WELLNESS • RECOVERY • RESILIENCE

Orange County Mental Health Services Act

Three-Year Plan

FY 17/18 - 19/20

health CARE AGENCY

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Message from the Deputy Agency Director for Behavioral Health Services

This year marks the start of a new Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan and, with it, the opportunity to review our progress to date and look toward the future. Our Full Service Partnerships (FSP) have demonstrated on-going success in promoting recovery, and we look to extend these efforts through the expansion of the Assisted Outpatient Treatment FSP and implementation of an FSP for youth living with co-occurring physical and mental illnesses. Several Innovation projects demonstrated effectiveness in improving participants' functioning and were approved by our MHSA Steering Committee to receive continued funding through Community Services and Supports (CSS) or Prevention and Early Intervention (PEI). Our crisis services, which have supported thousands of individuals over the years, will be expanded through the development of Crisis Stabilization Units and other services. Through these and other programs, MHSA will continue to transform the Orange County mental health system via the principles of community collaboration; cultural competence; wellness, recovery and resilience; consumer- and family-driven decision-making; integrated service experiences; and increased access 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 the Orange County Board of Supervisors; Mental Health Board; MHSA Steering Committee; Community Action Advisory Committee; advocates for unserved and underserved populations; and a multitude of volunteers, County staff and others who have so graciously given their time and expertise to create the successes achieved over the past ten years.

Nevertheless, there is still more work to be done. We remain committed to providing safe housing for individuals living with mental illness as we diligently pursue additional funding sources. We are refining our performance outcomes by standardizing assessment measures and utilizing both statistical and clinical indicators of success. We continue to evaluate our MHSA-funded programs' fidelity to MHSA principles. And we will soon begin a formal Needs/Gaps Analysis of mental health care in Orange County and a Cost-Benefit Analysis of our MHSA CSS and PEI programs to better inform future planning efforts.

As I review the MHSA Three-Year Program and Expenditure Plan for Fiscal Years 2017/18 through 2019/20, I am pleased with the continued success of many of our programs and excited about the plans to expand our system of care. This was truly a collaborative effort between our outstanding community partners and Behavioral Health Services staff, and demonstrates our dedication to improving the lives of the individuals and family members affected by mental illness here in Orange County.

Sincerely,

Mary R. Hale

Mary R. Hale,
Deputy Agency Director for Behavioral Health Services

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 10 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 $168.6 million and $194.0 million over the next three years – was developed incrementally, starting with the planning efforts of stakeholders in 2005 and continuing to 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 detailed 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 Fall 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 Transitional Age Youth (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 a Full Service Partnership (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:

- Children and Youth Behavioral Health (CYBH) Program for Assertive Community Treatment (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 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 intensive 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.

Overview and Executive Summary

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 of more 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 developed in collaboration with MHSOAC staff were presented to the Commission 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 continually look 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 connects 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 provides 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 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 programs[1] made a total of 3,383 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 staffs 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.

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

Overview and Executive Summary

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.

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.

County Demographics

A Changing Demographic

- Orange County is the third most populous county and second most densely populated county in California.
- It is home to a little over 3 million (3,169,776) people (Census, v2015).
- Nearly half of residents over four years of age speak a language other than English at home (1.3 million compared to 1.5 million), with at least 108 different languages represented. Currently, Orange County has five threshold languages (Spanish, Vietnamese, Korean, Farsi and Arabic). English is spoken at home by 54.8% of the population over four years of age, followed by Spanish (26.4%) and Asian/Pacific Islander languages (13.7%).
- According to 2015 estimates (Census, v2015), the County's population is comprised of four major racial/ethnic groups: Whites (41.4%), Hispanics (34.4%), Asian & Pacific Islanders (20.1%) and Blacks/African Americans (2.1%). Within the last 10 years, Orange County became a minority majority county, meaning the non-Hispanic white population no longer comprises more than 50% of the County population. By 2030, it is projected that Hispanics will become the majority (38.6%) ethnic group in the County, surpassing Whites (36.7%).

Living Here is Expensive

- Since 2007, Orange County has consistently had the highest Cost of Living Index compared to neighboring areas. Although Orange County's cost of living measures for groceries, utilities, transportation and miscellaneous items tended to rank in the middle among similar jurisdictions, high housing costs significantly affected the index, making Orange County a very expensive place to live.
- $52,337: Per Capita Income (DataQuick Information System, 2011/2012).
- $79,482: Income that a family of two adults with one preschooler and one school-age child needs to meet basic needs in Orange County.
    - $63,979: Income needed statewide (kidsdata.org, 2014).
- $1,522: Median Gross Rent (Census 2010-2014)
- $610,000: Median House Price (Corelogic, 2015).
- 4.1%: Percentage of Orange County residents 16 years and older who did not have jobs (Employment Development Department, 2016). The state rate is 5.3% and the national rate is 4.8%.
- 12.4%: Percentage of Orange County's population living under 100% of the federal poverty level (FPL), which is $10,890 annual income for a single-person household size (from 2009 to 2013). The FPL for a family of four is $24,250.

County Demographics

A Lot of Young Residents, but We're Getting Older

- 22.6% of the County's population was under the age of 18 and 13.6% were 65 or older (Census, v2015). The percentage of the County's population that is 65 years or older is expected to increase over the next 20 years. As the percentage of seniors grows, the need for mental and physical health care is expected to rise.

Other Unique Characteristics

- Approximately 6% (127,136) of the civilian population 18 and older are veterans (Census, 2010-2014). In one study of OC veterans (OC Veterans Initiative), half of post-9/11 veterans interviewed did not have full-time employment, 18% reported being homeless in the previous year, and nearly half screened positive for posttraumatic stress disorder (PTSD) and/or depression.
- Orange County is also home to an emerging Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning (LGBTIQ) population. Specific services are available in the County to address the unique needs of this population. Although accurate statistics on the LGBTIQ population in the County are not currently available, 2005 census data and other available resources estimate that 2.4% of residents in Orange County are gay, lesbian or bisexual (CHIS, 2005). The same survey also estimated that there are over 6,000 same-sex couples living in Orange County.
- The County has a well-educated population, with 84% of the population ages 25 years and older having graduated from high school and 37.3% having earned a bachelor's degree or higher. This is slightly higher than the state average of 81.2% having graduated high school and 30.7% having earned a bachelor's degree or higher (Census, 2010-2014).

County Demographics

3 million
residents

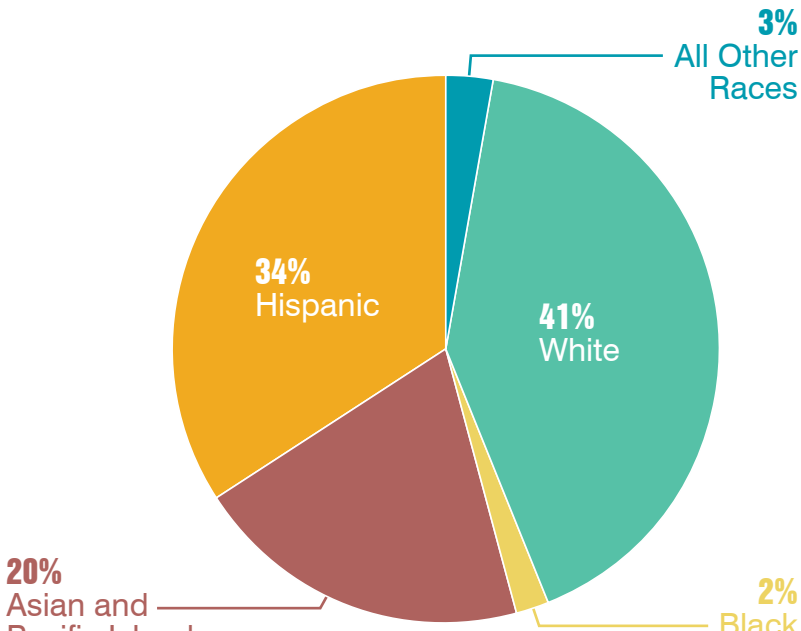
46%
of residents speak another language at home

$79,000
income needed for a family with 2 adults with one preschooler and one school-aged child to meet basic needs

12,000
homeless

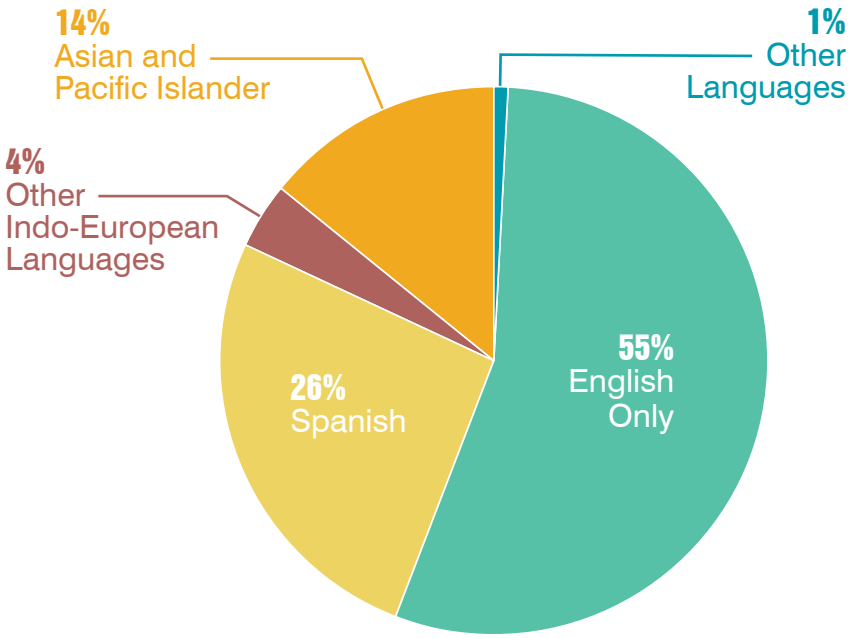
130,000
Vets

Race and Ethnicity Profile of Orange County



Source: U.S. Bureau of the Census, 2015 Census Estimate

Language Spoken at Home



Source: U.S. Bureau of the Census, 2013 Census

Orange County MHSA Community Stakeholder Process

Orange County MHSA Community Stakeholder Process

The Mental Health Services Act was built upon the premise that the community should take an active role in advising the county on mental health service needs and the funding allocations for those services. Since MHSA first began over 10 years ago, thousands of stakeholders in Orange County have helped guide this process through a variety of meetings, conferences, trainings, focus groups and surveys, all of which have contributed toward making MHSA a success both at the local and State level. In order to ensure that resources were allocated according to identified needs and that programs maintained high standards of service delivery, the community stakeholder process reviewed the current composition of MHSA programs as the Health Care Agency began developing its new Three-Year Plan.

MHSA Steering Committee Role

The Orange County mental health stakeholder community and the MHSA Steering Committee, in particular, offer key guidance to the Health Care Agency's Behavioral Health Services division on mental health services needs and gaps. To perform this role successfully, the Steering Committee is tasked with fulfilling seven key responsibilities:

1. Be fully educated about the status of the MHSA funding availability and requirements, as well as the status of Orange County MHSA program implementation
2. Assist the County with identifying challenges to the development and delivery of MHSA-funded services and make recommendations for strategies to address these challenges

MHSA Steering Committee members meeting, January 11, 2016.

3. Remain informed about current stakeholder meetings, and the funding and program recommendations made by members of these groups
4. Review all MHSA funding proposals and provide critical feedback to ensure that funding is allocated to services for identified needs and priorities
5. Make timely, effective decisions that maximize the amount of funding secured by Orange County and that preclude Orange County from losing funding for which it is potentially eligible
6. Support the County's ability to meet both State funding requirements and Orange County funding needs
7. Make recommendations regarding future MHSA allocations so funds will be used to provide services for identified needs and priorities

MHSA Steering Committee Composition

MHSA requires that each County partners with local community members and stakeholders throughout the planning process, and ensures that certain groups of stakeholders are represented in the planning process. The Orange County MHSA Steering Committee is composed of stakeholders from the following legislated groups and, in most cases, has at least two members representing each of the categories: adults and seniors living with a mental illness; families of children, adults and seniors with a serious mental illness or emotional disturbance; mental health service providers; law enforcement agencies; education; social services agencies; veterans; representatives from veterans organizations; providers of alcohol and drug services; health care organizations; and other important interests. At present, the Steering Committee seats 61 members.

In August 2015, the MHSA Coordination Office provided a survey to its then 58-member Steering Committee inquiring about key demographics and stakeholder characteristics. Thirty-nine questionnaires were returned (67% response rate) and yielded the following results:

- **Geographical Representation:** Of the 34 cities in Orange County, members of the steering committee identified 20 different cities with which they associated. In addition, 15 members responded that they worked in an organization with countywide reach or were in other ways associated with the county as a whole rather than with a specific city.
- **Age Groups:** 56% of the members responded that they were adults between the ages of 26-59; 41% were older adults ages 60 and over; and 3% were youth younger than age 26.
- **Gender:** The gender breakdown results showed close to an even split, with 21 female and 18 male respondents.
- **Race/Ethnicity:** The majority of members identified as White/Caucasian (62%). Another 15% identified as Hispanic, 15% as Asian/Pacific Islander, and 8% as Black/African American. Orange County is now a minority majority county, meaning the non-Hispanic white population no longer comprises more than 50% of the county population. Orange County believes that diversity is a source of strength and, as such, the MHSA Coordination Office plans to address the lack of ethnic diversity among Steering Committee members through improved recruitment efforts in minority communities.

Orange County MHSA Community Stakeholder Process

A new survey will be conducted in FY 17/18 to update steering committee information as membership changes have been made since the original survey was distributed.

MHSA Community Action Advisory Committee

The MHSA Community Action Advisory Committee (CAAC) is a group of up to 15 individuals who are living with a mental health condition or who have a family member living with a mental health condition. CAAC meets monthly to discuss MHSA-related programs, review program outcomes, and recommend platforms to bring to the MHSA Steering Committee. The members also collectively advise the MHSA Coordination Office on issues related to MHSA-funded services in Orange County.

One of the key roles of CAAC is to evaluate Orange County MHSA programs' adherence to the five core principles outlined in the Act:

1. Community Collaboration
2. Cultural Competence
3. Client/Family Driven Mental Health Systems
4. Wellness Focus, Recovery and Resilience
5. Integrated Service Experience

In FY 15/16, CAAC launched a project to evaluate the fidelity of Orange County's MHSA programs to these principles. In collaboration with the MHSA Coordination Office, CAAC members use a structured interview and brief survey tool to gather information on whether and how Orange County MHSA programs meet the Act's core principles. To date, the survey team has visited and evaluated approximately 60 MHSA programs, and CAAC periodically shares their findings with Behavioral Health Services managers and the MHSA Steering Committee. This project has helped to identify areas of program implementation strength and areas in need of improvement, which, in turn, serves as a basis for well-informed recommendations presented during the community planning process. In FY 17/18, CAAC and the MHSA Coordination Office will summarize the survey findings in a report that will be distributed to the MHSA Steering Committee, Orange County Behavioral Health Services, and other interested stakeholders and parties.

Orange County MHSA Community Stakeholder Process

MHSA Planning Process for the Current Three-Year Plan

In August 2016, the MHSA Steering Committee initiated discussions about the needs and gaps in the current Behavioral Health Services system of care that could be addressed with MHSA dollars. BHS then arranged to hold a Public Forum on October 3, 2016, which provided community stakeholders the opportunity to present their identified needs and gaps through public comment or comment cards submitted to the MHSA Coordination Office prior to the forum. A total of 57 community stakeholders provided verbal or written input, several of whom identified multiple needs/gaps, and the results are summarized below.

Following the Public Forum, the MHSA Coordination Office reviewed and grouped the responses into one of 11 broad, services-based categories. The following tables outline how the needs and gaps within each category were summarized and either linked to existing or planned programs, or identified as an area for future opportunity. It should be noted from the outset that, although not explicitly stated in the tables below, BHS recognizes the importance of continually evaluating whether available services should be refined, expanded or re-allocated based on shifting patterns of need and/or utilization.

Identified Need: Housing	Available	Pending	Future Opportunity
Provide opportunities for various populations in need of housing	x	x	x
Provide transitional housing (now bridge housing)		x*	x
Provide peer-run housing			x

***Comments*:** In addition to housing provided by the existing MHSA Housing program, FSPs, Shelter Plus Care, Residential Rehabilitation, and Short-Term Housing programs, Orange County recently opened The Courtyard, which provides emergency shelter for homeless adults from all backgrounds. The MHSA Housing for Homeless and Housing (Bridge)/Year-Round Emergency Shelter programs are also currently in development to help address this escalating need. In addition, Orange County will be applying for competitive grant money through No Place Like Home, an MHSA-funded bond aimed at providing permanent housing options for those living with serious mental illness, as well as other grant opportunities as they become available because BHS recognizes the importance of providing safe housing for individuals living with mental illness and their families. The County does not currently offer peer-run housing programs, however this is an area of opportunity for future programming as new housing projects are developed.

* The Steering Committee and public audience was informed that the County, per Federal housing guidelines, was moving away from transitional housing to bridge housing, which is limited to six months and is an effort to facilitate rapid re-housing.

Orange County MHSA Community Stakeholder Process

Identified Need: Work/Training Services	Available	Pending	Future Opportunity
Expand peer/family training	x		
Provide scholarships for education	x		
Expand involvement of peers/family members in MHSA programs		x	x
Provide peer certification offered through the State			x

***Comments*:** Many of the identified needs/gaps are currently being addressed by the Workforce Education and Training (WET) Office, which offers free college courses, paid schooling and training for peers and family members through the Recovery Education Institute, which received a budget increase in the current Plan. WET also continually evaluates training needs and increases the number and types of trainings accordingly. In addition, BHS is planning to form a Peer Advisory Group. This group will review the role of peers and family members currently involved in MHSA/BHS programs and identify meaningful ways in which to expand their involvement. Although Senate Bill 614 is no longer addressing formal requirements for peer certification, BHS will continue to monitor updates on the issue at the State level.

Identified Need: PEI Services	Available	Pending	Future Opportunity
Address stigma reduction	x	x	
Increase outreach and engagement services for underserved groups/populations	x		
Provide early interventions for children and curriculum-based education classes for consumers/family	x	x	

***Comments*:** Several community events that focus on stigma reduction are underway and/or are being planned, and BHS will notify the Steering Committee of upcoming events. BHS also continues to support CalMHSA's statewide Each Mind Matters campaign and promotes it locally. Existing Outreach and Engagement providers have a wide-range of language capabilities, offer a range of services (e.g., case management, counseling, interventions) at various locations throughout the county, and target underserved cultural and ethnic populations of all ages. Early Intervention services for children, including curriculum-based education classes for consumers/ family members, are currently available in several school districts in Orange County. In particular, the School Readiness program is being expanded to ensure that families with young children are successful in school. The expansion creates more intensive services than what was previously offered and includes trauma-informed services for families.

Orange County MHSA
Community Stakeholder Process

Identified Need: Children's Services	Available	Pending	Future Opportunity
Increase student-mental health linkages	x		
Increase access to services beginning at a younger age	x	x	
Provide services for parents who have their own mental health needs	x		
Provide a psychiatry access line			x

***Comments*:** Children's services funded through MHSA have been increasing, including recent or pending expansions of the PEI School Readiness program (described above), Children's Full Service Partnerships (20% increase in slots) and the Children's Crisis Residential Program. Parents with their own mental health conditions can currently be referred into the Adult system of care. In addition, the Children's FSPs have expanded their parent groups, which are offered in English and Spanish. Telepsychiatry access is currently being implemented in the outpatient clinics using non-MHSA funds. Finally, there was a request for MHSA funds to cover a medical home for children with Autistic Spectrum Disorder, however the public was informed that MHSA funds cannot be used to fund this service.

Identified Need: Older Adult Services	Available	Pending	Future Opportunity
Provide in-home services	x		
Provide early intervention services for "non-diagnosed"	x		

***Comments*:** Older Adult services provided through PACT, FSP, OAS Recovery, and other programs are primarily provided out in the field or the older adult's home. In addition, early intervention services are currently provided through the PEI program "Early Intervention Services for Older Adults," which provides case management, counseling and interventions to older adults from underserved communities. Adult and Older Adult Behavioral Health also provides "SHOPP," a program in which public health and behavioral health staff conduct field-based wellness checks and then link older adults to appropriate services.

Orange County MHSA Community Stakeholder Process

Identified Need: Crisis	Available	Pending	Future Opportunity
Expand CAT to target Vietnamese-speaking population		x	
Add psychiatric inpatient beds	N/A	Non-MHSA	N/A

***Comments*:** There were many requests for hiring Vietnamese-speaking Crisis Assessment Team (CAT) clinicians. The Adult CAT program has recognized this need and recently hired three additional Vietnamese-speaking clinicians. Overall, 16 of 37 clinicians on Adult CAT speak another language in addition to English, including Vietnamese, Spanish, Farsi, Arabic, Korean, Khmer and Mandarin. In the Children's CAT program, nine clinicians speak another language in addition to English (i.e., Spanish, Russian, Arabic and Eritrean). However no Children's CAT clinicians speak Vietnamese, which, in addition to Spanish, is a focus of hiring. Until more bilingual clinicians are hired, the language line remains available to both CAT programs as needed. All clinicians also attend regular trainings through BHS WET on cross cultural awareness so that they may better assist consumers and families from all backgrounds in times of crisis. In addition, several stakeholders requested that MHSA fund psychiatric inpatient beds. Although the Act prohibits the use of MHSA funds for this purpose, CSS did add crisis stabilizations units (CSUs) for adults and adolescents 13 and older to the current Three-Year Plan. Furthermore, the County is working with a local community hospital to develop psychiatric inpatient beds for children using non-MHSA funds, as no such beds currently exist within the County.

Identified Need: Population-Specific FSPs/Services	Available	Pending	Future Opportunity
Establish an adult API FSP and provide trauma-informed FSP/services for the Cambodian community	x		x
Expand AOT FSP	x		
Provide follow up support services for those who graduate from the AOT FSP	x		x

***Comments*:** Many stakeholders addressed the need for an Asian/Pacific Islander-specific FSP, as well as trauma-informed care for the Cambodian population. Adult FSPs are expected to meet the cultural and linguistic needs of its service area and an RFP for additional FSP slots is currently in process, thus providing an opportunity for increasing services to this cultural community. In addition, development of an API-specific FSP for adults is an area BHS will explore for future development. Trauma-informed care is generally being expanded into services across outpatient clinics and other BHS programs, and incorporating training specific to the needs of the Cambodian community can be examined as an area for further development, perhaps through WET. With regard to the request for an expansion of the AOT FSP, a contract was recently awarded with an increased number of slots. Ongoing support for AOT FSP graduates is currently available through the Wellness Centers, with more tailored support representing a possible area for future development.

Orange County MHSA
Community Stakeholder Process

Identified Need: Dual Diagnosis/Co-Occurring	Available	Pending	Future Opportunity
Provide adult and adolescent residential dual diagnosis programs	x (adolescent)	x (adult)	

***Comments*:** A co-occurring residential program for adults was added to the FY 16/17 MHSA Plan Update, where a newly created Co-Occurring Mental Health and Substance Use Disorder (SUD) program was created. Currently the program is in the RFP stage with program implementation to follow in the future. In addition, the children's system of care recently implemented an MHSA-funded, co-occurring residential treatment program for adolescents ages 12 and older.

Identified Need: Deaf/Hard-of-Hearing (DHH)	Available	Pending	Future Opportunity
Provide more direct access to services for the deaf and hard-of-hearing (DHH)	x	x	

***Comments*:** The need for more direct services for the Deaf/Hard of Hearing Community was expressed at the forum. Currently there is an SUD/MH clinician who provides direct services to this population in the adult system of care, an SUD residential program for adults that is contracted to provide services to the DHH, and interpreting services that are available for all of BHS. However BHS recognizes that the DHH community continues to have unmet needs. Beginning this year, the SUD system will annually conduct a gap analysis to address the needs of under-served populations, including the Deaf/Hard of Hearing community, and it is anticipated that this type of gap analysis will be extended to the mental health system. In addition, PEI is looking at training and coordinating service needs of the DHH community as it continues to implement services from the PEI Training Needs Assessment.

Orange County MHSA Community Stakeholder Process

Identified Need: MHSA System	Available	Pending	Future Opportunity
Improve community stakeholder outreach, including to city managers, underserved cultural populations, external stakeholders		x	
Improve efficiency of the current MHSA system of care (i.e., how programs are doing, use of technology, fiscal transparency)		x	x

***Comments*:** Stakeholders were interested in improving community outreach and receiving input from city governments, underserved cultural populations and external stakeholders. The MHSA Coordination Office is identifying ways to improve and extend its outreach to underserved cultural populations that might be reluctant to provide input or feedback in the large scale public format of the current MHSA committee meetings. Such efforts can also include outreach to other external stakeholders. The MHSA Coordination Office is also currently in the process of awarding a contract to an external evaluator who will perform a Cost-Benefit Analysis of Orange County's CSS and PEI programs, as well as a broader needs/gap analysis of mental health services in Orange County. The results of the evaluation will be used to inform future programming decisions. HCA's IT department continues to refine and improve how BHS uses technology (i.e., continued work on the enhanced Electronic Health Record, development of a health information exchange and enterprise data warehouse, use of mobile technology). BHS' Performance Outcomes Workgroup continues to evaluate and standardize its outcomes and other data metrics across the system of care for improved evaluation capabilities. The MHSA Coordination Office is also arranging for an MHSA financial training session at an upcoming Steering Committee meeting. All of these improvements aim to strengthen BHS in general and MHSA in particular. An additional comment requested that the MHSA Steering Committee be downsized and conflicts of interest reduced. While the Act specifies that certain interests must be represented on the committee, including from the provider community, a training for the Steering Committee is planned to review the roles and responsibilities of its members, as well as how to reduce potential conflicts of interest.

Orange County MHSA Community Stakeholder Process

Other Identified Needs	Available	Pending	Future Opportunity
Implement transportation program		x	
Provide caregiver support, respite care	x	x	
Create a domestic violence (DV) inter-agency collaboration	x		

***Comments*:** The Transportation program, which has been a part of the MHSA Plan Update for the last two years, is releasing an RFP in Spring 2017 to identify a provider and is expecting to begin implementation during FY 17/18. Caregiver support is currently provided in the PEI Family Support Services program and Children's CSS In-Home Crisis Stabilization program, and will be provided in the adult system of care when the Adult/Older Adult CSS In-Home Crisis Stabilization program is implemented. In addition, Children's In-Home Crisis Stabilization is in the process of implementing respite care for parents. Finally, PEI staff participates on a county-wide Human Domestic Violence (HDV) Task Force that aims to raise community awareness about domestic violence and to ensure that providers of behavioral health and domestic violence services are reciprocally trained to screen and refer individuals to the appropriate services. In addition, BHS identified a liaison to consult with four domestic violence shelters to support the development of their own behavioral health screening procedures. PEI has also provided OCLinks presentations at several DV facilities to increase BHS outreach to families in need.

Orange County MHSA Community Stakeholder Process

The service gaps identified in the Public Forum were shared with Behavioral Health Division Managers as they began the program and budget review process for the current Three-Year Plan so that they could match available dollars to areas of greatest unmet need wherever possible.

On November 7, 2016 the CSS Adults/Older Adults, CSS Children/TAY and PEI subcommittees convened separately[2] and BHS managers presented the proposed program budgets for the MHSA Three-Year Plan beginning in FY 17/18. Subcommittee members reviewed a comprehensive table that included, for each component program, the FY 16/17 MHSA budget the Steering Committee had previously approved, any proposed budget increases/decreases requested to begin in FY 17/18, and the resulting MHSA program budget recommendations for FY 17/18, FY 18/19 and FY 19/10. The table also included a column for notes documenting the reasons underlying the proposed program/budget changes. A sample header for the CSS table presented at the meeting is below:

PROGRAMS	FY 16-17 APPROVED MHSA/CSS BUDGET PER PLAN UPDATE	Proposed Changes Starting FY 17-18	FY 17-18 RECOMMENDED BUDGET	FY 18-19 RECOMMENDED BUDGET	FY 19-20 RECOMMENDED BUDGET	NOTES

Sub-committee members engaged in lengthy discussions with Behavioral Health staff on the rationale for the currently proposed changes, as well as future programs that could be proposed and developed if additional dollars were to become available on a sustainable basis. At the end of each subcommittee meeting, members voted to approve their component's recommended programs and budget and to bring them to the full Steering Committee for approval in December.

At the December 5, 2016 Steering Committee meeting, the MHSA subcommittee co-chairs for CSS Adults/Older Adults, CSS Children/TAY and PEI presented the proposed budgets/programs in the FY 17/18-19/20 Three-Year Plan to the full Steering Committee. In addition, BHS staff presented the recommended programs and budgets for Innovations, WET and Capital Facilities and Technology Needs. BHS managers were on hand to answer questions from the members. At the conclusion of the presentations and discussion, the Steering Committee voted by consensus to approve all of the recommended programs and budgets.

[2] Because the Innovation budget had been previously approved, a subcommittee meeting was not convened.

Orange County MHSA Community Stakeholder Process

At the February 6, 2017 Steering Committee meeting, three CSS programs presented amendments to the budgets that had been approved in December 2016. The Children's Crisis Residential Program (CRP) requested approval to reinstate the cost savings that had been previously identified during the true up and subsequently removed from the proposed budget, and to add an additional $50,000 to the annual budget. These funds were requested because the true up that formed the basis for the initial budget had been completed before the RFP process for the third CRP site was finished, and the RFP process had identified additional costs. Similarly, Integrated Community Services (ICS) requested to reinstate cost savings identified for FY 17/18 as a result of the true up because the program had learned after the fact that several staff positions key to program operations were not going to accompany ICS when it moved from the Innovation component to CSS. Finally, the budget true up for the Wellness Centers had been conducted when one of the newer locations was not operating at full capacity. However, in the weeks following the December Steering Committee vote, the Center was not only meeting capacity, but was consistently exceeding capacity as a result of its successful outreach efforts in the surrounding Asian/Pacific Islander community. After asking program staff some clarification questions, the Steering Committee voted by consensus to approve all three program budget increases.

Public Hearing and Approval by the Board of Supervisors

The MHSA 3-Year Plan FY 17/18, FY 18/19 and FY 19/20 was completed, reviewed and approved by the BHS Director and posted to the Orange County MHSA website on March 29, 2017 for a 30-day review by the public. At the close of the 30-day public comment period, the MHSA Coordination Office and BHS Executive Management responded to all substantive public comments and submitted a summary of the drafted responses, along with the entire Plan, to the Mental Health Board. A Public Hearing notice was posted by the Clerk of the Board and members of the Mental Health Board, Consumer Action Advisory Committee, MHSA Steering Committee, and other interested individuals and stakeholders were notified via email. The Public Hearing was held on May 9, 2017 at the Norman P. Murray Community Center in Mission Viejo in lieu of the Mental Health Board's regularly scheduled study meeting. At the Public Hearing, BHS Executive Management reviewed highlights of the Plan and individuals associated with a number of MHSA programs provided testimonials. In addition, the audience provided public comment to the Mental Health Board. The Chair of the Mental Health Board announced the Public Hearing would be continued to a Special Meeting of the Mental Health Board on May 24, 2017 in the Planning Room in the Hall of Administration in Santa Ana. At the Special Meeting, the Orange County Behavioral Health Director presented a summary of the public comments submitted during the 30-Day Public Comment Period and the County's responses, and answered questions from the Mental Health Board. After a brief discussion by the Mental Health Board, the Board approved the Plan.

After approval from the Mental Health Board, the MHSA Three-Year Plan for FY 17/18- FY 19/20 was brought before the Orange County Board of Supervisors and approved at the regularly scheduled meeting held on June 27, 2017.

Community Services and Supports (CSS)

Community Services and Supports (CSS)

Component Information

Community Services and Supports (CSS) is the largest of all five MHSA components and receives 80% of the Mental Health Services Fund. The goal of CSS is to develop and implement promising and proven practices designed to increase underserved groups' access to services, enhance the quality of services, improve outcomes, and promote interagency collaboration. It achieves these goals through its focus on community collaboration; cultural competence; consumer- and family-driven services and systems; service integration for consumers and families; prioritization of serving the unserved and underserved; and a wellness focus that incorporates the concepts of recovery and resilience.

CSS is intended to provide comprehensive mental health treatment for people of all ages living with serious mental illness or emotional disturbance.

Orange County's CSS Plan

Orange County's CSS component was the first MHSA component to be approved and implemented in 2006. CSS programs are divided into three functional categories that focus on addressing disparities and assisting unserved and underserved populations:

- **Full Service Partnerships** (FSPs) – Half of CSS funding is designated for FSPs, which provide a spectrum of "whatever it takes" treatment to support recovery for individuals living with the most severe mental illness or emotional disturbance and their families. Comprehensive services include case management; transportation; housing; crisis intervention; education, vocational training and employment services; and socialization and recreational activities. Services are delivered through an intensive team approach, are available 24/7, provide flex funding, and are intended for those who are homeless or at high risk of homelessness, and/or those who have experienced multiple hospitalizations and/or incarcerations. The Act mandates that at least 50% of CSS funds must be spent on FSPs.
- **Outreach and Engagement** (O&E) – O&E funds through CSS are used to provide activities that reach, identify and engage unserved individuals and communities in the mental health system and to reduce disparities identified by the Orange County MHSA Steering Committee.
- **General Systems Development** (GSD) – GSD funds are used to improve services and infrastructure for all consumers and families served in the mental health system of care.

CSS also helps counties leverage housing funds in local partnerships to build and renovate housing units for individuals with serious mental illness who are homeless or at risk of homelessness.

Community Services and Supports (CSS)

Orange County's CSS programs are available for all ages and divided into the following MHSA-defined age groups. It should be noted, however, that several CSS programs serve more than one age group (i.e., Children/TAY, TAY/Adult/Older Adult).

1. Children (ages birth through 15)
2. Transitional Age Youth (ages 16-25)
3. Adults (ages 26-59)
4. Older Adults (ages 60 and above)

Changes in the Three-Year Plan

The programming changes described in the current Three-Year Plan are the result of a two-fold process. First, as a result of the budget true up, program managers were able to recommend increases/decreases to budgets based on historical expenditures and/or identified needs. Second, BHS examined whether administrative efficiencies could be achieved by combining programs that offered similar services. A summary of significant program changes contained in the Plan is provided below.

Consolidation of Existing CSS Programs

- Eliminate the Children's and TAY CSS Outreach and Engagement (O&E) program categories, move these funds into the Adult CSS O&E program category, and then combine O&E services from CSS and PEI into a single O&E program that is operated by PEI. This comprehensive program provides outreach and engagement services to individuals of all ages who are living with a behavioral health condition and find it difficult to access or link to services on their own. Consolidation of O&E services into a single program, which took place in 2013, allows for administrative and programmatic efficiencies.
- Combine the Children's and TAY Mentoring programs into a single program that provides mentoring services to children and youth up through age 25 and their parents, and combine the Adult and Older Adult Mentoring Programs into a single program that serves adults ages 26 and older. These changes are effectively budget-level changes as the services have been provided under the same contract serving the two age groups that were combined (i.e., children/TAY, adults/older adults).
- Combine the Adult and TAY CAT and Psychiatric Emergency Response Team programs into a single program that provides mobile response – including behavioral health assessments, 24 hours per day, 7 days per week – for adults ages 18 and older who are experiencing a behavioral health crisis. This combined program will retain the specialized training provided to identified staff who work with youth between 18 and 25 years of age, as well as the specialized PERT unit that creates coordinated behavioral health/law enforcement response teams and offers trainings to police on behavioral health issues.
- Combine the TAY and Adult Programs for Assertive Community Treatment (PACT) that are operated by Adult and Older Adult Behavioral Health into a single program category. The combined Adult/TAY PACT program will continue to provide intensive, outpatient services that are based on the ACT model and tailored to meet the needs of TAY ages 18-25 and adults ages 26-59.

It should be noted there will be no decrease in service capacity as a result of these program consolidations.

Community Services and Supports (CSS)

Expansion of Existing CSS Programs

- Youth Core Services was expanded to address the service requirements of the new Short-Term Residential Therapeutic Program (STRTP), which will require providers to serve all foster youth who need the highest level of care using an array of intensive, trauma-informed behavioral health services.
- Funds were allocated for an FSP serving the outpatient clinic program for children and youth living with co-occurring mental illness and significant physical illness, including eating disorders. This FSP will be designed to meet the unique needs of those youth whose service requirements exceed the ability of the current clinic to address.
- BHS is working to identify appropriate CSS programs that will use a total of $856,600 per year for four years to draw down Whole Person Care Federal match dollars. These dollars will fund mental health services for adults living with a mental health condition who are homeless or at risk of homelessness.

New CSS Programs in the Three-Year Plan

- The Children and Youth Behavioral Health Program of Assertive Community Treatment (CYBH PACT) is currently being implemented and expects to begin enrolling youth during FY 16/17. The target population is children and youth ages 14-21 with a serious emotional disturbance or mental illness who have had a previous hospitalization or incarceration and/or are in need of intensive mental health services. The program will emphasize collaboration with family participants and other community supports as part of a multidisciplinary model of treatment.
- The Adult Co-Occurring Mental Health and Substance Use Disorders Residential Treatment program will provide individual and group counseling, education, medication management and vocational assistance designed to address the specialized needs of adults ages 18 and older who are living with co-occurring conditions. This program has not yet been implemented.
- The Courtyard program provides an outreach team that offers behavioral health outreach, linkage to services, hygiene kits, counseling and education to the homeless adults seeking emergency shelter at The Courtyard, which offers a number of other services coordinated through different BHS programs and County agencies and was established at the former Santa Ana Transit Terminal under the guidance of the Board of Supervisors. The current MHSA Courtyard program replaces the stand-alone 'drop-in center' program originally funded to serve the Civic Center area in Santa Ana.
- Behavioral Health Services has developed a Strategic Priority for a co-located mental health and substance use program in Orange County. Although the Strategic Priority is still in the concept phase, MHSA CSS funds have been allocated for the mental health and co-occurring services of this project for the last two fiscal years. Anticipated services will include a crisis stabilization unit, a crisis residential program, and a range of behavioral health outpatient services that are still pending development.

