ORANGE COUNTY
HEALTH CARE AGENCY

MHSA
Mental Health Services Act

Touching Lives and Transforming Care

MHSA Progress Report 2011

ORANGE COUNTY
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MHSA

COUNTY OF ORANGE
HEALTH CARE AGENCY

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Excellence
Integrity
Service

MESSAGE FROM THE DEPUTY AGENCY DIRECTOR FOR BEHAVIORAL HEALTH SERVICES

The Mental Health Services Act (Prop.63) became law in January of 2005. Over the past five years, this landmark initiative has made significant improvements in the way individuals with mental illness and their families have been served by the public mental health system in Orange County. Some of the accomplishments that have resulted from the Act are:

- The addition of new mental health and supportive services;
- An increase in the number of levels of care available;
- Expanded access to services;
- Increased availability of education and training programs;
- The creation of new capital facilities and technological infrastructure;
- Earlier intervention in the course of illness; and
- The development of Innovative Projects that will allow us to evaluate new methods of providing service.

The Mental Health Services Act (MHSA) has moved us forward in reaching the goal of becoming a public mental health service system where people who are mentally ill are not required to fail first in order to get the assistance they need. The goal has been to reduce the negative effects, both personal and financial, that result from untreated or inappropriately treated mental illness.

In so doing, MHSA has supported the principles of community collaboration, cultural competency, wellness-focused services, recovery and resiliency, and reduction in disparities for unserved and underserved populations. The progress made thus far would not have been possible without the support and guidance of groups and entities including, but not limited to: the Community Action Advisory Committee (CAAC), the Mental Health Board, the MHSA Steering Committee, National Alliance for Mental Illness (NAMI), the Department of Education, the Social Services Agency, the Criminal Justice System, advocates for minority populations, and the multitude of volunteers who so graciously gave their time and expertise to creating the successes achieved in the past five years.

This report provides some highlights of what has been accomplished and presents some outcomes data on hospitalizations, incarcerations, and other important variables. This report also provides the opportunity to present some personal stories of how individuals have transformed their lives. Finally, it provides an opportunity to **thank** all of the many people who were involved in helping to get the initiative passed, providing input on community needs and priorities, spreading the word that new programs are available, and providing support to make sure that the new services implemented are of high quality.

This has truly been a community effort.

Sincerely,

Mark Refowitz, Deputy Agency Director for Behavioral Health Services

SYSTEMS TRANSFORMATIONS
OF THE PAST 5 YEARS

Wolf Pup by Claudia Goodwin

Systems Transformation

The Mental Health Services Act (MHSA) has brought an increase in the number of services available, new facilities, technological improvements, the addition of prevention and early intervention services to the continuum of care, new opportunities for education and training, and a chance to explore and evaluate innovative programs. In addition to these benefits, the MHSA has been able to move MHSA forward on the road to systems transformation.

Systems transformation has occurred through progress in incorporating the five fundamental concepts inherent in the MHSA. These five fundamental concepts combine to ensure that through MHSA-funded activities, counties work with their communities to create culturally and linguistically appropriate, client/family driven mental health services and supports plans which are wellness-focused; support recovery and resilience; and offer integrated service experiences for clients and families.

Community collaboration: Community collaboration refers to the process by which various stakeholders, including groups of individuals or families, citizens, agencies, organizations, and businesses, work together to share information and resources in order to accomplish a shared vision. Collaboration allows for shared leadership, decisions, ownership, vision, and responsibility. The goal of community collaboration is to bring members of the community together in an atmosphere of support to systematically solve existing and emerging problems that could not easily be solved by one group alone.

In Orange County there have been some notable community collaborations that were made possible by MHSA funding. Examples include collaboration with the law enforcement and fire fighters by providing Crisis Intervention Training (CIT); work with community stakeholders to develop plans for the Wellness/Peer Support Center; joint efforts with the school districts to implement prevention and early intervention programs at schools; and the collaboration of housing developers, service providers, and county agencies to build low-income housing tied to the provision of mental health and supportive services.

Reducing Disparities: Reducing disparities is achieved through a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among consumer providers, family member providers, and professionals that enables that system, agency or those professionals, consumer providers, and family member providers to work effectively in cross-cultural situations.

Cultural appropriateness includes language competence and views cultural and linguistically competent programs and services as methods for elimination of racial and ethnic mental health disparities. There is a clear focus on improved quality and effectiveness of services. Service providers understand and utilize the strengths of culture in service delivery. Culturally responsive programs and services are viewed as a way to enhance the ability of the whole system to provide the most effective outcomes and create cost-effective programs. Identification, development, promulgation, and adoption of these best practices are an integral part of ongoing planning and implementation of the MHSA. Along with these services, MHSA has provided funding to outreach to unserved and underserved ethnic populations to assist in elimination of disparities in access to services. Reducing disparities in a culturally and linguistically appropriate way also applies to groups that are not defined by language or culture. Examples include the Lesbian, Gay, Transgender, Questioning community; the deaf and hard of hearing consumers, and frail seniors.

Client/family-driven mental health system for older adults, adults and transition age youth and family driven system of care for children and youth: Adult clients and families of children and youth identify their needs and preferences, which lead to the services and supports that will be most effective for them. Their needs and preferences drive the policy and financing decisions that affect them. Adult services are client-centered and child and youth services are family-driven; with providers working in full partnership with the clients and families they serve to develop individualized, comprehensive service plans.

Individualized, comprehensive service plans help overcome the problems that result from fragmented or uncoordinated services and systems.

Many adults with serious mental illness and parents of children with serious emotional disturbances have limited influence over the services they or their children receive. Increasing opportunities for clients and families to have greater choices over such things as types of service, providers, and how service dollars are spent, facilitates personal responsibility, creates an economic interest in obtaining and sustaining recovery, and shifts the incentives towards a system that promotes learning, self-monitoring, and accountability. Increasing choice protects individuals and encourages quality.

MHSA has fostered client/family driven services in several ways. Full Service Partnership programs incorporate the participation of the client and his or her family in developing integrated treatment plans,

Homestead by Mary Watt

Systems Transformation

and clients determine their own goals and how they plan to achieve them. The Peer Support/Wellness Center Advisory Board is composed of clients and their families. Clients were the driving force behind building design and the types of services that are offered. In addition, family members and consumers have played a major role in the community planning process to decide both community needs and the types of services that should be offered to meet those needs.

Wellness focus, which includes the concepts of recovery and resilience:
Recovery refers to the process in which people who are diagnosed with a mental illness are able to live, work, learn, and participate fully in their communities. For some individuals, recovery means recovering certain aspects of their lives and the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction or elimination of symptoms. Focusing on recovery in service planning encourages and supports hope.

Resilience refers to the personal qualities of optimism and hope, and the personal traits of good problem solving skills that lead individuals to live, work and learn with a sense of mastery and competence. Research has shown that resilience is fostered by positive experiences in childhood at home, in school and in the community. When children encounter negative experiences at home, at school and in the community, mental health treatments, which teach good problem solving skills, optimism, and hope can build and enhance resilience in children. (Source: California Family Partnership Association, March 2005.)

MHSA supports the philosophy that mental health needs are not defined by symptoms, but rather by a focus on achieving and maintaining the overall health and well-being of client. It is a strengths-based philosophy which takes into account those areas of life where the client is successful and builds on that experience.

Integrated service experiences for clients and their families throughout their interactions with the mental health system: This means that services are "seamless" to clients and that clients do not have to negotiate multiple agencies and funding sources to get critical needs met and to move towards recovery and develop resiliency. Services are delivered, or at a minimum, coordinated through a single agency or a system of care. The integrated service experience centers on the individual/family, uses a strength-based approach, and includes multi-agency programs and joint planning to best address the individual/family's needs using the full range of community-based treatment, case management, and interagency system components required by children/transitional age youth/adults/older adults. Integrated service experiences include attention to people of all ages who have a mental illness and who also have co-occurring disorders, including substance use problems and other chronic health conditions or disabilities. With a full range of integrated services to treat the whole person, the goals of self-sufficiency for older adults and adults and safe family living for children and youth can be reached for those who may have otherwise faced homelessness, frequent and avoidable emergency medical care or hospitalization, incarceration, out-of-home placement, or dependence on the state for years to come.

Joint planning and service coordination are inherent in those programs offered through MHSA funding. The goal has been to create health and wellness across the spectrum of life domains that affect each individual. One example of that is the new Innovations Component program for integrated mental health, substance abuse treatment and physical health care. This program will promote access to a variety of types of care, and assist in ensuring that the care provided by one sector is coordinated with that provided in other sectors.

The MHSA has accelerated the progress made in applying the five fundamental concepts discussed above and has had a major impact on the transformation of the public mental health system in Orange County.

EXPANDING THE
PUBLIC MENTAL HEALTH SYSTEMS OF CARE

One of the most significant changes that has occurred as a result of MHSA has been the development of an expanded continuum of services for individuals living with mental illness or at risk of mental illness.

In many instances, the programs that have been implemented with the Community Services and Supports and the Prevention and Early Intervention funds have been used to provide new services. This has allowed us to develop a continuum of care starting from providing services to those individuals who have not yet been diagnosed to a multi-level service system for adults with serious mental illness and children and youth with serious emotional disturbance. Behavioral Health can now offer an array of services that enables clients to obtain the most appropriate level of care. **This is transformation.**

In addition to increasing the number of levels of care available to consumers, we have also been able to increase infrastructure. The Capital Facilities funding has been used to construct a state of the art three-building campus on Tustin Street in Orange. Once completed, these facilities will house our Wellness Center, Adult Crisis Residential Program, and our Education and Training Institute. The Technological Needs funds have allowed the County to make progress towards an electronic medical record system that will enhance client care. Workforce Education and Training funding has provided a variety of programs and supports to enable more clients and family members to eventually work in the public mental health system.

MHSA funding steadily increased up until Fiscal Year 09/10. There is a two year lag between the tax year for which the money is collected and the year for which the funding is allocated to counties to provide services. The economic recession of the past couple of years has just started to show up as decreased allocations for MHSA-funded services. In addition, State budget deficits have resulted in significant cuts in other mental health, substance abuse, and supportive services that are needed by the population served by MHSA.

Orange County has been successful in minimizing the impact of these cuts in funding and has built a Prudent Reserve that will allow MHSA services in the County to be sustained even if the economic recovery occurs slowly. However, the decrease in revenues has prevented expansion of new programs and services as much as had been previously expected.

As we move forward, change will continue to occur. Within the constraints of the resources available, MHSA will play an important role in strengthening and expanding the transformation of public mental health services in Orange County and throughout California.

"Resilience"

Spring back, the human spirit.

Life balance is yours, if you truly permit yourself to experience Resilience.

-Tomaso DeBenedictis

UCLA STATEWIDE EVALUATION OF MHSA

COMMUNITY SERVICES AND SUPPORTS (CSS) PROGRAMS

In May 2011, the University of California, Los Angeles (UCLA) presented findings on outcomes associated with the Mental Health Services Act's CSS programs. UCLA examined existing data, submitted by counties, to determine the impact that the MHSA has had on clients, family members and the State's mental health system as a whole. The UCLA study found that CSS program participation is strongly associated with positive consumer outcomes, including a decrease in homelessness/improvement in living situation and a reduction in acute psychiatric hospitalization. UCLA findings also show a reduction in arrests/incarcerations for most age groups.

The UCLA evaluation reported a substantial decrease in "days homeless", including one study showing an 82% reduction for young adults and up to 67% for adults. Improvements in residential outcomes, including a 66% decline in the number of days that children spent in residential treatment, and a corresponding 23% increase in children placed with the family were also noted.

In addition, participation in CSS programs was associated with a reduction of acute psychiatric hospitalizations (also known as mental health emergencies); reductions were as high as 87% for adults. UCLA also found that participation in CSS programs was associated with a reduction in arrests ranging from 74% for adults, 78% for young adults, and 98% for older adults. Reductions in incarcerations were shown across age groups.

Consistent with the statewide results, Orange County has been able to show success in reducing the number of negative outcomes (homelessness, arrests/incarcerations, psychiatric hospitalizations) for program participants. Analyses of Orange County data are included in this progress report.

MENTAL HEALTH
SERVICES ACT COMPONENTS

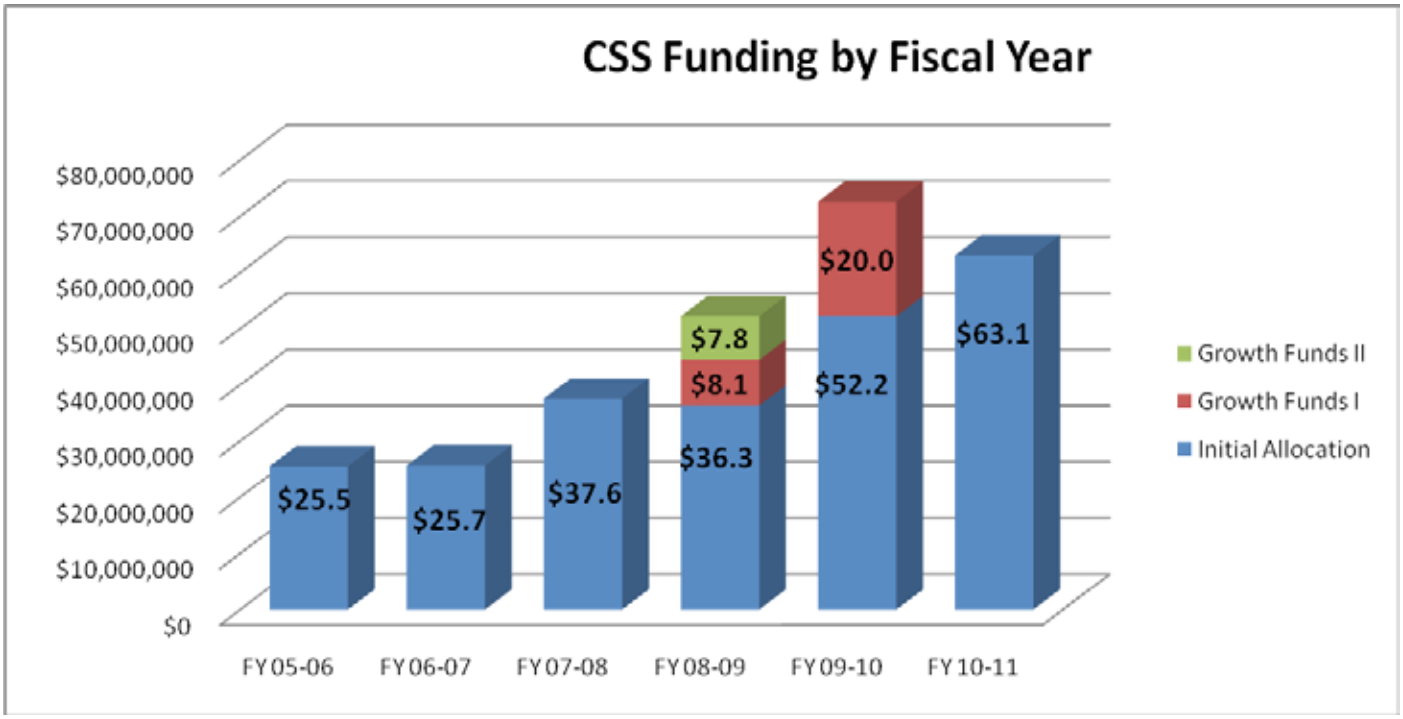
COMMUNITY
SUPPORT SERVICES (CSS)

Background

The first component of the Mental Health Services Act to be implemented was Community Services and Supports. These new services had the goal of improving access to the underserved populations, bringing recovery approaches to the current systems, and providing "whatever it takes" services to those most in need. New programs offered under CSS programs were integrated recovery-oriented mental health treatment, offering case-management and linkage to essential services such as housing, vocational support, and self help.

