

Overview and Executive Summary

In November 2004, California voters passed Proposition 63, also known as the Mental Health Services Act (MHSA). The Act implemented a 1% state tax on income over \$1 million and emphasizes transforming the mental health system to improve the quality of life for individuals living with mental illness and their families. With 13 years of funding, mental health programs have been tailored to meet the needs of diverse clientele in each county in California. As a result, local communities and their residents are experiencing the benefits of expanded and improved mental health services.

Orange County Behavioral Health Services (BHS) has used a comprehensive stakeholder process to develop local MHSA programs that range from prevention services to crisis residential care. Central to the development and implementation of all programs is the focus on community collaboration, cultural competence, consumer- and family-driven services, service integration for consumers and families, prioritization of serving the unserved and underserved, and a focus on wellness, recovery and resilience. The current array of services, with an annual budget of \$218.9 million for FY 2018-19, was developed incrementally, starting with the planning efforts of stakeholders in 2005 and continuing to present day.

The Orange County FY 2018-19 MHSA Annual Plan Update (“Plan Update” or “Update”) to the Three-Year Program and Expenditure Plan for Fiscal Years 2017-18 through 2019-20 was approved by the Board of Supervisors in **MONTH** 2018. This Update increases funding for the Community Services and Supports and the Capital Facilities and Technological Needs components, and maintains but re-distributes funding within the Prevention and Early Intervention and the Workforce Education and Training components.

Budget Review and “True Up” Process

As part of the fiscal review done in preparation for the current Annual Plan Update, BHS engaged in a detailed process of aligning existing program budgets more closely with actual program expenditures from the most recent fiscal year (i.e., FY 2016-17). This budget “true up,” which took place during Fall 2017, allowed managers to identify cost savings for programs that could be transferred to cover budget increases and/or implementation costs of other programs within the same component. The most common source of 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.).

MHSA Components and Funding Categories

MHSA funding is broken down into five components that are defined by the Act: Community Services and Supports, Prevention and Early Intervention, Innovation, Workforce Education and Training, and Capital Facilities and Technological Needs. In addition, Community Services and Supports may allocate funds to support MHSA housing. A brief description and the funding level for each of these areas is provided below.

Community Services and Supports Component

Community Services and Supports (CSS) is the largest of all five MHSA components and receives 76% of the Mental Health Services Fund. It supports comprehensive mental health treatment for people of all ages living with serious emotional disturbance (SED) or serious mental illness (SMI). CSS develops and implements promising or proven practices designed to increase underserved groups’ access to services, enhance quality of services, improve outcomes and promote interagency collaboration.

Several significant changes to CSS programs were incorporated into the FY 2018-19 Annual Plan Update:

- Peer Mentoring was expanded to support individuals in several new tracks:
 - Individuals of all ages receiving services in County outpatient clinics
 - Homeless adults eligible for Whole Person Care
 - Adults served in the Senate Bill (SB) 82 Triage Grant program that expires June 30, 2018
- Transitional Age Youth (TAY) Full Service Partnerships (FSPs) were expanded to serve additional youth involved in the Criminal Justice system.
- Adult FSPs were expanded to cover increasing housing assistance and residential treatment costs.
- BHS Outreach and Engagement was expanded to fund individuals eligible for Whole Person Care.
- The Children’s and TAY/Adult Crisis Assessment Teams (CATs) received increased funding to expand the number of clinicians.
- A new program, Correctional Health Services Jail to Community Re-Entry, was added to provide comprehensive discharge planning and linkage to behavioral health services with the goal of reducing subsequent incarcerations.

The resulting CSS budget for FY 2018-19 is \$145,612,490. A full description of each CSS program, including the above changes, is provided in the Community and the Individual/Family Support sections of this Plan.

Prevention and Early Intervention Component

MHSA dedicates 19% of its allocation to Prevention and Early Intervention (PEI), which is 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. The component maintained an overall level annual budget of \$35,452,761 for FY 2018-19, although funds were transferred from the Training, Assessment and Coordination Services program to the Violence Prevention Education, Crisis Prevention Hotline, Survivor Support Services and Warmline programs to reflect actual program expenditures and/or increase service capacity based on demonstrated need. In addition, the MHSA Steering Committee approved HCA’s plan to spend reverted PEI funds, per Assembly Bill (AB) 114, on existing PEI programs during FY 2018-19. A description of each program is provided in the Community and the Individual/Family Support sections.

