youth, Mendocino County's grade is C.

---

*A Note on Mendocino County's Prop. 63-funded Prevention and Early Intervention (PEI) Programs. As of this writing, Mendocino County has not submitted its PEI expenditure plan for approval.*

## MERCED COUNTY

## GRADE: B

Merced County has a population of approximately 252,544.<sup>376</sup> As of January 1, 2008, there were 110 Transition Age Foster Youth aged 16–20 in Merced County’s child welfare-supervised foster care.<sup>377</sup> Between 2002 and 2007, an estimated 162 Transition Age Foster Youth aged out of Merced County’s child welfare-supervised foster care.<sup>378</sup> Therefore, there were approximately 272 Transition Age Foster Youth aged 16–25 in Merced County as of January 1, 2008.<sup>379</sup> Conservatively assuming that 23% of the Transition Age Foster Youth in Merced County have mental health issues, approximately 63 Transition Age Foster Youth would potentially qualify for Prop. 63-funded CSS services.

### *To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?*

**Merced County has created an Prop. 63-funded CSS program solely and specifically for Transition Age Foster Youth. The CUBE program has two components—a wellness center and intensive case management. The Intensive Case Management component includes services to assist the youth with many necessary services including transportation, applying for college, and finding housing. The program weaves and overlaps with other programs within the system. CUBE serves 60 Transition Age Foster Youth.**

Also, Transition Age Foster Youth recently exiting the child welfare system who have children and a co-occurring substance abuse disorder, are the target population of Merced County’s Community Assistance Recovery Enterprise (CARE) program.<sup>380</sup> However, the program is also available to adults and transition age older adults.<sup>381</sup> The CARE program will provide integrated services to clients. These services includes supportive housing, supported education, physical health care, drug and alcohol counseling, mental health care, wellness center supportive employment, peer mentors, community integration, peer support and linkage to community resources.<sup>382</sup>

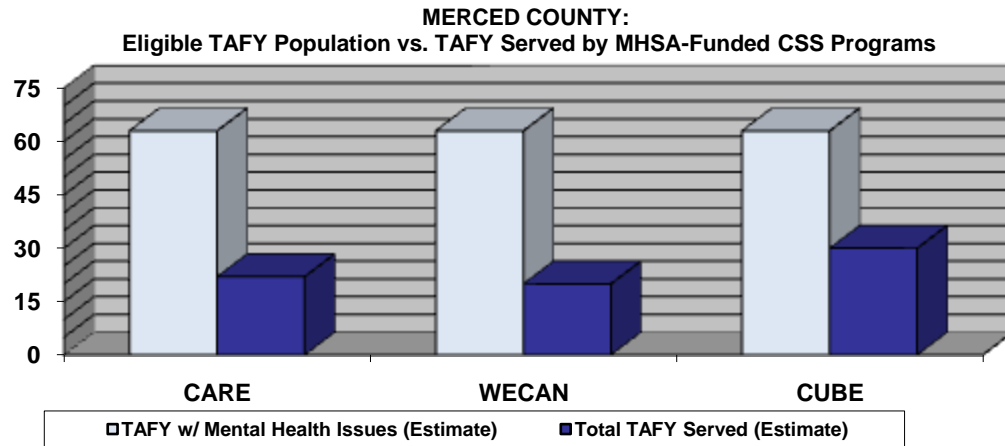
The CARE housing options include hotels, room and board programs, drug and alcohol rehabilitation facilities, clean and sober housing, board and care, co-operative housing situations, and master leased units.<sup>383</sup> Housing providers throughout Merced County make available these options, and the County includes a set-aside for the program when the contract runs out. The contractors can use a portion of the set-aside to provide rental subsidies to consumers otherwise unable to obtain subsidies through mainstream resources.<sup>384</sup>

The CARE program assists consumers with employment preparation, job development, job retention and supportive entrepreneurial opportunities.<sup>385</sup> It includes an enhanced services component to help link consumers to employment and to a Wellness Center where services are available under a “day labor” concept.<sup>386</sup>

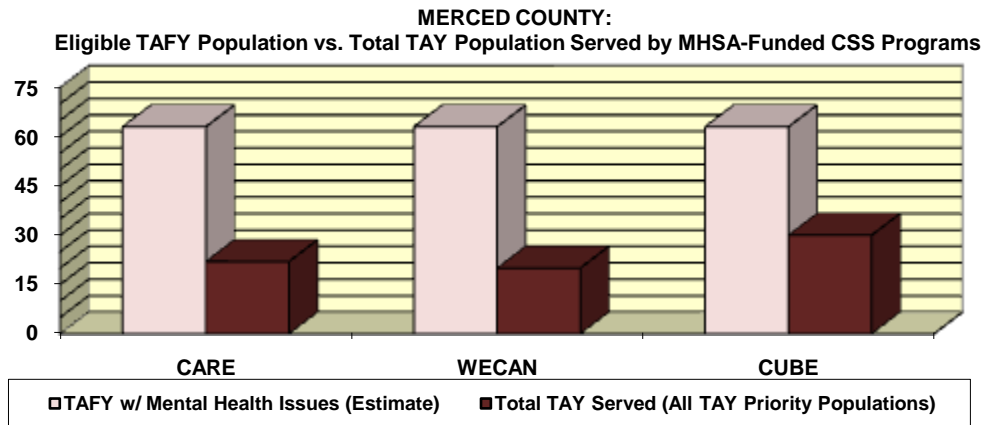
Merced County’s estimates indicate that CARE program served 13 TAY in 2007–08.<sup>387</sup>

Merced County’s Prop. 63-funded Wraparound, Empowerment, Compassion and Needs (WECAN) Program was created specifically for wards and dependents of the court who are transitioning to a lower level of care. The program provides services to current foster youth aged 8–18.<sup>388</sup> As of the 2009-updated plan, this program will serve 20 TAY—all of whom, according to Merced County, are foster youth.

Additionally, Transition Age Foster Youth are one of many priority populations for the Community Outreach, Engagement, Education and Outreach Program (COPE),<sup>389</sup> which establishes a mobile clinic to reach individuals who are isolated and not connected to any community.<sup>390</sup> In addition, it creates a collaborative system that focuses on community-based organizations to engage individuals in racially and ethnically diverse communities who do not seek services at traditional mental health services sites.<sup>391</sup> COPE focuses on community support, meeting basic needs, mental health access, outreach to employers and the community to educate and reduce stigma surrounding mental illness, education and support to consumers’ families, and peer support.<sup>392</sup>



Even with these Merced County programs serving predominantly or exclusively Transition Age Foster Youth, capacity still falls short of meeting the need:



Criteria	Points
1. <b>TAFY Focus:</b> Does the county offer a program designed solely and specifically for TAFY? Has it tailored a component of a program specifically to TAFY?	9 of 10
2. <b>Priority Population:</b> Does the county designate TAFY to be a priority population? How many other priority populations are served by the program? If not named expressly as a priority population, how likely is it that TAFY will fit into one of the named priority populations?	16 of 20
3. <b>Capacity:</b> What is the capacity of the program? How does capacity compare to estimated need?	27.7 of 35
4. <b>Sufficiency of Services Provided:</b> How many of the optimal elements are included in the program? Optimal elements for TAFY are deemed to be mental health services, immediate shelter, long-term housing, peer support/mentoring, flexible funding, education, and employment assistance.	25 of 30
5. <b>TAFY Tracking:</b> To what extent does the program track TAFY participation and outcomes?	3.5 of 5
<b>TOTAL:</b>	<b>81.2 of 100</b>

**Final Grade:** Regarding its use of Prop. 63 CSS funding to meet the needs of Transition Age Foster Youth, Merced County's grade is **B**.

*A Note on Merced County's Prop. 63-funded Prevention and Early Intervention (PEI) Programs. Merced County was one of the first six counties with an approved PEI plan, having been among the first several counties to submit its PEI plan.<sup>393</sup> The Commission approved Merced County's PEI plan in November 2008.<sup>394</sup>*

*Merced County's approved PEI plan includes a project called "Life Skills for At-Risk TAYS 14–25."<sup>395</sup> The priority populations for the program are TAY who are trauma exposed, children and youth in stressed families, children and youth at risk for school failure, and children and youth at risk of or experiencing Juvenile Justice involvement. The project plan also lists youth involved with the child welfare system as one of the target populations.<sup>396</sup> The project will tailor services and supports to each youth it serves; it involves family in the program and works to assist youth in the areas of employment, education, living situation, personal adjustment, and community life functioning. The project also will provide coaching and case management for the youth it serves.<sup>397</sup> Additionally, Merced County will be funding a Transition to Independence Process (TIP) program with Prevention and Early Intervention Funding. One of the priority populations for this program is Transition Age Foster Youth. Merced County estimated that the Life Skills for At-Risk TAYS 14–25 project will serve 45 youth by June 2009.*

## MODOC COUNTY

GRADE: NA

Modoc County is a small county with a population of approximately 9,747.<sup>398</sup> As of January 1, 2008, there were 2 Transition Age Foster Youth aged 16–20 in Modoc County’s child welfare-supervised foster care.<sup>399</sup> Between 2002 and 2008, an estimated 8 Transition Age Foster Youth aged out of Modoc County’s child welfare-supervised foster care.<sup>400</sup> Therefore, there were approximately 10 Transition Age Foster Youth aged 16–25 in Modoc County as of January 1, 2008.<sup>401</sup> Conservatively assuming that 23% of the Transition Age Foster Youth in Modoc County have mental health issues, approximately two Transition Age Foster Youth would potentially qualify for Prop. 63-funded CSS services.

### *To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?*

**Modoc County has not created a Prop. 63-funded CSS program solely and specifically for Transition Age Foster Youth.**<sup>402</sup>

Modoc County’s TAY program will include outreach and engagement with target population youth, including links to emergency room and hospital staff, law enforcement, jail and probation, local educational agencies, and the foster care system.<sup>403</sup> It entails development of a system of coordination of services and case management to assure a seamless linkage to services and support. The program integrates drug and alcohol education and treatment for youth who have dual diagnosis disorders.<sup>404</sup> The program collaborates with community resources, including existing Independent Living Skills programs, which include independent living skills education, pre-vocational competency, assistance with employability skills and subsequent employment, education, social competence and independent housing.<sup>405</sup> The program provides linkages with schools and other agencies to provide low-cost counseling to TAY in the mental health system. Finally, the program provides suicide prevention and prevention education.<sup>406</sup>

Additionally, the Transitions to Independence program collaborates with schools to supplement other programs for mental health purposes.<sup>407</sup>

**Final Grade:** Modoc County’s Transition Age Foster Youth population is too small to evaluate the County fairly for a grade. While the County is making some positive steps toward preventing the need for foster care (see below), it is not trending in a positive direction toward improving mental health services specifically for transition age youth who have aged out of foster care.

---

***A Note on Modoc County’s Prop. 63-funded Prevention and Early Intervention (PEI) Programs.*** *Modoc County was one of the first eight counties to have a state-approved PEI plan, after being among the first several counties to submit plans for consideration.*<sup>408</sup> *The Commission approved Modoc County’s PEI plan in September 2008.*<sup>409</sup>

*Unlike the Community Services and Supports component, the Prevention and Early Intervention component does not require counties to design a program specifically for TAY. Modoc County has not created any additional prevention or early intervention programs solely and specifically for Transition Age Foster Youth. One of the priority populations in the county’s PEI program is “stressed families” which could help in preventing children and youth from entering the foster care system.*<sup>410</sup> *However, Modoc County does not have any PEI programs designated to serve TAY.*

# MONO COUNTY

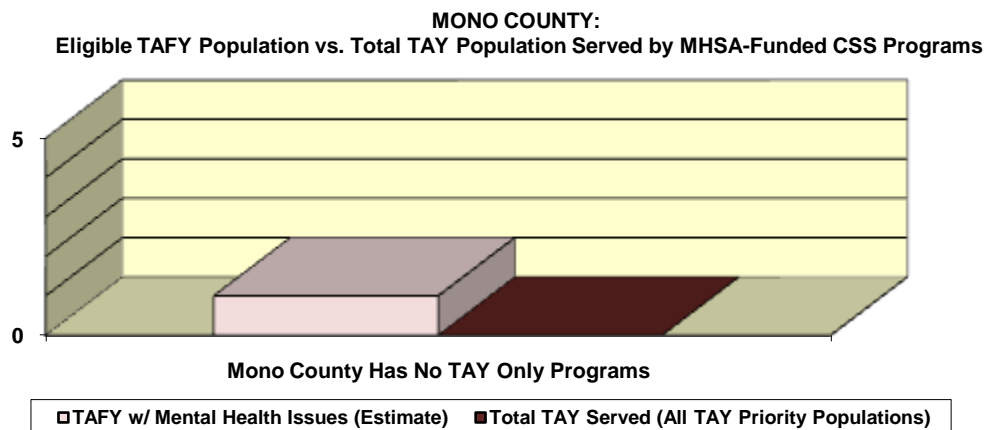
GRADE: NA

Mono County is a small county with a population of approximately 14,055.<sup>411</sup> According to Mono County's letter of response to CAI's Public Records Act request, there were no foster youth in Mono County as of April 2007.<sup>412</sup> However, as of January 1, 2008, there were two youth aged 16–20 in Mono County's child welfare-supervised foster care, and three Transition Age Foster Youth who aged out of care between 2002 and 2007.<sup>413</sup> Therefore, there were five Transition Age Foster Youth in Mono County on January 1, 2008. Conservatively assuming that 23% of the Transition Age Foster Youth in Mono County have mental health issues, approximately one Transition Age Foster Youth would potentially qualify for Prop. 63-funded CSS services.

## To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?

**Mono County has not created a Prop. 63-funded CSS program solely and specifically for Transition Age Foster Youth.**

Although it has no TAY only CSS programs, Mono County has two programs created with Prop. 63 funding from which Transition Age Foster Youth may benefit. One is a transitional housing program that serves persons age 18 and over.<sup>414</sup> The other is a program that creates three socialization and wellness centers that offer a variety of art and educationally based activities.



**Final Grade:** Mono County's Transition Age Foster Youth population is too small to evaluate the County fairly for a grade. While the County is making some positive steps toward providing school counseling services (see below), it is not trending in a positive direction toward improving services specifically for Transition Age Foster Youth.

---

**A Note on Mono County's Prop. 63-funded Prevention and Early Intervention (PEI) Programs.** Mono County was one of the first eight counties with a state-approved PEI plan.<sup>415</sup>

Mono County's plan for PEI funding is to create a school counseling program. Although the program may be useful for Transition Age Foster Youth, Mono County has no PEI programs created solely and specifically for Transition Age Foster Youth. However, the school counseling program is estimated to serve 375 students a year and as such will likely be a resource for some Transition Age Foster Youth.



# MONTEREY COUNTY

# GRADE: C

Monterey County has a population of approximately 425,356.<sup>416</sup> As of January 1, 2008, there were 74 Transition Age Foster Youth aged 16–20 in Monterey County’s child welfare-supervised foster care.<sup>417</sup> Between 2002 and 2007, an estimated 167 Transition Age Foster Youth aged out of Monterey County’s child welfare-supervised foster care.<sup>418</sup> Therefore, there were approximately 241 Transition Age Foster Youth aged 16–25 in Monterey County as of January 1, 2008.<sup>419</sup> Conservatively assuming that 23% of the Transition Age Foster Youth in Monterey County have mental health issues, approximately 55 Transition Age Foster Youth would potentially qualify for Prop. 63-funded CSS services.

## To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?

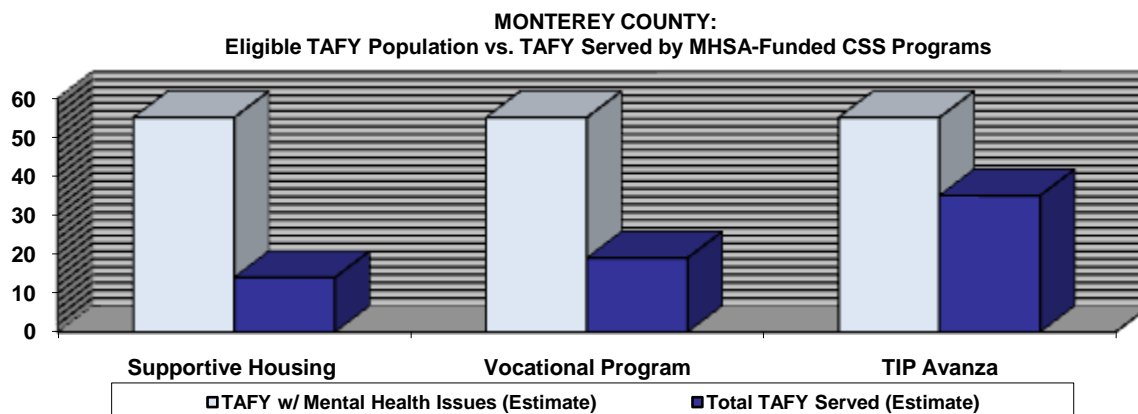
**Monterey County has not created a Prop. 63-funded CSS program solely and specifically for Transition Age Foster Youth.**

However, Monterey County has created Prop. 63-funded programs from which Transition Age Foster Youth may benefit—the Supportive Housing Program, Transition Age Youth Vocational Program, and Avanza (TIP model).<sup>420</sup> The priority populations for Monterey County’s Prop. 63-funded plans are youth with severe emotional disturbance or mental illness.<sup>421</sup> This population includes TAY who are homeless or at risk of homelessness, TAY who are aging out of child and youth mental health, child welfare, and/or juvenile justice systems, and youth involved in the criminal justice system or at risk of involuntary hospitalization or institutionalization.<sup>422</sup>

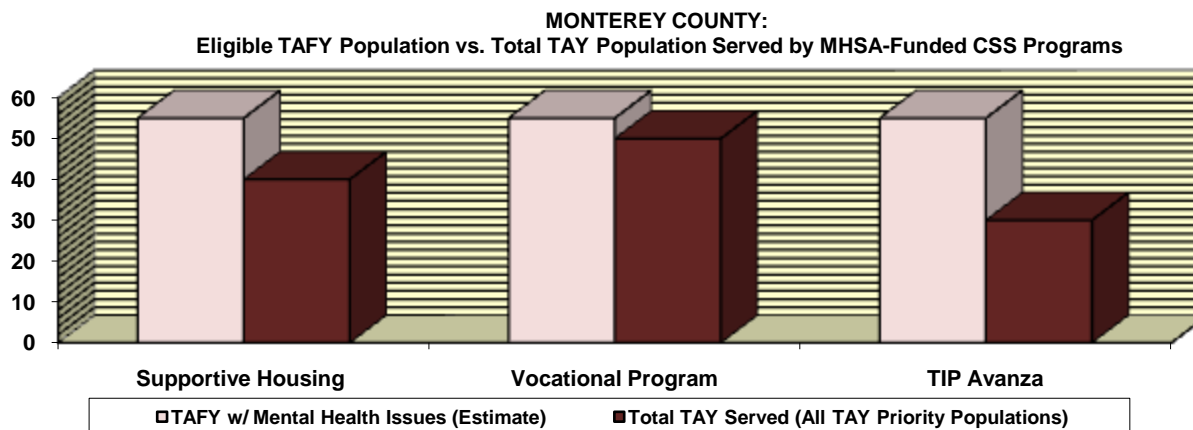
Agency partners will provide housing, and the Prop. 63 funds provide the necessary mental health case management and treatment when necessary to allow TAY to move forward to more independent housing.<sup>423</sup> Monterey County estimated that the Supportive Housing Program would serve 40 TAY.

TAY access vocational services through the Wellness Center.<sup>424</sup> Some youth access competitive employment opportunities, while others are linked with specialized programs that provide supported employment.<sup>425</sup> Monterey County’s estimates indicated that this vocational program would serve 50 TAY.

Avanza is based on the Transition to Independence Process (TIP) model. The program increases the treatment options available for youth aged 18–25. It incorporates comprehensive case management and involves youth and their families in a process of helping them to achieve goals of employment, education, living situation, personal and community functioning. The program connects TAY with community resources, jobs, and educational opportunities. Monterey County estimated that this program would serve 100 TAY.<sup>426</sup>



Even if Monterey County's programs were available exclusively to Transition Age Foster Youth, capacity would still fall short of meeting the need:



Criteria	Points
1. <b>TAFY Focus:</b> Does the county offer a program designed solely and specifically for TAFY? Has it tailored a component of a program specifically to TAFY?	0 of 10
2. <b>Priority Population:</b> Does the county designate TAFY to be a priority population? How many other priority populations are served by the program? If not named expressly as a priority population, how likely is it that TAFY will fit into one of the named priority populations?	15 of 20
3. <b>Capacity:</b> What is the capacity of the program? How does capacity compare to estimated need?	35 of 35
4. <b>Sufficiency of Services Provided:</b> How many of the optimal elements are included in the program? Optimal elements for TAFY are deemed to be mental health services, immediate shelter, long-term housing, peer support/mentoring, flexible funding, education, and employment assistance.	23 of 30
5. <b>TAFY Tracking:</b> To what extent does the program track TAFY participation and outcomes?	1 of 5
<b>TOTAL:</b>	<b>74 of 100</b>

**Final Grade:** Regarding its use of Prop. 63 CSS funding to meet the needs of Transition Age Foster Youth, Monterey County's grade is **C**. However, while the County is making some positive steps toward addressing mental illness and offers several varied commendable PEI plans (see below), it is not trending in a positive direction toward improving mental health services solely and specifically for Transition Age Foster Youth.

---

**A Note on Monterey County's Prop. 63-funded Prevention and Early Intervention (PEI) Programs.** Monterey County's state-approved PEI plan<sup>427</sup> does not create any programs solely and specifically for Transition Age Foster Youth. However, the County has created several programs from which Transition Age Foster Youth may benefit such as depression/anxiety screening, the system navigator program, the African American Community Partnership, the Latino Community Partnership (Promotores), Parenting Education, LGBTQ Community Partnership, School Counseling, Prevention Services for Native American Youth, Peer to Peer Counseling, Emotions Anonymous, the Community Warm Line, and the Telephone Referral System.<sup>428</sup>

# NAPA COUNTY

# GRADE: NA

Napa County has a population of approximately 135,554.<sup>429</sup> As of January 1, 2008, there were 15 TAY ages 16–20 in Napa County’s Child Welfare supervised foster care.<sup>430</sup> Between 2002 and 2007, an estimated 52 TAY aged out of Napa County’s Child Welfare supervised foster care.<sup>431</sup> Therefore, there were approximately 67 Transition Age Foster Youth in Napa County as of January 1, 2008.<sup>432</sup> Conservatively assuming that 23% of the Transition Age Foster Youth in Napa County have mental health issues, approximately 15 Transition Age Foster Youth would potentially qualify for Prop. 63-funded CSS services.

## To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?

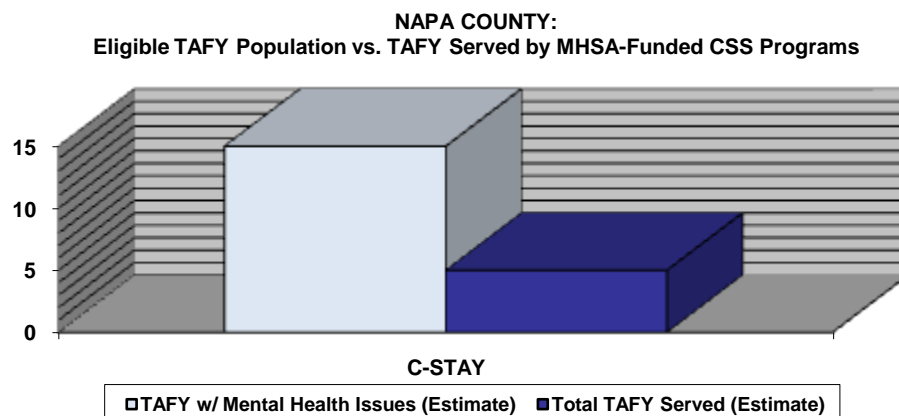
**Napa County has not created a Prop. 63-funded CSS program solely or specifically for Transition Age Foster Youth.**<sup>433</sup>

However, Napa County has developed the Comprehensive Services for Transition Age Youth (C-STAY) Program,<sup>434</sup> for which some Transition Age Foster Youth may be eligible. Specifically, the priority population for the C-STAY program is TAY who are severely emotionally disturbed or mentally ill, live anywhere within Napa County or have been placed out-of-county, and are at risk of incarceration, out-of-home placement; institutionalization, or homelessness.<sup>435</sup>

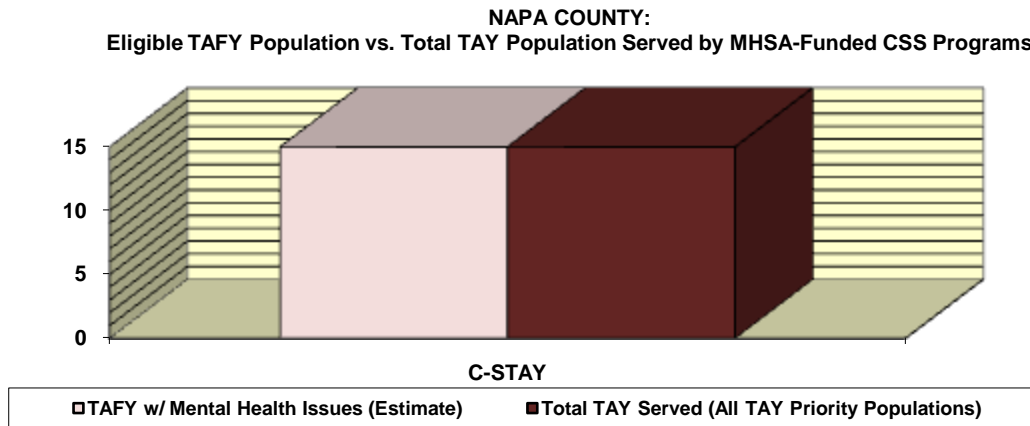
C-STAY is a Full Service Partnership (FSP). Consumers receive services from a team of three staff,<sup>436</sup> a Program Director, Registered MFT Intern Mental Health Case Manager, and a Counselor/Mental Health AID.<sup>437</sup> C-STAY staff works closely with schools, child welfare services, foster care families, Probation, and other community agencies throughout the county to identify youth.<sup>438</sup> All staff function as personal services coordinators (PSCs)<sup>439</sup> to help the youth create a plan for recovery centered on the youth’s identified needs.<sup>440</sup> The PSCs also helps the youth access other community services, such as transportation and housing.<sup>441</sup> The program provides wraparound services and uses flexible funding to access services not typical to traditional mental health services.<sup>442</sup> The program includes access to vocational navigation services which support the youth in job search, application, referral to employers, and follow-up services where needed.<sup>443</sup> The program also provides access to supports for parents and caregivers of “at risk” youth.<sup>444</sup> Consumers have access to a mobile mental health crisis outreach team and transportation services.<sup>445</sup>

As co-occurring disorder treatment services are developed by the County Mental Health Division, TAY consumers will be considered a priority population for service.<sup>446</sup> The C-STAY program employs a “housing first” model. It focuses on placing consumers in a living situation as soon as possible. Supportive services such as supports for independent living are available.<sup>447</sup>

As of July 3, 2008, the C-Stay program served 13TAY and will eventually serve 22–24 TAY.<sup>448</sup>



Only if Napa County’s programs were available exclusively to Transition Age Foster Youth—which is not currently the case—would capacity be sufficient to meet estimated demand.



**Final Grade:** Napa County’s Transition Age Foster Youth population is too small to evaluate the County fairly for a grade.

---

*A Note on Napa County’s Prop. 63-funded Prevention and Early Intervention (PEI) Programs. As of this writing, Napa County has not submitted a Prop. 63 PEI expenditure plan.*

## NEVADA COUNTY

## GRADE: NA

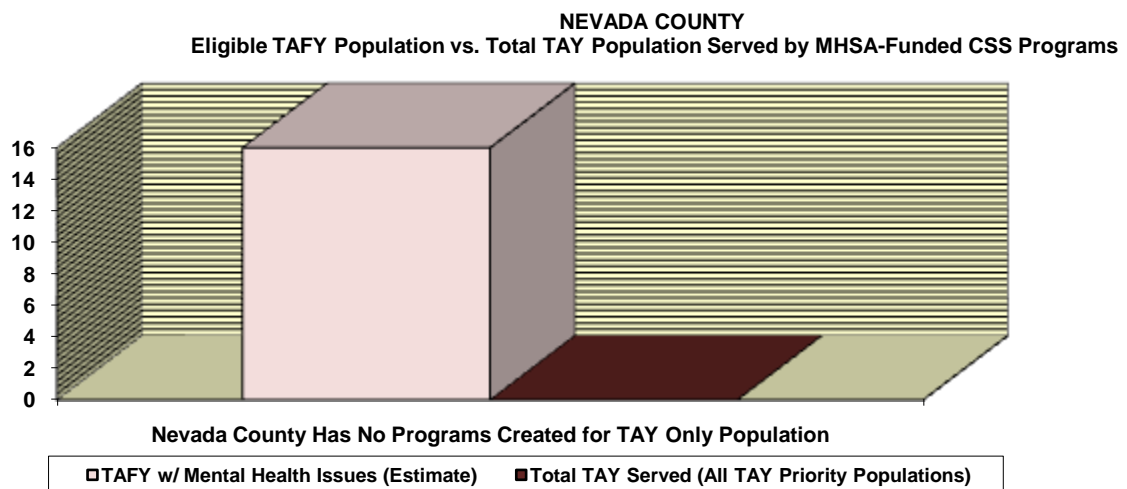
Nevada County has a population of approximately 99,587.<sup>449</sup> As of January 1, 2008, there were 18 Transition Age Foster Youth aged 16–20 in Nevada County’s child welfare-supervised foster care.<sup>450</sup> Between 2002 and 2007, an estimated 51 Transition Age Foster Youth aged out of Nevada County’s child welfare-supervised foster care.<sup>451</sup> Therefore, there were approximately 69 Transition Age Foster Youth aged 16–25 in Nevada County as of January 1, 2008.<sup>452</sup> Conservatively assuming that 23% of the Transition Age Foster Youth in Nevada County have mental health issues, approximately 16 Transition Age Foster Youth would potentially qualify for Prop. 63-funded CSS services.

### To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?

**Nevada County has not created a Prop. 63-funded CSS program solely and specifically for Transition Age Foster Youth.**

Further, Nevada County does not have any programs solely for the broader TAY population. However, TAY and Transition Age Foster Youth may benefit from Nevada County’s wraparound program, for which one of the priority populations is TAY ages 16–18 who are either currently in out-of-home placement or at high risk of out of home placement and/or a danger to themselves or others.<sup>453</sup>

TAY and Transition Age Foster Youth in Nevada County may also benefit from the Assertive Community Treatment (ACT) program, which targets individuals age 18 and over.



**Final Grade:** Nevada County’s Transition Age Foster Youth population is too small to evaluate the County fairly for a grade.

---

**A Note on Nevada County’s Prop. 63-funded Prevention and Early Intervention (PEI) Programs.** *The Commission approved Nevada County’s PEI plan in May 2009.<sup>454</sup> The Access to Services PEI plan includes the following components: Suicide Prevention Program, Physician Integrative Behavioral Health Training Program (will train 15 physicians per year), First Response Training, and Nevada County 2-1-1 Services. The Physician Integrative Behavioral Health Training Program will train primary care physicians to screen for mental health issues, how to provide a secured referral or a “warm hand off,” and how to follow up on referred clients. The First Response Training will be modeled after the National NAMI Crisis intervention training. Finally, the Nevada County 2-1-1 will have a call center that will take calls from people with a wide variety of needs, such as looking for shelter, food, or a mental health provider.<sup>455</sup>*

## ORANGE COUNTY

## GRADE: D

Orange County has a population of approximately 3,098,183.<sup>456</sup> As of January 1, 2008, there were 518 Transition Age Foster Youth aged 16–20 in Orange County’s child welfare-supervised foster care.<sup>457</sup> Between 2002 and 2007, an estimated 1,228 Transition Age Foster Youth aged out of Orange County’s child welfare-supervised foster care.<sup>458</sup> Therefore, there were approximately 1,746 Transition Age Foster Youth aged 16–25 in Orange County as of January 1, 2008.<sup>459</sup> Conservatively assuming that 23% of the Transition Age Foster Youth in Orange County have mental health issues, approximately 402 Transition Age Foster Youth would potentially qualify for Prop. 63-funded CSS services.

### *To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?*

**Orange County has not created a Prop. 63-funded CSS program solely and specifically for Transition Age Foster Youth.**

However, Orange County has created four CSS programs<sup>460</sup> to serve severely mentally ill TAY, and identifies Transition Age Foster Youth as one of the priority populations for funding, along with several other groups identified as priority populations—such as school-aged youth unable to function in a mainstream school setting; homeless youth, including those living in motels because of a lack of permanent residence; youth who are exiting incarceration in the juvenile justice system or the adult correctional system; youth who are aging out of juvenile justice; uninsured SED youth, youth with multiple psychiatric hospitalizations, youth and young adults experiencing their first episode of psychosis; and SED youth with co-occurring disorders.

Orange County’s Full Service Wraparound Program (FS/W) provides each client with a personal services coordinator to help the youth identify his/her strengths and weaknesses. As the client’s needs become clear, additional people such as family members, mentors, teachers, etc. are invited to join a Partnership Team. Any decisions made are the responsibility of the Team as a whole.<sup>461</sup> The Team creates an individualized plan for each youth client. The plan covers health, mental health, shelter and other basic needs, transportation, education, recreation, etc.<sup>462</sup> The team has access to a pool of flexible funds to help meet the client’s needs as appropriate.

The services offered by Orange County’s FS/W Program are comprehensive, and the personal services coordinators have caseloads of 10 or less to ensure that each youth client receives necessary care and attention. Further, the Program contains a housing component that will include a coordinator who will be responsible for maintaining an up-to-date database of available housing resources and works with various community-based housing providers to develop additional TAY housing resources.<sup>463</sup> The housing options provided by the program are emergency housing, congregate living transitional housing, apartment program, and specialty housing for TAY with special needs. Finally, the program incorporates education and employment services. Flexible funding is available for ILP classes, in-program support (books, tuition, fees, uniforms, bus passes, and so on), one-on-one assistance (peer mentor, job coach, tutor, or behavioral coach), group support and classes (support groups, study labs, social skills training, and so on), and supported employment.<sup>464</sup>

Notably, one of the major tasks of the Partnership Team is to “define and promote appropriate relationships with the TAY’s family members—to be ‘family friendly’ while supporting individuation and empowerment.”<sup>465</sup> This approach looks much different for Transition Age Foster Youth than for the other populations. Even an individualized plan is only as good as the framework within which it is created.

The proposed capacity in fiscal year 2008–09 for Orange County’s FS/W Program was 313.<sup>466</sup>

Orange County has also developed the TAY Outreach and Engagement Program, the purpose of which is to reach unserved or underserved TAY and connect them with full service partnerships, other mental health services, and/or linkages with community resources.<sup>467</sup> The program will raise awareness among community members of programs that promote wellness; facilitate improved communication among diverse community providers; and provide step-by-step assistance to those facing barriers in accessing services.<sup>468</sup>

The major focus of the Outreach Program is to decrease racial and ethnic disparities particularly in the Latino and Vietnamese communities. The program’s outreach activities are conducted in high traffic areas such as shopping malls and community-sponsored events, through trained “high-contact” professionals (school personnel, police, health care providers, etc.), collaboration with other agencies, direct consumer contact, and through “home grown media” (radio stations and publications at the local level).<sup>469</sup>

The Outreach Program provides housing information and referral. It also makes available flexible funding to assist in emergency and short-term housing options and supportive residential programs.<sup>470</sup>

Orange County estimates that its Outreach and Engagement Program served 240 TAY in fiscal year 2008–09.

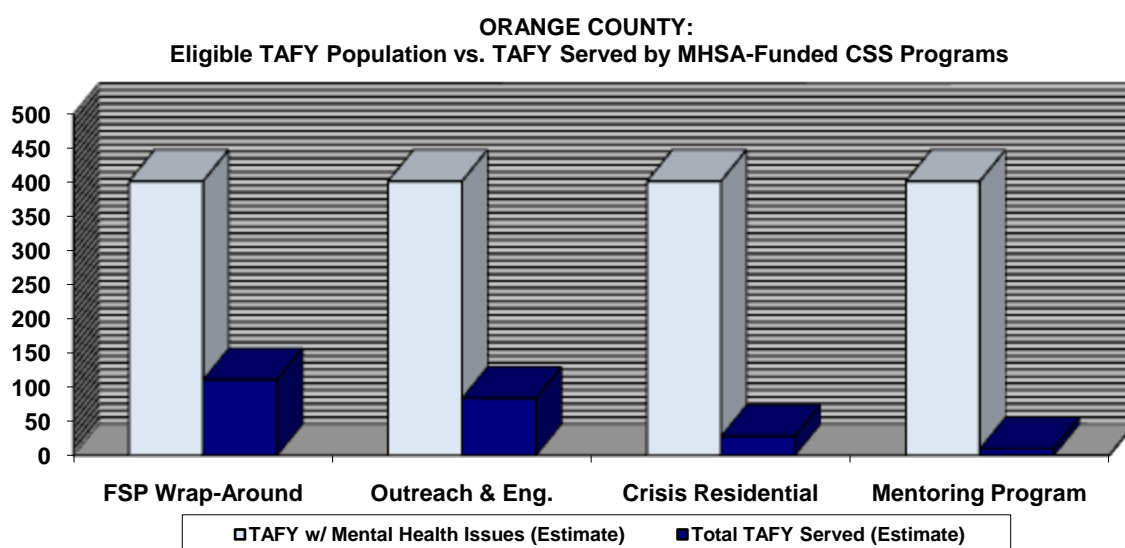
The third CSS TAY program Orange County has developed is the TAY Crisis Residential Program. The program provides an alternative to hospitalization or in-patient care. The program serves TAY who may otherwise fall through the cracks—those who may not require institutionalization or another locked setting but need more than outpatient services. The program is located in a six-bed residential site. It is a voluntary program, available 24 hours a day, 7 days a week. There is an on-site/on-call administrator to make immediate admission decisions and coordinate arrangements.<sup>471</sup> The program provides short-term housing and linkage to another FSP for additional or ongoing needs.

Orange County estimates that its Crisis Residential Program served 80 TAY in fiscal year 2008–09.

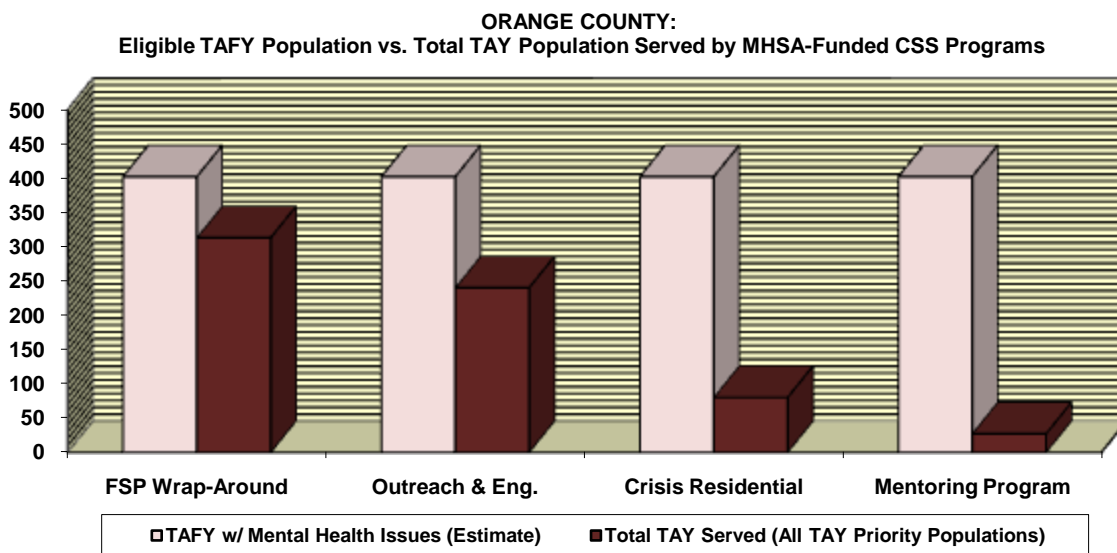
In July 2007, the State approved a fourth Orange County program for TAY. This new program is funded by additional CSS funding that later became available, and thus, was not included in the original Plan. The new program is a Mentoring Program for TAY. This program promotes resiliency in diverse seriously emotionally disturbed or severely mentally ill TAY by strengthening environmental supports and by providing a nurturing relationship with a responsible adult who serves as a positive role model. The mentor provides a safe, trusting, and culturally appropriate relationship, healthy messages about life and social behavior, appropriate guidance from a positive role model, and opportunities for increased participation in education, civic service, and community activities. Mentoring services broaden the number of community resources that continue to be available to the TAY when the mentoring relationship ends.<sup>472</sup>

Orange County estimates that its Mentoring Program served 27 TAY in fiscal year 2008–09.

As of June 2009, Orange County has created two additional programs utilizing Prop. 63 CSS funding. The first, TAY Centralized Assessment Team (CAT) will serve approximately 600 TAY annually. It will provide a Centralized Assessment Team to provide emergency mental health evaluation and crisis intervention services for TAY.<sup>473</sup> The second, TAY Program of Assertive Community Treatment (PACT) will serve approximately 90 TAY annually. It is a community-based program that provides medications, case management, treatment, and supportive services to TAY with serious mental illness.<sup>474</sup>



Even if Orange County's programs were available exclusively to Transition Age Foster Youth, capacity would still fall far short of meeting the need:



Criteria	Points
1. <b>TAFY Focus:</b> Does the county offer a program designed solely and specifically for TAFY? Has it tailored a component of a program specifically to TAFY?	0 of 10
2. <b>Priority Population:</b> Does the county designate TAFY to be a priority population? How many other priority populations are served by the program? If not named expressly as a priority population, how likely is it that TAFY will fit into one of the named priority populations?	15 of 20
3. <b>Capacity:</b> What is the capacity of the program? How does capacity compare to estimated need?	14.8 of 35
4. <b>Sufficiency of Services Provided:</b> How many of the optimal elements are included in the program? Optimal elements for TAFY are deemed to be mental health services, immediate shelter, long-term housing, peer support/mentoring, flexible funding, education, and employment assistance.	30 of 30
5. <b>TAFY Tracking:</b> To what extent does the program track TAFY participation and outcomes?	1 of 5
<b>TOTAL:</b>	<b>60.8 of 100</b>

**Final Grade:** Regarding its use of Prop. 63 CSS funding to meet the needs of Transition Age Foster Youth, Orange County's grade is **D**.

---

**A Note on Orange County's Prop. 63-funded Prevention and Early Intervention (PEI) Programs.** The Commission approved Orange County's Prop. 63 PEI expenditure plan in March 2009.<sup>475</sup> The plan includes the following components: Early Intervention Services, School-Based Services, Outreach and Engagement, Parent Education and Support, Prevention Services, Screening and Assessment, Crisis and Referral, and Training Services.

The Early Intervention Services include Early Intervention Services for Stressed Families, First Onset Services and Supports (first onset of Psychiatric Illness Programs, Mental Health Consultation to Primary Care, Post Partum Depression Program), Socialization Program for Isolated Adults and Older Adults, Peer Mentors for Youth Program, and Peer-led Support Groups.

The School-Based Services include school-based mental health services, positive behavioral interventions and supports, school-based violence prevention education, and school readiness program expansion.