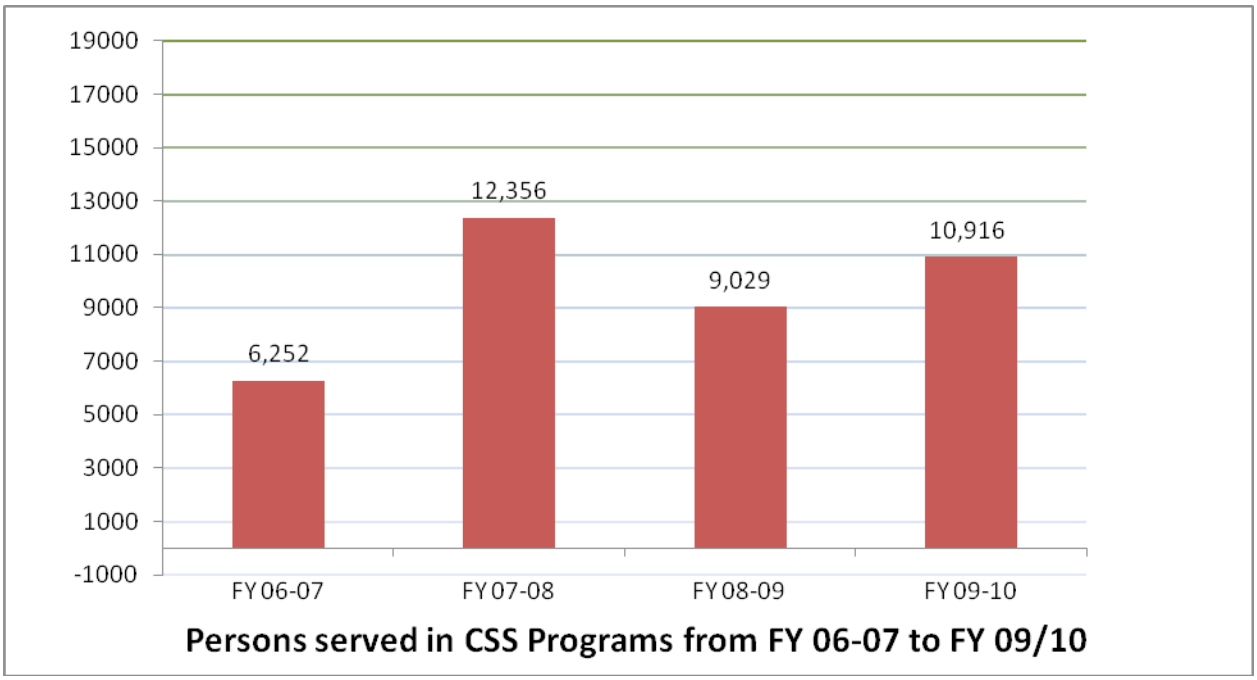
Funds to conduct a community planning process to assess the needs and priority strategies for addressing those needs first became available in FY 2004/05. Based on the results of a comprehensive, inclusive community planning process, a Three-Year Plan for the expenditure of CSS funding was developed.

Each time additional funds (sometimes called "growth funding") became available, a new community planning process was held to determine the best use of these funds.



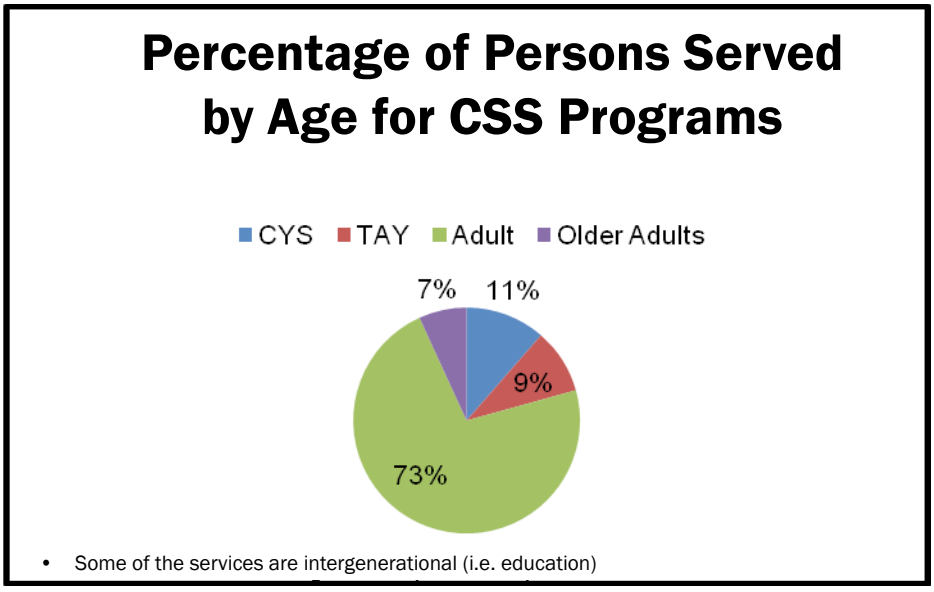
*Funds are shown in millions of dollars

Background



CSS funds are divided into categories by age group:

- Children and Youth 0-15
- Transitional Age Youth 16-25
- Adults 27-59
- Older Adults 60 and above



CSS Funds are also divided into three functional categories:

- Full Service Partnerships (FSPs) Intensive team approach, 24/7, with flex funding, for those homeless or at high risk of homelessness. (More than 50% of CSS funds must be spent on FSPs)
- Outreach and Engagement (O&E)
- General Systems Development (GSD) Improve programs, services, and supports for all clients and families

CSS Programs as of May 2011

Children's Services:

1. Children's Full Service Wraparound
2. Children's Outreach and Engagement
3. Children's In-Home Stabilization
4. Children's Crisis Residential
5. Children's Mentoring
6. Children's Centralized Assessment Team (CAT)
7. Master Agreement for Mental Health Outpatient Services

Adult Programs:

1. Adult Full Service Partnership
2. Adult Outreach and Engagement
3. Adult Crisis Residential
4. Adult Peer Mentoring
5. CAT/PERT
6. Adult PACT
7. Recovery Center Program
8. Supportive Employment
9. Wellness Center

Transitional Age Youth Programs:

1. TAY Full Service Wraparound
2. TAY Outreach and Engagement
3. TAY Crisis Residential
4. TAY Mentoring
5. TAY CAT
6. TAY Program of Assertive Community Treatment (PACT)

Older Adults:

1. Older Adults Full Service Partnership
2. Older Adult Recovery Services
3. Older Adult Peer Mentoring
4. Older Adult PACT

CSS Success Stories

Juanita and Maria (FSP)

My name is Juanita and I am Maria's mother. My daughter and I are happy to be where we are now, seeing how we currently live in peace. We both are taking medication for Bipolar Disorder, and life is good. My daughter Maria is attending high school and doing well. She will graduate this year and is planning to go to college. We are doing well thanks to all the help that we received from Providence-Project RENEW (Reaching Everyone Needing Effective Wrap). There were times when I felt the pain was too much, and I was ready to give up. Between my daughter's therapist, her youth partner, and my parent partner's close interventions, we were able to get rescued from the dark hole we were in. In addition, the assistance from the Personal Services Coordinator (PSC), the social worker, and the TBS coach have made a difference in our lives.

Our turbulent lives reached the point in which we were living in hell for what was unfortunately several years. My daughter was getting intoxicated in the home where we lived and stealing liquor without me knowing it. Maria was cutting herself, and I didn't know what to do or what to say. I was afraid to upset her or to be criticized by the owner of the house. We lived like this for a long time until she was hospitalized due to the inhalants that she was using. Since that day, a social worker and a therapist became involved in Maria's life. The therapist made a referral to Project RENEW. When I realized that a lot of people were intervening in our lives, I started to feel hope.

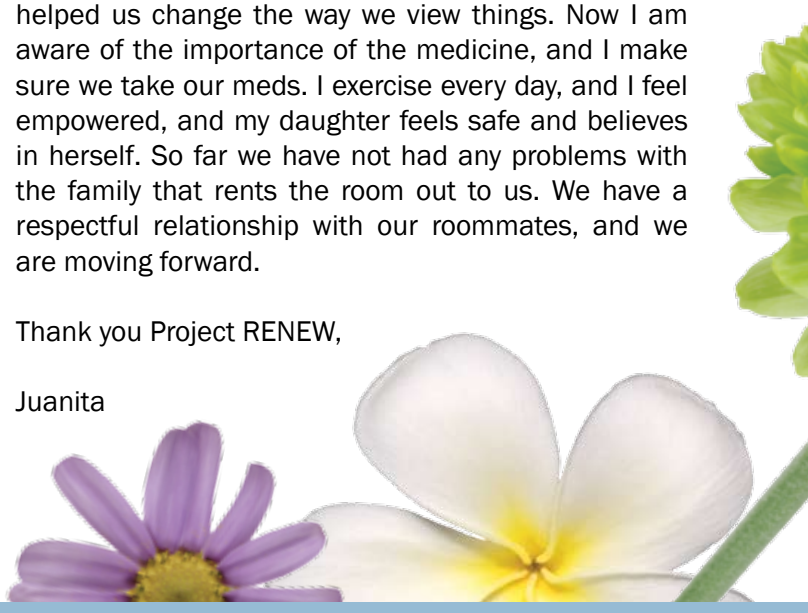
I was referred to a psychiatric doctor. I know there is a history of mental illness in our family. While Maria was in the mental hospital, I went to see a psychiatric doctor who evaluated me, diagnosed me, and put me on medication. When my parent partner came along, she got me a weekly medicine organizer to ensure that I was consistent with taking my medication. My daughter was still acting out, and the PSC realized that her roommate was mistreating her and doing things that would trigger Maria's urge to cut herself. The PSC advised me to remove Maria from that environment seeing as how it was unhealthy for her. The PSC educated me about how I could get child support and welfare. I was not willing to move out; I was too afraid to change things, and I didn't know how to look for another place to live.

After many family meetings, team meetings, and individual interventions from the RENEW staff, our lives began to change. My parent partner was there supporting me, encouraging me, and taking me to the psychiatric appointments. She also paid for my doctor's visit and worked with me shoulder to shoulder to find a room for rent. There were times that I was afraid that my parent partner would give up on me because sometimes I was ready to give up on myself; however, she was still outside my door waiting for me. She pulled me out of my low energy mood and explained to me how important it was for me to provide a better environment for my daughter. My parent partner and I worked hard, but it took months for us to find the right area and family to move in with. During that time my daughter was hospitalized on several occasions, and she once lived in a youth shelter and was offered a foster home.

The PSC encouraged me and helped me apply for child support, food stamps, and SSI for Maria. After a long process everything was approved. The TBS coach, the social worker, the PSC, the youth partner, Maria's therapist, my own therapist, as well as my parent partner helped us change the way we view things. Now I am aware of the importance of the medicine, and I make sure we take our meds. I exercise every day, and I feel empowered, and my daughter feels safe and believes in herself. So far we have not had any problems with the family that rents the room out to us. We have a respectful relationship with our roommates, and we are moving forward.

Thank you Project RENEW,

Juanita



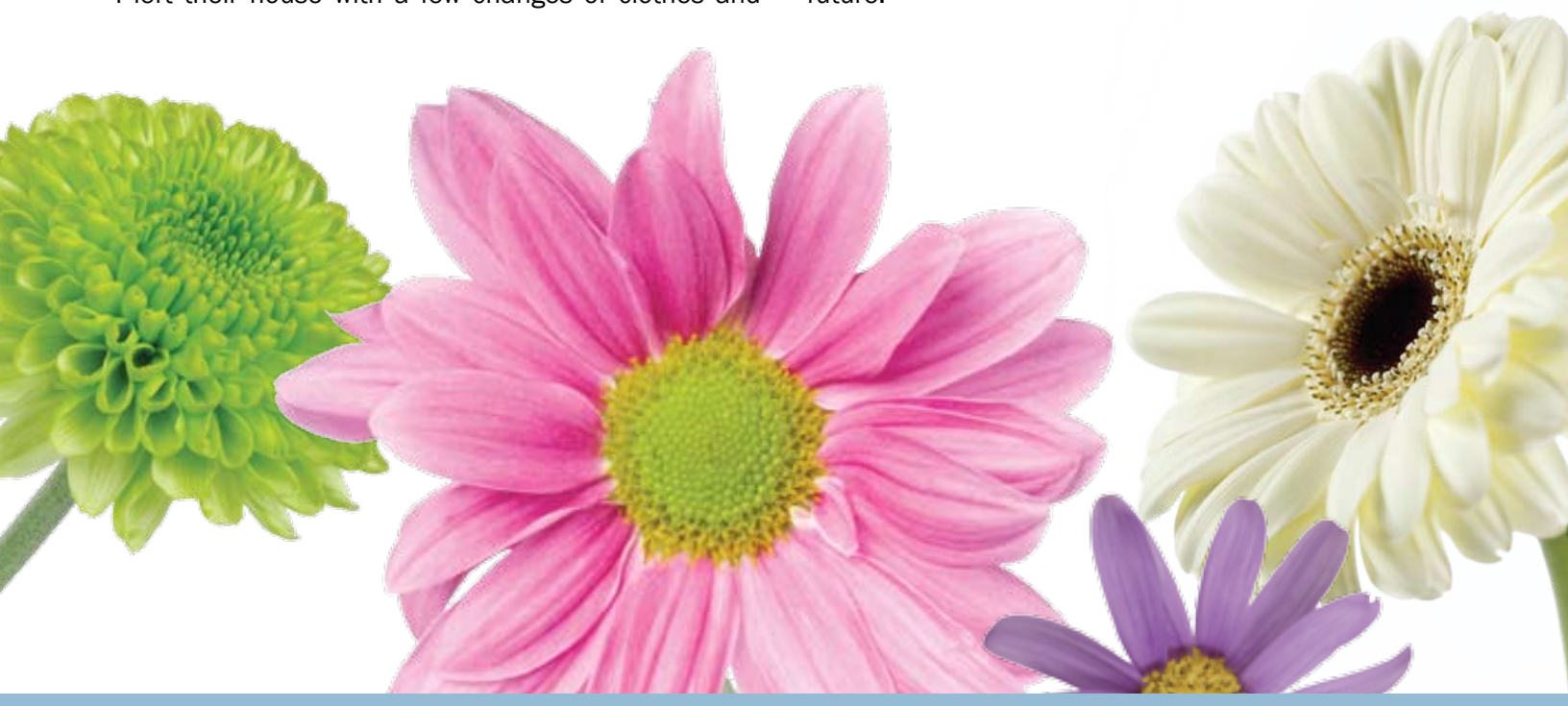
Tammy's Story (FSP)

My name is Tammy and I am a 19-year-old Hmong-American girl. Everything in my life changed the day my brothers, sisters and I were taken away from our biological parents in 1996. I was seven years old at the time. My four younger siblings and I were sent to foster homes and many failed placements. My siblings and I were all separated. Growing up as a teen was extremely challenging. I constantly thought about my brothers and sisters hoping to play with them. I also felt distant from my heritage. I felt a lot of anger within myself and about my life. I thought to myself "why did this have to happen to me, and why does it have to happen with my family." I moved around a lot. I moved about five times through the foster care system, and I was exposed to a lot of different people and cultures. Through that I learned to easily adapt to new surroundings.

My most stable placement was when I got adopted at the age of 13. I lived with my adopted parents until the age of 18. I was grateful that I lived in a privileged neighborhood and in a safe environment. Throughout my adoption placements, however, I never felt a sense of belonging. At the age of 18, my adopted parents and I decided that our relationship was no longer working. I left their house with a few changes of clothes and nowhere to go. I was scared. "Where would I go?" "Where would I live?" For a few months, I lived with friends from couch to couch, but soon that felt uncomfortable. I had no job, no home, and no family to turn to.

Through the help of my therapist at that time, I found help from the most wonderful, spectacular program I've ever been involved in - OCAPICA Project FOCUS. The outreach coordinator, my current therapist, personal service coordinator, and the rest of the team helped me find direction and purpose; they became my role models and my second family. They have supported me emotionally and have made sure that my needs are met. They provided me with food, encouraged me to go to college and helped me find employment. Through Project FOCUS, I have been able to work with a therapist who understands me and I feel comfortable with. Therapy has been helpful and my team has helped me work through most of my depression and painful experiences. I found myself through Project FOCUS, and now I can say I'm Happy ☺

I want to say thank you to Project Focus at OCAPICA for changing my life and giving me hope for a better future.



CSS Success Stories

Harold's Story (FSP)

I am 26 years old, and before I met Opportunity Knocks I was headed nowhere!

Ever since I can remember, I've had many challenges in my life. I was forced to grow up at an early age. I had some anger and emotional problems as a youngster but my mother did not want me to take medication. In retrospect, I can say living with my sickness through my childhood years helped me adapt to my mental illness and helped me build up my self esteem, which is the very reason why I didn't commit suicide.

