



County of Orange

Health Care Agency Behavioral Health Services

Mental Health Services Act

Community Services & Supports

Growth Funding Draft Plan

Executive Summary

Draft for Public Comment

February 5, 2007



COUNTY OF ORANGE HEALTH CARE AGENCY

BEHAVIORAL HEALTH SERVICES



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LETTER FROM THE MENTAL HEALTH DIRECTOR AND THE MHSA ADMINISTRATOR

February 5, 2007

Orange County Health Care Agency, Behavioral Health Services has completed a Draft Plan for the use of the Mental Health Services Act (MHSA) Community Services and Supports (CSS), "Growth Funding." Due to revenues in excess of projections, the California Department of Mental Health notified counties that additional funding is available to expand existing Community Services and Supports programs or to add new programs not in the Plan approved last year.

Orange County is eligible to receive an additional \$9,030,400 for FY 2007-08 to accomplish this purpose. This plan includes the new FY 2007-08 funding and also provides for the use of rollover funding in the last quarter of 2006-07 to support programs that are expanded or implemented prior to July 1, 2007.

The plan is the culmination of a countywide community planning process. Public participation in the planning process was outstanding. The process included a long list of community partners and a diverse group of clients and family members.

The draft Plan is based on guidance provided by the California Department of Mental Health (DMH), the identified needs of the target population (those with serious mental illness or serious emotional disturbance) and the best information available about the types of strategies and services that are effective in improving mental health outcomes.

This is your opportunity to provide feedback on the plan. Public comment forms are included with hard copies of both the entire plan and the Executive Summary. A comment form is also posted at the MHSA website. Your comments are important to us, and we value your suggestions and opinions.

This plan is available for public review from February 5, 2007 through March 7, 2007, in hard copy and electronically. For those who would like a brief overview, an Executive Summary is also available. The Executive Summary is available in Spanish, Vietnamese and English. Both the Plan and the Executive Summary are posted on the County's MHSA website (www.OCHHealthInfo.com.Prop63). Copies of each may be obtained by calling the MHSA Office at 714-834-2907. Hard copies of the Plan/and or Executive Summary are being distributed to local libraries and partner agencies.

Letter from the Director and the MHSA Administrator (Continued)
February 5, 2007

Should you have any comments or questions regarding the Plan, please complete the public comment form and send it to:

Mental Health Services Act Administrator
Orange County Health Care Agency
Behavioral Health
405 W. Fifth Street, Suite 502
Santa Ana, CA 92701

or email to Prop63@ochca.com

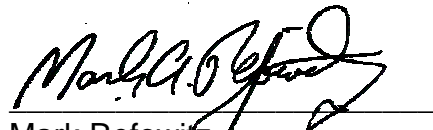
As appropriate, we will provide a response to written comments received within the thirty-day period.

At the end of the Public Comment period, the Orange County Mental Health Board will conduct a hearing on the Plan. This Public Hearing is tentatively scheduled for March 22, 2007. Upon approval of the Plan by the Mental Health Board, the Plan will be submitted to the Board of Supervisors for its consideration. Upon approval by the Board, the Plan will be finalized and submitted to DMH for review and approval.

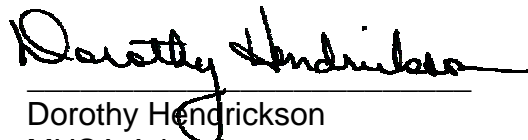
The DMH estimates that it will take 30-60 days for it to review the Plan. In addition, the County of Orange anticipates that within the next few months, DMH will release guidelines for the four remaining components: Prevention/Early Intervention; Innovative Programs; Capital Improvements and Information Technology; and Education, Training, and Workforce Development.

Funding provided by the Mental Health Services Act will provide Orange County with the needed resources to help change lives. We thank all who participated in the community planning process. The approved Community Services and Supports Plan and this Growth Funding addition are the result of an extraordinary community collaboration. They provide a roadmap to guide Orange County in transforming our current mental health system.

Respectfully,



Mark Refowitz
Deputy Agency Director
Behavioral Health Services
Orange County Health Care Agency



Dorothy Hendrickson
MHSA Administrator
Behavioral Health Services
Orange County Health Care Agency

Executive Summary

Community Services and Supports Growth Funding Plan

Background

Effective April 1, 2006, the California Department of Mental Health (DMH) approved Orange County's Community Services and Supports (CSS) Plan. Accordingly, Orange County was awarded approximately \$25.5 in Mental Health Services Act Community Services and Supports Funding for each of three fiscal years (2005-06, 2006-07, and 2007-08).

