



Mental Health Services Act

Steering Committee Meeting
March 4, 2013
1 p.m. – 4 p.m.

Bonnie Birnbaum

Local MHSA Update

Mary Hale,
Behavioral Health Services Director

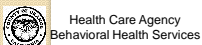
State MHSA Update

MHSA Subcommittee Updates & Co-Chair meeting reports

Helen Cameron & Patti Pettit – CSS Adults & Older Adults
Daria Waetjen & Christopher Bieber – PEI
Denise Cuellar and William Gonzalez – WET/Innovation
Kelly Tran – CSS Children and TAY

Overview of MHSA

Bonnie Birnbaum, DrPH, JD
MHSA Coordinator, OC
March 4, 2013



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Goal of MHSA

- **The goal is to transform the Public Mental Health System by:**
 - **Reducing the long-term impact on individuals and families resulting from untreated serious mental illness.**
 - **Moving from a “fail first” model to a “help first” model**

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Components of the MHSA

- The Act consists of five components, including:
 - Community Services and Supports (CSS)
 - (In FY 2007/08 an MHSA Housing Program was added using CSS funds.)
 - Workforce Education and Training (WET)
 - Prevention and Early Intervention (PEI)
 - Capital Facilities and Technological Needs (CFTN)
 - Innovative Programs (INN)

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Community Services and Supports

- The Core Service Component of the Act is divided into programs by age group.
 - Children and Youth (0-15)
 - Transitional Age Youth (16-25)
 - Adults (26-59)
 - Older Adults (60+)

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CSS (Cont'd)

- Three types of funds:
 - Full Service Partnerships
 - Uses “whatever it takes” model to address mental health issues, housing, employment.
 - Evidence of success with clients enrolled in FSPs; for example, in 2010, comparing 12 months prior to enrollment with annualized data for 12 months post enrollment, adult FSP clients showed:
 - 54% decrease in psych hospitalizations
 - 61% decrease in individuals incarcerated
 - 64% decrease in individuals who were homeless

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CSS (Cont'd)

- **Outreach and Engagement**
 - Reach those communities receiving little or no services.

- **General Systems Development**
 - Improve programs, services and supports for all clients and families. Build transformational programs and services.

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Examples of Systems development Programs

- **Children's In-Home Crisis Stabilization**
- **Crisis Residential Programs**
- **Mentoring Programs**
- **Centralized Assessment Team (CAT)**
- **Program of Assertive Community Treatment (PACT)**

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Additional Systems Development Programs

- **Supportive Employment Services for SMI**
- **Wellness Center**
- **Adult Recovery Center Program**
- **Older Adult Recovery Services**

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Prevention and Early Intervention

- **Goal: Prevent Mental Illness from becoming severe and disabling**
- **By:**
 - **Early recognition of serious mental illness**
 - **Improving access and linkage to care**
 - **Reducing stigma**
 - **Reducing discrimination against people with mental illness**

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Prevention and Early Intervention (Cont'd)

- **Emphasizes improving timely access to services for underserved populations.**
- **Age groups: DMH required that 51% or more of the funds be spent on individuals age 25 or less. Orange County has a substantially higher percentage (70-75%).**

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PEI Program Evaluation

- **All PEI programs are undergoing extensive evaluation.**
- **Evaluation measures vary by program. PEI staff are working with Resource Development Associates (RDA) on developing a standardized methodology for measuring outcomes.**

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Types of PEI Programs

- **The PEI Component was restructured this past year. It now has three Projects.**
 - **Community-Focused Services**
 - **School-Focused Services**
 - **System Enhancements**

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Examples of PEI Community-Focused Services

- **Early Intervention Services for Stressed Families**
- **Parent Education and Support Services**
- **Veterans' Court**
- **First Onset of Psychiatric Illness**
- **Post-Partum Wellness**
- **Hot Line and Warm Line**
- **Survivor Support Services**

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Examples of PEI School-Focused Programs

- **School-Based Mental Health Services**
- **Violence Prevention**
- **School Readiness**
- **College Veterans' Programs**
- **Behavioral Health Interventions and Support Services**
- **Transition Services for Youth**

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Examples of PEI System Enhancements

- **Information and Referral Services**
- **Physical Fitness and Nutrition Services**
- **Community-Based Stigma Reduction Training**

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Workforce Education and Training

- **Expand the diversity and linguistic capability of the workforce.**
- **Bring consumers and family members into the mental health workforce.**
- **Train our current workforce in the recovery model and evidence-based practices.**

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Workforce Education and Training (Cont'd)