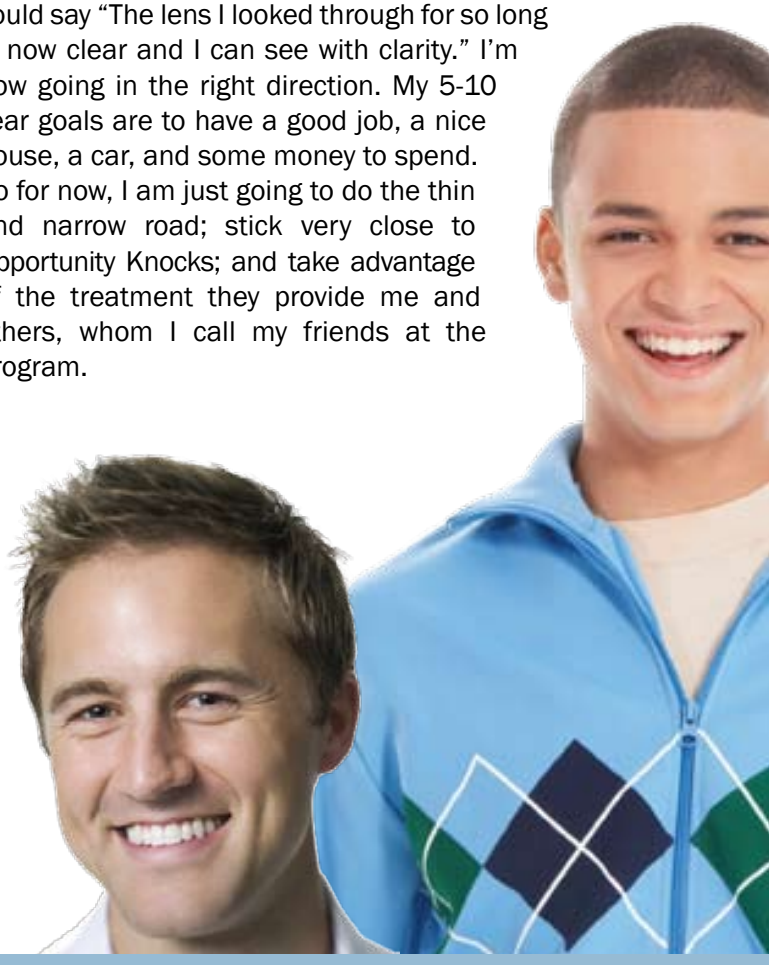
From the time I was born until about 1998, I was just your average kid. It wasn't until age 13 that I started messing up. The first drug I was introduced to was marijuana, which gave me a feeling that there was nothing on this planet I couldn't master. As I got older, marijuana made me lazy and stopped me from doing what all the other young kids would do. Not being able to control my anger got me into a lot of trouble. I began to skip school and started "gang banging." At age 13, I ran away from home and started living the street life.

In my stages of growth and development, I've been to jail multiple times as a minor. By the age of 17, I was shot in two vital places on my body, and my best friend who was in my gang was murdered. From age 17 through age 21, I went through the entire juvenile system of corrections and ended up in California Youth Authority. This is where I was finally diagnosed with Schizoaffective disorder, Bi-polar type. I began my treatment and counseling while there. I have been hospitalized three or four times for danger to self and others. I was assessed and accepted into the Opportunity Knocks program while I was in jail.

I was happy. I knew this was something I needed. In the past, I had major problems getting the help I needed, but now, I see the doctor every month. I get my medication, counseling, attend groups on dual diagnosis, anger management, and have learned some new coping skills that help me deal with my emotions. Opportunity Knocks has taught me how to use the tools I need to address the problems I have. I am pleased with my performance and of course, with their performance. At Opportunity Knocks, I feel as though I have a family in the Orange County area, and that's what I like. When I need something, there is always someone there to see what they can do to help or give me direction.

There are lots of reasons why Opportunity Knocks is a positive environment, and I know others at the program who would say the same thing. What I've been through has been because of my illness as well as my out of control anger, poor judgment and bad decision making. This is why I try to keep positive people around me. I want to stay grounded and focused on doing positive things and going places that encourage and promote good.

Opportunity Knocks taught me coping skills to help me deal with my depression and all its stages. You could say "The lens I looked through for so long is now clear and I can see with clarity." I'm now going in the right direction. My 5-10 year goals are to have a good job, a nice house, a car, and some money to spend. So for now, I am just going to do the thin and narrow road; stick very close to Opportunity Knocks; and take advantage of the treatment they provide me and others, whom I call my friends at the program.



Sherry's Story (FSP)

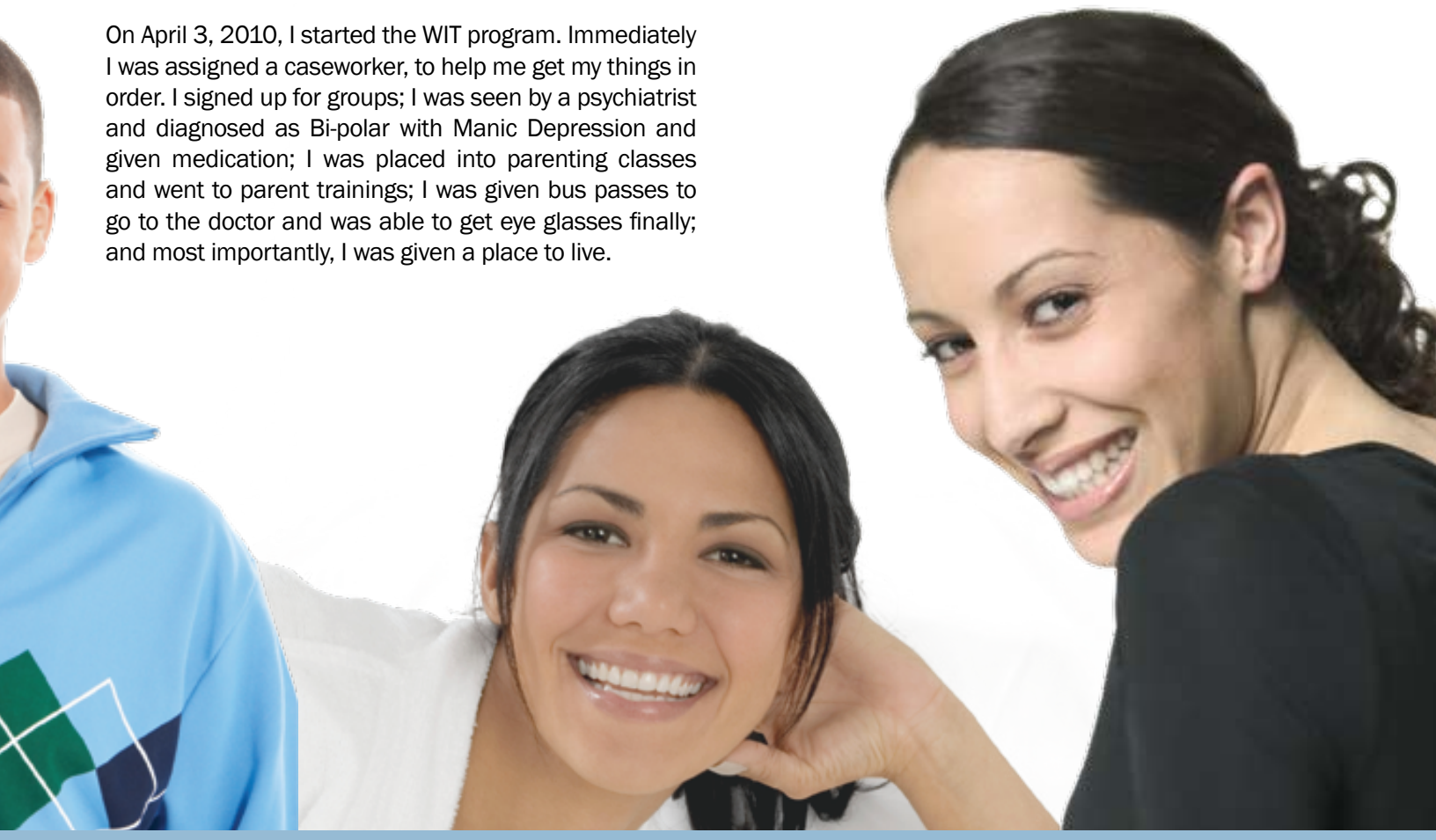
I grew up with an abusive mother and a father that was seldom around. I had a very troubling upbringing and started using drugs and alcohol throughout my teenage years all the way into adulthood. I got pregnant and tried to raise three children, but I had to give them up to their biological father and stay away from them due to my substance abuse and constant trouble with the law. Once my kids were taken away, I fell into a major depression. Due to my drug use, my kid's father asked me to leave his house and I was now homeless, jobless, with nowhere to go. Once again, I started using drugs heavily, got caught and thrown in jail.

Throughout the years, I had been caught by the police for drug possession and DUIs several times, but this last time was a little different. A girl in jail told me about the Whatever It Takes (WIT) program run by the Mental Health Association of Orange County.

On April 3, 2010, I started the WIT program. Immediately I was assigned a caseworker, to help me get my things in order. I signed up for groups; I was seen by a psychiatrist and diagnosed as Bi-polar with Manic Depression and given medication; I was placed into parenting classes and went to parent trainings; I was given bus passes to go to the doctor and was able to get eye glasses finally; and most importantly, I was given a place to live.

Through this program, I have learned how to take better care of myself. I attend all my groups and meetings and make sure I stay focused. I have gotten custody of my oldest son, and my two daughters come visit mom all the time. The program found me an apartment and helped me pay for the first month's rent until my SSI check came through. WIT has also helped my teenage son get placed in a WRAP program to receive the support and therapy he needs.

My goal for this year is to start school and eventually become a nurse practitioner. I am so grateful to Judge Lindley for giving me the opportunity to be a part of the WIT program. I am also grateful to Sheryl and all the other program people who have helped me turn my life around. You are all amazing!



CSS Success Stories

Amy's Story (FSP)

I am a 55 year old female who found myself homeless 18 months ago after living a very good life in Irvine. At first I didn't understand how much I could benefit from the programs offered here. I watched others go before me and find self sufficiency, so I started getting involved.

The first thing I did was get assigned to the Choices FSP where I received a comprehensive case plan from the entire staff. This plan was quickly implemented by my personal case worker, Roxanne, who got me started applying for government benefits that I qualified for. Then, I was given a home to live in through the program. I live with five other members of Choices. This home gives me my greatest satisfaction. It is a transitional home where the residents who suffer from mental illness learn how to live independently, something new to most of us. So while we lived there, the Choices staff taught us basic life skills before we moved on.

I received Social Security Income (SSI) just one month ago because I suffered from mental illness. What is so good is that through the arm of Choices, called SSI outreach office, I received approval in a fraction of the normal time it takes to be approved, only 2 months!

In essence, this funky little blue and white building is perhaps the most effective program in existence for those who find themselves homeless. Within the walls, each staff member takes personal care with each client and holds their hand through the frightening crisis that brought them here originally. Staff guides clients to the day they leave here and walk away alone to a new life with all the resources they have been given.

I have also been hired in the MHA Choices Thrift store as a clerk, which gives me some extra spending money and a feeling of self worth. I also volunteer for the Choices newsletter, having been chosen to write for the publication because my Choices staff learned that I have my degree in journalism.

What I like to show through this example of my time here at Choices is that one can carve a very fine life here by utilizing all the resources and programs offered by this multi-service center for the homeless. Today I have a home; I have a little job which gives me self worth; and I have a guaranteed SSI payment every month. I look forward to graduating from Choices to go on to my goal of living self sufficiently, and I feel confident that this will be achieved.

Tommy's Story (FSP)

After serving his country in the Vietnam War as a Lieutenant in the Marine Corps, Tommy was awarded a purple heart for injuries he sustained while setting up a perimeter around an air base. Upon returning home, Tommy served as a Vice President of a corporate bank for 35 years until he lost his job. From that point, his life began to fall apart.

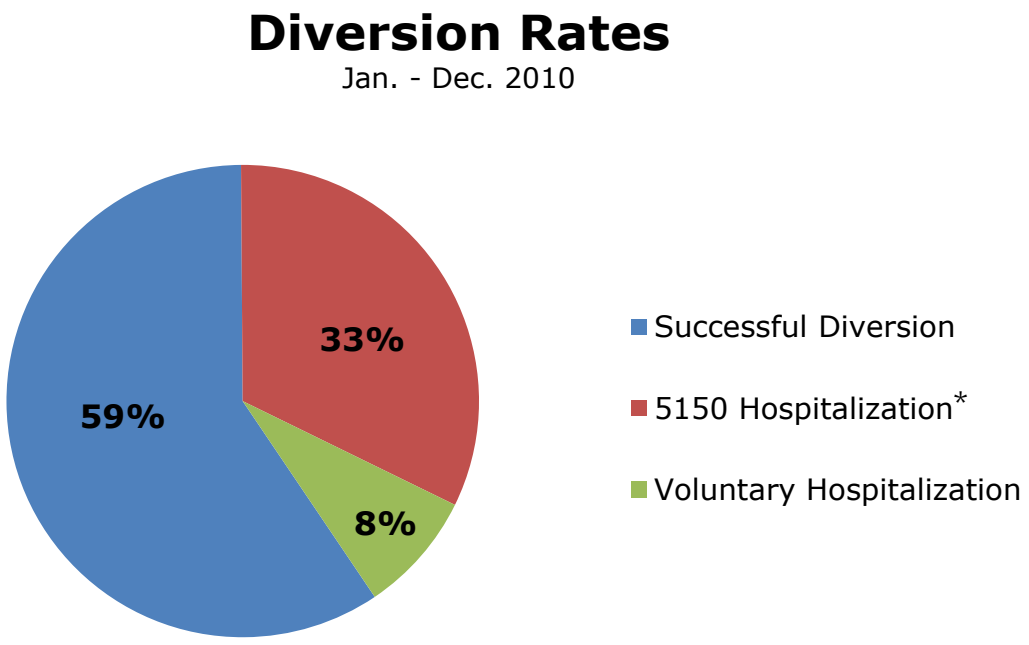
He became homeless and lived out of his car for eight years suffering from both mental and physical illnesses. A chance encounter with an employee of the Health Care Agency started Tommy back on the road to recovery. He was taken to a Medical Clinic to obtain services. From there, Tommy was linked up with Telecare which started getting his benefits from the Veterans Association. With help from Telecare, his conditions were treated, and he was able to be accepted into the newly constructed Diamond Apartment homes.

In just one year, Tommy has changed his life around for the better and is giving back to the community. Through Telecare, Tommy has set up a group mentoring program that helps others get back on track by creating teams of peers who work and socialize together, under the supervision of a Telecare representative. The peer groups participate in auto detailing, (where members can earn a little bit of income), painting classes, self-help group meetings, poetry, dance, self-defense classes, hygiene education, bible study, arts and crafts, bingo, a women's group and a rock band. Tommy works with others in the community towards utilizing their core gifts for the betterment of all.