*The Outreach and Engagement component includes information and referral, outreach and engagement, parent education and support, and Promotora.*

*Parent Education and Support includes Positive Parenting Program, Parent Empowerment Program, Training Program, and the Family-to-Family Program.*

*Prevention Services include Mental Health Consultants, Children with Parents with Substance Use or Mental Illness, PEI Services for Parents and Siblings of TAY in the Juvenile Justice System, Youth Development and Resiliency, and Transition Services.*

*Screening and Assessment includes providing assessment tools and training, integration of a professional assessor into established programs, and mobile assessment team.*

*Crisis and Referral includes a Crisis Prevention Hotline and warm lines, Crisis Intervention Network, Law Enforcement Partnership, and Support Services.*

*Training Services include Training and Technical Assistance, Child Development Training, Training in Physical Fitness and Nutrition, Stress Management for Caregivers, and Community-based Stigma Reduction.*

*Orange County has no PEI programs created solely and specifically for Transition Age Foster Youth. Two program components address the needs of Transition Age Foster Youth directly and indirectly. The School Readiness Program expansion component of the School-based PEI program includes an expansion to home-visitation services that will provide consultation services to existing county home visitation staff through access to Mental Health/ Social Service experts who can provide education and technical assistance related to mental health. This will enhance the multi-disciplinary team approach in serving at-risk families, particularly homeless/ motel families, teen parents, and children in foster care.<sup>476</sup> The Transition Services component of the Prevention Services program includes transition services for youth transitioning from foster care to independence.<sup>477</sup>*

## PLACER COUNTY

## GRADE: F

Placer County has a population of 329,818.<sup>478</sup> As of January 1, 2008, there were 59 TAY ages 16-20 in Placer County's Child Welfare supervised foster care.<sup>479</sup> Between 2002 and 2007, an estimated 138 TAY aged out of Placer County's Child Welfare supervised foster care.<sup>480</sup> Therefore, there were approximately 197 TAY foster youth and former foster youth in Placer County as of January 1, 2008.<sup>481</sup> Conservatively assuming that 23% of the Transition Age Foster Youth in Placer County have mental health issues, approximately 45 Transition Age Foster Youth would potentially qualify for Prop. 63-funded CSS services.

### To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?

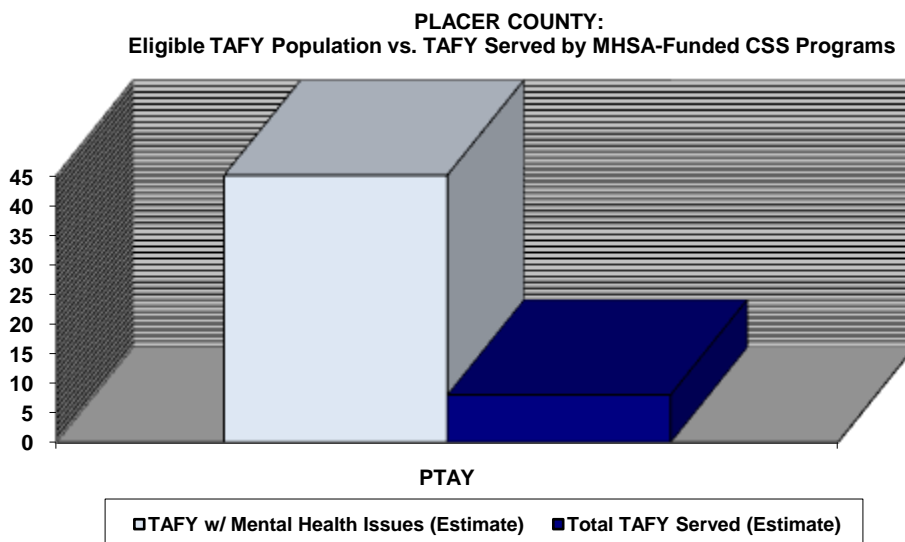
**Placer County has not created a Prop. 63-funded CSS program solely and specifically for Transition Age Foster Youth.**

However, Placer County's TAY program—Placer Transition Age Youth (PTAY)—includes former foster youth as one of its priority populations.<sup>482</sup> PTAY's priority population is TAY ages 17–18 who are aging out of Children's System of Care who require services and TAY between the age of 16 and 25 who are at risk of psychiatric hospitalization, institutionalization, or incarceration or are stepping down from residential programs. Entrance criteria for the program specify foster care as one of several criteria that would qualify a youth for the program.<sup>483</sup>

The PTAY Program utilizes the Wrap Around strategy. The program identifies the youth's strengths, target areas of concern, and service needs to develop the comprehensive Unified Services Plan (USP). It utilizes Wraparound teams to that meet to provide on-going support and services to the TAY consumers. The Wraparound teams focus on services identified by the USP. Additionally, the program uses flexible funds to ensure it meets the youth's needs.

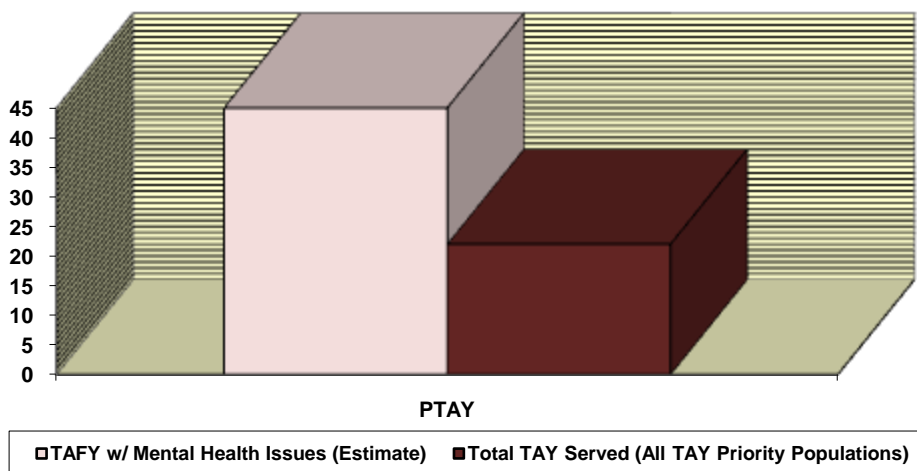
The program uses flexible funds to ensure it meets the youth's needs in a "whatever it takes" model. This includes strategies to assist youth with housing and employment. The program utilizes a partnership with the Advocates for the Mentally Ill Housing Corporation to provide housing assistance to consumers.<sup>484</sup> Finally, the PTAY team works to identify employment that is suited for the TAY.<sup>485</sup>

Placer County estimated that its PTAY Program served 22 clients in 2007–08.<sup>486</sup>



Even if Placer County's programs were available exclusively to Transition Age Foster Youth, capacity would still fall far short of meeting the need:

**PLACER COUNTY:  
Eligible TAFY Population vs. Total TAY Population Served by MHSA-Funded CSS Programs**



Criteria	Points
1. <b>TAFY Focus:</b> Does the county offer a program designed solely and specifically for TAFY? Has it tailored a component of a program specifically to TAFY?	0 of 10
2. <b>Priority Population:</b> Does the county designate TAFY to be a priority population? How many other priority populations are served by the program? If not named expressly as a priority population, how likely is it that TAFY will fit into one of the named priority populations?	16 of 20
3. <b>Capacity:</b> What is the capacity of the program? How does capacity compare to estimated need?	6.3 of 35
4. <b>Sufficiency of Services Provided:</b> How many of the optimal elements are included in the program? Optimal elements for TAFY are deemed to be mental health services, immediate shelter, long-term housing, peer support/mentoring, flexible funding, education, and employment assistance.	27 of 30
5. <b>TAFY Tracking:</b> To what extent does the program track TAFY participation and outcomes?	1 of 5
<b>TOTAL:</b>	<b>50.3 of 100</b>

**Final Grade:** Regarding its use of Prop. 63 CSS funding to meet the needs of Transition Age Foster Youth, Placer County's grade is E.

---

***A Note on Placer County's Prop. 63-funded Prevention and Early Intervention (PEI) Programs.** The Commission approved Placer County's Prop. 63 PEI Plan in February 2009.<sup>487</sup> The plan includes three programs: Ready For Success: Youth and Family Support Program; Bye Bye Blues: Reducing Prevention and Suicide Prevention Project; and Bridges to Wellness: Awareness, Stigma Reduction, and Linking Resources Project. The programs provide services like parent education that will be beneficial to TAY both in the foster care system and at risk of entering the foster care system. However, none of the three programs specify Transition Age Foster Youth as a priority population.*

## PLUMAS COUNTY

## GRADE: NA

Plumas County is a small county with a population of 20,891.<sup>488</sup> As of January 1, 2008, there were 13 Transition Age Foster Youth aged 16–20 in Plumas County’s child welfare-supervised foster care.<sup>489</sup> Between 2002 and 2007, an estimated 16 TAY aged out of Plumas County’s child welfare-supervised foster care.<sup>490</sup> Therefore, there were approximately 29 Transition Age Foster Youth aged 16–25 in Plumas County as of January 1, 2008.<sup>491</sup> Conservatively assuming that 23% of the Transition Age Foster Youth in Plumas County have mental health issues, approximately seven Transition Age Foster Youth would potentially qualify for Prop. 63-funded CSS services.

### *To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?*

**Plumas County has not created a Prop. 63-funded CSS program solely and specifically for Transition Age Foster Youth.**

Interestingly, Plumas County experienced a reduction in overall mental health funding—a phenomenon apparent in other small counties as well. The Prop. 63 funding the County received was significantly less than the increases in costs as applied to small counties.<sup>492</sup> Plumas County’s Mental Health Department experienced a \$250,000 loss in children’s funding one year prior to Proposition 63 approval—and an over \$500,000 annual increase in labor costs prior to receiving \$388,000 of Prop. 63 funding.<sup>493</sup>

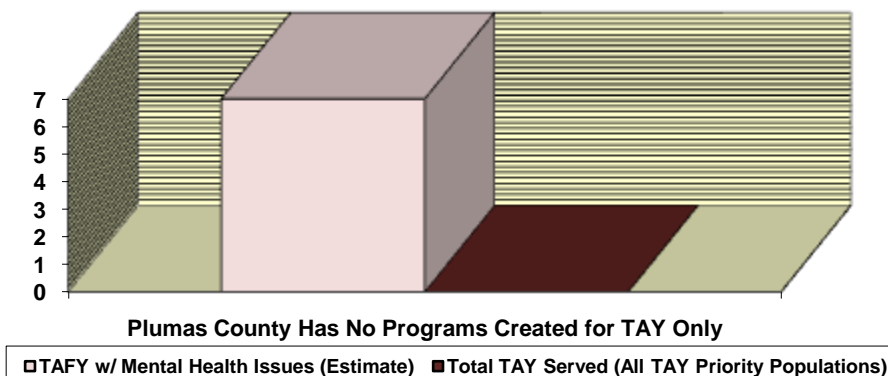
Using Prop. 63 funding, Plumas County has created Integrated Assessment and Service Teams, which increase the ability of Plumas County Mental Health to collaborate with other county agencies and community based organizations by providing training for collaborating agencies on mental health issues and developing protocols for working together with these agencies.<sup>494</sup> The program serves all age groups.<sup>495</sup> Also available to all age groups, the County’s Regionalization and Tele-Psychiatry program consists of developing regional centers with regionally based staff to serve more effectively clients in outlying areas.<sup>496</sup> The program focuses on underserved Latinos and Native Americans.<sup>497</sup>

Another program available to all age groups, Developing and Expanding Consumer Involvement/Increasing Community Awareness and Decreasing Stigma, focuses on assuring that financial resources are available for consumer-designed and initiated education and self-help efforts.<sup>498</sup> The Children’s System of Care continues Wraparound programs.<sup>499</sup> The County created a Supportive Employment program to develop job options, supported positions, competitive employment options, job coaching and transitional living skills.<sup>500</sup> The program is centered at and in coordination with the County’s Drop-in Center.

Finally, the County has created an Outreach to the Homeless program. The program provides supports for those that are homeless or at risk of homelessness due to decomposition or potential decomposition of their mental state.<sup>501</sup>

Although not a priority population for these programs, TAY, including Transition Age Foster Youth, may be able to benefit from several of them.

**PLUMAS COUNTY:**  
**Eligible TAFY Population vs. Total TAY Population Served by MHSA-Funded CSS Programs**



**Final Grade:** Plumas County's Transition Age Foster Youth population is too small to evaluate the County fairly for a grade.

---

***A Note on Plumas County's Prop. 63-funded Prevention and Early Intervention (PEI) Programs.*** *The Commission approved Plumas County's PEI plan in March 2009.<sup>502</sup> The County has not designed any PEI programs solely and specifically for Transition Age Foster Youth. Plumas County's PEI program is a 12–15 Session Family Therapy Program for Children and Youth (ages 0–17) who are at-risk or have Juvenile Justice involvement.<sup>503</sup>*

# RIVERSIDE COUNTY

# GRADE: D

Riverside County has a population of approximately 2,070,315.<sup>504</sup> As of January 1, 2008, there were 803 Transition Age Foster Youth aged 16–20 in Riverside County’s child welfare-supervised foster care.<sup>505</sup> Between 2001 and 2007, an estimated 1,284 Transition Age Foster Youth aged out of Riverside County’s child welfare-supervised foster care.<sup>506</sup> Therefore, there were approximately 2,087 Transition Age Foster Youth aged 16–25 in Riverside County as of January 1, 2008.<sup>507</sup> Conservatively assuming that 23% of the Transition Age Foster Youth in Riverside County have mental health issues, approximately 480 Transition Age Foster Youth would potentially qualify for Prop.63-funded CSS services.

## To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?

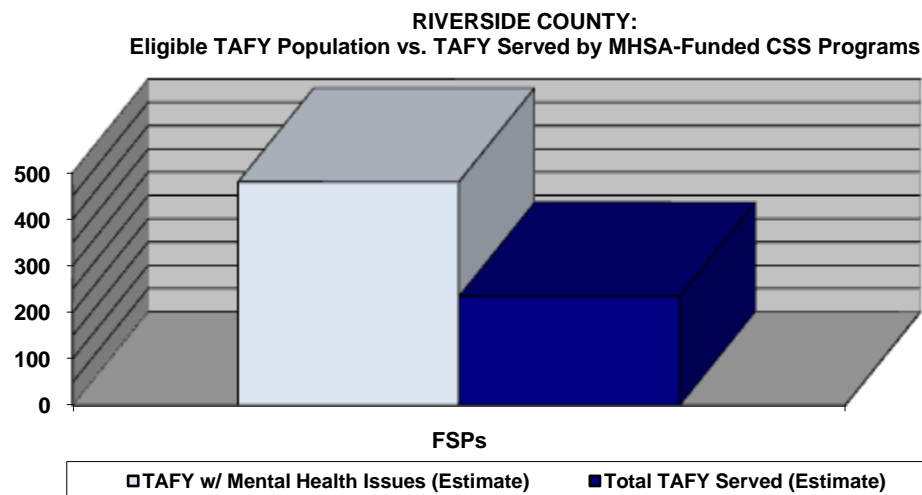
**Riverside County has not created a Prop. 63-funded CSS program solely and specifically for Transition Age Foster Youth.**

However, Transition Age Foster Youth are designated as a priority population in Riverside County’s Prop. 63-funded TAY programs. Specifically, Riverside has funded three Full Service Partnerships to serve TAY. The first is Integrated Services Recovery Centers for Transition Age Youth (ISRC-TAY). The program includes psychiatric services, vocational specialists, housing specialists, substance abuse counselors, peer support/mentorship, family education/advocacy, educational support, and benefits specialists.<sup>508</sup> The program serves youth aging out of group home care, those with chronic and persistent mental illness transitioning to the adult mental health system, consumers referred through the mental health court model, and those referred through the Department’s Homeless Outreach and Detention Outreach programs.<sup>509</sup>

TAY may be able to benefit from Peer Support and Resource Centers provided through the second Prop. 63-funded FSP. The Resource Centers are consumer-driven and offer vocational, educational, resource and referral services, anti-stigma and peer-to-peer support, as well as other services. They are available to both TAY and Adult populations.<sup>510</sup>

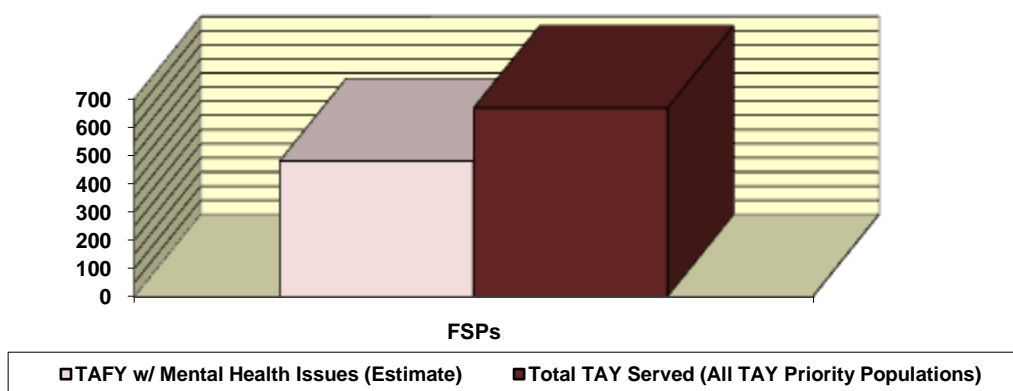
The third Prop. 63-funded FSP that Riverside County offers is Crisis Residential Services. The County offers two of these programs, which are part of an expansion of crisis residential beds for adult consumers; the County will add five beds for youth ages 18–25 who frequently utilize services. The program services include assessment, evaluation of self-sufficiency skills, wellness and recovery planning, rehabilitative counseling, case management, psychiatric and medication support, and linkage to community services for on-going support after the consumer exits the program.<sup>511</sup>

Riverside County estimates that its Integrated Services Recovery Center serves 388 TAY per year; the County expects to serve an additional 560 total clients per year with its Peer Support Centers.<sup>512</sup>



Only if Riverside County’s programs were available exclusively to Transition Age Foster Youth—which is not currently the case—would capacity be sufficient to meet estimated demand.

**RIVERSIDE COUNTY:  
Eligible TAFY Population vs. Total TAY Population Served by MHSA-Funded CSS Programs**



Criteria	Points
1. <b>TAFY Focus:</b> Does the county offer a program designed solely and specifically for TAFY? Has it tailored a component of a program specifically to TAFY?	0 of 10
2. <b>Priority Population:</b> Does the county designate TAFY to be a priority population? How many other priority populations are served by the program? If not named expressly as a priority population, how likely is it that TAFY will fit into one of the named priority populations?	15 of 20
3. <b>Capacity:</b> What is the capacity of the program? How does capacity compare to estimated need?	17.1 of 35
4. <b>Sufficiency of Services Provided:</b> How many of the optimal elements are included in the program? Optimal elements for TAFY are deemed to be mental health services, immediate shelter, long-term housing, peer support/mentoring, flexible funding, education, and employment assistance.	30 of 30
5. <b>TAFY Tracking:</b> To what extent does the program track TAFY participation and outcomes?	1 of 5
<b>TOTAL:</b>	<b>63.1 of 100</b>

**Final Grade:** Regarding its use of Prop. 63 CSS funding to meet the needs of Transition Age Foster Youth, Riverside County's grade is D.

**A Note on Riverside County's Prop. 63-funded Prevention and Early Intervention (PEI) Programs.** Riverside submitted its Prevention and Early Intervention plan in July 2009.<sup>513</sup> The proposed plan does not include any programs solely and specifically for TAFY. However, there are some programs from which these youth may benefit, including a program created for the TAY population. The TAY Project addresses specific outreach, stigma reduction, and suicide prevention activities for TAY at highest risk of self-harm. Targeted outreach identifies and provides services for LGBTQ TAY, TAY in the foster care system and those transitioning out of the foster care system, runaway TAY, and TAY transitioning onto college campuses. The Project is comprised of five programs: Depression Treatment Quality Improvement, an evidence-based early intervention program used to treat depression; Peer-to-Peer Services, involving outreach and engagement efforts specific to the target population; outreach and reunification services to runaway TAY, using crisis intervention and counseling strategies to facilitate reunification of the youth with an identified family member; Digital Storytelling, helping TAY identify a "story" about themselves that they would like to tell and produce a 3–5 minute digital video to tell their story; and Active Minds, a national organization working to use the student voice to change the conversation about mental health on college campuses. Riverside expects to serve 19,070 TAY in 2009–10 with the TAY Project.

Riverside County's TAFY may also benefit from the Mental Health Outreach program, the Trauma Exposed Services Program, or the Underserved Cultural Populations Program—all three of which list TAY as a priority population along with several others. While Riverside County continues to lack an Prop. 63-funded program created solely and specifically to address the unique needs of Transition Age Foster Youth, the County has been conscientious about the needs of these youth. It has included, in its PEI program structure, a targeted outreach component that identifies current foster youth as well as those who are transitioning out of care. This is an important step toward providing necessary services to Transition Age Foster Youth. Additionally, although Riverside's PEI program targets a very broad population of at-risk TAY, the large estimated number of individuals this program will be able to serve coupled with outreach to Transition Age Foster Youth is a positive step in the right direction and will likely result in many more Transition Age Foster Youth receiving some of the services they need.

## SACRAMENTO COUNTY

## GRADE: F

Sacramento County has a population of 1,415,117.<sup>514</sup> As of January 1, 2008, there were 766 Transition Age Foster Youth aged 16–20 in Sacramento County’s child welfare-supervised foster care.<sup>515</sup> Between 2002 and 2007, an estimated 1,615 Transition Age Foster Youth aged out of Sacramento County’s child welfare-supervised foster care.<sup>516</sup> Therefore, there were approximately 2,381 Transition Age Foster Youth aged 16–25 in Sacramento County as of January 1, 2008.<sup>517</sup> Conservatively assuming that 23% of the Transition Age Foster Youth in Sacramento County have mental health issues, approximately 548 Transition Age Foster Youth would potentially qualify for Prop. 63-funded CSS services.

### *To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?*

**Sacramento County has not created a Prop. 63-funded CSS program solely and specifically for Transition Age Foster Youth.**

Of the 143 program proposals developed as part of Sacramento County’s CSS community planning process, one would have created a Transition Age Youth Supportive Housing program specifically focused on Transition Age Foster Youth.<sup>518</sup> The steering committee recommended only six programs for funding, and regrettably the Transition Age Youth Supportive Housing program was not one of them.<sup>519</sup>

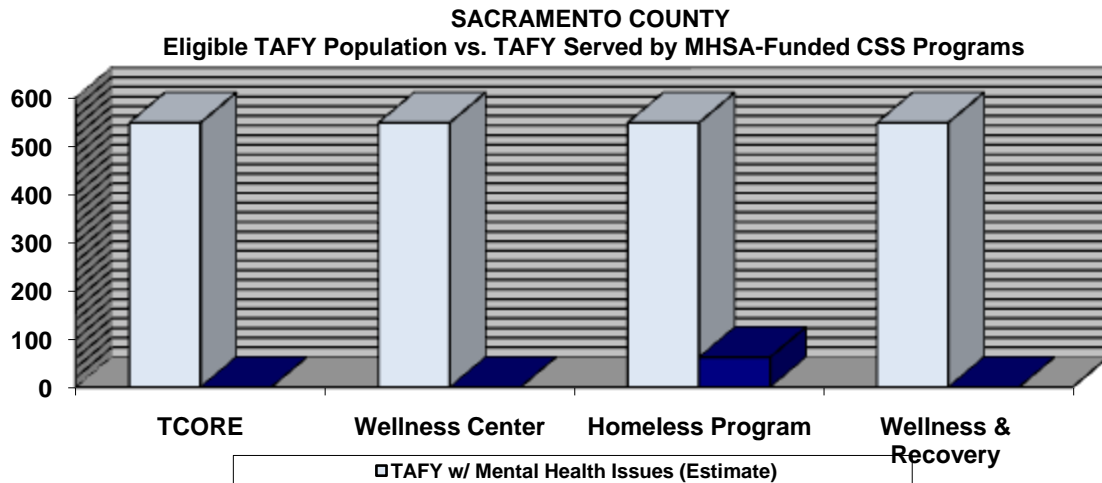
However, as in many counties, Transition Age Foster Youth are named as a priority population in Sacramento County’s CSS plan. Sacramento County has four Prop. 63-funded programs that serve TAY — but these programs serve other populations as well. First, the Transitional Community Opportunities for Recovery and Engagement program (TCORE) has the following priority populations: TAY (defined as ages 18–25), adults (ages 26–54), transitional aged adults (ages 55–59), and older adults (ages 60+) who are referred from acute care services such as local acute psychiatric hospitals, residential programs or jail psychiatric services. Other priorities are individuals who are at risk of needing hospitalization and individuals discharged from mental health treatment centers or other providers not yet linked to a regional support team or other outpatient mental health service.<sup>520</sup> The TCORE program provides services in community settings such as in an individual’s home and neighborhood, local restaurants, parks, etc. The service providers use a “whatever it takes” approach to providing supports and treatment. They are available 24 hours a day, 7 days a week. Supportive educational services are available upon request, as are transportation assistance and housing and vocational supports.<sup>521</sup> The TCORE program serves 780 clients.<sup>522</sup>

Second, the Transcultural Wellness Center Full Service Partnership was created specifically to meet the needs of the Asian/Pacific Islander community in Sacramento County. Fewer than 5% of Transition Age Foster Youth in Sacramento are of Asian/Pacific Islander descent.<sup>523</sup> The priority populations for this Partnership are children (0–15), TAY (16–25), adults (26–59), and older adults (60+). The Center uses a “whatever it takes” approach in addressing mental health needs of the Asian/Pacific Islander community in a culturally and linguistically competent manner. It provides services at a central location that is convenient and comfortable for the target population. Flexible funds are available to pay for services not typically covered by Medi-Cal such as non-traditional healing practices, educational services, etc. The Partnership serves 200 people at any given time.<sup>524</sup>

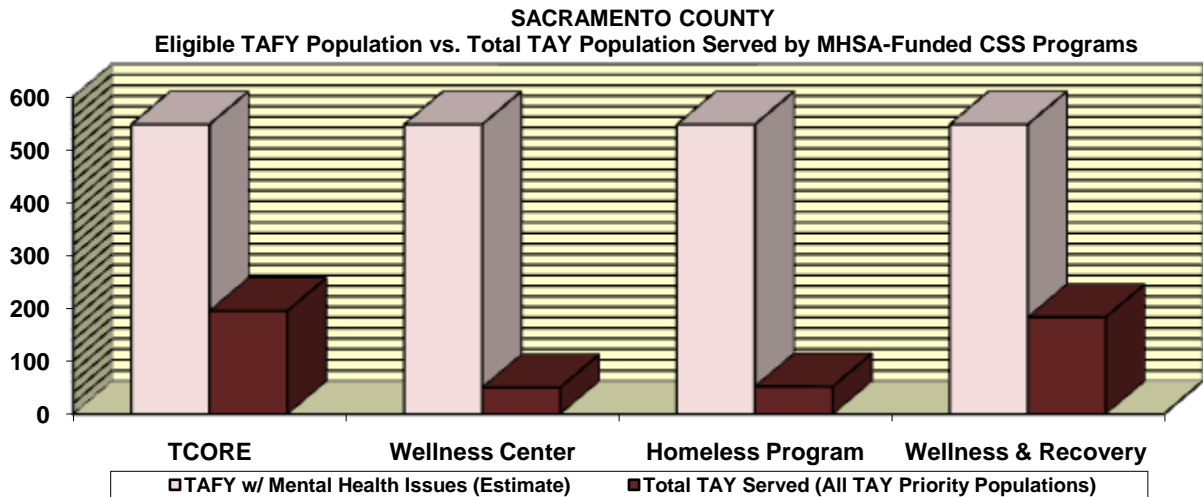
Third, Pathways to Success after Homelessness has as its priority populations children, TAY, adults, and older adults who are homeless with SMI or SED, individuals who are monolingual or have limited English speaking ability, and TAY who are at risk of entering into a cycle of homelessness, unemployment, and substance abuse.<sup>525</sup> The Pathways program provides supportive housing services and subsidies to the underserved population.<sup>526</sup> It utilized existing housing units until permanent housing units are developed. The program serves 206 people at any given time and the program is available to a broad population from children to older adults.

Finally, the Wellness and Recovery Center has priority populations of TAY (18–25), adults, and older adults. The Wellness and Recovery Center is a neighborhood multi-service center. It offers peer counseling, peer mentoring, interpreter/translator, psycho-educational services and psychiatric support as well as natural healing practices.<sup>527</sup> The center provides linkage for treatment of co-occurring disorders. It offers educational and vocational assistance through partnerships with businesses and educational providers. Sacramento County estimates that the Center serves 550 at any given time.





Even if Sacramento County's programs were available exclusively to Transition Age Foster Youth, capacity would still fall far short of meeting the need:



Criteria	Points
1. <b>TAFY Focus:</b> Does the county offer a program designed solely and specifically for TAFY? Has it tailored a component of a program specifically to TAFY?	0 of 10
2. <b>Priority Population:</b> Does the county designate TAFY to be a priority population? How many other priority populations are served by the program? If not named expressly as a priority population, how likely is it that TAFY will fit into one of the named priority populations?	4 of 20
3. <b>Capacity:</b> What is the capacity of the program? How does capacity compare to estimated need?	2.8 of 35
4. <b>Sufficiency of Services Provided:</b> How many of the optimal elements are included in the program? Optimal elements for TAFY are deemed to be mental health services, immediate shelter, long-term housing, peer support/mentoring, flexible funding, education, and employment assistance.	30 of 30
5. <b>TAFY Tracking:</b> To what extent does the program track TAFY participation and outcomes?	1 of 5
<b>TOTAL:</b>	<b>37.8 of 100</b>

**Final Grade:** Regarding its use of Prop. 63 CSS funding to meet the needs of Transition Age Foster Youth, Sacramento County's grade is E.

*A Note on Sacramento County's Prop. 63-funded Prevention and Early Intervention (PEI) Programs. As of this writing, Sacramento County has not submitted a Prop. 63 PEI expenditure.*

# SAN BENITO COUNTY

# GRADE: NA

San Benito County is a small county with a population of 57,493.<sup>528</sup> As of January 1, 2008, there were 14 Transition Age Foster Youth aged 16–20 in San Benito County’s child welfare-supervised foster care.<sup>529</sup> Between 2001 and 2007, an estimated 24 Transition Age Foster Youth aged out of San Benito County’s child welfare-supervised foster care.<sup>530</sup> Therefore, there were approximately 38 Transition Age Foster Youth aged 16–25 in San Benito County as of January 1, 2008.<sup>531</sup> Conservatively assuming that 23% of the Transition Age Foster Youth in San Benito County have clinically significant mental health issues, approximately nine Transition Age Foster Youth would potentially qualify for Prop. 63-funded CSS services.

## To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?

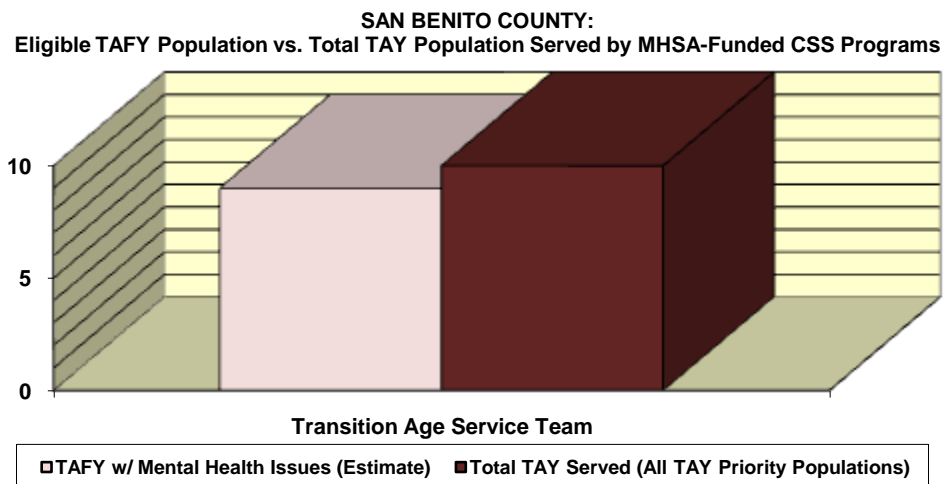
**San Benito County has not created a Prop. 63-funded CSS program solely and specifically for Transition Age Foster Youth.**<sup>532</sup>

San Benito County names TAFY as one of several at risk priority populations in its TAY CSS plan, the Transition Age Service Team.<sup>533</sup> The program works with schools, child welfare services, foster care families, Probation, and other community agencies to identify youth who qualify for the program.<sup>534</sup> It provides a Personal Services Coordinator (PSC) to provide linkage to services and supports, including assistance with transportation, development of housing and educational opportunities and supportive services.<sup>535</sup>

The Transition Age Service Team provides integrated services to youth and families. The team delivers services in the individual’s community to provide “whatever it takes” to help the youth transition to adulthood and live successfully in the community.<sup>536</sup> The Transition Age Team utilizes a “housing first” model, which places a client in a living situation as soon as possible.<sup>537</sup> Supportive housing services are provided, including supports for independent living, such as permanent and affordable housing.<sup>538</sup> The program may include flex funds for clothing, rent stipends, transportation vouchers, group memberships, etc.<sup>539</sup> Finally, the Transition Age Team develops employment and educational opportunities in partnership with departmental staff, community providers, and Peer Mentors.

San Benito County estimated in their CSS plan that the Transition Age Service Team would serve 10 TAY in the third year of the program.

Only if San Benito County’s programs were available exclusively to Transition Age Foster Youth—which is not currently the case—would capacity be sufficient to meet estimated demand.



**Final Grade:** San Benito County’s Transition Age Foster Youth population is too small to evaluate the County fairly for a grade.

***A Note on San Benito County's Prop. 63-funded Prevention and Early Intervention (PEI) Programs.*** The Commission approved San Benito County's PEI plan in May 2009.<sup>540</sup> The plan includes a Prevention and Early intervention program for children and youth. The County plans to hire Case Managers to focus on promoting mental health screening for children and youth across San Benito County. Additionally, Case Managers will provide peer-to-peer support groups in the local middle and high schools and family-to-family support groups to family members. Finally, the plan includes the program El Joven Nobel-Male Rites of Passage, a Latino youth development and leadership enhancement program; a similar program for females, CLARITY (Combining Literature Around Reality Including Today's Youth), will also be implemented.<sup>541</sup> Though they may benefit from this program, it was not created solely and specifically for Transition Age Foster Youth.

The second program San Benito County has created with PEI funding, from which Transition Age Foster Youth may benefit, is First Responders Suicide Prevention Training.<sup>542</sup>

# SAN BERNARDINO COUNTY

# GRADE: F

San Bernardino County has a population of approximately 2,039,467.<sup>543</sup> As of January 1, 2008, there were 819 Transition Age Foster Youth aged 16–20 in San Bernardino County’s child welfare-supervised foster care.<sup>544</sup> Between 2002 and 2007, an estimated 1,521 Transition Age Foster Youth aged out of San Bernardino County’s child welfare-supervised foster care.<sup>545</sup> Therefore, there were approximately 2,340 Transition Age Foster Youth aged 16–25 in San Bernardino County as of January 1, 2008.<sup>546</sup> Conservatively assuming that 23% of the Transition Age Foster Youth in San Bernardino County have mental health issues, approximately 538 Transition Age Foster Youth would potentially qualify for Prop. 63-funded CSS services.

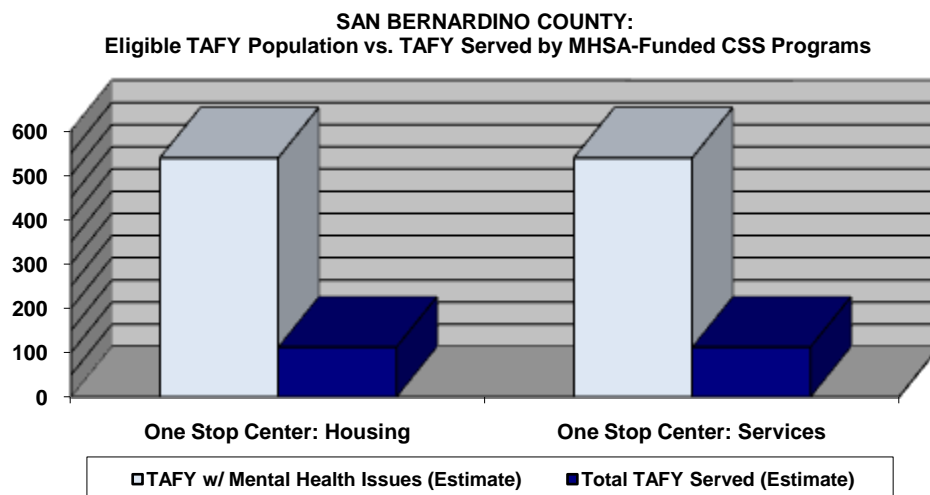
## To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?

**San Bernardino County has not created a Prop. 63-funded CSS program solely and specifically for Transition Age Foster Youth.**

However, Transition Age Foster Youth are named as one of several at-risk groups identified as priority populations for San Bernardino’s Prop. 63-funded TAY One-Stop Shop,<sup>547</sup> which provides a number of mental health services to TAY. The services include access to 24/7 supportive services, care coordination, skill development, supportive housing, and supported education and employment will be available in the community, at home, or at the TAY One-Stop Shop. Referral services, childcare, transportation and discretionary funds are available, as well as engagement, outreach and services.<sup>548</sup> The program also provides peer mentoring and various other services.

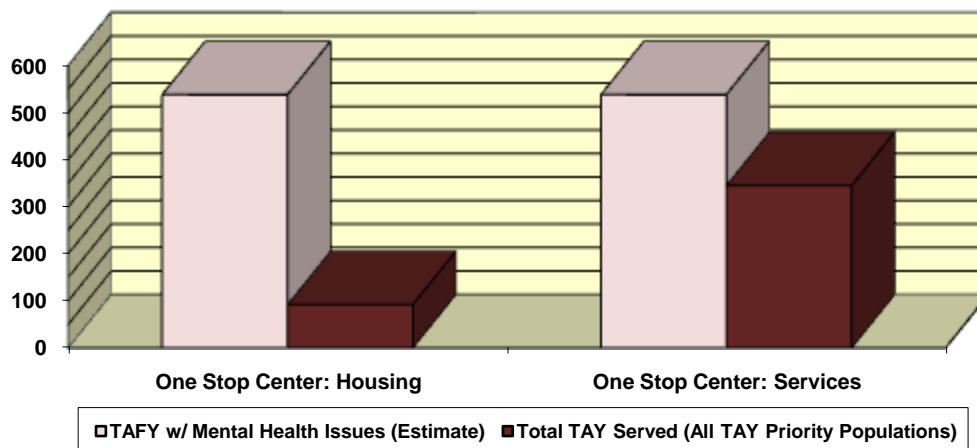
The program offers collaboration with Assertive Community Treatment (ACT) teams to help the older (18–25) TAY population to stay out of the hospital and to develop skills for living in the community.<sup>549</sup> The services are customized to the individual needs of each consumer. The program also offers TIP (Transition to Independence Process) systems to work with TAY. TIP targets the transition needs of TAY with emotional and/or behavioral difficulties. TIP prepares and facilitates the transition of TAY across domains of employment, educational opportunity, living situation and community life adjustment.<sup>550</sup>

The program also provides access to vocational services through collaboration with community organizations and resources (community colleges, Employment Services Department, the Department of Rehabilitation, etc.),<sup>551</sup> and It provides housing support, including 92 units<sup>552</sup>—12 contracted Social Detox units for substance abusers (short-term); 10 board and care units; 20 sober living slots; 10 transitional housing units; and 40 Tenant-Based Rental Assistance permanent housing units for individuals and families.<sup>553</sup> San Bernardino County projected the One-Stop Shop served 345 TAY consumers during 2007–08.



Even if San Bernardino County’s programs were available exclusively to Transition Age Foster Youth, capacity would still fall far short of meeting the need:

**SAN BERNARDINO COUNTY:  
Eligible TAFY Population vs. Total TAY Population Served by MHSA-Funded CSS Programs**



Criteria	Points
1. <b>TAFY Focus:</b> Does the county offer a program designed solely and specifically for TAFY? Has it tailored a component of a program specifically to TAFY?	0 of 10
2. <b>Priority Population:</b> Does the county designate TAFY to be a priority population? How many other priority populations are served by the program? If not named expressly as a priority population, how likely is it that TAFY will fit into one of the named priority populations?	15 of 20
3. <b>Capacity:</b> What is the capacity of the program? How does capacity compare to estimated need?	7.9 of 35
4. <b>Sufficiency of Services Provided:</b> How many of the optimal elements are included in the program? Optimal elements for TAFY are deemed to be mental health services, immediate shelter, long-term housing, peer support/mentoring, flexible funding, education, and employment assistance.	30 of 30
5. <b>TAFY Tracking:</b> To what extent does the program track TAFY participation and outcomes?	1 of 5
<b>TOTAL:</b>	<b>53.9 of 100</b>

**Final Grade:** Regarding its use of Prop. 63 CSS funding to meet the needs of Transition Age Foster Youth, San Bernardino County's grade is **F**. However, the County is trending in a positive direction toward improving mental health services for Transition Age Foster Youth, given the size of the PEI-funded Child and Youth Connection Program and the fact that foster youth are one of only two priority populations (see below). The program would screen youth before they exit care. This is an important first step to ensuring that they do not fall through the cracks in the system, and San Bernardino's inclusion of this practice in its PEI program is commendable.

---

**A Note on San Bernardino County's Prop. 63-funded Prevention and Early Intervention (PEI) Programs.** *The Commission approved San Bernardino's PEI plan in September 2008.<sup>554</sup> San Bernardino has created a program with PEI funding that targets specifically youth in foster care and youth involved with the juvenile justice system. The "Child and Youth Connection" has three components, the first of which involves screening of foster children to assess mental health needs. This component is implemented in three San Bernardino County Department of Children's Services' (DCS) offices. Some of the services provided include connecting foster children and youth to mentors.<sup>555</sup> In the second component, clinicians attend team decision-making meetings in group homes, foster homes and at DCS offices to provide mental health consultation, referrals, and linkages to services. The third component involves investing in a partnership between the San Bernardino Juvenile Public Defenders office and the Department of Behavioral Health to coordinate an MSW internship program. The interns conduct in-home screenings and connect juveniles who are not in placement and their families to prevention and early intervention services in the community.<sup>556</sup> San Bernardino County estimated that this program would serve 3,133 youth (at least 2,400 of whom are children and youth in the foster care system) by June 2009.*

# SAN DIEGO COUNTY

# GRADE: F

San Diego County has a population of approximately 3,120,088.<sup>557</sup> As of January 1, 2008, there were 839 Transition Age Foster Youth aged 16–20 in San Diego County’s child welfare-supervised foster care.<sup>558</sup> Between 2002 and 2007, an estimated 1,670 Transition Age Foster Youth aged out of San Diego County’s child welfare-supervised foster care.<sup>559</sup> Therefore, there were approximately 2,509 Transition Age Foster Youth aged 16–25 in San Diego County as of January 1, 2008.<sup>560</sup> Conservatively assuming that 23% of these youth have a serious mental illness or severe emotional disorder, there are about 577 Transition Age Foster Youth in San Diego County who would qualify for Prop. 63-funded services.<sup>561</sup>

## *To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?*

### **San Diego County has not created a Prop. 63-funded CSS program solely and specifically for Transition Age Foster Youth.<sup>562</sup>**

However, San Diego County has used Prop. 63 CSS funds to create a program solely and specifically for foster children/families; although it was not created specifically for Transition Age Foster Youth, TAY aged 16–18 who are in foster care may benefit from the program (discussed below).

