

Overview and Executive Summary

California voters passed the Mental Health Services Act (MHSA) in November 2004 to expand and improve public mental health services. The Act provides state and local funding intended to reduce the long-term adverse impact on individuals and families resulting from untreated serious mental illness and serious emotional disturbance. Proposition 63 emphasizes transformation of the mental health system in order to improve the quality of life for Californians living with a mental illness. With more than ten years of funding, mental health programs and supports have been tailored to meet the individual needs of diverse clientele in each county in California. As a result, local communities are experiencing the benefits of expanded and improved services that assist individuals living with mental illness in becoming active members of society.

Orange County Behavioral Health Services (BHS) has used a comprehensive stakeholder process to develop local MHSA programs. MHSA funds a behavioral health system of care that ranges from prevention services to crisis residential care. The current array of services – with an annual budget between \$164.3 million and \$186.2 million over the next three years – was developed incrementally, starting with the planning efforts of stakeholders in 2005 and continuing to the present day.

The current Orange County Mental Health Services Act Three-Year Program and Expenditure Plan (“Three-Year Plan” or “Plan”), for fiscal years 17/18 through 19/20 was approved by the Board of Supervisors in May 2017. This Plan expands services across Community Services and Supports, Prevention and Early Intervention, and Workforce Education and Training, either through increasing capacity of existing programs or creating new programs and/or services to address prevailing needs. As such, increased funding is being budgeted across the three years covered by this Plan. Funds were identified through current allocations for continuing programs, projections of future MHSA revenues, and a budget review process described below.

Budget Review and “True Up” Process

As part of the fiscal review done in preparation for the current MHSA Three-Year Plan, BHS engaged in a months-long process of adjusting projected program budgets to align more closely with actual program expenditures from the most recent fiscal year (i.e., FY 15/16). This budget “true up,” which took place during the Fall of 2016, allowed managers to identify cost savings for programs that could be transferred to cover budget increases and/or implementation costs of other programs.

As a result of the budget true up, approximately \$19 million was initially identified for other uses. The most common source of cost savings was actual or anticipated funds that remained unspent during a program’s development and/or implementation phase (e.g., salary savings, reduced number of individuals served, etc.). This true up process will be

performed annually prior to completing each MHSA Annual Update and/or Three-Year Plan going forward.

Community Services and Supports

The Mental Health Services Act allocates 80% of MHSA funds for Community Services and Supports (CSS), which provides comprehensive mental health treatment for people of all ages living with serious mental illness or serious emotional disturbance. The goal of this component is to develop and implement promising and proven practices designed to increase access to services by underserved groups, improve the quality of services and outcomes, and/or promote interagency collaboration.

Within the CSS component, the following existing programs were consolidated or enhanced in this current Plan:

- Children's and TAY Mentoring funds were combined into a single program budget
- Adult and Older Peer Mentoring funds were combined into a single program budget
- Children's and TAY CSS Outreach and Engagement (O&E) funds were transferred into the Adult CSS O&E budget, and CSS O&E program services were operated by PEI (beginning in 2013)
- Youth Core Services was expanded to provide the new specialized services required under the Short-Term Residential Therapeutic Program
- Funds were allocated for an FSP/Wraparound program serving OC Children with Co-Occurring Mental Health and Chronic Acute Severe Physical Illness, Special Needs or Eating Disorders

In addition, the following new programs were added to this Plan:

- CYBH PACT for youth ages 14-21
- Adult Co-Occurring Mental Health and Substance Use Disorders Residential Treatment for adults ages 18 and older
- Crisis Stabilization Units for individuals ages 13 and older
- The Courtyard mobile outreach program for adults residing at The Courtyard transitional center, which replaces the former "Drop-In Center" program designated for the Civic Center area in Santa Ana

The MHSA Steering Committee approved the proposed CSS programs and budget, including all changes described above, at the December 7, 2016 and February 6, 2017 meetings, which resulted in the following budgets for the three years covered by this Plan:

- \$116,812,341 for FY 17/18
- \$141,543,477 for FY 18/19
- \$134,463,477 for FY 19/20

A full description of each CSS program, including the above changes, is provided in the CSS section of this Three-Year Plan.

Co-Located Services Strategic Priority. In addition to the programs described in the CSS section, Behavioral Health Services recently developed a Strategic Priority for a co-located mental health and substance use services program in Orange County that is loosely modeled after the Restoration Center in San Antonio, Texas. Although the Strategic Priority is still in the concept phase, MHSA CSS funds have been allocated in years 2 and 3 of this Plan for the mental health and co-occurring services of the project, which will include a crisis stabilization unit, a crisis residential program, and a range of behavioral health outpatient services that are still pending development. As the concept becomes more fully formed and a location is identified, the MHSA Steering Committee and other community stakeholders will provide advice as to the exact nature of the programs, which will likely include services centered around providing “whatever it takes” to promote and sustain recovery. These can include services such as an Assertive Community Treatment program, housing and/or other ongoing community supports.