CSS OUTCOMES

CENTRALIZED ASSESSMENT TEAM - AMHS

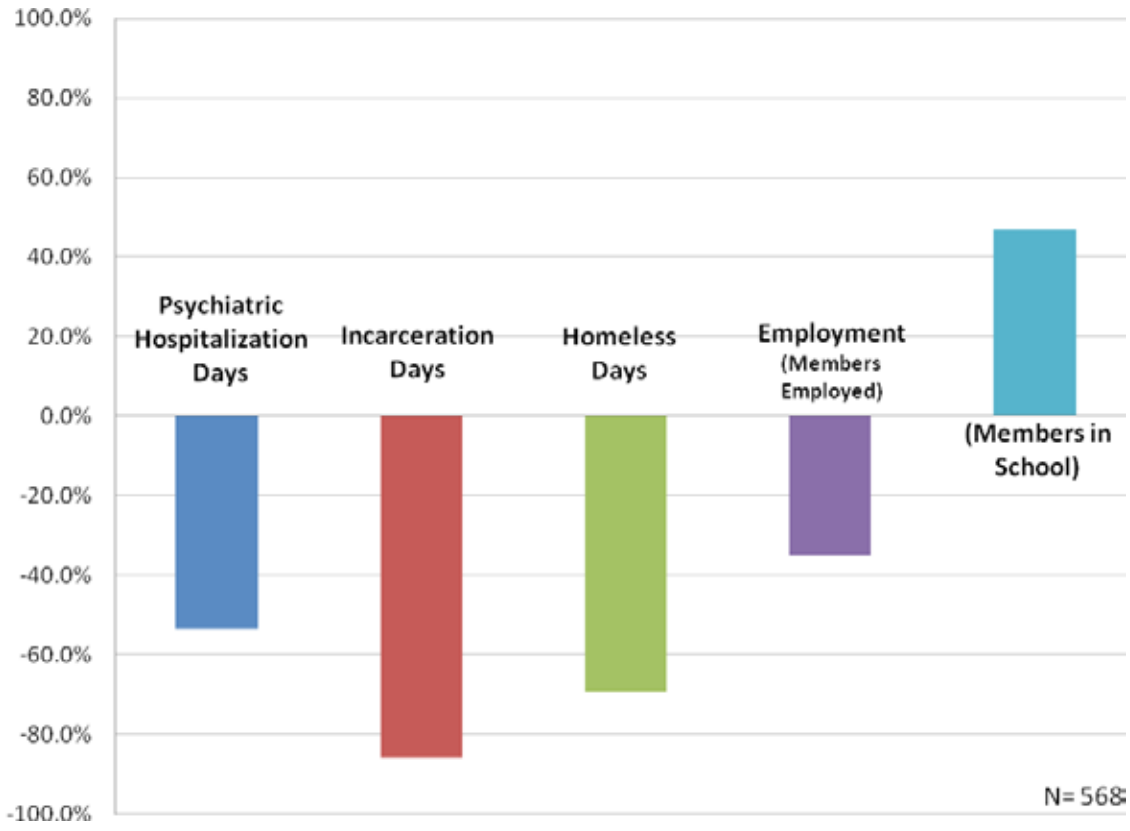
The Centralized Assessment Team (CAT) receives calls from the public, hospitals, and law enforcement regarding crises involving mental health. The team assesses each situation, provides crisis intervention, and seeks to divert people from hospitalization or incarceration and connect them with community organizations when possible and appropriate. In the event someone does need to be hospitalized, the team follows up with the individual to ensure they are linked with services after they are discharged from the hospital. In Calendar year 2010 the team completed 2,321 evaluations. Fifty-Nine percent of those evaluations resulted in a successful diversion from incarceration or hospitalization.



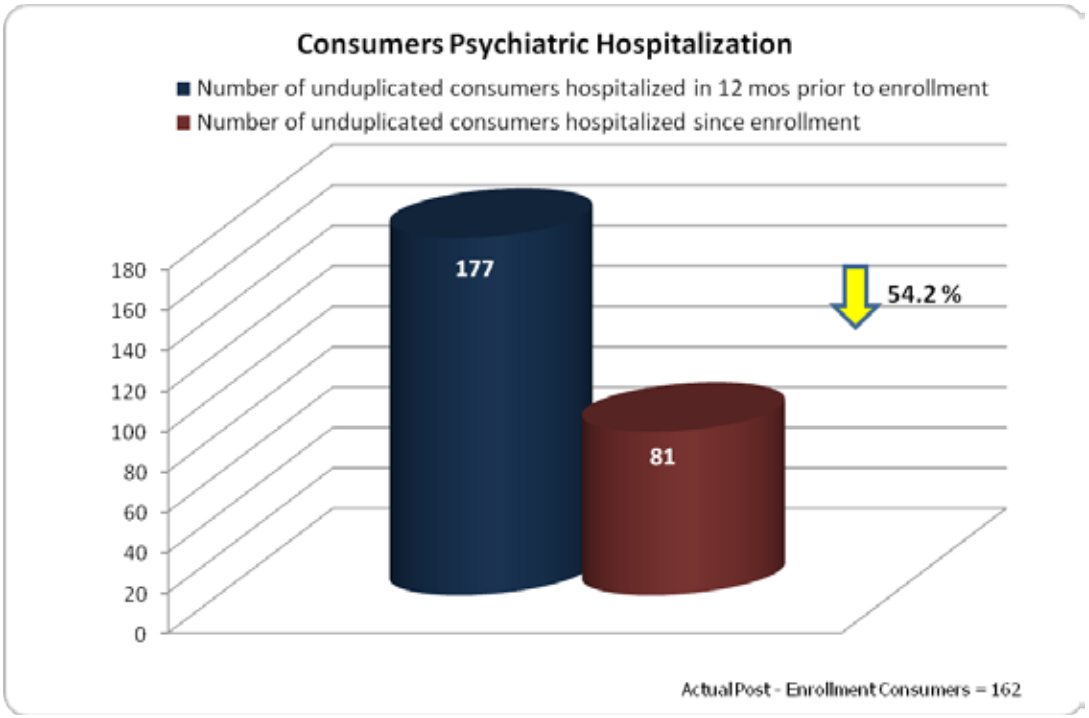
* A 5150 is defined by the California Welfare and Institutions Code. It allows a qualified officer or clinician to involuntarily confine a person deemed to have a mental disorder that makes them a danger to oneself or others and/or gravely disabled.

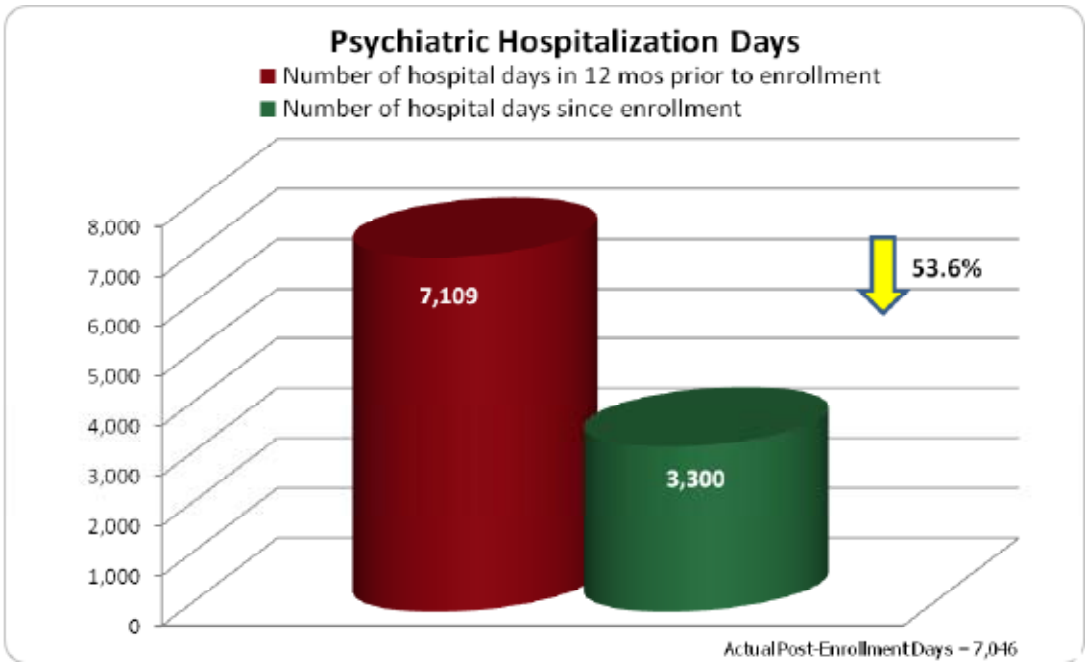
Adult FSP Outcomes

Full Service Partnerships (FSP) are programs designed and implemented in order to assist the target population in achieving high levels of recovery through following evidence-based and best practices. FSPs provide culturally and linguistically appropriate services that include case management, benefits acquisition, crisis response, intervention and stabilization, medication evaluation and supports, and effective ongoing mental health services. These programs also provide a full array of recovery support services including but not limited to housing, employment, education, peer support, and transportation.



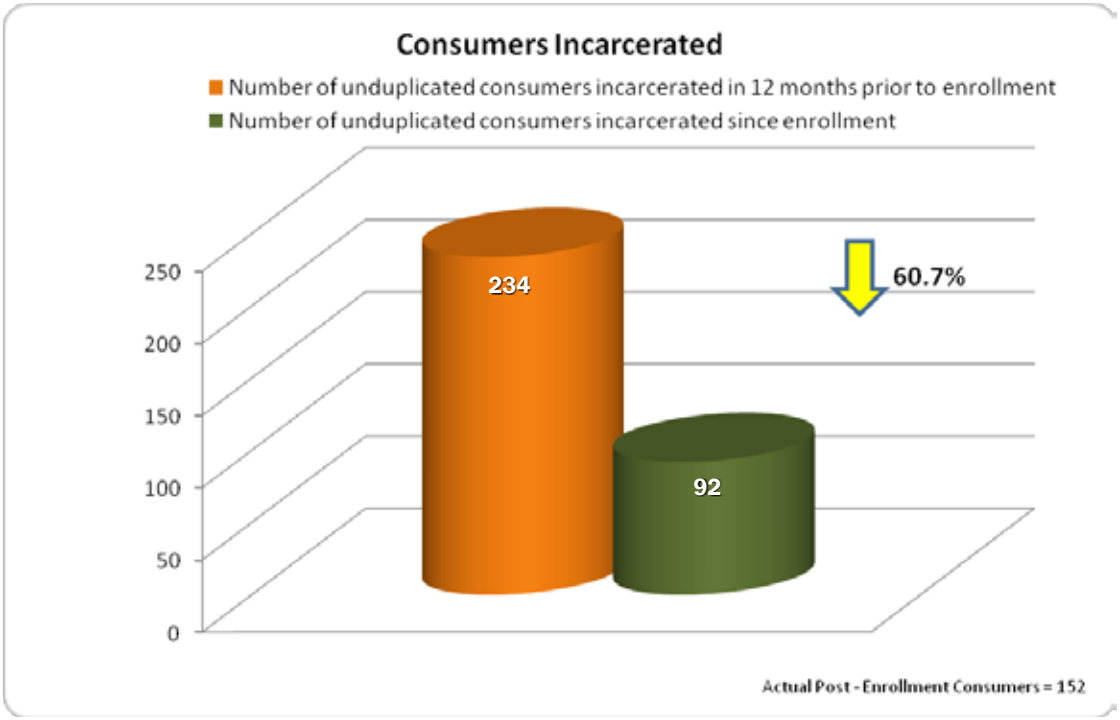
Presented above is data on Adult Full Service Partnership members for the period ending December 31, 2010. The bar graph shows a comparison of currently enrolled members' information 12-months prior to enrollment and the period post enrollment. Since members have different tenures in the program, the numbers must be annualized. This enables the previous 12 months to be accurately compared to varying tenures of post enrollment. These data demonstrate the impact that FSPs are having in their initial months of operation

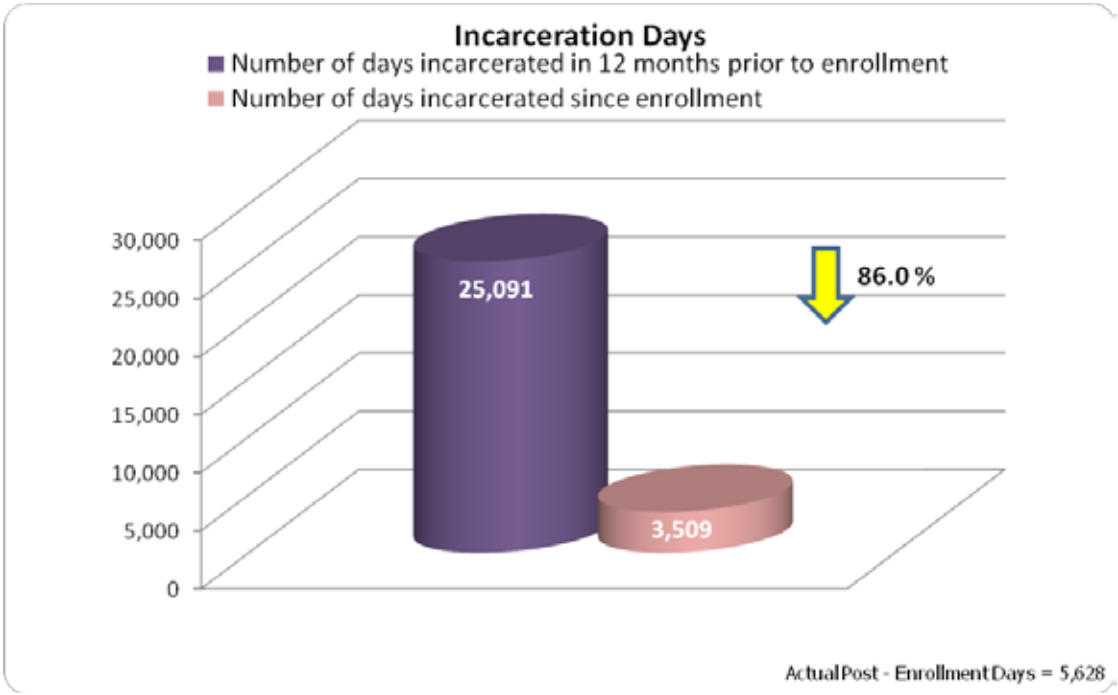




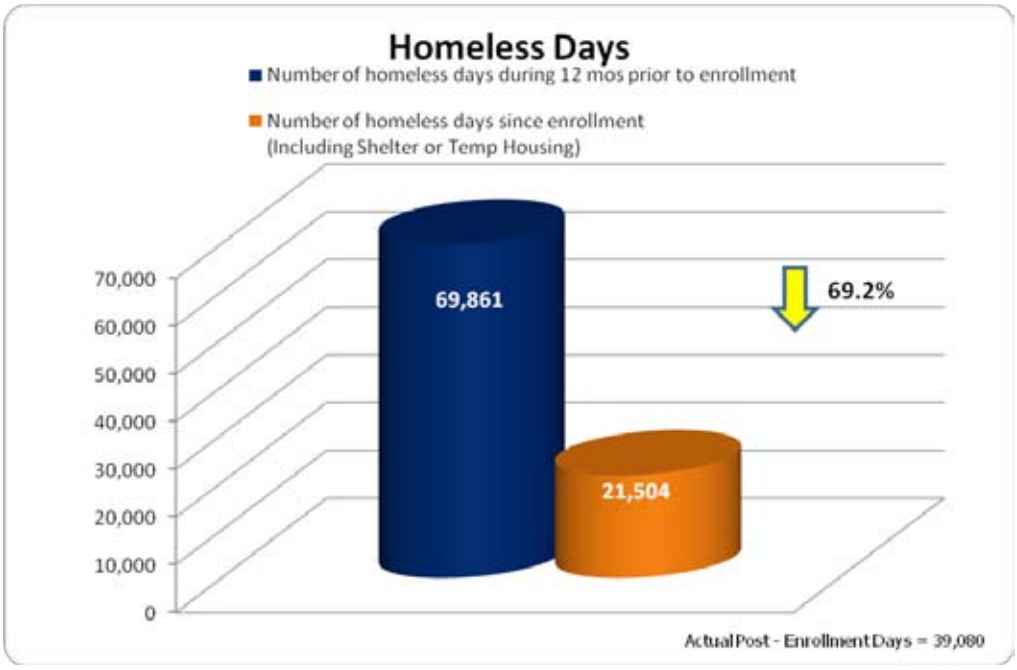
The above graphs break down the number of FSP consumers who have had a psychiatric hospitalization 12 months prior to joining an FSP, as well as the number of days of psychiatric hospitalization during the 12 month period.