In the fall of 2006, DMH notified the County that, due to higher than anticipated tax revenues, additional CSS funding was available (Growth Funding). Orange County then began a new planning process to determine the best way to spend these additional funds. DMH issued Information Notice 06-15, which provided Guidance on the application procedure. That Guidance is the basis for this CSS Growth Funding Plan.

Planning Process

Orange County conducted an open, public, participatory planning process for the use of Community Services and Supports Growth Funding. It is anticipated that, upon approval from the California Department of Mental Health, Orange County will receive an additional \$9,030,400 in CSS funding beginning July 1, 2007.

The Orange County planning process consisted of several important components. First, a Community Stakeholder process was held, where anyone interested in participating was invited to attend. On October 25, 2006 a meeting attended by about 350 individuals was held to gather community input on the needs of Orange County residents suffering with a psychiatric disability and the best strategies to implement CSS programs with the additional funding. Of the 350 people present, approximately 250 (70%) were consumers and family members. There was strong representation from the Vietnamese and Latino communities.

The group participated in a structured planning process. A variety of information was provided. Once the general information was presented, the attendees self-selected a break-out group according to age category. Break-out group participants were asked to discuss recommendations presented by knowledgeable county staff, suggest any other strategies they thought should be added, and reach consensus on those strategies to be sent forward to the MHSA Steering Committee for consideration. After much spirited discussion, each of the work groups was able to reach consensus on a few programs for each age group/planning population.

The proposed programs were sent forward to the 59-member MHSA Steering Committee for consideration at its November 20, 2006 meeting. About a week before

the meeting, the Steering Committee was sent a packet of relevant information, including descriptions of the programs recommended by the Community Stakeholders' Group. This allowed time for members to review the information prior to the meeting.

After presentations on background information and the recommendations, the Steering Committee had spirited discussion about the proposed programs, and with a few minor modifications, approved the slate of recommended programs by consensus.

The next step was for Behavioral Health Services Staff to develop the written proposal. Once the document went through the established internal review process, the plan was sent out to stakeholders, Steering Committee members, and the community for review during a thirty-day public comment period (February 5th-March 7th). A copy of the Plan was also posted on the Orange County MHSA website and the Network of Care website. Also posted were an Executive Summary of the plan and information on how to obtain hard copies. The Executive Summary was also translated into Spanish and Vietnamese. Copies of the plan were made available at local libraries and various governmental offices. In addition, copies of the Plan were sent to all County Department heads and to all those who requested a copy of the plan.

In mid March (tentatively scheduled for March 22), the Mental Health Board will convene a general meeting and a hold a Public Hearing to discuss the Plan. Once approved by the Mental Health Board, the Plan will be considered by the Orange County Board of Supervisors for approval and submittal to DMH.

Programs

The table below shows the approved programs categorized by whether they are new or expansion of programs approved in the original CSS Plan.

Growth Funding Programs

NEW PROGRAMS	EXPANDED PROGRAMS
GF 2 - Mentoring Program for Children	GF1 - Full Service/Wraparound Program for Children
GF4 - Mentoring Program for Transitional Age Youth	GF3 - Full Service/Wraparound Program for Transitional Age Youth
GF5 - Program of Assertive Community Treatment (PACT)	GF7 - Older Adult Mental Health Recovery Services
GF6 - Consumer-Run Wellness/Recovery Center	GF8 - Older Adult Supports & Intervention System (OASIS)

The new programs include: mentoring programs for Children and Transitional Age Youth (TAY), a consumer-run Wellness Center, and a Program of Assertive Community Treatment (PACT). Expanded programs include: the Children's Full Service/Wraparound (FSW) Program, the TAY FSW Program, the Older Adult Supports & Intervention System and the Older Adult Mental Health Recovery Program.

Detailed descriptions of both new and expanded programs are provided in the body of this Plan. It is expected that implementation of new programs will take longer to accomplish than that for program expansions. Program expansions should occur shortly after DMH approval of this Plan.