Community Services and Supports (CSS)

Children's Crisis Assessment Team

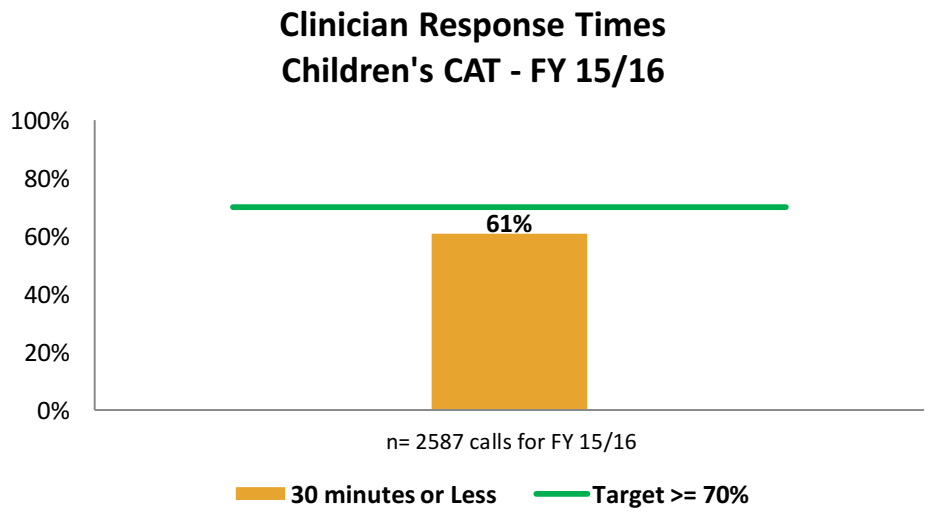
Children's Crisis Assessment Team	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	4,250	4,250	4,250
Annual Budgeted Funds in	$1,594,904	$1,594,904	$1,594,904
Estimated Annual Cost Per Person in	$375	$375	$375

Program Description

The Children's Crisis Assessment Team (CAT) provides crisis response for any child or youth under 18 years of age who is experiencing a psychiatric emergency. The mobile crisis team operates 24 hours a day, 365 days per year and serves the entire County. Its purpose is to intervene in a crisis situation, conduct a risk assessment, and provide linkage to the appropriate level of care. Evaluations typically occur in emergency rooms, police stations, schools and group homes. The team also provides home-based assessments with police accompaniment as needed. If the child or youth's safety cannot be assured, the CAT member will write a 72-hour hold and facilitate their placement in a hospital psychiatric unit. If the child or youth can be safely treated at a less restrictive level of care, the team member will ensure that the appropriate linkage is made.

Outcomes

The program's outcome is the efficiency with which CAT is able to respond to calls. This is measured by the number of minutes between the time a clinician dispatches for an evaluation and the time they arrive at the evaluation location. As can be seen in the graph below, the goal is for the dispatch-to-arrival time to be 30 minutes or less at least 70% of the time. The program's 61% response rate for FY 15/16 fell short of this goal and is attributable to staffing shortages and a consistent trend of call volume increasing during peak rush-hours.



In addition, Children's CAT examines the psychiatric hospitalization rate as a way of monitoring the severity of children's presenting problems and availability of safe alternatives to inpatient services. Consistent with prior years, children evaluated by CAT continued to be hospitalized at a rate of 42%.

Community Impact

Inpatient hospitalization, while sometimes necessary for safety reasons, can have a devastating impact on a child or youth and their family. CAT attempts to strike a balance between safety and the least restrictive environment necessary to address a crisis in every evaluation performed. MHSA has provided an array of alternatives that was not previously available and, thus, lessened the adverse effects for many families.

Changes/Challenges/Barriers

The team has been expanded to accommodate the increasing workload. Nevertheless, keeping positions filled is difficult because the team functions 24 hours per day, seven days per week. Clinicians are assigned to a specific shift to provide some level of stability and predictability rather than rotating around the clock. However many prospective candidates are unwilling or unable to work an afternoon-to-midnight or midnight-to-morning shift, which shrinks the pool of available candidates and makes vacancies harder to fill.

Children's In-Home Crisis Stabilization

Children's In-Home Crisis Stabilization	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	400	400	400
Annual Budgeted Funds in	$1,085,480	$1,085,480	$1,085,480
Estimated Annual Cost Per Person in	$2,714	$2,714	$2,714

Program Description

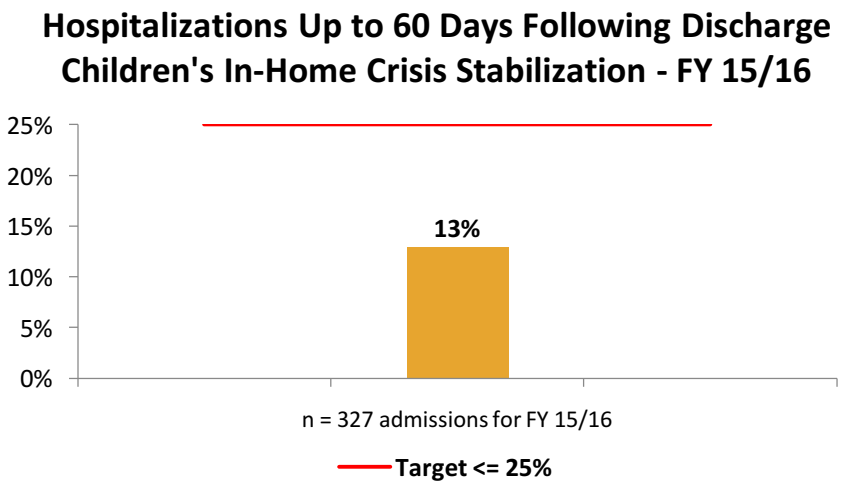
The Children's In-Home Crisis Stabilization program provides assistance to children and youth who are experiencing a mental health crisis but do not meet criteria for inpatient psychiatric hospitalization. The program consists of teams of professionals and staff with lived experience who are available 24 hours a day, 7 days a week to meet with families in their homes and provide supportive services to assist with stabilization. The target population is children and youth under the age of 18 and their families.

A referral to the program typically begins when a Children and Youth Behavioral Health (CYBH) clinician is asked to evaluate a child or youth for possible hospitalization. Once it is determined that the child or youth does not meet criteria for hospitalization and that the family would benefit from supportive services, the evaluator calls the crisis stabilization team to the site of the evaluation. The team helps develop a stabilization plan that identifies the causes of the current crisis and healthy ways of avoiding future crises. After the immediate crisis has been sufficiently stabilized and a treatment plan is in place, in-home appointments are made for the next day. The In-Home Crisis Stabilization team helps the family and child establish a safety plan, develop coping strategies and transition to on-going support. The intervention period is usually three weeks, but can occasionally extend to six based on clinical need and available linkage to more permanent support programs.

Community Services and Supports (CSS)

Outcomes

During FY 15/16, a total of 327 children and youth received in-home crisis stabilization services. The program goal is to maintain a psychiatric hospitalization rate that is 25% or less during the time the child or youth is enrolled in the program through 60 days post-discharge. As can be seen in the graph below, this target was met for FY 15/16.



Community Impact

In-home crisis services have proven to be effective in helping maintain children and youth in their home environment and out of institutional care. They focus on helping the family unit learn coping skills and find alternative solutions for managing future crises. By providing services in the home, the team is able to observe first-hand the stressors and challenges the family faces, and tailors responsive interventions that best meet their needs.

Changes/Challenges/Barriers

One major challenge for the program has been receiving referrals in a timely manner so that interventions can be implemented quickly enough to avoid more restrictive settings (e.g., hospitalization). This issue was further compounded when the in-home team began accepting direct referrals from staff in local Emergency Departments who are part of the County's Senate Bill 82 Triage Grant program. The County and program have worked diligently to establish effective and timely communication between referral sources and the in-home team, which has resulted in more youth who are experiencing a crisis being seen in a timely manner.

Beginning in FY 17/18, the in-home crisis stabilization team will provide respite services for the parents/caregivers.

Children's Crisis Residential

Children's Crisis Residential	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	208	208	208
Annual Budgeted Funds in	$3,338,248	$3,338,248	$3,338,248
Estimated Annual Cost Per Person in	$16,049	$16,049	$16,049

Program Description

The Children's Crisis Residential Program (CRP) was originally developed to address a system gap that existed between inpatient psychiatric services and in-home crisis stabilization services. The resulting program is a highly structured, voluntary residential program for children and youth up to 18 years old who meet the following referral criteria:

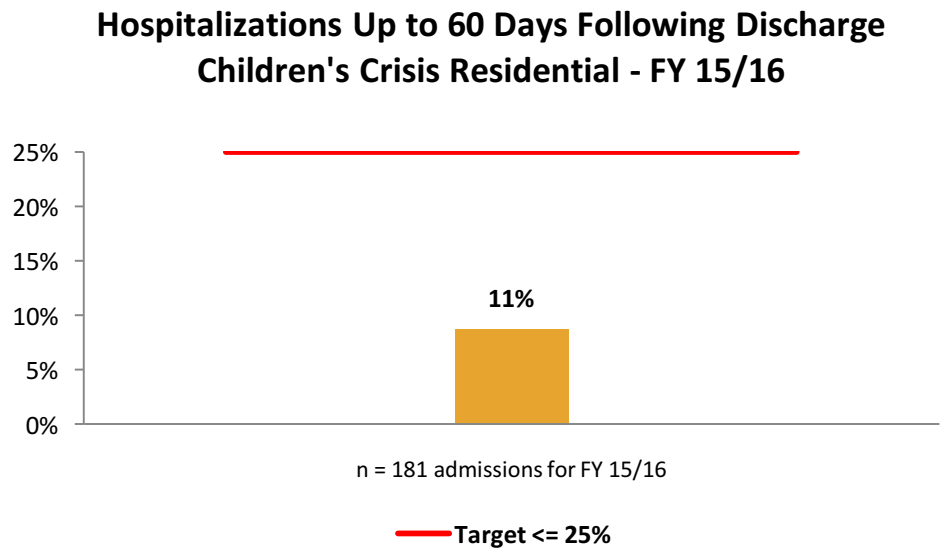
1. The child or youth in crisis is evaluated for psychiatric hospitalization,
2. S/he does not meet in-patient criteria,
3. The family is experiencing considerable stress, and
4. A respite would benefit both the child or youth and the family.

Referrals are accepted on a 24/7 basis. The child or youth typically stays three weeks but can remain up to six weeks if the clinical situation warrants. While in the program, the child or youth lives in a structured setting where they maintain their school work and are introduced to problem-solving techniques and coping strategies that they practice in family therapy. The child or youth also interacts in structured groups and participates in activities like meal preparation, clean-up and supervised recreation as a way of developing social skills. In addition, parent education and skill-building are important components of the program. The CRP has also recently introduced mindfulness as a stress reduction technique, and a number of children have reported that they successfully used mindfulness at home following discharge from the program.

Community Services and Supports (CSS)

Outcomes

During FY 15/16, a total of 181 children received crisis residential services. Similar to the Children's In-Home Crisis Stabilization program, CRP's goal is to maintain a psychiatric hospitalization rate that is 25% or less during the time the child or youth is enrolled in the program through 60 days post-discharge. As can be seen in the graph below, this target was met for FY 15/16.



Community Impact

The program provides timely interventions for children and youth who are experiencing crises and their families. The program provides an alternative to psychiatric hospitalization and reduces admissions to local emergency departments.

Changes/Challenges/Barriers

In FY13/14, the program was expanded from 6 to 12 beds. Even with this expansion the beds were frequently at capacity, creating a backlog. Thus, in June 2016, the program expanded to 16 beds across three sites. The newest site is centrally located and provides better access to families who do not live in South Orange County, especially those with limited transportation options.

Community Services and Supports (CSS)

Youth Core Services

Youth Core Services	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	TBD	TBD	TBD
Annual Budgeted Funds in	$2,500,000	$2,500,000	$2,500,000
Estimated Annual Cost Per Person in	TBD	TBD	TBD

Program Description

Youth Core Services provides behavioral health services to Medi-Cal beneficiaries ages birth through 20 in two ways. The program was initially established to provide the intensive services required through the Pathways to Mental Health program (i.e., "Katie A"). Beginning in FY 17/18, the funding for this component of Youth Core Services will be centralized under one contract provider so that the services are more readily accessible for youth throughout the County. This consolidation allows for coordination of care to proceed more smoothly, and allows foster youth, in particular, to receive the level of services required to address trauma and other mental health conditions.

The second component of Youth Core Services will be used to address the service requirements of the new Short-Term Residential Therapeutic Program (STRTP). The STRTP will require providers to serve all foster youth who need the highest level of care in a trauma-informed residential setting with intensive behavioral health services that include the following: individual, collateral, group and family therapy; medication management; therapeutic behavioral services; in-home behavioral services; intensive case consultation; and case management.

Youth Core Services funds will act as a match to allow for drawdown of Federal Financial Participation funds, which essentially doubles the number of children and youth served for the MHSA dollars spent.

Outcomes

The STRTP is a new component to Youth Core Services and has not yet been implemented. In addition, the Pathways to Mental Health component does not currently have outcomes for FY 15/16 because the universal assessment tool for Children and Youth Behavioral Health did not begin pilot implementation until FY 16/17. Thus, FY 15/16 outcomes for Youth Core Services are not currently available.

Community Services and Supports (CSS)

Community Impact

Children and youth who have permanency and stability in their living situation, who are engaged with significant others in the community in which they live, and who establish lasting relationships based on love and respect, bring stability to the community in which they live as well. This means fewer school changes, fewer hospitalizations, less police involvement and reduced substance use.

Changes/Challenges/Barriers

Funding allocation for the six contracted providers was distributed to budgets during the first quarter of FY 15/16. By the end of FY 15/16, about eight FTE had been added to the contract provider staffs.

As noted above, tracking of services provided remains the primary challenge for determining the impact of these funds. A system is now in place in the electronic health record to allow for appropriate outcomes reporting in future plan updates.

Children's Full Service Partnership/Wraparound

Children's Full Service Partnership/ Wraparound	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	395	460	460
Annual Budgeted Funds in	$6,654,575	$6,654,575	$6,654,575
Estimated Annual Cost Per Person in	$16,847	$14,466	$14,466

Program Description

The Children's Full Service Partnership/Wraparound programs provide intensive, community-based services to promote wellness and resilience in children living with serious emotional disturbance and their families. Services include case management; crisis intervention; education support; transportation; housing; and socialization and recreational activities. FSPs employ a "whatever it takes" team approach, are available 24/7, and provide flex funding. There are currently five distinct programs within the Children's Full Service Partnership (FSP)/Wraparound category, and each program focuses on a specific target population as described below.

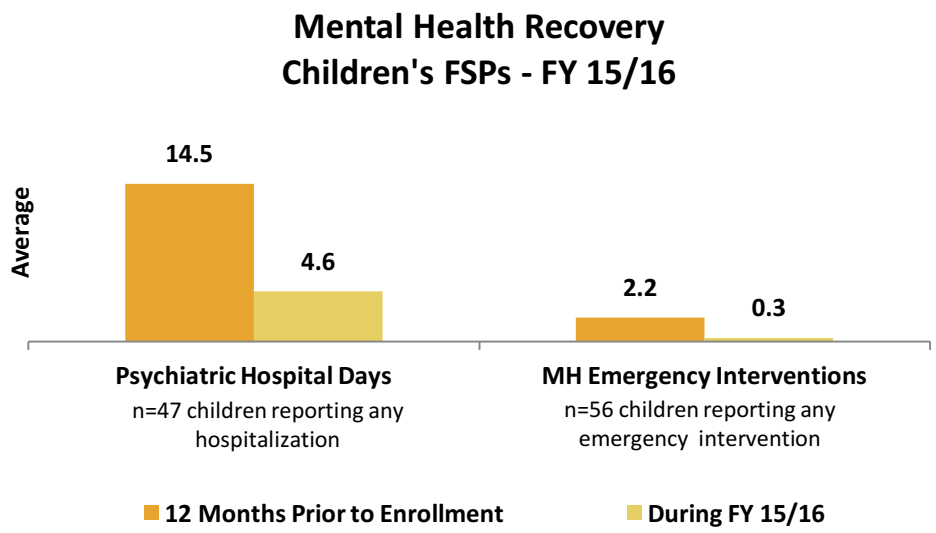
- **Project Reaching Everyone Needing Effective Wrap (RENEW) FSP** provides services to children from birth to age 18 who are living with Serious Emotional Disturbance (SED). The program accepts referrals from the Outreach and Engagement teams, Crisis Assessment Team, general public, and County and contract clinics. Prominent among these referrals are children and youth who are homeless or at risk of homelessness. In addition to the treatment services provided to the children and youth, the parents frequently receive job assistance, especially when the needs of their child or youth with SED impact their ability to maintain employment.
- **Project For Our Children's Ultimate Success (FOCUS) FSP** specializes in serving culturally- and/or linguistically-isolated Asian-Pacific Islander youth living with SED or Serious Mental Illness (SMI), with a particular focus on the Korean and Vietnamese communities in the County. The program serves children and youth ages 0-25 and their families.
- **Youthful Offender Wraparound (YOW) FSP** serves children and youth through age 25 who are experiencing SED/SMI and involved with the juvenile justice system. The program focuses on maintaining the gains the youth made while receiving services in custody and reintegrating the youth into the community. Learning how to obtain and maintain employment despite significant mental health issues is a particular focus of this FSP.
- **Collaborative Courts (Girls and Boys Courts) FSP** program primarily works with the Juvenile Court to support youth through age 25 with SED/SMI who are in the foster care system and have experienced multiple placement failures. These youth face a considerable number of problems and stressors and may require services well into early adulthood.

- **Collaborative Courts (Juvenile Recovery [formerly Drug] and Truancy Courts) FSP** works with Juvenile Recovery Court youth with SED/SMI both while within the Court's prevue and after graduation when they are no longer on Probation. The goal of the program is to assist the youth develop alternative coping skills, educational opportunities and job training. This FSP also supports the Juvenile Court's Truancy Response Program, providing services to youth with SED/SMI. Many of these youth face multiple problems and stressors. This is often the first time they have come to the attention of the "helping system." Both parts of this FSP program serve children and youth up through age 25.

Outcomes

A total of 297 children were served during FY 15/16 in the Children's FSP programs. Their success was evaluated by measuring a number of outcomes related to mental health recovery, housing, legal involvement and educational performance.

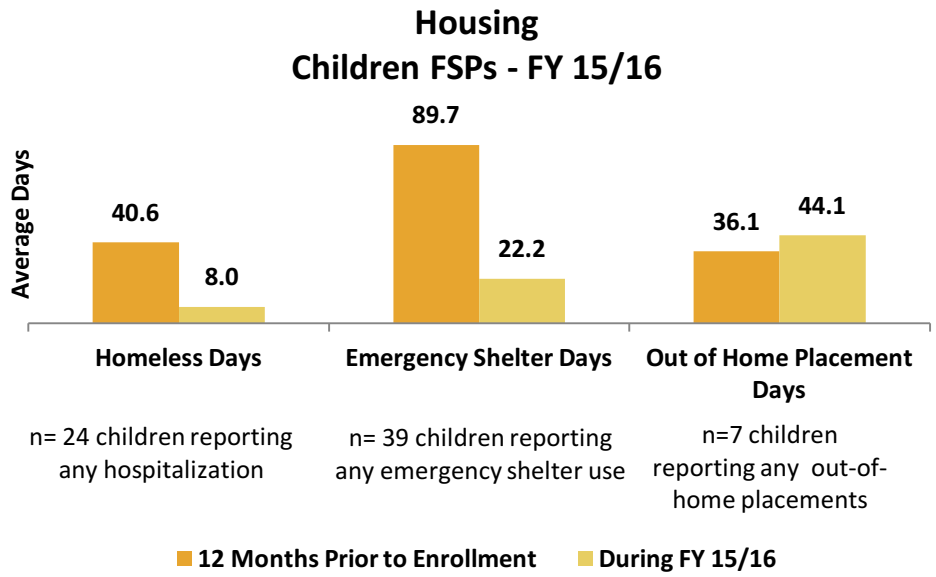
Mental health recovery was evaluated through changes in two measures: (1) number of days psychiatrically hospitalized, and (2) the number of times a child or youth experienced a mental health emergency intervention (defined as a hospitalization episode, crisis residential placement, emergency room visit, crisis assessment/WIC 5585 evaluation, or police response due to a mental health crisis). Support for the FSP programs' effectiveness in promoting recovery was observed through an 86% decrease in the average number of mental health-related emergency interventions when compared to the 12 months prior to enrollment (see graph below). This decrease was statistically significant and moderate in effect size, which is a reflection of real-world significance or observability of change. The 68% decrease in the average number of days spent psychiatrically hospitalized during FY 15/16 was not statistically significant and may be attributable, in part, to the large variation in scores, particularly during the year prior to enrolling in the FSP.[1]



[1] Psychiatric Hospitalization Days: Prior M=14.5, SD= 40.3; Since M=4.6, SD=9.2; t (46) = 1.67, p=.10, Cohen's d=.29
Mental Health Emergency Interventions: Prior M=2.2, SD= 3.5 Since M=0.3, SD=0.6; t (55) =3.80, p<.001, Cohen's d=.61

Community Services and Supports (CSS)

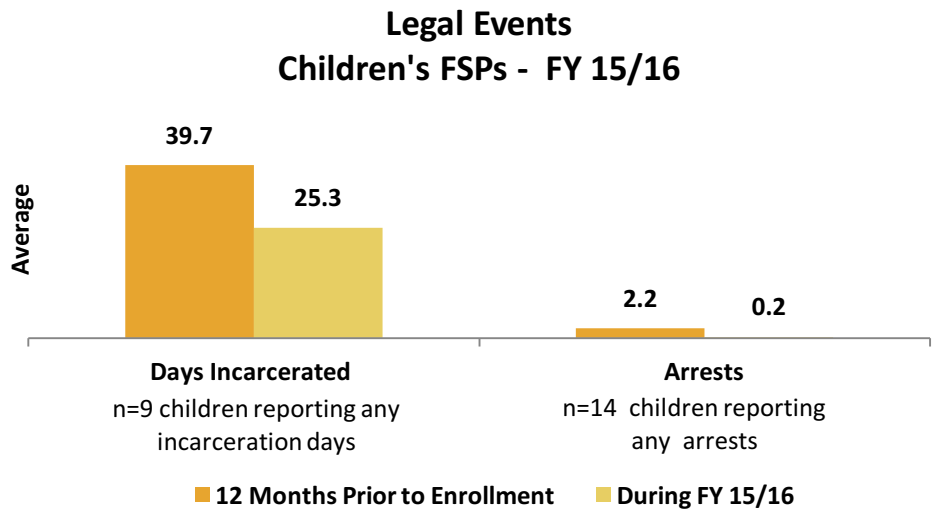
Another goal of the FSP programs is to prevent and reduce homelessness and reduce out-of-home placements, which are defined as a group home or residential treatment facility placement. Consistent with prior years, the FSP programs continued to improve the housing circumstances of the children and youth served as evidenced by the 80% reduction in the average number of days spent homeless and a 75% reduction in the average number of days spent in an emergency shelter during FY 15/16. The decreases were statistically significant and moderate in effect size. Among the seven total children who reported an out-of-home placement, there was a 22% increase in the average days spent in the placement during FY 15/16 compared to the year prior to FSP enrollment (see graph below). This change was not statistically significant, however both the percentage increase and the statistical testing should be regarded as exploratory due to the very low sample size (n=7).[1]



[1] Homeless Days: Prior M=40.6, SD=52.3; Since M=8.1, SD=25.6; t(23) = 2.70, p=0.13, Cohen's d=.58
Emergency Shelter Days: Prior M=89.7, SD=118.4; Since M=22.2, SD=51.5; t(38) =3.4, p<.01, Cohen's d=.59
Out of Home Placement Days: Prior M=36.1, SD=52.9; Since M=44.1, SD=96.8; t(6) =-.223, p=0.831, Cohen's d=-.09

Community Services and Supports (CSS)

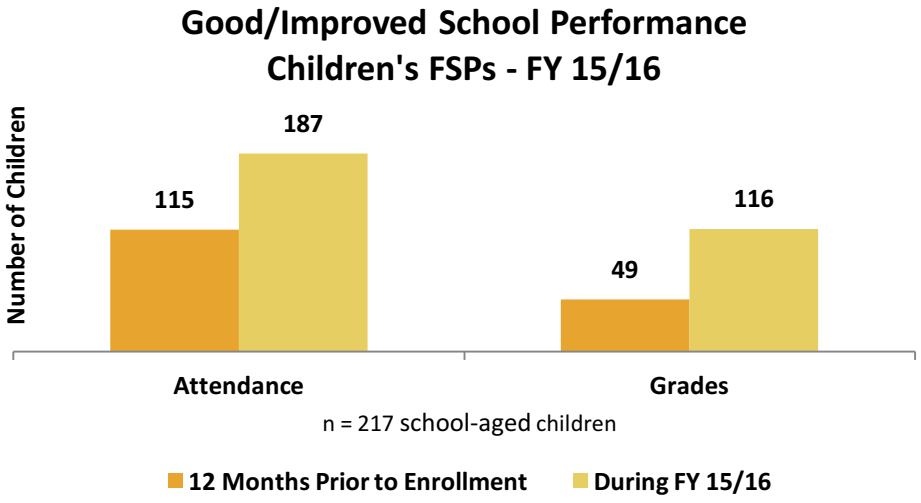
Outcomes related to decreasing involvement with the legal system were tracked using two measures: days incarcerated in jail or prison and number of arrests. The FSP programs noted a substantial and statistically significant 91% reduction in the number of arrests during FY 15/16 compared to the year prior to FSP enrollment (see graph below)[1]. They also reported a 36% reduction in average incarceration days among the few children (n=9) who reported any incarcerations.



[1] Incarceration Days: Prior M=39.7, SD=56.7; Since M=25.3, SD=48.9; t(8) = .625, p=.55, Cohen's d=.21
Arrests: Prior M=2.2, SD=2.9; Since M=.21, SD=.43 ;t(13) = 2.57, p=.023, Cohen's d=.86

Community Services and Supports (CSS)

The last set of outcomes examined the number of children who maintained good/very good school attendance and grades or improved their attendance and grades while enrolled in the FSP program. There was a 39% increase in the number of school-aged children and youth served who reported good, very good or improved attendance during FY 15/16 when compared to the year prior to FSP enrollment. There was also a 59% increase in the number of children and youth who reported good, very good or improved grades during FY 15/16. Taken together, these findings demonstrate that the FSPs were successful in improving school performance among those served.



Community Impact

The programs have been successful in meeting the goals of decreased homelessness, fewer emergency interventions, improved school performance and less involvement with law enforcement. The programs have also adopted a strategy in assisting with housing needs where the family becomes more responsible with meeting costs so that when clinical goals are met, the family is able to meet housing costs independently. This strategy creates stability so that clinical advances can be maintained.

Changes/Challenges/Barriers

The primary challenges facing the children's FSPs are obtaining adequate housing in areas where families have support systems. Housing costs continue to rise and every attempt is made so that children can remain in their neighborhood schools. Along with the housing challenge is the difficulty finding adequate parental employment. It is difficult for the FSP programs to assist parents in finding employment, especially with employers who are flexible enough to employ a parent of a child or youth who may need time away from work to support their child's recovery.

With regard to program changes, a sixth FSP is planned for 2017. This program will be designed to meet the needs of youth who have physical illness and SED that exceed the ability of the current clinic to address (see "OC Children with Co-Occurring Mental Health and Chronic Acute Severe Physical Illness, Special Needs or Eating Disorders" program below). This is a small group with needs that are so different from those enrolled in other FSPs that a specialized program will best address their range of concerns.

Community Services and Supports (CSS)

Children and Youth Behavioral Health Program of Assertive Community Treatment

Children and Youth Behavioral Health Program of Assertive Community Treatment	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	50	75	100
Annual Budgeted Funds in	$1,100,000	$1,100,000	$1,100,000
Estimated Annual Cost Per Person in	$22,000	$14,667	$10,000

Program Description

The Children and Youth Behavioral Health Program of Assertive Community Treatment (CYBH PACT) is an individualized treatment approach that offers intensive services in the community. CYBH PACT assists children and youth in their recovery from mental illness. It also helps children and youth remain out of the hospital and criminal justice system and develop fulfilling lives. The program provides person-centered, recovery-based interventions primarily in the home or community in order to overcome barriers to access or engagement. Collaboration with family participants and other community supports are emphasized in this multidisciplinary model of treatment. The team provides medication services, individual and group therapy, substance use treatment and family therapy. In addition, supportive services such as money management and linkages are offered.

The children and transitional age youth served in this program struggle with the onset of acute and chronic symptoms of mental illness and often present with co-occurring diagnoses and multiple functional impairments. This is a crucial developmental stage for these children and youth in attaining the independence and skills needed to be successful throughout their lives. This multicultural population needs frequent and consistent contact to engage and remain in treatment, and typically requires intensive family involvement.

The target population is children and youth ages 14-21 with Serious Emotional Disturbance (SED) or Serious Mental Illness (SMI) who have had a previous hospitalization or incarceration or are in need of more intensive mental health services than those provided in a traditional outpatient program.

Outcomes

The program has not yet been implemented. Outcomes are not available.

OC Children with Co-Occurring Mental Health and Chronic Acute Severe Physical Illness, Special Needs or Eating Disorders

OC Children with Co-Occurring Mental Health and Chronic Acute Severe Physical Illness, Special Needs or Eating Disorders	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	250	325	400
Annual Budgeted Funds in	$2,500,000	$2,500,000	$2,500,000
Estimated Annual Cost Per Person in	$10,000	$7,692	$6,250

Program Description

As part of the ongoing MHSA public planning process, children and youth with physical illness complicated by their mental health issues were identified as an un-served and underserved group. These children's and youths' physical recovery is complicated by their mental health issues, and their reactions to physical health issues may exacerbate their mental health issues. Also included in this group are children and youth with severe eating disorders who are at risk of physical deterioration to the extent of life-threatening risk.

The target population for this program is youth through age 18 who are being seen primarily by Oncology, Endocrinology and Neurology services at a local hospital. Parents and siblings are an integral part of the treatment process, given the disruption to the family structure when the survival of one family member becomes the family's main focus. Many of these children and youth are Medi-Cal beneficiaries and MHSA funds serve as a match to the drawdown of federal funds.

Outcomes

Because the program began implementation in FY 15/16, outcomes are not available.

Community Impact

This program is a first step in the integration of behavioral and physical health services. The potential target population is large and this program is developing paradigms to use with children and youth whose recovery from physical illness is compromised by behavioral health issues.

Changes/Challenges/Barriers

Among the challenges in this start-up program is the integration of two cultures: a County Behavioral Health system largely built on an outpatient model and a private provider of general medical/surgical services new to integrating behavioral interventions into comprehensive treatment plans. Communication has been key to collaboration so that issues concerning the delivery of services can be addressed.

Children's Co-Occurring Mental Health and Substance Use Disorders Residential Treatment

Children's Co-Occurring Mental Health and Substance Use Disorders Residential Treatment	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	75	75	75
Annual Budgeted Funds in	$427,500	$427,500	$427,500
Estimated Annual Cost Per Person in	$5,700	$5,700	$5,700

Program Description

This program was specifically developed to address gaps in the service continuum. In past years, the County contracted with more traditional residential substance use disorder (SUD) providers for youth. More recently it became apparent that many of the youth being served in these programs had Serious Emotional Disturbance (SED) issues beyond the abilities and scope of practice of the existing providers. Knowing that sustained rates of recovery can be significant when mental health and substance abuse treatment is integrated, this program incorporates individual and group therapy, family therapy, recreational therapy and life skills training while simultaneously addressing underlying issues such as trauma, attachment, abuse, neglect and other situations that fuel substance use and mental health disorders. The family system is an integral part of the process and outpatient aftercare treatment is provided upon completion of the more intensive residential program to help maintain gains made during the residential program.

Outcomes

The program was not implemented during FY 15/16, which is the outcomes reporting time frame for this Plan. Thus, outcomes are not currently available and will be reported in future updates.

Mentoring for Children and Youth

Mentoring for Children and Youth	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	200	200	200
Annual Budgeted Funds in	$500,000	$500,000	$500,000
Estimated Annual Cost Per Person in	$2,500	$2,500	$2,500

Program Description

Mentoring for Children and Youth is a community-based, individual- and family-centered program that recruits, trains and supervises adults to serve as positive role models and mentors for children with Serious Emotional Disturbance (SED) and transitional age youth with Serious Mental Illness (SMI) who are enrolled in County or County-contracted outpatient services. Parents/caregivers of participating children and youth may also receive parent mentoring services.

One-to-one mentoring impacts children and youth in a positive way when strong relationships are formed and good mentoring practices are implemented. Research conducted by the National Mentoring Partnership indicates that children and youth mentoring holds great promise in helping young people succeed in life. Studies of programs that provide children and youth with formal one-to-one mentoring relationships have provided strong evidence of reducing the incidence of delinquency, substance use and academic failure. Formal children and youth mentoring programs promote positive outcomes such as improved self-esteem, enhanced social skills and resilience.

Working with mentors also provides the child or youth an opportunity to practice the skills learned in therapy in a controlled and supportive environment. Mentoring is a logical, cost-effective strategy that provides children and youth with positive reinforcement and caring role models.

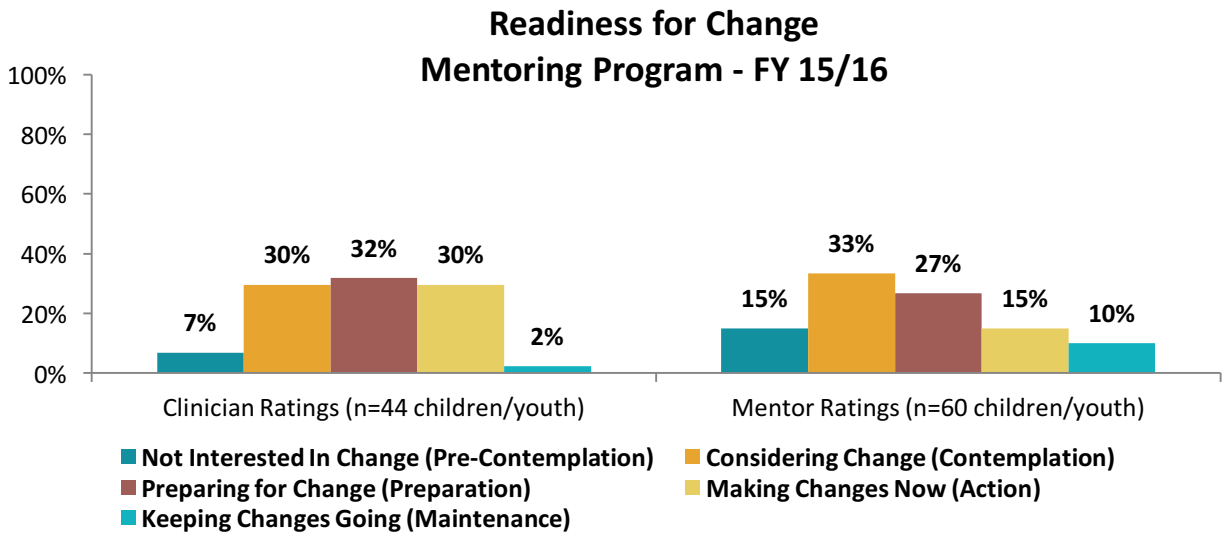
Outcomes

A total of 194 children and youth and 21 parents were served in the mentoring program during FY 15/16. Outcomes were assessed through changes on the Orange County Health Care Agency Resilience Questionnaire (HCA ResQ), which is a 16-item measure developed by HCA for children and youth. The measure yields a Total Score and three subscale scores (Self-Efficacy, Peer Support, Family Support) that are each categorized into “low” vs “high,” with high scores reflecting the presence of healthy levels of overall resilience, coping skills/self-sufficiency, positive peer support and/or positive family support, respectively.

Mentoring participants completed the ResQ prior to being matched with a mentor and once again after being in the program for six months (which typically coincided with discharge), and the percentage of students reporting high Self-Efficacy at these two time points was compared.

Results showed that, of the 19 children and youth who completed both measures, 14 (73.7%) reported high levels of self-efficacy at follow up. Thus, the mentoring program appeared to be effective at achieving or sustaining high levels of self-efficacy among at-risk youth even as they were being challenged to develop new social and problem-solving skills.

In addition, the referring clinicians and mentors completed a Readiness for Change measure at discharge from the program, which reflects the extent to which they believe the child or youth is ready to make positive changes in his/her behavior. Clinicians reported that 32% of the children and youth were making or keeping positive changes going and another 32% were rated as preparing for change. Similarly, mentors reported that 25% were making or keeping positive changes going and 27% were preparing for change. Taken together, these findings suggest that a large proportion of children and youth were mobilized to improve their lives following involvement with the mentor program (see graph below).



Community Impact

The program provides children with the opportunity to practice skills learned in treatment in a safe and controlled environment. Children and youth are provided non-judgmental feedback in a supportive setting, especially when trying out new behaviors.

In 18 satisfaction surveys that were completed, 94% of clients strongly agreed or agreed that overall services provided by the program "were helpful" and 100% percent of the respondents reported that mentoring, in particular, was "a lot of help."

Changes/Challenges/Barriers

The program succeeds despite two complicated, but necessary processes. First, it is a challenge recruiting volunteer mentors, obtaining background checks and providing training and guidelines on to "how to be a mentor." In addition, CYBH clinicians must identify children and youth who might benefit from the program and then the program must match the child or youth to an appropriate mentor according to characteristics such as gender, interests and/or language spoken. Because of the limited number of mentors available, on occasion it can take some time before a suitable mentor is available and/or identified.

Transitional Age Youth Crisis Residential

Transitional Age Youth Crisis Residential	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	96	96	96
Annual Budgeted Funds in	$1,491,368	$1,491,368	$1,491,368
Estimated Annual Cost Per Person in	$15,535	$15,535	$15,535

Program Description

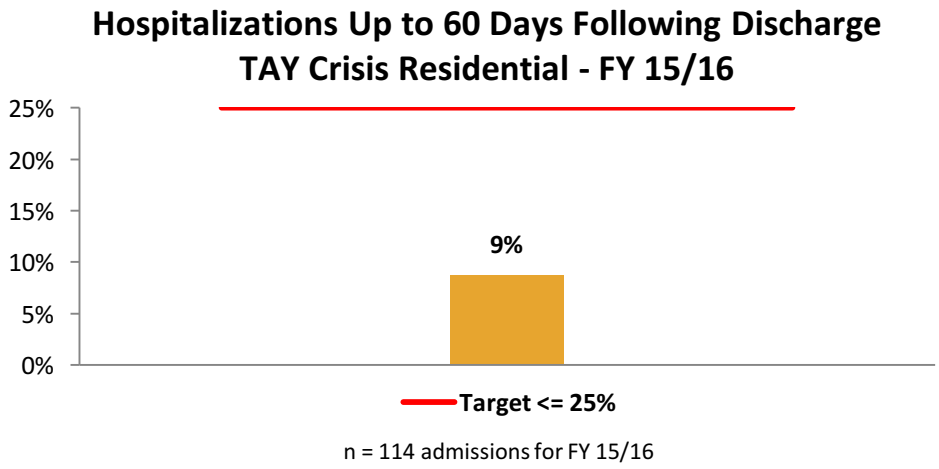
The Transitional Age Youth (TAY) Crisis Residential Program (CRP) provides short-term crisis residential treatment services to assist TAY with resolving their mental health crisis and to facilitate their return to the community and/or independent housing. The target population is TAY who are in crisis and at risk of psychiatric hospitalization but do not meet criteria for involuntary holds. The program may also serve as an intermediate level of care between residing in an inpatient or out-of-state group home facility and living in the community. Services focus on promoting resilience in TAY with serious mental illness who are in crisis and who may be experiencing significant family conflict, are homeless of at risk of being homeless, are unserved or underserved, or are transitioning out of the juvenile justice or foster care system.

