

## **Housing**

**Additional Recommended funds for FY16/17: \$1,000,000**

**Number Planned to Serve in 15/16: N/A**

**New program or Enhancement: Enhancement**

### **Program Description:**

A portion of the recommended funding will provide interim congregate housing for homeless SPMI including those dually diagnosed with substance use adults for periods up to six months, extensions will be possible if needed. Housing may be gender specific. Outreach and Engagement staff, using the VI SPDAT rating system will identify SPMI or SPMI/Dual Diagnosis individuals determined to be in critical need of immediate housing services. Identified and prioritized individuals will be linked to the first available bed in this program in collaboration with the OC Coordinated Entry system.

Residents will be offered linkage with the most appropriate AOABH treatment and other providers to meet the individual's needs. Staff will be hired to provide onsite services and supervision to triage physical and mental health needs and provide linkage to transportation, to oversee general maintenance, house rules, lead regular house meetings, and service coordination, including linkage to self-help programs in the vicinity. The goal of the program is linkage to permanent housing and appropriate services following discharge from this program.

In addition, a portion of the recommended funding will go to FSP Programs to provide immediate housing. Due to the unexpectedly high number of homeless participants receiving FSP services the funding budgeted for this purpose has been inadequate to continue meeting the need. Therefore approximately half of the Housing for Homeless expansion funding will be added to their budgets for this purpose. This will enable the continuation of another route to immediate housing for the homeless SPMI population.

### **Basis for Need:**

Immediate housing for homeless SPMI individuals was identified as the highest rated need in a recent MHSA CSS survey. The recent Point-In-Time study results indicated that approximately 4300 people are living on the streets or shelters on any given night in Orange County, or approximately 12,700 per year, 60% of whom are unsheltered. Of this number approximately 11% of homeless people are suffering from a mental illness, and most of those are unsheltered. In addition, approximately 22% of the sheltered population are severely mentally ill.

Within the CSS system, FSP programs have an allotment of funds to immediately house homeless people who enter their programs. Some of the additional funding will help to augment those funds.

The interim housing program will provide housing for homeless SPMI or dually diagnosed individuals currently living on the streets of Orange County. Given the uncertainty of how long people will reside in the housing numbers served are estimated to be approximately a minimum of 48 per year. The FSP Housing money should be able to provide housing for approximately 550 additional months of housing per year across all the FSP programs.

## **Adult Full Service Partnerships**

**Budgeted funds for FY 15/16: \$14,571,114**

**Number planned to serve in FY 15/16: 850**

**Recommended additional Funding: \$3,000,000**

**New Program or Enhancement: Enhancement**

### **Program Description:**

The MHSA Full Service Partnership (FSP) program serves adults ages 18-59. The target populations for the FSP programs are adults who have a mental illness and may also have co-occurring disorders; those being released from long-term care; individuals who are not being served or are underserved; may be homeless or at risk of homelessness; those being released from jail; those who are at risk of long jail sentences for minor crimes related to their illness. There are several separate programs within the FSP category, which serve particular target populations, including an older adult FSP who serves 60 years and above.

The adult and older adult FSP programs provide intensive case management/wrap-around-services, community-based outpatient services, peer mentoring, supportive education/employment services, transportation services, housing, benefit acquisition, and co-occurring disorder treatment. Personal Services Coordinators (PSCs) provide services to clients where they live and are available up to 24 hours a day, 7 days a week. These programs are linguistically and culturally competent, and provide services to the underserved cultural populations in Orange County, such as Latinos, Vietnamese, Koreans, Iranians, monolingual non-English speakers, and individuals who are deaf or hard-of-hearing.

### **Purpose for additional funding:**

The need to enhance FSP services in Orange County has been evident over the past two years. During the FY 13/14, the Adult general population FSP served 398 unduplicated individuals. In FY 14/15, the FSP served 474 unduplicated individuals. Over the last two years, the general population Adult and Older Adult FSP's have received an increase in referrals from various county programs and community partners. The increased number of referrals has increased the need for engagement, and has increased enrollments. As a result, the caseload size of the FSP's has recently risen to 18-22. The standard caseload for an FSP is 10-15, which is a standard set by the Assertive Community Treatment model. The FSP's have consistently shown positive outcomes in the areas of decreasing homelessness, incarcerations, and hospitalizations. Maintaining the low caseload is imperative in maintaining these outcomes as well as maintaining the high quality and intensity of services.