Prevention and Early Intervention

Prevention and Early Intervention (PEI) programs are intended to prevent mental illness from becoming severe and disabling and to improve timely access for people who are underserved by the mental health system. MHSA dedicates 20% of its funding to PEI programs.

Within the PEI component, the following existing programs were changed or enhanced in this Plan:

- Combine the existing Orange County Postpartum Wellness program (OCPPW) and Youth as Parents program to form the Orange County Maternal & Family Wellness program (name subject to change)
- Combine the current Children Support & Parenting Program (CSPP) and the Stop the Cycle Program into an enhanced CSPP
- Combine the parent training elements from the existing Parent Education and Support Services program and the Family Support Services program into a new Parent Education Services program
- Eliminate the current Professional Assessors program category and transfer the services into other existing PEI programs
- Combine the currently existing School-Based Mental Health Services program and the Transitions program into an expanded School-Based Mental Health Services program
- Combine the School Readiness and Connect the Tots programs and expand their services to provide a continuum of care for children ages 0-8 years
- Split the current Violence Prevention Education program into two separate programs (Violence Prevention Education, Gang Prevention Services) that provide services to different target populations
- Discontinue the Drop-Zone program and use the funding (plus additional dollars) to implement a new, expanded school-based veterans program

The MHSA Steering Committee approved an annual increase of \$500,000 to the PEI budget at the December 7, 2015 meeting, which resulted in a level annual budget of \$35,452,761 for each of the next three years covered by this Plan. A full description of each program, including the above changes, is provided in the PEI component section.

New MHSOAC PEI Regulations. In Fall 2016, after receiving input from a number of community stakeholders statewide, the Mental Health Services Oversight and Accountability Commission (MHSOAC) voted to approve a new set of regulations governing PEI programs. In general, the regulations define and delineate the following:

- *PEI reporting requirements*, including expenditure reports, PEI program and evaluation reports to be submitted to the MHSOAC, etc.
- *Component general requirements*, including the minimum number and type of PEI programs that each County shall include in its plan, etc.
- *General requirements for services*, including the age ranges to be served, minimum percent funding allocated to programs serving children and TAY, etc.
- *Strategies for program design and implementation*, including that programs help create access and linkage to treatment, improve timely access to mental health services, and be non-stigmatizing and non-discriminatory, etc.
- *Use of effective methods in bringing about intended program outcomes*, including evidence-based practices, promising practices, and/or community- and/or practice-based standards, etc.
- *Program evaluation guidelines*, including that evaluations are culturally competent and, depending on the type of program, measure one or more of the following: reduction in prolonged suffering; changes in attitudes, knowledge or behaviors; number of referrals and linkages; duration of untreated mental illness; timeliness of care, etc.
- *Reporting guidelines for program changes*, including descriptions of the original program, the change(s), stakeholder involvement in the changes, etc.

Orange County continues to work with the County Behavioral Health Directors Association of California (CBHDA) to bring its data collection and program reporting requirements into compliance with the new regulations, and some of these initial efforts can be found in the PEI component of the current Plan.

Innovation

The Innovation (INN) component funds and evaluates new approaches that increase access to unserved and/or underserved communities, promote interagency collaboration and/or increase the quality of services. MHSA designates 5% of funds to Innovation to allow counties to test new and improved approaches to mental health service delivery with time-limited pilot programs.

Orange County is in the process of completing the Final Evaluation for all Group 1 INN projects which will be submitted to the MHSOAC later this calendar year. Three projects

from Group 1 – which focused on individuals living with mental illness and family members providing services and/or directing project activities – were approved by the MHSA Steering Committee to maintain their funding through other MHSA dollars once their term as an Innovation project was completed. These three programs were Integrated Community Services, which transitioned to CSS, and OC ACCEPT and OC4Vets, which both transitioned to PEI; they are described in more detail in their corresponding component sections. In addition, the project services from Volunteer to Work were incorporated into the existing CSS Supported Employment program.

On April 24, 2014, the MHSOAC approved five projects from Group 2. Three were implemented during FY 15/16 (The Step Forward Program, Religious Leaders Behavioral Health Training, Behavioral Health Services for Military Families), and one is slated to begin implementation in FY 17/18 (Behavioral Health Services for Independent Living project). Despite diligent efforts to implement the fifth Group 2 project – Access to Mobile Cellular/Internet Devices for Improving Quality of Life project – no contractor with the ability and interest was found to implement the project. As a result, this project will not be pursued further.

Finally, the MHSA Steering Committee voted to move forward with 11 Innovation projects for Group 3. Three projects were presented to the MHSOAC in September and October 2016 and rejected for not being innovative. Based on feedback from the MHSOAC, INN staff re-evaluated the remaining eight projects and determined several of them were unlikely to receive MHSOAC approval. Thus, BHS is moving forward with proposing four additional projects to the MHSOAC.

A full description of all projects, their budgets and current disposition is provided in the INN section of this Three-Year Plan.