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

Programs for Children

GF1: Expansion of the Full Service Wraparound (FS/W) Program for Children: The Orange County Children's FS/W Program is a community-based, culturally and linguistically competent, client-and family-centered program where individualized, client-driven plans are developed. It focuses on client and family strengths, and meets the needs of seriously emotionally disturbed (SED) children and their families to promote success, safety, and permanence in the home, school and community through a "whatever-it-takes" approach.

Family Teams work with the child and family to create individualized plans that cover the entire range of life domains, including, but not limited to physical health, mental health, shelter and other basic needs, child supervision and care, transportation, education, and recreation.

Through direct delivery, use of community resources, and access to flexible funding, services secured include, but are not limited to, 24 hours per day/7 days per week intensive in-home case management and wraparound services, community based mental health services, youth and parent mentoring, supported employment and/or education, transportation, housing, benefit acquisition, and co-occurring disorders services.

Orange County's original CSS Plan had a planned capacity of 149 children for this program. The proposed expansion will serve an additional 54 members of the identified priority population, which includes those SED children who are exiting Juvenile Hall or other Probation programs and returning to the community. Thus, the expanded capacity will be 214 children.

GF2: Mentoring Program for Children (new program): The Mentoring Program will be a community-based, culturally/linguistically competent, individual and family-centered program that will recruit, train, and supervise responsible adults and older youth to serve as positive role models and mentors for seriously emotionally SED children and youth who are receiving services through any Children & Youth Services (CYS) county-operated or contract program, including the Full Service/Wraparound population.

Potential mentors will be recruited from corporate, professional, and faith-based community organizations in Orange County, as well as neighborhood and cultural groups that represent the local demographics, particularly of those who are unserved,

under-served, and inappropriately served. Once a match is mutually agreeable to all parties involved, the process of forming a trusting, nurturing one-to-one relationship will begin. Through this relationship, the child/youth/parent will experience increased self-esteem and improved family and social relationships.

The benefits of mentoring for children, in particular, are highlighted on the Governor's Mentoring Partnership website as follows: "Statistics show that children with mentors demonstrate solid improvements, especially in the areas of academic performance and are less likely to be involved with gangs, violence, teen pregnancy, alcohol and drug use. Mentoring is a logical, cost-effective strategy that provides youth with positive, caring role models who help them succeed and become productive, contributing members of our society."

The FY 2007-08 planned capacity for this new program is 52 children.

Programs for Transitional Age Youth

GF3: Expansion of the Full Service Wraparound Program for Transitional Age Youth: The Orange County TAY FS/W Program is a community-based, culturally/linguistically competent, client-centered program where individualized, client-driven plans are developed. It focuses on client strengths, and meets the needs of transitional age youth and their families (if available) to promote academic and vocational success, safety, wellness, and recovery through a "whatever-it-takes" approach.

Partnership Teams work with the transitional age youth and family (where appropriate) to create individualized plans. The plan covers the entire range of life domains including, but not limited to, physical health, mental health, shelter and other basic needs, transportation, education, recreation, etc.

The team is responsible for identifying ways of addressing needs through existing services at local schools and colleges, community centers, employment centers, self-help groups, as well as at county agencies and United Way organizations. The team also has access to a pool of flexible funds to help meet these needs.

Through direct delivery, use of community resources, and access to flexible funding, services secured include, but are not limited to, 24 hours per day/7 days per week intensive in-home case management and wraparound services, community based mental health services, youth mentoring, supported employment and/or education, transportation, housing, benefit acquisition, respite care, and co-occurring disorders services.

Orange County's original CSS Plan had a planned capacity of 132 transitional age youth for this program. The proposed expansion will serve an additional 54 members of the identified priority population, which includes those SED/SMI TAY who are exiting Juvenile Hall or other Probation programs and returning to the community.

Thus, the expanded capacity of this program will be 197.

GF4: Mentoring Programs for Transitional Age Youth (new program): The Mentoring Program will be a community-based, culturally/linguistically competent, individual and family-centered program that will recruit, train, and supervise responsible adults and older transitional age youth to serve as positive role models and mentors for SED/SMI transitional age youth who are receiving services through any Children & Youth Services (CYS) county-operated or contract program, including the Full Service/Wraparound population.