The following grid exhibits the increase in enrollments.

Fiscal Year	TAO Enrollments	TAO Discharges	Variance
FY 12-13	73	67	6
FY 13-14	58	51	7
FY 14-15	82	55	27
FY 15-16 (through September)	15	7	8

Fiscal Year	TAO South Enrollments	TAO South Discharges	Variance
FY 12-13	103	8	95
FY 13-14	39	33	6
FY 14-15	76	38	38
FY 15-16 (through September)	18	6	12

Expansion of the FSP programs will include developing an additional FSP and/or increase staffing to accommodate the increase in referrals. Additionally, supportive resources such as housing opportunities will need to be addressed to ensure the needs of the members are met. A new FSP would provide increased access to intensive services for members of the community who are underserved.

## **WET: Crisis Intervention Training**

**Budgeted funds for FY 15/16: \$84,819**

**Number contracted to serve in FY 15/16: 250**

**Recommended additional Funding: \$150,000**

**New Program or Enhancement: Enhancement**

### **Program Description:**

Fourteen best-practice classes of the Crisis Intervention Training (CIT) curriculum were taught to a total of 368 Orange County law enforcement officers in FY 13/14. This 16-hour curriculum was conducted by a psychologist, subject matter experts, and contracted providers from a community college, along with the participation of behavioral health consumers and family members. In FY 15/16, an additional 8-hour curriculum—CIT II class- will be added to include trainings about Dementia, Developmental Disorders—including Autism Spectrum Disorders, and how to work with Deaf and Hard-of-Hearing individuals. An Interactive Video Simulator will also be utilized to provide more hands-on training and prepare law enforcement officers, public safety personnel (Officers), Probation, and first responders in identifying the different needs of individuals with mental health and substance use dual diagnosis, and homelessness.

### **Purpose for additional funding:**

- 1. Utilization:** Since the inception there has been over 2,420 officers trained. There is currently a waiting list for the next few months of CIT I training classes and California Highway Patrol (CHP) has mentioned that they would like all 200 officers trained in CIT, which would take most of the allotted FY 15-16 resources.
- 2. Basis for the need:** Why is this increase being recommended? Recent input from the Grand Jury and the community continue to encourage that available training for law enforcement officers be increased to be consistent with a program (“The Memphis Model”) widely cited as a best practice. The model includes 40 hours of training. The expansion will make the 40 hour training available. The training will be available both in a modular format and as a single 5-day, 40-hour class. The modular format allows an option for those departments that want their officers to have less than the 40-hour class.
- 3. Rationale for the approach:** To increase the hours of Behavioral Health training for law enforcement and first responders as well as to serve our community and consumers in a safe appropriate manner for all.
- 4. Additional dollars will provide:** The extra administration, training, and implementation of the 40-hour class model.
  - Additional funds to adequately staff the training and provide training materials as costs have continued to rise over the years since the inception of the program.
  - Ability to sub-contract evaluation of Orange County’s CIT program.

## **Outreach and Engagement**

**Budgeted funds for FY 15/16: \$769,933**

**Number planned to serve in FY 15/16: 50**

**Recommended additional Funding: \$1,000,000**

**New Program or Enhancement: Enhancement**

### **Program Description:**

The Mental Health Services Act (MHSA) Outreach and Engagement program serves individuals regardless of age who are Seriously Emotionally Disturbed (SED) Mentally Ill (SED/SMI) who are homeless or on the verge of homelessness. The program assists the unserved or underserved with accessing culturally and linguistically appropriate behavioral health services which may include; full service partnerships, outpatient mental health services, and/or with other linkages to community resources. The program adheres to a “best practice” model by offering services using a strength-based and recovery-based approach that focuses on resiliency and the establishment and growth of local support systems. On-going Street Outreach is conducted to increase the acceptance of treatment and services and improve the stability of the individual in the community of choice. Outreach is conducted in schools and other locations by establishing engaging activities in neighborhoods throughout the County.