San Diego County has created four TAY CSS programs and three children’s programs for which Transition Age Foster Youth are not named as a priority population, but which might benefit TAFY to some extent. San Diego County’s first TAY CSS program is Integrated Services and Supported Housing, a Full Service Partnership that will provide wraparound services 24 hours a day, 7 days a week by personal service coordinators. The services are community-based outpatient mental health, rehabilitation and recovery, supported employment/education and peer support services.<sup>563</sup> The priority population for this program is SMI TAY who are homeless or at risk of homelessness, unserved, may have been in juvenile institutions or the justice system and are users of acute inpatient care and/or who may also have co-occurring mental illness and substance abuse.<sup>564</sup>

The Integrated Services and Supported Housing program provides housing supports. San Diego County plans to develop approximately 100 units for clients aged 18–25 in this program. Housing options also include short-term stays at a shelter, single room occupancy, dorm-like, transitional and permanent subsidized housing and/or master leasing. The program provides employment services including job readiness, job supports and job placement.<sup>565</sup>

The proposed total capacity for the Integrated Services and Supported Housing Program in 2007–08 was 156.<sup>566</sup>

San Diego County’s second CSS TAY program is the Clubhouse and Peer Support Services program. The priority population for this program is underserved SMI TAY adults (aged 18–24) who would benefit from age-appropriate educational, vocational, social and recreational activities with other members of their age group.<sup>567</sup> The Clubhouse is member-run and provides peer education, advocacy, peer case aids, employment support services, skill development classes, and social and recreational activities that are age-appropriate. The Peer Case Aides facilitates wellness and recovery groups and classes.<sup>568</sup>

The proposed caseload for the Clubhouse and Peer Support Service in fiscal year 2007–08 was 450.

San Diego County’s third CSS TAY program is the Dual Diagnosis Residential Treatment Program,<sup>569</sup> a Full Service Partnership for which the priority population is SMI TAY, aged 18–24, diagnosed with co-occurring serious mental illness and substance abuse.<sup>570</sup> The Dual Diagnosis Residential Treatment Program includes community based residential treatment services for those with dual diagnoses, mental health and rehabilitation services, care coordination, individualized client-directed services, supported employment/education, and peer support services.<sup>571</sup> TAY clients stay in a residential treatment facility on a voluntary basis. The program also provides employment supports such as job readiness and job linkages.<sup>572</sup>

The proposed caseload for the Dual Diagnosis Residential Treatment Program in fiscal year 2007–08 is 36.<sup>573</sup>

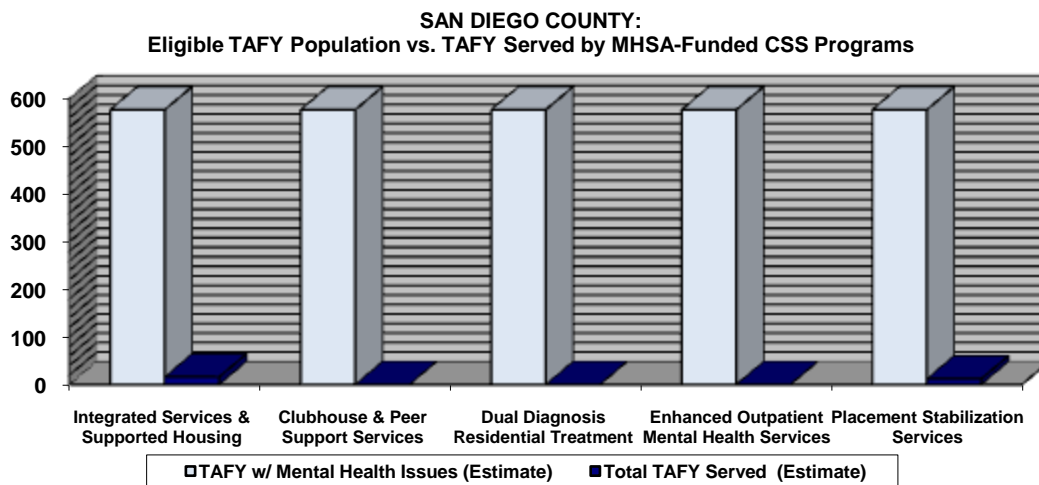
Fourth, Enhanced Outpatient Mental Health Services for TAY<sup>574</sup> has as its priority population unserved SMI TAY aged 16–24, including those who may have co-occurring substance abuse disorders, who have lacked access to mental health rehabilitation and recovery services due to access barriers, or lack of engagement or awareness about the types and benefits of services available such as integrated treatment for co-occurring disorders.<sup>575</sup> The Enhanced Outpatient

Mental Health Services for TAY provides mobile outreach, engagement and mental health services. The program also provides linkages and care coordination with physical healthcare providers and health insurance plans. It provides employment-screening, referrals for educational and vocational training programs and job supports such as job coaching and skill development. The program provides housing information and linkages to housing.<sup>576</sup>

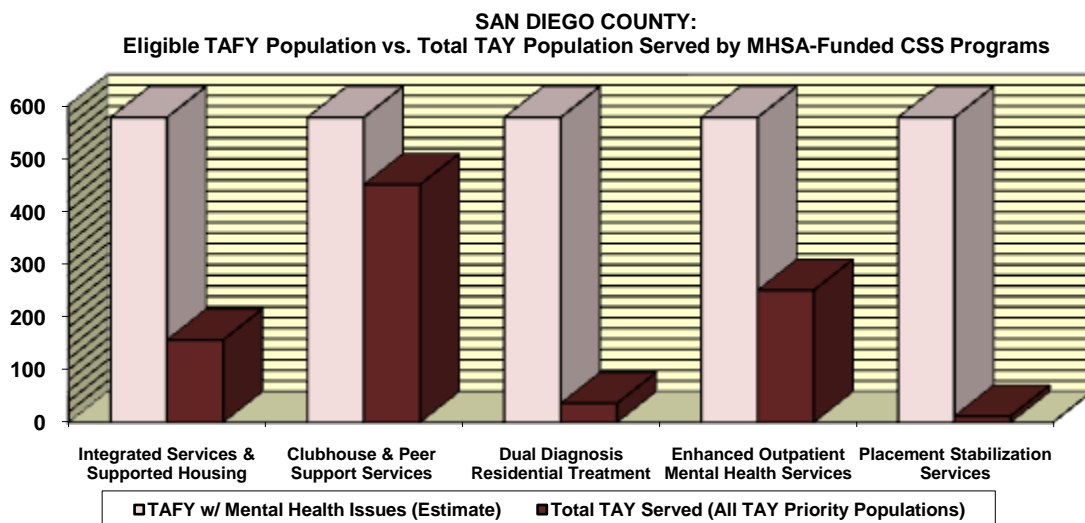
San Diego County projected that the Enhanced Outpatient Mental Health Services for TAY program would serve 250 Clients per year.<sup>577</sup>

Finally, San Diego County has created a program that specifically identifies foster youth up to age 18 as its priority population. The program is available to children and youth without Medi-Cal in out-of-home placements through child welfare.<sup>578</sup> As of January 1, 2007, San Diego County had 5,411 children and youth under the age 18 in supervised out-of-home placement—most of whom had Medi-Cal. Program services include screening, assessment and referral, including assessment for domestic violence, which may be addressed in treatment or referred for services as appropriate.<sup>579</sup>

The projected capacity of the program is 105 clients per year, 12 of whom would be Transition Age Foster Youth aged 16–18.<sup>580</sup>



Even if San Diego County's CSS TAY programs were available exclusively to Transition Age Foster Youth, capacity would still fall far short of meeting the need:



Criteria	Points
1. <b>TAFY Focus:</b> Does the county offer a program designed solely and specifically for TAFY? Has it tailored a component of a program specifically to TAFY?	2.2 of 10
2. <b>Priority Population:</b> Does the county designate TAFY to be a priority population? How many other priority populations are served by the program? If not named expressly as a priority population, how likely is it that TAFY will fit into one of the named priority populations?	5 of 20
3. <b>Capacity:</b> What is the capacity of the program? How does capacity compare to estimated need?	1.7 of 35
4. <b>Sufficiency of Services Provided:</b> How many of the optimal elements are included in the program? Optimal elements for TAFY are deemed to be mental health services, immediate shelter, long-term housing, peer support/mentoring, flexible funding, education, and employment assistance.	30 of 30
5. <b>TAFY Tracking:</b> To what extent does the program track TAFY participation and outcomes?	1 of 5
<b>TOTAL:</b>	<b>39.9 of 100</b>

**Final Grade:** Regarding its use of Prop. 63 CSS funding to meet the needs of Transition Age Foster Youth, San Diego County's grade is **E**. It shows no indication of improvement with its PEI plan (discussed below). However, San Diego County is currently expressing interest in using MHSA Innovation funding to create a program specifically to serve TAFY.

---

***A Note on San Diego County's Prop. 63-funded Prevention and Early Intervention (PEI) Programs.** The Commission approved San Diego County's PEI Plan in January 2009. The Plan consists of four programs: (1) Primary and Secondary Prevention – Outreach and Education; Media Campaigns & Targeted Populations, (2) Youth Peer Support Line, (3) Family Peer Support Line, (4) Veterans & Families Outreach and Education, (4) South Region Point of Engagement, (5) South Region Trauma Exposed Services, (5) Central Region Community Violence Services, (6) Rural Integrated Behavioral Health & Primary Care Services, (7) Collaborative Native American Initiative, and (8) Triple P – Positive Parenting Program. Although some of these programs target foster youth to varying degrees, none of them were created solely and specifically for Transition Age Foster Youth.*



# SAN FRANCISCO COUNTY

# GRADE: F

San Francisco County has a population of approximately 817,537.<sup>581</sup> As of January 1, 2008, there were 460 Transition Age Foster Youth aged 16–20 in San Francisco County’s child welfare-supervised foster care.<sup>582</sup> Between 2002 and 2007, an estimated 837 Transition Age Foster Youth aged out of San Francisco County’s child welfare-supervised foster care.<sup>583</sup> Therefore, there were approximately 1,297 Transition Age Foster Youth aged 16–25 in San Francisco County as of January 1, 2008.<sup>584</sup> Conservatively assuming that 23% of these youth have a serious mental illness or severe emotional disorder, there are about 298 Transition Age Foster Youth in San Diego County who would qualify for Prop. 63-funded services.

## *To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?*

### **San Francisco County has not created a Prop. 63-funded CSS program solely and specifically for Transition Age Foster Youth.**

However, many of the programs San Francisco County has created specify Transition Age Foster Youth as a priority population, and several of the children’s programs may be available to Transition Age Foster Youth to age 18. The first program, a Full Service Partnership offered through the Seneca Center serves 27–33 children to age 18 with challenging behaviors in high-level group homes. The program aims to work with the children to live in a family setting; it is designed as a scaffold, to support children as they step down from it and to prevent placement of children and youth in group care.<sup>585</sup> It provides Wrap Around services so the adolescents can stay in family settings within the community and “achieve permanency and stability.”<sup>586</sup> Further, the program offers access to community resources to address the needs of the children, and it offers transition services as the children age out of Seneca services.<sup>587</sup>

San Francisco County has developed several additional programs to serve SED children up to age 18. These programs are targeted to specific unserved, underserved, or inappropriately served groups of people in San Francisco County (children identified within Asian families, Lesbian Gay Bisexual Transgender and Questioning or LGBTQ youth, children in communities that have been seriously impacted by violence, and children in underserved communities). San Francisco expects these Prop. 63-funded programs to serve about 800 children, youth, and families. If SED foster youth were the only population these programs strived to serve, there would be more than enough capacity for the 96 SED foster youth who would likely qualify;<sup>588</sup> however, these programs intend to serve a population that extends far beyond foster youth. The programs are more focused on the needs of populations in particular ethnic groups or particular communities, so it is difficult to determine the extent to which they will be utilized by foster youth or Transition Age Foster Youth in particular.

San Francisco has developed seven Prop. 63-funded programs for TAY. The first is a FSP through Family Services Agency. This program targets TAY (ages 18–25) with serious mental illness and/or substance abuse problems. The program provides physical health care, mental health and substance abuse management, employment assistance, post-employment support, benefits assistance and advocacy, and peer support integrated into a Consumer Services Team (a single service team).<sup>589</sup> The program works to support the service through established referral arrangements with other supportive service providers.<sup>590</sup> Finally, the program offers flexible funding to purchase special supports and services. This FSP provides service to 22 youth.<sup>591</sup>

The second FSP designed for TAY is Community Behavioral Health Services. It provides comprehensive assessment and treatment care plans. The services include mental health treatment, substance abuse counseling, and referrals to employment/job coaching/ placement, education, training on independent living skills, referrals to legal assistance, social and recreational activities, and coordination with HSP for transitional and supportive housing.<sup>592</sup> The program serves about 22 youth.<sup>593</sup>

Third, San Francisco offers a housing service partnership with Larkin Street Youth Programs. The program provides permanent housing. It provides intake and assessment, move-in assistance, rent payment/savings plan, eviction prevention, coordination with property management, life skills training related to maintaining housing and access to Larkin Street’s full continuum of supportive services. It provides eight units of permanent housing.<sup>594</sup>

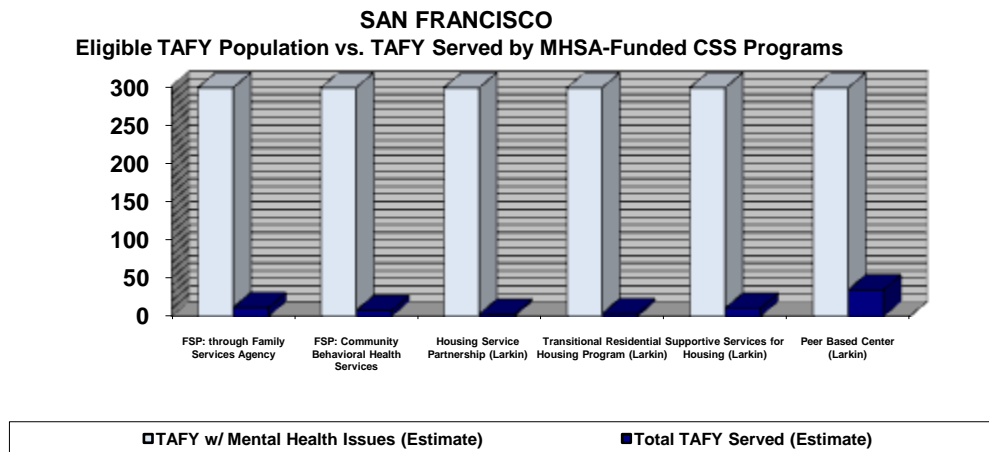
The fourth program, also offered through Larkin Street Youth Programs, is a transitional residential housing program that provides safe, stable housing for up to 24 months. The program provides 10 units of permanent housing.<sup>595</sup>

Fifth, again offered through Larkin Street Youth Programs, is a Supportive Services for Housing program that provides supportive services including wrap around case management and peer-based counseling. Additionally, the program provides life skills training including money management, vocational training and employment counseling. Finally, emergency financial assistance is available. The program serves 30 youth.<sup>596</sup>

The sixth program, the last of four programs offered in conjunction with Larkin Street Youth Programs, is a Peer Based Center. The center provides daily activities that promote peer support and youth empowerment. The activities include group and individual counseling in mental health and substance abuse issues, life skills, vocational and educational skills, and artistic enrichment. The program serves 100 youth.<sup>597</sup>

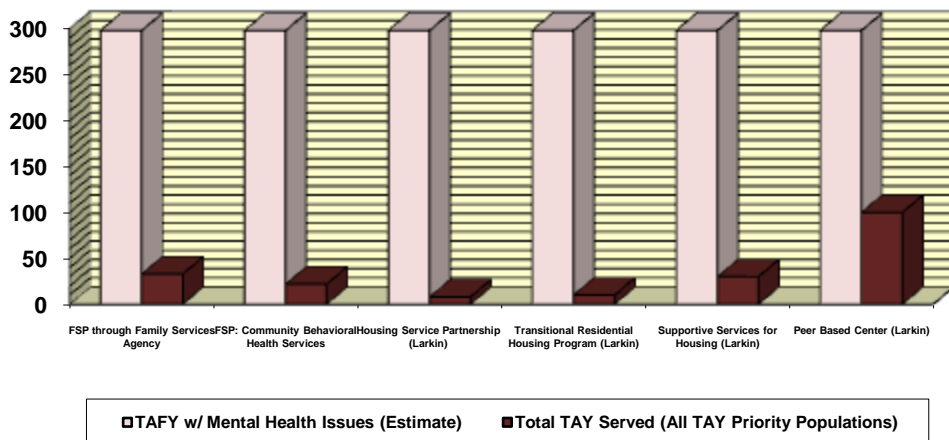
The seventh and final program that San Francisco designed for TAY integrates primary care and behavioral health. It functions in concert with primary care staff and offer assessment for behavioral health issues. The program is a conduit to psychiatry as needed. It provides short-term individual counseling, case management, and referral. Finally, it provides psychiatric assessments at Youth Guidance Center (Juvenile Hall). The program does not specify how many TAY it will serve, but it is funded at \$152,806, less than all of the other programs except one.<sup>598</sup>

All together, San Francisco's TAY programs serve about 200 youth. There are 298 Transition Age Foster Youth alone in San Francisco County who would likely be eligible for services. Thus, the capacity of all of San Francisco's TAY programs combined serves just 67% of the likely eligible TAFY population alone, without considering the hundreds of other prospective eligible individuals from the other designated priority populations.



Even if San Francisco County's CSS programs for TAY were available exclusively to Transition Age Foster Youth, capacity would still fall far short of meeting the need:

**SAN FRANCISCO**  
**Eligible TAFY Population vs. Total TAY Population Served by MHSA-Funded CSS Programs**



Criteria	Points
1. <b>TAFY Focus:</b> Does the county offer a program designed solely and specifically for TAFY? Has it tailored a component of a program specifically to TAFY?	0 of 10
2. <b>Priority Population:</b> Does the county designate TAFY to be a priority population? How many other priority populations are served by the program? If not named expressly as a priority population, how likely is it that TAFY will fit into one of the named priority populations?	15 of 20
3. <b>Capacity:</b> What is the capacity of the program? How does capacity compare to estimated need?	5.5 of 35
4. <b>Sufficiency of Services Provided:</b> How many of the optimal elements are included in the program? Optimal elements for TAFY are deemed to be mental health services, immediate shelter, long-term housing, peer support/mentoring, flexible funding, education, and employment assistance.	30 of 30
5. <b>TAFY Tracking:</b> To what extent does the program track TAFY participation and outcomes?	1 of 5
<b>TOTAL:</b>	<b>51.5 of 100</b>

**Final Grade:** Regarding its use of Prop. 63 CSS funding to meet the needs of Transition Age Foster Youth, San Francisco County's grade is **F**.

**A Note on San Francisco County's Prop. 63-funded Prevention and Early Intervention (PEI) Programs.** The Commission approved San Francisco County's PEI Plan in April 2009.<sup>599</sup> None of the programs were designed solely and specifically for Transition Age Foster Youth. However, the plan includes several programs from which Transition Age Foster Youth may benefit.

The programs from which Transition Age Foster Youth may benefit, are as follows: School-Based Youth-Centered Wellness (Children/ Youth and TAY age groups); Reengagement of Truant and Out-of-School Youth (Children/ Youth and TAY); Holistic Wellness Promotion in a Community Setting (all age groups); Mental Health Consultation for Providers Working with Youth At-Risk or Involved with the Juvenile Justice System (Children/ Youth, TAY); Early Intervention and Recovery for Young People with Early Psychosis (Children/ Youth, TAY); Trauma Recovery Services (Children / Youth, TAY, Adults); and Transition Age Youth Multi-Services (TAY).<sup>600</sup>

# SAN JOAQUIN COUNTY

# GRADE: F

As of January 1, 2008, there were 215 Transition Age Foster Youth aged 16–20 in San Joaquin County’s child welfare-supervised foster care.<sup>601</sup> Between 2001 and 2007, an estimated 414 Transition Age Foster Youth aged out of San Joaquin County’s child welfare-supervised foster care.<sup>602</sup> Therefore, there were approximately 629 Transition Age Foster Youth aged 16–25 in San Joaquin County as of January 1, 2008.<sup>603</sup> Conservatively assuming that 23% of these youth have a serious mental illness or severe emotional disorder, there are about 145 Transition Age Foster Youth in San Joaquin County who would qualify for Prop. 63-funded services.

## To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?

**San Joaquin County has not created a Prop. 63-funded CSS program solely and specifically for Transition Age Foster Youth.**

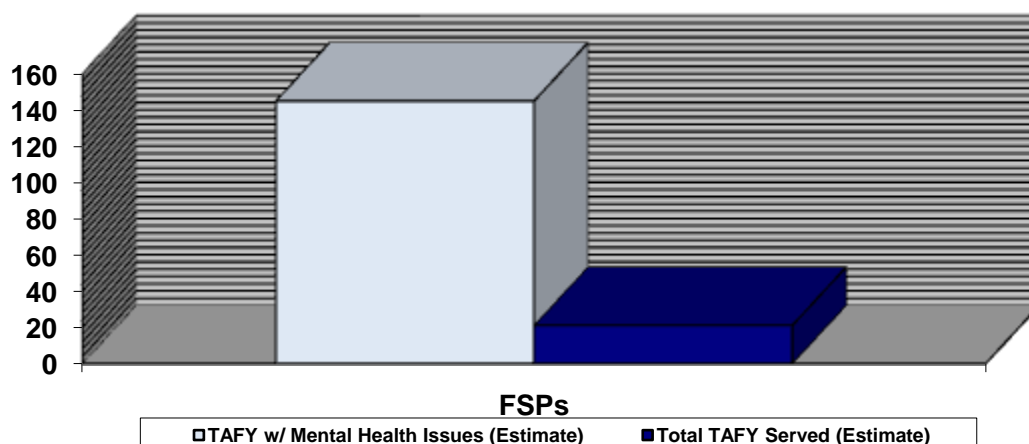
San Joaquin County’s Child and Youth Full Service Partnership designates foster youth as a priority population, along with children and youth involved with the juvenile justice system. However, the program is not tailored to Transition Age Foster Youth—rather, it serves youth involved in the juvenile justice system and foster youth ages 3–17 who have a diagnosis of a serious emotional disturbance (SED).

The Child and Youth Full Service Partnership includes a screening process where indicated and assesses for risk on reports of abuse, neglect or exploitation. It employs the “whatever it takes” philosophy by incorporating case management, linkage and referral to appropriate community-based services, psycho-educational support, and 24/7 crisis intervention, as well as other services into the program.<sup>604</sup> The program seeks to engage and participate with family members, through peer-to-peer mentors, and a youth advocate. The plans are individualized, created by the youth, the family, and a child/family team modeled after the Wraparound program.<sup>605</sup> The FSP includes Housing Coordinator Services and vocational training through CalWORKs and other employment service resources.<sup>606</sup>

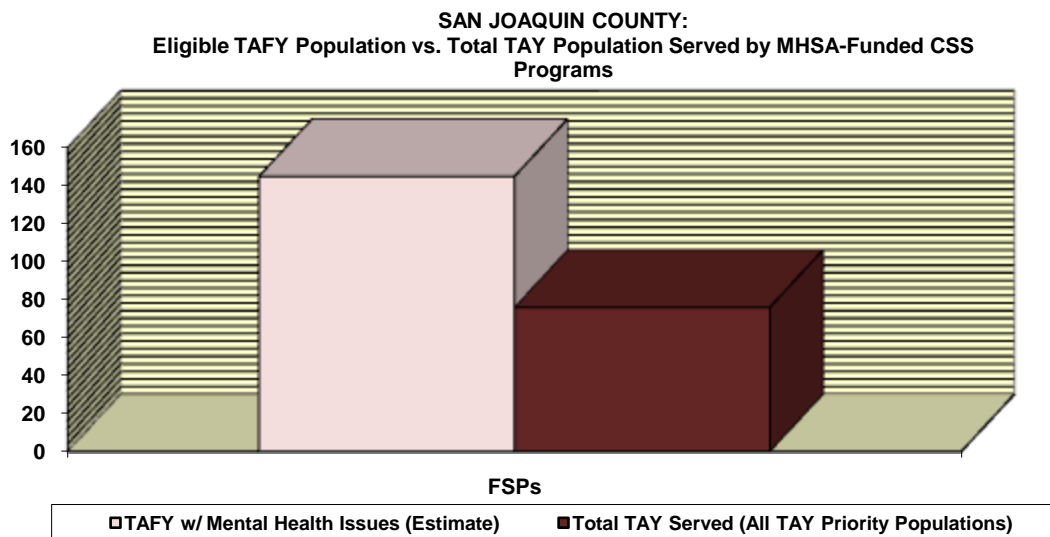
San Joaquin County provides services to TAY through La Familia FSP, the Black Awareness Community Outreach Program FSP, and the Southeast Asian Recovery Services (SEARS) FSP. The priority populations identified for FSP funds are youth with a serious mental illness, repeated use of emergency mental health services, co-occurring disorders, youth who are homeless or at risk of homelessness, at risk of involuntary hospitalization or institutionalization, high-risk youth with serious emotional disturbance in the juvenile justice system and out-of-home placement, and/or recidivists with significant functional impairment. San Joaquin County estimates that its Prop. 63-funded programs will fully serve 76 new TAY in 2007–08. The Full Service Partnerships are culturally competent. In addition to “whatever it takes treatment programs,” the Full Service Partnerships includes employment services and linkages to housing.

Finally, San Joaquin County has designed a wellness center. The Center is a consumer-run self-help program. The County uses system development funds for the program, which serves adults ages 18 and over. Although the program was not created specifically for Transition Age Foster Youth, those aged 18 and over may benefit from it.

**SAN JOAQUIN COUNTY:**  
**Eligible TAFY Population vs. TAFY Served by MHSA-Funded CSS Programs**



Even if San Joaquin County's CSS programs for TAY were available exclusively to Transition Age Foster Youth, capacity would still fall far short of meeting the need:



Criteria	Points
1. <b>TAFY Focus:</b> Does the county offer a program designed solely and specifically for TAFY? Has it tailored a component of a program specifically to TAFY?	0 of 10
2. <b>Priority Population:</b> Does the county designate TAFY to be a priority population? How many other priority populations are served by the program? If not named expressly as a priority population, how likely is it that TAFY will fit into one of the named priority populations?	14 of 20
3. <b>Capacity:</b> What is the capacity of the program? How does capacity compare to estimated need?	5.1 of 35
4. <b>Sufficiency of Services Provided:</b> How many of the optimal elements are included in the program? Optimal elements for TAFY are deemed to be mental health services, immediate shelter, long-term housing, peer support/mentoring, flexible funding, education, and employment assistance.	27.5 of 30
5. <b>TAFY Tracking:</b> To what extent does the program track TAFY participation and outcomes?	2 of 5
<b>TOTAL:</b>	<b>48.6 of 100</b>

**Final Grade:** Regarding its use of Prop. 63 CSS funding to meet the needs of Transition Age Foster Youth, San Joaquin County's grade is E.

**A Note on San Joaquin County's Prop. 63-funded Prevention and Early Intervention (PEI) Programs.** *The Commission approved San Joaquin County's PEI Plan in May 2009.<sup>607</sup> None of the programs were designed solely and specifically for Transition Age Foster Youth. However, the plan includes four programs from which Transition Age Foster Youth may benefit. First, the Reducing Disparities in Access program is available to all age groups, and will provide education and training to community professionals and will engage cultural brokers<sup>608</sup> to spread information about mental health throughout San Joaquin County's diverse cultural communities.<sup>609</sup>*

*Second, the School Based Prevention Efforts, available to the children/youth and TAY age groups, is aimed at transforming schools into centers of early mental health prevention through a concerted effort to train child educators in recognizing the signs and symptoms of mental illness and emotional disturbance and developing programs that will help children develop resiliency and coping skills.<sup>610</sup>*

*Third, the Empowering Youth and Families program is available to children/youth, TAY, and adults (though the focus is on children/youth and TAY). It is comprised of four components: a Mentally Ill Offender Crime Reduction Grant, Mental Health for Youth at Risk for Juvenile Justice Involvement, Comprehensive Youth Outreach and Education Programs, and Comprehensive Family Support Programs.<sup>611</sup>*

*Finally, San Joaquin County is using Prop. 63 PEI funds for a Suicide Prevention and Supports program.*

# SAN LUIS OBISPO COUNTY

# GRADE: F

San Luis Obispo has a population of 267,154.<sup>612</sup> As of January 1, 2008, there were 75 Transition Age Foster Youth aged 16–20 in San Luis Obispo County’s child welfare-supervised foster care.<sup>613</sup> Between 2001 and 2007, an estimated 128 Transition Age Foster Youth aged out of San Luis Obispo County’s child welfare-supervised foster care.<sup>614</sup> Therefore, there were approximately 203 Transition Age Foster Youth aged 16–25 in San Luis Obispo County as of January 1, 2008.<sup>615</sup> Conservatively assuming that 23% of these youth have a serious mental illness or severe emotional disorder, there are about 47 Transition Age Foster Youth in San Luis Obispo County who would qualify for Prop. 63-funded services.

## To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?

**San Luis Obispo County has not created a Prop. 63-funded CSS program solely and specifically for Transition Age Foster Youth.**

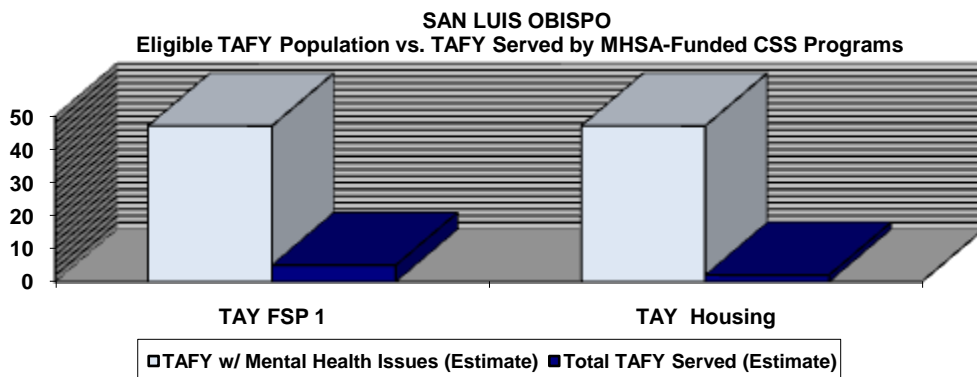
However, San Luis Obispo has created two Prop. 63-funded CSS Full Service Partnerships (FSPs) that might reach some Transition Age Foster Youth, along with other populations.<sup>616</sup>

The first FSP, the TAY Full Service Program, provides Wrap-like services to youth ages 16–21. Foster youth with multiple placements are one of several at-risk TAY populations designated as a priority population for this program.<sup>617</sup> Consumers have a core team that includes a Mental Health Therapist/Case Manager, a Resource and Support Specialist, a housing and employment specialist, possibly a probation officer, possibly a Department of Social Services worker, educators, family, friends, and other support people identified by the team, central to which is the client.<sup>618</sup>

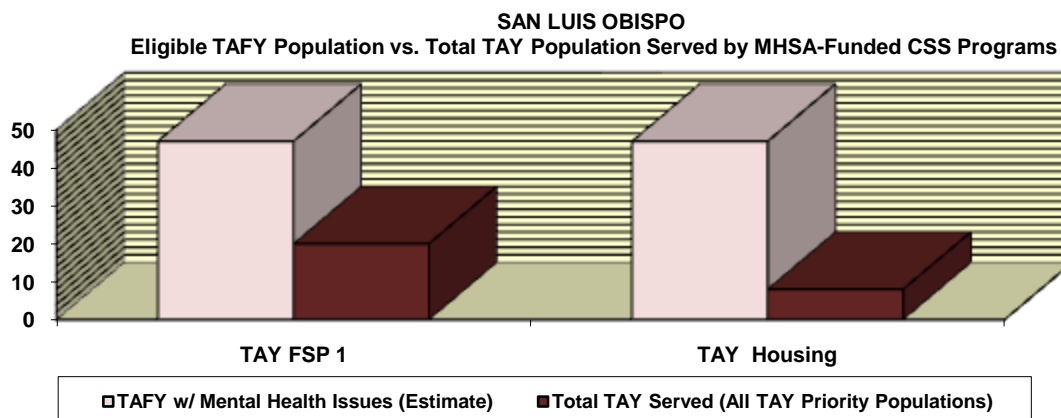
The County will contract for housing for consumers.<sup>619</sup> The program provides supports to facilitate completion of high school or GED, access to adult education, community college and to mentoring services.<sup>620</sup> In addition, the program includes a vocational specialist who will provide counseling, job readiness, and interview training.<sup>621</sup> Finally, the program provides consumers with flexible funds that can be used for individualized needs such as food, medication, transportation, clothing, living expenses, education, and recreation.<sup>622</sup>

San Luis Obispo County’s second FSP will provide eight beds to house TAY.<sup>623</sup>

A third program—the School-Based Services plan—bears mentioning because it was designed for a specific TAY population—those involved with juvenile justice and those on probation. It is a pilot program located at Chalk Mountain Community School.<sup>624</sup> The priority population for the program is SED students placed at the school due to behavioral problems and who are involved with the juvenile justice system.<sup>625</sup> The program identifies underserved SED youth and engages the youth and their families in services that allow them to stay in school, prevent further involvement with the juvenile justice system, decrease hospitalizations, and increase access to community services and supports.<sup>626</sup>



Even if San Luis Obispo County’s CSS programs for TAY were available exclusively to Transition Age Foster Youth, capacity would still fall far short of meeting the need:



Criteria	Points
1. <b>TAFY Focus:</b> Does the county offer a program designed solely and specifically for TAFY? Has it tailored a component of a program specifically to TAFY?	0 of 10
2. <b>Priority Population:</b> Does the county designate TAFY to be a priority population? How many other priority populations are served by the program? If not named expressly as a priority population, how likely is it that TAFY will fit into one of the named priority populations?	14 of 20
3. <b>Capacity:</b> What is the capacity of the program? How does capacity compare to estimated need?	5.3 of 35
4. <b>Sufficiency of Services Provided:</b> How many of the optimal elements are included in the program? Optimal elements for TAFY are deemed to be mental health services, immediate shelter, long-term housing, peer support/mentoring, flexible funding, education, and employment assistance.	28 of 30
5. <b>TAFY Tracking:</b> To what extent does the program track TAFY participation and outcomes?	1 of 5
<b>TOTAL:</b>	<b>48.3 of 100</b>

**Final Grade:** Regarding its use of Prop. 63 CSS funding to meet the needs of Transition Age Foster Youth, San Luis Obispo County's grade is **E**. However, the County is trending toward improvement in recognizing and addressing the needs of Transition Age Foster Youth with Prop. 63-funded PEI programs (discussed below). Particularly commendable is the County's use of PEI funding to support Life Coaches for Transition Age Foster Youth after age 18 in its Successful Launch Program.

---

**A Note on San Joaquin County's Prop. 63-funded Prevention and Early Intervention (PEI) Programs.** *San Luis Obispo County's PEI Plan was approved in February 2009.<sup>627</sup> San Luis Obispo has created a PEI program as part of their Early Care and Support for Underserved Populations effort that targets Transition Age Foster Youth and two other populations of at risk TAY. The Successful Launch Program was created to increase self-sufficiency and success for TAY emancipating from foster care, former wards of the court, or TAY graduating from Community School. The program has two components. The first will expand the Independent Living Program; the second will focus on vocational development. Notably, the program will provide Life Coaches that will remain in contact with each participant for at least one year after "launch" (after 18) to monitor, support and maintain stability.<sup>628</sup>*

*Other PEI programs available to TAY in San Luis Obispo County's plan include Mental Health Awareness and Stigma Reduction (all populations); School-Based Student Wellness (Children/ Youth, TAY); Family Education, Training and Support (all ages); and Integrated Community Wellness (all ages).*

# SAN MATEO COUNTY

# GRADE: F

As of January 1, 2008, there were 91 Transition Age Foster Youth aged 16–20 in San Mateo County’s child welfare-supervised foster care.<sup>629</sup> Between 2001 and 2007, an estimated 189 Transition Age Foster Youth aged out of San Mateo County’s child welfare-supervised foster care.<sup>630</sup> Therefore, there were approximately 280 Transition Age Foster Youth aged 16–25 in San Mateo County as of January 1, 2008.<sup>631</sup> Conservatively assuming that 23% of these youth have a serious mental illness or severe emotional disorder, there are about 64 Transition Age Foster Youth in San Mateo County who would qualify for Prop. 63-funded services.

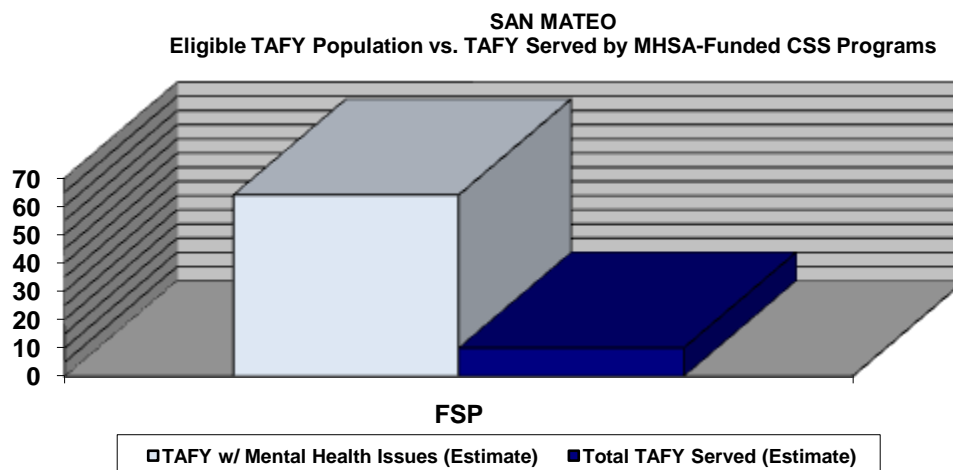
## To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?

**San Mateo County has not created a Prop. 63-funded CSS program solely and specifically for Transition Age Foster Youth.**

However, San Mateo County has designed a Full Service Partnership (FSP) to serve all TAY in the County. The FSP makes 40 slots available for TAY (another 40 slots are available for children).<sup>632</sup> The program uses the Wrap Around philosophy. A team of individuals close to the consumer along with representatives from child welfare, juvenile justice, and education, helps the consumer to develop a plan for recovery. This multidisciplinary team then determines priorities, set goals and assigns responsibility for achieving these goals. The team meets on an as-needed basis while the TAY remains enrolled.<sup>633</sup>

San Mateo County’s program also provides flexible funds and housing subsidies to enrollees to ensure that they have housing and linkages to resources to meet their needs.<sup>634</sup> Additionally, the program offers a supported education program that addresses the specific interests and goals of enrolled TAY.<sup>635</sup>

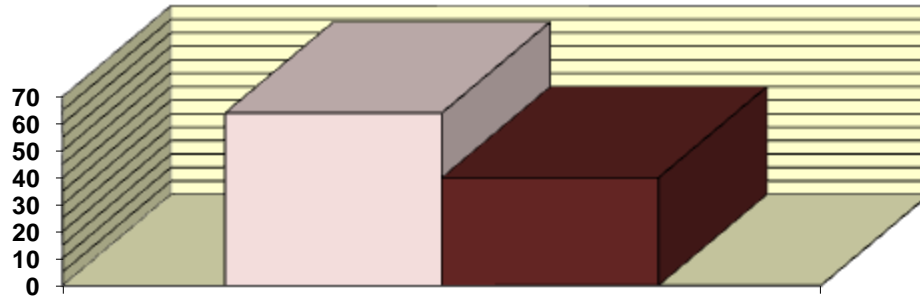
San Mateo’s program is not designed solely for Transition Age Foster Youth; the initial priority populations are TAY transitioning from the child welfare or juvenile justice system, those who have experienced multiple psychiatric emergency services episodes and /or frequent hospitalizations, and TAY experiencing a “first break”.



Even if San Mateo County’s CSS programs for TAY were available exclusively to Transition Age Foster Youth, capacity would still fall far short of meeting the need:



**SAN MATEO**  
**Eligible TAFY Population vs. Total TAY Population Served by MHSA-Funded CSS Programs**



**FSP**

TAFY w/ Mental Health Issues (Estimate)
  Total TAY Served (All TAY Priority Populations)

Criteria	Points
1. <b>TAFY Focus:</b> Does the county offer a program designed solely and specifically for TAFY? Has it tailored a component of a program specifically to TAFY?	0 of 10
2. <b>Priority Population:</b> Does the county designate TAFY to be a priority population? How many other priority populations are served by the program? If not named expressly as a priority population, how likely is it that TAFY will fit into one of the named priority populations?	14 of 20
3. <b>Capacity:</b> What is the capacity of the program? How does capacity compare to estimated need?	5.6 of 35
4. <b>Sufficiency of Services Provided:</b> How many of the optimal elements are included in the program? Optimal elements for TAFY are deemed to be mental health services, immediate shelter, long-term housing, peer support/mentoring, flexible funding, education, and employment assistance.	29 of 30
5. <b>TAFY Tracking:</b> To what extent does the program track TAFY participation and outcomes?	1 of 5
<b>TOTAL:</b>	<b>49.6 of 100</b>

**Final Grade:** Regarding its use of Prop. 63 CSS funding to meet the needs of Transition Age Foster Youth, San Mateo County's grade is E.

---

***A Note on San Mateo County's Prop. 63-funded Prevention and Early Intervention (PEI) Programs.** The Commission approved San Mateo County's PEI Plan in December 2008.<sup>636</sup> The Plan does not include any programs designed solely and specifically for Transition Age Foster Youth. The programs from which Transition Age Youth, in general, could benefit include Community Interventions for School Age and Transition Age Youth; the Stigma Initiative; and possibly the Youth/Transition Age Youth Identification and Early Referral Program (although at this writing PEI funds were not yet available for the Transition Age Youth Identification and Early Referral Program).<sup>637</sup>*

## SANTA BARBARA COUNTY

## GRADE: D

Santa Barbara County has a population of 425,710.<sup>638</sup> As of January 1, 2008, there were 89 Transition Age Foster Youth aged 16–20 in Santa Barbara County’s child welfare-supervised foster care.<sup>639</sup> Between 2002 and 2007, an estimated 166 Transition Age Foster Youth aged out of Santa Barbara County’s child welfare-supervised foster care.<sup>640</sup> Therefore, there were approximately 255 Transition Age Foster Youth aged 16–25 in Santa Barbara County as of January 1, 2008.<sup>641</sup> Conservatively assuming that 23% of these youth have a serious mental illness or severe emotional disorder, there are about 59 Transition Age Foster Youth in Santa Barbara County who would qualify for Prop. 63-funded services.