Innovation Component

MHSA designates 5% of a County’s allocation to the Innovation component, which specifically and exclusively dedicates funds to trying new approaches that contribute to learning rather than expanding service delivery. Projects are time-limited to a maximum of five years and evaluated for effectiveness and consideration for continued funding through an alternative source. All active projects are described in the Community and the Individual/Family Support sections.¹

In addition, HCA is developing two mental health-focused technology projects aimed at increasing access to services (see the Special Projects section). One proposal is to join the Mental Health Technology Solutions project, a cross-county collaboration initially proposed by Los Angeles and Kern counties and approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC). HCA is also currently working with community stakeholders to develop an integrated application that will harness technology to improve access to housing and other behavioral health resources. The MHSA Steering Committee similarly approved HCA’s plan to spend AB 114 reverted INN funds on existing and, if applicable, newly approved projects in the manner that maximally protects funds from reversion.

¹ After further research on the remaining Round 3 projects, it was determined that the concepts/ideas presented in the Child Focused Mental Health Training for Religious Leaders; Immigrant Screening and Referrals; and Whole Person Healing Initiative proposals are currently being implemented elsewhere and are unlikely to receive MHSOAC approval.

Workforce Education and Training Component

Workforce Education and Training (WET) is intended to increase the mental health services workforce and to improve staff cultural and linguistic competency. WET maintained a level annual budget of \$5,150,282 for FY 2018-19, although funds were transferred from the Financial Incentives Program and Training and Technical Assistance to Workforce Staffing Support to reflect actual program expenditures. A full description of each program is provided in the BHS System Support section.

Capital Facilities and Technology Needs Component

The Capital Facilities and Technology Needs (CFTN) component funds a wide range of projects necessary to support the service delivery system and is currently funded through CSS. A total of \$9.2 million was transferred to Capital Facilities to fund two projects in FY 2018-19: \$9 million to purchase a property for Co-located Services and \$200,000 for renovations to a building used for Youth Core Services. In addition, Orange County transferred \$3,756,082 to Technological Needs for continued implementation of the BHS Electronic Health Record (EHR). A full description of all projects is provided in the CFTN description within the BHS System Support section.

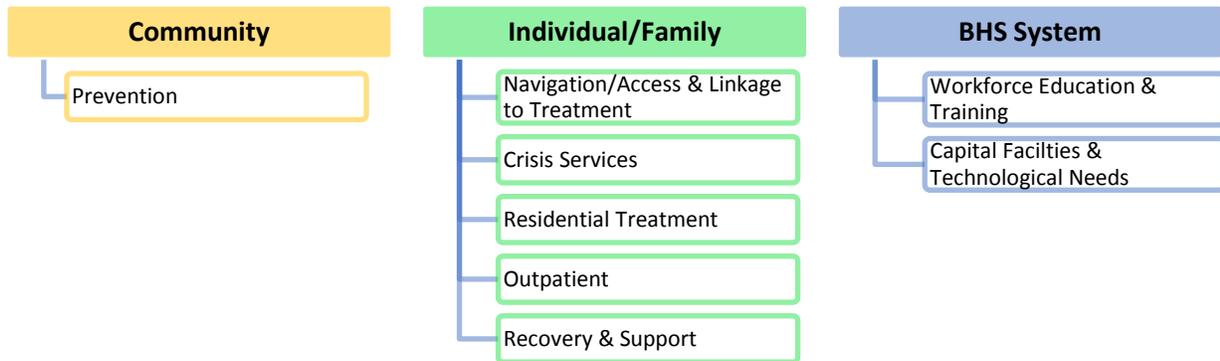
Housing

Under direction from the Board of Supervisors, \$20 million was allocated during the FY 2017-18 Community Planning Process to develop permanent supportive housing through the MHSA Special Needs Housing Program. Some funds have already been allocated to several projects in development and will allow Orange County to continue creating permanent housing options for those living with SMI. A description of each project is provided in the Individual/Family Support section of this Plan Update.

Annual Plan Update Re-Organization

Programs were previously organized in the Plan according to their funding component (i.e., CSS, PEI, etc.). However, this structure did not necessarily promote understanding of what the programs did or how they related to each other. To address this limitation, the current Plan Update has been re-organized along two tiers: (1) Support Level, which reflects the program’s primary *target* of intervention/support (i.e., Community, Individual/Family, BHS System) and (2) Service Function, which reflects the primary *intent* of the services provided (i.e., Prevention, Crisis Services, Outpatient Services, etc.). The Service Functions and the MHSA programs contained within them are described in more detail in this Plan Update. Although some programs span multiple Support Levels (i.e., Individual/Family, Community), they are categorized according to their primary Service Function.

MHSA Plan Organizational Structure



During the years since Proposition 63 was passed, the 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.