### **Purpose for additional funding:**

#### **1. Existing Budget:**

The total existing CSS budget for all three target populations (children, TAY, and adults) is \$769,933.

#### **2. Discuss the basis for the need:**

There has been a growing problem with homelessness throughout Orange County and significant increase in requests for services outreaching to the homeless, especially those who have Serious and Persistent Mental Illness (SPMI). In addition, media attention focusing on the chronically homeless mentally ill population both at the Santa Ana Civic Center area and in other locations throughout the County has created increased awareness and demand for services. Requests for outreach continue to come in from locations, such as: parks, libraries, shelters, shopping centers, food pantries and many other locations. The BHS O&E program has been unable to adequately meet this increased community need with the existing staffing pattern. Currently, the Santa Ana Civic Center requires 2 full time staff (2 FTE's) daily, and other cities, such as Anaheim, Huntington Beach, Costa Mesa and Lake Forest are requesting additional assistance. The increased demand has significantly limited the BHS O&E Team's ability to outreach to all areas of the County and provide regularly scheduled outreach at fixed sites that is required to both build trust in working with difficult to engage individuals and respond to the multiple community requests for services. Many areas, such as South County have been underserved with little regularly scheduled outreach because of the limited staff. Finally, as the BHS O&E staff members have conducted outreach to the community through the distribution of BHS O&E Triage cards, individuals are able to call directly for outreach worker response to assist those struggling with mental health issues on the streets. As a result, the community triage calls continue to increase and the BHS O&E Team's ability to respond in the field is significantly reduced resulting in delayed field responses.

Outreach to homeless individuals with SPMI is time intensive requiring repeated contacts, and often includes assistance transporting to appointments. Street outreach requires at least two staff for safety purposes, and this limits staff ability to meet the greater demand, especially when staff members are absent.

**3. Discuss the rationale for the approach:**

With increased staffing, the BHS O&E Team will be more able to meet the greater demand for services and have sufficient staff to cover all regions of Orange County, including South County. It will allow for an expansion of the number of fixed sites for regularly scheduled community outreach and increased opportunities for staff to work closely with community providers. It will also allow greater community response for individual calls when there is someone needing outreach on the streets or in specific locations. Finally, it will allow a regional team approach for North, Central, and South Orange County. The additional staff will allow for the development of 3 regional BHS O&E teams, creating a faster and more coordinated response. In addition, each team will develop area-specific knowledge of each region, have a more consistent regional presence and coordinate with the P&I Contracted Outreach and Engagement regional teams. This would significantly expand the program's ability to meet more requests for services throughout the County, and provide continuity of services when staff members are out of the office responding to community requests.

The funding for additional vehicles would support this regional approach, and the funding for the housing would allow the unsheltered homeless with SED, SMI and SPMI to have temporary shelter while they are being engaged in mental health services. Having specific funding to assist participants with immediate housing would promote safety and stability while participants are being engaged in mental health services.

**4. What will the additional dollars provide? Who will it serve?**

The additional funding will provide an additional staffing and resources to meet the increasing demands for outreach and engagement services. \$200,000 would be reserved for providing immediate housing for homeless individuals with SED/SMI/SPMI who are actively being engaged and linked to mental health services including FSP's and PACT Programs.

## **Crisis Beds**

**Budgeted funds for FY 15/16: \$2,251,229**

**Number planned to serve in FY 15/16: 325**

**Recommended additional Funding: a portion of \$1,500,000**

**New Program or Enhancement: Enhancement**

### **Program Description:**

The Crisis Residential Program provides short-term-crisis intervention services to meet the needs of adults in a mental health crisis and who may be at risk of psychiatric hospitalization. The program emulates a home-like environment in which intensive and structured psychosocial recovery services are offered 24-hours a day, 7 days a week. Stays are voluntary and average 7-14 days. The program is client-centered and recovery oriented and focuses on having clients take responsibility for their illness and reintegrate into the community. Services include crisis intervention, development of a Wellness Recovery Action Plan (WRAP), group education and rehabilitation, assistance with self-administration of medications, case management and discharge planning.