The CRP is located in a suburban community with six beds. The typical length of stay is three weeks, with extensions up to six weeks available when clinically indicated. Due to the difficulty of finding longer term, structured and supervised housing for youth, a second six-bed facility was opened under the same license and serves as a two-to-six-month placement when a structured milieu is clinically indicated. This Social Rehabilitation Program (SRP) places an emphasis on personal growth and helps prepare youth for returning to the community and living more independently. Linkage to ongoing community mental health services and other supports is an integral part of this program. Many TAY are initially referred to the CRP and then transfer to the SRP after the immediate crisis has been addressed, however TAY can be directly referred to the SRP when they are not in crisis but could still benefit from a high level of supervision and stabilization. Both the TAY CRP and SRP are licensed as a Social Rehabilitation Program by the State.

Community Services and Supports (CSS)

Outcomes

During FY 15/16, a total of 114 TAY received CRP and/or SRP services. Similar to the children's crisis treatment program, the goal of TAY crisis residential services is to maintain a psychiatric hospitalization rate of 25% or less during the time the youth is enrolled in the program through 60 days post-discharge. As can be seen in the graph below, this target was met for FY 15/16.



n = 114 admissions for FY 15/16

Community Impact

The program provides an alternative to hospitalization by helping TAY stay living in the community. The program provides a safe therapeutic environment that is the first step toward independent living. Youth are also frequently enrolled in FSPs to further assist with their transition to less restrictive levels of care.

Changes/Challenges/Barriers

Many of the program participants have spent time in group home settings as children and youth. It is difficult to design a structured program that simultaneously supports and encourages independence. When youth are away from the program, substance use/misuse can be problematic even in a flexible harm reduction model. Every attempt is made to empower youth, encouraging their exercise of "voice and choice" within the program by having participants make as many decisions as possible, e.g., food, outings, house rules, etc. The program also includes as much psychoeducation on substance-related issues as can be useful within a population that needs to "test limits."

Transitional Age Youth Full Service Partnership/Wraparound

Transitional Age Youth Full Service Partnership/Wraparound	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	1,005	1,075	1,075
Annual Budgeted Funds in	$8,434,468	$8,434,468	$8,434,468
Estimated Annual Cost Per Person in	$8,393	$7,846	$7,846

Program Description

The target group for these programs is youth aged 16-25 who are homeless or at risk of homelessness, who are culturally or linguistically isolated, and/or who are at risk of incarceration or psychiatric hospitalization because of Serious Emotional Disturbance (SED) or Serious Mental Illness (SMI), frequently complicated by substance use. There are currently five distinct programs within the Transitional Age Youth FSP category, which serve particular target populations.

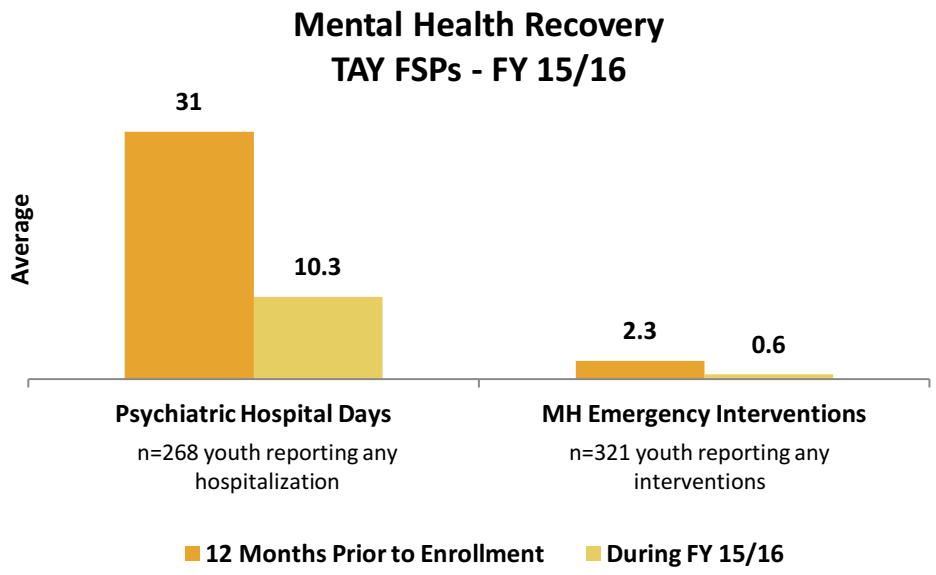
- **Support Transitional Age Youth (STAY) Process FSP** serves TAY who are living with SED or Serious Mental Illness (SMI) that is frequently complicated by substance use, almost all of whom are at some risk of homelessness. TAY are provided support and guidance to help them increase their abilities and skills essential to being self-sufficient adults.
- **Project For Our Children's Ultimate Success (FOCUS) FSP** specializes in serving culturally- and/or linguistically-isolated Asian-Pacific Islander youth living with SED or SMI), with a particular focus on the Korean and Vietnamese communities in the County. The program serves youth through age 25 and their families.
- **Youthful Offender Wraparound (YOW) FSP** serves youth through age 25 who are experiencing SED/SMI and involved with the juvenile justice system. The program focuses on maintaining the gains the youth made while receiving services in custody and reintegrating the youth into the community. Learning how to obtain and maintain employment despite significant mental health issues is a particular focus of this FSP.
- **Collaborative Courts (Girls and Boys Courts) FSP** program primarily works with the Juvenile Court to support youth through age 25 with SED/SMI who are or were in the foster care system and have experienced multiple placement failures. These youth face a considerable number of problems and stressors and may require services well into early adulthood.
- **Collaborative Courts (Juvenile Recovery [formerly Drug] and Truancy) FSP** works with Juvenile Recovery Court youth with SED/SMI both while within the Court's prevue and after graduation when they are no longer on Probation. The goal of the program is to assist with alternative coping skills, educational opportunities and job training. This FSP also supports the Juvenile Court's Truancy Response Program, providing services to youth with SED/SMI. Many of these youth face multiple problems and stressors. This is often the first time they have come to the attention of the "helping system." Both parts of this FSP program serve children and youth up through age 25.

Community Services and Supports (CSS)

Outcomes

A total of 775 youth were served during FY 15/16 in the TAY FSP programs. Their success was evaluated by measuring a number of outcomes related to mental health recovery, housing, legal involvement and employment.

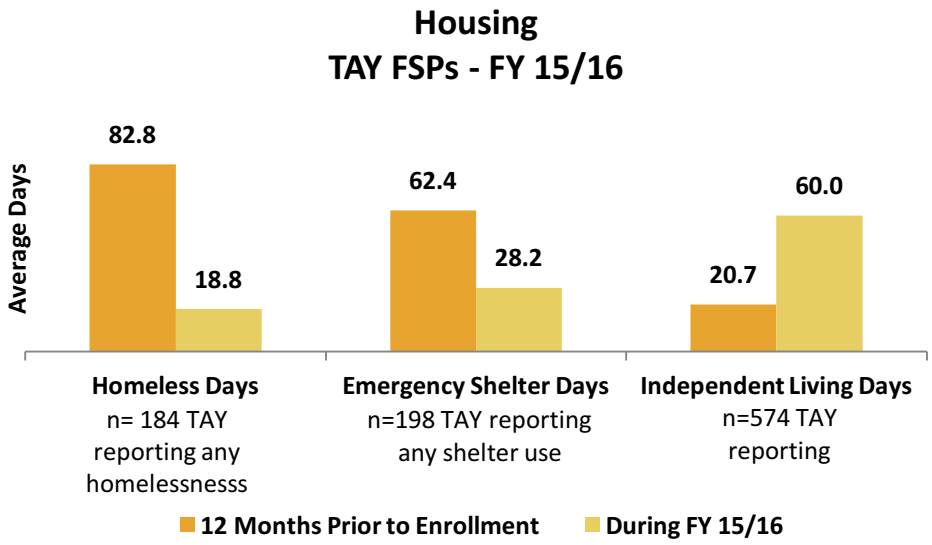
Mental health recovery was evaluated through changes in two measures: (1) number of days psychiatrically hospitalized, and (2) the number of times a youth experienced a mental health emergency intervention (defined as a hospitalization episode, crisis residential placement, emergency room visit, crisis assessment/WIC 5150/5585 evaluation, or police response due to a mental health crisis). Support for the FSP programs' effectiveness in promoting recovery was observed through a 67% decrease in the average number of days youth served spent psychiatrically hospitalized during FY 15/16, as well as a 74% decrease in the average number of mental health-related emergency interventions, when compared to the 12 months prior to enrollment (see graph below). The decrease for both of these measures was statistically significant and small-to-moderate in effect size, which is a measure of real-world significance or observability of change.[1]



[1] Psychiatric Hospitalization Days: Prior M=31.0, SD=57.1;Since M=10.3, SD=28.6; t(267) = 5.74, p<.001, Cohen's d=.35
Mental Health Emergency Interventions: Prior M=2.3, SD=3.9;Since M=0.6, SD=1.5; t(320) =7.37, p<..001, Cohen's d=.45

Community Services and Supports (CSS)

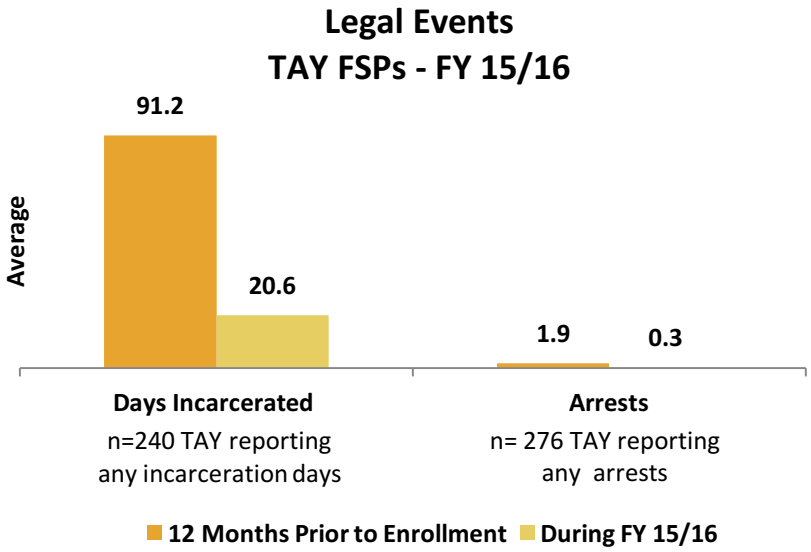
Another goal of the FSPs is to prevent and reduce homelessness and to promote independent living. Consistent with prior years, the FSPs improved the housing circumstances of the youth served. This success was seen in the 77% reduction in average days spent homeless and a 55% reduction in the average days spent in an emergency shelter during FY 15/16 compared to the year prior to enrolling in the FSP (see graph below). In addition, youth experienced a 189% increase in the average number of days spent in independent living, which is defined as living in an apartment or single room occupancy as opposed to any type of supervised residential placement (see graph below). The change for each of these three measures was statistically significant, and the effect sizes were small-to-moderate for shelter use and independent living and moderate-to-large for homelessness.[1]



[1] Homeless Days: Prior M=82.8, SD=114.5;Since M=18.8, SD=39.9; t(183) = 7.28, p<.001, Cohen's d=0.60
Emergency Shelter Days: Prior M=62.4, SD=97.9;Since M=28.2, SD=56.4; t(197) =4.17, p<.001, Cohen's d=.31
Independent Living Days: Prior M=20.7, SD=63.6;Since M=60.0, SD=108.4;t(573) =-8.01, p<.001, Cohen's d=-.35

Community Services and Supports (CSS)

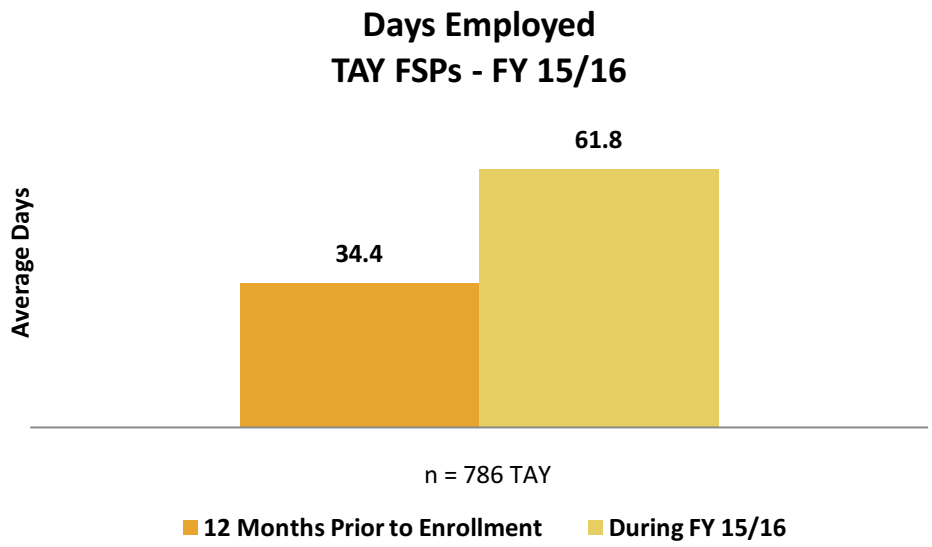
Outcomes related to decreasing youth's involvement with the legal system were tracked using two measures: days incarcerated in jail or prison and number of arrests. The FSP programs continued to make improvements in these areas as evidenced by a notable 77% reduction in average incarceration days during FY 15/16 compared to the year prior to FSP enrollment (see graph below). The youth involved with an FSP program also reported a substantial 84% decrease in the number of times they were arrested during FY 15/16 (see graph below). The decreases were statistically significant and large in effect size.[1]



[1] Incarceration Days: Prior M=91.2, SD=103.3; Since M=20.6, SD=38.8; t(239) = 9.77, p<.001, Cohen's d=.68
Arrest Days: Prior M=1.9, SD=1.5; Since M=.3, SD=.6; t(275) = 15.33, p<.001, Cohen's d=.98

Community Services and Supports (CSS)

The last set of outcomes examined days employed, which is vital to recovery but can be difficult to attain for those struggling with the combination of serious mental illness, homelessness and/or a legal history. Youth enrolled in an FSP program experienced an 80% gain in average days employed during FY 15/16 (see graph below). The increase was statistically significant but small in effect size as this translated into an average increase of only one month of employment after enrolling in the FSP.[1]



[1] Employment Days: Prior M=34.4, SD=82.0; Since M=61.8, SD=105.1; t (785) = -6.44, p<.001, Cohen's d=-.23.

Community Impact

These FSP programs provide hope to and promote resilience in youth who are having extreme difficulty transitioning to adulthood. The programs address the major developmental tasks of this age group with the goal of moving the youth toward the ability to live independently with a satisfactory quality of life.

Changes/Challenges/Barriers

Despite a recovering job market, the major, ongoing challenge for TAY FSP programs is assisting these youth in finding suitable, sustainable employment. Many have had little or no success in the job market. They are reluctant to use skills that they have rehearsed in the safety of the program for fear of failure. Supported employment with job coaches has been successful with some youth, however many others either remain reluctant to pursue employment or have difficulty maintaining their job once hired.

With regard to programming changes, a sixth FSP program is planned for 2017. It will address the needs of the older pediatric population (ages 16 and older) who have physical illness and SED that exceeds the ability of the current clinic program to address (see "OC Children with Co-Occurring Mental Health and Chronic Acute Severe Physical Illness, Special Needs or Eating Disorders" program above). This is a small group with needs that are so different from those enrolled in other FSP programs that a specialized program will best address their range of concerns.

Adult and Transitional Age Youth Crisis Assessment Team and Psychiatric Emergency Response Team

Adult and Transitional Age Youth Crisis Assessment Team and Psychiatric Emergency Response Team	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	2,800	2,900	3,000
Annual Budgeted Funds in	$4,327,637	$4,327,637	$4,327,637
Estimated Annual Cost Per Person in	$1,546	$1,492	$1,443

Program Description

The Crisis Assessment Team (CAT) provides mobile response, including behavioral health evaluations/assessment, 24 hours per day, 7 days per week, for those who are experiencing a behavioral health crisis. This program assists law enforcement, family members and the community by providing crisis intervention, conducting risk assessments, initiating involuntary hospitalizations when necessary, providing resources, and conducting follow up contacts for individuals evaluated. Bilingual/bi-cultural staff works with family members to provide information, referrals and community support services.

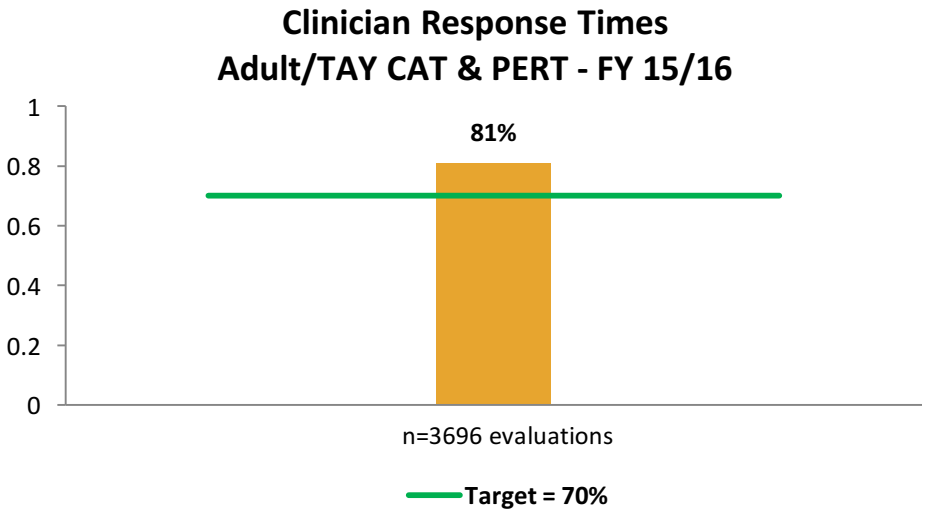
The Crisis Assessment Team has a Transitional Age Youth (TAY) component that provides specialized services to youth between 18 and 25 years of age. This program currently has three staff members who have expertise and additional training in working with TAY who are experiencing a behavioral health crisis.

The Psychiatric Emergency Response Team (PERT) is a specialized unit designed to create a behavioral health and law enforcement response team. While the primary purpose of the partnership is to assist clients in behavioral health crisis in accessing behavioral health services, the PERT team also educates law enforcement on behavioral health issues and provides them with the tools necessary to assist individuals in behavioral health crises more effectively. PERT provides a behavioral health trained clinician to ride along with a police officer in order to provide a prompt response to and assessment of individuals in behavioral health crisis and to provide them with the appropriate care and linkages to other resources as required in a dignified manner.

Community Services and Supports (CSS)

Outcomes

TAY CAT and the Adult CAT/PERT teams conducted a total of 3,696 evaluations during FY 15/16. The program's outcome is the efficiency with which CAT is able to respond to calls. This is measured by the number of minutes between the time a clinician dispatches for an evaluation and the time s/he arrives at the evaluation location. The goal is for the dispatch-to-arrival time to be 30 minutes or less 70% of the time. As can be seen in the graph below, the target rate was exceeded by Adult/TAY CAT and PERT for FY 15/16. In addition, the average clinician response time for the fiscal year was just under 21 minutes.



Crisis response teams also examine the psychiatric hospitalization rate as a way of monitoring the severity of individuals' presenting problems and the availability of safe alternatives to inpatient services. Consistent with prior years, individuals evaluated by CAT/PERT continued to be hospitalized at a rate of approximately 50%. The program has noted a growing number of adults diagnosed with co-occurring disorders who are under the influence of alcohol or other substances at the time of evaluation, which can elevate their risk and increase level of care needs, thereby limiting their placement options.

Community Impact

The increased requests for PERT teams have been significant and five additional PERT teams were added during FY 15/16. This increased utilization of law enforcement/mental health partnerships has enhanced services provided to individuals who are living with mental illness.

Changes/Challenges/Barriers

One challenge has been related to staffing due to the transition of CAT clinicians to the new PERT teams. This has decreased the number of staff available for community response.

Crisis Stabilization Unit(s)

Crisis Stabilization Unit(s)	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	TBD	TBD	TBD
Annual Budgeted Funds in	$4,000,000	$5,000,000	$5,000,000
Estimated Annual Cost Per Person in	TBD	TBD	TBD

Program Description

In response to the rising demand for emergency behavioral health services and community concern regarding emergency department wait times for persons seeking behavioral health care, the Health Care Agency (HCA) is in the process of establishing additional crisis stabilization units (CSUs). These CSUs are envisioned to provide the community a 24/7 walk-in/drop-off service as an alternative to presentation to hospital emergency departments for persons who need urgent behavioral health assessment and stabilization. They will provide a more appropriate alternative for family, law enforcement officers, or others to bring individuals who have an emergent behavioral health need.

The CSU(s) will operate on a 24/7 basis and services will include psychiatric evaluation, medication services, mental health evaluation, therapy, crisis intervention, education, nursing assessment, collateral history and referral to the appropriate level of continuing care. Crisis stabilization is an outpatient service and therefore may evaluate and treat clients for no longer than 23 hours and 59 minutes. The target population is persons who need walk-in/drop-off services for emergent behavioral health issues who are willing to accept services on a voluntary or involuntary basis. The preference is to serve persons of all ages. The facility(ies) will allow separate assessment and treatment areas for the different age groups.

This program went out for solicitation this fiscal year. The first contract is expected to open by the end of the calendar year.

Outcomes

The program has not yet been implemented. Outcomes are not available.

Adult In-Home Crisis Stabilization

Adult In-Home Crisis Stabilization	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	TBD	TBD	TBD
Annual Budgeted Funds in	$1,125,000	$1,500,000	$1,500,000
Estimated Annual Cost Per Person in	TBD	TBD	TBD

Program Description

This program will provide 24/7 in-home crisis response, short term in-home therapy, case management and rehabilitation services. The focus will be on maintaining family stabilization and preventing hospitalization. The In-Home Crisis Stabilization Team will help the family and individual develop coping strategies and linkages to on-going support.

The target population is adults ages 18 to 59 years who are experiencing a behavioral health crisis and are being considered for psychiatric hospitalization, but who do not meet criteria for admission.

This program is going out for solicitation this fiscal year.

Outcomes

The program has not yet been implemented. Outcomes are not available.

Adult Crisis Residential

Adult Crisis Residential	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	390	445	560
Annual Budgeted Funds in	$2,751,229	$3,751,229	$3,751,229
Estimated Annual Cost Per Person in	$7,054	$8,430	$6,699

Program Description

The Crisis Residential Program provides short-term-crisis intervention services to meet the needs of adults in a behavioral health crisis 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. Admission to the program is voluntary and the average length of stay is 7-14 days. The program is person-centered and recovery-oriented and focuses on having adults take responsibility for their behavioral health disorder 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 program also provides co-occurring services for adults who are experiencing a mental health crisis and also have substance use or abuse issues.

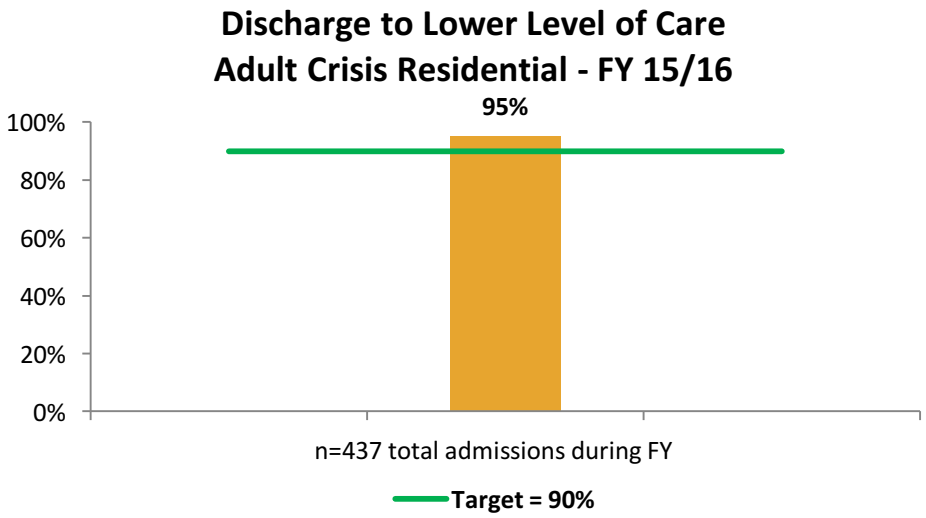
The Crisis Residential Program also provides assessment and treatment services that include individual and group counseling; monitoring of psychiatric medications; substance use education and treatment; and family and significant-other involvement whenever possible. Each adult admitted to the Crisis 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 integrate the adult back into the community effectively, discharge planning starts upon admission.

The target population for this program is adults ages 18-59 who are experiencing a behavioral health crisis and are at risk for hospitalization.

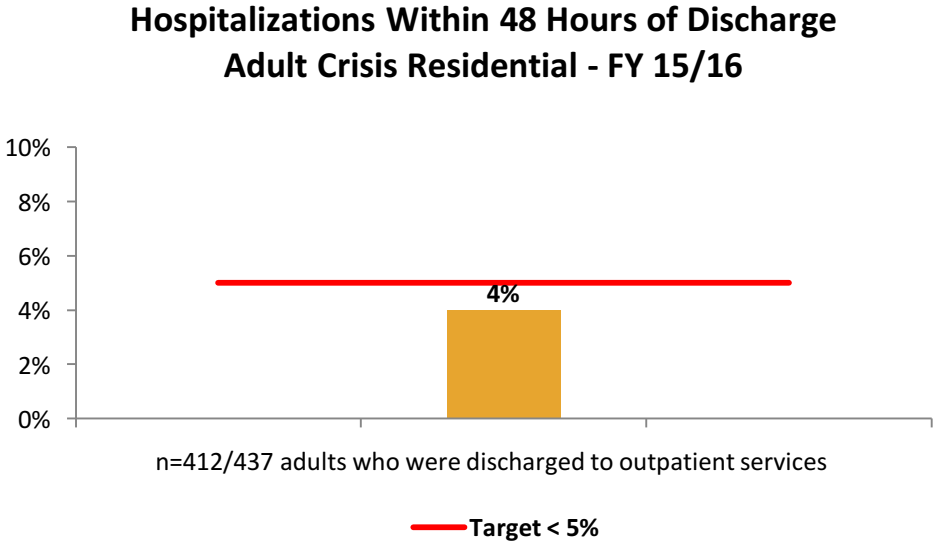
Community Services and Supports (CSS)

Outcomes

There were a total of 437 admissions to adult crisis residential services during FY 15/16 and success of the program was measured in two ways. The first outcome measure is the percentage of adults served who achieved crisis stabilization while in the program and were discharged to a less restrictive level of care such as an outpatient clinic, Full Service Partnership, or private psychiatrist/therapist. The target goal established by management is a 90% discharge rate to a lower level of care, which was exceeded during FY 15/16 (see graph below).



The second goal is to minimize discharges from the program before the adult served has achieved an adequate degree of stabilization. This is quantified as maintaining a psychiatric hospitalization rate of less than 5% within 48 hours of discharge to a lower level of care. As can be seen in the graph below, the target was achieved for FY 15/16 with an overall hospitalization rate of 4%.



Community Services and Supports (CSS)

Community Impact

The Crisis Residential Program has assisted hundreds of adults who would have likely needed a higher level of care (i.e., hospitalization). This has reduced unnecessary stays in psychiatric hospitals and provided a healthy alternative in a therapeutic, home-like environment for people experiencing an acute psychiatric episode.

Changes/Challenges/Barriers

A primary challenge has been the increased demand for Crisis Residential services and limited number of beds. A solicitation for additional beds was completed in 2016 and contract negotiations are underway for two additional sites.

Recovery Centers/Clinic Recovery Services/Open Access

Recovery Centers/Open Access	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	3,400	3,500	3,500
Annual Budgeted Funds in	$7,658,531	$9,158,531	$9,158,531
Estimated Annual Cost Per Person in	$2,253	$2,617	$2,617

Program Description

Recovery Centers: The Recovery Center programs provide a lower level of care for adults who no longer need traditional outpatient treatment but need to continue receiving medication and case management support. This program allows adults to receive self-directed services that focus on community reintegration and linkage to health care. An important feature is a peer-run support program in which adults are able to access groups and peer support activities. These services are delivered in an individualized, person-centered system of care that supports people in their unique stage of recovery. Services are focused on increasing self-reliance and independence in the community and include medication management, individual and group counseling, case management, crisis intervention, educational and vocational services, and peer support activities.

The target population includes adults ages 18 and older who are diagnosed with a serious mental illness and may have a co-occurring substance use disorder, and who no longer require intensive outpatient behavioral health services.

Recovery Open Access Services: Recovery Open Access Services provides immediate outpatient psychiatric support, timely follow-up, and short-term integrated behavioral health services to adults discharging from psychiatric hospitals, jails and those who may be unable to see their assigned clinician/psychiatrist in the outpatient clinics. Services include face-to-face assessments, temporary medication support, crisis services, psychiatric health assessments, brief solution-focused counseling, follow-up services, and linkage to substance use disorder treatment and ongoing care.

The target population includes adults ages 18 and older who are diagnosed with a serious mental illness and may have a co-occurring substance use disorder, and who require urgent behavioral health care upon discharge from a psychiatric hospital or jail.

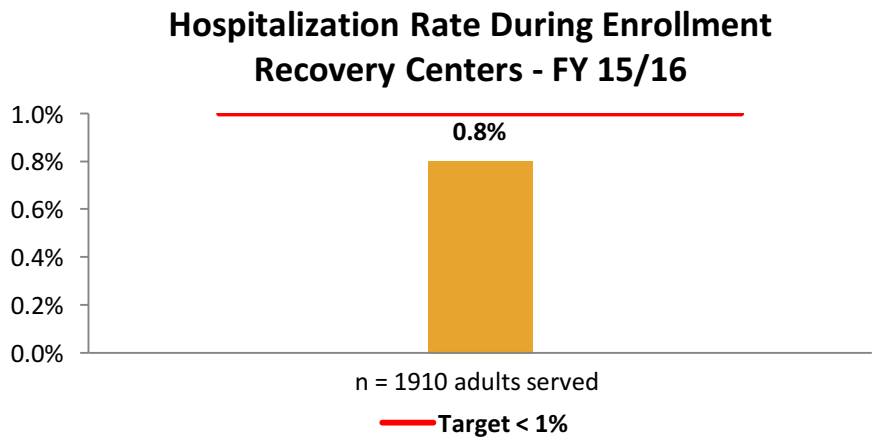
Clinic Recovery Services: The Clinic Recovery Services program provides case management, medication and therapeutic services to assist adults in moving through more advanced stages of recovery. The primary objectives of the program are to help adults improve engagement in the community, build a social support network, increase employment and/or volunteer activity, and link to lower levels of care. As they achieve their care plan goals and maintain psychiatric stability, they are transitioned to a lower level of care where they can continue their recovery journey.

The target population is adults ages 18 and older who have graduated from the Adult and Older Adult Behavioral Health (AOABH) Adult Outpatient Clinic program and need ongoing support to help build meaningful roles in the community, increase their ability to manage their own mental health care, and link to lower levels of care.

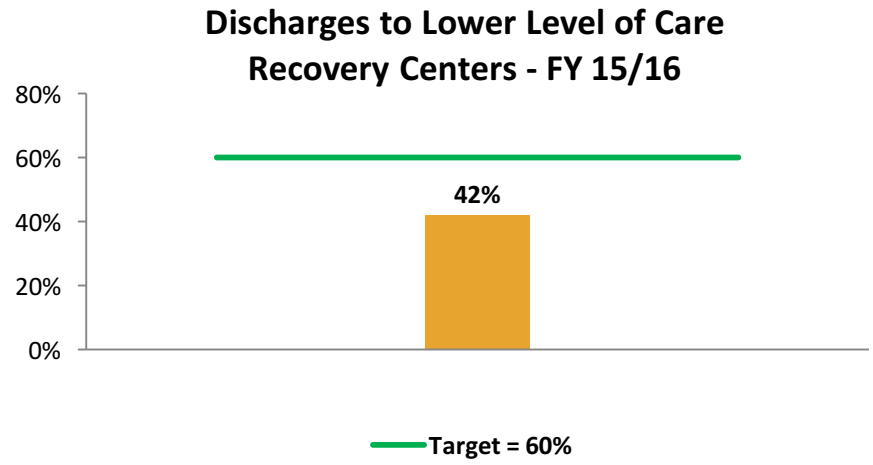
Community Services and Supports (CSS)

Outcomes

Recovery Centers: During FY 15/16, the Recovery Centers served a total of 1,910 adults. Performance of the program was measured in two ways. The first is whether the program achieved its target of maintaining a psychiatric hospitalization rate of less than 1% while adults were enrolled in the program. As can be seen in the graph below, the Recovery Centers achieved this goal with a hospitalization rate of 0.8%.



In addition, the Recovery Centers strive to assist adults in achieving community reintegration and greater independence by setting a goal of discharging 60% of those served into a lower level of care. During FY 15/16 the program did not achieve this goal with only 42% of individuals served by the program being discharged to a lower level of care.

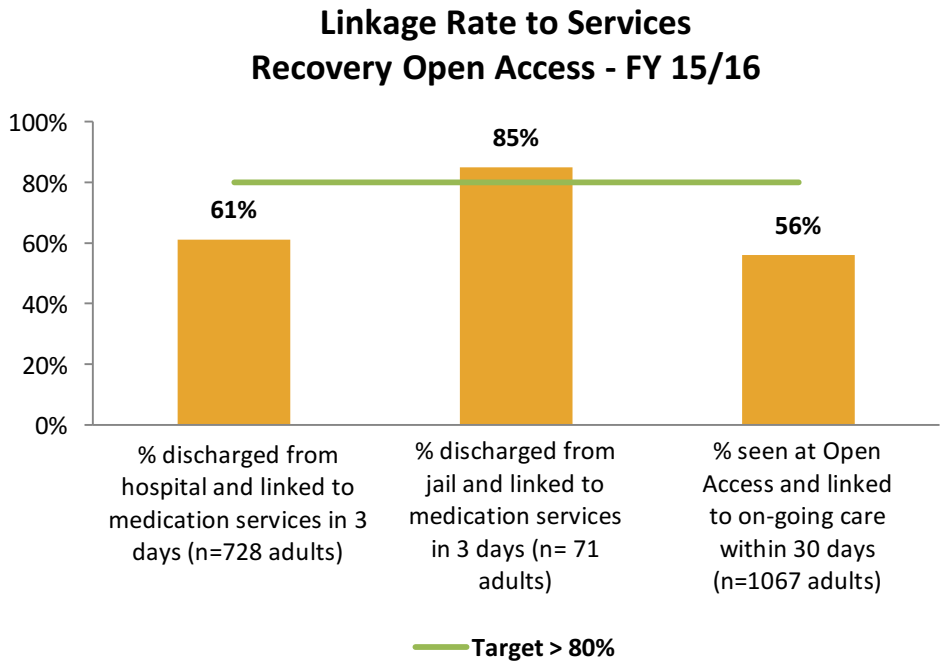


Community Services and Supports (CSS)

Recovery Open Access Services: During FY 15/16, Recovery Open Access served a total of 1067 adults. Performance of the program is measured through whether the program meets or exceeds the following targets:

- 80% of adults discharged from a hospital and admitted to Recovery Open Access are linked to medication services within 3 business days
- 80% of adults discharged from jail and admitted to Recovery Open Access are linked to medication services within 3 business days
- 80% of all adults admitted to Recovery Open Access are linked to ongoing care within 30 days

As can be seen in the graph below, Recovery Open Access reached its target for connecting individuals discharged from jail with medication services within three days. However it fell short of the remaining two goals. Of note, this program was launched in FY 15/16 and there were some training gaps during the initial launch that left clinicians unaware they should track the dates of psychiatry visits for outcomes purposes. This oversight has been identified and missing records will be entered to ascertain whether the above rates are accurate. In addition, training and quality assurance strategies are being implemented to avoid this issue going forward.



Clinic Recovery Services: Outcomes for this Plan are reported for FY 15/16 and the Clinic Recovery Services program was implemented in FY 16/17. Thus, outcomes will be reported in the next MHSA Plan Update.

Community Services and Supports (CSS)

Community Impact

The implementation of Recovery Open Access services has increased linkage to important ongoing behavioral health and medication services for those who are released from a hospital or jail, thereby helping to break the cycle of repeat hospitalizations and jail stays.

Changes/Challenges/Barriers

One change to the system of care from the previous year is that the two County-operated Recovery Center Services were transformed into Recovery Open Access Services. The County identified a need for immediate screening and evaluation services for those with urgent behavioral health care needs and adjusted the delivery of services to match that need.

Assisted Outpatient Treatment

Assisted Outpatient Treatment	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	570	600	600
Annual Budgeted Funds in	$5,015,841	$5,015,841	$5,015,841
Estimated Annual Cost Per Person in	$8,800	$8,360	$8,360

Program Description

On May 13, 2014, the Board of Supervisors adopted the resolution to authorize implementation of Assisted Outpatient Treatment (AOT). The law created an Assisted Outpatient Treatment program that provides court-ordered treatment for adults with serious and persistent mental illness who meet certain criteria. This program became operational in Orange County as of October 1, 2014.

An individual subject to AOT must live in the County and have a history of not participating in mental health treatment. Based on an investigation and resultant clinical determination, the individual must be unlikely to survive safely in the community without supervision. All individuals placed on AOT must meet threshold criteria that the individual's mental illness (1) has twice been a factor leading to psychiatric hospitalizations or incarcerations within the prior 36 months, or (2) has resulted in one or more actual or attempted serious acts of violence toward self or others within the prior 48 months.