### *To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?*

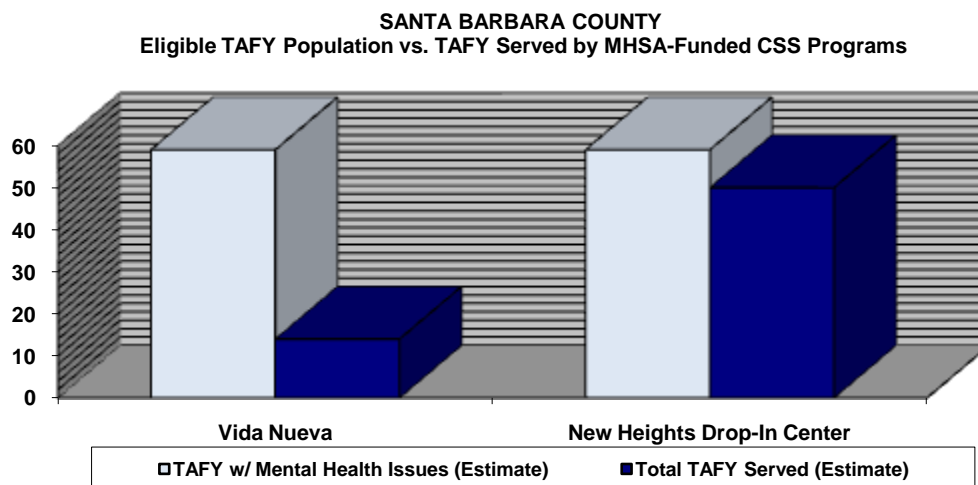
**Santa Barbara County has not created a Prop. 63-funded CSS program solely and specifically for Transition Age Foster Youth.**

However, the County has two programs created for TAY. The first program, New Heights, is a one-stop drop-in center for services and social support. The Center offers peer support, mentoring, support groups, leadership development, vocational support, counseling, housing assistance, and benefits assistance.<sup>642</sup> The priority population for New Heights is TAY currently receiving mental health services for serious emotional conditions or serious mental illness, who are aging out of the child welfare, mental health, or probation system and are at risk of becoming homeless.<sup>643</sup>

The youth-driven services provided by New Heights include linkage between adult and youth services, and supported employment and housing.<sup>644</sup> New Heights intended to serve 200 youth at the drop-in center in 2007–08.<sup>645</sup>

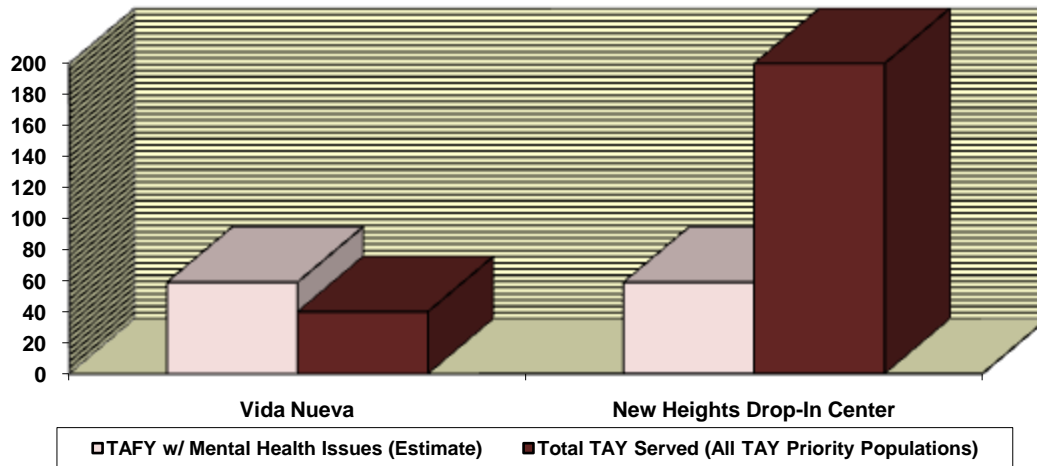
In addition to New Heights, Santa Barbara County has created Vida Nueva, an Assertive Community Treatment Program (ACT).<sup>646</sup> The priority population for the program is seriously mentally ill TAY who are homeless or at risk for homelessness, either unserved or underserved and aging out of the children’s system of care, the child welfare and/or criminal justice system.<sup>647</sup> The program provides community-based wraparound services, housing subsidies, supportive housing, youth peer and adult peer support and vocational services. The program focuses on a highly underserved region with an ethnically diverse population.<sup>648</sup> Vida Nueva is designed to serve 40 TAY.<sup>649</sup>

Santa Barbara County has two additional Prop. 63-funded programs from which Transition Age Foster Youth may benefit, although the programs were not created solely for the TAY population. The SPIRIT program for children, youth, and families provides wraparound teams at all ADMHS children’s services sites.<sup>650</sup> The team facilitates the wraparound process as Personal Service Coordinators.<sup>651</sup> Finally, the Connections program for unserved children and families strategically places professional mental health and outreach peer/member staff in community settings to link the unserved to needed services.<sup>652</sup>



If Santa Barbara County’s CSS programs for TAY were available exclusively to Transition Age Foster Youth—which is not currently the case—capacity would be sufficient to meet estimated demand for one program, but would still fall short in the other program.

**SANTA BARBARA COUNTY**  
**Eligible TAFY Population vs. Total TAY Population Served by MHSA-Funded CSS Programs**



Criteria	Points
1. <b>TAFY Focus:</b> Does the county offer a program designed solely and specifically for TAFY? Has it tailored a component of a program specifically to TAFY?	0 of 10
2. <b>Priority Population:</b> Does the county designate TAFY to be a priority population? How many other priority populations are served by the program? If not named expressly as a priority population, how likely is it that TAFY will fit into one of the named priority populations?	15 of 20
3. <b>Capacity:</b> What is the capacity of the program? How does capacity compare to estimated need?	15.8 of 35
4. <b>Sufficiency of Services Provided:</b> How many of the optimal elements are included in the program? Optimal elements for TAFY are deemed to be mental health services, immediate shelter, long-term housing, peer support/mentoring, flexible funding, education, and employment assistance.	30 of 30
5. <b>TAFY Tracking:</b> To what extent does the program track TAFY participation and outcomes?	1 of 5
<b>TOTAL:</b>	<b>61.8 of 100</b>

**Final Grade:** Regarding its use of Prop. 63 CSS funding to meet the needs of Transition Age Foster Youth, Santa Barbara County's grade is D.

---

*A Note on Santa Barbara County's Prop. 63-funded Prevention and Early Intervention (PEI) Programs. As of this writing, Santa Barbara County has not submitted a PEI Plan.*

# **SANTA CLARA COUNTY**

# **GRADE: F**

Santa Clara County has a population of 1,820,176.<sup>653</sup> As of January 1, 2008, there were 377 Transition Age Foster Youth aged 16–20 in Santa Clara County’s child welfare-supervised foster care.<sup>654</sup> Between 2002 and 2007, an estimated 715 Transition Age Foster Youth aged out of Santa Clara County’s child welfare-supervised foster care.<sup>655</sup> Therefore, there were approximately 1,092 Transition Age Foster Youth aged 16–25 in Santa Clara County as of January 1, 2008.<sup>656</sup> Conservatively assuming that 23% of these youth have a serious mental illness or severe emotional disorder, there are about 251 Transition Age Foster Youth in Santa Clara County who would qualify for Prop. 63-funded services.

## **To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?**

**Santa Clara County has not created a Prop. 63-funded CSS program solely and specifically for Transition Age Foster Youth.**<sup>657</sup>

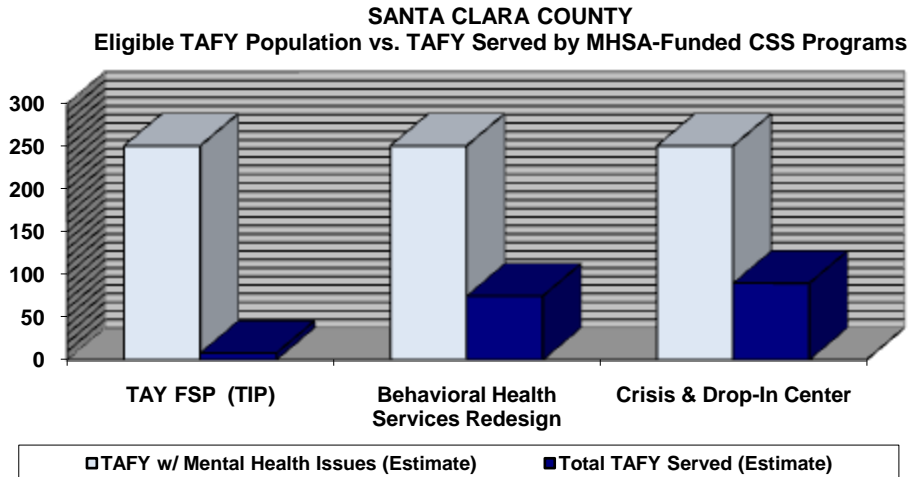
However, Santa Clara County has created three Prop. 63-funded TAY CSS programs from which Transition Age Foster Youth may benefit.<sup>658</sup> The first, the TAY Full Service Partnership, utilizes the Transition to Independence Process (TIP) system to address the needs of consumers.<sup>659</sup> The priority population for this program includes TAY between the ages of 16–25, who are adjudicated through the Juvenile Dependency and Delinquency Courts, adult criminal justice system, the Special Education system, and/or the Mental Health system, who are screened and assessed to be experiencing physical, social, behavioral and emotional distress related to mental health and co-occurring conditions that are impacting the effective transition from childhood to adulthood.<sup>660</sup> The program utilizes a transition facilitator and a team to assist the TAY consumer to plan and achieve goals in the domains of employment, career building education, living situation, personal-effectiveness, quality of life, and community functioning.<sup>661</sup> The core team consists of the TAY, the transition facilitator, and one or two other people that the TAY wants to involve (parent, foster parent, friend, or mentor);<sup>662</sup> other team members are people who need to be involved and who work together with the TAY to assist them in achieving short- and long-term goals.<sup>663</sup>

The program offers a number of options to facilitate access to appropriate housing and living situations for TAY consumers. First, the program provides an average \$1,000 of available funding per month to assist youth in obtaining appropriate housing and to assist with their other needs. Second, the program will develop a cluster apartment model within the first three years that will include levels of supported housing and peer support. Finally, the program will utilize the THP-Plus model for up to 24 cumulative months for youth ages 18–20, who have aged out of foster or probation care.<sup>664</sup> This FSP is estimated to serve 30 TAY a year. Finally, the TAY FSPs provide a specialized education program for TAY. The specialized education program provides case management, tutoring, and on-campus peer and clinical support. The program also lays the groundwork for employer partnerships in areas such as the local health services. These partnerships facilitate development of career-paths for consumers. The Specialized Education Program is available to TAY consumers in any of Santa Clara’s Prop. 63-funded programs.<sup>665</sup>

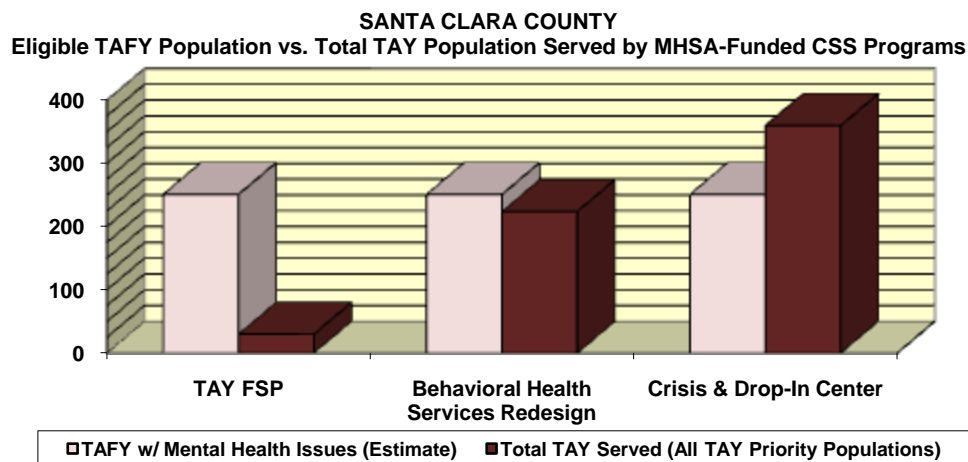
Santa Clara County’s second Prop. 63-funded TAY program is the TAY Behavioral Health Services-Outpatient System Redesign.<sup>666</sup> The Redesign is an effort to improve the current TAY Behavioral Health Outpatient system through research, design, and implementation of a system-wide level of care screening, assessment, and practice guidelines.<sup>667</sup> The new system includes specialized services for individuals experiencing the first onset of a psychotic illness, specialty services for Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) TAY, and increased outreach to unserved and underserved cultural and ethnic communities.<sup>668</sup> The Outpatient redesign is estimated to serve 224 clients a year.

Santa Clara’s TAY Crisis and Drop-in Services and Support Center<sup>669</sup> targets TAY between the ages of 16–25 who are adjudicated through the Juvenile Dependency and Delinquency Courts, the adult criminal justice system, the Special Education system, and/or the Mental Health system, who are screened and assessed to be experiencing physical, social, behavioral and emotional distress related to mental health and co-occurring conditions that are impacting the effective transition from childhood to adulthood.<sup>670</sup>

The Drop-in Center is a 24-hour youth center that provides a safe alternative to the street or adult shelters during the night. Additionally, the Center provides access to mental health and other basic needs services and crisis intervention during the day.<sup>671</sup> The Center offers crisis intervention, self-help, peer support, case management, mental health service access and access to other needed community services.<sup>672</sup> Finally, the center operates a multi-lingual youth telephone crisis, information, and referral hotline 24 hours a day/7 days a week. <sup>673</sup> The center serves 360 clients each year.



If Santa Clara County's CSS programs for TAY were available exclusively to Transition Age Foster Youth—which is not currently the case—capacity would only be sufficient to meet estimated demand for the Crisis & Drop-In Center.



Criteria	Points
1. <b>TAFY Focus:</b> Does the county offer a program designed solely and specifically for TAFY? Has it tailored a component of a program specifically to TAFY?	0 of 10
2. <b>Priority Population:</b> Does the county designate TAFY to be a priority population? How many other priority populations are served by the program? If not named expressly as a priority population, how likely is it that TAFY will fit into one of the named priority populations?	14 of 20
3. <b>Capacity:</b> What is the capacity of the program? How does capacity compare to estimated need?	14.8 of 35
4. <b>Sufficiency of Services Provided:</b> How many of the optimal elements are included in the program? Optimal elements for TAFY are deemed to be mental health services, immediate shelter, long-term housing, peer support/mentoring, flexible funding, education, and employment assistance.	25.5 of 30
5. <b>TAFY Tracking:</b> To what extent does the program track TAFY participation and outcomes?	1 of 5
<b>TOTAL:</b>	<b>55.3 of 100</b>

**Final Grade:** Regarding its use of Prop. 63 CSS funding to meet the needs of Transition Age Foster Youth, Santa Clara County's grade is **E**.

---

***A Note on Santa Clara County's Prop. 63-funded Prevention and Early Intervention (PEI) Programs.** Santa Clara County submitted its Prevention and Early Intervention Plan in August 2009; as of this writing, it has not been approved by the Commission. Santa Clara's plan does not include any projects created solely and specifically to address the needs of TAFY, nor has the County created any projects that serve only the TAY population. Four projects in the PEI plan name TAY as a priority population, along with one to three other broad priority populations. The programs are Community Engagement, Strengthening Families and Children, PEI for Individuals Experiencing Onset of Serious Psychiatric Illness, and Primary/Behavioral Integration for Adults and Older Adults.*

*Santa Clara's PEI Plan does not represent an improvement in the prioritization of services for TAFY..*

# SANTA CRUZ COUNTY

GRADE: C

Santa Cruz County has a population of 265,183.<sup>674</sup> As of January 1, 2008, there were 52 Transition Age Foster Youth aged 16–20 in Santa Cruz County’s child welfare-supervised foster care.<sup>675</sup> Between 2002 and 2007, an estimated 156 Transition Age Foster Youth aged out of Santa Cruz County’s child welfare-supervised foster care.<sup>676</sup> Therefore, there were approximately 208 Transition Age Foster Youth aged 16–25 in Santa Cruz County as of January 1, 2008.<sup>677</sup> Conservatively assuming that 23% of these youth have a serious mental illness or severe emotional disorder, there are about 48 Transition Age Foster Youth in Santa Cruz County who would qualify for Prop. 63-funded services.

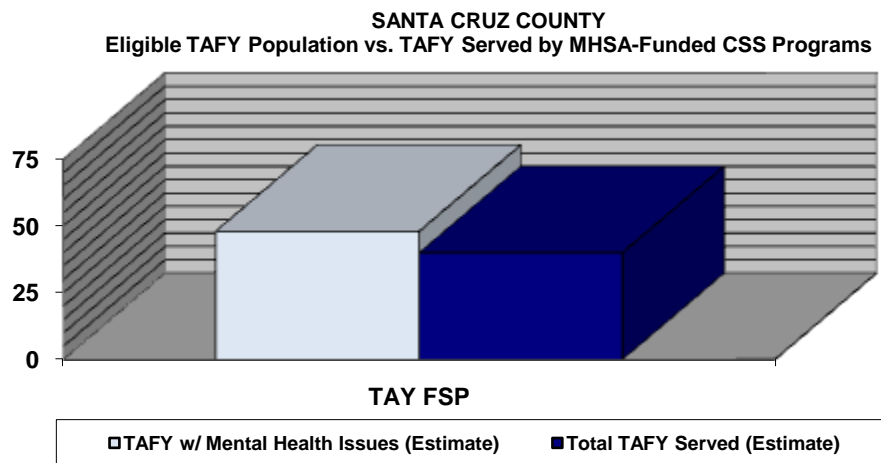
## To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?

**Santa Cruz County has not created a Prop. 63-funded CSS program solely and specifically for Transition Age Foster Youth. However, one of Santa Cruz County’s Prop. 63-funded CSS programs is designed to meet the needs of some Transition Age Foster Youth, along with other priority populations.<sup>678</sup>**

The priority populations for the County’s Child Welfare Gate Program include foster children in placement attempting to reunify with their families, parents/guardians of children in foster care who have been removed due to parent dual-diagnosis mental health and substance abuse issues, and youth aging out of Mental Health Services through one of four systems of Care Gates (Probation, Child Welfare, Education, or Community).<sup>679</sup>

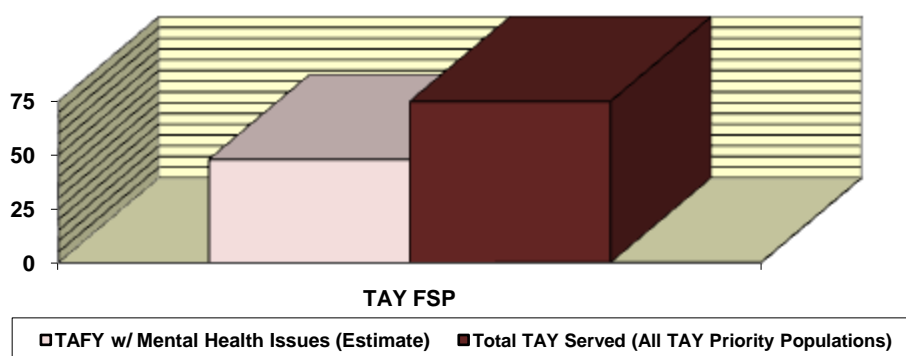
The Child Welfare Gate Program will create one TAY system-wide coordinator to increase services to foster youth who are leaving foster care to live on their own.<sup>680</sup> Additionally, and importantly, the program will increase the treatment capacity for Transition Age Foster Youth aged 18–21 transitioning out of foster care.<sup>681</sup>

There are four Gates; the Child Welfare Gate program’s capacity has expanded since the program started. It now serves 150 youth ages 0–21,<sup>682</sup> including approximately 40 youth between the ages of 16–21.



Only if Santa Cruz County’s CSS programs for TAY were available exclusively to Transition Age Foster Youth—which is not currently the case—would capacity be sufficient to meet estimated demand:

**SANTA CRUZ COUNTY**  
**Eligible TAFY Population vs. Total TAY Population Served by MHSA-Funded CSS Programs**



Criteria	Points
1. <b>TAFY Focus:</b> Does the county offer a program designed solely and specifically for TAFY? Has it tailored a component of a program specifically to TAFY?	5 of 10
2. <b>Priority Population:</b> Does the county designate TAFY to be a priority population? How many other priority populations are served by the program? If not named expressly as a priority population, how likely is it that TAFY will fit into one of the named priority populations?	13 of 20
3. <b>Capacity:</b> What is the capacity of the program? How does capacity compare to estimated need?	29.2 of 35
4. <b>Sufficiency of Services Provided:</b> How many of the optimal elements are included in the program? Optimal elements for TAFY are deemed to be mental health services, immediate shelter, long-term housing, peer support/mentoring, flexible funding, education, and employment assistance.	26 of 30
5. <b>TAFY Tracking:</b> To what extent does the program track TAFY participation and outcomes?	2 of 5
<b>TOTAL:</b>	<b>75.2 of 100</b>

**Final Grade:** Regarding its use of Prop. 63 CSS funding to meet the needs of Transition Age Foster Youth, Santa Cruz County's grade is C.

---

***A Note on Santa Cruz County's Prop. 63-funded Prevention and Early Intervention (PEI) Programs.** The Commission Approved Santa Cruz County's PEI Plan in May 2009.<sup>683</sup> The Plan does not include any programs designed solely and specifically for Transition Age Foster Youth. However, the County does address issues related to foster care in several of its programs. The County has a Screening and Early Intervention Program for children, the focus of which is children and youth from stressed families, trauma-exposed children and their families and children experiencing the onset of mental illness. The program includes a screening component, countywide parent education and support, and a school-based prevention component. Additionally, Santa Cruz County is utilizing PEI funding for a Culture Specific Parent Education and Support Program, again focused on parents, families and children in need of parental/ supervision skills, who are affected by substance abuse and/or are exposed to violence, abuse or neglect. Finally, the Plan includes a provision to convene a monthly TAY provider roundtable.<sup>684</sup>*



## SHASTA COUNTY

## GRADE: F

Shasta County has a population of 181,380.<sup>685</sup> As of January 1, 2008, there were 91 Transition Age Foster Youth aged 16–20 in Shasta County’s child welfare-supervised foster care.<sup>686</sup> Between 2002 and 2007, an estimated 142 Transition Age Foster Youth aged out of Shasta County’s child welfare-supervised foster care.<sup>687</sup> Therefore, there were approximately 233 Transition Age Foster Youth aged 16–25 in Shasta County as of January 1, 2008.<sup>688</sup> Conservatively assuming that 23% of these youth have a serious mental illness or severe emotional disorder, there are about 54 Transition Age Foster Youth in Shasta County who would qualify for Prop. 63-funded services.

### To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?

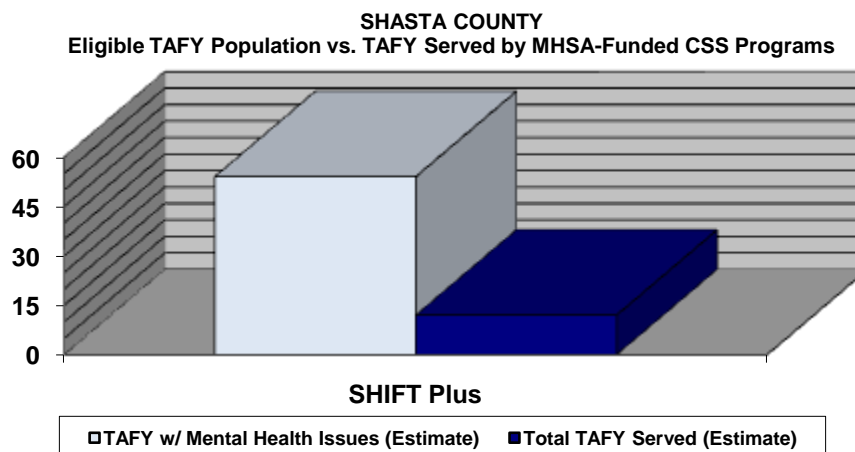
**Shasta County does not have any Prop. 63-funded program solely and specifically for Transition Age Foster Youth.**<sup>689</sup>

However, Transition Age Foster Youth may benefit from some of Shasta County’s Prop. 63-funded CSS programs. The Shasta Housing and Intervention for Transition Plus (SHIFT Plus) program targets older adults, adults, and TAY,<sup>690</sup> specifically TAY who experience serious emotional disturbance or serious and persistent mental illness, are at risk of hospitalization, are transitioning out of psychiatric hospitals or other locked psychiatric facilities, are transitioning out of the foster care system, and/or individuals with serious and persistent mental disorders who are at risk of incarceration and do not have familial support for emancipation, have aged out of the foster care system, and/or are at risk for homelessness.<sup>691</sup>

The SHIFT Plus program provides outreach, housing assistance, employment assistance, a Personal Service Coordinator, substance abuse counseling, medical services, parenting classes and child care.<sup>692</sup> The program-provided Personal Services Coordinator focuses on linkage with supports for employment, housing and financial assistance, food, and clothing. Each client has the opportunity to participate in a Wellness Recovery Action Plan (WRAP) to meet the needs of the consumer and family.<sup>693</sup>

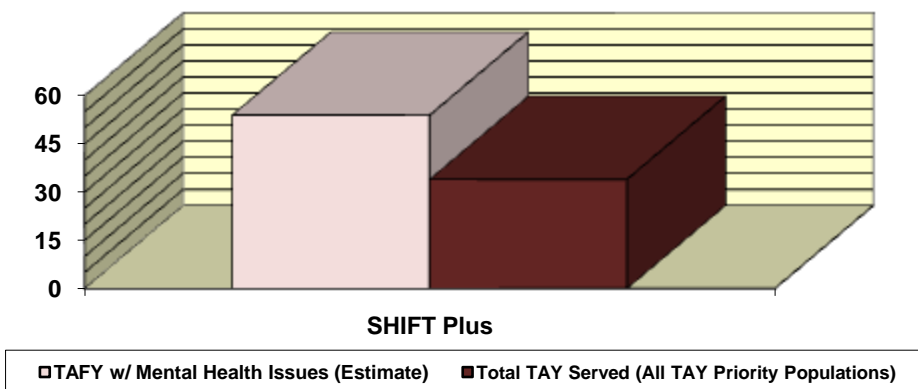
The SHIFT Plus program will utilize services that already exist in Shasta County to provide housing for consumers.<sup>694</sup> The program uses the “whatever it takes” model and the Personal Services Coordinator obtains emergency shelter, transitional housing, and permanent housing.<sup>695</sup> Consumers receive employment services through the Shasta County Mental Health Employment Team. Services offered include a pre-employment group, job readiness, and visits to several job sites to seek out the best fit for employment.<sup>696</sup> The SHIFT Plus program serves 102 clients.<sup>697</sup> Assuming that the program serves each age group equally, the program would serve 34 TAY.<sup>698</sup>

Transition Age Foster Youth in Shasta County also may benefit from the County’s Client and Family Operated Services, which embed client and family input and participation in all parts of the Shasta County mental health system.<sup>699</sup> The Program will include grant-funded services such as a Drop-In Center or Clubhouse program and pre-crisis services that provide mobile response 24/7.<sup>700</sup>



Even if Shasta County's CSS programs for TAY were available exclusively to Transition Age Foster Youth, capacity would still fall far short of meeting the need

**SHASTA COUNTY**  
**Eligible TAFY Population vs. Total TAY Population Served by MHSA-Funded CSS Programs**



Criteria	Points
1. <b>TAFY Focus:</b> Does the county offer a program designed solely and specifically for TAFY? Has it tailored a component of a program specifically to TAFY?	0 of 10
2. <b>Priority Population:</b> Does the county designate TAFY to be a priority population? How many other priority populations are served by the program? If not named expressly as a priority population, how likely is it that TAFY will fit into one of the named priority populations?	15 of 20
3. <b>Capacity:</b> What is the capacity of the program? How does capacity compare to estimated need?	8.4 of 35
4. <b>Sufficiency of Services Provided:</b> How many of the optimal elements are included in the program? Optimal elements for TAFY are deemed to be mental health services, immediate shelter, long-term housing, peer support/mentoring, flexible funding, education, and employment assistance.	21 of 30
5. <b>TAFY Tracking:</b> To what extent does the program track TAFY participation and outcomes?	1 of 5
<b>TOTAL:</b>	<b>45.4 of 100</b>

**Final Grade:** Regarding its use of Prop. 63 CSS funding to meet the needs of Transition Age Foster Youth, Shasta County's grade is **F**.

---

*A Note on Shasta County's Prop. 63-funded Prevention and Early Intervention (PEI) Programs. The Commission approved Shasta County's PEI plan in May 2009.<sup>701</sup> The PEI Plan does not include any programs created solely and specifically for Transition Age Foster Youth. The Plan does include the Children and Youth in Stressed Families Project, the priority populations of which include children and youth in stressed families and trauma-exposed individuals. Other Prop. 63 PEI programs available to TAY are Individuals Experiencing the Onset of Serious Psychiatric Illness; Stigma and Discrimination; and Suicide Prevention.<sup>702</sup>*

## SIERRA COUNTY

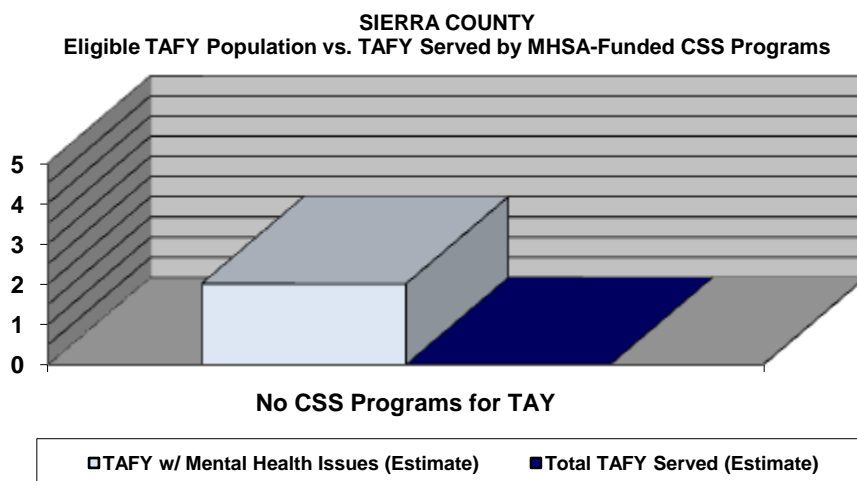
**GRADE: NA**

Sierra County is very small, with a population of 3,400.<sup>703</sup> As of January 1, 2008, there were three Transition Age Foster Youth aged 16–20 in Sierra County’s child welfare-supervised foster care.<sup>704</sup> Between 2002 and 2007, 5 Transition Age Foster Youth aged out of Sierra County’s child welfare-supervised foster care.<sup>705</sup> Therefore, there were approximately eight Transition Age Foster Youth aged 16–25 in Sierra County as of January 1, 2008.<sup>706</sup> Conservatively assuming that 23% of these youth have a serious mental illness or severe emotional disorder, there are approximately two Transition Age Foster Youth in Sierra County who would qualify for Prop. 63-funded services.

### *To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?*

**Sierra County has not created a Prop. 63-funded CSS program solely and specifically for Transitional Age Foster Youth.**

Sierra County’s Prop. 63 CSS plan does not name Transition Age Foster Youth as a priority population. The County has created a Crisis/Warm Line for provision of 24/7 access to a mental health professional. Additionally, Sierra County has started a Community Academy series providing education on topics related to the philosophy of the Mental Health Services Act to promote community outreach through education and stigma reduction activities, increase clinical supervision and facilitate the hiring of interns.<sup>707</sup> The programs are available to TAY, adults and older adults and will serve approximately 126 TAY.



**Final Grade:** Sierra County’s Transition Age Foster Youth population is too small to evaluate the County fairly for a grade.

---

*A Note on Sierra County’s Prop. 63-funded Prevention and Early Intervention (PEI) Programs. As of this writing, Sierra County has not submitted a PEI Plan.*

## SISKIYOU COUNTY

**GRADE: NA**

Siskiyou County is a small county with a population of 45,695.<sup>708</sup> As of January 1, 2008, there were 26 Transition Age Foster Youth aged 16–20 in Siskiyou County’s child welfare-supervised foster care.<sup>709</sup> Between 2002 and 2007, 57 Transition Age Foster Youth aged out of Siskiyou County’s child welfare-supervised foster care.<sup>710</sup> Therefore, there were approximately 83 Transition Age Foster Youth aged 16–25 in Siskiyou County as of January 1, 2008.<sup>711</sup> Conservatively assuming that 23% of these youth have a serious mental illness or severe emotional disorder, there are about 19 Transition Age Foster Youth in Siskiyou County who would qualify for Prop. 63-funded services.

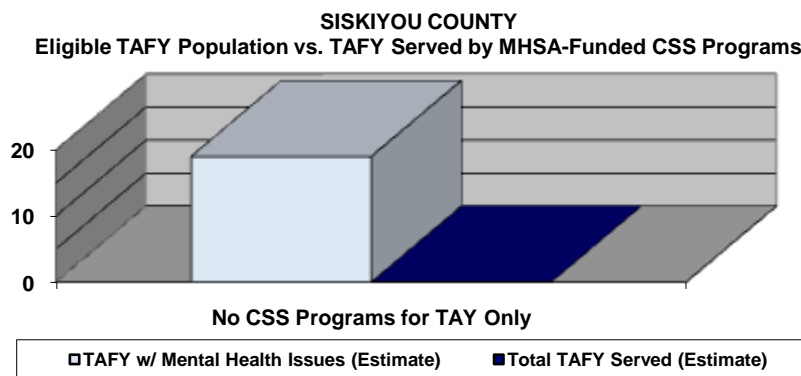
### To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?

**Siskiyou County has not created a Prop. 63-funded CSS program solely and specifically for Transition Age Foster Youth.**

Siskiyou is a small county and its programs generally target a broader range of at-risk populations; there are no programs created solely for the TAY population.

However, Transition Age Foster Youth may be able to benefit from the County’s Prop. 63 BHS/ Family/Community Resource Center program.<sup>712</sup> The program provides outreach, a Personal Services Coordinator, a community services team, transportation stipends, a Drop-In Center, restaurant vouchers, motel/camp ground/cabin vouchers, emergency utility services, tents and sleeping bags, and employment services to unserved and underserved individuals with severe mental illness or severe emotional disorders in all age groups. The program places particular focus on cultural and ethnic minorities, LGBTQ individuals, and agricultural industry workers in nine communities.<sup>713</sup>

Additionally, Transition Age Foster Youth may benefit from the County’s Behavioral Health Services plan. The plan provides services such as clinical services as well as education/training, housing services psychiatric services, and early intervention to SMI and SED populations of all ages in Siskiyou County.<sup>714</sup>



**Final Grade:** Siskiyou County’s Transition Age Foster Youth population is too small to evaluate the County fairly for a grade.

---

***A Note on Siskiyou County’s Prop. 63-funded Prevention and Early Intervention (PEI) Programs.*** As of this writing, Siskiyou County has not submitted a PEI Plan.

## SOLANO COUNTY

## GRADE: F

Solano County has a population of 423,970.<sup>715</sup> As of January 1, 2008, there were 103 Transition Age Foster Youth aged 16–20 in Solano County’s child welfare-supervised foster care.<sup>716</sup> Between 2002 and 2007, approximately 159 Transition Age Foster Youth aged out of Solano County’s child welfare-supervised foster care.<sup>717</sup> Therefore, there were approximately 262 Transition Age Foster Youth aged 16–25 in Solano County as of January 1, 2008.<sup>718</sup> Conservatively assuming that 23% of these youth have a serious mental illness or severe emotional disorder, there are about 60 Transition Age Foster Youth in Solano County who would qualify for Prop. 63-funded services.

### *To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?*

**Solano County has not created a Prop. 63-funded CSS program solely and specifically for Transition Age Foster Youth.**

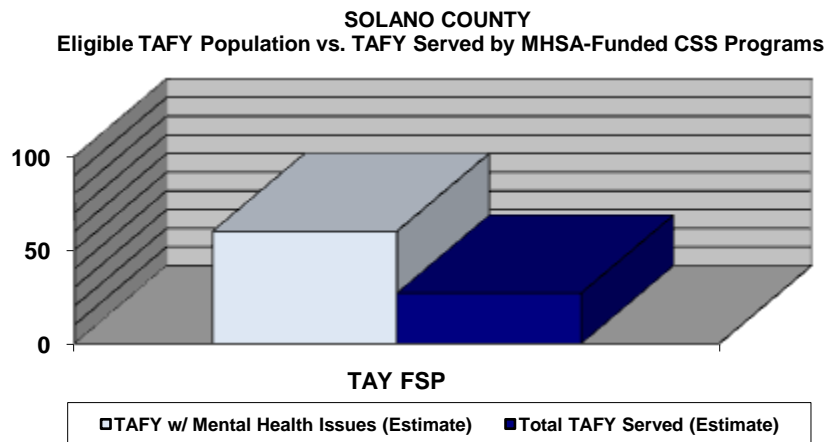
However, Solano County has created one Prop. 63-funded program for TAY, and Transition Age Foster Youth are included in the priority populations along with several other groups of at-risk youth between the ages of 18–24.<sup>719</sup>

The Full Service Partnership (FSP) provides a multi-disciplinary team and a Personal Service Coordinator to TAY clients. The FSP provides an assessment of the client’s needs, tailors services to meet these needs. The program works with community based services and provides housing support, vocational and educational support, benefits access and resource management in addition to mental health treatment.<sup>720</sup>

The TAY FSP manages several housing resources including master leases, permanent supported housing, motel vouchers, and a fund to pay for board and care placements for members without financial resources and to provide safe and adequate housing for its members.<sup>721</sup> In some cases, the Solano County Mental Health Housing Coordinator will be utilized for additional resource management. The project also links with THP-Plus to provide supported housing to youth through age 22 emancipating from foster care.<sup>722</sup>

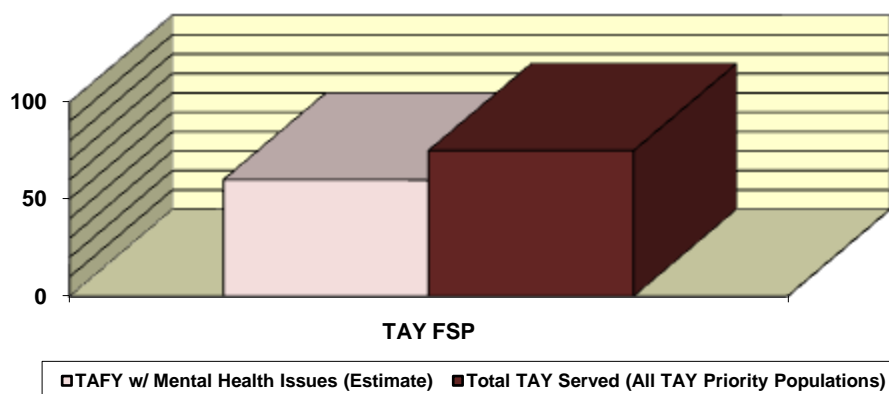
Finally, the TAY FSP has a job developer on staff to work with its members and utilize existing resources, such as State Department of Rehabilitation, One Stop employment assistance (CalWORKs), Pride Industries, Labor Ready and other available employment resources.<sup>723</sup>

The TAY FSP is estimated to serve 75 TAY in 2007–08.<sup>724</sup>



Only if Solano County’s CSS programs for TAY were available exclusively to Transition Age Foster Youth—which is not currently the case—would capacity be sufficient to meet estimated demand.

**SOLANO COUNTY**  
**Eligible TAFY Population vs. Total TAY Population Served by MHSA-Funded CSS Programs**



Criteria	Points
1. <b>TAFY Focus:</b> Does the county offer a program designed solely and specifically for TAFY? Has it tailored a component of a program specifically to TAFY?	0 of 10
2. <b>Priority Population:</b> Does the county designate TAFY to be a priority population? How many other priority populations are served by the program? If not named expressly as a priority population, how likely is it that TAFY will fit into one of the named priority populations?	15 of 20
3. <b>Capacity:</b> What is the capacity of the program? How does capacity compare to estimated need?	15.8 of 35
4. <b>Sufficiency of Services Provided:</b> How many of the optimal elements are included in the program? Optimal elements for TAFY are deemed to be mental health services, immediate shelter, long-term housing, peer support/mentoring, flexible funding, education, and employment assistance.	25 of 30
5. <b>TAFY Tracking:</b> To what extent does the program track TAFY participation and outcomes?	1 of 5
<b>TOTAL:</b>	<b>56.8 of 100</b>

**Final Grade:** Regarding its use of Prop. 63 CSS funding to meet the needs of Transition Age Foster Youth, Solano County's grade is **F**. The County is moving slightly in a positive direction—in addition to making some positive steps toward addressing mental illness in the broader TAY population, it took the positive step of conducting several focus groups with Transition Age Foster Youth. Unfortunately the County's resulting PEI plan (discussed below) offers no program solely and specifically to address the needs of Transition Age Foster Youth.

**A Note on Solano County's Prop. 63-funded Prevention and Early Intervention (PEI) Programs.** *The Commission approved Solano County's PEI plan in September 2008.<sup>725</sup> Solano County's PEI Plan does not include a program created solely and specifically for Transition Age Foster Youth.*

*The County does have a program called "Education, Employment, and Family Support for At Risk TAY" from which Transition Age Foster Youth may benefit.<sup>726</sup> The program's priority population is TAY experiencing onset of serious psychiatric illness. The program will provide community college-based supported education and employment for students with psychological disabilities. Additionally, this program will offer a class called "Parenting Your Transitional Age Youth" to offer education and support to parents, foster parents and other primary caregivers of TAY.<sup>727</sup>*

# SONOMA COUNTY

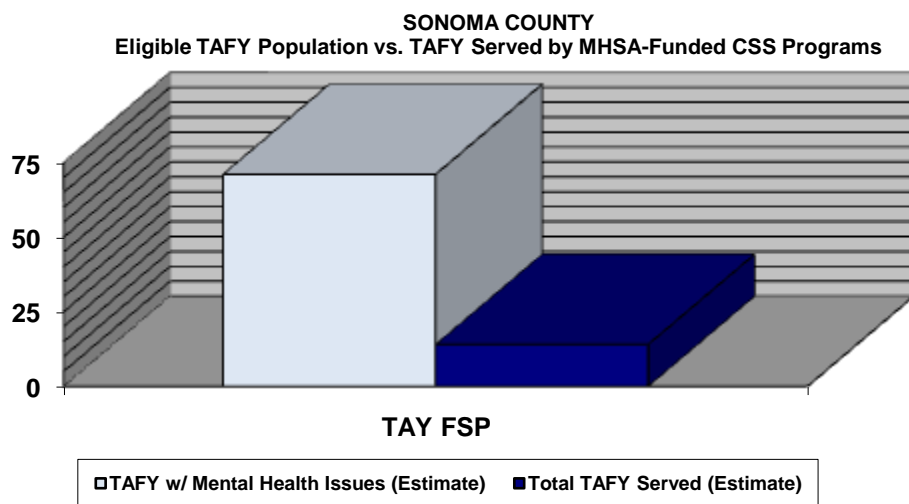
# GRADE: F

Sonoma County has a population of 482,034.<sup>728</sup> As of January 1, 2008, there were 100 Transition Age Foster Youth aged 16–20 in Sonoma County’s child welfare-supervised foster care.<sup>729</sup> Between 2002 and 2007, approximately 209 Transition Age Foster Youth aged out of Sonoma County’s child welfare-supervised foster care.<sup>730</sup> Therefore, there were approximately 309 Transition Age Foster Youth aged 16–25 in Sonoma County as of January 1, 2008.<sup>731</sup> Conservatively assuming that 23% of these youth have a serious mental illness or severe emotional disorder, there are about 71 Transition Age Foster Youth in Sonoma County who would qualify for Prop. 63-funded services.