The Crisis Residential Program also provides assessment and treatment services that include individual and group counseling; monitoring psychiatric medications; substance abuse education and treatment; and family and significant-other involvement whenever possible. Each client admitted to the Crisis Residential Services program has a comprehensive service plan that is unique, meets the individual's needs, and specifies the goals to be achieved for discharge. To effectively integrate the client back into the community, discharge planning starts upon admission.

### **Purpose for additional funding:**

The demand for crisis residential beds exceeds the current resource which consists of one 15-bed facility. The current program regularly denies access to referrals due to lack of an open bed at the facility and the numbers are increasing. In the 1<sup>st</sup> Quarter of this fiscal year, there has been an average of 32 denial per month. San Diego, a county of similar size, has six facilities and intends to expand this number even further. Crisis residential programs are very effective at providing a starting point for persons to begin a successful recovery and integrate back into the community as well as preventing a stay in a more institutional and depersonalizing acute inpatient hospital program. The program exceeded budgeted units of service for both client days and medication services in FY14/15. Performance outcomes demonstrated 91% of admissions successfully avoided hospitalization, and 81% successfully linked to continuing care providers. The Crisis Residential program required the full contract amount for F14/15, which totaled \$1,741,168.

The FY15/16 budget includes funding approved by the Steering Committee for an additional 6-beds that are not yet implemented. These beds will be included in an upcoming solicitation that will also include the existing 15-bed crisis residential program which is due to go out for bid due to Agency procurement protocols. The additional dollars will provide an additional 9 beds that will preferably allow services to be developed in North and South County.

The focus of the expansion of the adult crisis residential program will be to provide client-centered and recovery-focused short term crisis residential services that will underscore the concept of personal responsibility for the client's illness and independence. The target population is adults between the ages eighteen and fifty-nine (18 and 59), diagnosed with a mental illness, experiencing a mental health crisis and at the risk of hospitalization, but could safely benefit from this level of care and is willing to seek services voluntarily. The program will support a social rehabilitation model, which is designed to enhance an individual's social connection with family or community so that they can move back into the community and continue their recovery. Services shall be delivered in the spirit of recovery and tailored to the unique strengths of each individual resident.

## **Urgent Care Center**

**Budgeted funds for FY 15/16: N/A**

**Number planned to serve in FY 15/16: N/A**

**Recommended additional Funding: \$2,000,000**

**New Program or Enhancement: New Program**

### **Program Description**

This is a new program.

### **Purpose for additional funding:**

Demand for psychiatric services continues to rise and emergency room wait times for persons seeking mental health care are well known. Quite often persons utilize emergency rooms if they are not established with a primary care physician, are not sure where else to turn, and/or simply want services right away. The Urgent Care Center is envisioned to provide the community a 24/7 walk-in service as an alternative to presentation to hospital emergency rooms for persons who need mental health assessment and/or treatment. It would provide a more appropriate alternative for family, law enforcement officers, or others to bring persons who have a mental health need and are willing to accept service on a voluntary basis.

Services will include assessment by a mental health professional, medication services, crisis intervention, crisis stabilization, as well as education and referral.

The target population is persons of all ages who need walk-in services for psychiatric illness or emotional disorders who are willing to accept services on a voluntary basis. There will be separate assessment and treatment areas for the different age groups.

## **Dual Diagnosis Mental Health (Adults/TAY)**

**Budgeted funds for FY 15/16: N/A**

**Number planned to serve in FY 15/16: N/A**

**Recommended additional Funding: \$500,000**

**New Program or Enhancement: New Program**

### **Program Description**

Residential treatment for adults with dual diagnosis mental health (SPMI) and substance use disorder. The residential treatment service delivery model embraces the public health-oriented chronic care service delivery model that views substance use disorder as a disease often associated with multiple interacting behavioral and environmental factors sometimes resulting in a long-term condition. Services are to be provided in a safe environment that supports recovery or treatment for mental illness and substance use related problems.

### **Basis for the need:**

Current substance abuse residential treatment are not set up to meet the needs of individuals who are SPMI with substance use issues. Staffing at most treatment programs are inadequate to address the needs of this target population. A study conducted by UCLA with HCA showed that many providers of substance use and mental health are capable of providing adequate services to the dual diagnosis population but found there was a need to better address this population. Our substance abuse treatment providers have been able to address individuals who are not SPMI but have had difficulty with the SPMI population mixed with individuals with only substance use disorder.