Adult FSP Outcomes



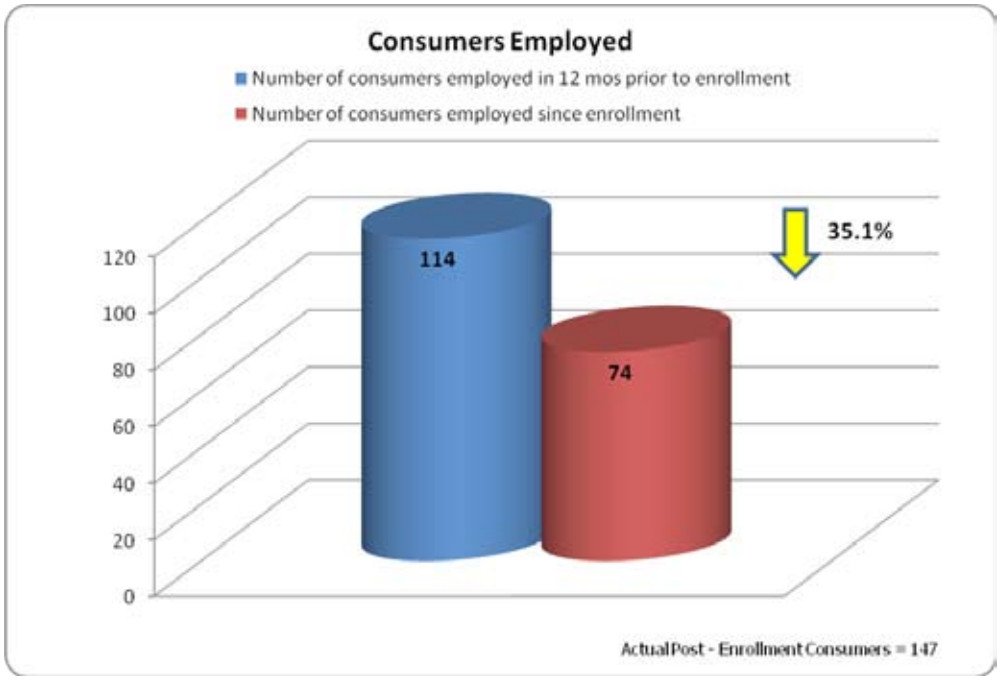


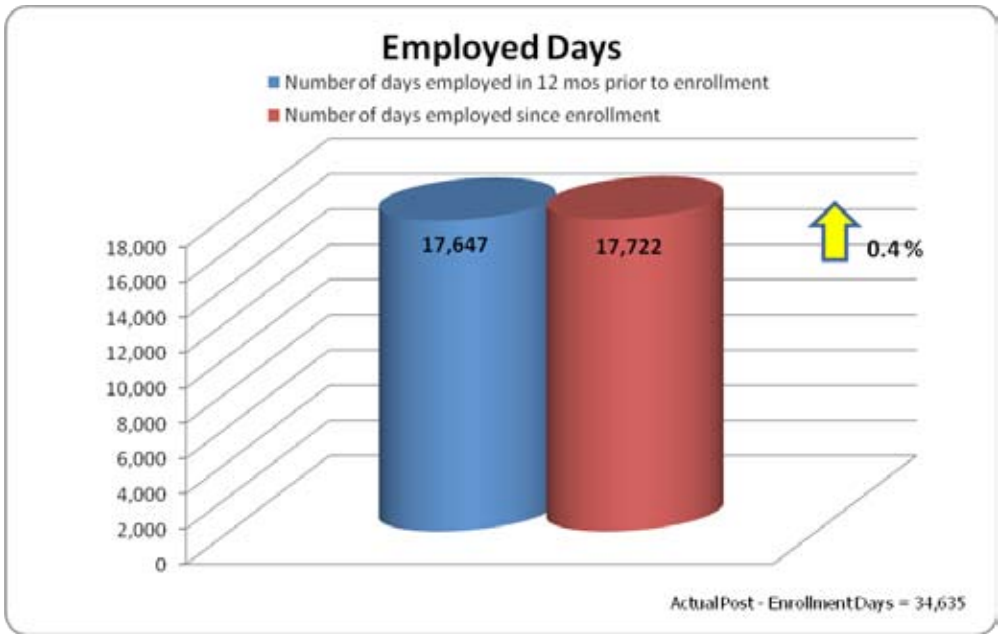
The first graph shows the decrease in consumers who were incarcerated 12 months prior to enrollment in an adult full service partnership program. The second graph indicates the total number of days of incarceration for FSP members in the 12 months prior to enrollment, and the 12 months after enrollment.



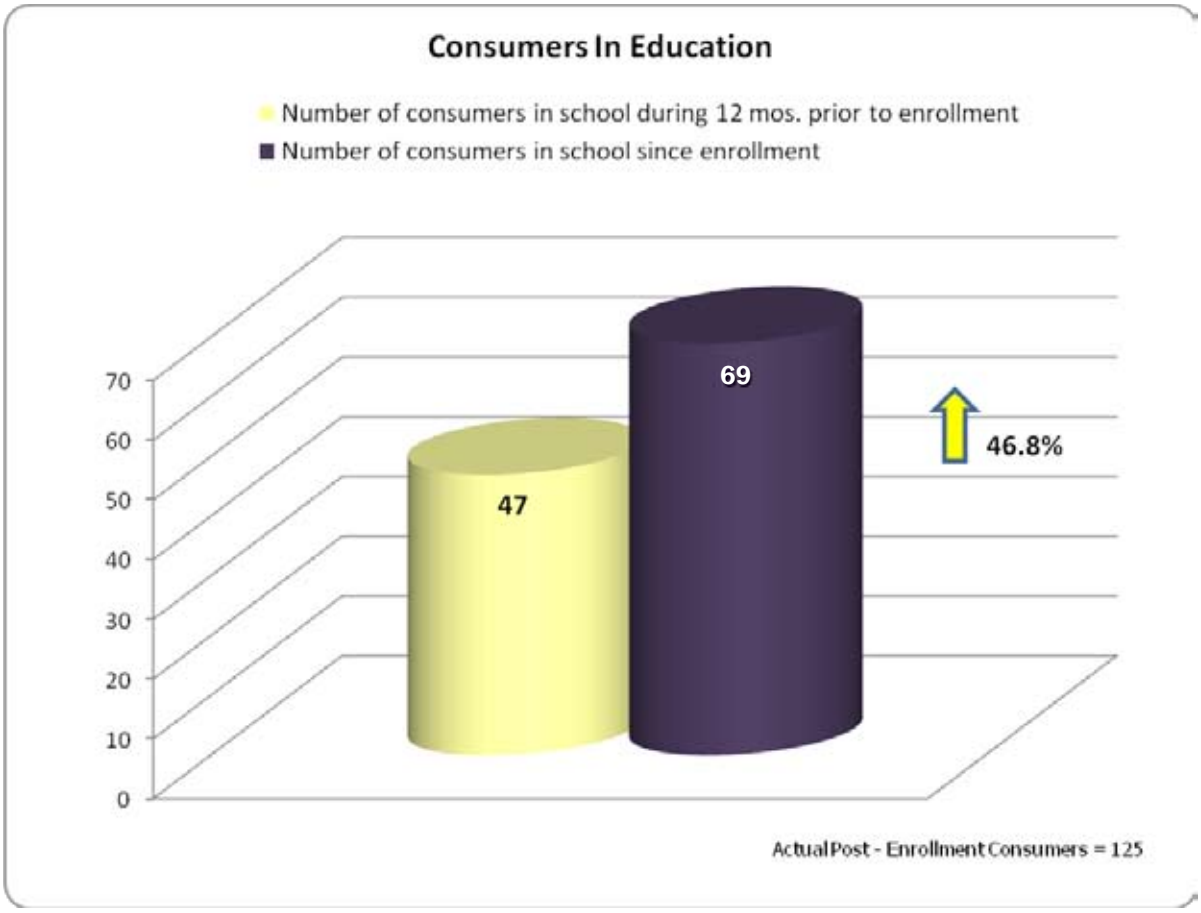
The first graph shows the number of consumers that were homeless prior to being enrolled into an FSP. The second graph shows the number of days that consumers of FSPs were homeless 12 months prior to enrollment, and 12 months after enrollment. (Note: the homeless days include temporary housing, as it is not considered permanent housing.)

Adult FSP Outcomes





The first graph shows the number of consumers employed 12 months prior to coming to an FSP and 12 months after enrolling at the FSP. Although the number of people dropped in the first graph, the second graph shows that the number of days still increased. Many of those consumers enrolled in an FSP program need high levels of acute care and need time for recovery before they can move forward towards employment. The numbers do show that when those consumers return to work, they are able to work more days, and stay for longer periods of time.

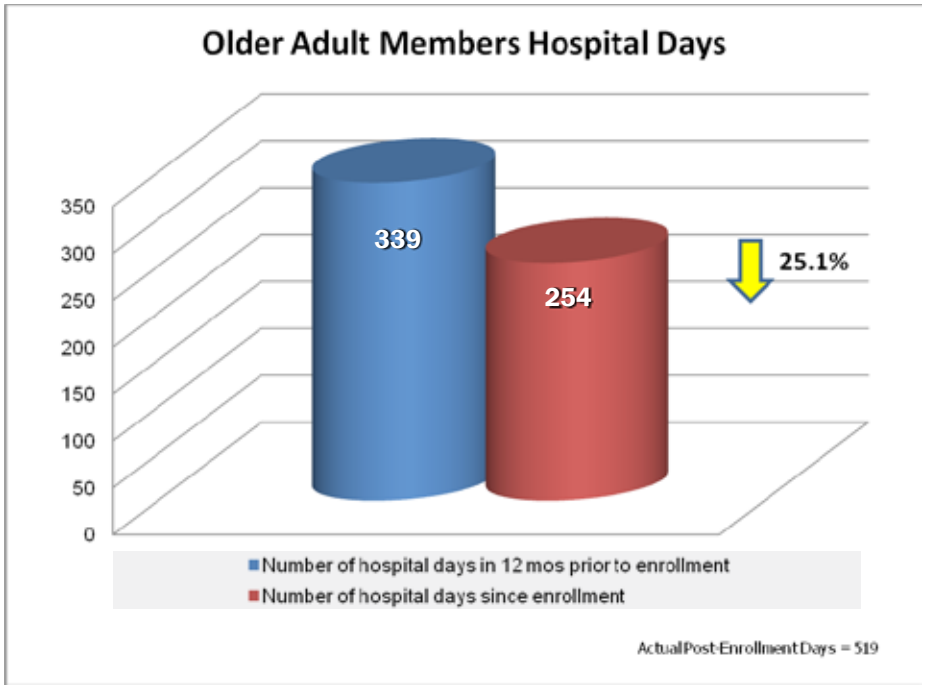


This graph shows the number of consumers who were receiving educational services 12 months prior to enrolling in an FSP, as well as the number 12 months after enrollment.

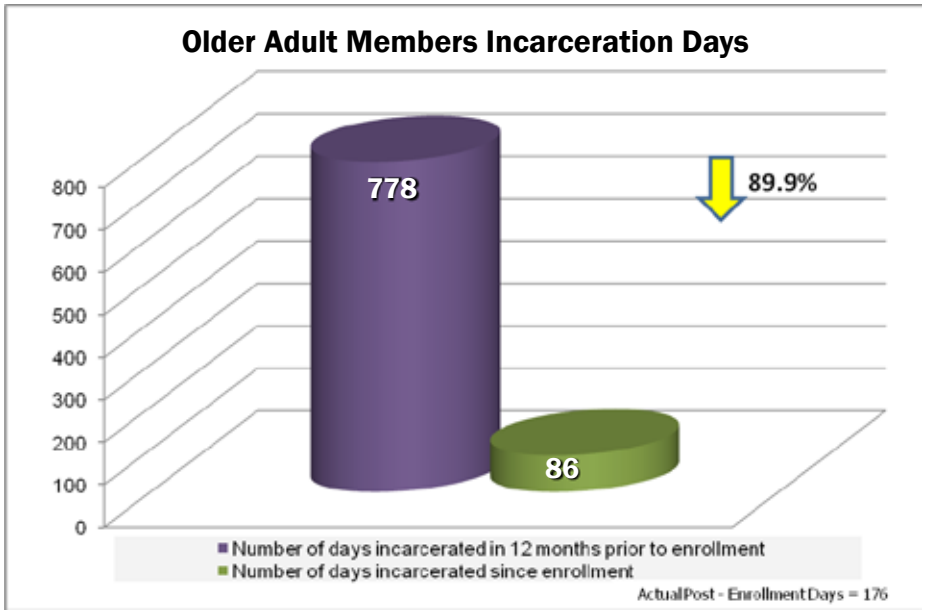
"The mind grows by what it feeds on."

-J. G. Holland

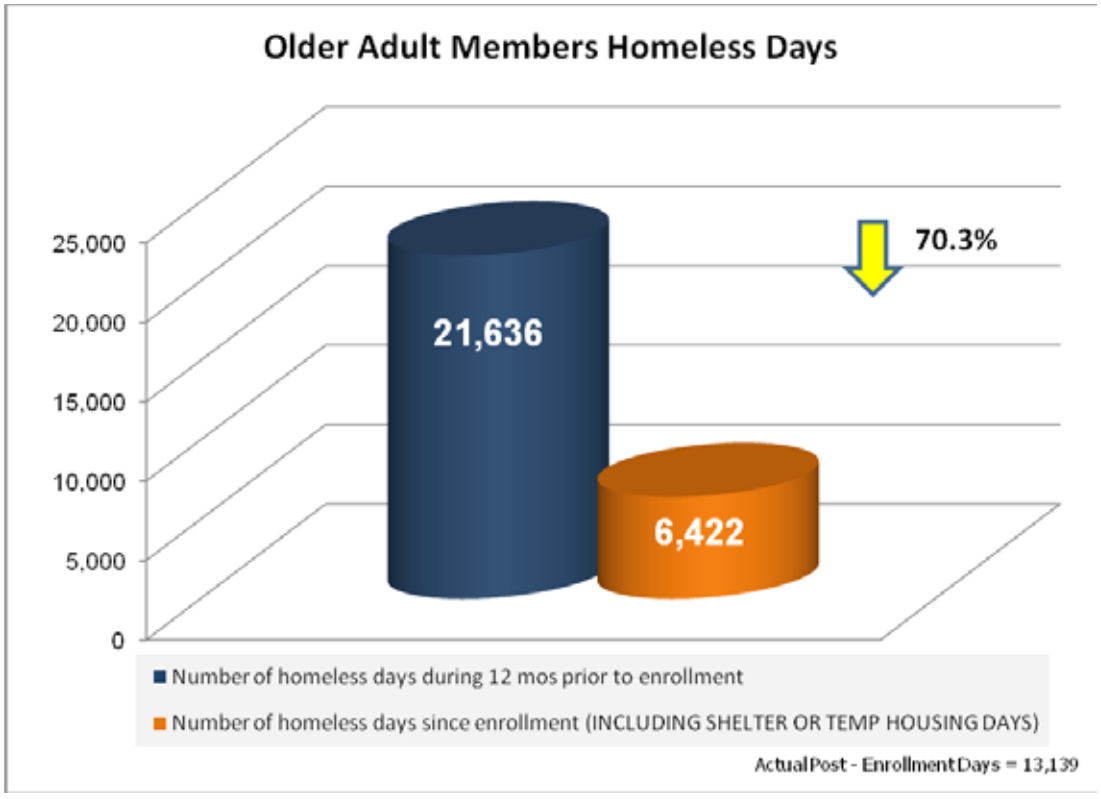
Older Adult FSP Outcomes



The above graph shows that in the 12 months prior to enrollment in an older adult FSP, consumers spent 339 days in a psychiatric hospital. Conversely, in the 12 months after enrollment, consumers only spent 254 days hospitalized.



The graph shows the 89.9% decrease in number of days incarcerated prior to enrollment in an FSP, and 12 months afterwards.



The graph above shows the number of days of incarcerations for consumers 12 months prior to joining an older adult FSP, compared to the 12 months afterwards.

FSP COST SAVINGS

FROM REDUCTIONS IN PSYCHIATRIC HOSPITALIZATIONS AND INCARCERATIONS

The Full Service Partnerships (FSPs) in Orange County have influenced the lives of over 1,400 Adult and Older Adult members over the last five years. Most notably the FSPs have reduced the number of days that members spend homeless, incarcerated, and/or hospitalized. In conjunction with increasing education and employment, the FSPs have effectively reduced the costs associated with the negative impact of untreated mental illness.

Calculating the reduction of days spent in psychiatric hospitals and jails requires an assumption to be made: that human behavior is consistent and past behavior is often a good indicator of future behavior. Although this assumption is not always true for each individual, this process of forecasting allows us to measure something that has not happened.