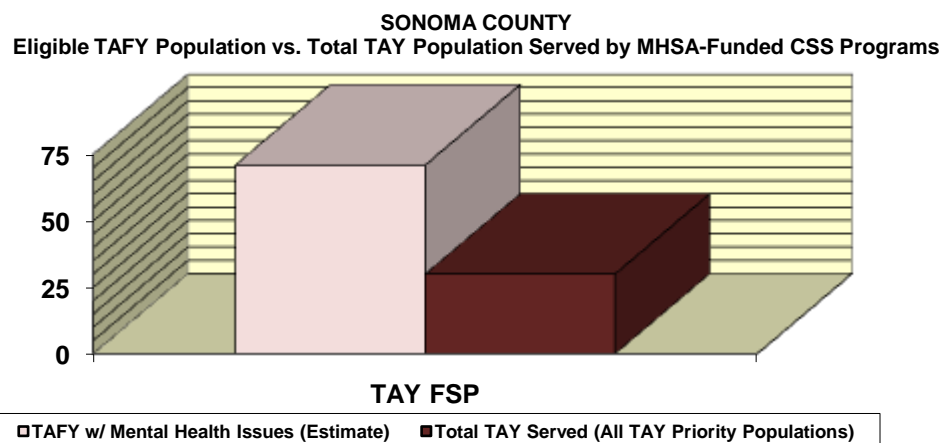
## To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?

**Sonoma County has not created a Prop. 63-funded CSS program solely and specifically for Transition Age Foster Youth.<sup>732</sup>**

However, Transition Age Foster Youth may benefit from Sonoma County’s TAY Intensive Services program, which provides intensive services for TAY ages 18–25 years.<sup>733</sup> The community-based program Social Advocates for Youth (SAY) is providing transitional housing services. The program also offers Supportive Employment services and supported housing services for TAY. The capacity is 40.<sup>734</sup>



Even if Sonoma County’s CSS programs for TAY were available exclusively to Transition Age Foster Youth, capacity would still fall far short of meeting the need:



Criteria	Points
1. <b>TAFY Focus:</b> Does the county offer a program designed solely and specifically for TAFY? Has it tailored a component of a program specifically to TAFY?	0 of 10
2. <b>Priority Population:</b> Does the county designate TAFY to be a priority population? How many other priority populations are served by the program? If not named expressly as a priority population, how likely is it that TAFY will fit into one of the named priority populations?	14 of 20
3. <b>Capacity:</b> What is the capacity of the program? How does capacity compare to estimated need?	6.9 of 35
4. <b>Sufficiency of Services Provided:</b> How many of the optimal elements are included in the program? Optimal elements for TAFY are deemed to be mental health services, immediate shelter, long-term housing, peer support/mentoring, flexible funding, education, and employment assistance.	25 of 30
5. <b>TAFY Tracking:</b> To what extent does the program track TAFY participation and outcomes?	1 of 5
<b>TOTAL:</b>	<b>46.9 of 100</b>

**Final Grade:** Regarding its use of Prop. 63 CSS funding to meet the needs of Transition Age Foster Youth, Sonoma County's grade is **F**.

---

*A Note on Sonoma County's Prop. 63-funded Prevention and Early Intervention (PEI) Programs. The Commission approved Sonoma County's PEI Plan in March 2009. The Plan does not include any programs created solely and specifically for Transition Age Foster Youth. It does include School-Based Programs and the Crisis Intervention for First Onset Program from which Transition Age Foster Youth may benefit.<sup>735</sup>*



## STANISLAUS COUNTY

## GRADE: F

Stanislaus County has a population of 523,095.<sup>736</sup> As of January 1, 2008, there were 106 Transition Age Foster Youth aged 16–20 in Stanislaus County’s child welfare-supervised foster care.<sup>737</sup> Between 2002 and 2007, an estimated 243 Transition Age Foster Youth aged out of Stanislaus County’s child welfare-supervised foster care.<sup>738</sup> Therefore, there were approximately 349 Transition Age Foster Youth aged 16–25 in Stanislaus County as of January 1, 2008.<sup>739</sup> Conservatively assuming that 23% of these youth have a serious mental illness or severe emotional disorder, there are about 80 Transition Age Foster Youth in Stanislaus County who would qualify for Prop. 63-funded services.

### To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?

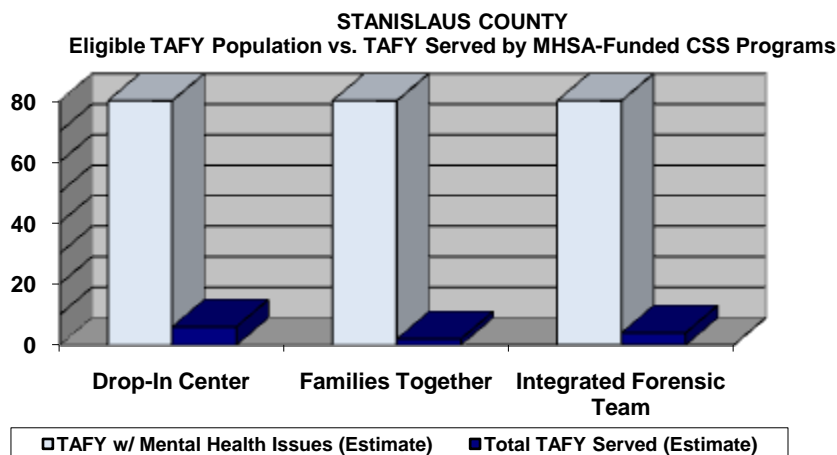
**Stanislaus County has not created a Prop. 63-funded CSS program solely and specifically for Transition Age Foster Youth.**<sup>740</sup>

However, Stanislaus County has an Prop. 63-funded program—Transition Age Young Adult Drop-In Center—which may benefit Transition Age Foster Youth, along with several other populations.<sup>741</sup> The TAY Drop-In Center provides an array of community and agency resources (both on site and in the community) geared to support the young adult in the four different transition domains of employment, educational opportunities, housing, and community life.<sup>742</sup> The Center also has a membership-driven “clubhouse” type model, which includes a Young Adult Advisory Council to take an active role in guiding and taking ownership in the Drop-In Center.<sup>743</sup> The Center does not provide employment or housing services directly.<sup>744</sup> It provides homeless TAY with “safe haven” housing for up to 7 days.<sup>745</sup> The Center makes housing and employment referrals. Stanislaus County projected that the Drop-In Center would serve 70 TAY in 2007–08.<sup>746</sup>

Families Together is a Stanislaus County program designed to improve and expand supports and services for youth with serious emotionally disturbance (SED) and their families and Kincare Providers (family other than natural parents). The program will utilize a consumer driven service model. Services provided include; advocacy, service coordination, family and individual respite, and wraparound services. The priority population for Families together is children and youth with serious emotional disturbances, ages birth to 18 years of age and their families, including Kincare Providers. Families Together also serves some individuals in the TAY age group and their families.<sup>747</sup>

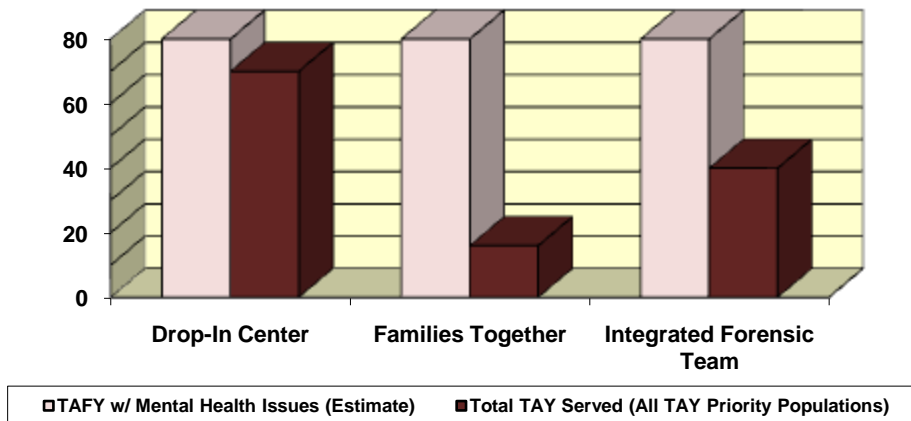
Stanislaus County has also created the Integrated Forensic Team to serve TAY and adults. Transition Age Foster Youth may benefit from this program, though it focuses on individuals with involvement in the criminal justice system. Specifically, those who are homeless, at risk of homelessness (such as persons coming out of jail), involved in the criminal justice system, frequent users of hospital and emergency room services, or who are so underserved they are at risk of homelessness, criminal justice involvement and institutionalization.<sup>748</sup>

Notably, Stanislaus County has created an Prop. 63-funded program specifically for youth who become involved in the Juvenile Justice system (the Juvenile Justice Full Service Partnership Program).<sup>749</sup>



Even if Stanislaus County’s CSS programs for TAY were available exclusively to Transition Age Foster Youth, capacity would still fall short of meeting the need:

**STANISLAUS COUNTY**  
**Eligible TAFY Population vs. Total TAY Population Served by MHSA-Funded CSS Programs**



Criteria	Points
1. <b>TAFY Focus:</b> Does the county offer a program designed solely and specifically for TAFY? Has it tailored a component of a program specifically to TAFY?	0 of 10
2. <b>Priority Population:</b> Does the county designate TAFY to be a priority population? How many other priority populations are served by the program? If not named expressly as a priority population, how likely is it that TAFY will fit into one of the named priority populations?	1 of 20
3. <b>Capacity:</b> What is the capacity of the program? How does capacity compare to estimated need?	3.3 of 35
4. <b>Sufficiency of Services Provided:</b> How many of the optimal elements are included in the program? Optimal elements for TAFY are deemed to be mental health services, immediate shelter, long-term housing, peer support/mentoring, flexible funding, education, and employment assistance.	25 of 30
5. <b>TAFY Tracking:</b> To what extent does the program track TAFY participation and outcomes?	1 of 5
<b>TOTAL:</b>	<b>30.3 of 100</b>

**Final Grade:** Regarding its use of Prop. 63 CSS funding to meet the needs of Transition Age Foster Youth, Stanislaus County's grade is **F**.

---

**A Note on Stanislaus County's Prop. 63-funded Prevention and Early Intervention (PEI) Programs.** *The Commission approved Stanislaus County's PEI Plan in May 2009.<sup>750</sup> The Plan does not include any programs created solely and specifically for Transition Age Foster Youth. Stanislaus County's Plan includes the Adverse Childhood Experience Interventions program, which focuses on support and treatment services for children and youth exposed to trauma; as such, the program could be beneficial to Transition Age Foster Youth. Other TAY programs for which Stanislaus County is using Prop. 63 PEI funding are The Community Capacity Building Project, Emotional Wellness Education / Community Support, Child and Youth Resiliency and Development, Adult Resiliency and Social Connectedness, Health / Behavioral Health Integration, and School-Based Health Integration.<sup>751</sup>*

# **SUTTER AND YUBA COUNTIES\***

# **GRADE: F**

*\*Note: Sutter and Yuba counties submitted a joint Prop. 63 CSS plan.*

Sutter County has a population of 95,516 and Yuba County has a population of 71,612.<sup>752</sup> As of January 1, 2008, there were 14 Transition Age Foster Youth aged 16–20 in Sutter County’s child welfare-supervised foster care and 38 Transition Age Foster Youth aged 16–20 in Yuba County’s child welfare-supervised foster care.<sup>753</sup> Between 2002 and 2007, an estimated 49 Transition Age Foster Youth aged out of Sutter County’s child welfare-supervised foster care and an estimated 107 Transition Age Foster Youth aged out of Yuba County’s child welfare-supervised foster care system.<sup>754</sup> Therefore, there were approximately 208 Transition Age Foster Youth aged 16–25 in Sutter and Yuba counties as of January 1, 2008.<sup>755</sup> Conservatively assuming that 23% of these youth have a serious mental illness or severe emotional disorder, there are about 48 Transition Age Foster Youth in Sutter and Yuba Counties who would potentially qualify for Prop. 63-funded services.

## **To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?**

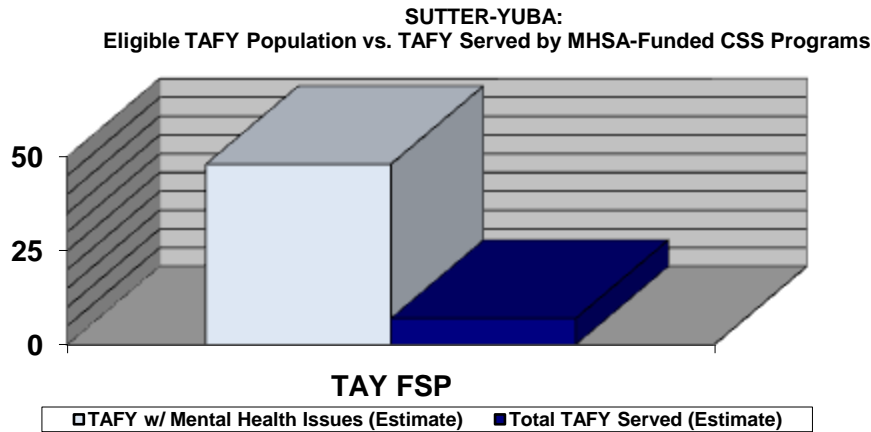
**The Sutter-Yuba Bi-County plan did not create an Prop. 63-funded CSS program solely and specifically for Transition Age Foster Youth.**

The counties’ Prop. 63 CSS plan does include Transition Age Foster Youth in the priority populations for services, along with other priority populations including young women with self-harming behavior such as promiscuity, substance abuse, running away, and victimization, and youth aging out of probation and children’s mental health and transitioning into adult systems.<sup>756</sup> Within these populations, the counties give further priority to youth who have co-occurring substance abuse and mental health disorders, are at significant risk of gang involvement, are uninsured, or whose cultural identity puts them in an underserved population within the community.<sup>757</sup>

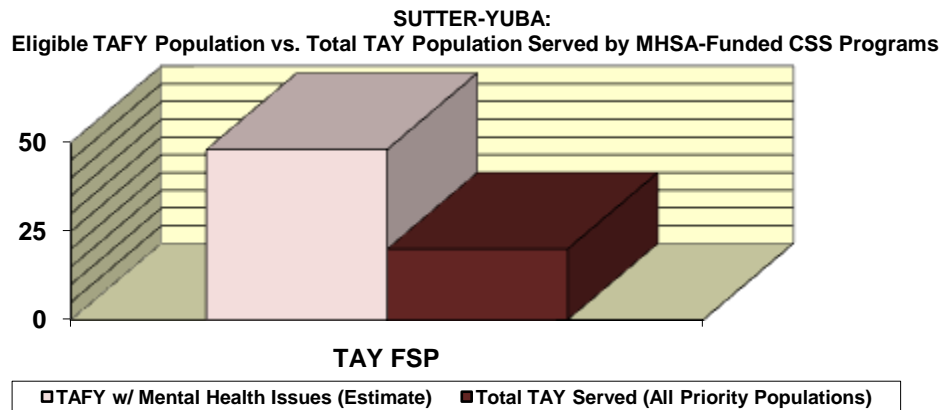
The program, Forte Academy,<sup>758</sup> is a wraparound program that uses a “whatever it takes” approach, utilizing a personal service coordinator to help to coordinate the services for each individual in this program.<sup>759</sup> The services provided include integrated mental health and substance abuse services, psychiatric assessment and treatment with medication, group and individual psychotherapy, assistance with housing and employment services/job training, and youth mentors.<sup>760</sup> The program shares a job specialist and a housing specialist with the Adult/Older Adult FSPs.<sup>761</sup> The housing specialist assists clients in temporary/emergency/transitional/permanent housing and attends to the issues of affordability, safety, help with paperwork, and/or the need for subsidies.<sup>762</sup> The housing coordinator uses vouchers for temporary/emergency hotel stays, coordinates with existing housing programs, and forms partnerships with local landlords to provide support for TAY seeking local independent housing.<sup>763</sup> Additionally, new housing is being developed with Prop. 63 funding. As the counties develop this housing, FSP participants, including participants in the TAY FSP, the Adult FSP, and the Older Adult FSP, have first priority for this housing.<sup>764</sup>

Finally, the job specialist develops employment opportunities, creates connections with job coaches to help TAY succeed in jobs, and offers career counselors to help youth discover their vocational strengths.<sup>765</sup> The specialist also assists TAY with hands-on training and provides practical, individualized support in job search skills as well as assistance with placement in schools, education or training.<sup>766</sup> The program also collaborates with Youth Build, a program that not only builds housing but also provides instruction to youth in construction technology.<sup>767</sup>

The FSP program serves approximately 20 TAY a year.<sup>768</sup>



Even if Sutter-Yuba counties' CSS programs for TAY were available exclusively to Transition Age Foster Youth, capacity would still fall far short of meeting the need:



Criteria	Points
1. <b>TAFY Focus:</b> Does the county offer a program designed solely and specifically for TAFY? Has it tailored a component of a program specifically to TAFY?	0 of 10
2. <b>Priority Population:</b> Does the county designate TAFY to be a priority population? How many other priority populations are served by the program? If not named expressly as a priority population, how likely is it that TAFY will fit into one of the named priority populations?	14 of 20
3. <b>Capacity:</b> What is the capacity of the program? How does capacity compare to estimated need?	5.1 of 35
4. <b>Sufficiency of Services Provided:</b> How many of the optimal elements are included in the program? Optimal elements for TAFY are deemed to be mental health services, immediate shelter, long-term housing, peer support/mentoring, flexible funding, education, and employment assistance.	28 of 30
5. <b>TAFY Tracking:</b> To what extent does the program track TAFY participation and outcomes?	1 of 5
<b>TOTAL:</b>	<b>48.1 of 100</b>

**Final Grade:** Regarding their use of Prop. 63 CSS funding to meet the needs of Transition Age Foster Youth, the grade for Sutter-Yuba Counties is **E**.

***A Note on Sutter-Yuba Counties' Prop. 63-funded Prevention and Early Intervention (PEI) Programs.** The Commission approved Sutter-Yuba Counties' joint PEI plan in July 2009.<sup>769</sup> The plan does not include any programs solely and specifically designed for TAFY. Nor does it include any programs solely for the TAY population, although the plan does include five programs—Community Prevention Team, Expand Mentoring Program, Strengthening Families, Recreational Opportunities, and First Onset Team—Community Prevention Team, Expand Mentoring Program, Strengthening Families, Recreational Opportunities, and First Onset Team—for which the priority populations are, broadly, Children/Youth and TAY in various high-risk groups.*

# **TEHAMA COUNTY**

# **GRADE: D**

Tehama County has a population of 62,093.<sup>770</sup> As of January 1, 2008, there were 38 Transition Age Foster Youth aged 16–20 in Tehama County’s child welfare-supervised foster care.<sup>771</sup> Between 2002 and 2007, approximately 84 Transition Age Foster Youth aged out of Tehama County’s child welfare-supervised foster care.<sup>772</sup> Therefore, there were approximately 122 Transition Age Foster Youth aged 16–25 in Tehama County as of January 1, 2008.<sup>773</sup> Conservatively assuming that 23% of these youth have a serious mental illness or severe emotional disorder, there are about 28 Transition Age Foster Youth in Tehama County who would potentially qualify for Prop. 63-funded services.

## **To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?**

**Tehama County has not created a Prop. 63-funded CSS program solely and specifically for Transition Age Foster Youth.**

Although Tehama County has created an Prop. 63-funded Full Service Partnership (FSP) for TAY which specifically designates TAY transitioning out of foster care as a priority population, it also targets TAY at risk for substance abuse, homelessness, violence and gang activity, and involvement in the criminal justice system, as well as Latino youth.<sup>774</sup> The program provides 24/7 case management for consumers. It provides flexible funding for immediate needs such as food vouchers, transportation vouchers, and housing.<sup>775</sup> Further, the program will provide psychiatric services and treatment for co-occurring disorders.<sup>776</sup>

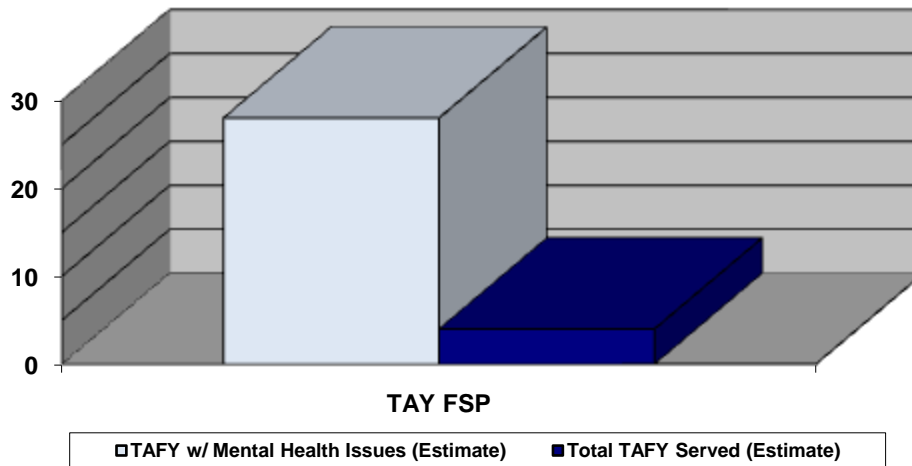
The program also provides supported housing. The program utilizes housing subsidies to assist TAY consumers in obtaining and maintaining housing through rental assistance.<sup>777</sup> A housing specialist develops and coordinates housing options for the mental health division, specifically locating and diversifying options for individuals in the TAY FSP.<sup>778</sup>

The program provides an employment specialist. The specialist develops relationships with current vocational and employment providers to increase services provided to consumers of mental health services and works within the community to develop job opportunities for consumers.<sup>779</sup>

Finally, the program provides a Health Educator, who provides ongoing outreach and engagement services to the Latino community and provides ongoing training to existing staff on culturally competent service provision.<sup>780</sup>

TAFY might benefit to a limited extent from two other Prop. 63-funded CSS programs in Tehama County—the Housing Initiative and the Project Access Workplan; however, these two programs are available to all age groups and capacity is limited. The goal of the Housing Initiative, which will develop and monitor new housing options for 10–15 consumers, is to address the need for permanent, affordable housing for consumers in Tehama County. The goals of the Project Access Workplan are to improve access to crisis response services by adding a Crisis Response Team; increase the effectiveness of crisis response activities by utilizing an evidence-based intervention program; improve access to our underserved populations by co-locating mental health staff at primary health care sites; increase availability of weekend services through an expanded peer-run drop-in center, and expanding the peer led activities at the Drop In Center overall; and increase access to services in the school setting and other settings, such as substance abuse prevention groups, including prevention and intervention for mental health issues as well as issues related to substance abuse.

**TEHAMA COUNTY:  
Eligible TAFY Population vs. TAFY Served by MHSA-Funded CSS Programs**



Criteria	Points
1. <b>TAFY Focus:</b> Does the county offer a program designed solely and specifically for TAFY? Has it tailored a component of a program specifically to TAFY?	6 of 10
2. <b>Priority Population:</b> Does the county designate TAFY to be a priority population? How many other priority populations are served by the program? If not named expressly as a priority population, how likely is it that TAFY will fit into one of the named priority populations?	13 of 20
3. <b>Capacity:</b> What is the capacity of the program? How does capacity compare to estimated need?	10 of 35
4. <b>Sufficiency of Services Provided:</b> How many of the optimal elements are included in the program? Optimal elements for TAFY are deemed to be mental health services, immediate shelter, long-term housing, peer support/mentoring, flexible funding, education, and employment assistance.	30 of 30
5. <b>TAFY Tracking:</b> To what extent does the program track TAFY participation and outcomes?	1 of 5
<b>TOTAL:</b>	<b>60 of 100</b>

**Final Grade:** Regarding its use of Prop. 63 CSS funding to meet the needs of Transition Age Foster Youth, Tehama County's grade is D.

---

*A Note on Tehama County's Prop. 63-funded Prevention and Early Intervention (PEI) Programs. As of this writing, Tehama County has not submitted a plan for Prop. 63 PEI funding.*

## **TRINITY COUNTY**

## **GRADE: NA**

Trinity County is a small county with a population of 14,012.<sup>781</sup> As of January 1, 2008, there were eight Transition Age Foster Youth aged 16–20 in Trinity County’s child welfare-supervised foster care.<sup>782</sup> Between 2002 and 2007, approximately 18 Transition Age Foster Youth aged out of Trinity County’s child welfare-supervised foster care.<sup>783</sup> Therefore, there were approximately 26 Transition Age Foster Youth aged 16–25 in Trinity County as of January 1, 2008.<sup>784</sup> Conservatively assuming that 23% of these youth have a serious mental illness or severe emotional disorder, there are about six Transition Age Foster Youth in Trinity County who would potentially qualify for Prop. 63-funded services.

### **To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?**

**Trinity County has not created a Prop. 63-funded CSS program solely and specifically for Transition Age Foster Youth.**

Trinity is a small county, and it has not found a need to use Prop. 63 funds for this purpose.<sup>785</sup> It serves Transition Age Foster Youth through other mental health programs. For example, the County has established FSPs for adults and TAY. The FSPs provide outreach and engagement to these two groups and they provide “whatever it takes” to help these consumers remain safe in their homes and communities, engaged in meaningful work, education or volunteer activities, and out of trouble with the legal system.<sup>786</sup> The program serves two adults and two TAY during its first year and increase the number of consumers served in subsequent years.<sup>787</sup> Transition Age Foster Youth may benefit from these programs by virtue of falling into the age group, but there is not a program specifically designed to address their needs.

**Final Grade: Trinity County’s Transition Age Foster Youth population is too small to evaluate the County fairly for a grade.**

---

***A Note on Trinity County’s Prop. 63-funded Prevention and Early Intervention (PEI) Programs.*** *The Commission approved Trinity County’s expenditure plan in February 2009.<sup>788</sup> The plan includes The Southern Trinity Health Services Primary Intervention Project, which is a collaboration between Trinity County Behavioral Health Services, Mountain Valley School District, Southern Trinity Health Services and the Van Dusen School District, and is intended to serve students and underserved populations that may reside far away from county services. It will provide counseling services, a resource center, and other intervention services. The PEI plan also includes Challenge Day, the purpose of which is to build strong feelings of connectedness between youth and their community.*

# TULARE COUNTY

# GRADE: F

Tulare County has a population of 430,974.<sup>789</sup> As of January 1, 2008, there were 148 Transition Age Foster Youth aged 16–20 in Tulare County’s child welfare-supervised foster care.<sup>790</sup> Between 2002 and 2007, approximately 365 Transition Age Foster Youth aged out of Tulare County’s child welfare-supervised foster care.<sup>791</sup> Therefore, there were approximately 513 Transition Age Foster Youth aged 16–25 in Tulare County as of January 1, 2008.<sup>792</sup> Conservatively assuming that 23% of these youth have a serious mental illness or severe emotional disorder, there are about 118 Transition Age Foster Youth in Tulare County who would potentially qualify for Prop. 63-funded services.

## To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?

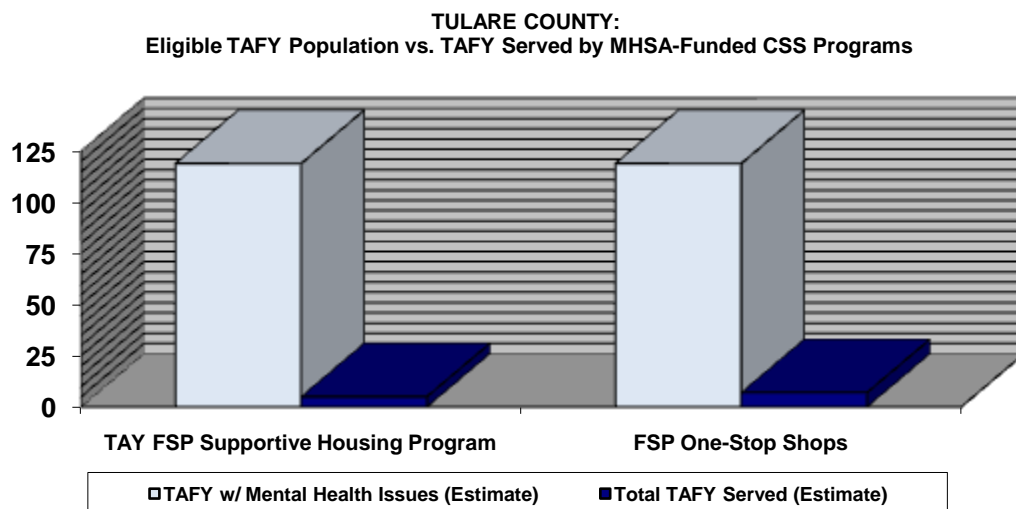
**Tulare County has not created a Prop. 63-funded CSS program solely and specifically for Transition Age Foster Youth.**<sup>793</sup>

However, Tulare County has created an Prop. 63-funded TAY supportive housing program from which Transition Age Foster Youth may benefit. The priority populations for the supportive housing program are TAY who are leaving placement, those who have current or previous involvement with the juvenile justice system, are special education or alternative school students, are unemployed, are homeless or at-risk of homelessness, and emancipated minors or TAY between the ages of 18–24.<sup>794</sup>

Tulare County’s TAY supportive housing program provides housing for ten TAY consumers for up to 18 months with on-site case management.<sup>795</sup> The program provides life skills training, including budget management. The program provides linkages to employment training, and vocational and post-secondary education as well.<sup>796</sup>

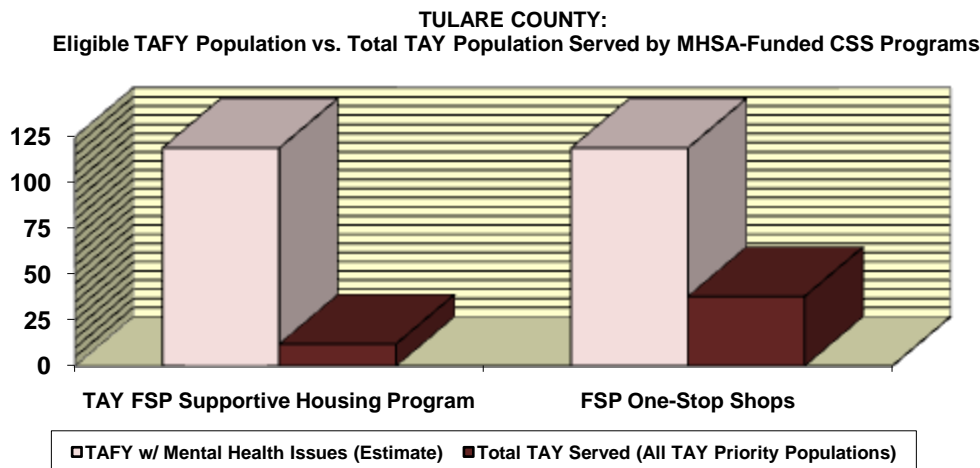
Additionally, Tulare County has created Prop. 63-funded One-Stop Centers to serve children, youth, and TAY. The Centers, located throughout the County, provide referrals to the supported housing program for TAY.<sup>797</sup> Further, they provide a wide array of services such as family counseling, peer counseling, peer mentoring, education and counseling on coping, anger management, life skills training, vocational education, link to after school recreational activities, transportation to/from services, parent training, childcare for teen parents, outreach to racial ethnic populations to eliminate disparities in care, integrated physical and mental health services, youth involvement in planning and service development, and integrated substance abuse and mental health services.<sup>798</sup>

Tulare County has estimated that the One Stop shops provide FSP services to a combined 31 TAY each year.<sup>799</sup>





Even if Tulare County's CSS programs for TAY were available exclusively to Transition Age Foster Youth, capacity would still fall far short of meeting the need:



Criteria	Points
6. <b>TAFY Focus:</b> Does the county offer a program designed solely and specifically for TAFY? Has it tailored a component of a program specifically to TAFY?	0 of 10
7. <b>Priority Population:</b> Does the county designate TAFY to be a priority population? How many other priority populations are served by the program? If not named expressly as a priority population, how likely is it that TAFY will fit into one of the named priority populations?	15 of 20
8. <b>Capacity:</b> What is the capacity of the program? How does capacity compare to estimated need?	1.7 of 35
9. <b>Sufficiency of Services Provided:</b> How many of the optimal elements are included in the program? Optimal elements for TAFY are deemed to be mental health services, immediate shelter, long-term housing, peer support/mentoring, flexible funding, education, and employment assistance.	25 of 30
10. <b>TAFY Tracking:</b> To what extent does the program track TAFY participation and outcomes?	1 of 5
<b>TOTAL:</b>	<b>42.7 of 100</b>

**Final Grade:** Regarding its use of Prop. 63 CSS funding to meet the needs of Transition Age Foster Youth, Tulare County's grade is F.

---

***A Note on Tulare County's Prop. 63-funded Prevention and Early Intervention (PEI) Programs.** The Commission approved Tulare County's PEI plan in May 2009.<sup>800</sup> The plan does not include any programs created solely and specifically for Transition Age Foster Youth. It does include programs from which Transition Age Foster Youth may benefit either directly or indirectly: the Children and Youth in Stressed Families project, the Children at Risk for School Failure project, Early Identification and Intervention for Individuals Experiencing Mental Illness project, the Suicide Prevention project, and Reducing Stigma for Un/Underserved project.<sup>801</sup>*

# TUOLUMNE COUNTY

# GRADE: NA

Tuolumne County has a population of 56,910.<sup>802</sup> As of January 1, 2008, there were 22 Transition Age Foster Youth aged 16–20 in Tuolumne County’s child welfare-supervised foster care.<sup>803</sup> Between 2002 and 2007, approximately 33 Transition Age Foster Youth aged out of Tuolumne County’s child welfare-supervised foster care.<sup>804</sup> Therefore, there were approximately 55 Transition Age Foster Youth aged 16–25 in Tuolumne County as of January 1, 2008.<sup>805</sup> Conservatively assuming that 23% of these youth have a serious mental illness or severe emotional disorder, there are about 13 Transition Age Foster Youth in Tuolumne County who would potentially qualify for Prop. 63-funded services.

## *To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?*

**Tuolumne County has not created a Prop. 63-funded CSS program solely and specifically for Transition Age Foster Youth.**<sup>806</sup>

However, Tuolumne County has created an Prop. 63-funded program from which Transition Age Foster Youth may benefit. The Integrated Program of Outreach and Engagement and System Development is available to consumers of all ages.<sup>807</sup> The identified priority population includes members of any age group with a serious mental illness or a severe emotional disorder.<sup>808</sup> Members of the priority population exhibit one or more of the following situational characteristics: homelessness or risk of homelessness; incarceration or institutionalization or risk thereof; inability to access mental health services because of isolation, including geographic isolation, ethnic/racial, language, or cultural isolation; isolation resulting from family distress, lack of resources, or from mental illness or co-occurring disorder; and/or a co-occurring disorder.<sup>809</sup>

The program provides outreach to consumers through an outreach team. Additionally, it provides housing through collaboration and coordination with local and state agencies and private housing providers.<sup>810</sup> It provides transportation for consumers to help them access community services and supports. Finally, the program provides assistance with accessing benefits and promotes mental health by increasing community and consumer understanding of mental health issues and the mental health system.<sup>811</sup>

**Final Grade:** Tuolumne County’s Transition Age Foster Youth population is too small to evaluate the County fairly for a grade.

---

***A Note on Tuolumne County’s Prop. 63-funded Prevention and Early Intervention (PEI) Programs.*** The Commission approved Tuolumne County’s PEI Plan in February 2009.<sup>812</sup> The Plan does not include any programs solely and specifically for Transition Age Foster Youth. It does include the Suicide Prevention and Stigma Reduction project from which Transition Age Foster Youth may benefit. It also includes a program that provides foster parent education among its services.<sup>813</sup>

# VENTURA COUNTY

# GRADE: F

Ventura County has a population of 826,550.<sup>814</sup> As of January 1, 2008, there were 95 Transition Age Foster Youth aged 16–20 in Ventura County’s child welfare-supervised foster care.<sup>815</sup> Between 2002 and 2007, approximately 216 Transition Age Foster Youth aged out of Ventura County’s child welfare-supervised foster care.<sup>816</sup> Therefore, there were approximately 311 Transition Age Foster Youth aged 16–25 in Ventura County as of January 1, 2008.<sup>817</sup> Conservatively assuming that 23% of these youth have a serious mental illness or severe emotional disorder, there are about 72 Transition Age Foster Youth in Ventura County who would potentially qualify for Prop. 63-funded services.

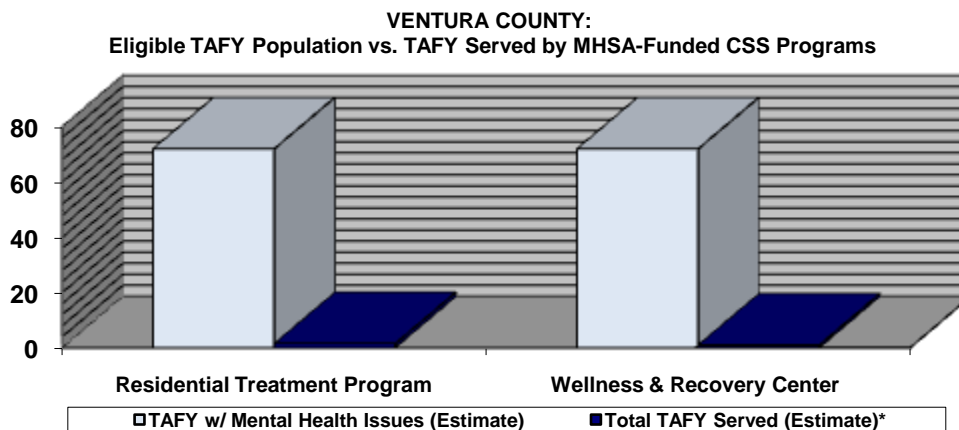
## To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?

**Ventura County has not created a Prop. 63-funded CSS program solely and specifically for Transition Age Foster Youth.**<sup>818</sup>

However, Ventura County has created two Prop. 63-funded CSS programs for TAY from which Transition Age Foster Youth may benefit.<sup>819</sup> The Therapeutic Community Residential Campus provides recovery-based treatment to TAY,<sup>820</sup> serving TAY with severe and persistent mental illness who also have a co-occurring substance abuse disorder.<sup>821</sup> The residential program is available to TAY consumers for up to 18 months.<sup>822</sup> It provides clinic-based mental health services and community based services through the Wellness and Recovery Center (described below).<sup>823</sup> The program uses the “whatever it takes” approach to treatment and will provide group therapy, self-help recovery groups, and individual therapy in a wrap of services around the individual.<sup>824</sup>

The residential program provides housing. When residents leave the program the County works with housing partners to provide permanent housing within the community.<sup>825</sup> If the residents leave the program early and are not prepared for permanent housing, the program works to provide shelter in a variety of ways; it can provide immediate shelter through linkage with existing community shelters and motel vouchers, it can provide transitional housing through linkages with existing community transitional housing programs, and it can provide substance abuse residential treatment and sober living for alcohol and drug recovery and relapse, also through existing community programs.<sup>826</sup> Finally, the program coordinates with the Wellness and Recovery Center to provide vocational and employment services through community collaborations.<sup>827</sup> The residential program serves 15 TAY.

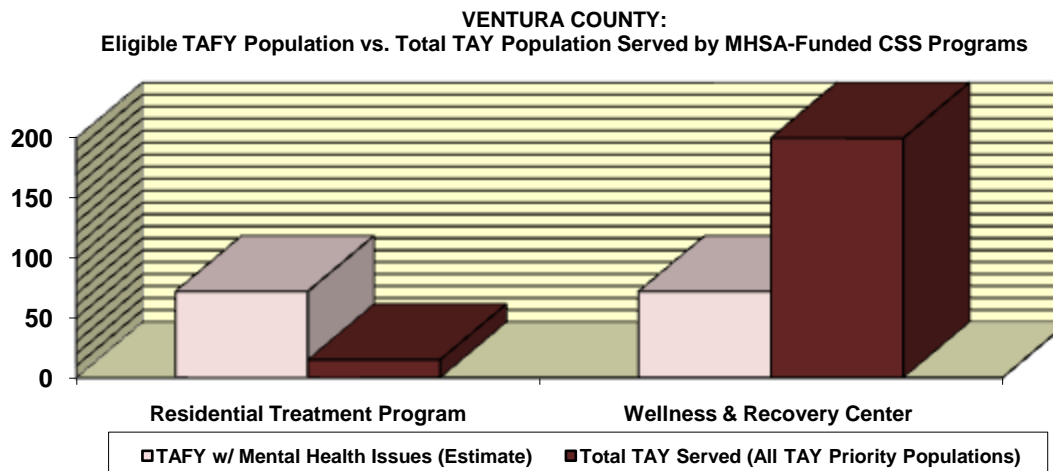
The second program is the TAY Wellness and Recovery Center.<sup>828</sup> The Wellness Center refers TAY to the Therapeutic Community Residential program and it provides a variety of additional services on-site.<sup>829</sup> The Center provides services such as linkages to services relevant to their unique needs and drop in access to a variety of mental health related services.<sup>830</sup> The Center provides linkages to housing by utilizing existing community programs and resources.<sup>831</sup> The Wellness and Recovery Center will serve 200 TAY, according to Ventura County estimates.



*\*The “Total TAFY Served” figure for the Wellness and Recovery Center may be an underestimate, as the program does have an outreach component for Transition Age Foster Youth. However, the priority population is listed as young adults between the ages of*

18–25, and TAFY make up just 0.3% of that population in Ventura County. Therefore, the program is given capacity points for one Transition Age Foster Youth (rounded up after determining 0.3% of the 200 person capacity of the program).<sup>832</sup>

If Ventura County’s CSS programs for TAY were available exclusively to Transition Age Foster Youth—which is not currently the case—the Residential Treatment Program capacity would still be insufficient to meet estimated demand, but the Wellness & Recovery Center capacity would be sufficient to meet estimated demand:



Criteria	Points
1. <b>TAFY Focus:</b> Does the county offer a program designed solely and specifically for TAFY? Has it tailored a component of a program specifically to TAFY?	0 of 10
2. <b>Priority Population:</b> Does the county designate TAFY to be a priority population? How many other priority populations are served by the program? If not named expressly as a priority population, how likely is it that TAFY will fit into one of the named priority populations?	5 of 20
3. <b>Capacity:</b> What is the capacity of the program? How does capacity compare to estimated need?	1 of 35
4. <b>Sufficiency of Services Provided:</b> How many of the optimal elements are included in the program? Optimal elements for TAFY are deemed to be mental health services, immediate shelter, long-term housing, peer support/mentoring, flexible funding, education, and employment assistance.	25 of 30
5. <b>TAFY Tracking:</b> To what extent does the program track TAFY participation and outcomes?	1 of 5
<b>TOTAL:</b>	<b>32 of 100</b>

**Final Grade:** Regarding its use of Prop. 63 CSS funding to meet the needs of Transition Age Foster Youth, Ventura County’s grade is **E**.