### **Discuss the rationale for the approach:**

Substance use disorder clients have expressed being uncomfortable with SPMI individuals, as individuals with SPMI may be disruptive and may require additional attention. Current residential treatment models are not designed to address the special needs of the dually diagnosed clients.

### **What will the additional dollars provide? Who will it serve?**

This six-month program will serve TAY and adult individuals who are dually diagnosed with mental health and substance use disorder. This licensed and certified residential treatment program will have appropriate level staff to address needs of the population. Staff will include Medical, clinical and peer staff.

## Supported Employment

**Budgeted funds for FY 15/16: \$1,021,417**

**Number planned to serve in FY 15/16: 350**

**Recommended additional Funding: \$300,000**

**New Program or Enhancement: Enhancement**

### **Program Description:**

The Supported Employment program provides evidence-based services which include job placement, ongoing work-based vocational assessment, benefits planning, individualized program planning, job coaching, counseling, and peer support to individuals with serious and persistent mental illness and/or co-occurring substance abuse disorders. Services are provided in English, Spanish, Vietnamese, Korean, Farsi and American Sign Language.

Each individual placed into competitive employment has the ongoing support of an Employment Specialist (ES). Program participants work with the ES to locate job leads using a variety of sources including in-the-field employer canvassing, newspaper publications, online job search engines, job fairs, business mixers, regional job developer conferences and recruitments. The ES strives to build working relationships with prospective employers through cold calling and in-person presentations, and is the main liaison between the employer and the program participant. It is the responsibility of the ES to help the employer understand mental illness and combat stigmatization. In addition to locating promising job leads and potential employers, the ES assists consumers with application submissions and assessments, interviewing, image consultation and transportation services.

The ES is responsible for providing the consumer with one-on-one job support to ensure successful job retention. Specifically, the ES models appropriate behavior, participates in the training of the consumer to ensure a foundational grasp of job responsibilities, communicates regularly with job site staff to recognize and address consumer successes and challenges, provides consistent encouragement and practices conflict resolution. The ES maintains ongoing, open communication with clinical care coordinators to promote positive work outcomes.

### **Purpose for additional funding:**

The need for employment continues to be in great demand for consumers and has been demonstrated by a significant increase in the utilization of Supported Employment services. The current provider for these services requires a minimum of 195 enrollments into the program on an annual basis, and the following are the results for FY 2013-14 and FY 2014-15, as compared to the prior FY 2012-13:

	Contract Requirement	Actual FY 2012-13	Actual FY 2013-14	Actual FY 2014-15
Enrollments	195	148	262	306

These significant increases in program enrollments have been challenging for staff to manage their caseloads and effectively work with the members. In an effort to alleviate the high staff caseloads, and continue to meet the high demand for services and maintain the quality of individualized attention given to each and every consumer enrolled in the programs, these programs are recommended for expansion.

Expansion of the programs will include increasing staffing levels to reduce high caseloads, as well as adding a peer support element to the programs that will provide a team approach for enrollees that offers consumer perspective, support, and real world experience that demonstrates the benefits of obtaining paid employment. Additionally, the programs will also offer enrollees the options of working in volunteer positions within the community to gain experience and/or develop confidence in their ability to seek and maintain employment, and may be used as a stepping stone into the paid/competitive employment arena.