If the criteria are satisfied, the County Mental Health Director or designee may file a certified petition with the court indicating that AOT is needed to help prevent relapse or deterioration that would likely result in grave disability or serious harm to self or others. Such a petition must establish that the individual has been offered an opportunity to participate voluntarily in a treatment plan but continues not to engage in treatment and is deteriorating.

Legislation specifies that certain parties can request an AOT evaluation. These include (1) immediate family members, (2) adults residing with the individual, (3) a hospital director or licensed mental health professional treating the individual, or (4) a peace officer, parole or probation officer supervising the individual. Once an AOT order has been issued, a treatment plan for the individual is developed. The order is good for six months and can be renewed at the end of that time if the criteria are still met.

There are two separate components within the County's AOT program. The first component is the County AOT Assessment and Linkage Team, which engages those who meet AOT criteria and attempts to link them directly to voluntary services prior to going through the court system. The second component is the contracted AOT Full Service Partnership (FSP) program which provides intensive, community-based outpatient services to adults who have been ordered by the court to participate in the AOT program and to adults who have voluntarily agreed to participate in services.

Community Services and Supports (CSS)

Outcomes

The outcomes reported below are specific to the activity of the AOT Assessment and Linkage Team. Outcomes for adults served in the AOT FSP are reported as part of the aggregated Adult Full Service Partnership outcomes in this Plan.

During FY 15/16, there were 567 referrals and 709 inquiries (requests for information only) from the community. Of those referred, 144 adults were linked to other services voluntarily without court intervention. The types of services to which they were linked were based on their required level of care and included Full Service Partnerships, County PACT programs, County Behavioral Health Clinics and Substance Use Disorder programs.

In addition, a total of 14 adults went through the petition process, with 11 reaching a settlement agreement and three requesting a contested hearing. In all three cases of the contested hearing, AOT was ordered.

Of the remaining 322 referrals, 50 did not meet criteria for the program and 47 had engaged in services prior to the AOT referral being made. Thirty-two adults were sentenced to jail or prison for terms that were longer than 60 days and 14 had extended hospitalizations, thus making them inappropriate for AOT services. Another 175 were unable to be located due to homelessness. In addition, one petition was dismissed, two petitions were withdrawn, and one adult was deceased at the time of assessment.

Community Impact

AOT is a newer program that has had a notable impact on the community as evidenced by the number of individuals the AOT Assessment and Linkage Team has been able to engage in voluntary services. Approximately 25% of referrals made to AOT have resulted in linkages to voluntary services in the community for those who would have otherwise not been reached. AOT serves as another access point for families to call to engage their loved ones in treatment.

Changes/Challenges/Barriers

In November 2016, the AOT FSP transitioned from being a component of the Enhanced Recovery FSP program to a free-standing, independent program. As part of this change, the program increased its capacity of the number adults who could be served from 31 to 120. This allows the program to accommodate the high number of individuals who were willing to accept voluntary services following outreach efforts.

One of the challenges faced by the AOT Assessment and Linkage team is consistently locating individuals when they are homeless upon being released from jail. The AOT program continues to work with the jails to locate and link individuals to services upon release to try and reduce the number who are lost to follow up due to homelessness. In addition, BHS has submitted a grant proposal for Proposition 47 funds that will enhance and expand these efforts, in part, by placing BHS system navigators directly in the Intake and Release Center (IRC) to facilitate linkages to behavioral health services.

Community Services and Supports (CSS)

Adult Full Service Partnerships

Adult Full Service Partnerships	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	1,093	1,290	1,290
Annual Budgeted Funds in	$16,192,093	$21,192,093	$21,192,093
Estimated Annual Cost Per Person in	$14,814	$16,428	$16,428

Program Description

The Adult Full Service Partnership (FSP) programs provide intensive, community-based outpatient services which include peer support, supportive education/employment services, transportation services, housing, benefits acquisition, counseling and therapy, integration and linkage with primary care, intensive case management, 24/7 on-call response, crisis intervention and co-occurring disorder treatment.

These programs strive to reduce barriers to accessing treatment by bringing treatment into the community. Adult FSP programs provide services in a linguistically and culturally competent manner to diverse, underserved populations in Orange County, which includes individuals who may have co-occurring substance use disorders.

The target population for the Full Service Partnership (FSP) programs includes adults who have a mental illness and are unserved or underserved and who may be homeless or at risk of homelessness, involved in the criminal justice system, or are frequent users of inpatient psychiatric treatment.

The adult FSP programs operating in Orange County each target unique populations:

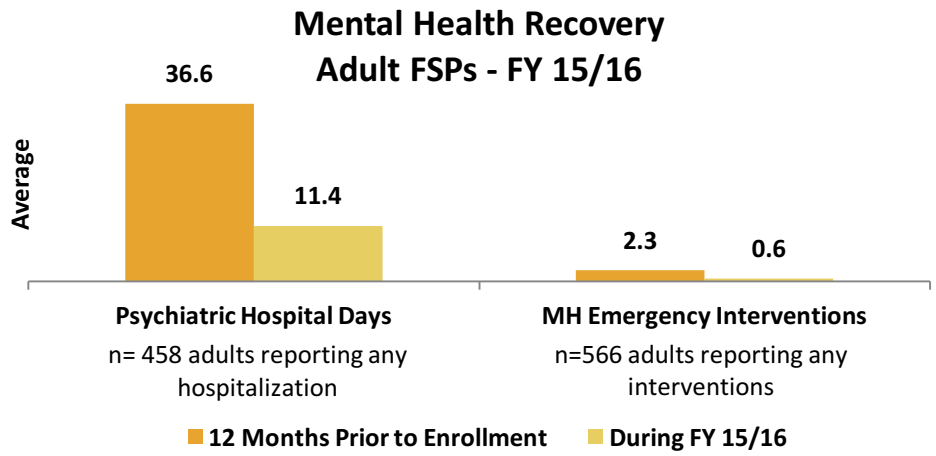
- The **Opportunity Knocks** (OK) program serves adults who have current legal issues or experience recidivism with the criminal justice system.
- **Telecare and Orange** (TAO) has two programs that serve adults who live with a serious mental illness and who are homeless or at risk of homelessness. These individuals typically have not been able to access or benefit from traditional models of treatment.
- **Striving Towards Enhanced Partnerships** (STEPS) is a program that targets adults who are on LPS conservatorship and returning to the community from long-term care placements such as Institutions for Mental Disease (IMDs), and adults who have misdemeanor offenses and are referred by the Public Defender's Office to the Mental Health Collaborative Court (Assisted Intervention Court) due to questions about their competence to stand to trial.
- **"Whatever It Takes"** (WIT) Court is a voluntary program for non-violent offenders who are referred through the Community Court. The program works in collaboration with probation, the collaborative court judge, and the Public Defender's office to provide treatment that re-integrates members into the community and reduces recidivism.

Community Services and Supports (CSS)

Outcomes

A total of 1,059 adults were served during FY 15/16 in the Adult FSP programs. Their success was evaluated by measuring a number of outcomes related to mental health recovery, housing, legal involvement and employment.

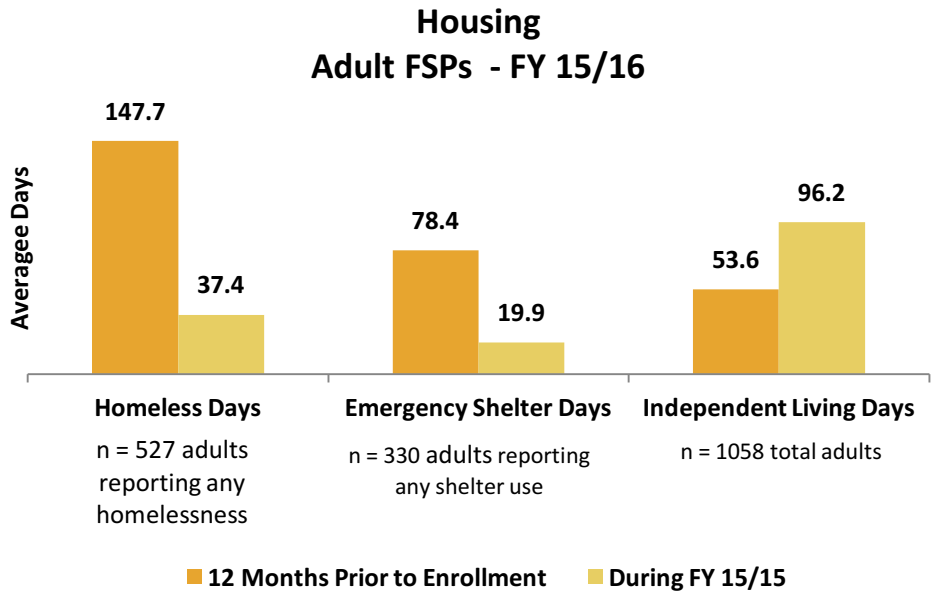
Mental health recovery was evaluated through changes in two measures: (1) number of days psychiatrically hospitalized, and (2) number of mental health emergency interventions (defined as a hospitalization episode, crisis residential placement, emergency room visit, crisis assessment/WIC 5150 evaluation, or police response due to a mental health crisis). Support for the FSP programs' effectiveness in promoting recovery was observed through a 69% decrease in the average number of psychiatric hospitalization days during FY 15/16 when compared to the 12 months prior to enrollment (see graph below). This change was statistically significant and reflected a small-to-medium effect size, which is a measure of practical significance or how noticeable the change is to "the naked eye." Adults served in an FSP also reported a 74% decrease in the average number of mental health-related emergency interventions (see graph below). This decrease was statistically significant and reflected a medium effect size.[1]



[1] Psychiatric Hospitalization Days: Prior M=36.6, SD=67.17; Since M=11.4, SD=27.1; t (457) = 7.568, p<.001, Cohen's d=.39
Mental Health Emergency Interventions: Prior M=2.3, SD=3.4; Since M=0.6, SD=1.26; t (566) =10.96, p<.001, Cohen's d=.54

Community Services and Supports (CSS)

Another goal of the FSP programs is to prevent and reduce homelessness and to promote independent living. Consistent with prior years, the FSP programs improved the housing circumstances of their adults served. This success was seen in a 75% reduction both in average days spent homeless and average days spent in an emergency shelter during FY 15/16 compared to the year prior to enrolling in the FSP.[1] These decreases were both statistically significant, with the change in homelessness reflecting a large effect size and the change in emergency shelter use reflecting a medium effect size.[2] Finally, there was a 79% increase in the average number of days adults spent in independent living during FY 15/16, which was statistically significant and small in effect size. Independent living is defined as living in an apartment or single room occupancy as opposed to any type of supervised residential placement (see graph below).[1]

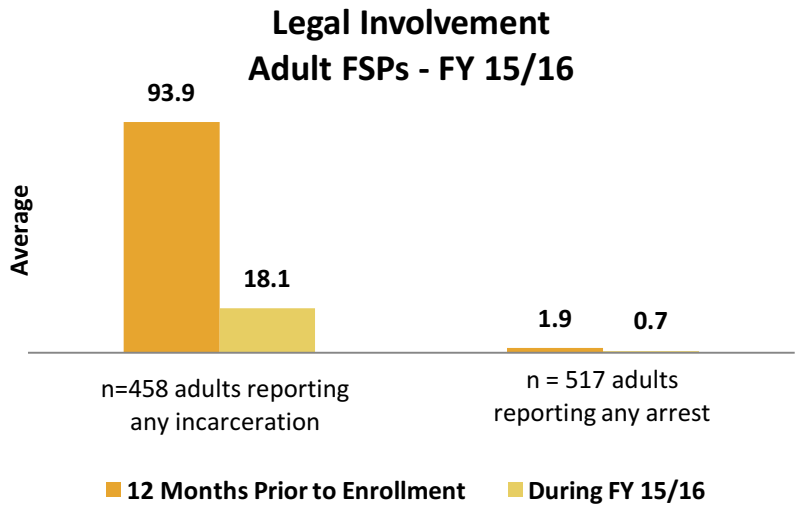


[1] Homeless Days: Prior M=147.7, SD=124.6; Since M=37.4, SD=74.9; t (526) = 17.37, p<.001, Cohen's d=.78
Emergency Shelter Days: Prior M=78.4, SD=111.4; Since M=19.9, SD=45.0; t (329) =9.00, p<.001, Cohen's d=.54
Independent Living Days: Prior M=53.6, SD=111.2; Since M=96.2,SD=144.0; t (1057) =-9.20, p<.001, Cohen's d=.29

[2] Effect sizes can become smaller as the number of days reported between adults becomes more variable, which is why the "real world" significance of an outcome cannot be determined solely from the percent change and/or statistical test of significance.

Community Services and Supports (CSS)

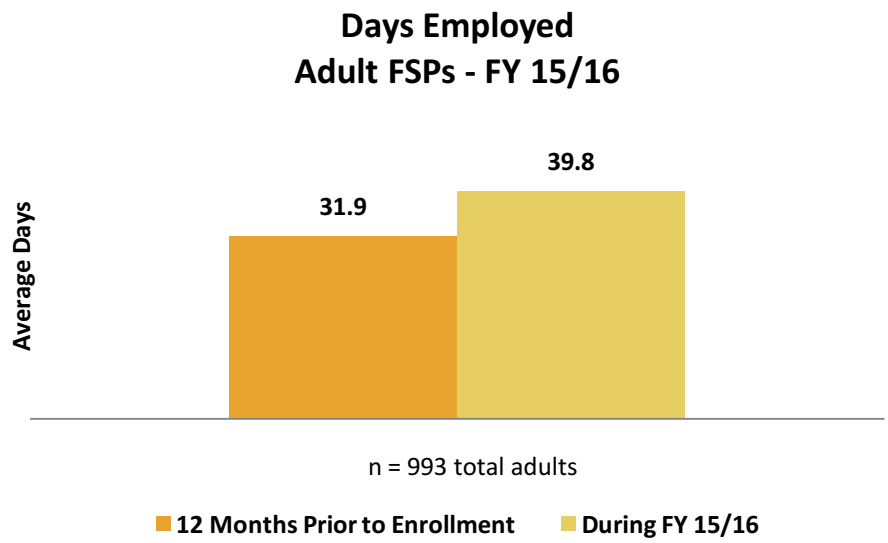
Outcomes related to decreasing involvement with the legal system were tracked using two measures: days incarcerated in jail or prison and number of arrests. The FSP programs continued to make improvements in this area as evidenced by the substantial 81% reduction in average incarceration days during FY 15/16 compared to the year prior to FSP enrollment (see graph below). There was also a 63% decrease in the average number of arrests reported during the same time period (see graph below), which was a medium effect. Both decreases were statistically significant.[1]



[1] Incarceration Days: Prior M=93.9, SD=94.4; Since M=18.1, SD=35.4; t (521) = 17.13, p<.001, Cohen's d=.83
Arrests: Prior M=1.9, SD=2.0; Since M=0.7, SD=1.1; t (516) = 11.81, p<.001, Cohen's d=.54

Community Services and Supports (CSS)

The last outcome measure is days employed, which is vital to recovery but can be difficult to attain for those struggling with the combination of serious mental illness, substance use disorder, homelessness and/or a legal history. Per guidelines established by the County Behavioral Health Directors Association of California (CBHDA), employment was defined as competitive, supported or transitional employment, as well as paid in-house work, work experience, non-paid work experience and other gainful employment activity. Adults enrolled in an FSP experienced a 25% gain in average days employed during FY 15/16 when compared to the year prior to enrollment (see graph below). Although this change was statistically significant, the average increase of approximately seven days employment reflected minimal functional change.[1]



[1] Employment Days: Prior M=31.9, SD=84.9; Since M=39.8, SD=95.7; t(1057) = -2.21, p<.05, Cohen's d=.07

Community Impact

The Adult FSP programs continue to be a leading force for recovery in the community. The FSP programs have a strong base in participant-driven services that build on individual strengths to support reintegration into the community through housing, social connection and, as often as possible, employment. The "Whatever It Takes" approach and field-based services break down barriers to accessing treatment. With the continued implementation of integrated services the FSP programs have increased their collaboration, particularly with community substance use programs and residential substance use treatment programs. In addition, the FSP programs that work collaboratively with the courts and probation continue to prioritize developing treatment approaches that reduce recidivism in the criminal justice system.

Community Services and Supports (CSS)

Changes/Challenges/Barriers

The Adult FSP programs continually evaluate their processes and outcomes in order to make quality improvement changes. The most significant challenges for FSP programs have been increasing family inclusion, employment and access to co-occurring residential treatment. To address the first area, families are encouraged to participate in all levels of treatment and social events. TAO South is currently offering a monthly family support group to provide families with information, education, guidance and support for their own needs, as well as to enable them to assist their family member's recovery.

Similar to other programs, employment has continued to be a challenging area for the FSPs. Employment serves as an important aspect of an individual's recovery in that it helps increase a person's connection with his/her community and provide a sense of purpose. Drawing upon these principles, as well as CBHDA's expanded definition of employment, the FSPs are working to increase individuals' participation in meaningful, employment-related activities such as volunteer work and enrollment in skill-building educational courses.

The FSP programs continue to serve more individuals with co-occurring substance use disorders and are utilizing more residential treatment. The FSP programs are providing more co-occurring groups and working collaboratively with Residential Care and Housing to address co-occurring issues to help support individuals maintain their housing.

Finally, adults in the FSP programs are experiencing tremendous difficulty securing independent housing as home prices and rents continue to soar in Orange County. Beginning in FY 17/18, the adult FSPs will use $200,000 per year for four years to draw down Whole Person Care Federal match dollars and fund housing navigator positions. These navigators will work directly with landlords to build an inventory of units (including those that will accept housing certificates and vouchers), maintain records of unit availability, and assist adults in the FSPs with finding and leasing a unit in a timely manner. It is anticipated that this contract will go out to bid in FY 16/17.

Adult/TAY Program of Assertive Community Treatment (PACT)

Adult/Transitional Age Youth Program of Assertive Community Treatment	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	1,100	1,200	1,250
Annual Budgeted Funds in	$8,428,018	$9,528,018	$9,528,018
Estimated Annual Cost Per Person in	$7,662	$7,940	$7,622

Program Description

The Program of Assertive Community Treatment (PACT) is an individualized treatment approach that offers intensive outpatient services aimed at assisting individuals with their recovery from mental illness. Services include case management, individual and group therapy, substance use treatment, medication services, peer support, benefits acquisition, supportive educational and vocational services, linkage to community resources, and crisis intervention. The services are person-centered and recovery-based and delivered by multidisciplinary teams that include Mental Health Specialists, Clinical Social Workers, Marriage and Family Therapists, Life Coaches, and Psychiatrists. The teams provide many services in the field – seeing individuals in their homes, hospitals, or jail – in order to reduce barriers to accessing treatment. TAY, in particular, also typically require intensive family involvement. Thus, collaboration with family participants, including through family therapy, is provided for TAY and their families.

The programs' overarching goals include engaging adults into voluntary treatment and assisting them in reintegrating into the community through stable housing, education, employment, and linkage to community-based support.

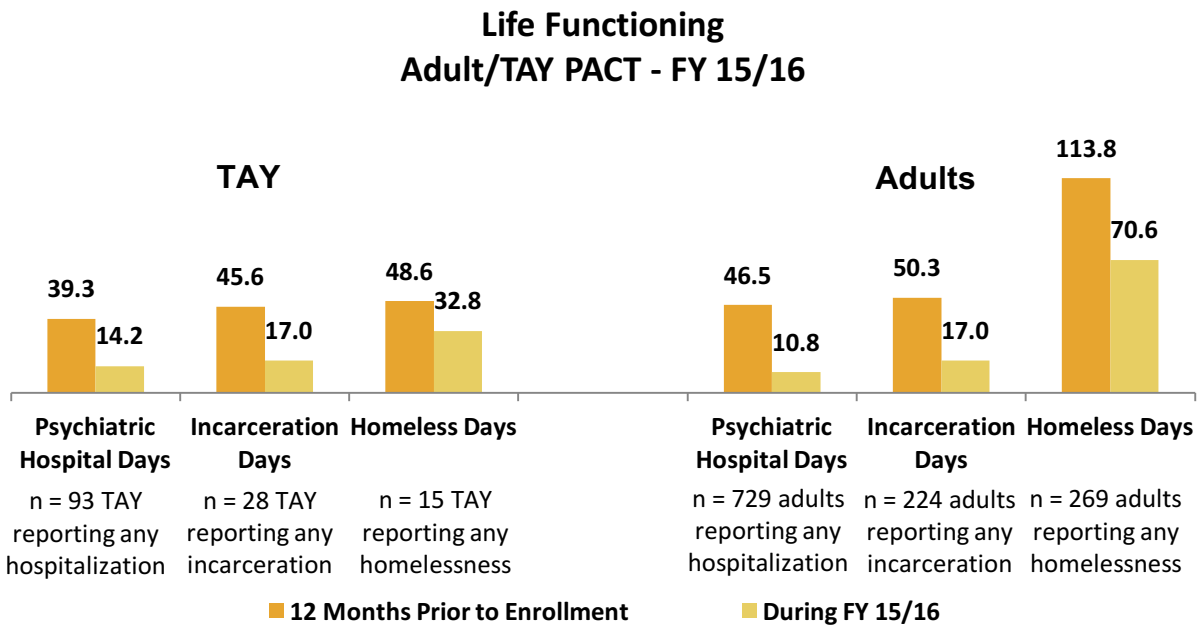
Outcomes

A total of 143 TAY and 940 adults were served in the Adult/TAY PACT programs during FY 15/16. Similar to Older Adult PACT, these programs evaluate performance through several recovery-based outcome measures related to life functioning (i.e., psychiatric hospitalizations, homelessness, incarcerations) and independence/reintegration as measured by employment.

Adult/TAY PACT assisted individuals in improving their life functioning during FY 15/16. This was demonstrated by a 64% decrease in the average number of days TAY spent psychiatrically hospitalized compared to the year prior to enrolling in PACT (see left side of graph below). This difference was statistically significant and small-to-modest in its effect size, which is a measure of practical significance.[1] TAY also reported a 66% decrease in the average number of days incarcerated and a 38% decrease in the average number of days spent homeless during FY 15/16 relative to the year prior to enrolling in PACT. The lack of statistical significance for incarceration days may be attributable, in part, to the small sample size (n=28) combined with the wide range of reported jail days, as the calculated effect size was small-to-modest in magnitude and comparable to that of psychiatric hospitalization days, which was statistically significant. Similarly, the decrease in homelessness was not statistically significant, although this test should be regarded as strictly exploratory due to the very small sample size (n=15).

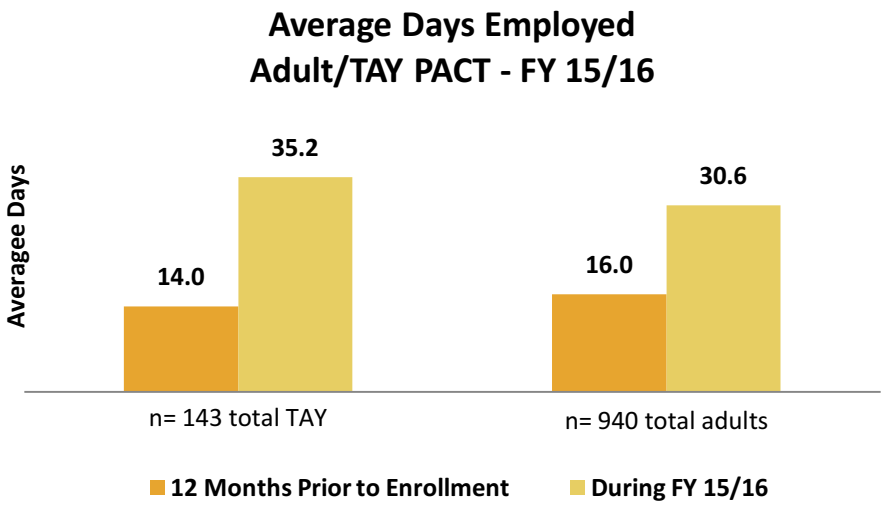
Community Services and Supports (CSS)

Similarly, adults enrolled in PACT reported functional gains during FY 15/16 (see right side of graph below). More specifically, they reported a 77% decrease in the average number of days spent psychiatrically hospitalized, which was statistically significant and moderate in effect size. Adults also reported a 66% decrease in the average number of days incarcerated and a 37% decrease in the average number of days spent homeless in FY 15/16 compared to the year prior to enrolling in PACT. These decreases were statistically significant and small-to-moderate in their effect sizes.[1]



[1] TAY Psychiatric Hospitalization Days: Prior M=39.3, SD=60.1; Since M=14.2, SD=32.4; t (92) = 3.54, p=.001, Cohen's d=.38
TAY Incarceration Days: Prior M=45.6, SD=73.9; Since M=17.0, SD=24.3; t (27)=1.81, p=.082, Cohen's d=.37
TAY Homeless Days: Prior M=48.6, SD=52.1; Since M=32.8, SD=58.7; t (14)=0.78, p=.45, Cohen's d=.20
Adult Psychiatric Hospitalization Days: Prior M=46.5, SD=74.8; Since M=10.8, SD=29.2; t (728) = 12.54, p<.001, Cohen's d=.52
Adult Incarceration Days: Prior M=50.3, SD=73.6; Since M=17.0, SD=36.2; t (223) =5.95, p<.001, Cohen's d=.42
Adult Homeless Days: Prior M=113.8, SD=121.1; Since M=70.6, SD=107.8 t (268) =4.42, p<.001, Cohen's d=.27

Participants also reported on improvements in independence, which was defined as the number of days employed. TAY reported a 152% increase in average days employed and adults reported a 91% increase in days employed (see graph below). While these increases were both statistically significant, the practical significance was small for TAY (i.e., average gain of about 3 weeks, Cohen's d=.28) and trivial for adults (i.e., average gain of about 2 weeks, Cohen's d=.16), indicating that sustaining employment for an extended length of time continues to represent an area of challenge.[1]



[1] TAY Employment Days: Prior M=14.0, SD=52.3; Since M=35.2, SD=83.2; t (142) = -3.18, p=.002, Cohen's d=.28
Adult Employment Days: Prior M=16.0, SD=59.8; Since M=30.6, SD=85.6; t (939) = -4.92, p<.001, Cohen's d=.16

Community Impact

The Program of Assertive Community Treatment (PACT) teams in Orange County target high-risk underserved populations which include monolingual Pacific Asian, Transitional Age Youth (TAY), adults and older adults living with mental illness. This program has consistently shown a reduction in psychiatric hospitalization and incarceration days, thereby reducing the need for high-cost crisis services for these individuals.

Success of TAY PACT with 18-25 year olds encouraged the expansion of this program to younger youth. Thus, a new TAY PACT targeting children and youth as young as age 12 is in development in order to reach vulnerable youth who may face problems similar to older TAY but are at a younger life stage.

Changes/Challenges/Barriers

Adult/TAY PACT was expanded this year due to increasing referrals and an effort to reduce the impact of this growing population on the adult outpatient behavioral health clinics. As a result, PACT will need to increase the number of clinical staff. PACT has also prioritized connecting with underserved populations in the community by improving its outreach strategies.

In addition, with the implementation of the electronic health record, PACT was able to streamline the referral/intake process so that adults and TAY could be directly referred to PACT instead of having to be linked to and referred by a traditional outpatient clinic first. Thus, individuals are able to begin receiving intensive services without delay.

Community Services and Supports (CSS)

Integrated Community Services (ICS)

Integrated Community Services	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	200	200	200
Annual Budgeted Funds in	$1,848,000	$1,848,000	$1,848,000
Estimated Annual Cost Per Person in	$9,240	$9,240	$9,240

Program Description

The Integrated Community Services (ICS) program is a collaboration between County Behavioral Health Services and contracted community medical clinics that provides integrated medical and mental health services to adults receiving services in the County operated clinics and the community. The ICS model creates one health home for adults, bringing culturally and linguistically competent providers together to meet the needs of a diverse population. Mental health therapists, mental health case workers, medical care coordinators, psychiatrists, primary care physicians and registered nurses work as an integrated and multi-disciplinary team to provide coordinated care. This collaboration with community medical clinics and County mental health programs is a healthcare model that bridges the gaps in service for the underserved low-income community and increases overall health outcomes for those served.

There are two components to the ICS program: ICS County Home and ICS Community Home. On the County side, primary care physicians, registered nurses, and medical care coordinators are placed in behavioral health clinics. On the community side, County therapists and psychiatrists work with mental health caseworkers within contracted and subcontracted primary care sites. ICS provides services to adults who are Medi-Cal enrolled or eligible, or have third party coverage and have both a chronic primary care and a mental health care need.

ICS began as a Round 1 Innovations project during FY 11/12. In December 2014, ICS was recommended by HCA to the MHSA Steering Committee as one of four Round 1 INN projects to be continued based on its overall success. The Steering Committee voted to approve that recommendation and ICS was transitioned to CSS funding in February 2016.

Outcomes

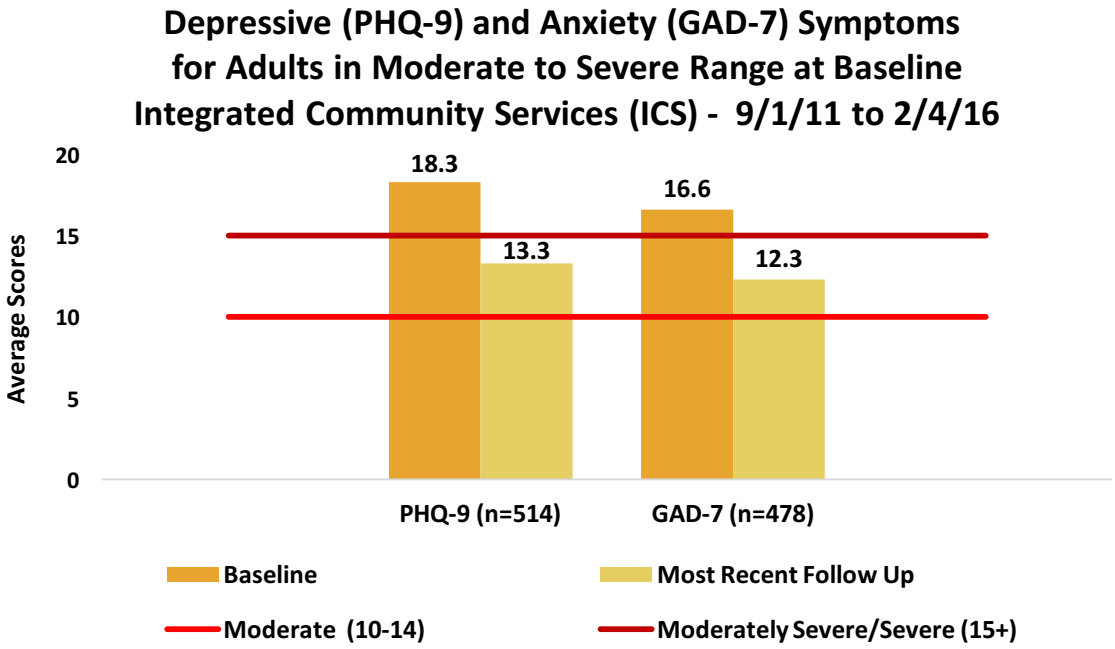
Because ICS only recently moved to CSS, outcomes reported here are for the entire duration of the ICS Innovation project and not limited to FY 15/16. In future updates, outcomes will be reported by the FY like other CSS programs.

A total of 1,087 adults participated in ICS as an Innovation project between September 2011 and February 2016. ICS monitored both mental health symptoms and physical health markers to assess program impact.

Community Services and Supports (CSS)

Improvement in mental health functioning was assessed through the Patient Health Questionnaire (PHQ-9), a commonly used measure of depressive symptom severity, and the GAD-7, a commonly used measure of anxiety symptom severity. Adults who scored in the clinical range for depression severity at baseline (i.e., score > 10) reported a statistically significant decrease in symptoms at their most recent follow up (see left side of graph below).[1] This improvement in average depression scores was notable and decreased from the moderately severe range to the moderate range between baseline and most recent follow up (Cohen's d = .70).[1]

Similarly, adults who scored in the clinical range on anxiety symptom severity at baseline (i.e., score > 10) reported a statistically significant decrease in their symptoms at their most recent follow up (see right side of graph below).[1] Again, the improvement in average scores was notable, having decreased from the severe range at baseline to the moderate range at most recent follow up (Cohen's d = .76).[1]

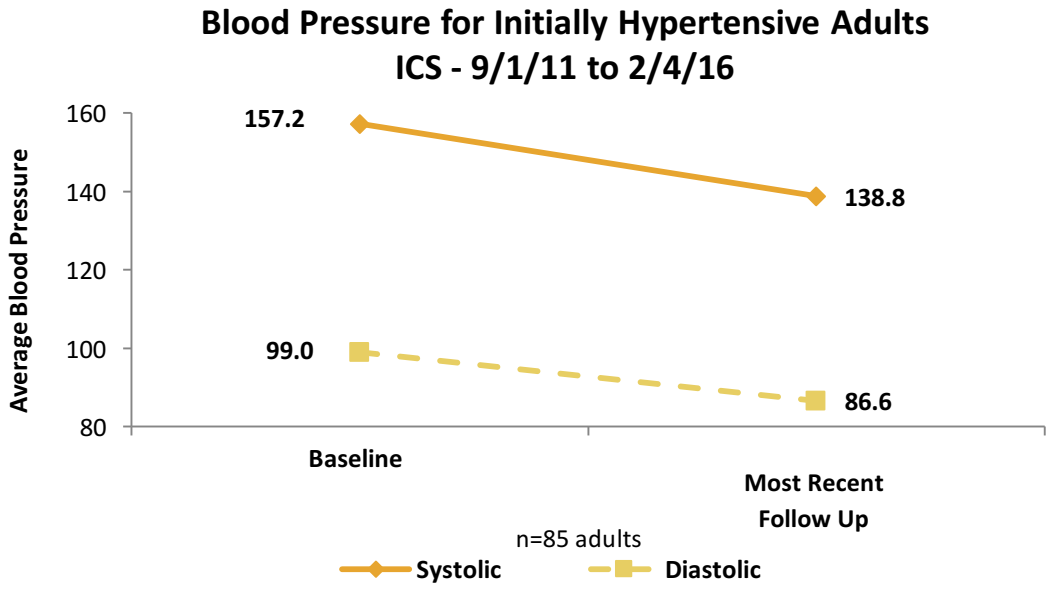


[1] PHQ-9: Prior M=18.3, SD=5.0; Since M=13.3, SD=7.2; t (513) = 15.40, p<.001, Cohen's d=.70
GAD-7: Prior M=16.6, SD=3.6; Since M=12.3, SD=6.3; t (477) = 15.56, p<.001, Cohen's d=.76

Community Services and Supports (CSS)

In addition to mental health assessments, ICS maintains continual tracking of adults' health outcomes (biometrics). Two of the physical measures taken at medical visits include blood pressure and lipid panels (total cholesterol, HDL/"good" cholesterol, LDL/"bad" cholesterol).

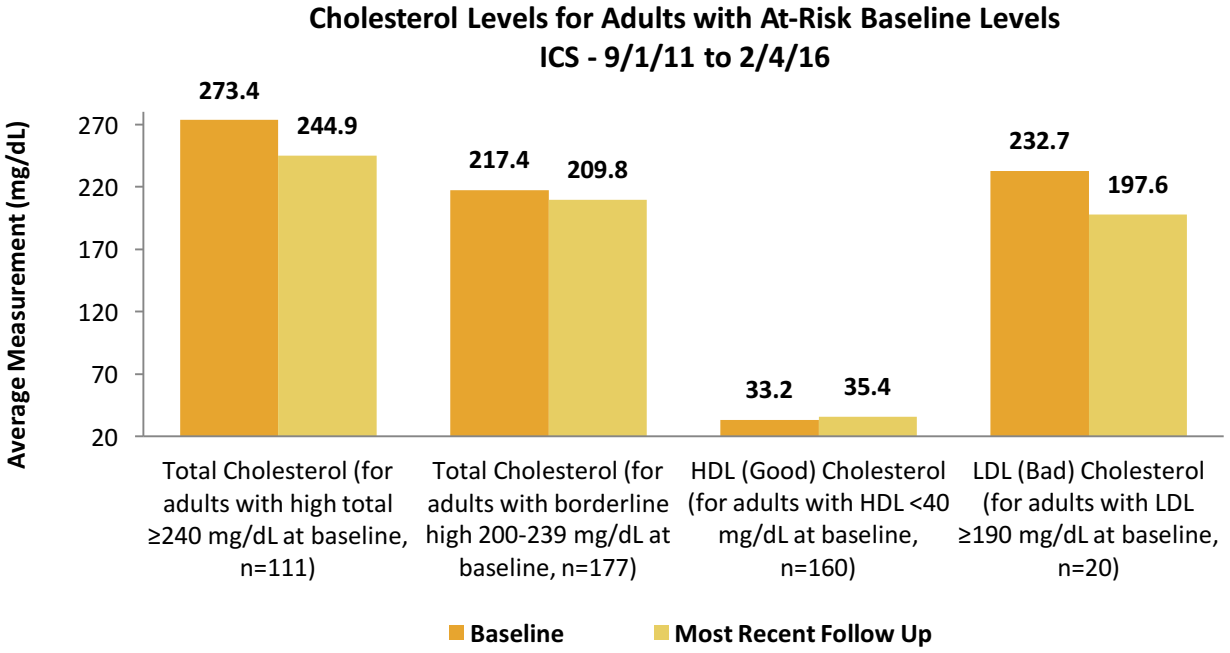
Adults with two or more blood pressure measurements and who fit criteria for high blood pressure or hypertension at baseline (i.e., BP ≥ 140/90) demonstrated a decrease in both their systolic and diastolic blood pressure measurements by an average of about 12% while enrolled in ICS (see graph below). These improvements were statistically significant and reflected notable clinical improvement (Cohen's d = .83 and .96 for systolic and diastolic blood pressure measurements, respectively).[1]



[1] Systolic: Prior M=157.2, SD=15.0; Since M=138.8, SD=20.3; t (84) = 7.52, p<.001, Cohen's d=.83
Diastolic: Prior M=99.0, SD=6.8; Since M=86.6, SD=12.0; t (84) = 8.50, p<.001, Cohen's d=.96

Community Services and Supports (CSS)

In addition, adults with two or more cholesterol measurements who met criteria for at-risk cholesterol levels at baseline (i.e., High Total ≥240 mg/dL, Borderline High Total = 200-239 mg/dL, HDL <40 mg/dL, and/or LDL ≥190 mg/dL) showed statistically significant[1] improvement in their total cholesterol and/or HDL/LDL levels while enrolled in ICS (see graph below). Effect sizes indicated that the improvements were more observable for those who were initially identified as having high total cholesterol (d=.52) and high LDL levels (d=.60) than for those who were initially identified as having borderline high total cholesterol (d=.34) or low HDL (d=.33).