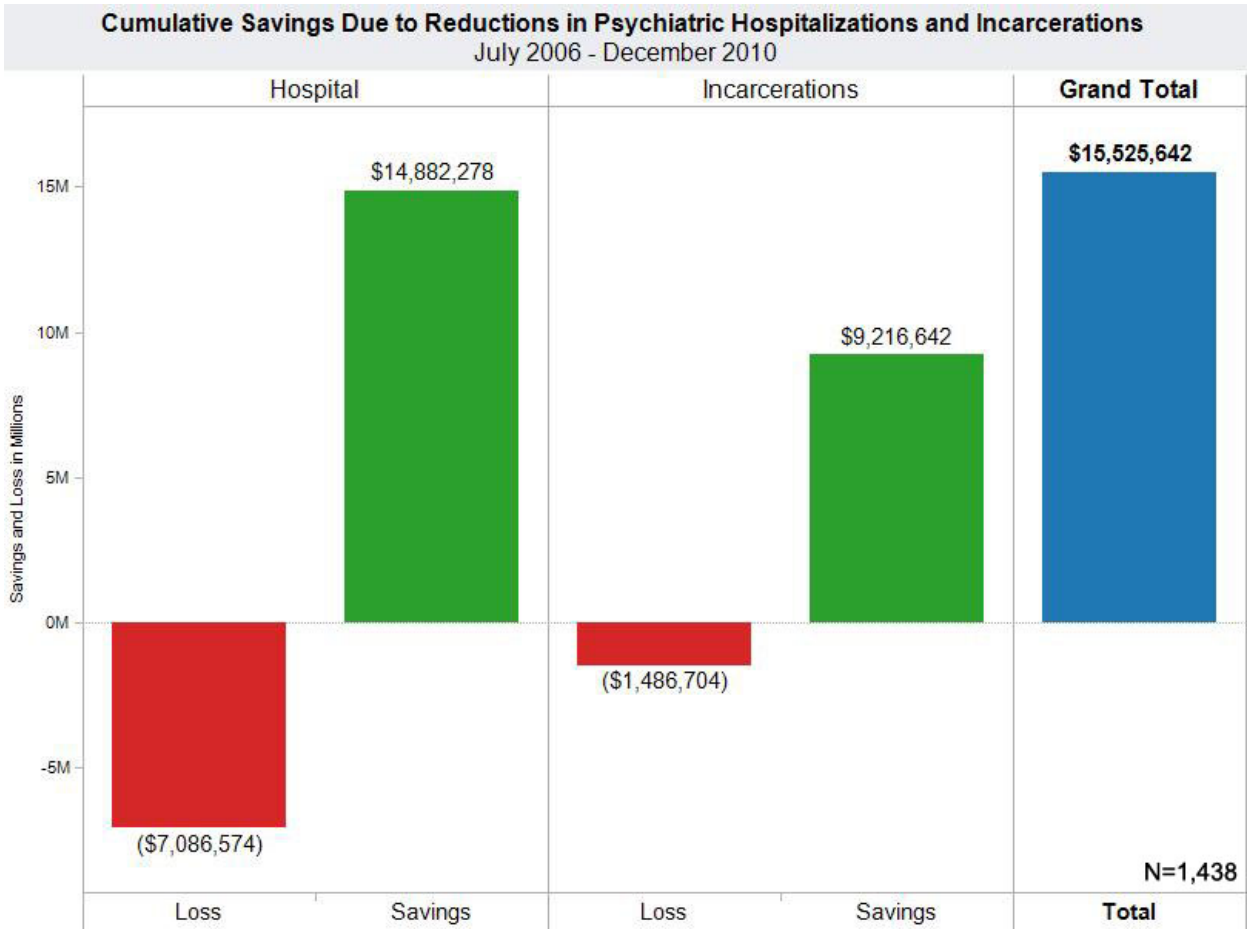
This logic would hold that if a member was incarcerated for 50 days prior to admission and had been in the program three years, it would be expected that he/she would spend 150 days incarcerated in those three years. If in actuality, the member only experienced 25 days in an incarceration setting there would be an assumed reduction of incarcerations by 125 days.

When viewing the results it is important to remember the following

- Data have been calculated for FSP admissions from August 2006 – December 2010, with the exception of one FSP that began in July 2007. In that time period, 1,438 members were served with an average tenure of one and a half years.
- Days spent hospitalized and incarcerated prior to admission are from client report at intake. This information is collected on the Partnership Assessment Form (PAF) for all FSP members.
- Some members experienced an increase in days. This negative value was calculated into the total savings. This may be due in part to members not reporting hospitalizations or incarcerations upon admission.
- Calculations do not include costs saved through reductions in homelessness or the positive effects of members obtaining employment and education.
- The daily cost of a psychiatric hospitalization was calculated to be $631.49 based on Adult Mental Health Inpatient rates.
- The daily cost to house an inmate was calculated to be $144. This figure was received from the Orange County Sheriff's Department.

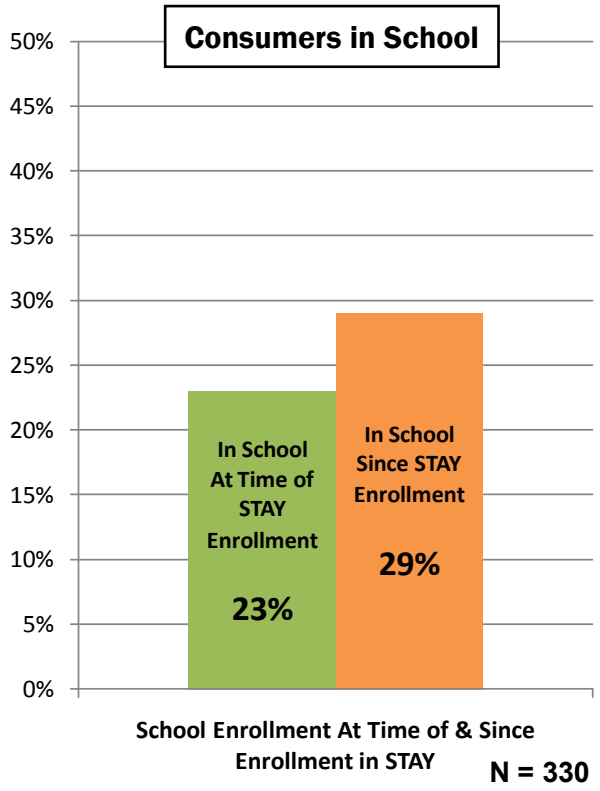
Cumulative Savings Due to Reductions

Psychiatric Hospitalizations:	$7,795,704
Incarcerations:	$7,729,938
Total:	$15,525,642

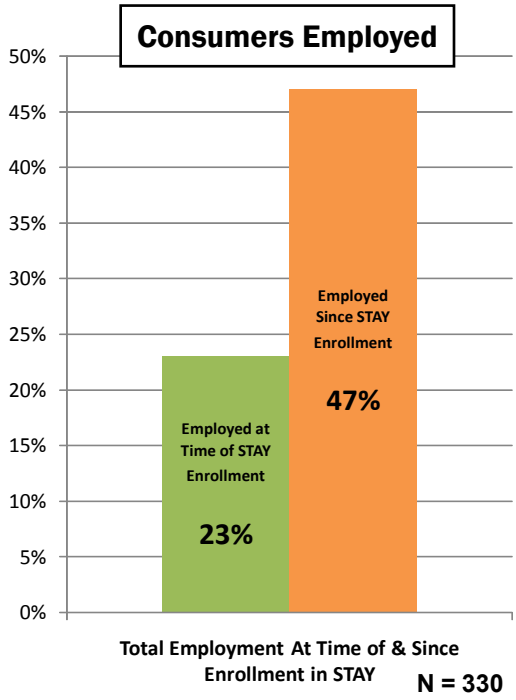


Child & Youth Services Outcome Data

STAY (Supportive Transitional Age Youth) Outcomes:



STAY is a full service partnership program serving children and transitional age youth. Upon enrollment at STAY, 23% of consumers were enrolled in some type of schooling. After receiving services, 29% of participants were enrolled in high school, adult education courses, vocational or community college.



Upon enrollment with STAY, only 23% of consumers were employed. In the year after enrollment, STAY saw an increase of employment to 47% at some point during the year. Participants worked an average of 25.6 hours each week and earned an average of $8.90 per hour in a variety of different positions.

Consumers Homeless, in Temporary Housing, or in a Shelter

In the year prior to enrolling at STAY, 156 participants had been homeless, temporary emergency housing (i.e. friend's house) or living in a shelter. Since receiving services, the number of consumers in a homeless/temporary/shelter living situation has dramatically decreased to 49.

MENTAL HEALTH SERVICES ACT
HOUSING PROGRAM

The MHSA Housing Program offers permanent financing (money to build or rehabilitate housing) and capitalized operating subsidies for the development of permanent supportive housing. The Housing program is aimed at:

- Expanding the number of permanent supportive housing units for MHSA eligible adults to improve their quality of life
- Increasing the affordability of housing for those MHSA eligible adults who are homeless or at risk of homelessness

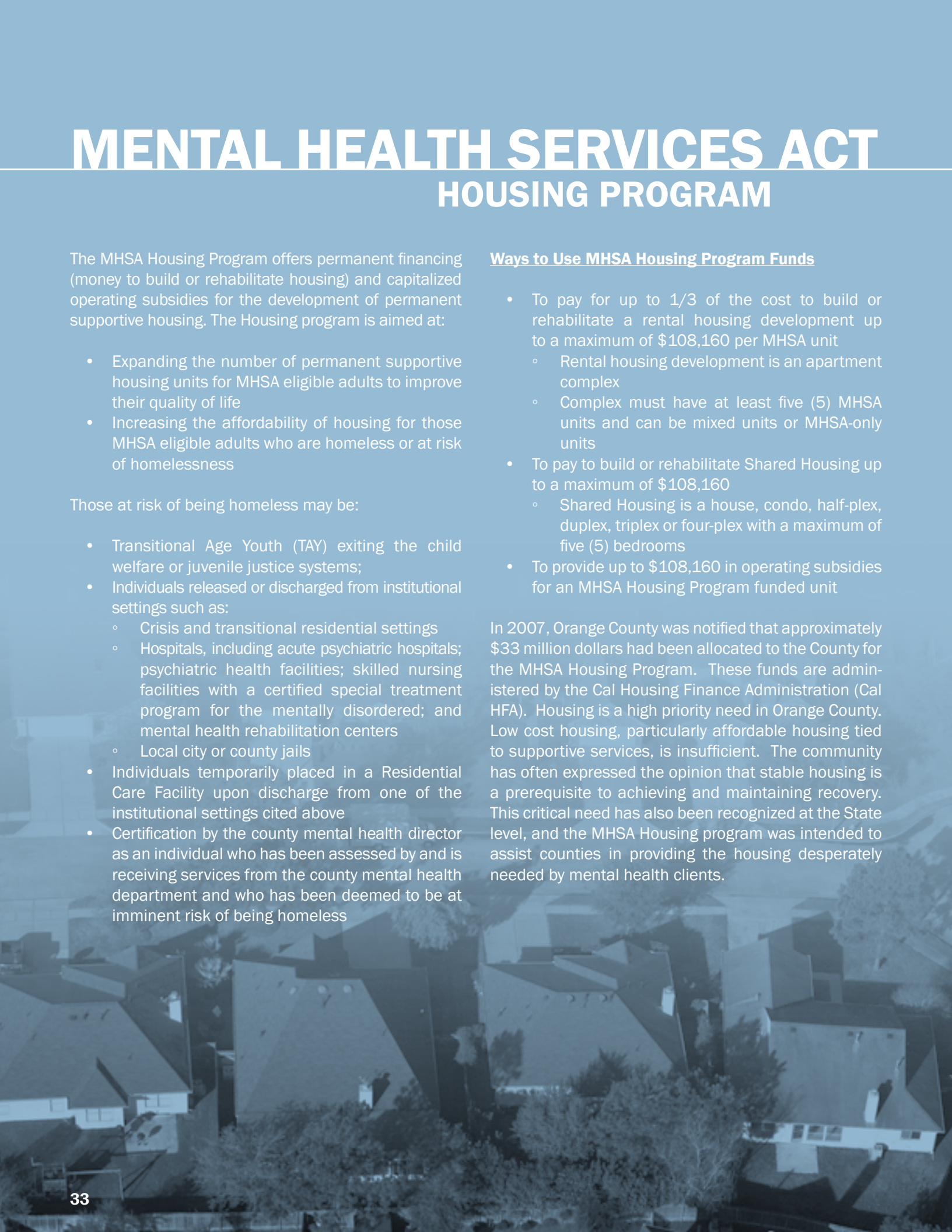
Those at risk of being homeless may be:

- Transitional Age Youth (TAY) exiting the child welfare or juvenile justice systems;
- Individuals released or discharged from institutional settings such as:
  - Crisis and transitional residential settings
  - Hospitals, including acute psychiatric hospitals; psychiatric health facilities; skilled nursing facilities with a certified special treatment program for the mentally disordered; and mental health rehabilitation centers
  - Local city or county jails
- Individuals temporarily placed in a Residential Care Facility upon discharge from one of the institutional settings cited above
- Certification by the county mental health director as an individual who has been assessed by and is receiving services from the county mental health department and who has been deemed to be at imminent risk of being homeless

Ways to Use MHSA Housing Program Funds

- To pay for up to 1/3 of the cost to build or rehabilitate a rental housing development up to a maximum of $108,160 per MHSA unit
  - Rental housing development is an apartment complex
  - Complex must have at least five (5) MHSA units and can be mixed units or MHSA-only units
- To pay to build or rehabilitate Shared Housing up to a maximum of $108,160
  - Shared Housing is a house, condo, half-plex, duplex, triplex or four-plex with a maximum of five (5) bedrooms
- To provide up to $108,160 in operating subsidies for an MHSA Housing Program funded unit

In 2007, Orange County was notified that approximately $33 million dollars had been allocated to the County for the MHSA Housing Program. These funds are administered by the Cal Housing Finance Administration (Cal HFA). Housing is a high priority need in Orange County. Low cost housing, particularly affordable housing tied to supportive services, is insufficient. The community has often expressed the opinion that stable housing is a prerequisite to achieving and maintaining recovery. This critical need has also been recognized at the State level, and the MHSA Housing program was intended to assist counties in providing the housing desperately needed by mental health clients.



Orange County is a challenging geographic area in which to develop affordable housing. It is one of the highest cost communities in the United States. Both land and construction costs have historically been extremely high, making it difficult for non-profit and affordable housing developers to compete for property. There are a relatively small number of affordable housing developers in the area, and few have experience with the unique challenges of supportive housing. In addition, despite the fact that well-built and managed affordable housing has been shown to be neutral or positive to property values, there remain areas that experience some resistance to siting affordable housing and housing for people with special needs.

The MHSA Housing Program was developed before the major decline in the housing market. Thus, it was set up with the goal of using MHSA Housing funds to leverage other funding so that the number of housing units built or rehabbed would be maximized. Unfortunately, with the downturn in the housing market, other types of supplemental funds have become exceedingly scarce. Thus, many counties, including Orange County, have found it difficult to use the MHSA Housing funds, even though the amount of unmet need has increased as unemployment rates have grown in the past few years.

When CSS funds first became available in 2005, Orange County was forward thinking in setting aside about nine million dollars to use for housing. Some of that funding was used to develop a 25-unit supportive housing apartment complex (Diamond Apartments) in Anaheim. Some of the one-time CSS funding was also committed to a 10-unit development in Irvine known as Doria Apartments.

With the additional funding made available through the MHSA Housing program, the County has worked diligently to produce MHSA housing units, working closely with Orange County Community Services, various developers, state agencies and housing consultants.

a. Diamond Apartments opened 24 MHSA housing units for adults in December 2008
b. Doria Apartments in Irvine are under construction – 10 MHSA units for adults—and expected to begin leasing units by the end of the year
c. MHSA funds have been committed to three other projects:
    i. Avenida Villas in Anaheim – 28 units for TAY
    ii. San Clemente Seniors – 15 units for older adults
    iii. Harper's Pointe in Costa Mesa – 15 units for Seniors
d. Additional MHSA units are in underwriting at various stages of development

WORKFORCE EDUCATION
AND TRAINING (WET)

Background

The Workforce Education and Training component of MHSA focuses on addressing the shortage of qualified individuals working on the public mental health system. It also includes strategies to assist consumers and family members enter and remain in the workforce; reduce the disparity in ethnicity and language between staff at all levels and the population served; and ensure that the mental health services provided are recovery oriented and client/family member driven. There are several important actions that Orange County was able to implement using WET funding. These actions made a huge difference in the quality of the trainings and education previously offered.

The most notable of these actions are:

1. Inclusion of culturally and linguistically appropriate services for all trainings and education programs, thus making it accessible for all consumers regardless of any language barrier.
2. Expanded loan forgiveness and scholarship programs offered in return for a commitment to employment in the local public mental health system and creation of a stipend program for persons enrolled in academic institutions, so that financial difficulties would not prevent someone from furthering their education.
3. Expansion of post secondary education to meet the needs of mental health occupational shortages, and more importantly promote the employment of mental health consumers and family members.

During the past 5 years, $8.9 million dollars in WET funds have been implemented in the following programs:

- Workforce Staffing
  - Behavioral Health Services training
  - Consumer Support positions
- Mental Health Career Pathway Programs
  - Mental Health Paraprofessional Training Program
- Training and Technical Assistance
  - Mental health training for Law Enforcement Officers
  - Recovery Education Institute
  - Consumer/family member training
- Residency/Internship Programs
  - Funding for approximately 12 FTE in County and contracted sites to allow greater use of students and to attract bilingual/bicultural interns
- Financial Incentive Programs
  - Support for county staff, contracted employees, and graduates of the consumer paraprofessional training course to continue with their career pathways in a mental health-related field

"Continuous effort, not strength or intelligence, is the key to unlocking our potential."