## Recovery Education Institute (REI)

**Budgeted funds for FY 15/16: \$817,000**

**Number planned to serve in FY 15/16: 500**

**Recommended additional Funding: \$50,000**

**New Program or Enhancement: Enhancement**

### Program Description

A workshop-style training program that prepares participants to enter either a program for community vocational training, college certification, or college degree by developing and solidifying the personal skills and academic prerequisites needed to continue with their education and prepare to work or to seek work in the Mental Health System. The program consists of five basic components: Student Advisement Services, Workshops, Pre-Vocational, College Credit and Extended Education Courses. REI has contracted with Saddleback Community College to provide their Mental Health Certificate Program which consists of 29 college credits, including an internship. Orange Education Center, part of Santiago Community College, is also contracted by REI to provide a certificate for workforce preparation and computer classes. Education credits obtained from the REI program via Saddleback or Santiago Community Colleges will appear on participants' transcripts as though they have directly attended these colleges. The eligibility/admission criteria include adult consumers and their family members over the age of 18 who are currently service recipients with Behavioral Health System of Care or self-identified individuals with a Serious Mental Illness. Since the program design mirrors the recovery model encouraging self-direction in a career path, REI provides participants with reasonable time to obtain needed prerequisite skills and education. Participants are not discharged from the program and are encouraged to return after hospitalization or life changing events.

### Purpose for additional funding:

- 1. Existing Budget:** \$817,000
- 2. Utilization:** There are 676 currently active students at REI/current contract is for 500 students.
- 3. Basis for the need:** To add a summer session; keep up with increasing community college tuition; to increase access by adding an additional community college; increase the ability to loan school books to students and help with copy costs; increase the number of students able to take college credit courses.
- 4. Rationale for the approach:** Costs have increased, more services will be provided.
- 5. Additional dollars will provide:** Additional college credit courses as well as an additional community college sub-contractor to increase access and various courses for the consumers and family members who are served. Increased numbers of students participating and certificates earned to help obtain jobs in the Behavioral Health field.

## **Clinic Expansion (Recovery Services)**

**Budgeted funds for FY 15/16: \$8,658,531**

**Number planned to serve in FY 15/16: 3,000**

**Recommended additional Funding: a portion of \$1,000,000**

**New Program or Enhancement: Enhancement and new**

### **Program Description**

#### Recovery Services

Current Recovery Services provide treatment to our consumers who are at various levels on the continuum of recovery. One portion of the program is designed to serve individuals and families having been treated in the outpatient clinics and who are ready to pursue the next steps in recovery. Staff and peers in this program provide treatment that supports a person's continuing efforts towards recovery with an ultimate goal of community reintegration. Services are offered to assist with skills building to help prepare clients for transitioning to independent community care.

Another portion of the program provides urgent outpatient psychiatric support, immediate follow-up and short-term integrated behavioral health services to adults discharging from hospital and jail settings and individuals referred from within the County Adult System of Care. The overall goal of this program is to ensure crisis services and meet the immediate needs of adult consumers of behavioral health services. Staff provide timely follow up on acute care needs of our consumers resulting in faster crisis stabilization, improved access to care, and timely linkage and warm handoff to the most appropriate level of care.

### **Purpose for additional funding:**

1. **Existing Budget** – A portion of \$1,000,000 will be used to fund this expanded program
2. **Discuss the basis for the need** - Currently our county operated outpatient clinics which serve as the access points to services in the adult system of care are overburdened with caseloads averaging over 80 consumers to one clinician and at some sites this ratio is over 100:1.
3. **Discuss the rationale for the approach** – We see that consumers at the outpatient clinics are at varying degrees on the continuum of recovery. Some consumers on these caseloads have progressed well in recovery and are ready to transition to a lower level of care. Others are new to our system and are in need of urgent services or crisis stabilization and then linkage to a higher level of care.

What will the additional dollars provide? These additional dollars to hire additional recovery staff who can better serve these consumer's needs. These staff members would serve consumers who were at the stages of recovery described above that are outside traditional outpatient clinic services. These staff members would be broken into two groups. One group would take on a caseload of consumers who had progressed in recovery to a point where they no longer needed traditional outpatient services a needed help with lower level services and community reintegration. The other group would take on a caseload of consumers just entering our system in need of urgent services, crisis stabilization, and referral to a higher level of care which would be better equipped to handle their needs. The addition of these staff would not only ensure quicker and higher quality services for our consumers, but would also reduce caseloads in the

traditional outpatient clinics thereby increasing the quality of services in those programs as well. The additional dollars will be used to hire recovery staff who will help reduce current outpatient caseloads and increase the timeliness and quality of services in those programs. In addition, a portion of these funds will be used to address the specialized needs of Katie A. clients in Children and Youth Behavioral Health outpatient clinics.