[1] High Total Cholesterol: Prior M=273.4, SD=44.6; Since M=244.9, SD=54.0; t(110) = 5.42, p<.001, Cohen's d = .52
Borderline High Total Cholesterol: Prior M=217.4, SD=10.6; Since M=209.8, SD=23.3; t(176) = 4.20, p<.001, Cohen's d = .34
At-risk HDL Cholesterol: Prior M=33.2, SD=4.7; Since M=35.4, SD=8.1; t(159) = -3.83, p<.001, Cohen's d = .33
At-risk LDL Cholesterol: Prior M=232.7, SD=39.5; Since M=197.6, SD=74.8; t(19) = 2.38, p<.05, Cohen's d = .60

Community Services and Supports (CSS)

Community Impact

ICS has demonstrated ongoing success in improving both the mental and physical health of the adults it serves. It has provided integrated primary and behavioral health care to underserved adults ages 18 and up, which includes people from different cultures, ethnic backgrounds and socioeconomic statuses. The availability of an integrated and multi-disciplinary team providing coordinated care has also provided the adults served with advocates working on their behalf to assist them in navigating different systems of care that exist in Orange County.

ICS has also conducted psychoeducational support groups on topics covering nutrition, diet, chronic diseases, depression, anxiety, exercise and other areas of physical and mental health care. These groups have helped raise awareness on these issues and provided adults served with information they need to make better decisions about their lifestyles and overall general health. These groups also provided a safe place for individuals to ask questions and get accurate information about physical and mental health care.

By decreasing mental health symptoms and addressing and improving physical health problems, the adults served are expected to increase their life expectancy and experience a better quality of life.

Changes/Challenges/Barriers

As noted above, one significant recent change in ICS is that its evaluation phase as an Innovations project concluded and, with MHSA Steering Committee approval, the program was continued through CSS beginning in February 2016. In addition, one of the community medical clinics concluded its contract to provide ICS services at the end of 2016. This contractor served the majority of ICS's Spanish-speaking participants and was providing services in the cities of Anaheim and Stanton. ICS will now offer Spanish services through its other two remaining contracted community medical clinics.

A challenge for the program in the last two years was not having a County psychiatrist to provide psychiatric services. As a result, enrollment declined as adults needing consistent psychiatric care were referred to other providers. Fortunately, this position was recently filled and ICS will resume providing on-site psychiatric care.

Staff retention has been another challenge for one of the contracted community medical clinics. To address the impact on remaining staff resulting from turnovers, the County and contractor have been diligent about implementing improvements to workload balance and have conducted monthly all-staff meetings to address any issues or concerns staff may be experiencing. HCA and the contractor have also been working together to address and resolve issues in a timely manner.

Mental Health Court – Probation Services

Mental Health Court – Probation Services	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	120	120	120
Annual Budgeted Funds in	$921,000	$921,000	$921,000
Estimated Annual Cost Per Person in	$7,675	$7,675	$7,675

Program Description

The Collaborative Court Program uses a team approach to decision making and includes the participation of a variety of different agencies such as Probation and mental health treatment providers. It involves active judicial monitoring and intensive services.

The program provides support to the Probation Department by dedicating five probation officers to the Mental Health Collaborative Courts. The officers work in conjunction with the Collaborative Courts, Full Service Partnerships and County staff to support recidivism reduction efforts. The probation officers provide evaluations, drug testing, field visits and searches, and participate in treatment meetings.

The target population for this program is adults in the Mental Health Collaborative Court programs who are on formal probation. The program involves frequent Court appearances, regular drug and alcohol testing, meetings with the Court support team, and direct access to specialized services.

Probation Services are provided to the following Mental Health Collaborative Courts:

- **Opportunity Court** (OC) and **Recovery Court** (RC) – Opportunity Court and Recovery Court are voluntary programs for adults who - as a result of their chronic, persistent mental illness - are unable to comply with the requirements of another program.
- **WIT Court** – WIT "Whatever It Takes" Court is a voluntary program for non-violent offenders who have a mental illness and are unserved or underserved and who may be homeless or at risk of homelessness.

Community Services and Supports (CSS)

Outcomes

During FY 15/16, 37 adults were served in Opportunity Court, 39 in Recovery Court and 169 in WIT Court. The goal of the Collaborative Court programs is to reduce recidivism by engaging participants in appropriate behavioral health services. One of the outcome measures is a reduction in total jail days while participants are involved in the court program compared to total jail days during the 12-month period prior to program enrollment. The table below illustrates that the program demonstrated considerable reductions in total jail days for Collaborative Court participants.

Court Program	Jail Days Before Enrollment	Jail Days After Enrollment	% Reduction
OC	1,461	116	92%
RC	1,405	159	89%
WIT	10,578	674	94%

Intensive behavioral health treatment for a subset of adults served in the Collaborative Court programs is provided in the WIT FSP and the PACT programs. FSP/PACT outcome data for these participants are included as part of the analyses for each of the respective programs.

Community Impact

Probation Services are a key component to the collaborative court model to reduce recidivism in the criminal justice system.

Changes/Challenges/Barriers

Probation officers in the Collaborative Court programs require specialized training and carry a reduced caseload due to the intensity both of the needs of the clients served and of the collaborative process. HCA works with Probation to provide cross-training and be adequately staffed to meet the needs of the individuals served.

Adult Co-Occurring Mental Health and Substance Use Disorders Residential Treatment

Adult Co-Occurring Mental Health and Substance Use Disorders Residential Treatment	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	TBD	TBD	TBD
Annual Budgeted Funds in	$500,000	$500,000	$500,000
Estimated Annual Cost Per Person in	TBD	TBD	TBD

Program Description

The Adult Co-Occurring Mental Health and Substance Use Disorders Residential Treatment program is designed to address the specialized needs of adults ages 18 and older who have co-occurring mental health and substance use disorders. The program will be staffed by nurses, certified substance use disorder counselors, licensed clinicians and a physician. Services include individual and group counseling, education, medication management and vocational assistance.

This program is not yet implemented. As the program is developed more fully, numbers served and more specific information about the target population will be articulated in future plan updates.

Outcomes

The program has not yet been implemented. Outcomes are not available.

Supported Employment

Supported Employment	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	275	275	275
Annual Budgeted Funds in	$1,371,262	$1,371,262	$1,371,262
Estimated Annual Cost Per Person in	$4,986	$4,986	$4,986

Program Description

The Supported Employment program provides services which include both competitive and volunteer job placement, ongoing work-based vocational assessments, benefits planning, individualized program planning, job coaching, counseling, and peer support to adults with a mental illness and/or co-occurring substance use disorders. Services are provided in English, Spanish, Vietnamese, Korean, Farsi and American Sign Language. The target population consists of adults who are currently engaged in mental health treatment.

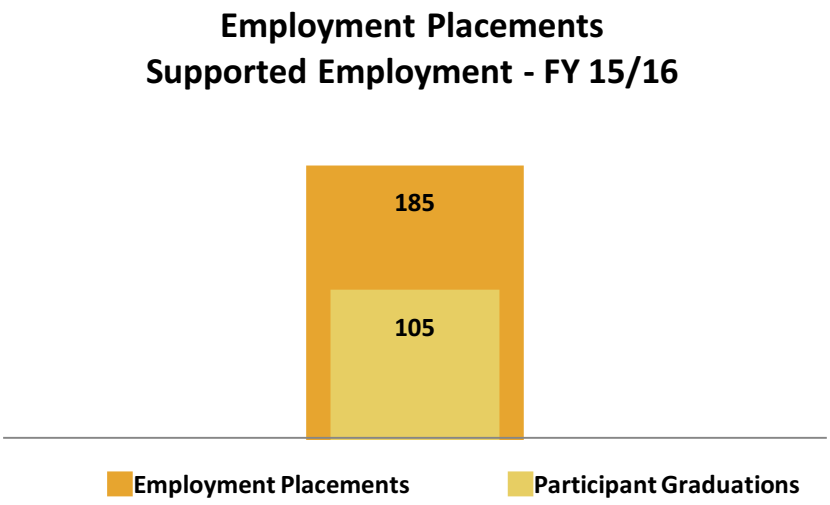
Participating adults work with a team of Employment Specialists (ES) and Peer Support Specialists (PSS). The ES assist participants with locating job leads. They strive to build working relationships with prospective employers and are the main liaisons between the employers and program participants. The ES also educate employers to understand mental illness and combat stigma. The ES are responsible for assisting participants with application submissions and assessments, interviewing, image consultation and transportation services. They also provide participants with one-on-one job support to ensure successful job retention. The ES maintain ongoing, open communication with clinical plan coordinators to promote positive work outcomes.

Peer Support Specialists are individuals with lived experience from the recovery of behavioral health and substance use challenges who have skills learned in formal training and/or professional roles. The PSS deliver services in a behavioral health setting to promote mind-body recovery and resilience. The PSS, as part of the Employment Teams, provide training and support to adults who are working and/or volunteering in the community, and assist the ES in teaching work duties and modeling appropriate behavior. The PSS are also responsible for assisting adults in preparing for job placement, improving job retention, ensuring the quality of work at job sites and strengthening partnerships with employers and referring clinics.

Community Services and Supports (CSS)

Outcomes

The Supported Employment Program served 419 participants in FY 15/16, which included 304 new enrollments. Program performance is evaluated by the number of participants who graduate after achieving the State of California job retention benchmark of 90 days in paid employment. In FY 15/16, 105 of the 185 (57%) job placements resulted in a successful graduation from the program after achieving the employment milestone (see graph below). This graduation rate reflects a 6 percentage point increase from FY 14/15.



Community Impact

The program helps increase job opportunities for adults living with a mental illness, which is a vital component of recovery.

Changes/Challenges/Barriers

In FY 2016-17, the program located in the northern region of the County will expand its caseloads to meet community demand. The expansion will enable the program to accommodate up to an additional 50 program participants per year. Similarly, the caseloads of the program in the southern region of the County will be expanded to accommodate an additional 30 program participants per year.

Community Services and Supports (CSS)

Wellness Centers

Wellness Centers	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	1,600	1,600	1,600
Annual Budgeted Funds in	$3,254,351	$3,254,351	$3,254,351
Estimated Annual Cost Per Person in	$2,034	$2,034	$2,034

Program Description

Three Wellness Center programs in Orange County have been established for adults diagnosed with a serious mental illness and who may have a co-occurring disorder. These individuals are further along in their recovery and continue to work on their recovery, but require a support system to assist them in maintaining their stability while continuing to progress in their personal growth and development.

All three of the Wellness Centers provide a safe and nurturing environment for each individual to achieve his or her vision of recovery while providing acceptance, dignity and social inclusion. The programs are consumer-run, utilizing staff with a history of participating in mental health services, and are committed to providing peer-to-peer promotion and community integration of emotional, physical, spiritual and social domains.

The Wellness Centers are located in Orange (Wellness Center Central), Garden Grove (Wellness Center West) and Lake Forest (Wellness Center South). The South and West locations are new and opened in December 2015 and February 2016, respectively. Wellness Center West has a unique, dual track program that provides groups, classes and activities both in English and in monolingual threshold languages to meet the cultural and language needs of the population located in the City of Garden Grove. The predominant threshold language in the monolingual track is Vietnamese.

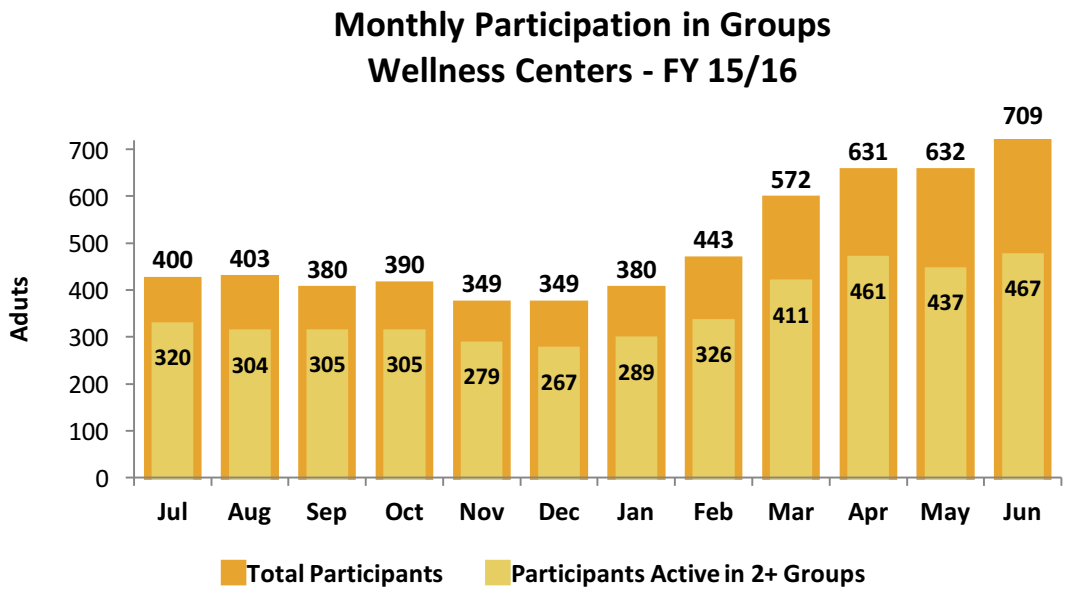
Recovery interventions are member-directed and embedded within the following array of services: individualized wellness recovery action plans, peer supports, social outings and recreational activities. Services are provided by individuals with lived experience and are based upon a model of peer-to-peer support in a non-judgmental environment. A wide variety of weekend, evening and holiday social activities are provided for members to increase socialization and encourage (re)integration into the community. The ultimate goal is to reduce reliance on the mental health system and to increase self-reliance by building a healthy network of support which may involve the members' family, friends, or significant others.

The Wellness Centers utilize Member Advisory Boards, a community town hall model, and member satisfaction and Quality of Life surveys to make decisions on programming and activities.

Community Services and Supports (CSS)

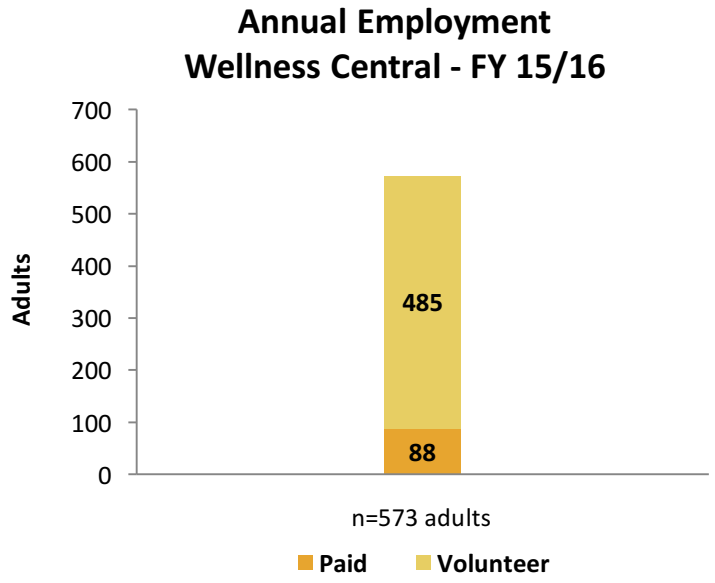
Outcomes

The Wellness Centers served 1,787 total adults during FY 15/16. The programs assess performance in supporting recovery through two broad categories: social inclusion and self-reliance. Social inclusion is evaluated in two inter-related ways. First, the Wellness Centers encourage their members to engage in two or more groups or social activities each month. As can be seen in the graph below, the Centers met this goal as the majority of adults who attended the Wellness Centers were actively engaged in multiple Center-sponsored activities throughout the year (monthly averages ranged from 66% in June to 80% in July, September and November).



Second, of the various social activities offered, the Centers particularly encourage their members to engage in community integration activities as a key aspect of promoting their recovery. In FY 15/16, 977 (55%) adults had participated in community integration activities.

The Wellness Centers also strive to increase a member's self-reliance, as reflected by school enrollment and employment rates. Eighty adults enrolled in education classes during FY 15/16. Thus, this remains a challenging area and HCA staff will continue to work with the providers to strategize new ways to increase interest and enrollment in education classes. In contrast, 573 adults (32% of total served) were involved in employment during FY 15/16, largely due to the numbers in volunteer positions (see graph below). The programs will continue their efforts to engage members in employment and work toward increasing the number who obtain paid positions.



Finally, during FY 15/16, 341 adults had facilitated all or portions of community meetings at the Wellness Centers. Meeting facilitation is encouraged as a way to help promote recovery by building self-esteem and confidence in one's own abilities.

Community Impact

As described above, the Wellness Centers strive to offer a nurturing environment in which each individual feels safe to achieve his or her vision of recovery while providing acceptance, dignity and social inclusion. These efforts were recognized during a recent site visit to the Wellness Center Central program when an external reviewer commented that the program was "one of the best" wellness centers they had ever visited.

Due to Wellness Center Central's success at increasing access for those who seek engagement in recovery activities in the central and northern regions of the county, the program recently expanded to two additional locations. The Wellness Center West and South sites will aim to increase access for those who seek engagement in recovery activities in the western and southern regions of the County, respectively.

Community Services and Supports (CSS)

Changes/Challenges/Barriers

A challenge for the Wellness Center Central program has been maintaining the Member Advisory Board (MAB). To address this issue, subcommittees were added to the MAB to assist Board participants with their duties.

The new Wellness Center West and Wellness Center South programs are also facing challenges establishing their MABs. Experience drawn from the Central program will be utilized to facilitate a smoother and more expeditious establishment and implementation of the Member Advisory Board at each of these locations.

Adult/Older Adult Peer Mentoring

Adult/Older Adult Peer Mentoring	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	515	515	515
Annual Budgeted Funds in	$1,374,888	$1,374,888	$1,374,888
Estimated Annual Cost Per Person in	$2,670	$2,670	$2,670

Program Description

The Peer Mentoring program provides field-based supportive services to adults ages 18-59 years and to older adults ages 60 years and older who have been diagnosed with a mental illness and who may also have a co-occurring disorder. Individuals are referred from County-operated and County-contracted outpatient clinics and from County-contracted Full Service Partnerships, and must be currently hospitalized, have had a recent psychiatric hospitalization or have experienced multiple emergency room visits.

Peer mentors are paired with these individuals to assist them in transitioning successfully from inpatient care back into community living. They provide a comprehensive, collaborative approach that focuses on the development of life management and independent living skills. The peer mentors support the individuals' recovery goals in collaboration with their treatment providers and provide field-based supportive services which include peer counseling, help with accessing community services, and assistance in following up with inpatient care discharge plans and outpatient health care appointments.

Outcomes

Of the 100 adults and older adults served in the program during FY 15/16, 70 individuals (70%) successfully completed their goals with assistance from their peer mentor. The most common types of goals for which individuals were referred included improving socialization by increasing the frequency of engaging in outside activities on a weekly basis, and assisting individuals with completing applications for housing. Because this was the first year of implementation, not all outcome measures were in place at program launch. Thus, complete results will be reported in future plan updates.

Community Services and Supports (CSS)

Community Impact

This program is designed so that Peer Mentors work in conjunction with Plan Coordinators and Personal Service Coordinators to assist adults and older adults living with mental illness achieve short-term goals that are part of a larger treatment plan. These goals can include activities such as assisting individuals with socialization, utilizing public transportation to and from essential appointments, obtaining driver's licenses or other forms of identification, or completing applications for employment or housing, all of which promote recovery by encouraging reintegration into the community after a crisis or hospitalization.

Changes/Challenges/Barriers

The primary barrier or challenge to assisting clients with achieving their short-term goals is their readiness to work toward those goals. The program continues to strategize with the referring treatment team on ways to help prepare individuals for becoming more engaged in their recovery and willing to work on their short-term goals.

Because maintaining housing continues to pose challenges for adults living with SPMI, BHS will use Peer Mentoring dollars to leverage a total of $400,000 in federal Whole Person Care funds through December 31, 2020. These dollars will fund peer support services aimed at helping adults with SPMI who were previously homeless sustain their housing placements.

The Courtyard

The Courtyard	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	250	250	250
Annual Budgeted Funds in	$500,000	$500,000	$500,000
Estimated Annual Cost Per Person in	$2,000	$2,000	$2,000

Program Description

This new program was introduced in the FY 14/15 plan and implemented in FY 16/17. The original plan was to establish a stand-alone 'drop-in center' to serve the Civic Center area in Santa Ana, which was to be bid out by Request For Proposal (RFP). Due to the pressing need to address the growing homeless population at the Civic Center, and per direction of the Board of Supervisors, The Courtyard was established at the former Santa Ana Transit Terminal. Multiple Orange County agencies and contractors from Los Angeles County are partnering together to provide services and linkages to individuals being served at The Courtyard. The facility is open 24 hours a day, seven days a week as an emergency shelter, and provides showers, food programs, storage and comprehensive service referrals. To expedite support of The Courtyard, the existing Multi-Service Homeless Center contract was amended in October 2016, and staff was added to provide outreach and service linkage to individuals.

In collaboration with County and community-based organizations, the Multi-Service Center Courtyard program provides an outreach team that offers behavioral health outreach, linkage to services, counseling and education to The Courtyard population. The Multi-Service Center provides these services on weekends and in the evening hours on weekdays to complement the efforts of the collaborative partners in an effort to make services available on a seven-day-per-week basis. This program also has the ability to offer hygiene kits and bus passes to the individuals they are serving at The Courtyard.

Outcomes

Outcomes for this MHSA Three-Year Plan are being reported for FY 15/16, and this program was not implemented at that time. Thus, outcomes are not currently available and will be reported in future Plan updates.

Community Services and Supports (CSS)

Community Impact

The Multi-Service Courtyard program collaborates with community partners to assist homeless individuals residing in the Courtyard seek appropriate resources such as housing and behavioral health and medical treatment, and move them forward and out of homelessness.

Changes/Challenges/Barriers

A primary challenge is the ability of staff to engage and motivate individuals who are homeless to seek appropriate treatment and resources and regain control of their lives. The outreach team continues to be diligent and patient in their efforts to engage these individuals, and understands that it takes time to build trust with those who often have mistrust in the system. The team continually re-evaluates its approach in their contacts with individuals in the Courtyard.

Housing/Year-Round Emergency Shelter

Housing/Year-Round Emergency Shelter	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	TBD	TBD	TBD
Annual Budgeted Funds in	$683,590	$1,367,180	$1,367,180
Estimated Annual Cost Per Person in	TBD	TBD	TBD

Program Description

The County of Orange's Ten Year Plan to End Homelessness has been working to establish a year-round shelter for all homeless individuals. MHSA funding will be integrated into that effort in order to secure 30 beds for homeless adults diagnosed with mental illness or a co-occurring substance use disorder. This effort is consistent with Housing and Urban Development's plan to shorten shelter stays and move people more quickly into permanent housing. The estimated length of stay per adult served for each episode of shelter housing is 120 days; extensions will be considered on a case by case basis. The cost estimates are based on 30 dedicated beds at any one time, with the option of more if needed.

This program has not yet been implemented. It is expected to begin implementation in FY 17/18.

Outcomes

The program has not yet been implemented. Outcomes are not available.

Bridge Housing for the Homeless

Bridge Housing for the Homeless	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	TBD	TBD	TBD
Annual Budgeted Funds in	$1,000,000	$2,000,000	$2,000,000
Estimated Annual Cost Per Person in	TBD	TBD	TBD

Program Description

The Bridge Housing for the Homeless program, which was formerly called Housing for Homeless, is designed to assist the homeless adult population move into permanent housing. The Orange County Housing Authority (OCHA), Outreach and Engagement teams, County and County-contracted clinics, and the Coordinated Entry System will identify qualifying adults who are homeless and have obtained Shelter Plus Care Certificates. These adults will be linked to a shared home for up to six months, during which time they will receive services designed to help connect them to permanent housing and other supportive housing resources. The target population includes homeless adults diagnosed with a serious mental illness who may have a co-occurring substance use disorder.

This program has not yet been implemented. It is expected to begin implementation in FY 17/18.

Outcomes

The program has not yet been implemented. Outcomes are not available.

Community Services and Supports (CSS)

Transportation

Transportation	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	TBD	TBD	TBD
Annual Budgeted Funds in	$1,000,000	$1,000,000	$1,000,000
Estimated Annual Cost Per Person in	TBD	TBD	TBD

Program Description

This program will provide transportation assistance to Orange County adults living with severe and persistent mental illness, including those with co-occurring substance abuse disorders, who require assistance getting to and keeping their behavioral health or medical appointments.

The transportation issues facing this population include, but are not limited to: costs of travel whether by public transportation, their own vehicle, or depending on others for their transportation; excessive wait times and travel times when utilizing public transportation; unfamiliarity with the public transportation system and how to navigate it; and anxiety that may be caused by waiting or traveling for hours to and from appointments, as well as traveling with others. Missing necessary treatment appointments can result in a variety of problems including regression in the person's treatment progress; decompensation that may lead to a need for a higher level of care; and leaving medical conditions untreated that may result in a more serious condition and treatment.

In preparation for this program to be implemented, BHS staff conducted a survey of 460 individuals at four outpatient clinics to determine what modes of travel were used, the amount of time needed to reach the clinic, reasons why appointments were missed, and what barriers related to transportation had a direct impact on them. Survey results indicated that more than 40% of consumers miss their appointments due to the reasons indicated above. The survey, among other factors, has guided staff in developing a Request for Proposal (RFP) for Transportation Services, which is anticipated to be released in early 2017 with services to be up and running within the year.

This program was new in the FY 14/15 plan and is expected to be implemented in FY 17/18.

Outcomes

The program has not yet been implemented. Outcomes are not available.

Older Adult Recovery Services

Older Adult Recovery Services	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	530	530	530
Annual Budgeted Funds in	$1,368,135	$1,668,135	$1,668,135
Estimated Annual Cost Per Person in	$2,581	$3,147	$3,147

Program Description

The Older Adult Recovery Program provides field- and clinic-based behavioral health services including case management, crisis intervention, medication monitoring, and therapy services (individual, group, and family). Services are provided with the aim of improving quality of life by reducing mental health symptoms and related impairments, reducing hospitalizations, increasing access to community and medical services, decreasing social isolation and maintaining independence.

The Older Adult Recovery program serves older adults from diverse cultural groups such as African American, Latino, Vietnamese, Korean, and Iranian communities, as well as non-English-speaking monolingual individuals and those who are deaf or hard of hearing.

The target population includes older adults ages 60 years and older who are living with serious mental illness and who may also have a co-occurring substance use disorder, medical diagnoses and multiple functional impairments. The older adults receiving this service are often isolated, homebound and have limited resources.

Outcomes

In FY 15/16, the program served 546 older adults, 251 of whom were new admissions. One of the program's goals is to increase access to primary care as measured by the number of nursing assessments completed. Of the total older adults served, 92% (n=232) had a nursing assessment completed during FY 15/16.

Community Impact

Older Adult Recovery Services provides groups and activities on-site and in the community to support older adults as they reintegrate into the community.

Changes/Challenges/Barriers

The Older Adult Recovery program provides a comprehensive access point for older adults in the community who are living with a serious mental illness. This population has unique service needs due to issues related to aging, such as limited mobility and co-occurring medical issues. The program addresses these needs by providing integrated care and collaborating with various community resources and primary care providers in their service delivery approach. It is often a challenge to transition individuals to a lower level of care due to limited community resources that can adequately meet the needs of older adults with mental illness and co-occurring disorders.

Older Adult Full Service Partnership

Older Adult Full Service Partnership	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	177	183	189
Annual Budgeted Funds in	$2,683,249	$2,683,249	$2,683,249
Estimated Annual Cost Per Person in	$15,160	$14,663	$14,197

Program Description

The Older Adult Full Service Partnership (FSP), OASIS (Older Adult Support and Intervention System) provides intensive, community-based outpatient mental health services which include peer support, supportive education/employment services, transportation services, housing, benefits acquisition, counseling and therapy, medication management, integration and linkage with primary care, intensive case management, 24/7 on-call response, crisis intervention and co-occurring disorder treatment. The program strives to reduce barriers to access by bringing treatment out into the community. The Older Adult FSP provides services in a linguistically and culturally competent manner to the diverse, underserved older adult population in Orange County.

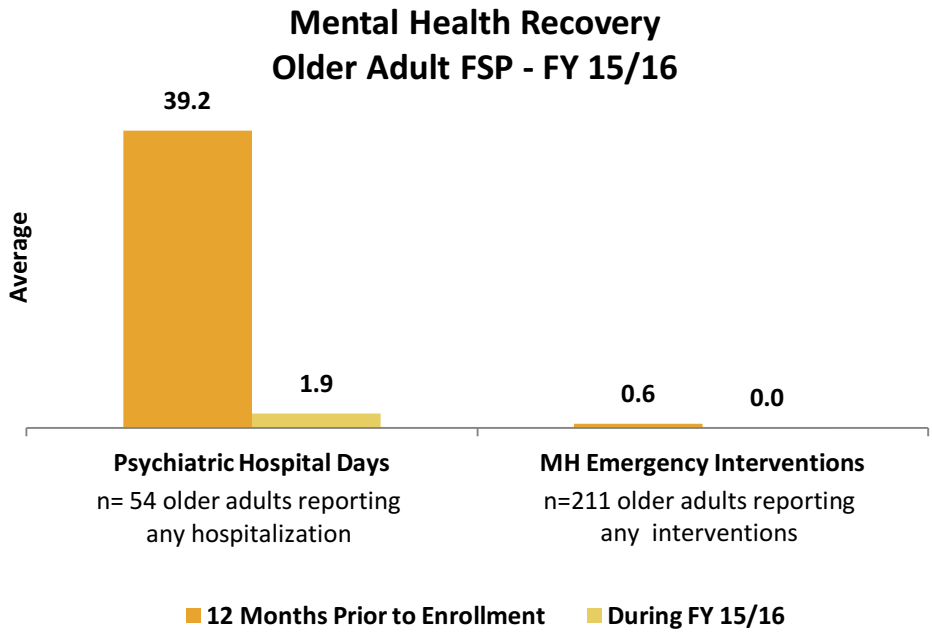
The target population for the Older Adult FSP program is unserved adults ages 60 and older living with a mental illness and who may be homeless or at risk of homelessness, involved in the criminal justice system, frequent users of inpatient psychiatric treatment or emergency rooms, and/or experiencing a reduction in personal and/or community functioning.

Community Services and Supports (CSS)

Outcomes

A total of 211 older adults were served in the Older Adult FSP during FY 15/16. Outcomes were evaluated by measuring changes in mental health recovery, housing and legal involvement.

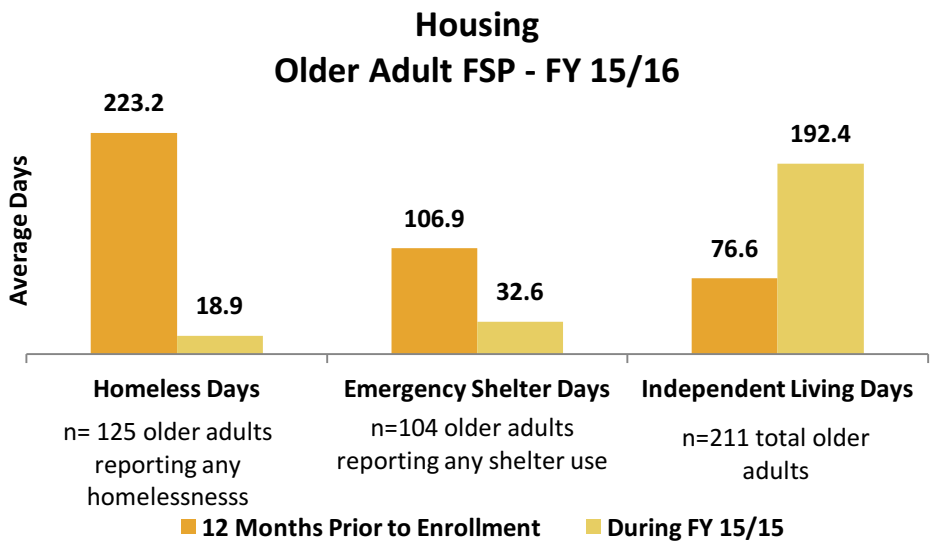
Mental health recovery was evaluated through changes in two measures: (1) number of days psychiatrically hospitalized, and (2) the number of mental health emergency interventions (defined as a hospitalization episode, crisis residential placement, emergency room visit, crisis assessment/ WIC 5150 evaluation, or police response due to a mental health crisis). The FSP program effectively promoted recovery as evidenced by a 95% decrease both in the average number of days spent psychiatrically hospitalized and the average number of mental health-related emergency interventions experienced during FY 15/16 compared to the year prior to enrollment (see graph below). Both of these decreases were statistically significant. In addition, the change in psychiatric hospitalizations was moderate-to-large in effect size and the change in emergency interventions was moderate in effect size, which is a measure of practical or real-world significance.[1]



[1] Psychiatric Hospitalization Days: Prior M=39.2, SD=71.4; Since M=1.9, SD=6.3; t (53) = 3.82, p<.001, Cohen's d=.68
Mental Health Emergency Interventions: Prior M=0.6, SD=1.2; Since M=0.03, SD=0.24; t (210) =6.71, p<.001, Cohen's d=.55

Community Services and Supports (CSS)

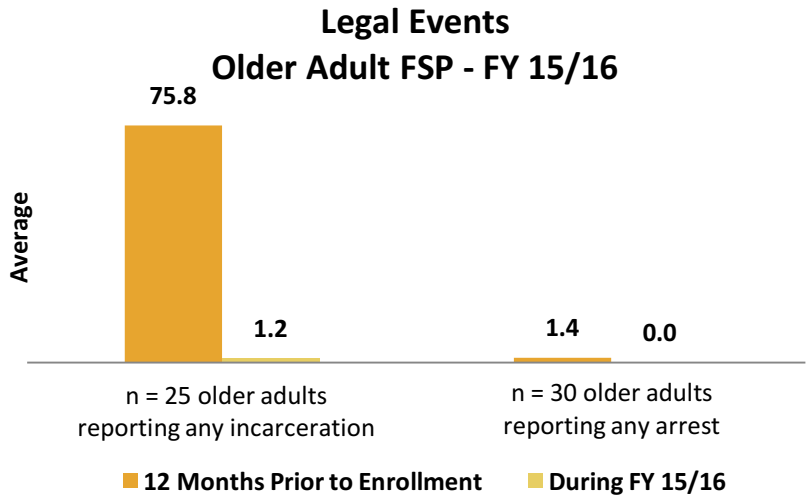
Another mission of the FSP program is to prevent and reduce homelessness and to promote independent living. Consistent with previous years, the program continued to improve the housing circumstances of its older adults served. This success was seen in the dramatic 92% reduction in average days spent homeless during FY 15/16 compared to the year prior to enrolling in the FSP program, as well as a 70% decrease in the average number of days spent in an emergency shelter (see graph below). There was also a 151% increase in the average number of days spent in independent living, which was defined as living in an apartment or single room occupancy as opposed to any type of supervised residential placement (see graph below). All three changes were statistically significant, with the decrease in homelessness resulting in a large effect size, the decrease in emergency shelter use a moderate effect size, and the increase in independent living a moderate-to-large effect size.[1]



[1] Homeless Days: Prior M=223.2, SD=132.2; Since M=18.9, SD=54.6; t (124) =16.23, p<.001, Cohen's d=.75
Emergency Shelter Days: Prior M=106.9, SD=131.3; Since M=32.6, SD=71.4; t (103) =4.59, p<.001, Cohen's d=.46
Independent Living Days: Prior M=76.6, SD=130.1; Since M=192.4, SD=153.4; t (210) = -9.21, p<.001, Cohen's d=.64

Community Services and Supports (CSS)

Outcomes related to decreasing involvement with the legal system were tracked using two measures: days incarcerated and number of arrests. The FSP program continued to make improvements in this area as evidenced by the substantial 98% reduction in average incarceration days during FY 15/16 compared to the year prior to FSP enrollment (see graph below). Moreover, older adults involved with an FSP program reported no arrests during FY 15/16 (see graph below). These decreases were both statistically significant and large to very large in effect size.[1]



[1] Incarceration Days: Prior M=75.8, SD=94.8; Since M=1.2, SD=4.4; t (24) =3.88, p=.001, Cohen's d=.96
Arrests: Prior M=1.4, SD=0.7; Since M=0, SD=0; t (29) =11.56, p<.001, Cohen's d=2.98

Community Impact

As noted above, the Older Adult FSP makes a significant impact on decreasing homelessness, legal involvement and psychiatric hospitalizations among its participants. In addition to improving their functional status, the FSP program contributes to older adults' growth and development by providing groups and activities on site and in the community that assist them with reintegrating into the community. These groups and activities include trips to food banks or the Wellness Center, pampering day, mindfulness group, Seeking Safety group, independent living skills groups, grief and loss group, holiday activities, and many other groups and activities/outings designed to promote recovery.

Changes/Challenges/Barriers

Some of the challenges have been encouraging older adults to participate in groups consistently. There has been an increased effort in recruiting potential participants by engaging them in conversation about the groups and benefits of group attendance, placing reminder calls, increasing socialization in the groups, and assisting with and/or linking to transportation to attend groups. Feedback from older adults served is elicited regularly so that improvements can be made on an on-going basis.

Older Adult Program of Assertive Community Treatment (PACT)

Older Adult PACT	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	120	120	120
Annual Budgeted Funds in	$521,632	$521,632	$521,632
Estimated Annual Cost Per Person in	$4,347	$4,347	$4,347

Program Description

The Older Adult Program of Assertive Community Treatment (PACT) provides intensive community-based services. It is an individualized treatment approach that offers intensive case management, counseling and therapy, peer support, benefit acquisition, supportive educational and vocational services, linkage to community resources, and crisis intervention. PACT programs utilize multidisciplinary teams which include mental health specialists, clinical social workers, marriage family therapists, life coaches and psychiatrists. The team provides many services in the field, seeing the individuals at home, in hospitals, or in jail in order to reduce barriers to access treatment. The program's overarching goals include engaging individuals into voluntary treatment and assisting them in reintegrating into the community through stable housing, education, employment, and linking to community based support.