-Winston Churchill

Background

Here is a brief list highlighting some of the successful conferences/trainings funded through the MHSA office:

Annual TAY Conference: This conference addresses issues of development and mental health and the systems that are available for meeting the needs of transitional age youth who are in need of services and benefits, including health and mental health services, Supplemental Security Income (SSI) and Social Security Disability Income (SSDI) benefits, legal services, education, and employment.

Veteran's Conference: The two-day conference was put on for 350 community mental health providers, BHS Veterans program partners (VA, Vet Centers, SSA, etc), Behavioral Health Services Staff, local military personnel, community members, veterans and family members. Attendees were given an overview of the national perspective on the current conflict's behavioral health issues (i.e., Post Traumatic Stress Disorder). Presenters included representatives from the Department of Defense, SAMSHA, and film producer Jake Raken who showed clips from his film "Brothers at War."

Understanding Disparity & Disproportionality Conference: The conference emphasis was on the importance of understanding disparities and disproportionalities as a prerequisite to providing effective prevention and early intervention services to help individuals attain and maintain their health. Attendees learned about factors impacting equal access and strategies for overcoming barriers and improving access for our un-served and underserved target populations.

Mental Health Worker Training: This 14-week training course is administered by Pacific Clinics in collaboration with Santa Ana City College and is designed to provide students with basic skills for employment as a Mental Health Worker (MHW). The goals of the training are to give a clear understanding of the field and the basic goals of a MHW; learning the language, definition of terms, systemic procedures and approaches/models essential to supporting consumers from "crisis" to recovery.

Immersion Training: There trainings are provided multiple times a year to the community, social services providers, law enforcement, school districts, teachers, students and all those interested in mental health issues and the recovery model. The three day training gives attendees information about the Orange County system, the needs of consumers, and how to apply knowledge to an attendee's current employer objectives.

Institute for Peer Services: An Orange County Health Care Agency-led collaboration of recovery-oriented agencies dedicated to the training and support of mental health consumer professionals. The Institute's major annual activity is a Peer-to-Peer Conference, offering a day filled with speakers, panels, workshops and institutes provided *by* consumer professionals, *for* consumer professionals, with the intent of building the skills and knowledge base necessary for consumers to succeed and thrive in the mental health workplace. The Institute was built on the foundations of 2008's *Consumer Employment Summit*, hosted by Orange County and brings together mental health directors, human resources directors, consumer leaders and consumer professionals from across the state.

PREVENTION
AND EARLY INTERVENTION (PEI)

	MHSA-PEI PROGRAMS
EARLY INTERVENTION	Early Intervention Services for Stressed Families
	First Onset Services and Supports: • OC Center for Resiliency, Education, Wellness (OCCREW) • OC Postpartum Wellness (OCPPW) Program
	Socialization for Isolated & Older Adults (3 Contracted Providers)
	Peer Led Support Groups: • Veteran Services-Drop Zone
SCHOOL-BASED SERVICES	Positive Behavioral Interventions (PBIS) & Supports
	Violence Prevention Education
	School Readiness Program: • Connect The Tots
OUTREACH & ENGAGEMENT	Information & Referral Services
	Prevention & Early Intervention Outreach & Engagement Programs: • Risk Reduction Education & Community Health (REACH) • Outreach & Engagement Programs (5 Contracted Providers)
PARENT EDUCATION & SUPPORT PROGRAMS	Parent Training Program • Positive Parenting Program
	Parent Education & Support: • Youth As Parents • Community Outreach-Promotora Model Program
SCREENING & ASSESSMENT	Professional Assessors: • Veteran Services-Combat Court • Non-Criminal Domestic Violence Family Court
PREVENTION SERVICES	Children of Substance Abusers and/or Mentally Ill Parents: • Children's Support & Parenting Program (CSPP)
	Parents and Siblings of Youth in the Juvenile Justice System: • Stop The Cycle (STC)
	Transition Services
CRISIS & REFERRAL	Crisis Prevention Hotline
	Warmline Network Services
	Survivor Support Services
TRAINING SERVICES	Training & Technical Assistance
	Training in Physical Fitness & Nutrition
	Community-Based Stigma Reduction Training
CAPACITY BUILDING & STATEWIDE PROJECTS	Educational Presentations Community Forums & Health Fairs Resource Directory Development Crisis Intervention Team Training

Background

PEI programs were designed to include meaningful involvement and engagement of diverse communities, potential individual participants, their families and community partners. Programs and projects were developed to build capacity for providing prevention and intervention services related to mental health at sites where people go for other routine activities (e.g. health providers, education facilities, community organizations, family resource centers). In March 2009, the California Department of Mental Health approved the Orange County MHSA Prevention and Early Intervention (PEI) Plan which consists of eight programs addressing five key community mental health needs and specific priority populations: Disparities in Access to Mental Health, Psycho-Social Impact of Trauma, At Risk Children, Youth and Young Adults, Stigma and Discrimination, and Suicide Risk.

PROGRAM SUMMARY:

- **Early Intervention** programs target early warning signs for behavioral health issues, post-partum depression, first onset of psychosis, and takes early action against social isolation and other risk factors.

- **School-Based Services** offer outreach and education to children, youth, families, and school staff to increase awareness of mental health issues, reduce stigma and discrimination, implement a broad range of systemic and individualized strategies for enhancing social and learning outcomes, and to prevent suicide, bullying and violence.

- **Outreach and Engagement Services** proactively identify community members at risk of emotional or behavioral health conditions and provide easy and immediate access, information, and referral assistance to services.

- **Parent Education & Support** programs offer effective parenting skills, family communication, health identities/family values, child growth and self-esteem development to caregivers who have responsibility in caring for at-risk children and youth in order to reduce incidence of child and substance abuse, juvenile delinquency, gang violence, behavioral problems and emotional disturbances.

- **Prevention Services** are focused on approaches that would decrease the likelihood or delay the onset of adverse mental health conditions or behaviors while working on increasing protective factors and resilience of individuals and family systems, thus reducing the long-term health care cost.

- **Screening and Assessment Services** incorporate the use of voluntary mental health screening and assessment tools with brief structured interviews designed to identify individuals who may be at risk of developing emotional, behavioral or mental health conditions.

- **Crisis and Referral Services** encompass a wide range of population-specific strategies including the Hotline, Warmline and Survivor Support services, aiming at reducing suicidal behavior and its impact on family, friends and community.

- **Training Services** target staff and volunteers working in schools and universities, primary care settings and emergency medical services, law enforcement and other workers who come in contact with at-risk populations so that they can better understand, identify and address the potential behavioral health needs of the unserved and underserved and help them to access community behavioral health resources. Training in Physical Fitness & Nutrition, Stress Management to Caregivers, and Community-Based Stigma Reduction education are also offered to enhance resiliency to individuals, families and community.

- **Capacity Building and Statewide Projects Program** is focused on community education and improving community access to behavioral health resources. Crisis Intervention Training is conducted for front-line responders and law enforcement to improve the safety of their interactions with individuals experiencing mental illness. Linkage-to-Wellness Community Forums are held to provide information to the community and facilitate linkage to providers. The program also serves as a liaison with Joint Powers Authority (JPA) to manage three Statewide Projects: Suicide Prevention, Student Mental Health, Stigma and Discrimination Reduction.

PEI Success Stories

Anna's Story (PEI Parenting Program)

Growing up, I had a mixture of personalities around me. I was primarily raised by my foster parents who were kind and loving for the most part. There were times, however, when my foster mom would get mad at me and say hurtful things to me, like "you're going to be just like your mother." Growing up, I was somewhat spoiled and didn't have to do much around the house; however, my parents' occasional mean words and derogatory statements resonated with me and confirmed for me the hurtful effects they leave behind in a child.

My biological mother had a heroin addiction problem, and every time I visited her, I would see her drowsy and argumentative with my younger sister and father. Early on, I felt the effects of living with an addicted parent and learned how important it was to hide these behaviors from your children. Also, what I already knew to be true was confirmed for me yet once again; "don't ever say mean or hurtful things to a child," cause they don't forget it and it will affect them throughout their life.

When I became a parent and started attending the County's parenting classes, I learned so many new ways to be a good parent. I learned that it was ok to give a child some responsibilities and reward them for good behavior or give them time out when needed. I learned that it is not ok for my children to disrespect me, talk down to me, and try to make me feel guilty for things that have happened in the past. I also learned how to pay close attention to all of my children's behaviors and look for warning signs.

The eight week parenting course through the County was so valuable and beneficial to me and my family. It has taught me the importance of letting go of resentments and forgiving people. I have learned to move on and focus on being the best mother for my children. This program has taught me so many skills that I know our family will benefit from for years to come.

If you have any doubts about your parenting skills, I highly recommend the Children's Support and Parenting program offered by the Orange County Health Care Agency.

Shahab's Story (Veterans perspective)

My mom and I ran away from my abusive father and fled our country of origin when I was just six years old. I suffered from Post Traumatic Stress Disorder and Dysthymia growing up due to my father's physical abuse, but I always hid it from the family and acted as if everything was ok.

At the age of 18, I decided to leave my family's support system and join the US Navy in the hope of finding new friends and family. However, I was faced with even more abuse by way of extreme prejudice and racism. You see, I was an Iranian, who had fled his country, and found a better life in America. I wanted to pay back and serve my new country, but all I was faced with was rudeness and ridicule. I found my solace in alcohol and marijuana. Due to my state of mind, my work performance deteriorated, and I was formally diagnosed with Depression.

After receiving my Honorable Discharge, I was faced with the harsh reality of finding a job and facing the challenges of real life. Unable to cope, I started experimenting with various drugs and alcohol to ease my depression and numb my fears. My mental status was gradually deteriorating, and I had been jailed for possession and drug sales several times after my discharge. I was fortunate to begin the Prop 36 program where I was linked to all the mental health and social services I needed, however, due to a DUI, I failed Prop 36 and ended up in jail again. I was desperate and did not know what to do or where to turn to for help until Judge Perez and the OC Public Defenders introduced me to the Veterans' Court program. This program changed my life! Thanks to the Veterans Court program, I received psychiatric services, medication, education on my mental illness and social support and outreach to stabilize and get my life back in order. Through the various MHSA programs, I received the education and support I needed to focus on school again and graduated from Pacific Clinics' para-professional training program.

I am proud to say that I graduated from Veterans' Court on Oct. 5th, 2010. I look forward to joining the New Leaf program. My long term goals include staying sober and clean, securing a career in the mental health field, and going back to school for a degree in Social Work.

Thank you MHSA for giving me my life back!

Programs for Veterans

Orange County is addressing the behavioral health needs of veterans through multiple approaches. The County has actively worked on policy issues affecting veterans and has represented California in a national SAMSHA Veteran work group. At the local level, Orange County has sponsored veterans' conferences, multiple trainings to community providers and actively outreached to veterans to ensure that they are aware of the services offered by MHSA-funded programs, particularly those offered through Prevention and Early Intervention and Community Services and Supports. In addition, specific programs have been developed to address the behavioral health needs of veterans. These programs include, but are not limited to: Veteran's Combat Court, the Veterans' Family Court program, the Drop Zone, and VETConnect. Additionally, there is active consultation and case management, with linkage, and referrals for individual veterans and military family members.

Veterans' Combat Court is a multiagency (Orange County Courts, Orange County District Attorney, Orange County Probation Department, Orange County Health Care Agency; VALB Health Care System including the Vet Centers) collaborative effort that provides case management to Combat Veterans with criminal charges. This service provides case management to court-assigned veterans who are in need of professional support, referrals and linkages to the Veteran Administration (VA), Veterans Centers, and non-profit community agencies for treatment of Combat/Service related issues as necessary. This is a collaborative program that assists a select group of offenders whose needs are better met through treatment intervention than incarceration. The vets selected for this program have all experienced behavior change resulting from combat. This program was the recipient of the Ralph N. Kleps FY 2010-11 award for Improvement in the Administration of the Courts given by the Judicial Council of California.

The Drop Zone is a collaborative set of services that has been paired with Santiago Community College and the Prevention & Intervention Division of Orange County Health Care Agency (OCHCA)-Behavioral Health Services (BHS). This program provides services to the 400+ veterans on campus, space and computers dedicated for study, personal business and social connection. An OCHCA BHS clinician, who is also a veteran, is available to screen, assess and provide interventions for the veterans as requested. Some of the direct interventions available include community resources, referral and navigation to the systems of care at the VA, County of Orange, and in the greater community.

VETConnect is an Innovation Project that provides one centralized contact/place for community providers to collaboratively interact to educate each other and to maximize access to services needed by veterans. The project will demonstrate whether or not co-located services will increase access to health and supportive services for veterans with post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), and severe depression, including those with a dual diagnosis of substance abuse disorders. The bulk of outreach and support services will be provided by employed veteran peer mentors who are in recovery from behavioral health conditions (frequently co-occurring disorders). The program was initiated with one clinician in February 2011 and is still in collaborative development with OC Community Resources to provide a wide variety of services at the OCCR Veterans Service Office.

Family Court (Divisions 63 and L68) provides significant assistance for vets who are involved in domestic violence cases. Family Court provides these vets with an integrated program of services tailored to their needs. To be eligible for the program, a vet must show a link in behavior from the time in combat to returning home. Progress is monitored by a case worker and reported to the court. Upon successfully completing the program, and at the judge's discretion, the record may be 'cleared' which will improve job, credit, and housing opportunities.

CAPITAL FACILITIES & TECHNOLOGICAL NEEDS (CFTN)

Background

The Capital Facilities and Technology Needs component of the Mental Health Services Act was meant to support both Counties in their desire to create the necessary Mental Health treatment facilities, as well as their Technological needs. We will address the Capital Facilities portion of the component here and Technology in the next section. This component provided a list of allowable uses of funds to acquire and build upon land; acquire buildings; construct buildings; renovate buildings; and establish a capitalized repair and replacement reserve for buildings acquired with Capital Facilities funds. With the given funds, Orange County has acquired a piece of land and is currently constructing a new facility at 401 Tustin St. in the City of Orange.

The new center will be a state of the art facility that will be home to three major mental health transformations projects.

1. Crisis Residential Program – This program will be integral in decreasing hospitalizations for acute and chronic mentally ill persons by giving them an alternative place to go where they can continue their road to recovery.

2. The Wellness/Peer Support Center is currently in operation on Bush St. in Santa Ana and has seen its membership increase every month, with new and exciting classes; excursions; art projects; and most importantly, assistance with employment, socialization and self-reliance.

3. Education and Training Center - This will be the premier learning environment for consumers, as well as family members who want to have a career in the area of mental health.

The Capital Facilities project was approved in March 2009, and since then progress has been made in developing the new facilities. On October 12, 2010, the groundbreaking for this facility took place and clients, HCA staff and the community look forward to December 2011, when there will be a grand opening ceremony.

Groundbreaking Ceremony for the future site of the Crisis Residential Program, The Wellness Center/Peer Support Center; and Education and Training Center.

Architect's drawing of the future 401 S. Tustin Facility.

Comments on the Wellness Center

M.H.A Difference from Wellness Center

The Wellness Center is much more into helping you find yourself. The Wellness Center is about you, helping yourself, as you work with different people, and finding classes that are about you. Not everyone has the same lookout on life here. They let you learn on your own pace, having different mentors too.

To talk about myself, I can only say that I haven't felt better about myself in years, I'm learning to understand myself, and learning to understand others. The Wellness Center is helping to lead us in communication and exploring our creative minds. The Wellness Center offers me a place to grow my skill of patience through interactions with members and staff.

- Robert C. McLane

The Wellness Center

I am new to the Wellness Center, and I am finding that it is a place of many activities. It helps me avoid depression by offering a community of people to interact with. Also, the structure of the activities keeps me busy. I look forward to participating in the many groups available at the Wellness Center. The staff at the wellness center are very kind.