Potential mentors will be recruited from corporate, professional, and faith-based community organizations in Orange County, as well as neighborhood and cultural groups that represent the local demographics, particularly those who are unserved, under-served, or inappropriately served. Once a match is mutually agreeable to all parties involved, the process of forming a trusting, nurturing one-to-one relationship will begin. Through this relationship, the child/youth/parent will experience increased self-esteem and improved family and social relationships.

The benefits of mentoring are highlighted on the Governor's Mentoring Partnership website as follows: "Statistics show that children with mentors demonstrate solid improvements, especially in the areas of academic performance and are less likely to be involved with gangs, violence, teen pregnancy, alcohol and drug use. Mentoring is a logical, cost-effective prevention strategy that provides youth with positive, caring role models who help them succeed and become productive, contributing members of our society."

The FY 2007-08 planned capacity for this new program is 18 transitional age youth.

Programs for Adults

GF5: Program of Assertive Community Treatment (PACT)-new program: The Program of Assertive Community Treatment (PACT) was not included in the original CSS Plan. However, PACT services are currently available in Orange County on a limited basis through other funding. The existing program provides comprehensive community-based psychiatric treatment in one county location to diverse persons with serious and persistent mental illness who have not responded to traditional outpatient services.

A multi-disciplinary PACT treatment team provides medication services; individual, group, substance abuse, and family therapy as needed; as well as supportive services such as money management training, physical health care, and linkage to benefits. The target population for PACT is persons with severe and persistent mental illness who typically have high needs that include co-existing problems such substance use, but do not meet all the criteria to enroll in an FSP. Clients served in the PACT program frequently cycle through the inpatient system and are not effectively linked to outpatient services.

The PACT program emphasizes family involvement and culturally/linguistically competent services as well as socialization and community involvement. PACT services include linkage to appropriate community supports; linkage to financial benefits/entitlements; linkage to physical health care; and family support and education.

The proposed program would expand the number of PACT Teams from one to four, allowing 180 more people to be served and increasing service sites from one to four.

GF6: Consumer-Run Wellness Center-new program: The Wellness Center will support a diverse group of relatively stable clients with services such as personalized socialization, relationship building, assistance with maintaining benefits, employment and educational opportunities, community volunteers providing educational support sessions and a range of weekend, evening and holiday social activities. The ultimate goal is to reduce reliance on the mental health system and increase self-reliance by building a healthy network of support systems. Expected capacity for 2007/2008 is 100 clients.

The proposed Wellness Center will be contracted to a community-based organization, which will serve as a fiscal agent for the Center. A consumer-driven advisory board, consisting of at least 51% consumers, will provide policy direction. However, should a qualified client-run organization bid and be selected for this contract, then that will not be necessary. The Wellness Center will use a community model to make many of the decisions on activities and services. Weekly meetings will be held for members, volunteers, and staff. Staff, including management staff, will be consumers, with the support and guidance of one or more licensed professionals who may or not be consumers of services. Recruitment will focus on the linguistic needs of the community being served. The core management staff will have accountability to both the Advisory Board and the Fiscal Agent, if that is necessary. Wellness Center activities and operations will be developed by the participants.

A key element of the program is the engagement and support offered by recovered clients. These "Peer Navigators" are not case managers. Their role is to assist/support clients'/peers efforts in pursuing/maintaining benefits, applying for housing, setting goals for employment or reengagement of educational goals.

Programs for Older Adults

GF7: Expansion of Older Adult Mental Health Recovery Services: The Older Adult Mental Health Recovery Program is targeted to serve the frail elderly mentally ill in their homes or site of their choice. It provides comprehensive, culturally/linguistically competent, behavioral health assessments, including assessments for co-occurring disorders. Additionally, a bio-psychosocial evaluation is completed. Medication management services are available. Nurses complete physical health screenings with linkage to appropriate physical health care providers. A pharmacist meets with the clients and family members and/or caretakers to review all medications prescribed for

the consumer, discuss medication interactions and side effects, as well as interaction with use of over the counter or herbal remedies. Peer support counselors, called “Life Coaches”, outreach to seniors at many sites where seniors congregate. They assist clients and family members and/or caretakers in their understanding of mental illness and the stigma they may feel, and link them to other community resources that the older adults need to maintain stability and health and remain independent in the community.