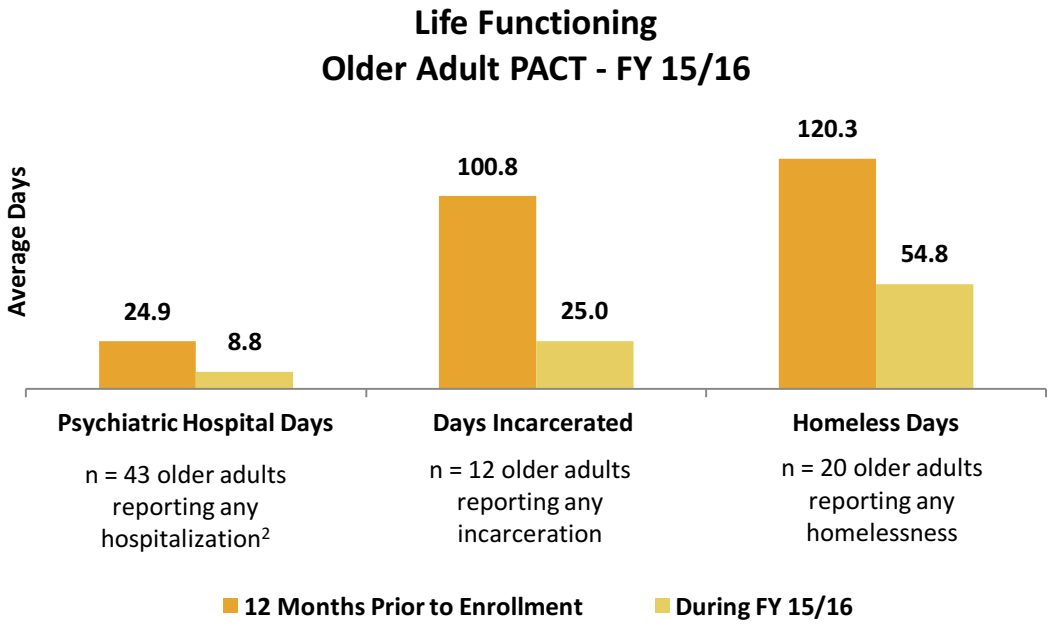
The target population includes older adults who are ages 60 and older, who have been psychiatrically hospitalized and/or incarcerated due to their symptoms of mental illness within the past year. In addition, those who have repeated emergency room visits or excessive 911 calls due to behavioral health issues are also appropriate for PACT.

Outcomes

A total of 75 older adults were served in the Older Adult PACT program during FY 15/16. Similar to the other PACT programs, the program evaluates its performance through several recovery-based outcome measures related to life functioning (i.e., psychiatric hospitalizations, homelessness, incarcerations) and independence/re-integration (i.e., employment).

Older adults served in PACT reported a 65% decrease in psychiatric hospitalization days during FY 15/16 compared to the year prior to joining the program (see graph below). This decrease was statistically significant and moderate in its effect size,[1] which is a measure of real-world significance or observability of change.

In addition, older adults reported a notable decrease in the average number of days spent incarcerated (75% decrease) and a moderate decrease in the average number of days spent homeless (54% decrease) during FY 15/16 (see graph below). While both of these changes were also statistically significant,[1] due to the consistently low number of older adults who report experiencing either incarceration or homelessness from year to year, the statistical analyses should be regarded as exploratory.



[1] Psychiatric Hospitalization Days: Prior M=24.9 SD=32.5; Since M=8.8, SD=16.3; t(42) = 3.07, p <.01, Cohen's d=.50
Incarceration Days: Prior M=100.8 SD=106.0; Since M=25.0, SD=73.5; t(11) = 2.58, p <.05, Cohen's d=.77
Homeless Days: Prior M=120.3 SD=148.1; Since M=54.8, SD=106.5; t(19) = 2.20, p <.05, Cohen's d=.51

[2] Two adults were excluded from this analysis because their extended hospitalizations were due to the unavailability of a discharge location with an appropriate level of care and not due to medical necessity.

Community Services and Supports (CSS)

Community Impact

Older Adult PACT uses a "whatever it takes" approach in assisting older adults with serious and persistent mental illness maintain independence in the community and improve their quality of life. The program has safely placed many older adults who otherwise would be homeless in housing. The program has also assisted older adults navigate their insurance benefits and successfully linked many individuals to needed medical care. PACT also helps older adults engage in socialization and meaningful life activities by linking them to community senior centers, the Wellness Center and volunteer positions in the community. As demonstrated by the outcomes presented above, these efforts have had a significant impact on decreasing homelessness, psychiatric hospitalizations and incarcerations among its participants.

Changes/Challenges/Barriers

A challenge has been to accommodate the increase in requests for this level of service. In order to address this challenge, a full-time clinical position has been added to the Older Adult PACT program to provide services to an additional 15-20 older adults in Orange County.

Another challenge in serving this population is a lack of appropriate housing options for older adults on Social Security and Supplemental Security Income who need assisted living. Limited housing options make it very difficult to provide safe and timely placement of older adults.

There is also a significant challenge in serving this population which results from age-related cognitive decline. Such decline can have a negative impact on medication compliance, as well as follow-through with medical and other appointments. OAS PACT addresses this challenge by utilizing the OAS Life Coaches and Peer Mentor Program to assist with appointments.

Workforce Education and Training (WET)

Workforce Education and Training (WET)

Component Information

The mission of the MHSA Workforce Education and Training (WET) component is to address community-based occupational shortages in the public mental health system. It accomplishes this by training staff and other community members to develop and maintain a culturally and linguistically competent workforce that includes consumers and family members and is capable of providing consumer and family-driven services. Thus, WET offers education and trainings that promote wellness, recovery and resilience to County staff and contracting community partners. The WET Coordinator also serves as a liaison to the Southern California Region of WET Administrators and participates in regional planning activities to increase workforce diversity and opportunities in the public mental health system.

The original WET allocation, a one-time funding source that accompanied the passage of Proposition 63, was exhausted in June 2012. Since then, available dollars from Community Services and Supports (CSS) have been used to fund WET programs. At the December 7, 2016 meeting, the MHSA Steering Committee approved the following recommended increases to the Workforce Education and Training component using CSS funds:

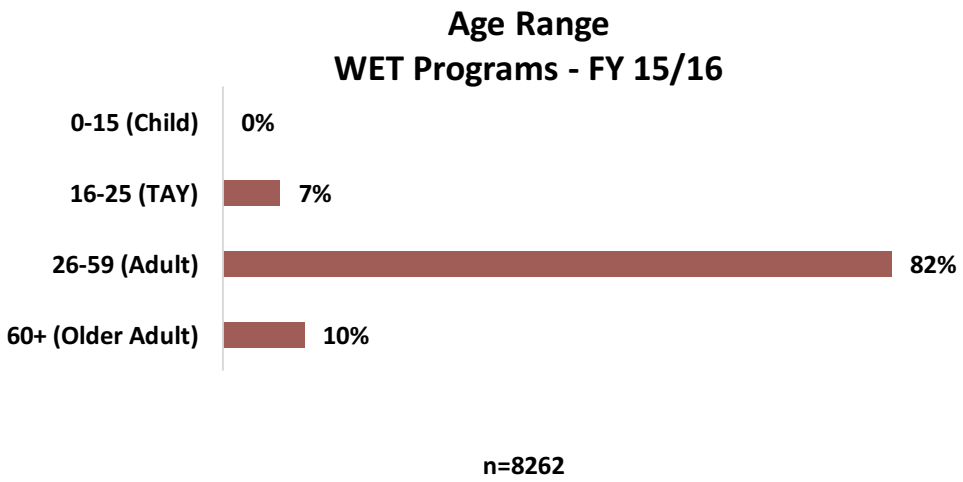
- Add $50,000 to enhance the Recovery Education Institute (REI) Program that prepares individuals with mental illness and their family members who may aspire to a career in behavioral health.
- Add $150,000 to enhance the Crisis Intervention Training (CIT), a training program that promotes and supports collaborative efforts to create and sustain more effective interactions among law enforcement, mental health care providers, individuals with mental illness, their families and communities and also reduces the stigma of mental illness.

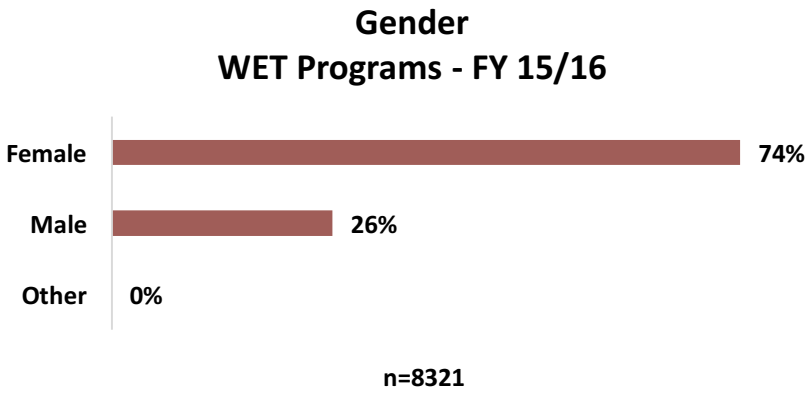
Of note, in 2016 Orange County's WET Office participated in an Office of Statewide Health Planning and Development (OSHPD) survey that assessed WET program performance and sustainability. Out of 30 WET programs in the state of California that were evaluated, five Orange County programs were nominated as best practices and two were selected as Statewide Model programs: the Recovery Education Institute as a model training program that supports *building* the mental health workforce, and the Cultural Competency Training for Staff and Community program as a model program that supports *strengthening* the mental health workforce.

Workforce Education and Training (WET)

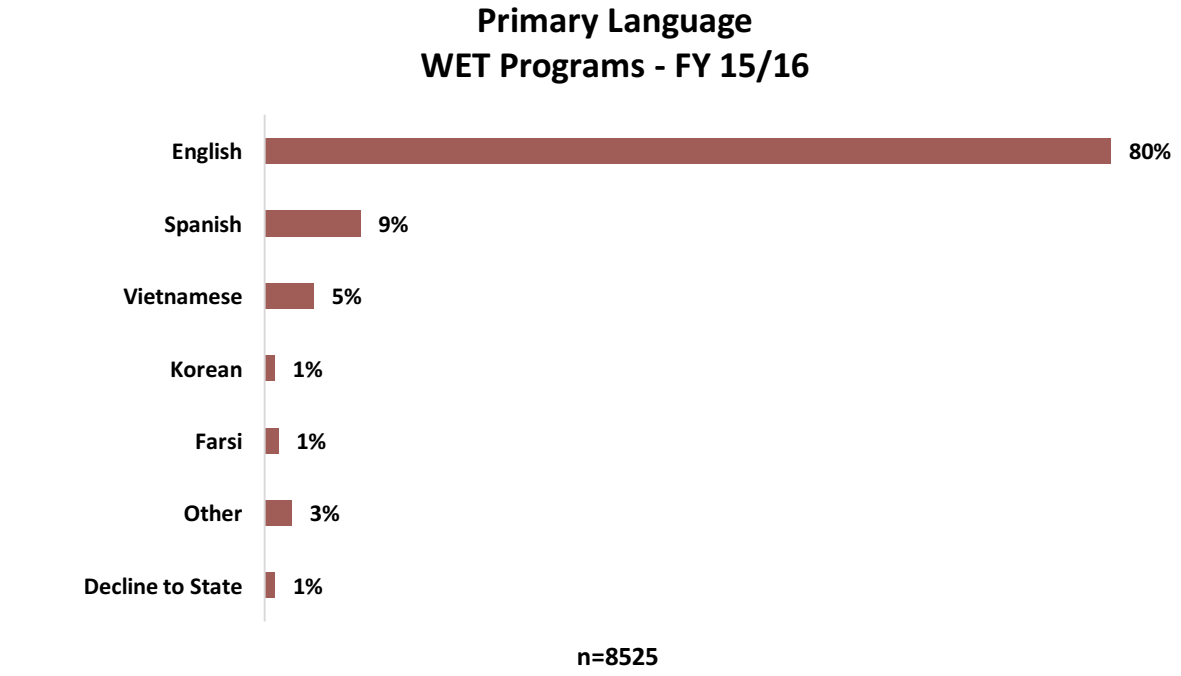
Demographic Characteristics of FY 15/16 WET Participants

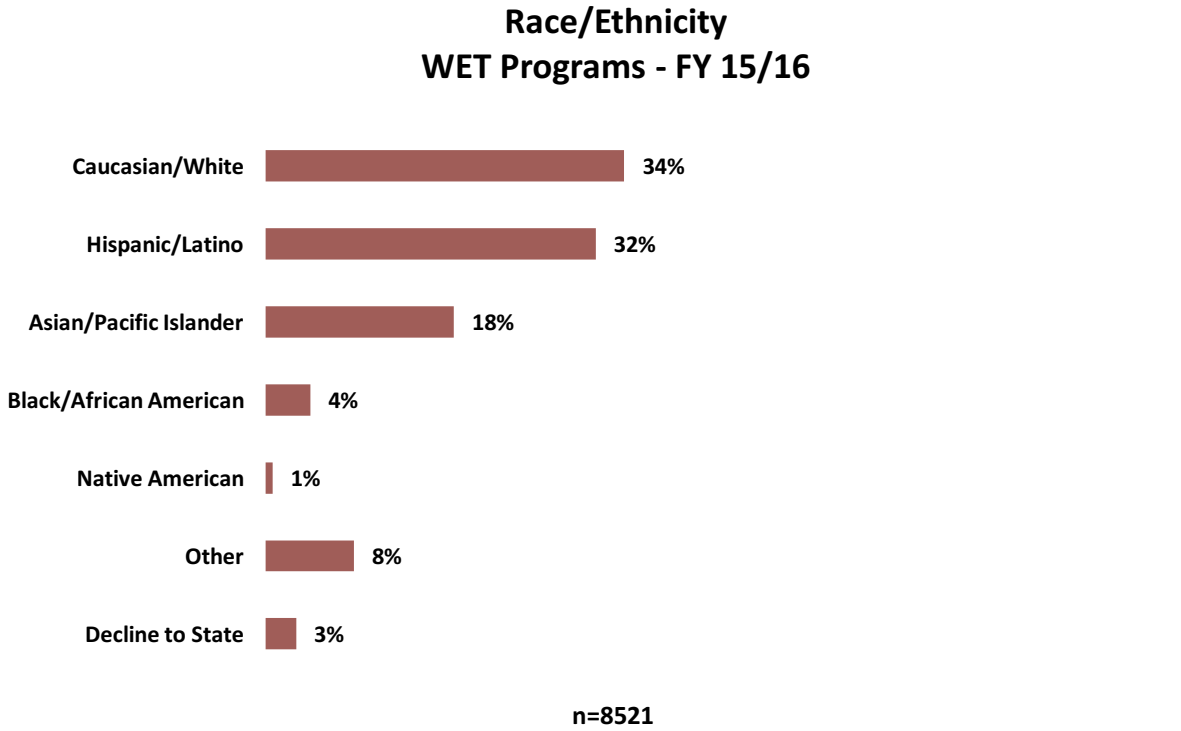
WET surveys all individuals who participate in the WET programs and inquires about demographic characteristics. In FY 15/16, a total of 10,096 individuals attended WET trainings and activities, and 88 percent (n= 8,897) completed the training evaluation form. As seen in the graphs below, an overwhelming proportion of participants identified as adult, female, English-speaking, and White/ Caucasian or Latino/Hispanic.





Workforce Education and Training (WET)





Workforce Education and Training (WET)

Workforce Staffing Support

Workforce Staffing Support	FY 17/18	FY 18/19	FY 19/20
Annual Budgeted funds in	$492,240	$492,240	$492,240

Program Description / Outcomes

The Workforce Staffing Support (WSS) program performs four functions: (1) Workforce Education and Training Coordination, (2) Consumer Employment Specialist Trainings, (3) Consumer Employment Specialist One-on-One Consultations, and (4) the Liaison to Regional Workforce Education and Training Partnership.

Orange County WET regards coordination of workforce education and training across County Behavioral Health, contractors, consumers, family members, and the wider community as a key strategy to promoting recovery, resilience and culturally competent services. As part of WSS, multidisciplinary staff members design and monitor WET programs, research pertinent training topics and contents, and provide and coordinate trainings. During FY 15/16, staff members sought to increase training access by launching an online training program that offered Continuing Education (CE) and Continuing Medical Education (CME) credits. This online service provided an alternative to County and County-contracted providers who otherwise would not be able to attend a live training.

The Multicultural Development Program (MDP), which falls under WET, consists of staff with language proficiency and culturally-responsive skills who support the workforce by providing trainings on various multicultural issues and providing translation services. In FY 15/16 a total of 76 interpretations in Spanish, Vietnamese and Farsi were conducted at MHSA Steering Committee and community meetings. MDP staff also translated, reviewed, and field-tested a total of 243 documents in the threshold languages of Spanish, Vietnamese, Farsi, Korean and Arabic. In addition, a Licensed Marriage Family Therapist (LMFT) serves in the MDP as a Deaf and Hard-of-Hearing Coordinator to ensure that American Sign Language (ASL) interpretation support is provided at trainings and MHSA Steering Committee and community meetings.

In FY 15/16 the Ethnic Services Manager and staff led the effort to organize a community-based Cultural Competence Committee made up of multi-ethnic partners and multi-cultural experts in Orange County. The committee provides input on how to incorporate cultural sensitivity and awareness into BHS trainings on various behavioral health topics. The goal of these activities is to provide linguistically and culturally appropriate behavioral health information, resources and trainings to underserved consumers and family members.

Workforce Education and Training (WET)

As part of WSS, a Consumer Employment Support Specialist works with Behavioral Health Services, contract providers and community partners to educate consumers on disability benefits. In FY 15/16, the specialist provided 59 trainings to 438 individuals living with mental illness and providers. Topics included Ticket-to-Work, Reporting, Overpayment, Housing, and Supplemental Security Income/ Social Security Disability Insurance (SSI/SSDI). One-on-one SSI/SSDI Work Incentive consultation was also provided to 93 consumers who requested more in-depth guidance sessions.

In addition to the trainings provided by the Consumer Employment Specialist, WSS provided a large number of professional development trainings in FY 15/16. A total of 3,839 individuals participated in 90 training subjects that included, but were not limited to: Law and Ethics; Legal Requirements and Ethical Guidelines with Confidentiality, Client Records, Documentations and Mandated Reporting; 5150/5585 Involuntary Hospitalization and Designation; User's Guide to DSM-5 and ICD 10; Patients' Rights Advocacy Services; Respect and Dignity; Rights for Individuals in Inpatient and Outpatient Mental Health Facilities; Developing and Enhancing Competence in Clinical Supervision; Housing Placement; Raising Awareness About First Episode of Psychosis; Children with Autism and Co-Occurring Psychiatric Disorder: A Guide for Parents and Educators; Psychopharmacology; Current Drug Trends in Orange County; Orange County Crisis Response Conference; Workplace Violence Preparedness; Narrative Practices for Vulnerable Communities in Responding to Trauma; Use of Imagery in Mental Health: Theory and Practical Applications; Customer Service: A Journey to the Heart.

The Liaison to the Regional Workforce and Education Partnership represents Orange County in the following ways: coordinate regional educational programs; disseminate information and strategies regarding consumer and family member employment throughout the region; share programs that increase diversity of the public mental health system workforce; disseminate Orange County programs to other counties within our region; and coordinate regional actions that can take place within Orange County.

A summary of the number of trainings and attendees by WSS function is provided below:

Workforce Staffing Support	Number of Trainings/ Conferences FY 15/16	Number Attended FY 15/16
Workforce Education &Training Coordination	90	3,839
Consumer Employment Specialist Trainings	59	438
Consumer Employment Specialist One-on-One Consultations	--	93
Liaison to Regional Workforce Education & Training Partnership	--	1 (WET Coordinator)
TOTAL	**149**	**4,371**

Workforce Education and Training (WET)

Community Impact

The average overall satisfaction rating reported by the 3371 participants who filled out a survey after completing a WET Coordination training in FY 15/16 was 8.8 on a 10-point scale. In addition, 88% of the respondents rated their training as “Above Average” or “Excellent.”

For the 327 individuals who filled out a survey after receiving Consumer Employment Support in FY 15/16, the average satisfaction rating was 8.8 on a 10-point scale and 86% rated the training as “Above Average” or “Excellent.”

Workforce Education and Training (WET)

Training and Technical Assistance

Training and Technical Assistance	FY 17/18	FY 18/19	FY 19/20
Annual Budgeted funds in	$1,447,674	$1,447,674	$1,447,674

Program Description / Outcomes

Activities within the Training and Technical Assistance (TTA) category include trainings on evidence-based practices (EBP) for mental health providers, trainings provided by consumers and family members for staff and the community, trainings to develop multicultural competency among staff and the community, and mental health training for law enforcement. A summary of this activity is provided in the table below, followed by a more detailed narrative of each type of training and technical assistance.

Training and Technical Assistance	Number of Trainings/ Conferences FY 15/16	Number Attended FY 15/16
Training on Evidence-Based Practices	52	1,247
Training Led by Consumers or Family Members for Staff, Consumers/Family Members, and the Community	6	257
Cultural Competence Training for Staff & the Community	28	3,320
Crisis Intervention Training for Law Enforcement	13	272
TOTAL	**99**	**5,096**

Workforce Education and Training (WET)

Training on Evidence-Based Practices – Trainings on Evidence-Based Practices were conducted to help behavioral health providers stay current on the best practices in their field. In FY 15/16, 52 trainings were provided to 1,247 County and contracted staff, community partners, consumers and their family members. The number of trainings and attendees by EBP course can be found in the following table.

Evidence-Based Practice	Number of Trainings	Number Attended
Advanced Trauma-Focused Cognitive Behavior Therapy (TF-CBT)	1	39
TF-CBT and Consultation	2	41
TF-CBT Using Directed Play Therapy	2	62
Motivational Interviewing Basics	2	121
Motivational Interviewing Approach: Intermediate Level and Special Populations	1	34
SAMHSA Model of Anger Management for Behavioral Health	8	179
Clinical-track Applied Suicide Intervention Skills Training (ASIST)	4	105
Community-track Suicide Alertness for Everyone safeTALK	5	124
Mental Health First Aid for Those Working with Adults	15	337
Mental Health First Aid for Those Working with Youth	4	58
Non-Violent Crisis Intervention	8	147
TOTAL	**52**	**1,247**

Workforce Education and Training (WET)

Trainings Led by Consumers or Family Members – Consumer and Family Member-led training sessions are offered to County and County-contracted personnel to reduce stigma among staff in the mental health system and to raise awareness of behavioral health conditions across communities. In FY 15/16, 109 individuals attended the five Provider Education training sessions taught by the National Alliance on Mental Illness (NAMI) consumer and family member presenters with lived-experience. In addition, a CAAC Behavioral Health Stakeholder Conference conducted by consumer and family member presenters with lived experience was offered to 148 community partners and providers.

Cultural Competence Training – Culturally responsive trainings are conducted to raise cultural awareness and humility among behavioral health providers and community partners. Culturally diverse trainings are offered on topics such as Mental Health Interpreter Training and Principles, How to Communicate Effectively with Deaf and Hard-of-Hearing Individuals, Working Effectively with Sign Language Interpreters in a Behavioral Health Setting, Understanding Client Culture and Journeys, and A Guide in Working with Vietnamese Americans and Families. A collaborative interfaith community and behavioral health advisory board continues to guide topics and contents in a bi-monthly workshop series that integrates spirituality with behavioral health. In compliance with the California Department of Health Care Services Cultural Competence Plan Requirement (CCPR), the first online Cultural Competence training with an offering of continuing education and continuing medical education credits was launched toward the end of the fiscal year to help increase cultural humility and ensure culturally sensitive service delivery by County and County-contracted staff. In FY 15/16, 28 cultural responsive trainings were offered, and 3,320 individuals attended.

Crisis Intervention Training for Law Enforcement – WET conducts the best-practice Crisis Intervention Training (CIT) to ensure that law enforcement officers in Orange County are culturally sensitive to the mental health needs of the community. As first responders, law enforcement officers can help provide linkages to available mental health resources in the community when responding to mental health crises. The 16-hour CIT I curriculum is conducted by a psychologist, subject matter experts, law enforcement, contracted providers, and individuals living with mental illness and their family members. In FY 15/16, an eight-hour CIT II class was added to the Professional Officer Standards Training (POST) and Standards and Training for Corrections (STC) certified curriculum to include training on Dementia, Developmental Disorders-including Autism Spectrum Disorder, and how to work with Deaf-and-Hard of Hearing individuals. An Interactive Video Simulator with behavioral health scenarios provides hands-on training and prepares law enforcement officers and public safety personnel to identify the various needs of individuals grappling with mental health, substance use, dual diagnosis and homelessness. CIT training is currently offered in a modular 32-hour format split across several training dates to ensure sustainability and provide the flexibility law enforcement agencies need to coordinate staffing levels while officers are taken out of duty to attend CIT training. In FY 15/16, 13 CIT classes were taught to a total of 272 Orange County law enforcement officers.

Workforce Education and Training (WET)

Community Impact

The average overall satisfaction rating reported by the 1,077 participants who filled out a survey after completing Trainings on Evidence-Based Practices in FY 15/16 was 9.0 on a 10-point scale. In addition, 93% of the respondents rated their training as "Above Average" or "Excellent."

For the 3,229 participants who filled out a survey after completing a Cultural Competence training in FY 15/16, the average satisfaction rating was 9.3 on a 10-point scale and 83% rated their training as "Above Average" or "Excellent."

For the 117 participants who filled out a survey after completing Trainings Provided by Consumers and Family Members in FY 15/16, the average satisfaction rating was 8.8 on a 10-point scale and 88% rated the training as "Above Average" or "Excellent."

For the 215 law enforcement personnel who filled out a survey after completing the CIT for Law Enforcement in FY 15/16, the average satisfaction rating was 7.8 on a 10-point scale and 86% rated the training as "Above Average" or "Excellent." In addition, participants have expressed how the program has had a positive impact on their professional development. Below are some written comments from CIT attendees:

> *I was not looking forward to this class. After completing the course, I am glad I was able to attend. I now feel that I can help the mentally ill when I respond to crisis calls. I now want to help and don't look at them as such a problem, but empathize with them a little more.*

> *I have more compassion and a wider understanding for people with mental illness. I will definitely apply these acquired skills in my daily work life.*

Changes/Challenges/Barriers:

In FY 16/17, the CIT curriculum will be expanded to a 40-hour training to further reduce stigma and increase cultural humility during crisis responses.

Workforce Education and Training (WET)

Mental Health Career Pathways

Mental Health Career Pathways Program	FY 17/18	FY 18/19	FY 19/20
Annual Budgeted funds in	$927,000	$927,000	$927,000

Program Description / Outcomes

The Mental Health Career Pathways program helps individuals living with mental health conditions to prepare for the workforce. Courses are provided through the Recovery Education Institute (REI), which prepares individuals living with mental illness and their family members to pursue a career in behavioral health. REI provides training on basic life skills, career management and academic preparedness, and offers certified programs needed to solidify the personal and academic skills necessary to work in behavioral health. Most REI staff possess personal lived experience. In FY 15/16, REI provided 140 total trainings, 105 of which were led by individuals living with mental illness or their family members.

REI also employs academic advisors and peer success coaches to mentor and tutor students. In FY 15/16, REI served a total of 585 active students, including 210 newly enrolled students. The number of one-on-one support sessions provided to the students is reported below.

Support Session	Number of Students (duplicated)
Academic Advisement Sessions	936
Success Coach Contacts	1,027
TOTAL	**1,963**

Workforce Education and Training (WET)

At REI, a wide variety of trainings are offered including Introduction to MS Excel Spreadsheets, Elementary Spanish to Public Speaking, Introduction to Psychology, Health Navigation Skill Development Training, Case Management, Vocational Skills Building, and College Survival. REI collaborates with adult education programs, links students to local community colleges for prerequisite classes, and provides accredited college classes and certificate courses on site. As can be seen in the table below, the percentage of students completing the REI workshops and classes is significantly higher than the completion rates at various community colleges.

REI Courses Offered FY 15/16	Total Number of Courses Offered FY 15/16	Percentage of (Duplicated) Students Who Completed FY 15/16 Courses
Workshops	60	91%
Pre-Vocational Courses	53	91%
Extended Education Courses	10	90%
College Credit Courses	17	73%
TOTAL	**140**	**--**

REI contracts with Saddleback College to offer a Mental Health Worker Certificate that prepares students to enter the public mental health workforce. Students gain knowledge and skills in the areas of cultural competency, the Recovery Model, co-occurring disorders, early identification of mental illness, and evidence-based practices, to name a few. To receive the certification, students must complete nine three-unit courses and a two-unit, 120-hour internship. In FY 15/16, four students earned this certification. In addition, REI/Saddleback College added courses in alcohol and drug studies, which integrate theory and practical experience to develop the skills necessary to work with individuals who are experiencing substance use disorders. Students who complete all required courses also receive a certificate in Alcohol & Drug Studies.

Workforce Education and Training (WET)

Community Impact

The average overall satisfaction rating reported by the 208 participants who filled out a survey after completing a Recovery Education Institute Program in FY 15/16 was 9.1 on a 10-point scale. In addition, 95% of the respondents rated their training as "Above Average" or "Excellent." Participants have expressed that the program has had a positive impact on their career development. A student at REI shared his experience with WET:

> *I'm very grateful for REI. I first took the Mental Health First Aid workshop two years ago here and never left. I started the Mental Health Worker Certificate program and now, I only have two classes left to complete the program. REI also helped me find a job in the field. And now I'm happy to have a career doing something that I love. I couldn't have done it without REI. This school has been such a big part of my life. It has given me the support and encouragement I need to do what I love. I tell everyone I know about this wonderful and live changing place.*
>
> ***- An Associate Student Body Leader at the Orange County Recovery Education Institute***

Changes/Challenges/Barriers:

REI's individual academic assessments list two major challenges and barriers to student retention: insufficient funds to obtain transportation to campus or to purchase textbooks. These barriers reduce the retention rate for those affected. Discussions have been held with the contracted provider, BHS program manager and contract administrator to apply any overage in the contract to buy additional textbooks. In addition, transportation issues have been discussed at the MHSA Steering Committee meetings to try to find a solution.

Workforce Education and Training (WET)

Residencies and Internships Program

Residencies and Internships	FY 17/18	FY 18/19	FY 19/20
Annual Budgeted funds in	$238,381	$238,381	$238,381

Program Description / Outcomes

The Residencies and Internships program trains and supports individuals who aspire to work in the public mental health system. In FY 15/16, nine pre-doctoral student interns participated in the California Psychology Internship Council (CAPIC) program and volunteered a total of 18,720 clinical hours. Four of the nine student interns were placed in WET's Neurobehavioral Testing Unit (NBTU) and were supervised by a licensed psychologist. The NBTU interns volunteered 8,000 hours and completed 61 full psychological assessment batteries that ranged from 8 to 12 measures each.

In collaboration with the Psychiatry Department at the University of California Irvine (UCI) School of Medicine, WET funded seven residencies and three fellowships in FY 15/16. The psychiatry residents and fellows provided a total of 1,332 clinical hours. Supervised trainings provided in the program strive to teach the recovery philosophy, enhance cultural humility and understanding from the consumer and family perspectives, and recruit talented psychiatry residents and fellows into the public mental health system. The funded positions and training are one strategy used to address the shortage of child and community psychiatrists working in community mental health.

Trainee Level	Total Supervised FY 15/16	Total Clinical Hours Contributed FY 15/16
Psychology Interns	9	18,720
Psychiatry Fellows	3	756
Psychiatry Residents	7	576
TOTAL	**19**	**20,052**

Workforce Education and Training (WET)

Community Impact

The average overall satisfaction rating reported by the 14 participants who filled out a survey after completing the Residency and Internship Program in FY 15/16 was 8.1 on a 10-point scale. In addition, 71% of the respondents rated their training as "Above Average" or "Excellent."

Participants have expressed that the program has had a positive impact on their professional growth. Below is an excerpt of a direct quote from a psychology intern:

> *During my one year psychology internship at the Neurobehavioral Unit, I was able to gain experience in working with a variety of populations served by the Adult and Older Adult Behavioral Health outpatient programs. This internship has enriched my education and work experience so that I can perform assessments at a variety of settings and be of service to the underserved populations.*

Workforce Education and Training (WET)

Financial Incentives Programs

Financial Incentives Programs	FY 17/18	FY 18/19	FY 19/20
TOTAL Annual Budgeted funds in	$1,259,351	$1,259,351	$1,259,351
College Student Financial Incentive Program	$132,000	$132,000	$132,000
Psychiatrist Loan Repayment Program	$1,127,351	$1,127,351	$1,127,351

Program Description / Outcomes

As part of the current Three-Year Plan, the Financial Incentives Programs category now contains two tracks: the Financial Incentive Program for college students and the Psychiatrist Loan Repayment Program. The former program provides financial incentive stipends to BHS County employees at the Bachelor (BA/BS) and Masters (MA/MS) levels to expand a diverse bilingual and bicultural workforce. The Orange County WET Office collaborates with numerous colleges and universities to provide stipends to students who, in return, are encouraged to work for County or County-contracted agencies upon their graduation. In FY 15/16, tuition incentives were provided to 20 staff, one of whom was an undergraduate and 19 of whom were Masters' degree candidates.

Beginning in FY 15/16, Financial Incentives Programs introduced the Orange County Mental Health Loan Assumption Program (OC-MHLAP) for psychiatrists. This track aims to address the shortage of community psychiatrists working in the Public Mental Health System (PMHS) due to strong recruiting competition from private sector organizations and other governmental agencies. To be eligible for the track, an award recipient must work in the County public mental health system in exchange for the loan assumption. This additional OC-MHLAP program will help achieve staffing goals and enhance the quality of care to Orange County's population by improving the recruitment and retention of qualified psychiatrists. In FY 15/16, five psychiatrists participated in the Loan Repayment Program.

Financial Incentives	Number Funded FY 15/16
BA Stipends	1
Graduate Degree Stipends	19
Psychiatry MHLAP	5
TOTAL	**25**

Workforce Education and Training (WET)

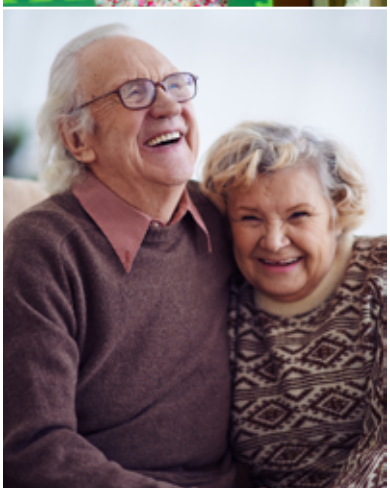
Community Impact

Participants have expressed that the program has had a positive impact on their professional growth. A bilingual recipient of the MHSA WET Financial Incentive Program has shared the impact of this program:

> *As a recipient for the past three years, I am deeply grateful for the opportunity to complete my undergraduate education. The genuine support I received from the staff of this program has been simply amazing and most encouraging. The program has made it possible for me to attain the level of education that would otherwise be out of my reach. I look forward to continue with my graduate study to serve and make this investment worthwhile.*
>
> ***- B.A. (a single mother working as a Mental Health Worker and planning on attending graduate school)***

Prevention and Early Intervention (PEI)

Prevention and Early Intervention (PEI)



Component Information

The Mental Health Services Act (MHSA) allocates 20% of the Mental Health Services Fund to the Prevention and Early Intervention (PEI) component, which is tasked with two key functions: to prevent mental illness from becoming severe and disabling, and to improve timely access to services for underserved populations. PEI programs identify individuals who are at risk of or who are exhibiting early signs of mental illness or emotional disturbance, and link them to treatment and other resources.

The approaches used by PEI in and of themselves are transformational in that they structure the mental health system to embody a "help first" vs. "fail first" philosophy. Services strive to reduce risk factors or stressors, build protective factors and skills, and increase resilience. The intent of the component is to keep people healthy and/or to provide interventions early on in an illness, thereby dramatically reducing negative consequences such as prolonged suffering, suicide, unemployment, homelessness, incarcerations, school failure or dropout, and/or removal of children from their homes.

Orange County's PEI Plan

In April 2009, after a multi-stage process that involved extensive community involvement and took nearly two years to complete, Orange County's original PEI Three-Year Plan was approved by the California Department of Mental Health (DMH) and the Mental Health Services Oversight and Accountability Commission (MHSOAC). As a continuum-of-care component, the original Plan consisted of eight service areas with 33 total programs that endeavored to address the earliest signs of mental health problems and provide an overall system that was accessible to a diverse population. It built capacity for early intervention mental health services at sites where people go for other routine activities (e.g., medical providers, education facilities, community organizations) in order to improve timely access.

A restructuring of the PEI Plan was initiated in 2012 to address issues identified during the first three years of implementation. They included overlap in services, unsuccessful solicitations due to a lack of community response, and inconsistencies in the structure of the initial eight service categories (e.g., categories included location of service as a category in some cases and type of service as a category in others). Existing programs were reorganized to better meet the prevention and early intervention needs of the community and, wherever possible, take advantage of economies of scale. The re-packaged Plan maintained all services but consolidated them into three service areas which have been retained in the current Three-Year Plan: Community-Focused Services, School-Based Services, and System Enhancement Services.

Prevention and Early Intervention (PEI)

Changes in the Three-Year Plan

The programming changes described in the current Three-Year Plan are the result of a two-fold process. First, as a result of the budget true up, program managers were able to recommend increases/decreases to budgets based on funds identified during the true up. Second, PEI considered combining programs when it made sense to do so because of similarities in factors such as services, target populations and/or outcomes reporting. In other cases, it also made sense to separate programs based on these same reasons. A summary of the PEI program changes contained in the current Three-Year Plan is provided below.

Changes to Community-Focused Services

- 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). This new program will be an early intervention program for mothers with postpartum depression, pregnant women with depression and anxiety, and pregnant and parenting teens who are at risk for behavioral health problems.
- Combine the current Children Support & Parenting Program (CSPP) and the Stop the Cycle program into an enhanced CSPP that will make children less vulnerable to developing behavioral health problems by offering parent and family prevention services to the target populations of the two original programs.
- Combine the parent training components from the existing Parent Education and Support Services program and the Family Support Services program into a new Parent Education Services program that will provide parenting education and training for families with children ages 0-18 years. The Family Support Services program will now focus on supportive services for families struggling with a behavioral health condition or other stressors and no longer provide parent education.
- Eliminate the current Professional Assessors program category and transfer the services into an existing PEI program that is serving the assessors' target population (i.e., move the assessor in Veteran/Treatment/Family Court to the OC4Vets program; move the assessors at the UCI Family Health Center to the Community Counseling & Supportive Services Program). These staff movements will ensure that services remain uninterrupted and that funding is accurately reported and contained within the program where services are provided.

