**Exhibit 4**

**Program Work Plan Name: One Stop TAY Center**

**Work Plan Number – TAY - 1**

**Description of Program:**

The One Stop TAY Center will provide integrated services to the unserved, underserved, and inappropriately served TAY (16-25 years) who are:

- Severely and Persistently Mentally Ill (SPMI)
- High users of acute facilities
- Homeless
- Have co-occurring disorders
- Incarcerated
- Institutionalized
- Recidivists with significant functional impairment

Services will include 24/7 access to:

- Mental health services
- Medical support
- Educational/vocational services
- Intensive case management
- After care services
- Supportive housing

Services provided will address the transitional domains of employment, educational opportunities, housing and community life necessary for wellness and recovery of young SPMI. All services will be provided in a culturally competent manner that is age and developmentally appropriate.

San Bernardino County Department of Behavioral Health has a Cultural Competency plan that reflects our commitment to ongoing training of staff, recruitment and retention. Consumers, youth, and their families will be an integral part in the development of age appropriate services that reflect developmental and special needs of TAY. The One Stop TAY Center will include peer and mentoring support services. County agencies and community partners will be co-located to provide a comprehensive service for TAY in order to reduce out-of-home and high levels of placement, incarceration, and institutionalization.

**Development and implementation of One Stop TAY Centers**

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| **2005-06** | **First TAY Center** | **West Valley/Central Valley Region** |
| **2006-07** | **Second TAY Center** | **East Valley/San Bernardino Region** |
| **2007-08** | **Third and Fourth TAY Centers** | **High Desert and Mid Desert Regions** |

There will be a menu of available recovery services at the centers including, but not limited to:

- 24/7 access to behavioral health/peer counselors
- Easy access to all needed services from community partner agencies
- Housing support
- Educational/vocational training
- Job search and coaching
- Skill building necessary for community life
- Recovery and co-occurring specialized programs
- Recreation activities
- Email/internet access
- Other necessary referrals for community integration

Services that are both culturally and linguistically appropriate will be provided to TAY and their families. Behavioral Health staff, peer counselors, parent partners, adjunct agency staff, and peer volunteers will receive cultural competency training in order to provide linguistically and culturally appropriate services.

**Priority Population:**

TAY (16-25 years) will be served at the One Stop TAY Center. This is a new program.

Existing limited programs addressing the needs of TAY include case management, client run clubhouse, and other mental health services. San Bernardino County has not been successful in outreaching to TAY as most services do not address their situational characteristics, developmental needs, and are not tailored to the specific needs of TAY.

Significant efforts will be made to work with Latino and African-American youth who are disproportionately over-represented in the Justice System and out-of-home (Foster Care, group homes, institutions) placements. TAY with co-occurring (mental health and drug/alcohol) disorders, SPMI, unserved, uninsured, and homeless or at risk of becoming homeless due to exiting out-of-home placement, high utilizers, and recidivists will be targeted.

The number of clients projected to receive services annually is 272 under Full Service Partnerships, 39 under System Development, and 34 under Outreach and Engagement for a total of 345.

| TAY | Unserved, Underserved or Inappropriately Served |
|---|---|
| African-American | 18% |
| Asian-American | 2% |
| Euro-American | 35% |
| Latino | 37% |
| Native-American | 2% |
| Other | 6% |

**Strategies:**

| # | Name and Description | Fund Type | | | Budget | | |
|---|---|---|---|---|---|---|---|
| | | FSP | SD | OE | Expense | Revenue | Net CSS |
| | • Stakeholder collaborative services with multiple community based organizations co-located in the center for easy access.<br>• Early identification and assessment of underserved TAY populations and their families who are SMI, homeless or at risk | X | | | $4,426,579 | $897,867 | $3,528,712 |

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| | of out-of-home placement, experience co-occurring disorders and residivists with significant functional impairment will be targeted for services.<br>• 24/7 access to supportive services will be available at the One Stop TAY Center to underserved TAY and their families to prevent and/or reduce homelessness, abuse, and re-incarceration.<br>• Care Coordination, skill development supportive housing, and supported education and employment will be available in the community, at home or at the One Stop TAY Center.<br>• Referral services, transportation and discretionary funds will be available.<br>• African-Americans and Latino TAY in out-of-home placement or involved in the Juvenile Justice System, who are underserved or inappropriately served in the mental health programs will be a priority for service of this program.<br>• TAY will be trained and educated on co-occurring disorders by trained staff and peer counselors through psycho-educational groups<br>• Engagement outreach and services that are culturally and linguistically appropriate will be provided at the One Stop TAY Center, which is reflected in DBH Cultural Competency Plan.<br>• Assertive Community Treatment (ACT) teams will help TAY stay out of the hospital and to develop skills for living in the community, so that their illness is not | | | | | | |

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| | the driving force in their lives. These services are customized to the individual needs of the consumer and are provided 24 hours a day seven days per week.<br>• Services which are values driven and evidenced-based will be provided to TAY to support their recovery process in the community.<br>• Supportive housing will be provided to meet short term and long term needs of TAY and their families.<br>• Peer and mentoring subsidized positions will be available to TAY and families members to provide services at the One Stop TAY Center and in the community.<br>• DBH will collaborate with Department of Children Services, Probation Department, and other adjunct agencies to work with families to meet the needs of their TAY who are placed out-of-home (Foster Care, group homes, institutionalized). These efforts will enhance the reunification and return of TAY to their families.<br>• The One Stop Center will have a subsidized peer/family support component that will be part of the intensive case management team to provide services to TAY.<br>• Individual integrated consumer driven service plans will be developed for each TAY within 30 days of enrollment.<br>• Scholarships will be identified and developed with educational, vocational and technical institutions.<br>• Indoor and outdoor recreational activities | | | | | | |

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| | will be available including, but not limited to basketball, pool table, video and television.<br>• Enterprise development to support self-sufficiency will be developed. The TAY Coordinator will reach out to the business community and work with staff, peer counselors and parent partners to develop a plan for the business venture.<br>• Current and effective TAY housing models in the county will be utilized for consultation to help establish further development of the continuum of housing.<br>• An integrated, collaborative multi-agency, multi-provider systematic approach will be established to determine client/case selection for continuum of housing.<br>• Paid mentors will provide TAY Peer Mentoring.<br>• Services and supports provided in non-traditional settings, such as malls, video and game stores, local eateries, and places where TAY frequent.<br>• Education for TAY and family or other caregivers about mental health diagnosis and assessment, medications, services and supports planning, treatment modalities, and other information related to TAY's mental health services and needs<br>• Emphasis on decreasing level of care or placement for TAY from incarceration, residential care to either independent living or returning to live with family/care providers. | | | | | | |

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| | • Values-driven, evidence-based and promising clinical services that are integrated with overall service planning and which support youth/family selected goals. | | | | | | |