Workforce Education and Training (WET)

WET funding is intended to increase the number of qualified individuals who provide mental health services and to improve the cultural and language competency of the mental health workforce. The original Workforce Education and Training funds have been spent, but WET programs continue through Community Services and Supports funding. At the December 7, 2015 meeting, the MHSA Steering Committee approved increases to the budgets for the Recovery Education Institute (REI) program and Crisis Intervention Training (CIT), which resulted in a level annual WET budget of \$5,150,282 for each of the next three years covered by this Plan.

A full description of each program is provided in the WET section of this Three-Year Plan.

Housing

To date, funding for MHSA Housing has created 146 new MHSA housing units countywide. Forty-eight (48) additional MHSA units are currently under construction, with the latest site having broken ground in February 2017. When all projects are completed the MHSA Housing program will have created 194 new units of permanent MHSA housing for eligible tenants and their families.

In addition, another \$5 million was allocated during the FY 16/17 Community Planning Process to create units in the new MHSA Special Needs Housing Program (SNHP). These funds have been allocated to two projects that are under development and will allow Orange County to continue developing permanent housing options for those living with serious mental illness.

A more detailed description of each housing project is provided in the Housing section of this Three-Year Plan. In addition, it is worth noting that BHS recognizes the demand for safe housing for individuals living with mental illness and their families is far outpacing current availability. Thus, staff are continually looking to identify new opportunities for developing housing for this vulnerable population, which includes staying apprised of No Place Like Home and other grant opportunities, as well as leveraging resources with other community and County partners.

Inter-Agency County Collaboration: The Courtyard (Transitional Center)

In October 2016, in response to the escalating homeless population in the Santa Ana Civic Center area and under the guidance of the Board of Supervisors, The Courtyard transitional center was established at the former Santa Ana Transit Terminal. A non-profit organization was contracted to oversee the operations at The Courtyard center, which provides emergency shelter beds and services such as showers, laundry facilities and storage for personal belongings. In addition, the Social Services Agency assists with linkages to benefits and the Health Care Agency Public Health Nursing Division provides linkages to health care services and case management. A separate non-profit agency coordinates meals, clothing, toiletries, and many other donations provided by several local nonprofit and faith-based organizations.

Given that mental illness, co-occurring substance abuse and homelessness are often inextricably intertwined, Orange County's CSS, PEI, and non-MHSA Behavioral Health Services programs have been providing the following services at The Courtyard center:

- PEI Outreach and Engagement (O&E) staff regularly connect with Courtyard residents to build trust and attempt to link those in need of behavioral health care to appropriate services.
- Similarly, BHS outpatient clinic staff actively provide outreach, brief counseling, and referrals and linkages to mental health and substance use services for the residents at The Courtyard. Referral and linkage for medical detox are also provided.

- In the first few months the center was open, the CSS Adult/TAY Crisis Assessment Team (CAT) clinicians were stationed on-site to provide outreach, referrals and linkages, and crisis assessments, as needed. Due to the low frequency of crisis evaluations, CAT clinicians are no longer stationed at The Courtyard and instead are called to respond to behavioral health crises on an as needed basis.
- More recently, The Courtyard mobile outreach team, which is funded by MHSA and replaces the CSS Drop-In Center program originally funded to serve the Santa Ana Civic Center area, was established at The Courtyard center. The team offers outreach, linkages, hygiene kits, counseling and education to the adults at the center. Moreover, the team operates during evening hours Monday through Friday and daytime hours on the weekend to ensure that behavioral health services continue to be provided outside of the normal hours of operation covered by the PEI O&E and BHS outpatient clinic staff.

During their first three months of operation (mid-October 2016 – mid-January 2017), the programs¹ made a total of 3383 duplicated contacts with Courtyard residents and linked 331 residents to services. This high number of contacts reflects the diligence with which the CSS, PEI, and BHS staff continually reach out to and connect with The Courtyard center residents about the services and support available to them. As the residents build trust and rapport, first with the outreach teams and then with “the system,” it is anticipated that the linkage rate will continue to grow as more residents begin to follow up on service referrals.

Capital Facilities and Technology Needs

The Capital Facilities and Technology Needs (CFTN) component allows counties to fund a wide range of projects necessary to support service delivery. In Orange County progress has continued in the implementation of an Electronic Health Record (EHR). An EHR is a digital version of a client’s medical record that allows programs at different locations to better coordinate services and stay up-to-date on a client’s treatment. The goals of implementing an EHR include improving the quality and convenience of client care, increasing program efficiencies and cost savings, increasing client participation in their care and improving coordination of care. Ongoing efforts continue to focus on implementing the EHR in remaining locations, installing infrastructure and software enhancements, and working toward interoperability and full compliance with meaningful use standards.

A full description of all projects is provided in the CFTN section of this Three-Year Plan.

¹ The contacts and linkages reflect the activity of PEI O&E, BHS outpatient clinic and CAT staff, as the Courtyard mobile outreach team had not been implemented during this time.

During the years since Proposition 63 was passed, the Mental Health Services Act has continued to evolve and help better the lives of those living with mental illness, their families, and the entire Orange County community. We look forward to continuing our partnership with our stakeholders as we implement MHSA in Orange County.