Changes to School-Based Services

- Combine the currently existing School-Based Mental Health Services program and the Transitions program into an expanded School-Based Mental Health Services program that will provide both prevention and early intervention services for students in elementary, middle and high school. The combined program will not reduce any services but will create efficiencies by covering school districts under a single Memorandum of Understanding (MOU).
- Expand the School Readiness and Connect the Tots programs in order to provide a continuum of care within this program category. The original programs served families with children ages 0-6 years who are exhibiting behavioral health problems, with School Readiness program serving South Orange County families and the Connect the Tots program serving North Orange County families. Under the recommended change, the age of the target population will be increased to 0-8 years and the geographical territories will be removed so that services are now provided county-wide. The contract-operated School Readiness program will provide the screening, referrals, linkages and brief interventions to families, while the County-operated Connect the Tots program will provide additional assistance, including clinical interventions, over longer periods of time for families with a higher level of need.
- Split the current Violence Prevention Education program into two separate programs that provide services to different target populations. Under the proposed separation, the Violence Prevention Education program will be broadly available to all K-12 grades, in all school districts, to reduce violence and its impact on schools and neighborhoods. The Gang Prevention Services program will target 4th-8th grade youth who are at risk of gang involvement in identified high-risk geographical areas.
- Discontinue the Drop-Zone program and use the funding (plus $250k, totaling $400k) to implement a new, expanded school-based veterans program that will offer peer services, peer counseling and other interventions designed to address behavioral health issues in college student veterans. The community has continued to identify veterans services as being a service gap, particularly with regard to school-based veteran services. However the existing Drop Zone program has had limited impact due to staffing issues and challenges gaining access to different colleges, which the new program will be able to address.

With all of these program changes it should be noted there will be no decrease in service capacity and, in many cases, the service capacity will increase.

Prevention and Early Intervention (PEI)

Community-Focused Programs

Stress-Free Families

CF: Stress Free Families	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	160	160	160
Annual Budgeted Funds in	$534,693	$534,693	$534,693
Estimated Annual Cost Per Person in	$3,342	$3,342	$3,342

Program Description

The Stress-Free Families program serves families that have been reported and/or investigated by Child Protective Services for allegations of child abuse and/or neglect. The program is designed to reach and support these families experiencing stressors that make family members more vulnerable to behavioral health conditions.

The target participants are adult parents or caregivers who have come to the attention of Social Services. The program provides a range of services intended to reduce risk for behavioral health problems. Services include short-term interventions such as brief counseling, parent education and training, case management, and referral and linkage to community resources. Staff is co-located at a Social Services Agency (SSA) site to provide consultation and receive referrals from SSA staff.

Strategies to Improve Access

By providing assessments and services in the home setting, program staff observe and ascertain the needs of families in their home environment so that they are better able to tailor their interventions. Clinicians provide parenting education training with families directly in their homes, which increases the likelihood that the techniques learned will be used by the parents going forward. Many participant families also have limited resources, such as limited or no transportation and lack of child care, so having a home- and field-based program eliminates these barriers, thereby improving access to the services. In addition, in FY 15/16 the program provided 241 referrals and 55 linkages.

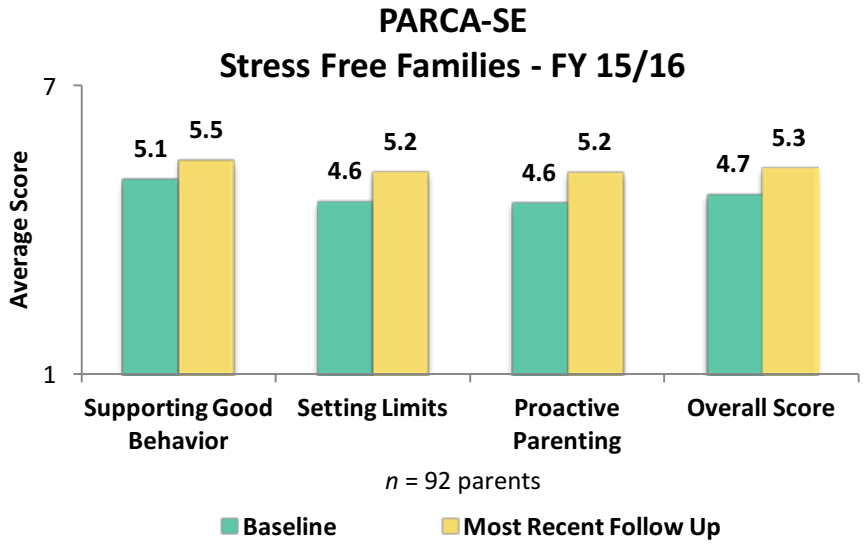
Strategies for Non-Stigmatization and Non-Discrimination

The program strives to make services available to all Orange County residents, regardless of their background. The program provides services in English, Spanish and Vietnamese through staff who are bicultural/bilingual in Spanish and/or Vietnamese.

Outcomes

During FY 15/16, 116 parents/caregivers who had a total of 302 children living in the home were served by Stress Free Families. The program uses principles of Triple P Positive Parenting Program and tip sheets to guide services with the intention of reducing prolonged suffering from behavioral health problems. This reduction in suffering is measured through increases in parents' confidence/self-efficacy in their ability to practice effective parenting skills as measured by the PARCA-SE (Parenting Children and Adolescents scale – Self-Efficacy version). Parents rate the frequency with which they demonstrate each strength-based parenting skill on a 7-point scale, where a score of 1 reflects "not at all," a score of 4 reflects "some of the time," and a score of 7 reflects "most of the time." In addition to an overall parenting self-efficacy score, the PARCA-SE scale generates three subscale scores: Supporting Good Behavior, Setting Limits and Proactive Parenting. Improvements are noted by measuring the change in scores between intake (the baseline measurement) and the most recent follow up assessment, which are conducted every three months of program participation and at program exit. The evaluation also reflects cultural competence as the assessment tool is available in all threshold languages except Farsi and Arabic, and a clinician or the Language Line is available to provide services in these and other languages as needed.

During FY 15/16, participants in Stress Free Families demonstrated increases in the three subscale and overall parenting scores between baseline and the most recent follow-up measurement (see graph below). The improvements were all statistically significant and three were medium in effect size,[1] which is an indicator of real-world significance or observability. Supporting Good Behavior demonstrated a somewhat lower, small-to-medium effect size, which may be attributable, in part, to the fact that the score for this subscale was already relatively high at baseline (i.e., between some of the time or most of the time). Taken together, the findings indicate the program demonstrates success in improving parenting self-efficacy and skills.



[1] Supporting Good Behavior: Baseline M=5.1, SD = 1.2; Follow up M=5.5, SD=1.1; t(91) = -3.43, p = .001, Cohen's d = 0.36
Setting Limits: Baseline M=4.6, SD = 1.4; Follow up M=5.2, SD=1.1; t(91) = -4.15, p < .001, Cohen's d = 0.44
Proactive Parenting: Baseline M=4.6, SD = 1.4; Follow up M=5.2, SD=1.1; t(91) = -4.30, p < .001, Cohen's d = 0.45
Overall Score: Baseline M=4.7, SD = 1.2; Follow up M=5.3, SD=1.0; t(91) = -4.35, p < .001, Cohen's d = 0.46

Prevention and Early Intervention (PEI)

Community Impact

The program has provided services to more than 500 families since its inception and has improved personal functioning of enrolled parents, as well as overall family functioning. The program also provides frequent consultation to the Social Services Agency (SSA), which has improved SSA's ability to recognize mental health needs in those for whom an allegation of child abuse has been made. This recognition improves SSA's ability to provide families with timely and appropriate resources to further prevent child abuse/neglect.

Parents have also expressed that the program has had a positive impact on their lives. Below is an excerpt of a direct quote from a participant:

> *Thanks to this program it has helped me so much with my children. Before I started this program I felt very bad for not knowing what to do but with this help I've bettered myself and am more understanding.*

Changes/Challenges/Barriers

Parents enrolled in the program need extensive support and assistance to link with resources that provide necessities such as food and clothing. Without these necessities, their ability to participate meaningfully in the program is compromised. To mitigate this challenge, clinicians serve as active case managers, providing referrals to families and diligently following up to ensure linkages to these necessary services are made. Because the program is dependent upon referrals from SSA, clinicians make every effort to provide presentations to SSA staff and consult with them frequently in order to maintain a steady stream of referrals.

1st Onset of Psychiatric Illness (OC CREW)

CF: 1st Onset of Psychiatric Illness (OC CREW)	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	70	70	70
Annual Budgeted Funds in	$1,500,000	$1,500,000	$1,500,000
Estimated Annual Cost Per Person in	$21,429	$21,429	$21,429

Program Description

The 1st Onset of Psychiatric Illness Program, also known as Orange County Center for Resiliency Education and Wellness (OC CREW), serves youth ages 12 to 25 years who are experiencing a first episode of psychotic illness and provides services to their families.

The program uses Early Detection and Intervention for the Prevention of Psychosis (EDIPP) and a Wellness Recovery Action Plan (WRAP) to guide services. Services include psychiatric care, psychoeducation, cognitive-behavioral intervention, multi-family groups, development of long-term economic and social support, opportunities for physical fitness activity, vocational and educational support, social wellness activities, referral and linkage to community resources, services to address substance misuse, and Wellness Recovery Action Plans. The program also provides trainings to persons and organizations most likely to encounter youth presenting with early warning signs of mental illness. Training is provided on how to recognize these early warning signs, how to support these youth/families, and how to refer individuals from diverse ethnic/cultural groups.

Strategies to Improve Access

The program implements various strategies to improve access to services for underserved populations. Outreach and engagement and community presentations and trainings to behavioral health providers, schools, hospitals, probation departments and community resource fairs are used to improve awareness and access to program services. Field-based assessments and community-based services are used to increase access for underserved populations and for people with housing or transportation barriers. Transportation assistance is provided to reduce transportation barriers, boost the number of successful linkages and improve treatment adherence. Quarterly family workshops are offered on Saturdays and multi-family groups are offered in the evenings to increase access to services for family members who are working. Medication services are covered by the County's MedImpact program which allows for individuals without insurance to receive needed psychotropic medication. Services are offered to individuals regardless of citizenship or insurance status, which increases the number of traditionally unserved populations that now can receive services. The clinic setting is centrally located in Orange County, near major freeways and streets with access to public transportation, to allow for participants to access services. Services are field-based and available for all eligible Orange County residents experiencing the first episode of psychosis. In FY 15/16, the program also provided 92 referrals and 27 linkages.

Strategies for Non-Stigmatization and Non-Discrimination

The program strives to make services available to all Orange County residents, regardless of their background, by employing bilingual staff to meet the program's needs for multilingual services.

Program staff have clinical experience and/or a background in working with ethnically diverse and underserved populations. Youth and families are matched with clinical staff who are bilingual and bicultural to improve communication and cultural sensitivity. Services are offered in English, Spanish and Vietnamese. The program provides a welcoming environment and offers services to all Orange County residents regardless of socio-economic status, citizenship status or ethnic/cultural background. Staff strive to make participants feel welcome and have a "meet all clients where they are at" approach to promote individualized services that focus on recovery, resiliency, education and wellness from a first episode of psychosis.

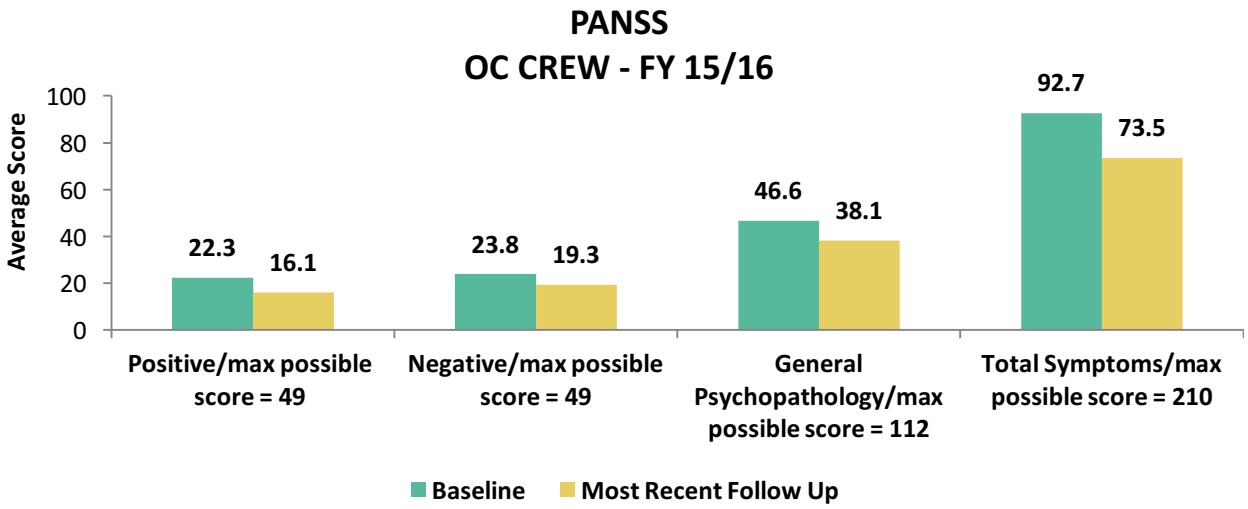
Outcomes

During FY 15/16, 83 youth and 59 family members were served by the program. The program's purpose is to reduce prolonged suffering from untreated mental illness as assessed through psychiatrists' ratings of youth's symptoms on the Positive and Negative Syndrome Scale (PANSS). The PANSS is a 30-item measure of schizophrenia symptom severity and yields an overall symptom score as well as three subscale scores: (1) Positive Symptoms (excess or distortion of normal functions, such as hallucinations or delusions), (2) Negative Symptoms (diminution or loss of normal functions, such as emotional withdrawal, blunted affect or poor rapport), and (3) General Psychopathology Symptoms. Psychiatrists rate participants' symptoms at intake, every three months of program participation and at program exit. The difference between intake (baseline) and the most recent follow-up is used to analyze whether there was a significant reduction of prolonged suffering. The evaluation also reflects cultural competence as the assessment tool has demonstrated inter-rater reliability across several geo-cultural groups.[3]

[3] Khan, A, Yavorsky, C., Liechti, S, Opler, M., Rothman, B, DiClemente, G, Lucic, L, Jovic, S, Inada, T, & Yang, L (2013). A rasch model to test the cross-cultural validity in the positive and negative syndrome scale (PANSS) across six geo-cultural groups. *BMC Psychol, 1(1):5*

Prevention and Early Intervention (PEI)

Forty-four youth served during FY 15/16 had baseline and follow up ratings on the PANSS. Results revealed a reduction in symptom severity across all three subscales and the total symptom score. All four decreases were statistically significant and 3 of the 4 were moderate in effect size, which is a measure of real-world significance or observability of change. Only the positive symptoms subscale demonstrated a small effect size, which may be attributable, in part, to the fact that it had the lowest average baseline score and, therefore, less room for reduction (see graph below). Moreover, the average symptom severity per item within each subscale was generally at the *moderate* level at baseline and at the *mild* to *moderate* level at follow up, consistent with the program goals that OC CREW reduces prolonged suffering from untreated mental illness and helps prevent first episode psychosis from becoming severe, persistent and disabling.



[1] Positive Symptoms: Baseline M=22.3, SD = 6.9; Follow up M=16.1, SD=8.2; t(43) = 4.79, p<.001, Cohen's d = 73
Negative Symptoms: Baseline M=23.8, SD = 9.7; Follow up M=19.3, SD=8.7; t(43) = 4.01, p<.001, Cohen's d=.61
General Psychopathology: Baseline M=46.6, SD = 14.7; Follow up M=38.1, SD=14.2; t(43)= 3.40, p<.01, Cohen's d = .52
Total Symptom Score: Baseline M=92.7, SD =29.7; Follow up M=73.8, SD=29.3; t(43) = 4.20, p<.001, Cohen's d=.64

Prevention and Early Intervention (PEI)

Community Impact

During FY 15/16, staff provided 35 outreach activities to 384 individuals and facilitated 7 Continuing Education Trainings (CETs) to 154 individuals in order to increase awareness in the community regarding first episode psychosis.

Parent participants have also described the impact that the program has had on their lives. Below is an excerpt of a direct quote from a participant:

> *I think this program is incredibly valuable. My son has shown improvement. I could not be more grateful.*

Changes/Challenges/Barriers

In FY 15/16, the eligibility criteria for the program were expanded. The age range for participants was increased from ages 14-25 years to ages 12-25 years. Additionally, the duration of symptoms prior to enrollment in the program was increased from 12 months to 24 months. The program continues to explore ways to reach out to the medical community more effectively in order to increase referrals from pediatricians and other medical providers.

Orange County Maternal and Family Wellness

CF: OC Maternal and Family Wellness	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	700	700	700
Annual Budgeted Funds in	$2,113,072	$2,113,072	$2,113,072
Estimated Annual Cost Per Person in	$3,019	$3,019	$3,019

Program Description

The Orange County Maternal and Family Wellness program combines the services provided by the Orange County Postpartum Wellness (OCPPW) and the Youth as Parents programs into this new program category. The combined program provides prevention and early intervention services to women/youth of all ages who are pregnant or new mothers, up to one year postnatal, experiencing mild to moderate symptoms of depression and/or anxiety attributable to the pregnancy or recent birth of their child. In addition, the program serves pregnant and parenting youth who are at risk of behavioral health problems and/or are experiencing the early onset of behavioral health conditions. Referrals come from a variety of sources including self-referrals, hospitals, schools or behavioral health outpatient facilities. Once a referral is screened and determined appropriate for services, a clinician is assigned to enroll the participant for services and conduct a clinical assessment. During the clinical assessment, a diagnosis is determined and a treatment plan is developed.

The program focuses on addressing the needs of pregnant and postpartum women who may be living with perinatal or postpartum depression and/or anxiety and on mitigating the onset of behavioral health issues in teen parents to minimize the impact of these conditions on the maternal-child bond. Services include assessment; case management; individual, family and group counseling; parent training and educational groups; wellness activities and coordination; and linkage to community resources and community education.

Strategies to Improve Access

The program provides services in the field, primarily at the homes of the women or at an agreed upon community location. Additionally, the program provides transportation assistance when needed to assist participants in attending groups and wellness activities that are facilitated at the clinic. Program clinicians conduct outreach in order to raise awareness about services, increase access to services, and offer psychoeducational presentations to other community providers. The majority of clinicians in the program speak Spanish. Additionally, the program has one Vietnamese-speaking clinician, one Korean-speaking clinician, and one Farsi-speaking clinician which allows the program to provide effective outreach to these underserved populations. Lastly, the program hopes to expand in the current and upcoming fiscal years to be able to provide off-site groups at various community locations throughout Orange County in order to increase participants' ability to attend.

Prevention and Early Intervention (PEI)

Being a field-based behavioral health program significantly increases access to services for underserved populations. A majority of participants have a number of psychosocial stressors that pose barriers to accessing treatment, such as lack of transportation, no access to child care, low household income and no insurance. In addition to these barriers, participants are frequently isolated and struggle to keep appointments or complete tasks due to their symptoms of depression and/or anxiety. Providing behavioral health services in the field addresses the aforementioned barriers to accessing services and allows the program to reach a much larger population. Additionally, in FY 15/16, the program made 508 referrals and 193 linkages.

Strategies for Non-Stigmatization and Non-Discrimination

The County strives to make the services available to all Orange County residents, regardless of their background, and provide services that are sensitive and responsive to participants' backgrounds. Additionally, the services are available in English, Spanish, Korean, Vietnamese and Farsi, which allows the program to provide services to people from diverse backgrounds.

Outcomes

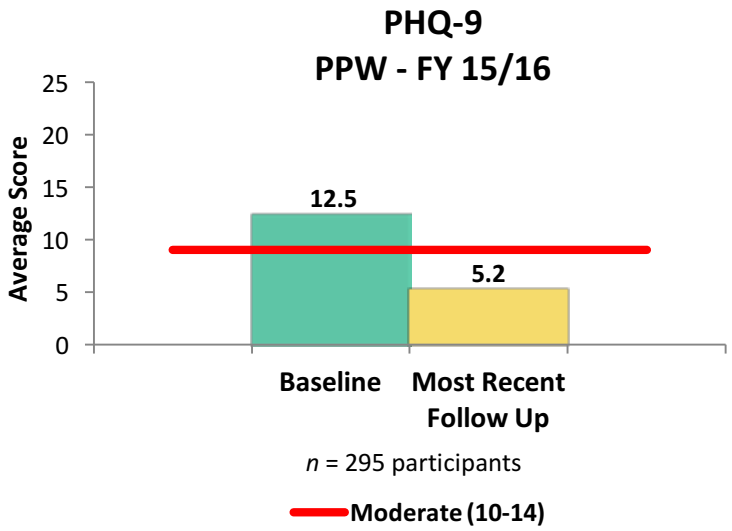
Because OCPPW and Youth as Parents were distinct programs in FY 15/16, which is the reporting period for outcomes presented in the current MHSA Plan, their outcomes are reported separately below.

OCPPW: During FY 15/16, 451 women were served by OCPPW. The program uses the Mothers and Babies Program and Cognitive Behavioral Therapy to guide services. All clinicians and mental health specialists are required to learn the Mothers and Babies curriculum, which includes an instructor's manual and weekly handouts for participants, in order to facilitate groups effectively. Group facilitators use the instructor's manual to facilitate each group and maintain accurate documentation to track the content of each session. Once the group has completed the 12-week curriculum, the weeks reset to week one.

The program intends to reduce prolonged suffering from perinatal or postpartum depression and/or anxiety. To assess reduction in prolonged suffering, decreases in depressive and anxiety symptom severity were measured using the PHQ-9 and GAD-7, respectively. Participants were administered the measures at intake, every three months of program participation and at program exit. The difference between intake (baseline) and the most recent follow-up is used to analyze whether there was a significant reduction of prolonged suffering. Due to data extraction issues with the new electronic health record used to track outcomes, the GAD7 was not available at the time of this report. The evaluation also reflects cultural competence as assessment tools taken by the participants are available in all threshold languages.

Prevention and Early Intervention (PEI)

For FY 15/16, results showed that parents reported a substantial reduction their depressive symptoms (see graph below).[1] This improvement was statistically significant and large in effect size, which is an indicator of real-world significance or observability of change. Furthermore, upon enrollment, participants' average scores were above the clinical cutoff for *moderate* depressive symptom severity and at the lower end of *mild* severity at the most recent follow up. Thus, these findings demonstrate that OCPPW was successful in preventing symptoms of depression from becoming severe and disabling among the women served.

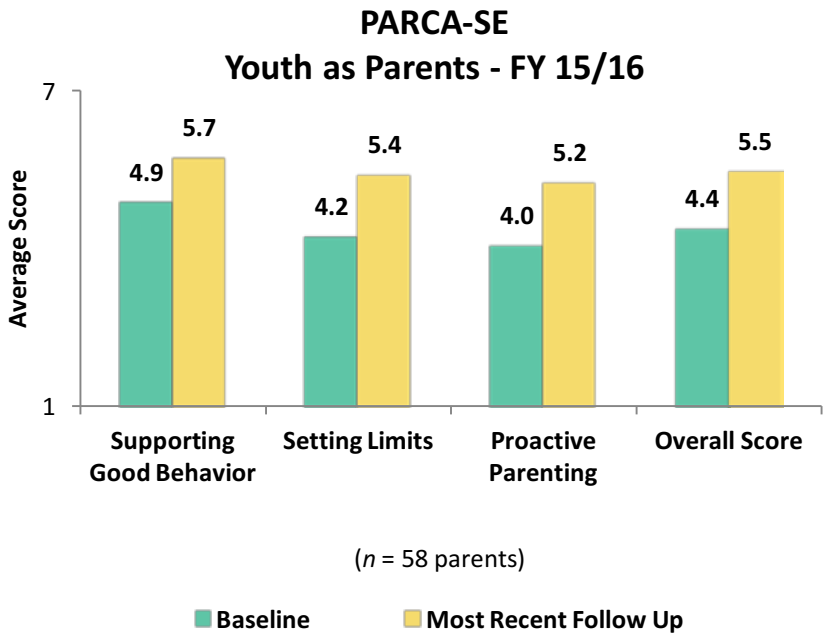


[1] PHQ-9: Baseline M=12.5, SD = 5.5; Follow up M=5.2, SD=4.4; t(294) = 19.90, p<.001, Cohen's d=1.17

Youth as Parents: During FY 15/16, 85 youth participants were served by Youth as Parents. The program uses Triple P-Positive Parenting Program Tip Sheets to guide services. As an assessment of the program's effectiveness, the program measures parenting self-efficacy. Participants completed the PARCA-SE (intake/follow-up), which is a measure of confidence in parenting self-efficacy. The measure has an overall score as well as three subscale scores: Supporting Good Behavior, Setting Limits, and Proactive Parenting.

Prevention and Early Intervention (PEI)

For FY 15/16, results showed that youth parents made considerable improvements in parenting self-efficacy, as evidenced by the increase in all three subscales and the overall score (see graph below). These improvements were statistically significant and moderate-to-large and large in effect size,[1] which is an indicator of real-world significance or observability of change. Thus, the youth served in this program appeared to make notable gains in their parenting skills and self-efficacy.



[1] Supporting Good Behavior: Baseline M=4.9, SD = 1.3; Follow up M=5.7, SD=0.9; t(57) = -4.90, p<.001, Cohen's d=.67
Setting Limits: Baseline M=4.2, SD = 1.4; Follow up M=5.4, SD=1.1; t(57) = -6.05, p<.001, Cohen's d=.81
Proactive Parenting: Baseline M=4.0, SD = 1.4; Follow up M=5.2, SD=1.1; t(56) = -5.80, p<.001, Cohen's d=.78
Overall Score: Baseline M=4.4, SD = 1.3; Follow up M=5.5, SD=1.0; t(57) = -6.18, p<.001, Cohen's d=.83

Prevention and Early Intervention (PEI)

Community Impact

OCPPW: The program has served more than 1,800 pregnant and postpartum women since its inception, consistently demonstrating decreases in depression and anxiety symptom severity. The program works closely with the Social Services Agency in instances where mothers have expressed thoughts of harming themselves or their infants, which has resulted in early intervention for these at-risk infants and other children in the home. Women have also indicated that the program has had a positive impact on their lives. Below is an excerpt of a direct quote from a participant:

> *I like the program because it helps me to talk about my feelings and to feel better about myself and to learn new things every time. And I like the program a lot.*

Youth as Parents: The program has served 450 participants since program inception. Participants have also expressed the impact that the program has had on their lives. Below is an excerpt of a direct quote from a youth parent:

> *[Staff] has been super helpful and helping in my depression and with my children.*

Changes/Challenges/Barriers

The OCPPW program faced challenges related to position vacancies, many of which were filled during FY 15/16, as well as leaves of absence. It took time to recruit and train new staff to provide services. Being short-staffed at times resulted in increased wait times for participants accessing services. In order to mitigate this, women who were able to come to the clinic for weekly groups were enrolled into the program and attended groups until they were able to be assigned a clinician. Additionally, ongoing coverage has been needed for child care, phone screenings and group facilitation. In order to mitigate this, program clinicians, as well as staff from other P&I programs still under development, have assisted with coverage when needed.

The Youth as Parents program experienced challenges in increasing the numbers of participants from Vietnamese-, Korean- and Farsi-speaking communities which are traditionally underserved in behavioral health settings. Vietnamese- and Korean-speaking staff from other programs have shared information about the program services during outreach events in order to increase referrals from these groups. Additionally, a prolonged staff vacancy resulted in fewer participants being served in FY 15/16. The position has since been filled.

Participants in this program are often involved with other agencies or programs (such as Social Services Agency), which impacts their availability to make or keep appointments. Whenever possible, program staff obtain releases of information for other service providers so that they can coordinate and collaborate in an effort to improve appointment adherence.

As mentioned at the beginning of this section, OCPPW and Youth as Parents have been combined into the Orange County Maternal and Family Wellness program to streamline services for pregnant and post-partum women of all ages.

Early Intervention Services for Older Adults

CF: Early Intervention Services for Older Adults	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	600	600	600
Annual Budgeted Funds in	$1,469,500	$1,469,500	$1,469,500
Estimated Annual Cost Per Person in	$2,449	$2,449	$2,449

Program Description

The Early Intervention Services for Older Adults program provides behavioral health early intervention services to older adults ages 60 years and older who are experiencing the early onset of mental illness and/or those who are at greatest risk of developing behavioral health conditions due to isolation. The program is designed to reduce risk factors linked to older adults who are experiencing mental health illness later in life. These risk factors include development or exacerbation of mental health disorders, substance use disorders, physical health decline, cognitive decline, elder abuse or neglect, loss of independence, premature institutionalization, and suicide attempts.

To determine the risk of early onset mental illness, the program conducts an intake to assess risk factors and eligibility of potential participants. Once eligibility is established, the program conducts a comprehensive in-home evaluation which includes psychosocial assessment, screening for depression, and measurement of social functioning, well-being and cognitive impairment. A geropsychiatrist is available to provide a psychiatric assessment of older adults who have undiagnosed mental health conditions.

After a comprehensive screening and assessment is conducted, the program connects older adults to trained life coaches and volunteers to develop individualized care plans and to facilitate involvement in support groups, educational training, physical activities, workshops and other activities. Based on participant needs, the program also links older adults to outside resources and services. Geropsychiatric services are also available to consult with primary care physicians, participants and families.

The program implements a model based on the Evidence Based Program *Healthy IDEAS* (Identifying Depression, Empowering Activities for Seniors).[4] Healthy IDEAS integrates a systematic, team-based approach to identify and reduce the severity of depressive symptoms in older adults utilizing case management, community linkages and behavioral activation services. To ensure fidelity, the program provides staff with comprehensive training. The training addresses topics such as the overall program model, goals and deliverables of the program, evidence-based interventions, education on mental health in older adults and theories of aging, behavioral activation techniques, ethical and legal considerations, cultural competence and humility, field safety, assessment tools and outcome measures, care planning, and effective communication strategies when working with older adults. In addition, the program conducts staff development workshops and in-services. Program staff are also supervised and evaluated on an on-going basis.

[4] Evidence-Based Health Model endorsed by the National Council on Aging (NCOA), the Centers for Disease Control and Prevention (CDC), and the National Association of Chronic Disease Directors (NACDD).

Prevention and Early Intervention (PEI)

Strategies to Improve Access

The program builds relationships with community agencies and other individuals who may come into contact with the target population. By doing so, the program is able to identify unmet needs and barriers specific to the underserved communities and provide solutions to overcome those barriers. To increase access, the program provides services at locations most convenient for participants. Offering in-home services is the most effective way to access isolated older adults who are homebound or may no longer drive. Furthermore, providing participants with transportation solutions is proven to be an effective strategy to transition them to attend healthcare and community services. To increase access to services of monolingual, non-English speaking participants, the program provides services in Spanish, Korean, Vietnamese, Mandarin, Arabic and Farsi. Additionally, in FY 15/16, the program made 5,162 referrals and 3,224 linkages.

Strategies for Non-Stigmatization and Non-Discrimination

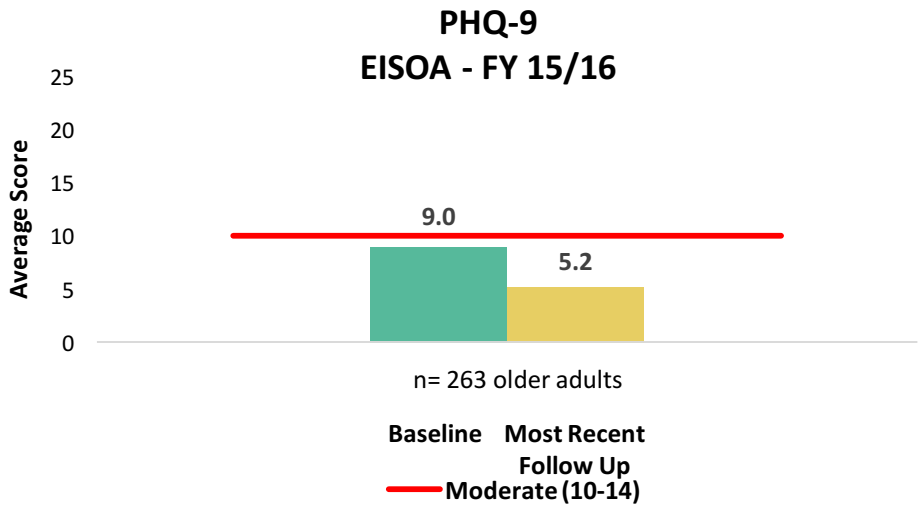
The program strives to make the services available to all Orange County residents, regardless of their background. The program also employs bilingual staff to meet the program's needs. The program utilizes culturally congruent, strength-based approaches when developing the participant's individual care plan and delivering individual, peer, family and group services. Examples of culturally congruent approaches include recruiting staff who are bicultural and represent a number of different ethnicities and religions. These individuals are then more familiar with how to address the issue of mental health and can adjust their approach to serve diverse populations appropriately. Furthermore, the program employs other strategies such as peer mentoring, participant and family education, public education and trainings, and community anti-stigma advocacy in order to decrease both public and self-stigma and discrimination.

Outcomes

During FY 15/16, 457 older adults were served by the program. The program's purpose is to reduce prolonged suffering from untreated mental illness. Depressive symptoms were measured using the PHQ-9, a 9-item measure that assesses symptom count and severity. Older adults completed the measure at intake, every six months of program participation and at program exit. The difference between intake (baseline) and the most recent follow-up was used to analyze whether there was a significant reduction of prolonged suffering. The evaluation also reflects cultural competence as the measure is available in all threshold languages.

Prevention and Early Intervention (PEI)

During FY 15/16, results showed that older adults in the program made substantial improvements in depressive symptom severity (see graph below). The improvement was statistically significant and large in effect size,[1] which is an indicator of real-world significance or observability of change. Also, older adults, on average, reported depressive symptoms on the upper limit of *mild* severity when they started the program, and reported symptoms on the lower limit of *mild* severity at follow up, providing further support that the program was associated with preventing symptoms of depression from becoming severe and disabling among the older adults served.



[1] PHQ-9: Baseline M=9.0, SD = 5.6; Follow up M=5.2, SD=4.8; t(262) = 11.64, p<.001, Cohen's d=.72

Prevention and Early Intervention (PEI)

Community Impact

The program has experienced positive participant outcomes that include improved mental health status, enhanced quality of life, increased social functioning, more effective management of behavioral health and chronic conditions, enhanced ability to live independently, increased community involvement and development of a supportive network. By providing services in Spanish, Vietnamese, Korean and Farsi, the program is able to reach, serve and impact non-English speaking older adults. The program provides behavioral health self-stigma reduction and effective outreach and early intervention services to ethnic minority populations in a culturally competent manner. Older adults have also declared that the program has had a positive influence on their lives. Below is an excerpt of a direct quote from a participant:

> *The program has given me a lot of hope. It has helped with consultation, avoiding loneliness and unhappiness. The friendly atmosphere and the service provided mean a lot to us older adults who sometimes feel forgotten.*

Changes/Challenges/Barriers

The program expanded psychiatrist functions from one-time psychiatric screenings and diagnosis to include follow-up visits and the starting of treatment/prescribing medication as needed. The change was adopted to fill a gap experienced by some older adults who were uninsured or did not have a psychiatrist at the time of screening. The goal was to offer treatment options and start the path to recovery while they were connected with a medical home. The program also added more psychiatrists with additional linguistic and cultural capabilities including Korean, Vietnamese, Farsi and Spanish, thereby increasing the access and options to clients.

Transportation remains a barrier to traditional services. The older adults served have limited income and some are unable to pay for public transportation. Sometimes it is difficult for participants to get to classes. To overcome this barrier most program services are provided in the community. Program staff and volunteers travel to older adults' homes, apartment complexes, senior centers and other locations. To encourage self-reliance, programs provide bus vouchers and teach participants to utilize the bus system. For older adults who are hesitant to take the bus, staff travel with them and teach them how to ride a bus, or seasoned bus riders are paired with new bus riders. Program staff also facilitate carpools between participants.

Another challenge is finding counseling services and other resources in the participants' preferred language. To overcome this challenge, the program hires staff and volunteers who speak the same language as the participants to serve as interpreters/translators in circumstances where there are no available resources in the participants' preferred language.

A recent challenge has been navigating the increase of targeted incidents against ethnic communities and their members. This has caused older adults to have additional anxiety and many are often afraid to leave their homes and participate in typical community life. More specifically, participants face confrontation and hatred based on their beliefs of culture, and their anxiety regarding the future leaves them feeling uneasy. The program has provided a safe, supportive place for older adults to come together and not feel isolated and services have been more important than ever to our communities during changing times.

Prevention and Early Intervention (PEI)

Community Counseling & Supportive Services

CF: Community Counseling and Support Services	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	700	700	700
Annual Budgeted Funds in	$2,186,136	$2,186,136	$2,186,136
Estimated Annual Cost Per Person in	$3,123	$3,123	$3,123

Program Description

The Community Counseling and Supportive Services program provides behavioral health early intervention and prevention services. The program is designed to serve individuals of all age groups experiencing the early symptoms of depression, anxiety, alcohol and drug use, violence, and Post Traumatic Stress Disorder (PTSD). The early onset of mental illness is determined through referrals and screening.

The program provides a range of services intended to reduce negative behavioral outcomes. These services include screenings and collaborative assessments by a multidisciplinary team, psychiatric services, individual case management, therapy, supportive counseling on site or at community field sites, outreach psychoeducational wellness groups, and referrals and linkages. In addition, the program provides integrated screening and referral services at two family health clinics.

The program uses Cognitive Behavioral Therapy (CBT), Motivational Interviewing and Seeking Safety to guide services.

Strategies to Improve Access

The program is designed to accept referrals from all County providers, community agencies and self-referrals. Master's level bilingual clinicians are available to conduct thorough telephone or in-office screens of all referrals to determine program suitability. Couples, family and group counseling services are offered as adjunct services to support the family system.

Clinic services are provided on site at a central location with access to various bus routes and freeways. Individuals interested in services can walk in to request an assessment during business hours. To increase access to care, evening business hours are available two days per week for enrolled participants.

Prevention and Early Intervention (PEI)

Strategies for Non-Stigmatization and Non-Discrimination

The program strives to make the services available to all Orange County residents, regardless of their background. By providing services at a local community medical clinic, the program is successful in identifying individuals experiencing behavioral health symptoms in a setting where they feel comfortable receiving services. The program has bilingual staff who speak Spanish, Vietnamese and Korean. The program also has a clinician who is a bilingual Spanish-speaking Veteran. If needed, there is access to a Farsi-speaking clinician who can provide language support or the County-contracted Language Line for interpretation/translation services.