**A Note on Ventura County’s Prop. 63-funded Prevention and Early Intervention (PEI) Programs.** *Ventura County submitted its PEI plan in August 2009.<sup>833</sup> As of this writing, the Commission has not approved the plan. As submitted, Ventura County’s plan does not include any projects or programs designed solely and specifically for TAFY. However, the plan includes one project created for TAY, from which some TAFY may benefit. The project, Early Signs of Psychosis Intervention, will create an Early Psychosis Prevention and Early Intervention (EDIPP) team that will be responsible (in coordination with all of the Community Coalitions) for an education/training campaign directed at high school and college teachers, primary care staff, and law enforcement. The team will be mobile, providing screening/assessment and when indicated early intervention services that are home- and community-based. The program will establish linkages to the County’s Full Service Partnership and related supports.*

*As submitted, Ventura County’s plan includes three additional projects that name TAY as one of several priority populations. The projects are Community Coalitions, Primary Care Services, and School Based Services.*

# YOLO COUNTY

# GRADE: F

Yolo County has a population of 197,530.<sup>834</sup> As of January 1, 2008, there were 53 Transition Age Foster Youth aged 16–20 in Yolo County’s child welfare-supervised foster care.<sup>835</sup> Between 2002 and 2007, approximately 102 Transition Age Foster Youth aged out of Yolo County’s child welfare-supervised foster care.<sup>836</sup> Therefore, there were approximately 155 Transition Age Foster Youth aged 16–25 in Yolo County as of January 1, 2008.<sup>837</sup> Conservatively assuming that 23% of these youth have a serious mental illness or severe emotional disorder, there are about 36 Transition Age Foster Youth in Yolo County who would potentially qualify for Prop. 63-funded services.

## To What Extent are Prop. 63-Funded CSS Programs Serving Transition Age Foster Youth?

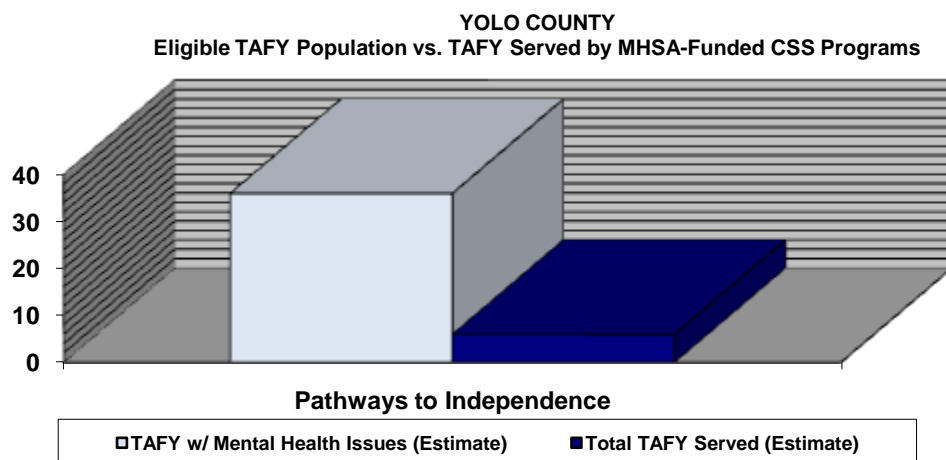
**Yolo County has not created a Prop. 63-funded CSS program solely and specifically for Transition Age Foster Youth.**<sup>838</sup>

However, Yolo County has created an Prop. 63-funded program from which Transition Age Foster Youth may benefit, along with several other priority populations.<sup>839</sup> The priority population for Yolo County’s Pathways to Independence program is TAY who have a psychiatric disability and who are homeless or at risk of becoming homeless, and who are emancipating from foster care or juvenile hall without family supports. The priority population further includes TAY who have a psychiatric disability and have unmet or under-met mental health treatment needs, are a member of an ethnic group, are identified as underserved or are so underserved as to be at risk of involvement in the criminal justice system, or are in need of assistance to complete high school or other educational or vocational program.<sup>840</sup> TAY who have a psychiatric disability and have experienced a first episode of major mental illness are in the priority population as well.<sup>841</sup>

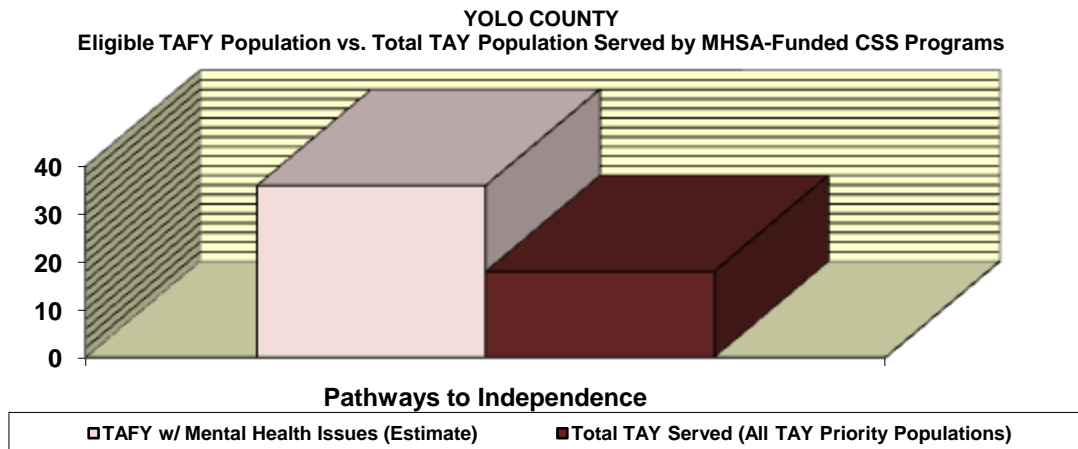
The Pathways to Independence program opened a service center in Yolo County. The Center provides several services such as housing, education, employment, benefits, clinical assistance, and peer and family support to TAY consumers.<sup>842</sup> In addition, the program provides 24-hour availability of a Personal Service Coordinator.<sup>843</sup>

The Pathways program provides linkage to housing and the services to maintain it, including independent living skills assistance.<sup>844</sup> Finally, the program offers job readiness, job coaching, and employment assistance, both through the Pathways to Independence program and through the Consumer and Family Partnership.<sup>845</sup>

The proposed capacity for the Pathways to Independence program in 2007–08 was 18 TAY.<sup>846</sup>



Even if Yolo County's CSS programs for TAY were available exclusively to Transition Age Foster Youth, capacity would still fall far short of meeting the need:



Criteria	Points
1. <b>TAFY Focus:</b> Does the county offer a program designed solely and specifically for TAFY? Has it tailored a component of a program specifically to TAFY?	0 of 10
2. <b>Priority Population:</b> Does the county designate TAFY to be a priority population? How many other priority populations are served by the program? If not named expressly as a priority population, how likely is it that TAFY will fit into one of the named priority populations?	13 of 20
3. <b>Capacity:</b> What is the capacity of the program? How does capacity compare to estimated need?	5.8 of 35
4. <b>Sufficiency of Services Provided:</b> How many of the optimal elements are included in the program? Optimal elements for TAFY are deemed to be mental health services, immediate shelter, long-term housing, peer support/mentoring, flexible funding, education, and employment assistance.	25 of 30
5. <b>TAFY Tracking:</b> To what extent does the program track TAFY participation and outcomes?	1 of 5
<b>TOTAL:</b>	<b>44.8 of 100</b>

**Final Grade:** Regarding its use of Prop. 63 CSS funding to meet the needs of Transition Age Foster Youth, Yolo County's grade is **E**.

---

*A Note on Yolo County's Prop. 63-funded Prevention and Early Intervention (PEI) Programs. The Commission approved Yolo County's PEI Plan in April 2009.<sup>847</sup> The Plan does not include any programs solely and specifically for Transition Age Foster Youth. The Plan does include two programs available to TAY generally—the Yolo Wellness Project and the Early Signs Project.<sup>848</sup>*

## Endnotes:

<sup>1</sup> Cal. Welf. & Inst. Code § 5847(c). In addition to the MHSA's express mandate that county programs meet the needs of Transition Age Youth, the Mental Health Services Oversight and Accountability Commission requires that counties dedicate at least 51% of their Prevention and Early Intervention (PEI) funding for individuals ages 0–25. Mental Health Services Oversight and Accountability Commission, *Mental Health Services Act Prevention and Early Intervention: County and State Level Policy Direction* (as amended Sept. 11, 2007) at 3 (available online at [www.dmh.ca.gov/MHSOAC/docs/MHSOAC\\_PEI\\_PolicyDirection\\_07Sep9.pdf](http://www.dmh.ca.gov/MHSOAC/docs/MHSOAC_PEI_PolicyDirection_07Sep9.pdf)).

<sup>2</sup> Cal. Welf. & Inst. Code § 5840(d).

<sup>3</sup> This report is limited to an examination of counties' Community Services and Supports (CSS) Plans, and grades are based on the CSS Plans only. However, where available, components of counties' Prevention and Early Intervention Plans are also mentioned (but are not considered for grading purposes).

<sup>4</sup> Davis, Maryann. *Addressing the Needs of Youth in Transition To Adulthood*, Administration and Policy in Mental Health 30(6) (July 2003) at 495–509 (available online at <http://www.springerlink.com/content/w438233470u35500/fulltext.pdf>). See also Richard A. Settersten Jr., et al., *On the Frontier of Adulthood: Theory, Research, and Public Policy*, University of Chicago Press (2005).

<sup>5</sup> Marsenich, Lynn, *Evidence-Based Practices In Mental Health Services for Foster Youth*, California Institute for Mental Health (March 2002) at 24 (available online at <http://www.cimh.org/downloads/Fostercaremanual.pdf>).

<sup>6</sup> *Id.* The wide variation is due to the different instruments used to measure mental health problems. See also Casey Family Programs, *Young Adult Survey 2006* (“[a] disproportionate number of respondents had mental health problems. Almost one-fourth (23.0%) of the young adults were experiencing a clinically significant level of mental health symptoms according to a global measure, while over one third (36.0%) were considered to be a “positive case” for having mental health problems”). The survey also found that half (49.4%) had alcohol problems. The Casey Family Programs survey is available online at [http://www.casey.org/Resources/Publications/pdf/CaseyYoungAdultSurvey2006\\_FR.pdf](http://www.casey.org/Resources/Publications/pdf/CaseyYoungAdultSurvey2006_FR.pdf). See also Child Trends Research Brief Publication 2003-23 (Dec. 2003) (available online at <http://www.childtrends.org/files/FosterHomesRB.pdf>), which estimates that 40% of 11–14-year-olds in foster care and 47% of 6–11-year-olds in foster care have a clinical level of behavioral or emotional problems. See also National Resource Center on Homelessness and Mental Illness: Davis, M, *The Transition to Adulthood Among Adolescents Who Have Serious Emotional Disturbance* (available online at <http://www.caecro.com/webx?293@915.R3bJaJmdhpr.28@ee7dab4>). Within the child welfare, child protective, and foster care systems, an estimated 50–90% of children have serious emotional disturbance (Bryant et al., 1995; Trupin et al., 1993; Thompson & Fuhr, 1992; McIntyre & Keesler, 1986).

<sup>7</sup> *Supra* note 5 at 25.

<sup>8</sup> Pilowsky, D.J. and L.T. Wu. *Psychiatric Symptoms and Substance Use Disorders in a Nationally Representative Sample of American Adolescents involved with Foster Care*, JOURNAL OF ADOLESCENT HEALTH 38(4) (2006) at 351–358.

<sup>9</sup> Casey Family Programs, *Casey Northwest Foster Care Alumni Study* (2005) (available online at [http://www.casey.org/Resources/Publications/pdf/CaseyNationalAlumniStudy\\_MentalHealth.pdf](http://www.casey.org/Resources/Publications/pdf/CaseyNationalAlumniStudy_MentalHealth.pdf)).

<sup>10</sup> O'Sullivan, J. & Lussier-Duynstee, P., *Adolescent Homelessness, Nursing, and Public Health Policy*, POLICY, POLITICS, & NURSING PRACTICE 7 (2006) 73–77. California Youth Connection, *Facts on Emancipation*, distributed at Summer Policy and Leadership Conference (August 2008). For other similar findings, see also Courtney, Mark, Piliavan, Irving and Grogan-Kaylor, Andrew, *The Wisconsin Study of Youth Aging Out of Out-of-Home Care: A Portrait of Children About to Leave Care* Madison, Wisconsin: School of Social Work, University of Wisconsin (1995); Nevada KIDS COUNT, *Transition From Care: The Status and Outcomes of Youth Who Have Aged Out of the Child Welfare System in Clark County, Nevada*, Issue Brief II, Las Vegas: University of Nevada (2001); *Foster Care – Hope Emerges*, SAN FRANCISCO CHRONICLE (Dec. 22, 2005) (available online at <http://sfgate.com/cgi-bin/article.cgi?file=/c/a/2005/12/22/EDGABGB5LE1.DTL&type=printable>); Casey Family Programs, *Improving Outcomes for Older Youth in Foster Care* (2008) at 4 (available online at [http://www.casey.org/Resources/Publications/pdf/WhitePaper\\_ImprovingOutcomesOlderYouth\\_FR.pdf](http://www.casey.org/Resources/Publications/pdf/WhitePaper_ImprovingOutcomesOlderYouth_FR.pdf)).

<sup>11</sup> 2001 statistic obtained from the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics (available online at <http://www.ojp.usdoj.gov/bjs/crimoff.htm#prevalence>).

<sup>12</sup> Thomas R. Wolanin, *Higher Education Opportunities for Foster Youth*, The Institute for Higher Education Policy (Dec. 2005) at v (available online at <http://www.ihep.org/Publications/publications-detail.cfm?id=58>).

<sup>13</sup> Mark E. Courtney, et al., *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 19*, Chapin Hall (2007) (available at [www.chapinhall.org/sites/default/files/ChapinHallDocument\\_4.pdf](http://www.chapinhall.org/sites/default/files/ChapinHallDocument_4.pdf)).

<sup>14</sup> *Id.*

<sup>15</sup> *Id.*

<sup>16</sup> Federal Register, January 23, 2009 (Volume 74, Number 14) at 4199–4201 (available online at <http://aspe.hhs.gov/poverty/09fedreg.shtml>).

<sup>17</sup> See *supra*, note 12.

<sup>18</sup> *Supra* note 5 at 25. The wide variation is due to the different instruments used to measure mental health problems. For example, see Casey Family Programs, *Young Adult Survey 2006* (“[a] disproportionate number of respondents had mental health problems. Almost one-fourth (23.0%) of the young adults were experiencing a clinically significant level of mental health symptoms according to a global measure, while over one third (36.0%) were considered to be a “positive case” for having mental health problems”). The survey also found that half (49.4%) had alcohol problems (available online at [http://www.casey.org/Resources/Publications/pdf/CaseyYoungAdultSurvey2006\\_FR.pdf](http://www.casey.org/Resources/Publications/pdf/CaseyYoungAdultSurvey2006_FR.pdf)). See also Child Trends Research Brief Publication 2003-23 (Dec. 2003) (available online at <http://www.childtrends.org/files/FosterHomesRB.pdf>), which estimates that 40% of 11–14-year-olds in foster care and 47% of 6–11-year-olds in foster care have a clinical level of behavioral or emotional problems. See also Casey Family Programs, *Improving Family Foster Care: Findings from the Northwest Foster Care Alumni Study* (2005), finding that within the previous 12 months, more than half of the alumni (54.4%) had clinical levels of at least one mental health problem and one in five (19.9%) had three or more mental health problems (available online at [http://www.casey.org/Resources/Publications/pdf/ImprovingFamilyFosterCare\\_FR.pdf](http://www.casey.org/Resources/Publications/pdf/ImprovingFamilyFosterCare_FR.pdf)).

<sup>19</sup> This statistic is an average taken from statistics on the California Department of Mental Health website ([http://www.dmh.cahwnet.gov/Statistics\\_and\\_Data\\_Analysis/CNE2/Calif\\_CD/q5asr.htm/California/q5asr2k\\_wsmi01\\_ca000\\_p0.xls](http://www.dmh.cahwnet.gov/Statistics_and_Data_Analysis/CNE2/Calif_CD/q5asr.htm/California/q5asr2k_wsmi01_ca000_p0.xls)).

<sup>20</sup> See Sacramento County Mental Health Services Act, Community Services & Supports Three-Year Program and Expenditure Plan (Jan. 2006) at 51 (available online at [http://www.sacdhs.com/CMS/download/pdfs/MHA/CSS\\_Plan\\_Submitted\\_to\\_State\\_1-31-06%20.pdf](http://www.sacdhs.com/CMS/download/pdfs/MHA/CSS_Plan_Submitted_to_State_1-31-06%20.pdf)).

<sup>21</sup> California's population was 37.6 million as of January 1, 2007 per the California Department of Finance Demographic Research Unit (statistics available online at <http://www.dof.ca.gov/html/DEMOGRAP/ReportsPapers/Estimates/E2/documents/E-2%20Report.xls>). There were 76,803 children in Child Welfare-supervised foster care as of January 1, 2007 Statistics available online at <http://cssr.berkeley.edu/ucb%5Fchildwelfare/> (visited 07/29/2009).

<sup>22</sup> Statement by Robin Nixon, Director for Youth Services Child Welfare League of America, “Testimony Before the House Committee on Ways and Means Subcommittee on Human Resources: Hearing on Challenges Confronting Children Again Out of Foster Care” (March 9, 1999).



<sup>23</sup> In addition to its Jail Transition and Linkage Services, Los Angeles also has created a Probation Camp Services program (see Los Angeles County CSS plan at <http://dmh.lacounty.info/stp/CSSPartIII.cfm>). Lassen County has a program specifically for TAY in Juvenile Hall (see Lassen County three-year CSS Plan at 69, available online at <http://lassen.networkofcare.org/content/files/MHSA%20CSS%20Proposal%20v.3.pdf>).

<sup>24</sup> Packard, Thomas, et al. *A Cost-Benefit Analysis of transitional services for emancipating foster youth*. Children and Youth Services Review 30 (2008) 1267-1278.

<sup>25</sup> *Id.* The author is citing Franck, E. J. (1996). Prenatally drug-exposed children in out-of-home-care: Are we looking at the whole picture? Child Welfare, 75, 19-34.

<sup>26</sup> *Id.* Author is citing McIntyre, A., & Kessler, T. Y. (1986). Psychological disorders among foster children. Journal of Clinical Child Psychology, 15, 297-303.

<sup>27</sup> Casey Family Programs. The Foster Care Alumni Studies: Assessing the Effects of Foster Care: Mental Health Outcomes from the Casey National Alumni Study (available online at [http://www.casey.org/Resources/Publications/pdf/CaseyNationalAlumniStudy\\_MentalHealth.pdf](http://www.casey.org/Resources/Publications/pdf/CaseyNationalAlumniStudy_MentalHealth.pdf); last visited 07/29/2009).

<sup>28</sup> *Id.*

<sup>29</sup> *Id.*

<sup>30</sup> Outcomes per Year for Children Exiting from placement with kin, non-kin, or Missing Placement Type, Berkeley Child Welfare Research Center at the Berkeley Center for Social Services Research. Available online at [http://cssr.berkeley.edu/ucb\\_childwelfare/](http://cssr.berkeley.edu/ucb_childwelfare/). (visited 07/29/2009) This number was 4,323 for the period of July 1, 2005-June 30, 2006.

<sup>31</sup> U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families Children's Bureau, *Report To Congress, Developing A System Of Program Accountability Under The John H. Chafee Foster Care Independence Program, The Department of Health and Human Services' Plan for Developing and Implementing the National Youth in Transition Information System* (September 2001) (available online at <http://www.acf.dhhs.gov/programs/cb/programs/chafeereport.htm>). National Foster Care Awareness Project, *Frequently Asked Questions About the Foster Care Independence Act of 1999 and the John H. Chafee Foster Care Independence Program* (February 2000) (available online at [http://www.connectforkids.org/usr\\_doc/FAQsbooklet.pdf](http://www.connectforkids.org/usr_doc/FAQsbooklet.pdf)) at 12.

<sup>32</sup> John H. Chafee Foster Care Independence Act, Pub. L. No. 106-169 (codified as amended at 42 U.S.C §677 (1999 & Supp. 2005)).

<sup>33</sup> *Id.*

<sup>34</sup> 42 USC § 677(i)(3). See also Hamm, D. *Foster Youth Receive Federal Funding for College and Vocational Training*, Youth Law News (January-March 2004) Available online at [http://www.youthlaw.org/fileadmin/ncyl/youthlaw/publications/ynl/2004/issue\\_1/04\\_ynl\\_1\\_hamm\\_vocational.pdf](http://www.youthlaw.org/fileadmin/ncyl/youthlaw/publications/ynl/2004/issue_1/04_ynl_1_hamm_vocational.pdf) (visited 07/29/2009).

<sup>35</sup> CA Welf. & Inst. Code § 14005.28.

<sup>36</sup> See Los Angeles County, A Guide to Medi-Cal Mental Health Services Services (available at [http://dmh.lacounty.info/MediCalBeneficiary/Documents/MediCalGuide\\_English\\_final.pdf](http://dmh.lacounty.info/MediCalBeneficiary/Documents/MediCalGuide_English_final.pdf)).

<sup>37</sup> Lake County Response (07/03/2008) to CAI email (07/03/2008), which requested that Lake County review CAI's description of Lake County's MHSA CSS program.

<sup>38</sup>

<sup>39</sup>

<sup>40</sup> Information from CWS/CMS Dynamic Report System Available online at [http://cssr.berkeley.edu/ucb\\_childwelfare/](http://cssr.berkeley.edu/ucb_childwelfare/) (visited 07/29/2009).

<sup>41</sup> National Health Law Program, Medi-Cal Summary: Medi-Cal for Turning Age 18 While in Foster Care (Oct. 2007) (available online at: <http://www.healthconsumer.org/cs036Fostercare.pdf>).

<sup>42</sup> *Id.*

<sup>43</sup> CA Welf. & Inst. Code §14005.28.

<sup>44</sup> CA Welf. & Inst. Code §11403.2.

<sup>45</sup> Information available online at <http://www.thpplus.org/pdfs/061008THPPlusSU08.pdf>.

<sup>46</sup> Most recently available numbers on the THP-Plus Implementation Project website (last checked 08/18/08). See California's THP-Plus website at [www.THPPPLUS.org](http://www.THPPPLUS.org).

<sup>47</sup> *Id.* at <http://www.thpplus.org/pdfs/061008THPPlusSU08.pdf>. Note that THP-Plus experienced a budget cut in the 2009-10 budget and is in danger of facing another in 2010-11.

<sup>48</sup> John Burton Foundation, THP-Plus News (Fall 2007) at p. 2 (available online at [http://www.thpplus.org/pdfs/Fall\\_2007\\_Newsletter.pdf](http://www.thpplus.org/pdfs/Fall_2007_Newsletter.pdf) (visited 07/29/2009)). THP-Plus Annual Report: Fiscal Year 2008-09 at p. 4 (available online at <http://www.thpplus.org/pdfs/THP-Plus%20Annual%20Report%20FY%202008-09.pdf> (last visited on 1/6/10)).

<sup>49</sup> Data from the Berkeley Child Welfare Research Center (available online at [http://cssr.berkeley.edu/ucb\\_childwelfare/](http://cssr.berkeley.edu/ucb_childwelfare/) (visited 07/29/2009)).

<sup>50</sup> Mental Health Services Act, Section 3(a)-(e).

<sup>51</sup> Voter information on Proposition 63 prepared by the Attorney General in 2004 and distributed prior to the 2004 election.

<sup>52</sup> Fund Condition Statements released with the *Governor's 2008-09 May Revision* (May 2008) and the *Governor's 2009-10 Proposed Budget* (January 2009).

<sup>53</sup> *Id.*

<sup>54</sup> *Id.*

<sup>55</sup> CA Welf. & Inst. Code §§ 5847, 5848, 5892.

<sup>56</sup> CA Welf. & Inst. Code §§ 5847, 5878.1-5878.3, 5813.5, 18257.

<sup>57</sup> CA Welf. & Inst. Code § 5847.

<sup>58</sup> CA Welf. & Inst. Code §§ 5820-5822, 5847.

<sup>59</sup> CA Welf. & Inst. Code §§ 5840, 5847.

<sup>60</sup> CA Welf. & Inst. Code §§ 5830, 5847.

<sup>61</sup> Mental Health Services Act: Community Planning Process (available online at [http://www.dmh.ca.gov/Prop\\_63/MHSA/CommunityPlanning/default.asp](http://www.dmh.ca.gov/Prop_63/MHSA/CommunityPlanning/default.asp) (visited 07/29/2009)).

<sup>62</sup> CA Welf. & Inst. Code §5847.

<sup>63</sup> MHSA: Proposed Guidelines for the Initial Capital Facilities Component of the County's Three-Year Program and Expenditure Plan (available online at [http://www.dmh.ca.gov/Prop\\_63/MHSA/Capital\\_Facilities/default.asp](http://www.dmh.ca.gov/Prop_63/MHSA/Capital_Facilities/default.asp)).

<sup>64</sup> *Id.*

<sup>65</sup> Information available at the DMH MHSA website at: [http://www.dmh.ca.gov/Prop\\_63/MHSA/Technology/default.asp](http://www.dmh.ca.gov/Prop_63/MHSA/Technology/default.asp).

<sup>66</sup> CA Welf. & Inst. Code §§ 5820-5822; 5847.

<sup>67</sup> *Id.*

<sup>68</sup> CA Welf. & Inst. Code § 5822.

<sup>69</sup> CA Welf. & Inst. Code § 5847(a)(6).



- <sup>70</sup> California Department of Mental Health, Mental Health Services Act Five-Year Workforce Education and Training Development Plan For the Period April 2008 to April 2013 (available online at [http://www.dmh.ca.gov/Prop\\_63/MHSA/Workforce\\_Education\\_and\\_Training/default.asp?MHSA/docs/MHSA\\_FiveYearPlan\\_4-22-08.pdf](http://www.dmh.ca.gov/Prop_63/MHSA/Workforce_Education_and_Training/default.asp?MHSA/docs/MHSA_FiveYearPlan_4-22-08.pdf)).
- <sup>71</sup> CA Welf. & Inst. Code §§ 5840, 5847. Proposition 63: Mental Health Services Expansion, Funding, Tax on Personal Incomes Above \$1 Million. Initiative Statute. Prepared by the Attorney General (2004).
- <sup>72</sup> CA Welf. & Inst. § 5840(b).
- <sup>73</sup> CA Welf. & Inst. § 5840(d).
- <sup>74</sup> MHSA Prevention and Early Intervention Resource Materials. Available online at [http://www.dmh.ca.gov/Prop\\_63/MHSA/Prevention\\_and\\_Early\\_Intervention/default.asp](http://www.dmh.ca.gov/Prop_63/MHSA/Prevention_and_Early_Intervention/default.asp).
- <sup>75</sup> See California Department of Mental Health's MHSA website at [http://www.dmh.ca.gov/MHSOAC/Prevention\\_and\\_Early\\_Intervention.asp](http://www.dmh.ca.gov/MHSOAC/Prevention_and_Early_Intervention.asp).
- <sup>76</sup> CA Welf. & Inst. Code §§ 5830, 5847.
- <sup>77</sup> Mental Health Services Act Expenditure Reports (Estimated Revenues) available online at [http://www.dmh.ca.gov/Prop\\_63/MHSA/Publications/default.asp](http://www.dmh.ca.gov/Prop_63/MHSA/Publications/default.asp). See also California State Budget Department of Mental Health Fund Condition Statement (Mental Health Services Fund – Specifically Revenues 114700 Personal Income Tax), available online at: <http://www.ebudget.ca.gov/pdf/GovernorsBudget/4000.pdf>, pg. HHS 160.
- <sup>78</sup> See Department of Mental Health Fund Condition Statement at <http://www.ebudget.ca.gov/pdf/GovernorsBudget/4000/4440FCS.pdf>.
- <sup>79</sup> CA Welf. & Inst. Code § 5891.
- <sup>80</sup> *Id.* See also Voter information distributed to educate voters about Prop. 63 (specifically the summary prepared by the Attorney General) at <http://www.smartvoter.org/2004/11/02/ca/state/prop/63/>.
- <sup>81</sup> Voter information on Proposition 63 prepared by the Attorney General in 2004 and distributed prior to the 2004 election states: “Prohibits state from decreasing funding levels below current levels”. See also Smartvoter archives at <http://www.smartvoter.org/2004/11/02/ca/state/prop/63/> which also states that Proposition 63 “Prohibits state from decreasing funding levels below current levels”.
- <sup>82</sup> *Amvest Surety Insurance Company v. Pete Wilson* (1995) 11 Cal. 4th 1243, 48 Cal.Rptr.2d 12.
- <sup>83</sup> Sue Fox, *Children's Care Effort left to Wither Away*, Los Angeles Times (August 22, 2004).
- <sup>84</sup> Available online at <http://www.voterguide.sos.ca.gov/pdf-guide/text-of-proposed-law.pdf#prop1e>; see also summary available online at <http://www.voterguide.sos.ca.gov/pdf-guide/props/prop1e-analysis.pdf>.
- <sup>85</sup> Steve Lopez, *Lives May Flounder as Yacht Sales Flourish*, Los Angeles Times (Aug. 29, 2007) at B1.
- <sup>86</sup> Lee Romney & Scott Gold, *Health Program at Risk; the Homeless Mentally Ill Could Lose Out Due to a \$3-Billion Budget Gap*, Los Angeles Times (July 14, 2007) at A1.
- <sup>87</sup> Rebecca Rosen Lum, *Contra Costa County Social Services Imperiled by Proposed Cuts*, San Jose Mercury News (April 25, 2006) at B4.
- <sup>88</sup> John Woolfolk, *Budget Cuts Prevent Layoffs*, San Jose Mercury News (May 6, 2005) at C1.
- <sup>89</sup> Richard Halstead, *County's Mental Health Dilemma*, Marin Independent Journal (November 20, 2005).
- <sup>90</sup> Troy Anderson, *County, City, Losing out on Aid for Some Homelessness*, Daily News of Los Angeles (May 20, 2003) at N3.
- <sup>91</sup> Karen Wilkinson, *Mental Health Clients, Advocates, and Workers Converge to Address Concerns*, Eureka Times-Standard (May 19, 2007).
- <sup>92</sup> Information received in response to the Children's Advocacy Institute's April 2007 California Public Records Act request.
- <sup>93</sup> Corinne Reilly, *County Gives Go-Ahead to Job Cuts*, Merced Sun-Star (Jan. 10, 2007) at A1.
- <sup>94</sup> *Id.*
- <sup>95</sup> 2009 Letter to the County Mental Health Directors from Rusty Selix on behalf of the California Council of Community Mental Health Agencies.
- <sup>96</sup> Each County's integrated plan will include the PEI, CSS and Innovation components, as well as a program for technological needs, capital facilities, and MHSA workforce education/training.
- <sup>97</sup> Mental Health Services Oversight and Accountability Commission: Mental Health Services Act Prevention and Early Intervention: County and State Level Policy Direction (September 11, 2007) at 9 (available online at [http://www.dmh.cahwnet.gov/MHSOAC/docs/MHSOAC\\_PEI\\_PolicyDirection\\_07Sep9.pdf](http://www.dmh.cahwnet.gov/MHSOAC/docs/MHSOAC_PEI_PolicyDirection_07Sep9.pdf)).
- <sup>98</sup> *Id.*
- <sup>99</sup> Mental Health Services Oversight and Accountability Commission, Memo from Sheri Whitt (September 13, 2007) at 1 (available online at <http://www.dmh.ca.gov/PEIStatewideProjects/StudentMentalHealthInitiative.asp>).
- <sup>100</sup> Department of Finance Performance Audit: California Department of Mental Health: Mental Health Services Act. May 2008. p. 1. Available online at: [http://www.dmh.ca.gov/MHSOAC/docs/DMH-Mental\\_Health\\_Services\\_Act\\_Audit\\_5-08.pdf](http://www.dmh.ca.gov/MHSOAC/docs/DMH-Mental_Health_Services_Act_Audit_5-08.pdf).
- <sup>101</sup> Department of Finance Performance Audit: California Department of Mental Health: Mental Health Services Act. May 2008. p. 1. Available online at: [http://www.dmh.ca.gov/MHSOAC/docs/DMH-Mental\\_Health\\_Services\\_Act\\_Audit\\_5-08.pdf](http://www.dmh.ca.gov/MHSOAC/docs/DMH-Mental_Health_Services_Act_Audit_5-08.pdf).
- <sup>102</sup> Department of Finance Performance Audit: California Department of Mental Health: Mental Health Services Act. May 2008. p. 1. Available online at: [http://www.dmh.ca.gov/MHSOAC/docs/DMH-Mental\\_Health\\_Services\\_Act\\_Audit\\_5-08.pdf](http://www.dmh.ca.gov/MHSOAC/docs/DMH-Mental_Health_Services_Act_Audit_5-08.pdf).
- <sup>103</sup> Department of Finance Performance Audit: California Department of Mental Health: Mental Health Services Act. May 2008. p. 8. Available online at: [http://www.dmh.ca.gov/MHSOAC/docs/DMH-Mental\\_Health\\_Services\\_Act\\_Audit\\_5-08.pdf](http://www.dmh.ca.gov/MHSOAC/docs/DMH-Mental_Health_Services_Act_Audit_5-08.pdf).
- <sup>104</sup> Department of Finance Performance Audit: California Department of Mental Health: Mental Health Services Act. May 2008. p. 13. Available online at: [http://www.dmh.ca.gov/MHSOAC/docs/DMH-Mental\\_Health\\_Services\\_Act\\_Audit\\_5-08.pdf](http://www.dmh.ca.gov/MHSOAC/docs/DMH-Mental_Health_Services_Act_Audit_5-08.pdf).
- <sup>105</sup> CA Welf. & Inst. Code § 5891: “The funding established pursuant to this act shall be utilized to expand mental health services. These funds shall not be used to supplant existing state or county funds utilized to provide mental health services. The state shall continue to provide financial support for mental health programs with not less than the same entitlements, amounts of allocations from the General Fund and formula distributions of dedicated funds as provided in the last fiscal year which ended prior to the effective date of this act”.
- <sup>106</sup> Department of Finance Performance Audit: California Department of Mental Health: Mental Health Services Act. May 2008. pp.1-15. Available online at: [http://www.dmh.ca.gov/MHSOAC/docs/DMH-Mental\\_Health\\_Services\\_Act\\_Audit\\_5-08.pdf](http://www.dmh.ca.gov/MHSOAC/docs/DMH-Mental_Health_Services_Act_Audit_5-08.pdf).
- <sup>107</sup> From Fail-First to Help-First—Proposition 63 Transforms California's Mental Health System; Preliminary implementation guide prepared by and for California Council of Community Mental Health Agencies by Rusty Selix, Executive Director, California Council of Community Mental Health Agencies and official co-proponent and co-author of Proposition 63- together with Assemblymember Darrell Steinberg (emphasis original) (available online at [http://www.dmh.ca.gov/Prop\\_63/MHSA/docs/resource\\_listings/FromFailFirsttoHelpFirst.pdf](http://www.dmh.ca.gov/Prop_63/MHSA/docs/resource_listings/FromFailFirsttoHelpFirst.pdf)).
- <sup>108</sup> Perry, Brea L. *Understanding Social Network Disruption: The Case of Youth in Foster Care*. Social Problems, Vol. 53, Issue 3, pp. 371–391 (discusses mental health and well-being impact of instability in foster care). See also Farrugia, Susan P., et al. *Perceived Social Environment and Adolescents' Well-Being and Adjustment: Comparing a Foster Care Sample with a Matched Sample*. Journal of Youth and Adolescence. 35 (3) June 2006 at 349–358.
- <sup>109</sup> The fund would be \$46,700 in 2008 dollars. Schoeni, Robert F. and Ross, Karen E. Chapter 12: *Material Assistance Received From Families During Transition to Adulthood. On the Frontier to Adulthood: Theory, Research and Public Policy*. Edited by Richard A. Settersten, Jr., Frank F. Furstenberg, Jr., and Rubén G. Rumbaut. Available online at [www.transad.pop.upenn.edu/projects/frontier.htm](http://www.transad.pop.upenn.edu/projects/frontier.htm). The average amount parents pay to assist their children

post-18 is \$38,340 (2001 dollars, the figure is \$46,701 in 2008 dollars). The yearly average tends to be larger during the earlier years when the young person is in school and decreases over time. *See also* Bahney, A., *The Bank of Mom and Dad*, The New York Times (April 20, 2006) at G2, p.1.

<sup>110</sup> A recent peer-reviewed cost-benefit analysis established that investing in TAFY to the level manifested by other (private) parents would yield a positive benefit over costs in terms of direct public budgetary impact. *See* Packard, Thomas, et al. *A Cost-Benefit Analysis of Transitional Services for Emancipating Foster Youth*. Children and Youth Services Review 30 (2008) at 1267–1278.

<sup>111</sup> Steinberg, Darrell and Miriam Krinsky. “On California’s Foster-Care System / Needs of Foster Youth Are Not Met / Mental Health Care is More Than Medication,” San Francisco Chronicle (San Francisco, CA) April 8, 2007: E-5 (available online at <http://www.sfgate.com/cgi-bin/article.cgi?f=/c/a/2007/04/08/EDGEBOBDP71.DTL>).

<sup>112</sup> California Department of Finance. California County Population Estimates and Components of Change Revised July 1, 2006 (available online at <http://www.dof.ca.gov/html/DEMOGRAP/ReportsPapers/Estimates/E2/documents/E-2%20Report.xls>).

<sup>113</sup> Information from CWS/CMS Dynamic Report System (available online at <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>).

<sup>114</sup> Information from Child Welfare Reports as of August 14, 2007 (available online at <http://cssr.berkeley.edu/cwscmsreports/defaultStatic.asp>).

<sup>115</sup> *Id.*

<sup>116</sup> Alameda County has also designed an Outreach and Engagement Plan that serves 100 TAY (information contained in 4/28/2009 email from Michelle Burns). However, because the plan does not provide substantive services, this program is not reflected in the County’s capacity total.

<sup>117</sup> Alameda County CSS Plan (available online at <http://bhcs.co.alameda.ca.us/MHSA/DocCtr/General/Plan/ALAMEDA%20COUNTY%20MHSA%20CSS%20PLAN%20REVISED%201-17-06%20Full.pdf>).

<sup>118</sup> *Id.* Updated the Figure from 30 to 35 per email from Michelle Burns on 04/28/09. The STAY program in Alameda County is administered through the Fred Finch Youth Center.

<sup>119</sup> *Id.*

<sup>120</sup> Alameda County Behavioral Healthcare Services Draft MHSA CSS Plan (available online at <http://bhcs.co.alameda.ca.us/MHSA/DocCtr/General/Plan/ALAMEDA%20COUNTY%20MHSA%20CSS%20PLAN%20REVISED%201-17-06%20Full.pdf>; see p. 126).

<sup>121</sup> *Id.*

<sup>122</sup> *Id.*

<sup>123</sup> *Id.* at 128. The TIP program has been piloted in Clark County, WA; South Florida; Ohio; New York; and the Village in Long Beach, CA.

<sup>124</sup> *Id.* Update – as of April 2009, this program is administered through Berkeley Child and Family Services (per email from Michelle Burns on 4/28/09).

<sup>125</sup> See MHSAOC Revised Agenda and Motion Summaries from meeting on November 21, 2008 (available online at [http://www.dmh.ca.gov/MHSAOC/Prior\\_Meetings\\_2008\\_11.asp](http://www.dmh.ca.gov/MHSAOC/Prior_Meetings_2008_11.asp)).

<sup>126</sup> Alameda County Proposed Three-Year Program and Expenditure Plan FY’s 2007-2008, 2008-2009. Submitted August 18, 2008 / Revised November 3, 2008. pp 44-45. Available online at: <http://www.dmh.ca.gov/MHSAOC/Counties/Alameda/docs/AlamedaPEIPlan.pdf>.

<sup>127</sup> Alameda County Proposed Three-Year Program and Expenditure Plan FY’s 2007-2008, 2008-2009. Submitted August 18, 2008 / Revised November 3, 2008. pp 45-46. Available online at: <http://www.dmh.ca.gov/MHSAOC/Counties/Alameda/docs/AlamedaPEIPlan.pdf>.

<sup>128</sup> Stigma and Discrimination – From the MHSA Website “The Mental Health Services Oversight and Accountability Commission (MHSAOC) convened a Stigma and Discrimination Advisory Committee that produced a report in June 2007, recommending statewide ‘Consumer Empowerment and Personal Contact’ and ‘External Influence’ strategies, e.g., public awareness campaigns, and development of a comprehensive strategic plan to address stigma and discrimination. In collaboration with the MHSAOC, DMH is reconvening the Stigma and Discrimination Advisory Committee to develop a strategic plan and make recommendations on strategic directions, action plans, and next steps that can be considered for the Statewide Project. The strategic planning effort begins in November 2008.” Available online at <http://www.dmh.ca.gov/PEIStatewideProjects/StigmaAndDiscriminationReduction.asp>.

<sup>129</sup> Alameda County Proposed Three-Year Program and Expenditure Plan FY’s 2007-2008, 2008-2009 (Submitted August 18, 2008 / Revised November 3, 2008) at 45–46 (available online at <http://www.dmh.ca.gov/MHSAOC/Counties/Alameda/docs/AlamedaPEIPlan.pdf>).

<sup>130</sup> *Id.*

<sup>131</sup> *Id.* at 49.

<sup>132</sup> Romney, Lee and Scott Gold. *Rural areas reap little from Prop. 63*, Los Angeles Times (Sept. 17, 2007).

<sup>133</sup> Response letter from Judy Molnar at the County of Alpine to April 2006 CPRA request. Additionally, information is available online at <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>.

<sup>134</sup> Information from CWS/CMS Dynamic Report System (Exits per Year) (available online at <http://cssr.berkeley.edu/ucb%5Fchildwelfare/Exits.aspx>).

<sup>135</sup> Alpine County Behavioral Health: Prevention and Early Intervention Component: Mental Health Services Act Program and Expenditure Plan Fiscal Year 2007–2008 and 2008–2009; Fiscal Year 2009–2010 Annual Update Funding Request (Submitted May 29, 2009 / Revised July 1, 2009) (available online at [http://www.dmh.ca.gov/MHSAOC/docs/PEI/Alpine/AlpinePEI\\_Plan\\_09Jul1.pdf](http://www.dmh.ca.gov/MHSAOC/docs/PEI/Alpine/AlpinePEI_Plan_09Jul1.pdf)).

<sup>136</sup> California Department of Finance. California County Population Estimates and Components of Change Revised July 1, 2006 (available online at <http://www.dof.ca.gov/html/DEMOGRAP/ReportsPapers/Estimates/E2/documents/E-2%20Report.xls>).

<sup>137</sup> Information from CWS/CMS Dynamic Report System available online at: <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>.

<sup>138</sup> Information from Child Welfare Reports as of August 14, 2007 (available online at: <http://cssr.berkeley.edu/cwscmsreports/defaultStatic.asp>).

<sup>139</sup> *Id.*

<sup>140</sup> Amador County Plan for Community Supports and Services (available online at [http://www.co.amador.ca.us/depts/mental/documents/Amador\\_County\\_MH\\_CSS\\_Plan\\_3-13-06.pdf](http://www.co.amador.ca.us/depts/mental/documents/Amador_County_MH_CSS_Plan_3-13-06.pdf)).

<sup>141</sup> California Department of Finance. California County Population Estimates and Components of Change Revised July 1, 2006 (available online at <http://www.dof.ca.gov/html/DEMOGRAP/ReportsPapers/Estimates/E2/documents/E-2%20Report.xls>).

<sup>142</sup> Information from CWS/CMS Dynamic Report System (available online at: <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>).

<sup>143</sup> Information from Child Welfare Reports as of August 14, 2007 (available online at: <http://cssr.berkeley.edu/cwscmsreports/defaultStatic.asp>).

<sup>144</sup> *Id.*

<sup>145</sup> Butte County MHSA CS&S Plan acquired through Public Records Act request in April of 2007, at 19.