- Joe Perez

Blue Bliss
Caring Village Cooperative Art
By Mark A. Delos Reyes,
Azalia Velasco and Oralia Howard

Moons of Jupiter
By Dean Sunderland

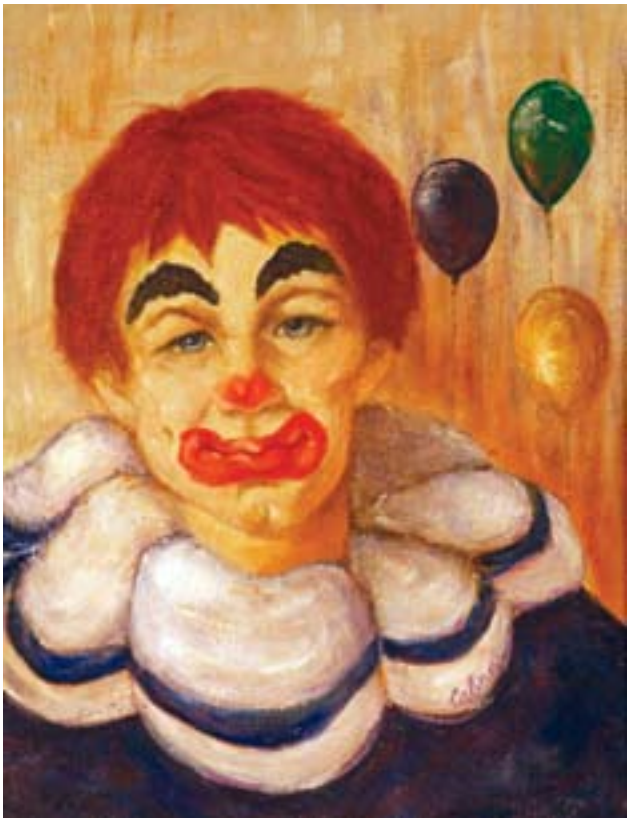
Going to groups is fun. It helps to bring people together so they can relate to each other. The art classes help to decrease the stress in our everyday life, and group outings are fun to help members integrate in society.

Healthy groups help to educate how to eat and live better. Because some medical conditions can lead to other conditions, the staff tries to educate members so they can better their lives.

The Wellness Center has a fitness group so members can keep in shape. Laugh yoga is a lot of fun and teaches good relaxing techniques that can help reduce stress. The dance classes are fun as well.

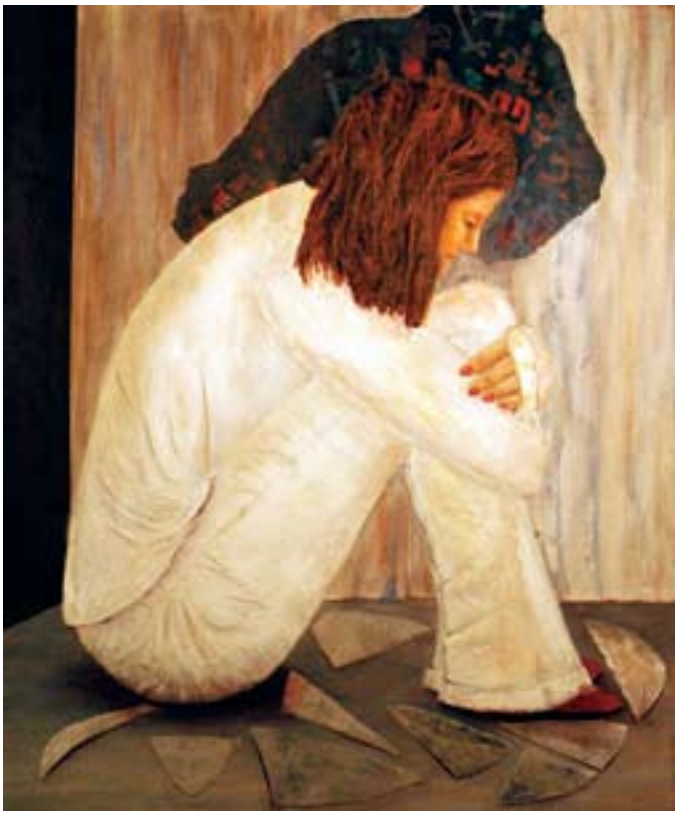
Three other classes like glass making, poetry, and painting help the members take care of themselves when their art sells. The bead class helps to bring people together.

- Bernard Fouts



Bring in the Clown
By Calima McElroy

7 Years
By Judy Ann Adams



Technological Needs

In addition to funding for Capital Facilities, this MHSA component includes funding for Technological Needs. As with the other components of MHSA, CFTN is intended to provide funding for services and supports that promote wellness, recovery and resiliency. The goals of the technology funds are to modernize and transform clinical and administrative information systems to improve quality of care, operational efficiency and cost effectiveness. The funds should also help to increase consumer and family empowerment by providing the tools for secure consumer and family access to health information within a variety of public and private settings.

Additionally, there are other requirements for an MHSA-funded technology project. It must fit in with the State's long term goal to develop an Integrated Information Systems Infrastructure, where all counties have integrated information systems that can securely access and exchange information. Likewise, it must be part of and support the County's overall plan to achieve an integrated Information systems infrastructure through the implementation of an Electronic Health Record (EHR).

With these goals and requirements in mind, the County of Orange Behavioral Health Services (BHS) plans to implement a fully integrated EHR system. The County's approach in executing this project is a two-phased scenario. The first phase of upgrading the infrastructure has been completed. This will provide BHS with the necessary platform upon which to develop the functionality needed to further enhance its EHR. This project included upgrading the system to the current release of the Cerner Millennium application; acquiring new servers with enhanced operating system and the newest version of Oracle database; obtaining supporting storage and other related hardware and network equipment; and securing current support applications to better utilize and manage the system. Collectively, it is expected that this will support the majority of the planned EHR development and implementation activity. However, as the specifications of the industry standards and technological solutions to meet them are identified, it is probable that BHS will need some additional infrastructure enhancements to support the additional functionality.

The next phase is the development of the enhancements needed to support capturing clinical work in the EHR. These enhancements would include the core clinical documentation management system with clinical decision support; medication and prescription management; mobile access to the EHR; a Personal Health Record (PHR) with consumer access via a portal; and kiosks in selected locations to afford increased consumer/family access to computers and the internet. Additional technical improvements to the EHR would include document imaging (which includes such functionality as electronic signature pads and the ability to scan documents); compliance auditing, monitoring, and reporting; and the ability to include contract providers by providing a secure and efficient method for accepting data from their respective systems, improvements in system performance, and the ability to securely interface with Health Information Exchanges outside County BHS as appropriate. Further enhancements will be made to the disaster recovery system that will ensure continued control over clinical data security and privacy.

The MHSA Project proposal for Orange County's EHR has been approved at the local level as per the current MHSA regulations and will be implemented after a 30-day public review and comment period.

INNOVATION (INN)

Innovation was the last MHSA component to be rolled out. Orange County's plan, which included 10 new programs, was approved on June 24, 2010.

Innovation programs are defined as projects that contribute to learning rather than a primary focus on providing service. These projects are opportunities to "try out" new approaches that can:

1. Introduce new mental health practices/approaches that have never been done.

2. Make a change to an existing mental health practice/approach, including adaptation for a new setting or community.

3. Introduce a new application to the mental health system of promising community-drawn practice/approach or practice/approach that has been successful in non-mental health contexts or settings.

Innovation projects are not all expected to be successful. They are limited to about three years, although some may be extended. Unsuccessful projects will be discontinued, while new funding sources will be sought for those showing positive outcomes.

The planning for this component included stakeholder meetings throughout the County. A total of 92 project proposals were submitted. A subcommittee consisting of members of the MHSA Steering Committee evaluated the proposals and decided which would be the first 10 programs funded. Here are the 10 programs that Orange County will be unveiling in the near future:

Innovation Project 1: Integrated Community Services (Start Date July 1, 2011)

This project will provide mental health care at primary medical care community clinics, using trained consumer mental health workers supervised by licensed mental health staff. It will also provide psychiatric consultation to primary care physicians on prescribing medication. At behavioral health sites, clients will be assigned to Medical Care Coordinators who will be consumer employees. This project provides two different approaches to integrating physical health, mental health and alcohol/substance abuse treatments. The project also provides an opportunity to compare the outcomes from both approaches.

Innovation Project 2: Family Focused Crisis Management (Start Date July 1, 2011)

The aim of this program is to assist families in learning, as soon as possible, about the support services that are available to families that have a loved one with mental illness. The project will use trained paraprofessional consumer and family member staff to provide short-term case management, facilitate family communication, and share knowledge and resources to assist in empowering the family as a whole.

Innovation Project 3: Volunteer to Work (Start Date July 1, 2011)

This community-based, consumer-run program will use trained consumer mentors to support, role-model, and assist individuals in finding volunteer opportunities that match their unique skills and goals and that are likely to lead to employment. An innovative aspect of this program is that it relies heavily on 'Outreach Groups' that are facilitated by consumer employees who have interests similar to those of group members.

Background

Innovation Project 4: OC ACCEPT (Start Date July 1, 2011)

The program will assist LGBTQ youth and their families who are in need of mental health services. Peers will provide home visits to engage and assist in obtaining services for isolated high-risk individuals from the LGBTQ community in Orange County.

The innovative component of this project is the utilization of the Promotora Model, where transitional age youth (TAY) and adult peers are trained and employed to assist in providing outreach, education, and linkages to mental health and co-occurring disorder services.

Innovation Project 5: Vet Connect

The project will provide one centralized contact/place for community providers to collaboratively interact to educate each other and to maximize access to services needed by veterans. The project will demonstrate whether or not co-located services will increase access to health and supportive services for veterans with post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), and severe depression, including those with a dual diagnosis of substance abuse disorders. The bulk of outreach and support services will be provided by employed, veteran, peer mentors who are in recovery from mental health conditions.

Innovation Project 6: Community Cares Project

There are many people in Orange County with serious or mild mental illness that are not being served by either the public mental health system or by private providers. This project seeks to fill that gap by establishing a network of private mental health providers who will be organized into a system that offers pro-bono services to those who can't afford to pay for them. The program will use trained consumers and family members to provide outreach services to make this system available to those in need. A licensed professional clinical supervisor and trained peers will recruit mental health professionals who will offer to treat at least one client each for free. The licensed clinical supervisor will also assess clients and match them to the pro bono providers.

Innovation Project 7: Training and Research Institute

This project will establish an Institute that will apply for public and private grant funding to leverage non MHSA funds to support education and training activities that fall within the scope of MHSA goals and guiding principles. It will also be a mechanism to secure funding to continue successful MHSA Innovation projects once the original MHSA funding has been exhausted. The intent is for the Institute to eventually become self-sustaining. The Training Institute will be in partnership with, but separate from, the County's Behavioral Health Department. This project will answer the basic learning question of whether this is a viable method for securing additional funding for programs that may not be able to be fully funded by MHSA dollars.

Innovation Project 8: Project Life Coach

Project Life Coach is a program for underserved monolingual or Limited English Proficiency Latino, Iranian and Asian/Pacific Islanders with mental illness. The goal is to help such mental health consumers to gain employment at local ethnic businesses as a method of maintaining or developing their integration within the community in which they live. This program will use family strengthening and counseling approaches, provided by trained consumer and family member peer mentors as paid employees, and community collaboration between and among ethnic businesses and ethnic service providers to promote employment and improve the functioning of persons with mental illness.

Innovation Project 9: Training to Meet the Mental Health Needs of the Deaf Community

Currently, Orange County does not have any training programs that address the mental health needs of the Deaf community. This project will utilize an existing accredited mental health worker certificate training program to train individual consumers and family members from the deaf community using ASL as the primary language. This innovative program is designed to prepare individuals from the Deaf community with the necessary skills to become mental health workers and peer mentors. This effort is expected to improve outreach to and engagement with consumers from this community. An expected outcome is to increase the number of Deaf and Hard of Hearing clients accessing care and improve the quality of existing services.

Innovation Project 10: Consumer Early Childhood Mental Health

This project is for children in the County age six and younger who have exhibited social, emotional, and behavioral health problems, as well as their families, with an emphasis on those in underserved groups. This project will provide brief behavioral intervention services to families of young children using trained consumers and family members. Using paraprofessionals to provide linkages and services, and to intervene earlier in the diagnostic process is expected to improve treatment outcomes, reduce disparities, and increase access to services.

"In order to succeed, your desire for success should be greater than your fear of failure."

-Bill Cosby

THE FUTURE FOR THE

CENTER OF EXCELLENCE/MHSA/ MENTAL HEALTH SERVICES

The Center of Excellence

Center of Excellence (COE) is a new division within Behavioral Health Services. It was started in 2009, and has been developing over the course of the past two years. It includes some new functions, as well as many that had previously existed but now are consolidated into a single division. Consolidation of responsibilities facilitates communication, collaboration, and cross-training. The description of this unit has not yet been finalized, and functions, as well as organizational structure are subject to change at any time.

The Center seeks to coordinate the Mental Health Services Act planning and reporting responsibilities, provide education and training, conduct research and advocate for reducing barriers and promoting equal access to quality mental health services for all people living in Orange County.

The responsibilities of this eclectic division are expected to continue to evolve as circumstances and legal mandates continue to change.

Responsibilities

The Center includes the following units/functions:

- The MHSA Coordination and Reporting Unit, which conducts all necessary coordination for planning MHSA-funded services, developing funding applications, and completing required reports sent to the State Department of Mental Health and the Oversight and Accountability Commission.

- The BHS Education and Training Unit coordinates and monitors the WET Programs and plans training activities for all behavioral health staff and often the staff of contract agencies. The staff of this unit is also responsible for securing trainers and proper accreditation for didactic training workshops and conferences conducted by the Center.

- The MHSA Innovation Programs Unit develops, coordinates and monitors the MHSA Innovation programs. Orange County has 10 Innovation Programs. Each is considered a pilot project to assess the results of changes in services, administration, or new practices. A research component is integrated into each program.

- Multicultural Development Program (former Cultural Competency Office) is responsible for coordinating all data necessary for the state required annual cultural competency report. Staff in this unit is also charged with ensuring that all of our behavioral health services are culturally and linguistically inclusive. The manger of this unit serves as state mandated Cultural and Ethnic Services Manager (Office of Multi-Cultural Development in Orange County.)

  The elimination of health disparities requires a wide spectrum of approaches. Understanding and identifying real solutions to health disparities involves the development of best practice models in research, training, career development, clinical intervention, community outreach, and advocacy.

Goals

The goals of this unit are to:

  - Promote Cultural Inclusion: Advocate for equitable racial and ethnic minority representation among mental health providers, researchers, administrators, policy makers, and consumer and family organizations.

  - Promote Leadership within community: Engage consumers, families, and providers from the unserved and underserved communities in the design, planning, and implementation of their own mental health service systems.

The Center of Excellence

  - Promote Best Practices: Ensure the continuing education and training for all staff in the areas of best practices in order to fulfill our agency mission in providing quality of care.

- The Neurobehavioral Testing Unit coordinates all psychological and neuropsychological testing services within behavioral health services. It also participates in recruitment and placement of all interns from all disciplines within the county behavioral health clinics and services.

- The Research Unit Research conducts all research components of contracts within innovation projects, as well as future contracts. This staff will also collaborate with staff from Health Care Agency Quality Management as well as from Behavioral Health Quality Improvement and Program Compliance Division.

Component	Approved
Community Support Services	$277,510,773
Community Support Services Housing	$33,158,300
Workforce Education and Training	$17,215,300
Capital Facilities and Technological Needs	$37,202,800
Prevention and Early Intervention Services	$75,320,400
Prevention and Early Intervention – Training, Technical Assistance and Capacity Building	$1,497,900
Prevention and Early Intervention – Statewide Projects	$10,002,600
Innovation	$21,304,100
Total Approved MHSA Funds 04/05 – 12/10	$473,194,173

Since the voters passed Proposition 63, $473,194,173 has been allocated to Orange County to transform the mental health system. Thanks to many hard working individuals, organizations and departments, this money has changed the lives of many individuals. As we look forward to the years to come, we as a County can look back to these beginning stages of the Mental Health Services Act as a time of great excitement and change while continuing to look forward to continuing to improve the lives of those adults afflicted with serious and persistent mental illness, and children with serious emotional disturbances in transformation of the public mental health system.

ACKNOWLEDGMENTS

Special thanks are given to those who have taken an active role in creating the successes of the past five years. These include, but are not limited to:

The Mental Health Services Act Steering Committee

The Orange County Mental Health Board

The MHSA Consumer Action Advisory Committee

All of the Consumers who shared their stories with us

All of the programs, organizations and individuals who continue to make a difference every day

The past five years have given Orange County client success stories, innovative ideas and new programs that extend the range of services available to consumers and family members. The community looks forward to seeing how the public mental health system in Orange County continues to grow and transform.

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ORANGE COUNTY
HEALTH CARE AGENCY