- **Provide career pathways that lead from high school to graduate school and provide financial incentives and training opportunities for underserved groups, consumers and family members to become part of the workforce and move up a career ladder within public mental health.**

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Examples of WET Programs

- Trainings on Evidence-Based Practices
- Conferences
- Tuition Reimbursement Program
- Cultural Competence Training
- Residencies and Fellowships
- Financial Incentives

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Capital Facilities and Technological Needs

- **Purpose: To promote the efficient implementation of the MHSA.**
- **Capital funds may not be spent on housing individuals. It can only be used for facilities providing MHSA services and office space.**

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Capital Facilities and Technological Needs (Cont'd)

- **Projects:**
- **401 Tustin St. Project: Construction of**
 - **Wellness Center**
 - **Education and Employment Center**
 - **Crisis Residential Services**
- **Develop Electronic Health Record**

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Innovation

- 5% of CSS and PEI funding must contribute to learning:
 - Try out new approaches that can inform current and future practices
- Each Innovation Project includes a thorough evaluation.
- By their very nature, not all INN projects will be successful.

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Innovation (Cont'd)

- Ten INN Projects were approved in 2010.
- Each Project usually lasts up to three years, but extensions are possible.
- Evaluation measures vary by Project COE is working with Resource Development Associates (RDA) on evaluation.
- Overarching theme of all ten Projects is the involvement of consumers and family members to provide services and/or direct activities.

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Innovation (Cont'd)

- Question to be answered:
 “Can a well-trained consumer/family member be an effective paraprofessional in all clinical settings?”

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Examples of Existing INN Programs

- **Integrated Community services**
- **OC Cares**
- **OC Accept**
- **Brighter Futures**
- **Collective Solutions**
- **Training to Meet the Needs of the Deaf Community**
- **Project Life Coach**

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Innovation (Cont'd)

- **MHSA Steering Committee approved eight new INN Projects for FY 13/14. These must be approved by the BOS to be included in FY 13/14 MHSA Plan**
- **These are:**
 - **Mental Health Education Programs to Reduce Recidivism.**
 - **Religious Leaders Mental Health First Aid.**

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Innovation (Cont'd)

- **Access to Mobile/Cellular/Internet Devices**
- **Veterans' Services for Military/Veterans' Families/Care givers**
- **The Brain & Your Health Education Exhibit and Resource Center**

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Innovation (Cont'd)

- **Skill Sets for Independent Living & Project**
- **Healthy Ideas Partners: A Community Collaboration Addressing Depression in Older Adults**
- **Retreats for Care-giving Families**

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Housing

- **Permanent Supportive Housing, including rental housing and shared housing.**
- **OC is eligible for \$33 million: \$11 for rental and operational subsidies and \$22 for buying, building and/or renovating permanent supportive housing units.**
- **Program is administered by Cal HFA.**

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Housing (Cont'd)

- **As of January 2013, 78 housing units have been constructed or were in pre-construction**
- **An additional 55 units were in projects under review.**

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AB 100

- **AB 100** was enacted on **March 24, 2011** as emergency legislation. **AB 100** changed **MHSA** administration.
- It eliminates state approval of county mental health programs.
- Approval of **MHSA Plans** now happens at local level.

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State Reorganization

- **Dep't of Mental Health (DMH)** eliminated 7/1/12 became a division within the **Dep't of Health Care Services**.
- **Dep't of Alcohol and Substance Abuse (ADAS)** elimination postponed until 7/1/13 to allow more time for planning.

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AB 1467

- **AB 1467** was approved as part of the **FY 12/13 State Budget**.
- **Implications for MHSA**
 - **County MHSA Plan** must be approved by local **BOS**
 - **OAC** must approve **Innovation** component plans before **County** can spend **INN** funds

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Current Status

- Traditional County Mental Health Services have been cut.
- MHSA funds have been used to fill the gaps in the Public Mental Health System.
- Innovative Projects involving integrated Behavioral Health and Physical Health Services are being implemented.
- Health Care Reform is scheduled for 2014. More people more will have insurance coverage.

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MHSA Contact Information

- New Web Address:
ochealthinfo.com/bhs/about/pi/mhsa
- MHSA Office Phone: 714-667-5600
- MHSA Office Email:
mhsa@ochca.com

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2013 Steering Committee Topics

- Sharon Browning
 - What topics would you like to have presentations on in 2013?

■ Steering Committee Member
Comments

■ Members of the Public
Comments

**Next Month:
MHSA Subcommittee Meetings**

April 1, 2013
1 p.m. – 2:25 p.m.
2:35 p.m. – 4:00 p.m.
Delhi Community Center
505 E. Central Ave.
Santa Ana, CA 92707