<sup>146</sup> Butte County MHSA CS&S Plan acquired through Public Records Act request in April of 2007 (see also <http://www.butte-dbh.org/prop63/LINKMHSAPlanFinal.pdf> at 43-53).

<sup>147</sup> *Id.*

<sup>148</sup> *Id.*

<sup>149</sup> Information from phone conversation with Betsy Gowin on April 27, 2009.

<sup>150</sup> *Supra* note 146.

<sup>151</sup> *Supra* note 149.

<sup>152</sup> *Id.* (in addition to LINK, which provides 40 FSP slots, Butte has another, similar program that provides 20 FSP slots).

<sup>153</sup> *Supra* note 146.

<sup>154</sup> *Id.*

<sup>155</sup> Description and information taken from Butte County Mental Health Services Act: Prevention and Early Intervention Component of the Three Year Program and Expenditure Plan (May 6, 2009) (available online at <http://www.dmh.ca.gov/MHSOAC/docs/PEI/Butte/ButteCounty51209.pdf>).

<sup>156</sup> Information from CWS/CMS Dynamic Report System, available online at <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>.

<sup>157</sup> Information from Child Welfare Services Reports, available online at <http://cssr.berkeley.edu/cwscmsreports/defaultStatic.asp>.

<sup>158</sup> Calaveras County CSS plan sent in response to CAI's April 2007 CPRA request.

<sup>159</sup> See MHSAOC Revised Agenda meeting on April 24, 2009 (available online at [http://www.dmh.ca.gov/MHSOAC/docs/Meetings/2009/April/Agenda\\_April\\_09\\_Rev\\_4-21.pdf](http://www.dmh.ca.gov/MHSOAC/docs/Meetings/2009/April/Agenda_April_09_Rev_4-21.pdf)). See also Motion Summary and Meeting Minutes from April 09 meeting (available online at [http://www.dmh.ca.gov/MHSOAC/Prior\\_Meetings\\_2009\\_05.asp](http://www.dmh.ca.gov/MHSOAC/Prior_Meetings_2009_05.asp)).

<sup>160</sup> Information from CWS/CMS Dynamic Report System (available online at: <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>).

<sup>161</sup> Information from Child Welfare Reports as of August 14, 2007 (available online at: <http://cssr.berkeley.edu/cwscmsreports/defaultStatic.asp>).

<sup>162</sup> *Id.*

<sup>163</sup> *Id.*

<sup>164</sup> Colusa County CSS Plan for Fiscal Years 2005-06, 2006-07, 2007-08. Sent in response to CAI's April 2007 CPRA request, at 8.

<sup>165</sup> *Id.* at 9.

<sup>166</sup> *Id.* at 8.

<sup>167</sup> *Id.* at 9.

<sup>168</sup> *Id.* at 10.

<sup>169</sup> *Id.* at 29.

<sup>170</sup> *Id.* at 30.

<sup>171</sup> *Id.* at 31.

<sup>172</sup> *Id.*

<sup>173</sup> *Id.* at 53.

<sup>174</sup> *Id.* at 54.

<sup>175</sup> *Id.*

<sup>176</sup> *Id.* at 57.

<sup>177</sup> See MHSAOC Agenda meeting on February 27, 2009 (available online at [http://www.dmh.ca.gov/MHSOAC/docs/Meetings/2009/April/Agenda\\_April\\_09\\_Rev\\_4-21.pdf](http://www.dmh.ca.gov/MHSOAC/docs/Meetings/2009/April/Agenda_April_09_Rev_4-21.pdf)). See also Motion Summary and Meeting Minutes from February meeting (available online at [http://www.dmh.ca.gov/MHSOAC/Prior\\_Meetings\\_2009\\_03.asp](http://www.dmh.ca.gov/MHSOAC/Prior_Meetings_2009_03.asp)).

<sup>178</sup> Information from CWS/CMS Dynamic Report System (available online at: <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>).

<sup>179</sup> Information from Child Welfare Reports as of August 14, 2007 (available online at <http://cssr.berkeley.edu/cwscmsreports/defaultStatic.asp>).

<sup>180</sup> *Id.*

<sup>181</sup> Letter from Contra Costa County, sent in response to CAI's April 2007 CPRA request.

<sup>182</sup> *Id.*

<sup>183</sup> White Paper from Contra Costa County MHSA website (available online at [http://www.cchealth.org/groups/mental\\_health/mhsa/pdf/white\\_paper\\_2007\\_10.pdf](http://www.cchealth.org/groups/mental_health/mhsa/pdf/white_paper_2007_10.pdf)).

<sup>184</sup> Information from the CCMH MHSA Community Services and Supports: Implementation Progress Report, Jan 1 – Dec 31, 2007.

<sup>185</sup> Contra Costa County CSS plan – Budget Narrative at 95 (available online at [http://www.cchealth.org/services/mental\\_health/prop63/pdf/final\\_css\\_plan\\_2005\\_12.pdf](http://www.cchealth.org/services/mental_health/prop63/pdf/final_css_plan_2005_12.pdf)).

<sup>186</sup> See MHSAOC Agenda meeting on March 26, 2009 (available online at <http://www.dmh.ca.gov/MHSOAC/docs/Meetings/2009/Mar/AgendaMarch26.pdf>). See also Motion Summary and Meeting Minutes from March meeting (available online at [http://www.dmh.ca.gov/MHSOAC/Prior\\_Meetings\\_2009\\_04.asp](http://www.dmh.ca.gov/MHSOAC/Prior_Meetings_2009_04.asp)).

<sup>187</sup> Introduction to Initiatives and Projects: Contra Costa County's Approach to PEI (available online at [http://www.cchealth.org/services/mental\\_health/prop63/pdf/pei\\_initiatives\\_draft\\_projects\\_intro.pdf](http://www.cchealth.org/services/mental_health/prop63/pdf/pei_initiatives_draft_projects_intro.pdf) (last visited on March 20, 2009)).

<sup>188</sup> *Id.*

<sup>189</sup> Information from CWS/CMS Dynamic Report System (available online at <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>).

<sup>190</sup> Information from Child Welfare Reports as of August 14, 2007 (available online at <http://cssr.berkeley.edu/cwscmsreports/defaultStatic.asp>).

<sup>191</sup> *Id.*

<sup>192</sup> Del Norte County MHSA CSS plan at 76.

<sup>193</sup> *Id.*

<sup>194</sup> *Id.* at 78.

<sup>195</sup> Department of Finance, Table E-2, California County Population Estimates and Percent Change, Revised July 1, 2000 through Provisional July 1, 2006 (available online at <http://www.dof.ca.gov/html/DEMOGRAP/ReportsPapers/Estimates/E2/documents/E-2%20Report.xls>).

<sup>196</sup> Information from CWS/CMS Dynamic Report System (available online at <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>).

<sup>197</sup> Information from Child Welfare Reports as of August 25, 2008 (available online at <http://cssr.berkeley.edu/ucb%5Fchildwelfare/Exits.aspx>).

<sup>198</sup> *Id.*

<sup>199</sup> Response to CAI's CPRA request sent in April 2007. See also El Dorado County's MHSA CSS plan.

<sup>200</sup> El Dorado County MHSA CSS plan (final) pg. 43. Available online at: [http://eldorado.networkofcare.org/contentFiles/CSSfinalapp\\_DMH.pdf](http://eldorado.networkofcare.org/contentFiles/CSSfinalapp_DMH.pdf)

<sup>201</sup> *Id.* at 59.

<sup>202</sup> *Id.* at 49.

<sup>203</sup> *Id.* at 130.

<sup>204</sup> *Id.*

<sup>205</sup> *Id.* at 185.

<sup>206</sup> *Id.* at 60.

<sup>207</sup> *Id.* at 133.

<sup>208</sup> Department of Finance, Table E-2, California County Population Estimates and Percent Change, Revised July 1, 2000 through Provisional July 1, 2006 (available online at <http://www.dof.ca.gov/html/DEMOGRAP/ReportsPapers/Estimates/E2/documents/E-2%20Report.xls>).

<sup>209</sup> Information from CWS/CMS Dynamic Report System (available online at: <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>).

<sup>210</sup> Information from Child Welfare Reports as of August 14, 2007 (available online at: <http://cssr.berkeley.edu/cwscmsreports/defaultStatic.asp>).

<sup>211</sup> *Id.*

---

<sup>212</sup> Fresno County response to Public Records Act request of April 2007. Fresno County CSS Work Plan Summary (available online at [http://www.fresnomhsa.org/images/Transitional\\_Age\\_Youth\\_-\\_MH\\_Services-Support.pdf](http://www.fresnomhsa.org/images/Transitional_Age_Youth_-_MH_Services-Support.pdf)).

<sup>213</sup> Fresno County CSS Work Plan Summary at 210 (available online at [http://www.fresnomhsa.org/images/Transitional\\_Age\\_Youth\\_-\\_MH\\_Services-Support.pdf](http://www.fresnomhsa.org/images/Transitional_Age_Youth_-_MH_Services-Support.pdf)).

<sup>214</sup> *Id.*

<sup>215</sup> *Id.* at 217.

<sup>216</sup> *Id.* at 218.

<sup>217</sup> *Id.* at 221.

<sup>218</sup> *Id.* at 228.

<sup>219</sup> *Id.*

<sup>220</sup> *Id.*

<sup>221</sup> Department of Finance, Table E-2, California County Population Estimates and Percent Change, Revised July 1, 2000 through Provisional July 1, 2006 (available online at <http://www.dof.ca.gov/html/DEMOGRAP/ReportsPapers/Estimates/E2/documents/E-2%20Report.xls>).

<sup>222</sup> Information from CWS/CMS Dynamic Report System (available online at <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>).

<sup>223</sup> Information from Child Welfare Reports as of August 14, 2007 (available online at: <http://cssr.berkeley.edu/cwscmsreports/defaultStatic.asp>).

<sup>224</sup> *Id.*

<sup>225</sup> Glenn County MHSA CSS Plan at 63 (available online at [http://www.countyofglenn.net/Mental\\_Health/Glenn\\_County\\_MHSA-DRAFT\\_CSS\\_PLAN.pdf](http://www.countyofglenn.net/Mental_Health/Glenn_County_MHSA-DRAFT_CSS_PLAN.pdf)).

<sup>226</sup> *Id.* at 66.

<sup>227</sup> *Id.* at 64.

<sup>228</sup> *Id.* at Appendix E.

<sup>229</sup> As of this writing.

<sup>230</sup> See MHSAOC Agenda meeting on September 25 2008 (available online at <http://www.dmh.ca.gov/MHSOAC/docs/Meetings/2008/Sep/agendaSep08.pdf>). See also Motion Summary from September meeting (available online at <http://www.dmh.ca.gov/MHSOAC/docs/Meetings/2008/Oct/MotionsSept2008.pdf>).

<sup>231</sup> Glenn County Prevention and Early Intervention Three Year Program and Expenditure Plan (available online at <http://www.dmh.ca.gov/MHSOAC/Counties/Glenn/GlennApprovePlan.pdf>).

<sup>232</sup> Department of Finance, Table E-2, California County Population Estimates and Percent Change, Revised July 1, 2000 through Provisional July 1, 2006 (available online at <http://www.dof.ca.gov/html/DEMOGRAP/ReportsPapers/Estimates/E2/documents/E-2%20Report.xls>).

<sup>233</sup> Information from CWS/CMS Dynamic Report System (available online at: <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>).

<sup>234</sup> Information from Child Welfare Reports as of August 14, 2007 (available online at: <http://cssr.berkeley.edu/cwscmsreports/defaultStatic.asp>).

<sup>235</sup> *Id.*

<sup>236</sup> Humboldt County MHSA CSS Plan at 196 (available online at <http://co.humboldt.ca.us/HHS/MHB/MHSA/Documents/MHSA%20CSS%20final.pdf>).

<sup>237</sup> *Id.*

<sup>238</sup> *Id.* at 219.

<sup>239</sup> *Id.* at 71–343.

<sup>240</sup> Humboldt County Department of Health and Human Services Mental Health Branch, Mental Health Services Act Prevention and Early Intervention Plan (December 2008) (available online at [http://www.dmh.ca.gov/MHSOAC/docs/PEI/Humboldt/HumboldtCountyPEIPlan\\_08DecRevised\\_09Jan6.pdf](http://www.dmh.ca.gov/MHSOAC/docs/PEI/Humboldt/HumboldtCountyPEIPlan_08DecRevised_09Jan6.pdf) (last visited 07/29/ 2009)).

<sup>241</sup> *Id.*

<sup>242</sup> *Id.*

<sup>243</sup> *Id.*

<sup>244</sup> *Id.*

<sup>245</sup> California Department of Finance, Table E-2, California County Population Estimates and Percent Change, Revised July 1, 2000 through Provisional July 1, 2006 (available online at [http://www.dof.ca.gov/HTML/DEMOGRAP/ReportsPapers/Estimates/E2/documents/E-2\\_Press\\_Release\\_Jul06.pdf](http://www.dof.ca.gov/HTML/DEMOGRAP/ReportsPapers/Estimates/E2/documents/E-2_Press_Release_Jul06.pdf)).

<sup>246</sup> Information from CWS/CMS Dynamic Report System (available online at: <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>).

<sup>247</sup> Information from Child Welfare Reports as of August 14, 2007 (available online at <http://cssr.berkeley.edu/cwscmsreports/defaultStatic.asp>).

<sup>248</sup> *Id.*

<sup>249</sup> Imperial County MHSA CSS 3-year Plan 2005-2008.

<sup>250</sup> *Id.*

<sup>251</sup> *Id.*

<sup>252</sup> *Id.*

<sup>253</sup> *Id.*

<sup>254</sup> *Id.*

<sup>255</sup> *Id.*

<sup>256</sup> *Id.*

<sup>257</sup> *Id.* At Exhibit 5a.

<sup>258</sup> California Department of Finance, Table E-2, California County Population Estimates and Percent Change, Revised July 1, 2000 through Provisional July 1, 2006 (available online at [http://www.dof.ca.gov/HTML/DEMOGRAP/ReportsPapers/Estimates/E2/documents/E-2\\_Press\\_Release\\_Jul06.pdf](http://www.dof.ca.gov/HTML/DEMOGRAP/ReportsPapers/Estimates/E2/documents/E-2_Press_Release_Jul06.pdf)).

<sup>259</sup> Information from CWS/CMS Dynamic Report System (available online at <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>).

<sup>260</sup> Information from Child Welfare Reports as of August 14, 2007 (available online at <http://cssr.berkeley.edu/cwscmsreports/defaultStatic.asp>).

<sup>261</sup> *Id.*

<sup>262</sup> Inyo County CSS Plan at 69 (available online at [http://www.countyofinyo.org/MHSA\\_CSSplan/MHSA\\_CSSplan.pdf](http://www.countyofinyo.org/MHSA_CSSplan/MHSA_CSSplan.pdf)).

<sup>263</sup> *Id.* at 70.

<sup>264</sup> *Id.* at 69.

<sup>265</sup> *Id.* at 72.

<sup>266</sup> See MHSAOC Revised Agenda meeting on May 28, 2009 (available online at [http://www.dmh.ca.gov/MHSOAC/docs/Meetings/2009/May/Agenda\\_May\\_09.pdf](http://www.dmh.ca.gov/MHSOAC/docs/Meetings/2009/May/Agenda_May_09.pdf)). See also Motion Summary and Meeting Minutes from May 09 meeting (available online at <http://www.dmh.ca.gov/>).

[MHSOAC/docs/Meetings/2009/Jun/Tab1May2009Motions.pdf](#) and <http://www.dmh.ca.gov/MHSOAC/docs/Meetings/2009/Jun/Tab1May09MeetingMinutes.pdf>.

<sup>267</sup> Information from CWS/CMS Dynamic Report System (available online at <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>).

<sup>268</sup> Information from Child Welfare Reports as of August 14, 2007 (available online at <http://cssr.berkeley.edu/cwscmsreports/defaultStatic.asp>).

<sup>269</sup> *Id.*

<sup>270</sup> Letter of response to CAI's April 2007 CRPA request.

<sup>271</sup> Kern County's CSS plan at 88 (available online at <http://www.co.kern.ca.us/kcmh/mhsa/csspdfs/submit/FullServicePartnerships.pdf>).

<sup>272</sup> *Id.* at 90.

<sup>273</sup> *Id.*

<sup>274</sup> *Id.* at 103.

<sup>275</sup> *Id.*

<sup>276</sup> *Id.*

<sup>277</sup> *Id.* at 106.

<sup>278</sup> Kern County (May 16, 2007) letter in response to CAI's April 2007 CPRA request.

<sup>279</sup> Kern County CSS plan System Development programs at 179 (available online at [http://www.co.kern.ca.us/kcmh/mhsa/csspdfs/submit/System\\_Development.pdf](http://www.co.kern.ca.us/kcmh/mhsa/csspdfs/submit/System_Development.pdf)).

<sup>280</sup> *Id.* at 178.

<sup>281</sup> *Id.* at 180.

<sup>282</sup> California Department of Finance, Table E-2, California County Population Estimates and Percent Change, Revised July 1, 2000 through Provisional July 1, 2006.

<sup>283</sup> Information from CWS/CMS Dynamic Report System (available online at <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>).

<sup>284</sup> Information from Child Welfare Reports as of August 14, 2007 (available online at <http://cssr.berkeley.edu/cwscmsreports/defaultStatic.asp>).

<sup>285</sup> *Id.* Note there were no numbers available for Jan.–Dec. 2006. The number of youth who aged out of the system between January and December 2006 was estimated to be 238, the average number of youth who aged out of Child Welfare supervised foster care from 2001 to 2005. Youth who aged out between 2006 and 2001 would be 18–25 years of age on average; TAY are defined as youth ages 16–25.

<sup>286</sup> Kings County CSS Plan at 56 (available online at <http://www.countyofkings.com/mhsa/pdfs/01MHSAPlan.pdf>).

<sup>287</sup> *Id.* at p. 37.

<sup>288</sup> *Id.* at p. 61.

<sup>289</sup> Kings County will be participating in a study being done by CIMH regarding Multi Dimensional Treatment foster care (MTFC); if successful, this will likely lead to healthier Transition Age Foster Youth as well.

<sup>290</sup> California Department of Finance, Table E-2, California County Population Estimates and Percent Change, Revised July 1, 2000 through Provisional July 1, 2006.

<sup>291</sup> Information from CWS/CMS Dynamic Report System (available online at <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>).

<sup>292</sup> Information from Child Welfare Reports as of August 14, 2007 (available online at <http://cssr.berkeley.edu/cwscmsreports/defaultStatic.asp>).

<sup>293</sup> *Id.*

<sup>294</sup> Lake County Mental Health Department: MHSA 3-year Plan For Community Services and Support (Nov. 2005) at 118 (available online at [http://www.co.lake.ca.us/Assets/Mental+Health\\_AODS/docs/MHSA+3+Year+Plan.pdf](http://www.co.lake.ca.us/Assets/Mental+Health_AODS/docs/MHSA+3+Year+Plan.pdf)).

<sup>295</sup> *Id.* at 77–80.

<sup>296</sup> *Id.* at 84.

<sup>297</sup> *Id.* at 90.

<sup>298</sup> *Id.* at 103.

<sup>299</sup> California Department of Finance, Table E-2, California County Population Estimates and Percent Change, Revised July 1, 2000 through Provisional July 1, 2006.

<sup>300</sup> Information from CWS/CMS Dynamic Report System (available online at <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>).

<sup>301</sup> Information from Child Welfare Reports as of August 14, 2007 (available online at <http://cssr.berkeley.edu/cwscmsreports/defaultStatic.asp>).

<sup>302</sup> *Id.*

<sup>303</sup> Lassen County Letter of response to CAI's April 2007 CRPA request.

<sup>304</sup> Lassen County Three-Year CSS Plan at 69 (available online at <http://lassen.networkofcare.org/contentFiles/MHSA%20CSS%20Proposal%20v.3.pdf>).

<sup>305</sup> *Id.*

<sup>306</sup> *Id.* at 55.

<sup>307</sup> *Id.* at 70.

<sup>308</sup> *Id.* at 95–101.

<sup>309</sup> See MHSAOC Revised Agenda meeting on April 24, 2009 (available online at [http://www.dmh.ca.gov/MHSOAC/docs/Meetings/2009/April/Agenda\\_April\\_09\\_Rev\\_4-21.pdf](http://www.dmh.ca.gov/MHSOAC/docs/Meetings/2009/April/Agenda_April_09_Rev_4-21.pdf)). See also Motion Summary and Meeting Minutes from April 09 meeting (available online at [http://www.dmh.ca.gov/MHSOAC/Prior\\_Meetings\\_2009\\_05.asp](http://www.dmh.ca.gov/MHSOAC/Prior_Meetings_2009_05.asp)).

<sup>310</sup> California Department of Finance, Table E-2, California County Population Estimates and Percent Change, Revised July 1, 2000 through Provisional July 1, 2006.

<sup>311</sup> Information from CWS/CMS Dynamic Report System (available online at: <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>).

<sup>312</sup> Information from Child Welfare Reports as of August 14, 2007 (available online at: <http://cssr.berkeley.edu/cwscmsreports/defaultStatic.asp>).

<sup>313</sup> *Id.*

<sup>314</sup> Information taken from Los Angeles County DMH MHSA CSS Plan (available online at <http://dmh.lacounty.info/stp/CSSPartIII.cfm>).

<sup>315</sup> *Id.*

<sup>316</sup> *Id.*

<sup>317</sup> Information from Los Angeles MHSA website at <http://dmh.lacounty.info/MHSA/plans/tayNav.html> (last visited on May 21, 2009).

<sup>318</sup> Information taken from the County of Los Angeles – Department of Mental Health Transition-Age Youth (TAY) Division Mental Health Services Act (MHSA) Summary (June 2007), received in response to CPRA request of April 2007.

<sup>319</sup> *Id.*

<sup>320</sup> *Id.*

<sup>321</sup> *Id.*

<sup>322</sup> *Id.*



<sup>323</sup> Los Angeles County has a program explicitly designed and tailored to the unique needs of probation youth, but no program explicitly designed and tailored to foster youth. This trend is apparent in other counties around the state as well.

<sup>324</sup> *Id.*

<sup>325</sup> Cal. Welf. & Inst. Code § 5891

<sup>326</sup> Gold, Scott and Lee Romney. *New funds, enduring ills*. Los Angeles Times (Sept. 16, 2007) (available online at <http://www.latimes.com/features/health/la-me-mental10.1.2263949.story>).

<sup>327</sup> See MHSAOC Agenda meeting on March 26, 2009 (available online at <http://www.dmh.ca.gov/MHSAOC/docs/Meetings/2009/Mar/AgendaMarch26.pdf>). See also Motion Summary and Meeting Minutes from March meeting (available online at [http://www.dmh.ca.gov/MHSAOC/Prior\\_Meetings\\_2009\\_04.asp](http://www.dmh.ca.gov/MHSAOC/Prior_Meetings_2009_04.asp)).

<sup>328</sup> Los Angeles County: PEI Component of the Three Year Program and Expenditure Plan 2007-2008, 2008-2009 (available online at [http://www.dmh.ca.gov/MHSAOC/docs/PEI/Los\\_Angeles\\_PEI.pdf](http://www.dmh.ca.gov/MHSAOC/docs/PEI/Los_Angeles_PEI.pdf) (last visit 05/22/2009)).

<sup>329</sup> California Department of Finance, Table E-2, California County Population Estimates and Percent Change, Revised July 1, 2000 through Provisional July 1, 2006.

<sup>330</sup> Information from CWS/CMS Dynamic Report System (available online at <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>).

<sup>331</sup> Information from Child Welfare Reports as of August 14, 2007 (available online at <http://cssr.berkeley.edu/cwscmsreports/defaultStatic.asp>).

<sup>332</sup> *Id.*

<sup>333</sup> Madera County Community Services and Supports (CSS) Plan at 117 (available online at: [http://www.madera-county.com/behavioralhealth/pdf/mhsa\\_final\\_plan.pdf](http://www.madera-county.com/behavioralhealth/pdf/mhsa_final_plan.pdf) (visited 07/29/2009)).

<sup>334</sup> *Id.* at 104.

<sup>335</sup> *Id.* at 105.

<sup>336</sup> *Id.* at 106.

<sup>337</sup> *Id.* at 107.

<sup>338</sup> See MHSAOC Agenda meeting on March 26, 2009 (available online at <http://www.dmh.ca.gov/MHSAOC/docs/Meetings/2009/Mar/AgendaMarch26.pdf>). See also Motion Summary and Meeting Minutes from March meeting (available online at [http://www.dmh.ca.gov/MHSAOC/Prior\\_Meetings\\_2009\\_04.asp](http://www.dmh.ca.gov/MHSAOC/Prior_Meetings_2009_04.asp)).

<sup>339</sup> California Department of Finance, Table E-2, California County Population Estimates and Percent Change, Revised July 1, 2000 through Provisional July 1, 2006.

<sup>340</sup> Information from CWS/CMS Dynamic Report System (available online at <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>).

<sup>341</sup> Information from Child Welfare Reports as of August 14, 2007 (available online at <http://cssr.berkeley.edu/cwscmsreports/defaultStatic.asp>).

<sup>342</sup> *Id.*

<sup>343</sup> Marin County CSS plan at 59 (available online at [http://www.co.marin.ca.us/depts/HHH/main/mh/mhsa\\_css/CSS\\_State\\_version\\_of\\_Plan.pdf](http://www.co.marin.ca.us/depts/HHH/main/mh/mhsa_css/CSS_State_version_of_Plan.pdf)).

<sup>344</sup> *Id.* at 60.

<sup>345</sup> *Id.* at 61.

<sup>346</sup> *Id.*

<sup>347</sup> Information from email received from Kathy S. Kipp, MBA (Project Coordinator Marin County Community Mental Health (July 2008).

<sup>348</sup> *Supra* note 343 at 101.

<sup>349</sup> See MHSAOC Agenda meeting on March 26, 2009 (available online at <http://www.dmh.ca.gov/MHSAOC/docs/Meetings/2009/Mar/AgendaMarch26.pdf>). See also Motion Summary and Meeting Minutes from March meeting (available online at [http://www.dmh.ca.gov/MHSAOC/Prior\\_Meetings\\_2009\\_04.asp](http://www.dmh.ca.gov/MHSAOC/Prior_Meetings_2009_04.asp)).

<sup>350</sup> California Department of Finance, Table E-2, California County Population Estimates and Percent Change, Revised July 1, 2000 through Provisional July 1, 2006.

<sup>351</sup> Information from CWS/CMS Dynamic Report System (available online at <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>).

<sup>352</sup> Information from Child Welfare Reports as of August 14, 2007 (available online at: <http://cssr.berkeley.edu/cwscmsreports/defaultStatic.asp>).

<sup>353</sup> *Id.*

<sup>354</sup> Mariposa County response to CAF's CPRA request in April 2007.

<sup>355</sup> See MHSAOC Agenda meeting on March 26, 2009 (available online at <http://www.dmh.ca.gov/MHSAOC/docs/Meetings/2009/Mar/AgendaMarch26.pdf>). See also Motion Summary and Meeting Minutes from March meeting (available online at [http://www.dmh.ca.gov/MHSAOC/Prior\\_Meetings\\_2009\\_04.asp](http://www.dmh.ca.gov/MHSAOC/Prior_Meetings_2009_04.asp)).

<sup>356</sup> Mariposa County Prevention and Early Intervention Programs, December 16, 2008 (available online at [http://www.dmh.ca.gov/MHSAOC/docs/PEI/Mariposa/Mariposa\\_PEI.pdf](http://www.dmh.ca.gov/MHSAOC/docs/PEI/Mariposa/Mariposa_PEI.pdf) (visited 07/29/2009)).

<sup>357</sup> California Department of Finance, Table E-2, California County Population Estimates and Percent Change, Revised July 1, 2000 through Provisional July 1, 2006.

<sup>358</sup> Information from CWS/CMS Dynamic Report System (available online at <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>).

<sup>359</sup> Information from Child Welfare Reports as of August 14, 2007 (available online at <http://cssr.berkeley.edu/cwscmsreports/defaultStatic.asp>).

<sup>360</sup> *Id.*

<sup>361</sup> Mendocino County CSS Plan (available online at <http://www.co.mendocino.ca.us/mh/pdf/P63%20Revision%204-19.pdf>). Additional information provided in Response to DMH Request of April 6, 2006 at 31.

<sup>362</sup> Mendocino County CSS Plan (draft for Public Review) at 84 (available online at <http://www.co.mendocino.ca.us/mh/pdf/MHSA%20Draft%20Plan.pdf>).

<sup>363</sup> *Id.*

<sup>364</sup> *Id.*

<sup>365</sup> *Id.*

<sup>366</sup> *Id.*

<sup>367</sup> *Id.* at 85.

<sup>368</sup> *Id.*

<sup>369</sup> *Id.*

<sup>370</sup> *Id.*

<sup>371</sup> *Id.*

<sup>372</sup> *Id.*

<sup>373</sup> *Id.*

<sup>374</sup> *Id.* at 86.

<sup>375</sup> *Id.*

376 California Department of Finance, Table E-2, California County Population Estimates and Percent Change, Revised July 1, 2000 through Provisional July 1, 2006.

377 Information from CWS/CMS Dynamic Report System (available online at <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>).

378 Information from Child Welfare Reports as of August 14, 2007 (available online at <http://cssr.berkeley.edu/cwscmsreports/defaultStatic.asp>).

379 *Id.*

380 Merced County Supervisor approved MHSA CSS Plan at 120 (available online at <http://www.co.merced.ca.us/index.aspx?NID=489>).

381 *Id.*

382 *Id.* at 130.

383 *Id.* at 131.

384 *Id.*

385 *Id.* at 133.

386 *Id.*

387 Merced County MHSA CSS Plan stated the capacity of the CARE program at 10 TAY, per an email CAI received from Janet Spangler (Merced County Children's coordinator); in July 2008, Merced expanded the capacity of the CARE program to 13.

388 Merced County MHSA CSS Plan WeCan Workplan at 86 (available online at <http://www.co.merced.ca.us/index.aspx?NID=489>).

389 Merced County MHSA CSS Plan COPE Workplan at 262 (available online at <http://www.co.merced.ca.us/index.aspx?NID=489>).

390 *Id.*

391 *Id.*

392 *Id.* at 269.

393 As of this writing.

394 See MHSAOC Revised Agenda and Motion Summaries from meeting on November 20–21, 2008 (available online at [http://www.dmh.ca.gov/MHSAOC/Prior\\_Meetings\\_2008\\_11.asp](http://www.dmh.ca.gov/MHSAOC/Prior_Meetings_2008_11.asp)).

395 Merced County Prevention and Early Intervention Three-Year Program and Expenditure Plan (Aug. 4, 2008) (available online at [http://www.dmh.ca.gov/MHSAOC/Counties/Merced/docs/MERCEDPEI\\_Plan\\_08Sep17.pdf](http://www.dmh.ca.gov/MHSAOC/Counties/Merced/docs/MERCEDPEI_Plan_08Sep17.pdf)).

396 *Id.* at 57–60.

397 *Id.* at 61.

398 California Department of Finance, Table E-2, California County Population Estimates and Percent Change, Revised July 1, 2000 through Provisional July 1, 2006.

399 Information from CWS/CMS Dynamic Report System (available online at <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>).

400 Information from Child Welfare Reports as of August 14, 2007 (available online at <http://cssr.berkeley.edu/cwscmsreports/defaultStatic.asp>).

401 *Id.*

402 Modoc County's letter of response to CAI's CPRA Request in April, 2007.

403 Modoc County Original MHSA CSS Plan at 33.

404 *Id.* at 34.

405 *Id.*

406 *Id.*

407 *Id.*

408 As of this writing.

409 See MHSAOC Agenda meeting on September 25, 2008 (available online at <http://www.dmh.ca.gov/MHSAOC/docs/Meetings/2008/Sep/agendaSep08.pdf>). See also Motion Summary from September meeting (available online at <http://www.dmh.ca.gov/MHSAOC/docs/Meetings/2008/Oct/MotionsSept2008.pdf>).

410 Modoc County Prevention and Early Intervention Three-Year Program and Expenditure Plan (available online at <http://www.dmh.ca.gov/MHSAOC/Counties/Modoc/docs/ModocCounty.pdf>).

411 California Department of Finance, Table E-2, California County Population Estimates and Percent Change, Revised July 1, 2000 through Provisional July 1, 2006.

412 Mono County's letter of response to CAI's April 2007 CPRA Request.

413 Information from CWS/CMS Dynamic Report System (available online at <http://cssr.berkeley.edu/ucb%5Fchildwelfare/PIT.aspx>).

414 Mono County Letter of Response to CAI's April, 2007; see also Mono County's MHSA CSS Plan.

415 As of this writing.

416 California Department of Finance, Table E-2, California County Population Estimates and Percent Change, Revised July 1, 2000 through Provisional July 1, 2006.

417 Information from CWS/CMS Dynamic Report System (available online at <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>).

418 Information from Child Welfare Reports as of August 14, 2007 (available online at <http://cssr.berkeley.edu/cwscmsreports/defaultStatic.asp>).

419 *Id.*

420 Monterey County MHSA CSS Plan at 11 (available online at <http://www.co.monterey.ca.us/health/BehavioralHealth/pdf/CSSPlanBudget.pdf>).

421 *Id.* at 81.

422 *Id.*

423 *Id.* at 83.

424 *Id.*

425 *Id.*

426 Updated capacity from 40 per information received from Monterey County in January 2009.

427 As of this writing.

428 Monterey County PEI Component of the Three-Year Program and Expenditure Plan (Aug. 12, 2008) (available online at <http://www.dmh.ca.gov/MHSAOC/Counties/Monterey/docs/MontereyApprovePlan.pdf>).

429 California Department of Finance, Table E-2, California County Population Estimates and Percent Change, Revised July 1, 2000 through Provisional July 1, 2006.

430 Information from CWS/CMS Dynamic Report System (available online at <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>).

431 Information from Child Welfare Reports as of August 14, 2007 (available online at <http://cssr.berkeley.edu/cwscmsreports/defaultStatic.asp>).

432 *Id.*

433 Napa County letter of response to CAI's April, 2007 CPRA request.

434 Napa County MHSA CSS Plan at 92 (available online at <http://www.co.napa.ca.us/FileFrame.asp?Title=Document&Section=gov&ExtURL=/GOV/Departments/50000/Linked/FinalCSSPlan.pdf>).

<sup>435</sup> *Id.* at 92.

<sup>436</sup> Staff updated from two members to three per an email update received from Felix A. Bedolla, MHSA Project Manager, Napa County (July 14, 2008).

<sup>437</sup> Napa County MHSA CSS Plan at 92 (available online at <http://www.co.napa.ca.us/FileFrame.asp?Title=Document&Section=gov&ExtURL=/GOV/Departments/50000/Linked/FinalCSSPlan.pdf>).

<sup>438</sup> *Id.* at 93. Updated per an email update received from Felix A. Bedolla, MHSA Project Manager, Napa County (July 14, 2008).

<sup>439</sup> Update from Felix A. Bedolla, MHSA Project Manager, Napa County (July 14, 2008).

<sup>440</sup> *Supra* note 434 at 94.

<sup>441</sup> *Id.*

<sup>442</sup> *Id.*

<sup>443</sup> *Id.*

<sup>444</sup> *Id.* at 95.

<sup>445</sup> *Id.*

<sup>446</sup> Information included in email update from Felix A. Bedolla, MHSA Project Manager, Napa County (July 3, 2008).

<sup>447</sup> *Supra* note 434 at 96.

<sup>448</sup> *Id.* at 93; this information was updated from 10 TAY served to 13 (and eventually 22-24) per information provided by Felix A. Bedolla, the MHSA Project Manager in Napa County (on July 3, 2008).

<sup>449</sup> California Department of Finance, Table E-2, California County Population Estimates and Percent Change, Revised July 1, 2000 through Provisional July 1, 2006.

<sup>450</sup> Information from CWS/CMS Dynamic Report System (available online at <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>).

<sup>451</sup> Information from Child Welfare Reports as of August 14, 2007 (available online at: <http://cssr.berkeley.edu/cwscmsreports/defaultStatic.asp>).

<sup>452</sup> *Id.*

<sup>453</sup> Nevada MHSA CSS Plan at 40.

<sup>454</sup> See MHSAOC Revised Agenda meeting on May 28, 2009 (available online at [http://www.dmh.ca.gov/MHSOAC/docs/Meetings/2009/May/Agenda\\_May\\_09.pdf](http://www.dmh.ca.gov/MHSOAC/docs/Meetings/2009/May/Agenda_May_09.pdf)). See also Motion Summary and Meeting Minutes from May 2009 meeting (available online at <http://www.dmh.ca.gov/MHSOAC/docs/Meetings/2009/Jun/Tab1May2009Motions.pdf> and <http://www.dmh.ca.gov/MHSOAC/docs/Meetings/2009/Jun/Tab1May09MeetingMinutes.pdf>).

<sup>455</sup> Nevada County MHSA PEI Plan (available online at <http://www.dmh.ca.gov/MHSOAC/docs/PEI/Nevada/NevadaCounty51509.pdf>).

<sup>456</sup> California Department of Finance, Table E-2, California County Population Estimates and Percent Change, Revised July 1, 2000 through Provisional July 1, 2006.

<sup>457</sup> Information from CWS/CMS Dynamic Report System (available online at <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>).

<sup>458</sup> Information from Child Welfare Reports as of August 14, 2007 (available online at <http://cssr.berkeley.edu/cwscmsreports/defaultStatic.asp>).

<sup>459</sup> *Id.* No numbers were available for Jan.–Dec. 2006. The number of youth who aged out of the system between Jan and Dec. 2006 was an estimated 238, the average number of youth who aged out of Child Welfare supervised foster care from 2001 to 2005. Youth who aged out between 2006 and 2001 would be 18–25 years of age on average; TAY are defined as youth ages 16–25.

<sup>460</sup> Email received from Bonnie G. Birnbaum, Ph.D. (Administrative manager Orange County Health Care Agency, Office of Quality Management) (July 2008). Originally, the Orange County CSS plan stated that there were three programs; Dr. Birnbaum corrected this statement.

<sup>461</sup> Information from Orange County’s CSS plan sent in response to CAI’s April 2007 CPRA Request.

<sup>462</sup> *Id.*

<sup>463</sup> *Id.*

<sup>464</sup> *Id.*

<sup>465</sup> *Id.* at 231.

<sup>466</sup> *Id.* at 388. The capacity projected in the Orange County CSS plan was 132; this capacity was expanded with growth funding Orange County received in fiscal year 2007–08, and was again expanded and updated pursuant to an email from Bonnie Birnbaum of Orange County Office of Quality Management.

<sup>467</sup> *Id.* at 249.

<sup>468</sup> *Id.*

<sup>469</sup> Information from the County of Orange Mental Health Services Act: Community Services and Supports Three Year Plan – Approved as of April 1, 2006 at 250.

<sup>470</sup> *Id.*

<sup>471</sup> *Id.* at 269–270.

<sup>472</sup> Orange County CSS Growth Funding Plan, approved July 2007 at 65.

<sup>473</sup> Email from Dr. Bonnie G. Birnbaum received on 06/04/2009 in response to follow up request from CAI.

<sup>474</sup> *Id.*

<sup>475</sup> See MHSAOC Agenda meeting on March 26, 2009 (available online at <http://www.dmh.ca.gov/MHSOAC/docs/Meetings/2009/Mar/AgendaMarch26.pdf>). See also Motion Summary and Meeting Minutes from March meeting (available online at [http://www.dmh.ca.gov/MHSOAC/Prior\\_Meetings\\_2009\\_04.asp](http://www.dmh.ca.gov/MHSOAC/Prior_Meetings_2009_04.asp)).

<sup>476</sup> Orange County Prevention and Early Intervention Plan at 47 (available online at [http://www.dmh.ca.gov/MHSOAC/docs/PEI/Orange/County\\_of\\_Orange\\_PEI\\_Plan\\_Final-1-27-09.pdf](http://www.dmh.ca.gov/MHSOAC/docs/PEI/Orange/County_of_Orange_PEI_Plan_Final-1-27-09.pdf)).

<sup>477</sup> *Id.* at 79.

<sup>478</sup> California Department of Finance, Table E-2, California County Population Estimates and Percent Change, Revised July 1, 2000 through Provisional July 1, 2006.

<sup>479</sup> Information from CWS/CMS Dynamic Report System (available online at <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>).

<sup>480</sup> Information from Child Welfare Reports as of August 14, 2007 (available online at <http://cssr.berkeley.edu/cwscmsreports/defaultStatic.asp>).

<sup>481</sup> *Id.* No numbers were available for Jan.–Dec. 2006. The number of youth who aged out of the system between January and December of 2006 was estimated to be 238, the average number of youth who aged out of Child Welfare supervised foster care from 2001 to 2005. Youth who aged out between 2006 and 2001 would be 18–25 years of age on average; TAY are defined as youth ages 16–25.

<sup>482</sup> Placer County Letter of Response to CAI’s April, 2007 CPRA; see also Placer County MHSA Plan at 56.

<sup>483</sup> Placer County MHSA CSS Plan at 57 (available online at <http://www.placer.ca.gov/Departments/hhs/~media/hhs/hhs%20%20%20adult%20system%20of%20care/documents/MHSA%20Final%20Plan%20pdf.ashx>).

<sup>484</sup> *Id.* at 61.

<sup>485</sup> *Id.*



486 *Id.* at 58.

487 See MHSAOC Agenda meeting on February 27, 2009 (available online at [http://www.dmh.ca.gov/MHSAOC/docs/Agenda\\_2-27-09.pdf](http://www.dmh.ca.gov/MHSAOC/docs/Agenda_2-27-09.pdf)). See also Motion Summary and Meeting Minutes from February meeting (available online at [http://www.dmh.ca.gov/MHSAOC/Prior\\_Meetings\\_2009\\_03.asp](http://www.dmh.ca.gov/MHSAOC/Prior_Meetings_2009_03.asp)).

488 California Department of Finance, Table E-2, California County Population Estimates and Percent Change, Revised July 1, 2000 through Provisional July 1, 2006.

489 Information from CWS/CMS Dynamic Report System (available online at <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>).

490 Information from Child Welfare Reports as of August 14, 2007 (available online at <http://cssr.berkeley.edu/cwscmsreports/defaultStatic.asp>).

491 *Id.*

492 Plumas County letter of response to CAI's CPRA request in April 2007.

493 *Id.*

494 Executive Summary: Plumas County MHSA Three Year Program and Expenditures Plan at 3.

495 *Id.* at 2.

496 *Id.* at 3.

497 *Id.*

498 *Id.*

499 *Id.*

500 *Id.*

501 *Id.* at 4.

502 See MHSAOC Agenda meeting on March 26, 2009 (available online at <http://www.dmh.ca.gov/MHSAOC/docs/Meetings/2009/Mar/AgendaMarch26.pdf>). See also Motion Summary and Meeting Minutes from March meeting (available online at [http://www.dmh.ca.gov/MHSAOC/Prior\\_Meetings\\_2009\\_04.asp](http://www.dmh.ca.gov/MHSAOC/Prior_Meetings_2009_04.asp)).

503 Plumas County MHSA Program and Expenditure Plan Prevention and Early Intervention: Fiscal Years 2007-2008 and 2008-2009 (available online at <http://www.dmh.ca.gov/MHSAOC/docs/PEI/Plumas/Plumas62409.pdf>).

504 California Department of Finance, Table E-2, California County Population Estimates and Percent Change, Revised July 1, 2000 through Provisional July 1, 2006.

505 Information from CWS/CMS Dynamic Report System (available online at <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>).