At the present time 98 individuals are being served by OA Mental Health Recovery Services. Though program capacity of 164 has not yet been reached, referrals to the program have been three times its capacity. Without the availability of additional staffing, substantial waiting lists will need to be created. Since older adults require detailed and time-consuming assessment, 80 additional clients are in the assessment phase currently. If these 80 clients are assessed as appropriate for services, this would bring program enrollment to over 170 clients, exceeding current capacity and delaying services to the seniors. With the proposed expansion, an additional 160 individuals can be served, reducing the need for other, high cost services and institutionalization. Thus, the expanded program will be able to serve 324 seniors.

GF8: Expansion of the Older Adult Supports and Intervention System (OASIS):

OASIS is a Full Service Partnership for adults age 60 or over. The services are provided by staff specially trained and experienced in gerontology. Services include a comprehensive, culturally/linguistically competent, assessment, biopsychosocial evaluation, substance abuse assessment, mental health services, medication management, case management and linkage services.

OASIS operates within a multidisciplinary team model, with the senior and family or caregiver’s participation. Each member of the team offers expertise to the client, being cognizant of the client’s cultural, linguistic, family, age, gender-specific issues, and intergenerational issues. This assures that the senior receives whatever assistance is required to meet his/her goals and promote wellness. The expected outcome is to prevent incarcerations, unnecessary hospitalizations, or emergency room visits. To accomplish this goal, the program provides 24/7 crisis intervention and intensive services to the client, family members or caregivers, landlords and law enforcement.

The proposed expansion would serve a small number of additional clients (10) and allow for more services per client. Based on experience during the program’s first six months of operation, the current funding is not adequate to meet the high costs of two crucial services: housing and medical care. Thus, to a large extent, expanded funding will be utilized to provide more of those services. The expanded program will serve 135 seniors.

Since seniors are frequently more physically frail than the general adult population, separate and distinct housing arrangements are required to assure safety and health for the senior. Most shelters will not accept the older adults, necessitating that other and more costly arrangements be made. Housing prices in Orange County are very high, and additional funding is required to meet the housing needs of OASIS clients.

Because seniors have more complex physical health issues, as well as declining health, more testing is required to determine physical functioning before necessary medications can be prescribed safely. Additionally, more frequent monitoring of ongoing physical health functioning is required. Those older adults without health coverage must also be monitored and treated, incurring very high costs. Thus, additional resources are needed to fund the increased health care costs of OASIS clients. In the past, these clients have negatively impacted emergency rooms and emergency responders to get their physical health needs met.

Conclusion

The Orange County planning process for the CSS Growth Funds was an open, participatory process. The Plan provides for both new and expanded CSS programs and addresses the needs of each age group. Community support for this Plan is very strong.

Implementation of this plan will not solve all the problems nor fill all the service gaps. However, approval and implementation of these programs will move the Orange County population living with severe psychiatric disabilities one step further on the road to recovery.



County of Orange
Health Care Agency, Behavioral Health Services
Mental Health Services Act (MHSA) / Prop 63
MHSA CSS Growth Funding Draft Plan
30 Day Public Comment Form
February 5, 2007 – March 7, 2007

PERSONAL INFORMATION

Name: _____
 Agency/Organization: _____
 Phone Number: _____ e-mail address: _____
 Mailing Address: _____

WHAT ORANGE COUNTY MHSA MEETINGS DID YOU ATTEND?

I participated in the Orange County MHSA Planning Process (Oct.06- Nov. 06) Yes / No

- | | |
|--|--|
| <input type="checkbox"/> Community Meeting | <input type="checkbox"/> Steering Committee
<input type="checkbox"/> Both Community and Steering Committee Meetings |
|--|--|

MY ROLE IN THE MENTAL HEALTH SYSTEM

- | | |
|--|---|
| <input type="checkbox"/> Client/Consumer
<input type="checkbox"/> Family Member
<input type="checkbox"/> Service Provider
<input type="checkbox"/> Law Enforcement / Criminal Justice | <input type="checkbox"/> Probation
<input type="checkbox"/> Education
<input type="checkbox"/> Social Services
<input type="checkbox"/> Other: _____ |
|--|---|

WHAT DO YOU SEE AS THE STRENGTHS OF THE PLAN?

IF YOU HAVE CONCERNS ABOUT THE PLAN, PLEASE EXPLAIN.