506 Information from Child Welfare Reports as of August 14, 2007 (available online at <http://cssr.berkeley.edu/cwscmsreports/defaultStatic.asp>).

507 *Id.*

508 Riverside CSS Plan, sent in response to April 2007 CPRA request (also available online at <http://mentalhealth.co.riverside.ca.us/opencms/english/mhsa/index.html>).

509 *Id.*

510 *Id.*

511 *Id.*

512 *Id.* Updated in May 2009 per email from Bill Brenneman in response to CAI's request for additional/updated county information.

513 For all details regarding Riverside County's proposed PEI Plan, see *Riverside Department of Mental Health Mental Health Services Act: Prevention and Early Intervention Plan* (July 15, 2009) (available online at [http://www.dmh.ca.gov/MHSAOC/docs/PEI/Riverside/PEI\\_Riverside\\_County.pdf](http://www.dmh.ca.gov/MHSAOC/docs/PEI/Riverside/PEI_Riverside_County.pdf)).

514 California Department of Finance, Table E-2, California County Population Estimates and Percent Change, Revised July 1, 2000 through Provisional July 1, 2006.

515 Information from CWS/CMS Dynamic Report System (available online at <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>).

516 Information from Child Welfare Reports as of August 14, 2007 (available online at <http://cssr.berkeley.edu/cwscmsreports/defaultStatic.asp>).

517 *Id.*

518 Information from Sacramento County sent in response to CAI's April 2007 CPRA request.

519 Letter and Attached information from Sacramento County in response to CAI's April 2007 CPRA request.

520 Sacramento County Community Services and supports (CSS) Programs. Document sent in response to CAI's April 2007 CPRA request – Attachment 1, at 2.

521 Sacramento County MHSA: CSS Three Year Program and Expenditure Plan at 109 (available online at [http://www.sacdhhs.com/CMS/download/pdfs/MHA/CSS\\_Plan\\_Submitted\\_to\\_State\\_1-31-06%20.pdf](http://www.sacdhhs.com/CMS/download/pdfs/MHA/CSS_Plan_Submitted_to_State_1-31-06%20.pdf)).

522 *Id.* Capacity updated pursuant to an email on 7/17/2008 from Michelle Callejas at the County of Sacramento.

523 Information available on CWS/CMS Dynamic Report System (available online at <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>).

524 Sacramento County MHSA: CSS Three Year Program and Expenditure Plan (available online at [http://www.sacdhhs.com/CMS/download/pdfs/MHA/CSS\\_Plan\\_Submitted\\_to\\_State\\_1-31-06%20.pdf](http://www.sacdhhs.com/CMS/download/pdfs/MHA/CSS_Plan_Submitted_to_State_1-31-06%20.pdf)).

525 Sacramento County Community Services and Supports (CSS) Programs: Attachment 1, sent in response to CAI's April 2007 CPRA.

526 *Id.*

527 *Id.*

528 California Department of Finance, Table E-2, California County Population Estimates and Percent Change, Revised July 1, 2000 through Provisional July 1, 2006.

529 Information from CWS/CMS Dynamic Report System (available online at <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>).

530 Information from Child Welfare Reports as of August 14, 2007 (available online at <http://cssr.berkeley.edu/cwscmsreports/defaultStatic.asp>).

531 *Id.*

532 San Benito County Letter of Response to CAI's April 2007 CPRA request.

533 San Benito County MHSA CSS plan, pg. 63. Available online at [http://www.san-benito.ca.us/proposition63/SBC%20CSS%20Plan%20DRAFT%2010%2019%2005%20v2%20\(4\).pdf](http://www.san-benito.ca.us/proposition63/SBC%20CSS%20Plan%20DRAFT%2010%2019%2005%20v2%20(4).pdf)).

534 *Id.* at 63.

535 *Id.*

536 *Id.* at 62.

537 *Id.* at 66.

538 *Id.*

539 *Id.*

540 See MHSAOC Revised Agenda meeting on May 28, 2009 (available online at [http://www.dmh.ca.gov/MHSAOC/docs/Meetings/2009/May/Agenda\\_May\\_09.pdf](http://www.dmh.ca.gov/MHSAOC/docs/Meetings/2009/May/Agenda_May_09.pdf)). See also Motion Summary and Meeting Minutes from May 09 meeting (available online at <http://www.dmh.ca.gov/>).

---

MHSOAC/docs/Meetings/2009/Jun/Tab1May2009Motions.pdf and <http://www.dmh.ca.gov/MHSOAC/docs/Meetings/2009/Jun/Tab1May09MeetingMinutes.pdf>.

<sup>541</sup> San Benito County Prevention and Early Intervention Plan (available online at [http://www.dmh.ca.gov/MHSOAC/docs/PEI/San\\_Benito/San\\_Benito\\_PEL.pdf](http://www.dmh.ca.gov/MHSOAC/docs/PEI/San_Benito/San_Benito_PEL.pdf)).

<sup>542</sup> *Id.*

<sup>543</sup> California Department of Finance, Table E-2, California County Population Estimates and Percent Change, Revised July 1, 2000 through Provisional July 1, 2006.

<sup>544</sup> Information from CWS/CMS Dynamic Report System (available online at <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>).

<sup>545</sup> Information from Child Welfare Reports as of August 14, 2007 (available online at <http://cssr.berkeley.edu/cwscmsreports/defaultStatic.asp>).

<sup>546</sup> *Id.*

<sup>547</sup> San Bernardino MHSA CSS 3- Year Program and Expenditure Plan at 92 (available online at [http://www.co.san-bernardino.ca.us/dbh/MHSA/Prop63/SanBernardinoCounty\\_MHSA\\_CSSFINAL.pdf](http://www.co.san-bernardino.ca.us/dbh/MHSA/Prop63/SanBernardinoCounty_MHSA_CSSFINAL.pdf)).

<sup>548</sup> *Id.* at 94.

<sup>549</sup> *Id.* at 95.

<sup>550</sup> *Id.*

<sup>551</sup> *Id.* at 98.

<sup>552</sup> *Id.*

<sup>553</sup> *Id.*

<sup>554</sup> See MHSAOC Agenda meeting on September 25, 2008 (available online at <http://www.dmh.ca.gov/MHSOAC/docs/Meetings/2008/Sep/agendaSep08.pdf>). See also Motion Summary from September meeting (available online at <http://www.dmh.ca.gov/MHSOAC/docs/Meetings/2008/Oct/MotionsSept2008.pdf>).

<sup>555</sup> San Bernardino Department of Behavioral Health Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan (Sept. 4, 2008) at 156 (available online at [http://www.dmh.ca.gov/MHSOAC/Counties/San\\_Bernardino/docs/SanBernadinoApprovePlan.pdf](http://www.dmh.ca.gov/MHSOAC/Counties/San_Bernardino/docs/SanBernadinoApprovePlan.pdf)).

<sup>556</sup> *Id.*

<sup>557</sup> California Department of Finance, Table E-2, California County Population Estimates and Percent Change, Revised July 1, 2000 through Provisional July 1, 2006.

<sup>558</sup> Information from CWS/CMS Dynamic Report System (available online at <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>).

<sup>559</sup> Information from Child Welfare Reports as of August 14, 2007 (available online at <http://cssr.berkeley.edu/cwscmsreports/defaultStatic.asp>).

<sup>560</sup> *Id.*

<sup>561</sup> *Id.*

<sup>562</sup> San Diego County Letter and materials in response to CAI's April 2007 CPRA request.

<sup>563</sup> County of San Diego Health and Human Services Agency: Mental Health Services: Mental Health Services Act Three-Year Program and Expenditures Plan Community Services and Supports Fiscal Years 2005-06, 2006-07, 2007-08 (Dec. 15, 2005) at 199 (available online at [http://sandiego.networkofcare.org/mh/home/sd\\_prop63/CSS%20Plan%2012.13.05%20Final%204%20parts\(update12.27.05\).pdf](http://sandiego.networkofcare.org/mh/home/sd_prop63/CSS%20Plan%2012.13.05%20Final%204%20parts(update12.27.05).pdf)).

<sup>564</sup> *Id.*

<sup>565</sup> *Id.*

<sup>566</sup> *Id.* at 208.

<sup>567</sup> *Id.* at 210.

<sup>568</sup> *Id.* at 210.

<sup>569</sup> Letter received from San Diego County in response to CAI's April 2007 CPRA request.

<sup>570</sup> *Supra* note 563 at 222.

<sup>571</sup> *Id.* at 223.

<sup>572</sup> *Id.*

<sup>573</sup> *Id.* at 231.

<sup>574</sup> Letter received from San Diego County in response to CAI's April 2007 CPRA request.

<sup>575</sup> *Supra* note 563 at 234.

<sup>576</sup> *Id.* at 235.

<sup>577</sup> Letter received from San Diego County in response to CAI's April 2007 CPRA request.

<sup>578</sup> *Supra* note 563 at 191.

<sup>579</sup> *Id.*

<sup>580</sup> Letter received from San Diego County in response to CAI's April 2007 CPRA request.

<sup>581</sup> California Department of Finance, Table E-2, California County Population Estimates and Percent Change, Revised July 1, 2000 through Provisional July 1, 2006.

<sup>582</sup> Information from CWS/CMS Dynamic Report System (available online at <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>).

<sup>583</sup> Information from Child Welfare Reports as of August 14, 2007 (available online at <http://cssr.berkeley.edu/cwscmsreports/defaultStatic.asp>).

<sup>584</sup> *Id.*

<sup>585</sup> Information taken from letter and material sent by SF Community Behavioral Health Services in response to CPRA request (sent in April 2007).

<sup>586</sup> San Francisco County Mental Health Services Act Services for Children, Youth, and Family Services information obtained in response to a CPRA request (April 2007) to San Francisco Community Behavioral Health Services.

<sup>587</sup> *Id.*

<sup>588</sup> These numbers are taken from CWS/CMS (January 2008). Most of these programs are children's programs—available only until age 18. There are 320 foster youth aged 16–17 in the County, and 23% (CAI's conservative estimate of the number of foster youth with qualifying mental health conditions) of that figure is 74.

<sup>589</sup> Information from the San Francisco Mental Health Services Act – Services for Transitional Age Youth – chart sent in response to CAI's April 2007 CPRA request.

<sup>590</sup> *Id.*

<sup>591</sup> *Id.*

<sup>592</sup> *Id.*

<sup>593</sup> *Id.*

<sup>594</sup> *Id.*

<sup>595</sup> *Id.*

<sup>596</sup> *Id.*

597 *Id.*  
598 *Id.*  
599 See MHSAOC Revised Agenda meeting on April 24, 2009 (available online at [http://www.dmh.ca.gov/MHSAOC/docs/Meetings/2009/April/Agenda\\_April\\_09\\_Rev\\_4-21.pdf](http://www.dmh.ca.gov/MHSAOC/docs/Meetings/2009/April/Agenda_April_09_Rev_4-21.pdf)). See also Motion Summary and Meeting Minutes from April 09 meeting (available online at [http://www.dmh.ca.gov/MHSAOC/Prior\\_Meetings\\_2009\\_05.asp](http://www.dmh.ca.gov/MHSAOC/Prior_Meetings_2009_05.asp)).  
600 City and County of San Francisco: Mental Health Services Act: Prevention and Early Intervention Component of the Three Year Program and Expenditure Plan (Nov. 2008) (available at [http://www.dmh.ca.gov/MHSAOC/docs/PEI/San\\_Francisco/San\\_Francisco\\_PEI\\_Plan.pdf](http://www.dmh.ca.gov/MHSAOC/docs/PEI/San_Francisco/San_Francisco_PEI_Plan.pdf)).  
601 Information from CWS/CMS Dynamic Report System (available online at <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>).  
602 Information from Child Welfare Reports as of August 14, 2007 (available online at <http://cssr.berkeley.edu/cwscmsreports/defaultStatic.asp>).  
603 *Id.*  
604 San Joaquin County Community Services and Supports Plan (received in response to April 2007 CPRA request) at 113–114.  
605 *Id.*  
606 *Id.* at 115.  
607 See MHSAOC Revised Agenda meeting on May 28, 2009 (available online at [http://www.dmh.ca.gov/MHSAOC/docs/Meetings/2009/May/Agenda\\_May\\_09.pdf](http://www.dmh.ca.gov/MHSAOC/docs/Meetings/2009/May/Agenda_May_09.pdf)). See also Motion Summary and Meeting Minutes from May 09 meeting (available online at <http://www.dmh.ca.gov/MHSAOC/docs/Meetings/2009/Jun/Tab1May2009Motions.pdf> and <http://www.dmh.ca.gov/MHSAOC/docs/Meetings/2009/Jun/Tab1May09MeetingMinutes.pdf>).  
608 Cultural Brokers are individuals who mediate, bridge, or link people or groups from different cultural backgrounds (San Joaquin County Prevention and Early Intervention Three-Year Program and Expenditure Plan at 29).  
609 San Joaquin County Prevention and Early Intervention Three-Year Program and Expenditure Plan (April 7, 2009) at 28 (available at [http://www.dmh.ca.gov/MHSAOC/docs/PEI/San\\_Joaquin/San\\_Joaquin\\_PEI.pdf](http://www.dmh.ca.gov/MHSAOC/docs/PEI/San_Joaquin/San_Joaquin_PEI.pdf)).  
610 *Id.* at 39.  
611 *Id.* at 67.  
612 California Department of Finance, Table E-2, California County Population Estimates and Percent Change, Revised July 1, 2000 through Provisional July 1, 2006.  
613 Information from CWS/CMS Dynamic Report System (available online at <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>).  
614 Information from Child Welfare Reports as of August 14, 2007 (available online at <http://cssr.berkeley.edu/cwscmsreports/defaultStatic.asp>).  
615 *Id.*  
616 San Luis Obispo letter of response to CAI's April 2007 CPRA request.  
617 San Luis Obispo MHSA CSS Plan at 52 (available online at <http://www.slocounty.ca.gov/Assets/MHS/pdfs/CSS+Plan.pdf.pdf>).  
618 *Id.*  
619 *Id.*  
620 *Id.* at 53.  
621 *Id.*  
622 *Id.*  
623 San Luis Obispo Letter of response to CAI's April, 2007. Information updated from 4 beds to 8 per information provided in an email from Brad Sunseri on 4/4/2008.  
624 San Luis Obispo MHSA CSS Plan at 91 (available online at <http://www.slocounty.ca.gov/Assets/MHS/pdfs/CSS+Plan.pdf.pdf>).  
625 *Id.*  
626 *Id.*  
627 See MHSAOC Agenda meeting on February 27, 2009 (available online at [http://www.dmh.ca.gov/MHSAOC/docs/Agenda\\_2-27-09.pdf](http://www.dmh.ca.gov/MHSAOC/docs/Agenda_2-27-09.pdf)). See also Motion Summary and Meeting Minutes from February meeting (available online at [http://www.dmh.ca.gov/MHSAOC/Prior\\_Meetings\\_2009\\_03.asp](http://www.dmh.ca.gov/MHSAOC/Prior_Meetings_2009_03.asp)).  
628 San Luis Obispo County Mental Health Services Act Draft Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan (available at [http://www.dmh.ca.gov/MHSAOC/docs/PEI/San\\_Luis\\_Obispo/SLOCountyPEIPlan\\_24Dec08.pdf](http://www.dmh.ca.gov/MHSAOC/docs/PEI/San_Luis_Obispo/SLOCountyPEIPlan_24Dec08.pdf)).  
629 Information from CWS/CMS Dynamic Report System (available online at <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>).  
630 Information from Child Welfare Reports as of August 14, 2007 (available online at <http://cssr.berkeley.edu/cwscmsreports/defaultStatic.asp>).  
631 *Id.*  
632 San Mateo County response to CAI's April 2007 CPRA Request (available online at <http://sanmateo.networkofcare.org/contentFiles/MHSA%20Community%20Services%20and%20Supports%20Planrevisedtoreflectstatechanges.pdf>).  
633 *Id.*  
634 *Id.* at 109.  
635 *Id.* A different program, the Transitional Housing and Placement Program (THPP) is available to Transition Age Foster Youth ages 16–18 in the County, however, the County does not use MHSA funding for the THPP Program.  
636 See MHSA Oversight and Accountability Commission December 2008 Motion Summary (available at [http://www.dmh.ca.gov/MHSAOC/docs/Meetings/2008/Dec/Motions\\_Dec08.pdf](http://www.dmh.ca.gov/MHSAOC/docs/Meetings/2008/Dec/Motions_Dec08.pdf)).  
637 San Mateo County: PEI Component of the Three-Year Program and Expenditure Plan Fiscal Year 2007-2008 and 2008-2009 (Aug. 29, 2008) (available at [http://www.dmh.ca.gov/MHSAOC/Counties/San\\_Mateo/docs/SanMateoPEIPlan.pdf](http://www.dmh.ca.gov/MHSAOC/Counties/San_Mateo/docs/SanMateoPEIPlan.pdf)).  
638 California Department of Finance, Table E-2, California County Population Estimates and Percent Change, Revised July 1, 2000 through Provisional July 1, 2006.  
639 Information from CWS/CMS Dynamic Report System (available online at <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>).  
640 Information from Child Welfare Reports as of August 14, 2007 (available online at <http://cssr.berkeley.edu/cwscmsreports/defaultStatic.asp>).  
641 *Id.*  
642 Santa Barbara County MHSA CSS Plan at 77 (available online at [http://www.admhs.org/apps/admhs\\_main/MHSA/pdf/css\\_plan.pdf](http://www.admhs.org/apps/admhs_main/MHSA/pdf/css_plan.pdf)).  
643 *Id.*  
644 *Id.* at 79.  
645 Santa Barbara MHSA CSS Plan Resubmission at 124 (available online at [http://admhs.org/apps/admhs\\_main/MHSA/pdf/MHSA\\_CSS\\_Resubmission\\_5-9-06.pdf](http://admhs.org/apps/admhs_main/MHSA/pdf/MHSA_CSS_Resubmission_5-9-06.pdf)).  
646 *Id.* at 56.  
647 *Id.* at 51.  
648 *Id.* at 50.  
649 *Id.*

---

<sup>650</sup> *Id.* at 65.  
<sup>651</sup> *Id.*  
<sup>652</sup> *Id.* at 85.  
<sup>653</sup> California Department of Finance, Table E-2, California County Population Estimates and Percent Change, Revised July 1, 2000 through Provisional July 1, 2006.  
<sup>654</sup> Information from CWS/CMS Dynamic Report System (available online at <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>).  
<sup>655</sup> Information from Child Welfare Reports as of August 14, 2007 (available online at <http://cssr.berkeley.edu/cwscmsreports/defaultStatic.asp>).  
<sup>656</sup> *Id.*  
<sup>657</sup> Santa Clara County letter of response to CAI's April 2007 CPRA request, at 1.  
<sup>658</sup> *Id.* at 2.  
<sup>659</sup> Santa Clara County MHSA CSS Plan, at 176 (available online at <http://www.sccgov.org/SCC/docs%2FMental%20Health%20Services%20%28DEP%29%2FAttachments%2FSCC%20CSS%20Plan%203.pdf>).  
<sup>660</sup> *Id.*  
<sup>661</sup> *Id.* at 178.  
<sup>662</sup> *Id.*  
<sup>663</sup> *Id.*  
<sup>664</sup> *Id.* at 179.  
<sup>665</sup> *Id.* at 256.  
<sup>666</sup> *Supra* note 657 at 2.  
<sup>667</sup> *Supra* note 659 at 194.  
<sup>668</sup> *Id.*  
<sup>669</sup> *Id.* at 220.  
<sup>670</sup> *Id.*  
<sup>671</sup> *Id.*  
<sup>672</sup> *Id.*  
<sup>673</sup> *Id.*  
<sup>674</sup> California Department of Finance, Table E-2, California County Population Estimates and Percent Change, Revised July 1, 2000 through Provisional July 1, 2006.  
<sup>675</sup> Information from CWS/CMS Dynamic Report System (available online at <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>).  
<sup>676</sup> Information from Child Welfare Reports as of August 14, 2007 (available online at: <http://cssr.berkeley.edu/cwscmsreports/defaultStatic.asp>).  
<sup>677</sup> *Id.*  
<sup>678</sup> Santa Cruz County MHSA CSS Plan at 133 (available online at <http://www.santacruzhealth.org/prop63/PDFs/Adopted%20Plan/33e.pdf>).  
<sup>679</sup> *Id.*  
<sup>680</sup> *Id.*  
<sup>681</sup> *Id.* at 136; *see also* Santa Cruz County letter of response to CAI's April, 2007 CPRA request.  
<sup>682</sup> *Id.* at 152. Information was updated on June 1, 2009 per Alicia Najera.  
<sup>683</sup> *See* MHSAOC Revised Agenda meeting on May 28, 2009 (available online at [http://www.dmh.ca.gov/MHSAOC/docs/Meetings/2009/May/Agenda\\_May\\_09.pdf](http://www.dmh.ca.gov/MHSAOC/docs/Meetings/2009/May/Agenda_May_09.pdf)). *See also* Motion Summary and Meeting Minutes from May 09 meeting (available online at <http://www.dmh.ca.gov/MHSAOC/docs/Meetings/2009/Jun/Tab1May2009Motions.pdf> and <http://www.dmh.ca.gov/MHSAOC/docs/Meetings/2009/Jun/Tab1May09MeetingMinutes.pdf>).  
<sup>684</sup> Santa Cruz County Mental Health & Substance Abuse Services: Mental Health Services Act Prevention & Early Intervention Services (May 6, 2009) (available at [http://www.dmh.ca.gov/MHSAOC/docs/PEI/Santa\\_Cruz/Santa\\_Cruz\\_PEI\\_09May19.pdf](http://www.dmh.ca.gov/MHSAOC/docs/PEI/Santa_Cruz/Santa_Cruz_PEI_09May19.pdf)).  
<sup>685</sup> California Department of Finance, Table E-2, California County Population Estimates and Percent Change, Revised July 1, 2000 through Provisional July 1, 2006.  
<sup>686</sup> Information from CWS/CMS Dynamic Report System (available online at <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>).  
<sup>687</sup> Information from Child Welfare Reports as of August 14, 2007 (available online at <http://cssr.berkeley.edu/cwscmsreports/defaultStatic.asp>).  
<sup>688</sup> *Id.*  
<sup>689</sup> Shasta County MHSA CSS Plan (available online at [http://www.co.shasta.ca.us/html/Mental\\_Health/docs/MHSA/CSS/Approved%20Plan%20Documents/Shasta\\_County\\_MHSA-C.pdf](http://www.co.shasta.ca.us/html/Mental_Health/docs/MHSA/CSS/Approved%20Plan%20Documents/Shasta_County_MHSA-C.pdf)).  
<sup>690</sup> *Id.* at 84.  
<sup>691</sup> *Id.*  
<sup>692</sup> *Id.* at 85.  
<sup>693</sup> *Id.*  
<sup>694</sup> *Id.*  
<sup>695</sup> *Id.*  
<sup>696</sup> *Id.*  
<sup>697</sup> *Id.* at 101.  
<sup>698</sup> Calculated by dividing 102 (total served) by 3 (the number of priority populations served—TAY, Adults and Older Adults).  
<sup>699</sup> *Id.* at 67.  
<sup>700</sup> *Id.*  
<sup>701</sup> *See* MHSAOC Revised Agenda meeting on May 28, 2009 (available online at [http://www.dmh.ca.gov/MHSAOC/docs/Meetings/2009/May/Agenda\\_May\\_09.pdf](http://www.dmh.ca.gov/MHSAOC/docs/Meetings/2009/May/Agenda_May_09.pdf)). *See also* Motion Summary and Meeting Minutes from May 09 meeting (available online at <http://www.dmh.ca.gov/MHSAOC/docs/Meetings/2009/Jun/Tab1May2009Motions.pdf> and <http://www.dmh.ca.gov/MHSAOC/docs/Meetings/2009/Jun/Tab1May09MeetingMinutes.pdf>).  
<sup>702</sup> Mental Health Services Act (MHSA) Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan (Fiscal Years 2008/09 and 2009/10) (April 03, 2009) (available at <http://www.dmh.ca.gov/MHSAOC/docs/PEI/Shasta/ShastaPEIPlan.pdf>).  
<sup>703</sup> California Department of Finance, Table E-2, California County Population Estimates and Percent Change, Revised July 1, 2000 through Provisional July 1, 2006.  
<sup>704</sup> Information from CWS/CMS Dynamic Report System (available online at <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>).  
<sup>705</sup> Information from Child Welfare Reports as of August 14, 2007 (available online at <http://cssr.berkeley.edu/cwscmsreports/defaultStatic.asp>).  
<sup>706</sup> *Id.*  
<sup>707</sup> *See* [http://www.sierracounty.ws/county\\_docs/humserv/Annual%20Plan%20Submittable%20File%201.pdf](http://www.sierracounty.ws/county_docs/humserv/Annual%20Plan%20Submittable%20File%201.pdf).

708 California Department of Finance, Table E-2, California County Population Estimates and Percent Change, Revised July 1, 2000 through Provisional July 1, 2006.

709 Information from CWS/CMS Dynamic Report System (available online at <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>).

710 Information from Child Welfare Reports as of August 14, 2007 (available online at <http://cssr.berkeley.edu/cwscmsreports/defaultStatic.asp>).

711 *Id.*

712 Siskiyou County MHSA CSS Plan, Exhibit 4.

713 *Id.*

714 *Id.*

715 California Department of Finance, Table E-2, California County Population Estimates and Percent Change, Revised July 1, 2000 through Provisional July 1, 2006.

716 Information from CWS/CMS Dynamic Report System (available online at <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>).

717 Information from Child Welfare Reports as of August 14, 2007 (available online at <http://cssr.berkeley.edu/cwscmsreports/defaultStatic.asp>).

718 *Id.*

719 Solano County Health and Social Services MHSA Contract Amendment Request #06-76262-000, at 1 (available online at <http://www.solano-county.com/resources/Health&SocialServices/TAY%20FSP%20-%202022%20Jun%202007%20-%20Final.doc>).

720 *Id.* at 3.

721 *Id.* at 4.

722 *Id.*

723 *Id.* at 5.

724 Solano County Health and Social Services MHSA CSS Plan (Dec. 2005) at 115 (available online at <http://www.solanocounty.com/resources/Health&SocialServices/EXPENDITURE/Dec2005Wholedoc.pdf>).

725 See MHSAOC Agenda meeting on September 25, 2008 (available online at <http://www.dmh.ca.gov/MHSAOC/docs/Meetings/2008/Sep/agendaSep08.pdf>); see also Motion Summary from September meeting (available online at <http://www.dmh.ca.gov/MHSAOC/docs/Meetings/2008/Oct/MotionsSept2008.pdf>).

726 Solano County Health and Social Services Prevention and Early Intervention Plan (Aug. 1, 2008) (available online at <http://www.dmh.ca.gov/MHSAOC/Counties/Solano/docs/SolanoCounty.pdf>).

727 *Id.*

728 California Department of Finance, Table E-2, California County Population Estimates and Percent Change, Revised July 1, 2000 through Provisional July 1, 2006.

729 Information from CWS/CMS Dynamic Report System (available online at <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>).

730 Information from Child Welfare Reports as of August 14, 2007 (available online at <http://cssr.berkeley.edu/cwscmsreports/defaultStatic.asp>).

731 *Id.*

732 County of Sonoma Department of Health Services Response to CAI's April 2007 CPRA request.

733 Sonoma County Department of Health Services / Mental Health Division MHSA Implementation Progress Report, at 3 (available online at [http://www.sonoma-county.org/health/mh/pdf/imp\\_prog\\_report.pdf](http://www.sonoma-county.org/health/mh/pdf/imp_prog_report.pdf)).

734 *Id.* Updated to capacity of 40 pursuant to 2009/10 update available online at: [http://www.sonoma-county.org/health/mh/pdf/hsa\\_plan-update\\_09\\_10\\_3\\_13\\_09.pdf](http://www.sonoma-county.org/health/mh/pdf/hsa_plan-update_09_10_3_13_09.pdf) (last visited on 3/19/09).

735 Sonoma County Department of Health Services Mental Health Division: Mental Health Services Act Prevention and Early Intervention Plan (Dec. 18, 2008) (available at [http://www.dmh.ca.gov/MHSAOC/docs/PEI/Sonoma/Sonoma\\_PEI.pdf](http://www.dmh.ca.gov/MHSAOC/docs/PEI/Sonoma/Sonoma_PEI.pdf)).

736 California Department of Finance, Table E-2, California County Population Estimates and Percent Change, Revised July 1, 2000 through Provisional July 1, 2006.

737 Information from CWS/CMS Dynamic Report System (available online at: <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>).

738 Information from Child Welfare Reports as of August 14, 2007 (available online at <http://cssr.berkeley.edu/cwscmsreports/defaultStatic.asp>).

739 *Id.*

740 Stanislaus County response to Public Records Act Request sent in April 2007.

741 Stanislaus County Mental Health Services Act Three Year Program and Expenditure Plan Community Services and Supports (Oct. 18, 2005) at 165 (available online at <http://stanislausmhsa.com/pdf/plandocs/StanislausCountyBHRSCSS.pdf>).

742 *Id.*

743 *Id.*

744 *Id.* at 168.

745 *Id.*

746 *Id.* at 182.

747 See Stanislaus County's CSS plan at <http://stanislausmhsa.com/pdf/plandocs/StanislausCountyBHRSCSS.pdf>.

748 *Id.* at 144.

749 *Id.* at 78.

750 See MHSAOC Revised Agenda meeting on May 28, 2009 (available online at [http://www.dmh.ca.gov/MHSAOC/docs/Meetings/2009/May/Agenda\\_May\\_09.pdf](http://www.dmh.ca.gov/MHSAOC/docs/Meetings/2009/May/Agenda_May_09.pdf)). See also Motion Summary and Meeting Minutes from May 09 meeting (available online at <http://www.dmh.ca.gov/MHSAOC/docs/Meetings/2009/Jun/Tab1May2009Motions.pdf> and <http://www.dmh.ca.gov/MHSAOC/docs/Meetings/2009/Jun/Tab1May09MeetingMinutes.pdf>).

751 Stanislaus County: Mental Health Services Act Prevention and Early Intervention: Three-Year Program & Expenditure Plan (FY 2007/08, 2008/09, 2009/10) (June 2009) (available at [http://www.dmh.ca.gov/MHSAOC/docs/PEI/Stanislaus/Stanislaus\\_PEI.pdf](http://www.dmh.ca.gov/MHSAOC/docs/PEI/Stanislaus/Stanislaus_PEI.pdf)).

752 California Department of Finance, Table E-2, California County Population Estimates and Percent Change, Revised July 1, 2000 through Provisional July 1, 2006.

753 Information from CWS/CMS Dynamic Report System (available online at <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>).

754 Information from Child Welfare Reports as of August 14, 2007 (available online at <http://cssr.berkeley.edu/cwscmsreports/defaultStatic.asp>).

755 *Id.*

756 Sutter-Yuba Bi-County MHSA CSS plan, at 52 (available online at [http://www.co.sutter.ca.us/pdf/hs/mh/mhsa/pdf/CSS\\_Final\\_Plan\\_Posted\\_03-06-07.pdf](http://www.co.sutter.ca.us/pdf/hs/mh/mhsa/pdf/CSS_Final_Plan_Posted_03-06-07.pdf)).

757 *Id.*

758 Sutter-Yuba Bi-County CSS Implementation Progress Report F/Y 2006-2007 at 10 (available online at [http://www.co.sutter.ca.us/pdf/hs/mh/mhsa/pdf/Implementation\\_Progress\\_Report.pdf](http://www.co.sutter.ca.us/pdf/hs/mh/mhsa/pdf/Implementation_Progress_Report.pdf)).



<sup>759</sup> Sutter-Yuba Bi-County MHSA CSS Plan at 54 (available online at [http://www.co.sutter.ca.us/pdf/hs/mh/mhsa/pdf/CSS\\_Final\\_Plan\\_Posted\\_03-06-07.pdf](http://www.co.sutter.ca.us/pdf/hs/mh/mhsa/pdf/CSS_Final_Plan_Posted_03-06-07.pdf)).

<sup>760</sup> *Id.*

<sup>761</sup> *Id.* at 55–56.

<sup>762</sup> *Id.* at 56.

<sup>763</sup> *Id.*

<sup>764</sup> *Id.*

<sup>765</sup> *Id.* at 55.

<sup>766</sup> *Id.*

<sup>767</sup> *Id.*

<sup>768</sup> *Id.* at 28. Updated in June 2009 per information provided by Beverly Griffith.

<sup>769</sup> *Mental Health Services Act Prevention and Early Intervention: Sutter-Yuba Mental Health Services Proposed Three-Year Program and Expenditure Plan Guidelines: Fiscal Year 2008–2009* (available online at [http://www.dmh.ca.gov/MHSOAC/docs/PEI/SutterYuba/PEI\\_Sutter-Yuba.pdf](http://www.dmh.ca.gov/MHSOAC/docs/PEI/SutterYuba/PEI_Sutter-Yuba.pdf)).

<sup>770</sup> California Department of Finance, Table E-2, California County Population Estimates and Percent Change, Revised July 1, 2000 through Provisional July 1, 2006.

<sup>771</sup> Information from CWS/CMS Dynamic Report System (available online at <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>).

<sup>772</sup> Information from Child Welfare Reports as of August 14, 2007 (available online at <http://cssr.berkeley.edu/cwscmsreports/defaultStatic.asp>).

<sup>773</sup> *Id.*

<sup>774</sup> Tehama County MHSA CSS Plan at 63 (available online at [http://www.tchp.org/PDFs/MHSA\\_Tehama\\_CSS\\_Plan.pdf](http://www.tchp.org/PDFs/MHSA_Tehama_CSS_Plan.pdf)).

<sup>775</sup> *Id.*

<sup>776</sup> *Id.*

<sup>777</sup> *Id.* at 68.

<sup>778</sup> *Id.*

<sup>779</sup> *Id.* at 70.

<sup>780</sup> *Id.* at 72.

<sup>781</sup> California Department of Finance, Table E-2, California County Population Estimates and Percent Change, Revised July 1, 2000 through Provisional July 1, 2006.

<sup>782</sup> Information from CWS/CMS Dynamic Report System (available online at <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>).

<sup>783</sup> Information from Child Welfare Reports as of August 14, 2007 (available online at <http://cssr.berkeley.edu/cwscmsreports/defaultStatic.asp>).

<sup>784</sup> *Id.*

<sup>785</sup> Trinity County letter of response to CAF's April 2007.

<sup>786</sup> Executive Summary, Trinity County MHSA CSS Plan, at 2 (available online at <http://www.trinitycounty.org/Departments/Behave-AODS-Prevent/Exec%20Summary.doc>).

<sup>787</sup> *Id.*

<sup>788</sup> See MHSAOC Agenda meeting on February 27, 2009 (available online at [http://www.dmh.ca.gov/MHSOAC/docs/Agenda\\_2-27-09.pdf](http://www.dmh.ca.gov/MHSOAC/docs/Agenda_2-27-09.pdf)). See also Motion Summary and Meeting Minutes from February meeting (available online at [http://www.dmh.ca.gov/MHSOAC/Prior\\_Meetings\\_2009\\_03.asp](http://www.dmh.ca.gov/MHSOAC/Prior_Meetings_2009_03.asp)).

<sup>789</sup> California Department of Finance, Table E-2, California County Population Estimates and Percent Change, Revised July 1, 2000 through Provisional July 1, 2006.

<sup>790</sup> Information from CWS/CMS Dynamic Report System (available online at <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>).

<sup>791</sup> Information from Child Welfare Reports as of August 14, 2007 (available online at <http://cssr.berkeley.edu/cwscmsreports/defaultStatic.asp>).

<sup>792</sup> *Id.*

<sup>793</sup> Tulare County letter of response to CAF's April 2007 CPRA request, at 2.

<sup>794</sup> Tulare County MHSA CSS Three-Year Expenditure Plan, at 73 (available online at <http://co.tulare.ca.us/government/mhsa/MHSACommunityServicesandSupport.pdf>).

<sup>795</sup> *Id.* at 134.

<sup>796</sup> *Id.*

<sup>797</sup> *Id.* at 96.

<sup>798</sup> *Id.* at 96–97.

<sup>799</sup> Twelve participants in the Supportive Housing Program and 19 in the One-Stop (the program serves 38 children and TAY) (available online at <http://co.tulare.ca.us/government/mhsa/MHSACommunityServicesandSupport.pdf> (last visited March 27, 2009)).

<sup>800</sup> See MHSAOC Revised Agenda meeting on May 28, 2009 (available online at [http://www.dmh.ca.gov/MHSOAC/docs/Meetings/2009/May/Agenda\\_May\\_09.pdf](http://www.dmh.ca.gov/MHSOAC/docs/Meetings/2009/May/Agenda_May_09.pdf)). See also Motion Summary and Meeting Minutes from May 09 meeting (available online at <http://www.dmh.ca.gov/MHSOAC/docs/Meetings/2009/Jun/Tab1May2009Motions.pdf> and <http://www.dmh.ca.gov/MHSOAC/docs/Meetings/2009/Jun/Tab1May09MeetingMinutes.pdf>).

<sup>801</sup> Tulare County Health & Human Services Agency Prevention and Early Intervention Plan (Jan. 27, 2009) (available at <http://www.dmh.ca.gov/MHSOAC/docs/PEI/Tulare/TularePEICounty51309.pdf>).

<sup>802</sup> California Department of Finance, Table E-2, California County Population Estimates and Percent Change, Revised July 1, 2000 through Provisional July 1, 2006.

<sup>803</sup> Information from CWS/CMS Dynamic Report System (available online at <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>).

<sup>804</sup> Information from Child Welfare Reports as of August 14, 2007 (available online at <http://cssr.berkeley.edu/cwscmsreports/defaultStatic.asp>).

<sup>805</sup> *Id.*

<sup>806</sup> Tuolumne County MHSA CSS Plan Summary, at 2.

<sup>807</sup> *Id.*

<sup>808</sup> *Id.*

<sup>809</sup> Tuolumne County MHSA CSS Work Plan Summary, at 105.

<sup>810</sup> *Id.* at 106.

<sup>811</sup> *Id.*

<sup>812</sup> See MHSAOC Agenda meeting on February 27, 2009 (available online at [http://www.dmh.ca.gov/MHSOAC/docs/Agenda\\_2-27-09.pdf](http://www.dmh.ca.gov/MHSOAC/docs/Agenda_2-27-09.pdf)). See also Motion Summary and Meeting Minutes from February meeting (available online at [http://www.dmh.ca.gov/MHSOAC/Prior\\_Meetings\\_2009\\_03.asp](http://www.dmh.ca.gov/MHSOAC/Prior_Meetings_2009_03.asp)).

<sup>813</sup> Tuolumne County Prevention and Early Intervention Plan (Dec. 23, 2008) (available at [http://www.dmh.ca.gov/MHSOAC/docs/PEI/Tuolumne/TuolumneCountyPEIPlan\\_24Dec08.pdf](http://www.dmh.ca.gov/MHSOAC/docs/PEI/Tuolumne/TuolumneCountyPEIPlan_24Dec08.pdf)).

<sup>814</sup> California Department of Finance, Table E-2, California County Population Estimates and Percent Change, Revised July 1, 2000 through Provisional July 1, 2006.

<sup>815</sup> Information from CWS/CMS Dynamic Report System (available online at <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>).

<sup>816</sup> Information from Child Welfare Reports as of August 14, 2007 (available online at <http://cssr.berkeley.edu/cwscmsreports/defaultStatic.asp>).

<sup>817</sup> *Id.*

<sup>818</sup> Ventura County Letter of Response to CAI's April 2007 CPRA request.

<sup>819</sup> *Id.*

<sup>820</sup> Ventura County MHSA CSS Three-Year Plan, at 97.

<sup>821</sup> *Id.*

<sup>822</sup> *Id.* at 99.

<sup>823</sup> *Id.* at 98.

<sup>824</sup> *Id.*

<sup>825</sup> *Id.* at 99.

<sup>826</sup> *Id.* at 100.

<sup>827</sup> *Id.*

<sup>828</sup> *Id.* at 117.

<sup>829</sup> *Id.* at 118.

<sup>830</sup> *Id.* at 120–121.

<sup>831</sup> *Id.* at 122.

<sup>832</sup> Population Figures taken from CWS/CMS figures at [http://cssr.berkeley.edu/ucb\\_childwelfare/PIT.aspx](http://cssr.berkeley.edu/ucb_childwelfare/PIT.aspx) and from census figures at [http://factfinder.census.gov/servlet/ADPTable?\\_bm=y&-geo\\_id=05000US06111&-qr\\_name=ACS\\_2007\\_3YR\\_G00\\_DP3YR5&-ds\\_name=ACS\\_2007\\_3YR\\_G00\\_&-lang=en&-sse=on](http://factfinder.census.gov/servlet/ADPTable?_bm=y&-geo_id=05000US06111&-qr_name=ACS_2007_3YR_G00_DP3YR5&-ds_name=ACS_2007_3YR_G00_&-lang=en&-sse=on)).

<sup>833</sup> *Ventura County Behavioral Health Department Mental Health Services: Mental Health Services Act Prevention and Early Intervention Component Plan* (August 4, 2009) (available online at [http://www.dmh.ca.gov/MHSOAC/docs/PEI/Ventura/PEI\\_Ventura.pdf](http://www.dmh.ca.gov/MHSOAC/docs/PEI/Ventura/PEI_Ventura.pdf)).

<sup>834</sup> California Department of Finance, Table E-2, California County Population Estimates and Percent Change, Revised July 1, 2000 through Provisional July 1, 2006.

<sup>835</sup> Information from CWS/CMS Dynamic Report System (available online at <http://cssr.berkeley.edu/ucb%5Fchildwelfare/>).

<sup>836</sup> Information from Child Welfare Reports as of August 14, 2007 (available online at <http://cssr.berkeley.edu/cwscmsreports/defaultStatic.asp>).

<sup>837</sup> *Id.* No numbers were available for Jan.–Dec. 2006. The number of youth who aged out of the system between January and December 2006 was an estimated 243, the average number of youth who aged out of Child Welfare supervised foster care from 2001 to 2005. Youth who aged out between 2006 and 2001 would be 18–25 years of age on average; TAY are defined as youth ages 16–25.

<sup>838</sup> Yolo County MHSA CSS 3-Year Plan.

<sup>839</sup> *Id.* at 95.

<sup>840</sup> *Id.* at 96.

<sup>841</sup> *Id.*

<sup>842</sup> *Id.* at 98.

<sup>843</sup> *Id.*

<sup>844</sup> *Id.* at 101.

<sup>845</sup> *Id.*

<sup>846</sup> *Id.* at 115.

<sup>847</sup> See MHSOAC Revised Agenda meeting on April 24, 2009 (available online at [http://www.dmh.ca.gov/MHSOAC/docs/Meetings/2009/April/Agenda\\_April\\_09\\_Rev\\_4-21.pdf](http://www.dmh.ca.gov/MHSOAC/docs/Meetings/2009/April/Agenda_April_09_Rev_4-21.pdf)). See also Motion Summary and Meeting Minutes from April 09 meeting (available online at [http://www.dmh.ca.gov/MHSOAC/Prior\\_Meetings\\_2009\\_05.asp](http://www.dmh.ca.gov/MHSOAC/Prior_Meetings_2009_05.asp)).

<sup>848</sup> Yolo County Mental Health Services Act Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan (Dec. 17, 2008) (available at <http://www.dmh.ca.gov/MHSOAC/docs/PEI/Yolo/YoloCoPEIPlanFinalRevised.pdf>).