Outcomes

In FY 15/16, 33 children, 51 TAY, 249 adults, and 23 older adults were served by the program. The program's purpose is to reduce prolonged suffering from untreated mental illness which is assessed through the Outcome Questionnaire 30.2 (OQ-30.2). This 30-item scale is sensitive to short-term change and yields a general symptom distress score that reflects severity of general psychopathology symptoms and functional impairments. Participants are administered the measure at intake, every three months of program participation and at program exit. The difference between intake (baseline) and the most recent follow-up score is used to analyze whether there was a significant reduction in prolonged suffering. The evaluation also reflects cultural competence as the measure is available in all threshold languages.

In FY 15/16, 119 adults completed the OQ 30.2 at baseline and at least one follow-up. Of these, 98 adults (82.4%) reported symptom distress levels that were below the measure's clinical cutoff at the most recent follow-up assessment, indicating that they did not report a clinically elevated or significant level of symptom distress.

In addition, of the remaining 21 adults who reported OQ 30.2 symptom distress scores that were in the clinical range at follow-up (i.e., above the clinical cutoff), 10 reported that their symptom distress level had reliably improved as indicated by a decrease in scores that met or exceeded the measure's reliable change index. Taken together, these findings demonstrate that services are associated with preventing the onset of serious mental illness and/or the worsening of symptom distress in the overwhelming majority of adults who participated in the program (108 of 119 or 91%).

Prevention and Early Intervention (PEI)

Community Impact

The Community Counseling and Supportive Services program served 356 participants in FY 15/16, the program's first full year in operation. In order to increase community awareness and referrals to the program, the program participated in 40 outreach activities attended by 744 community members. Participants have also expressed the impact that the program has had on their lives. Below are excerpts of direct quotes from participants:

> *I'm very grateful that you have such a program, it's really helping me.*

> *[Staff Name] is a wonderful [therapist]. She has all of the answers I needed. I got a lot of help from her to change the way I feel at the world after my divorce w/ my husband.*

Changes/Challenges/Barriers

Recruitment of a psychiatrist was challenging and this vacancy impacted the ability to provide psychiatry services. However, the program has since hired a psychiatrist. For participants who have limited access to a reliable means of transportation, the program has been able to provide transportation assistance to reduce this barrier.

Crisis Prevention Hotline

CF: Crisis Prevention Hotline	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	7,000	7,000	7,000
Annual Budgeted Funds in	$327,533	$327,533	$327,533
Estimated Annual Cost Per Person in	$468	$468	$468

Program Description

The Crisis Prevention Hotline is an accredited 24-hour, toll-free suicide prevention service available to anyone in crisis or experiencing suicidal thoughts or to someone who is concerned about a loved one attempting suicide. Program counselors provide immediate, confidential over-the-phone assistance and can also initiate and assist in active rescues, when necessary. Additionally, counselors conduct follow-up calls with individuals who give their consent to ensure their continued safety. This extended care model supports a stronger safety net and reduces the likelihood of attempts and emergency room visits. The program uses the Applied Suicide Intervention Skills Training (ASIST) as its method to prevent suicide. Callers who are not experiencing a crisis are triaged and offered access to a WarmLine or other appropriate resources.

Strategies to Improve Access

The accessibility of the 24-hour Crisis Prevention Hotline, as well as the availability of chat services, allows individuals to access services at any time, wherever they are. The program also provides services both in English and Spanish. The program has crisis texting services for the Deaf/Hard-of-Hearing population so these individuals can now access services quickly without having to wait for the help of an interpreter. Additionally, the anonymity of the services provided enables individuals to seek services who may otherwise not do so because of the stigma associated with mental illness, which is particularly prevalent among certain cultural and ethnic groups. In FY 15/16, the program made 2,283 referrals to supportive services.

Strategies for Non-Stigmatization and Non-Discrimination

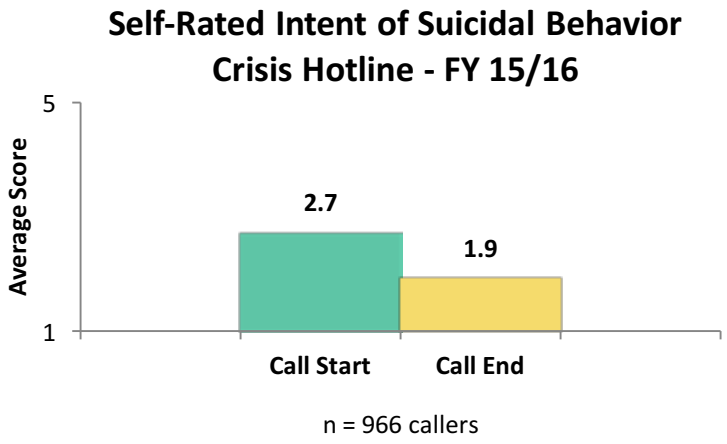
The program strives to make services available to all Orange County residents, regardless of their background. The program has Spanish-speaking bilingual staff so that callers may speak with someone in Spanish, should they prefer. In addition, volunteer staff who speak other languages are utilized whenever available, and a language line is used for all other languages not available on site.

Prevention and Early Intervention (PEI)

Outcomes

During FY 15/16, a total of 6,138 unduplicated callers were served by the program. To assess the program's effectiveness in reducing prolonged suffering, callers were asked to complete their Self-Rated Intent (SRI) on a 5-point scale at the beginning and end of the call.

For FY 15/16, results showed that there was a notable decrease in callers' suicidal intent from the start to the end of the call.[1] The improvement was statistically significant and large in effect size, which is an indicator of real-world significance or observability of change. Thus, the Crisis Prevention Hotline demonstrated success in reducing suffering as it relates to suicidal intent.



[1] SRI: Baseline M=2.7, SD = 1.2; Follow up M=1.9, SD=1.1; t(965) = 27.15, p<.001, Cohen's d=.88

Community Impact

Call volume has increased 55% (from 5,113 to 7,909) since the program's inception in 2010. The program is currently averaging over 600 calls a month. In the past fiscal year alone there were 51 staff-initiated rescues.

Callers have also expressed the tremendous impact the program has had on their lives. Below are two excerpts of direct quotes from participants:

> *I never thought I could ask for help and it would be unconditional and at no expense or bother. This comes as a very big relief to me. I'm thankful for your help and guidance and I truly appreciate your understanding of how serious it is.*

Prevention and Early Intervention (PEI)

> *This service unexpectedly helped me during an emotional night. My chat counselor seemed to be a very compassionate and warm person who truly put herself into my shoes. I would use the chat again….*

Changes/Challenges/Barriers

The program faces challenges of under-utilization by many ethnic communities. To promote these services, the program is utilizing California Mental Health Services Act Authority's culturally appropriate materials to target under-served ethnic populations, including Vietnamese- and Farsi-speaking communities. The program collaborates with partner organizations in order to conduct outreach, reduce stigma and educate the community about available services. Additionally, the program has expanded its services to be inclusive of friends and family members who have been impacted by a loved one's suicide.

Survivor Support Services

CF: Survivor Support Services	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	130	130	130
Annual Budgeted Funds in	$293,693	$293,693	$293,693
Estimated Annual Cost Per Person in	$2,259	$2,259	$2,259

Program Description

Survivor Support Services (SSS) serves two groups of individuals: (1) those who have recently experienced the loss of someone to suicide and (2) individuals who have attempted suicide and may be suffering from depression. The program also educates the community on suicide prevention and intervention. Referrals are received from partner agencies and self-referrals. Services include outreach, crisis support, bereavement groups, individual support and training. Trainings on suicide prevention and survivor support groups are available to Orange County residents and serve a broad range of people whose lives have been impacted by mental illness and, in particular, suicide. Culturally appropriate follow-up care, education, referrals and support target those who have attempted suicide and those who have lost someone to suicide.

Strategies to Improve Access

To increase knowledge and access for underserved populations, the program continues to provide outreach to community members at a variety of settings such as community events, cultural events and fairs, schools, parent and family education events, colleges, and more. Program staff and community partners provide outreach services in many of the threshold languages, including Spanish, Korean, Arabic and Farsi.

In addition, once referrals for support groups and counseling are made, many survivors need increased engagement to begin services. Because of the stigma associated with suicide or mental illness, survivors may be hesitant to engage in services. Program staff have to be steadfast, patient and ready to provide treatment at all times, as many suicide loss survivors are ready for support at varying times after their loss. If the survivor does not follow through with starting services directly after the referral, the program will reach out later to assess readiness for services. Support groups and counseling are provided in the threshold languages mentioned above. In FY 15/16, the program made 570 referrals and 221 linkages.

Situated near five major freeways, the program is located centrally in Orange County and is accessible from anywhere in the Southern California area. The program also offers home/field visits as needed, and community partners provide counseling and support groups in different parts of Orange County to assist with minimizing cultural barriers to treatment.

The program uses Applied Suicide Intervention Skills Training (ASIST), which is a practice-based standard to guide program services.

Strategies for Non-Stigmatization and Non-Discrimination

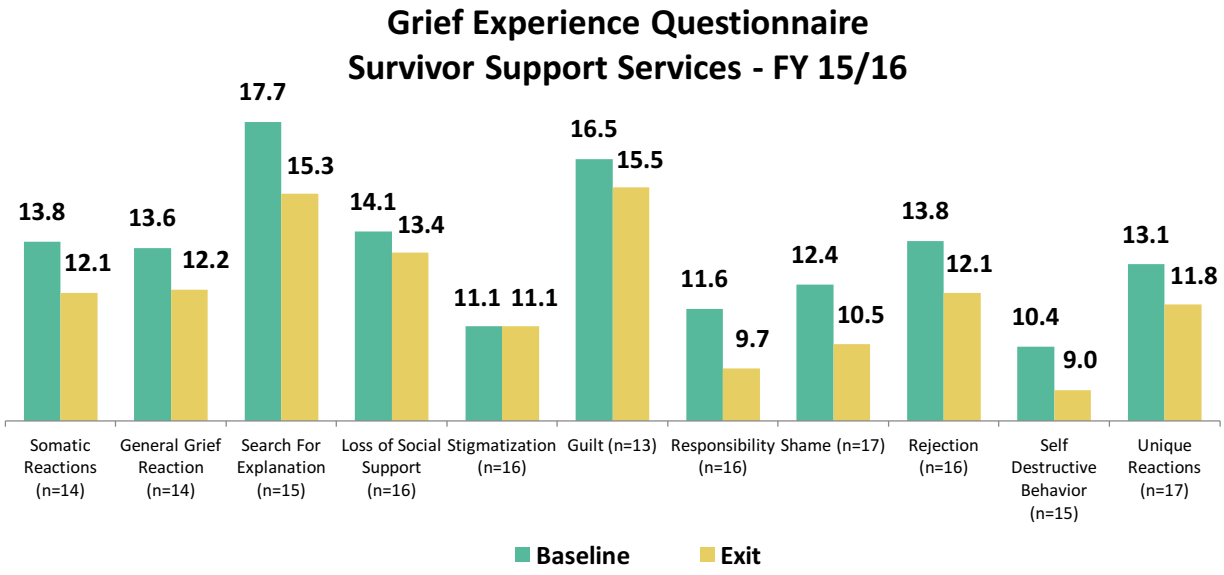
The County strives to make the services available to all Orange County residents regardless of their background and provides services that are sensitive and responsive to participants' needs. Cultural prescriptions for how people deal with loss vary across cultures, religions and age-groups, and staff are cognizant of these differences. Services are carefully designed to take into account the sensitive nature of loss and the process of grieving.

Outcomes

During FY 15/16, a total of 129 participants were served by the program. To measure reduction in prolonged suffering among those who have lost someone to suicide, the ability to cope with the loss was assessed using the Grief Experiences Questionnaire (GEQ), which is a 55-item questionnaire that yields a total score and 11 subscale scores: Somatic Reactions, General Grief Reaction, Search for Explanation, Loss of Social Support, Stigmatization, Guilt, Responsibility, Shame, Rejection, Self-Destructive Behavior, and Unique Reactions. To measure reduction in prolonged suffering among those who have attempted suicide, decreases in depression severity were assessed using the PHQ-9. Participants were administered the appropriate assessment tool at intake and program exit. The difference between intake (baseline) and the most recent follow-up score was used to analyze whether there was a significant reduction of prolonged suffering. The evaluation also reflected cultural competence as the assessment tools taken by the participants were specific to experiencing depression and having thoughts about committing suicide and/or their unique experience associated with losing someone to suicide.

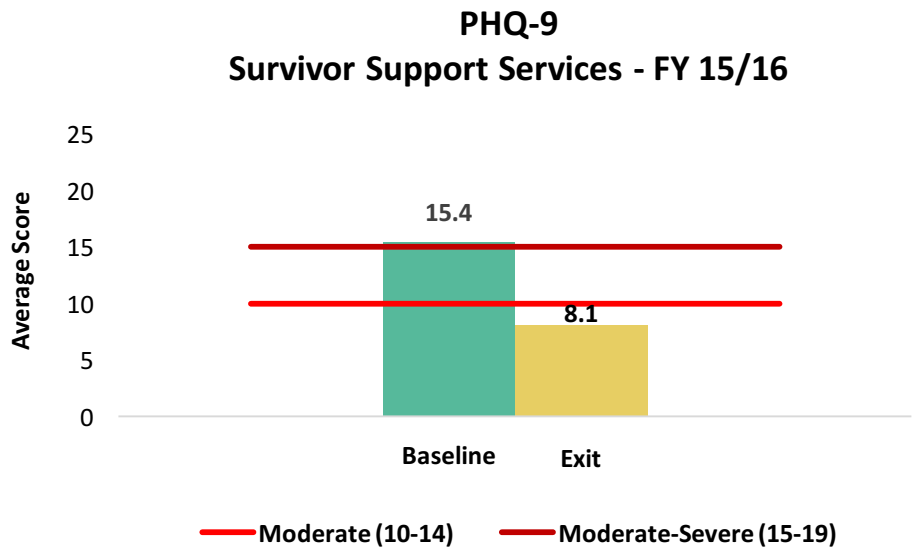
Prevention and Early Intervention (PEI)

Individuals who have lost someone to suicide reported improvement in their overall grief as evidenced by a statistically significant decrease on Total GEQ score.[1] The improvement was also moderate in effect size, which is an indicator of real-world significance or observability of change. In addition, the participants reported statistically significant declines in their Somatic Reactions, Search for Explanation, and Shame as measured by the GEQ subscales. These improvements were moderate-to-large in effect size. While it should be noted that a small number of participants completed both the baseline and exit measure, the findings for this group suggest that the program services are associated with preventing symptoms of grief from becoming severe and disabling after experiencing the loss of someone to suicide.



Prevention and Early Intervention (PEI)

Individuals who have attempted suicide and were served by SSS in FY 15/16 reported substantial improvement in depressive symptom severity, as evidenced by a statistically significant decrease on the PHQ-9[1] (see graph below). The improvement was also very large in effect size, which is an indicator of real-world significance or observability of change. In addition, participants reported depressive symptoms, on average, that were on the lower limit of the *moderate-severe* range when they entered the program and in the *mild* range at exit. While it should be noted that a small number of participants completed both the baseline and exit measure, the findings for this group provide some support for the notion that the program is associated with preventing symptoms of depression from becoming severe and disabling among those who have attempted suicide.



[1] PHQ-9: Baseline M=15.4, SD = 6.9; Follow up M=8.1, SD=3.4; t(12) = 4.86, p<.001, Cohen's d=1.68

Prevention and Early Intervention (PEI)

Community Impact

In FY 14/15, the program started the first cycle of the Survivors of a Suicide Attempt support group (SOSA) in Orange County. This group, the first of its kind, is dedicated to support suicide attempt survivors in Orange County. In FY 15/16 the program saw an increase in referrals to the SOSA group. Additionally, the program provided the first Survivors after Suicide Spanish support group.

By the end of the fiscal year, the program provided a total of 578 individual sessions and 169 group sessions. Program participants also expressed the tremendous impact the program has had on their lives. Below is an excerpt from a direct quote from a participant:

> *I'm entirely unsure how I would have coped with my husband's suicide without the help. [Survivor Support] has given me support and assistance that has kept me functioning, moving forward and literally kept me alive.*

Changes/Challenges/Barriers

Referrals to the program from community partners who serve primarily ethnic communities are still limited due to the stigma and shame associated with mental illness in these populations. The program has increased outreach in Spanish and has formed workshops for survivors of suicide loss with an additional psychoeducational focus. The language expansion and focus on education paired with support resulted in successful workshop support groups for Spanish-speaking survivors. Due to their positive experience with the groups, some of these Spanish-speaking survivors transitioned to individual supportive counseling. Community partners are now utilizing this approach to better address cultural barriers and stigma. Referrals for the SOSA group continue to be a challenge as engaging individuals who have attempted suicide can be difficult since they may need additional time to engage due to the sensitive nature of their situation. The program has initiated relationships with hospital emergency departments and wellness centers to increase the number of referrals for the SOSA groups. The program also utilizes bilingual interns to outreach and engage local communities.

Parent Education Services

CF: Parent Education Services	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	1,600	1,600	1,600
Annual Budgeted Funds in	$1,066,000	$1,066,000	$1,066,000
Estimated Annual Cost Per Person in	$666	$666	$666

Program Description

Parent Education Services is a new combined program that serves parents, caregivers and others who have the responsibility for caring for children and youth ages 0 to 18 years, especially those who are at risk of negative mental health outcomes. It merges the parent education services that were previously provided through two separate programs based on the age-range of the targeted child/youth: Parent Education and Support Services (PESS) which served families with children ages 0-12, and Family Support Services which served families with youth ages 13-18. Parents or caregivers may be referred to the new program from other community agencies, schools, or other mental health prevention and early intervention programs that have assessed participants and identified the need for parent education.

The program's purpose is to prevent and reduce prolonged suffering of negative mental health outcomes in children by teaching parents and caregivers effective parenting skills and behaviors that promote protective factors. It provides parenting education classes, individual interventions and child care sessions to participants. Trainings are designed to help parents improve childcare rearing skills, strengthen relationships with their children, increase cooperation and develop problem-solving skills. The PESS component uses the Community Parent Education Program's Parenting Curriculum to guide program services. The Family Support Services component uses Common Sense Parenting to guide program services. To ensure fidelity, all parent trainers are required to attend a two-week comprehensive Common Sense Parenting training at the program's National Campus prior to conducting classes. Parent trainers are also evaluated in the classroom a minimum of one time per month. The program also utilizes a Common Sense Parenting Model Fidelity tool that was developed by the program's National Evaluation Department and is used nationally. In addition, every parent trainer is required to pass a yearly credentialing process in which they are evaluated on all aspects of teaching the Common Sense Parenting material.

Strategies to Improve Access

The program improves access by conducting classes at locations that are accessible to participants, such as school sites, family resource centers, community centers, churches, county libraries, hospitals, shelters and county jails. These locations are near large intersections and serviced by major bus routes. By adding convenient locations, the program addresses the barrier of lack of transportation among participants. In addition, the classes are held in the morning and evening with childcare provided to ensure that underserved populations have access to needed services.

Prevention and Early Intervention (PEI)

Strategies for Non-Stigmatization and Non-Discrimination

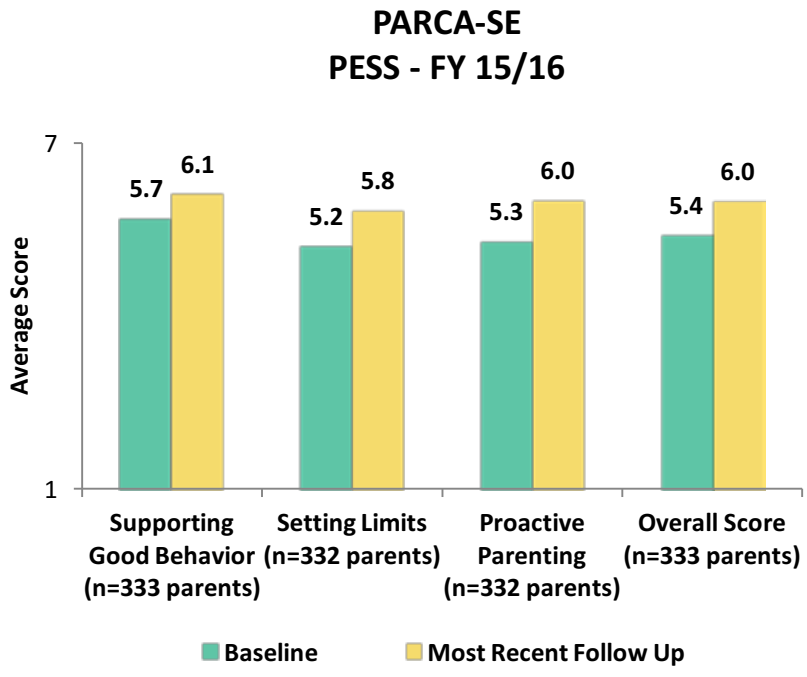
The program strives to make the services available to all Orange County residents, regardless of their background. The program employs bilingual Spanish-speaking staff to meet the program's needs. Parent training is available in English and Spanish.

Outcomes

Because the Parent Education and Support Services (PESS) and the Family Support Services parent education components were distinct programs in FY 15/16, which is the reporting period of outcomes presented in the current MHSA Plan, their outcomes are reported separately below.

PESS: During FY 15/16, 3,117 participants were served by the program. To assess reduction in negative outcomes, participants' parenting self-efficacy was measured with the PARCA-SE. The PARCA-SE has an overall self-efficacy score and three subscales: Supporting Good Behavior, Setting Limits, and Proactive Parenting. The evaluation reflects cultural competence as the survey was available in most threshold languages.

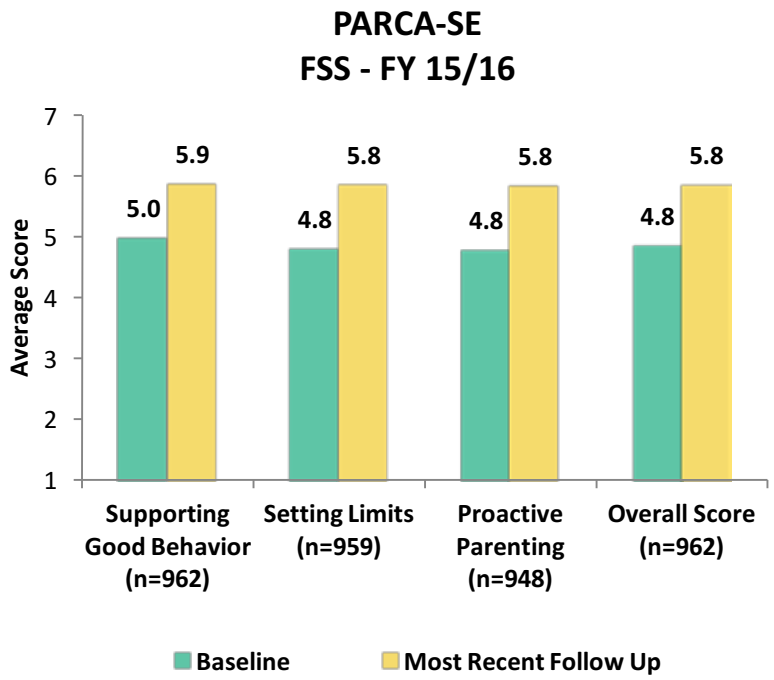
During FY 15/16, results showed that scores on the PARCA-SE increased on all three subscales and the overall parenting self-efficacy score (see graph below). These improvements were statistically significant and small-to-medium in effect size,[1] which is a measure of real-world significance or observability of change. These results indicate that overall confidence in parenting increased for participants enrolled in the program.



[1] Supporting Good Behavior: Baseline M=5.7, SD = 1.5; Follow up M=6.1, SD=1.1; t(332) = -5.14, p<.001, Cohen's d=.29
Setting Limits: Baseline M=5.2, SD = 1.5; Follow up M=5.8, SD=1.3; t(331) = -6.71, p<.001, Cohen's d=.37
Proactive Parenting: Baseline M=5.3, SD = 1.5; Follow up M=6.0, SD=1.4; t(331) = -7.52, p<.001, Cohen's d=.41
Overall Score: Baseline M=5.4, SD = 1.4; Follow up M=6.0, SD=1.2; t(332) = -7.08, p<.001, Cohen's d=.39

Family Support Services: During FY 15/16, a total of 2,424 parents and caregivers were served by the program. The program's purpose is to reduce prolonged suffering from behavioral health issues assessed through increases in participants' PARCA-SE scores. Improvements were noted by measuring the change in parenting self-efficacy scores between intake (the baseline measurement) and program exit. The evaluation reflects cultural competence as the survey was available in most threshold languages.

There were 962 parents and caregivers served in FY 15/16 who provided both baseline and follow up assessments. Results showed that the participants made substantial improvements in parenting self-efficacy as evidenced by improvement across all three subscales of the PARCA-SE and the overall parenting score. The improvements were statistically significant and large in effect size[1], which is an indicator of real-world significance or observability of change. As with PESS, the FSS results indicate that overall confidence in parenting increased for participants enrolled in the program.



[1] Supporting Good Behavior: Baseline M=5.0, SD = 1.2; Follow up M=5.9, SD=0.9; t(961) = -23.10, p<.001, Cohen's d=.77
Setting Limits: Baseline M=4.8, SD = 1.2; Follow up M=5.8, SD=0.9; t(958) = -26.37, p<.001, Cohen's d=.87
Proactive Parenting: Baseline M=4.8, SD = 1.3; Follow up M=5.8, SD=1.0; t(947) =-26.96, p<.001, Cohen's d=.86
Overall Parenting: Baseline M=4.8, SD = 1.1; Follow up M=5.8, SD=0.8; t(961) = -28.32, p<.001, Cohen's d=.94

Prevention and Early Intervention (PEI)

Community Impact

The program continues to integrate its services in the community and has had success working with several shelters and other non-traditional locations to meet the needs of participants. Below is an excerpt from a direct quote from a participant:

> *I appreciate the information presented in these sessions as I used them to grow as a parent. I apply what I learned even though sometimes it is difficult. It is important for me to have a strong/positive relationship with my child.*

Changes/Challenges/Barriers

A challenge that the program faces is retention of parents as family and work life often make it difficult for them to attend program activities consistently. To mitigate this challenge, the program works to reduce barriers such as lack of transportation and childcare by conducting the program in locations that are convenient for participants and by providing childcare.

Family Support Services

CF: Family Support Services	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	600	600	600
Annual Budgeted Funds in	$282,000	$282,000	$282,000
Estimated Annual Cost Per Person in	$470	$470	$470

Program Description

Family Support Services serves individuals who are caregivers of persons struggling with behavioral health issues or other stressful conditions that place the caregiver, who is usually a family member, at risk for developing behavioral health issues. The program also can serve other family members as needed. Family Support Services collaborates with community and mental health service providers, especially those who serve ethnically diverse and monolingual communities throughout the county, to help assess the needs of its community members. By working closely with individuals who know the community, the program is better able to identify those who could benefit from this prevention program.

The program provides ongoing support, advocacy and family education on behavioral health issues to prevent the development of behavioral health problems in other members of the family. Services include a broad range of personalized and peer-to-peer social development services that emphasize behavioral health education, wellness topics and the development of healthy coping tools to support the family. The peer-to-peer component of the service is designed to support and share the knowledge that families have gained through their experiences navigating the behavioral health system. Services are delivered through group and individual support, weekly peer mentor support, educational workshops, a volunteer family mentor network, and family matching.

Strategies to Improve Access

In addition to English, services are available in Spanish, Vietnamese and Farsi, which increases access to services for monolingual, non-English speakers. The program also provides services near larger intersections, major streets and major bus routes. The program schedules the services at various times throughout the day (morning, afternoons, and evenings) which allows parents who work during the day to attend evening classes and parents who work during swing or late shifts to attend morning sessions.

Strategies for Non-Stigmatization and Non-Discrimination

The program strives to make its services available to all Orange County residents, regardless of their background, and provides services that are sensitive and responsive to participants' backgrounds. The program employs staff who are bilingual in English and Spanish, Vietnamese and Farsi. Group support and family matching services are available in English, Vietnamese and Spanish. Peer mentoring and childcare services are available in English and Spanish.

Prevention and Early Intervention (PEI)

Outcomes

To assess reduction in negative outcomes, participants' overall well-being was measured with the PROMIS® Global Health, a 10-item measure of a participant's perceived overall health and functioning that was introduced in FY 15/16 to replace the previous well-being measure. Due to technical difficulties extracting data, PROMIS Global Health data were not available for analysis at the time this plan was written and will be provided in future updates.

Community Impact

Program activities are offered throughout the county in a variety of locations. In addition, the program utilizes the peer-to-peer model to actively involve those with lived experience who have successfully navigated similar situations and can provide services with empathy and guided support. The program provides additional community impact by establishing peer support with participants who can relate to each other and develop strong relationships.

Participants have expressed that the program has had a positive impact on their lives. Below is an excerpt of a direct quote from a participant:

> *It has been a time of healing for me and although it is best that my daughter live with her father for now, I am better able to communicate with my daughter.*

Changes/Challenges/Barriers

The program's Family Matching service is challenged with recruitment of participants in the summertime when school is typically out of session and families may be on vacation or busy with summer activities. To mitigate this challenge, the program partners with local community organizations, including Family Resource Centers, which may have direct contact with potential participants during the summer. The program also hosts family days in the park with these organizations to engage families in family matching.

Beginning in FY 17-18, program service changes will be made. The parent education training component for families with children ages 13-18, previously provided in this program, is being folded into the Parent Education Services program to cover parent training for the full age range of children/youth from 0-18. The Family Support Services program will focus specifically on providing education and support for families and caregivers struggling with a behavioral health condition of a loved one and other stressors. A new component to the program will be a community workshop educating caregivers on practicing self-care when caring for a loved one with a behavioral health condition.

Children's Support and Parenting Program

CF: Children's Support and Parent Program	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	1,100	1,100	1,100
Annual Budgeted Funds in	$1,800,000	$1,800,000	$1,800,000
Estimated Annual Cost Per Person in	$1,636	$1,636	$1,636

Program Description

The Children's Support and Parenting Program (CSPP) includes services provided by the Stop the Cycle program in this newly combined program category. It offers two different tracks depending on participant need, and each track offers an Evidence Based Practice (EBP) curriculum: the Strengthening Families curriculum or The Parent Project curriculum. All staff utilizing one of the EBPs have been trained and certified to deliver the curriculum and adhere to it when presenting the material to participants.

The combined program serves a wide range of families from different backgrounds whose stressors make children more vulnerable to developing behavioral health problems. The program serves families that have a common parental history of serious substance use disorder and/or mental illness; families from different backgrounds whose family member's actual or potential involvement in the juvenile justice system may make them more vulnerable to behavioral health problems; children living with family members who have developmental or physical illnesses/disabilities; children living in families impacted by divorce, domestic violence, trauma, unemployment and/or homelessness; and children of families of active duty military/returning veterans.

The program provides a range of services intended to reduce risk factors for children and youth and to increase protective factors through parent training and family-strengthening programs. Services include family assessment; group interventions for children, teens and parents; brief individual interventions to address specific family issues; referral/linkage to community resources; and workshops.

Strategies to Improve Access

The program continues to expand services at Family Resource Centers and school settings throughout Orange County to address the growing needs of families dealing with alcohol and other drug use, poor school attendance and performance, family conflict, arguing and violence, social media, and out-of-control behaviors. These settings are often familiar and easily accessible to families within their neighborhoods. Assistance with transportation improves access for those who are without reliable methods of transportation. Provision of childcare also improves access as many of these families do not have the means to afford childcare. The program also has bilingual Spanish-speaking staff and can provide services to Spanish-speaking participants. In FY 15/16, the program provided 185 referrals and 65 linkages. The 35% successful linkage rate is consistent with the linkage rate from prior years.

Strategies for Non-Stigmatization and Non-Discrimination

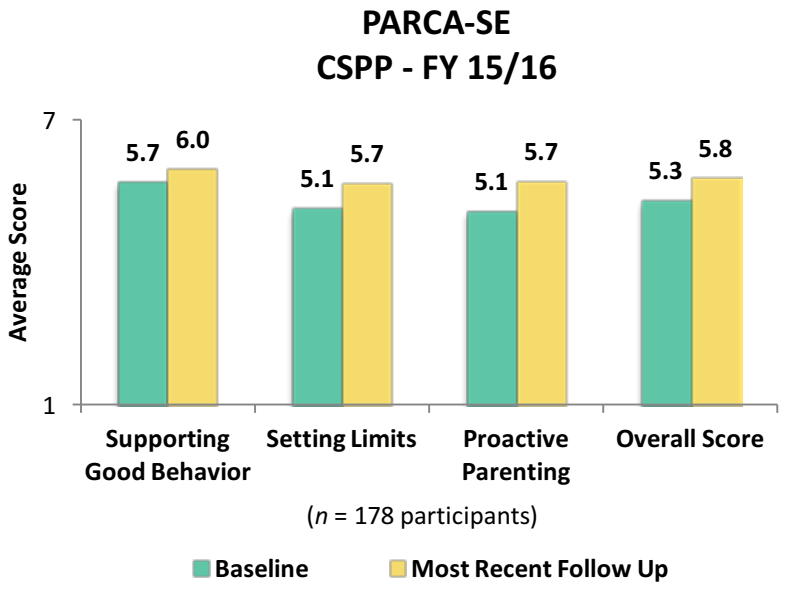
The program strives to make the services available to all Orange County residents, regardless of their background. Program staff are bilingual in Spanish and Vietnamese.

Outcomes

Because CSPP and Stop the Cycle were distinct programs in FY 15/16, which is the reporting period for outcomes presented in the current MHSA Plan, outcomes are reported separately below.

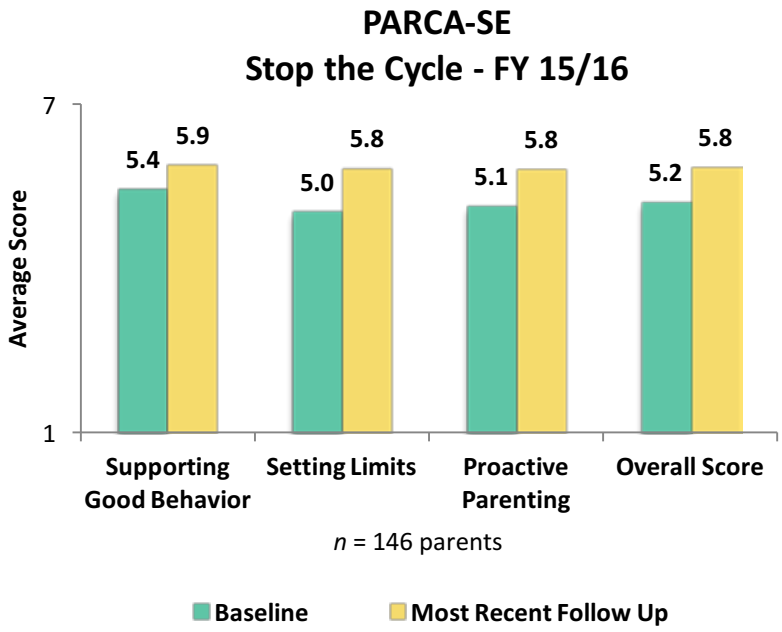
CSPP: During FY 15/16, 482 participants were served by CSPP. The program's purpose is to prevent and reduce prolonged suffering of negative mental health outcomes in children by teaching parents effective parenting skills that promote protective factors and resilience in the family. The program assesses reduction in negative outcomes by measuring parenting self-efficacy via the PARCA-SE (Parenting Children and Adolescents scale – Self-Efficacy version). Improvements are noted by measuring the change in parenting self-efficacy scores between intake (the baseline measurement) and program exit. The evaluation also reflects cultural competence as the assessment tool is available in most threshold languages.

The 178 parents served in CSPP during FY 15/16 who provided baseline and follow up assessments showed statistically significant improvement on all three subscales as well as the overall parenting self-efficacy score.[1] In addition, the increase in Proactive Parenting demonstrated a moderate effect size, which is an indicator of real-world significance or observability of change. The other three increases were small-to-moderate in effect size.



[1] Supporting Good Behavior: Baseline M=5.7, SD = 1.2; Follow up M=6.0, SD=1.0; t(177) = -3.66, p<.001, Cohen's d=.28
Setting Limits: Baseline M=5.1, SD = 1.3; Follow up M=5.7, SD=1.2; t(177) = -5.43, p<.001, Cohen's d=.41
Proactive Parenting: Baseline M=5.1, SD = 1.4; Follow up M=5.7, SD=1.1; t(177) = -6.70, p<.001, Cohen's d=.51
Overall Score: Baseline M=5.3, SD = 1.2; Follow up M=5.8, SD=1.0; t(177) = -5.96, p<.001, Cohen's d=.45

Stop the Cycle (STC): During FY 15/16, 460 were served by STC. The 146 parents served who provided baseline and follow up assessments on the PARCA-SE demonstrated improvement on all three subscales and the overall parenting self-efficacy score. These increases were all statistically significant[1], with Supporting Good Behavior demonstrating a small-to-moderate effect size and the remaining scores moderate-to-large effect sizes (see graph below). The results indicate that overall confidence in parenting increased for participants enrolled in the program.



[1] Supporting Good Behavior: Baseline M=5.4, SD = 1.2; Follow up M=5.9, SD=0.9; t(145) = -4.93, p<.001, Cohen's d = .42
Setting Limits: Baseline M=5.0. SD = 1.3; Follow up M=5.8, SD=1.0; t(145) = -7.31, p<.001, Cohen's d = .62
Proactive Parenting: Baseline M=5.1, SD = 1.4; Follow up M=5.8, SD=0.9; t(145) = -6.77, p<.001, Cohen's d = 0.59
Overall Score: Baseline M=5.2, SD = 1.2; Follow up M=5.8, SD=0.9; t(145) = -7.42, p<.001, Cohen's d = .64

Prevention and Early Intervention (PEI)

Community Impact

CSPP: The program has served 2,584 participants since program inception. Those who have completed the program report improvements in protective factors, such as their perceived social support, knowledge about what to do as a parent, and family functioning/resilience.

Parents have also expressed how the program has had a positive impact on their lives. Below is an excerpt of a direct quote from a parent regarding what they liked about the program:

> *Exelente instructors mucha experiencia, buen munjo de los temas aplcados a la vida diara. (Excellent instructors, with so much experience, we had great discussion regarding the themes that we can apply in our daily lives.)*

Stop the Cycle: The program continues to expand service areas throughout Orange County to meet the needs of diverse school-age at-risk populations with increasingly larger numbers of participants served. Schools that have hosted the program have reported that they are seeing improvements in school connectedness, respect for teachers, and improved demeanors of the teens whose families participated.

Parents have also remarked how the program has had a positive impact on their lives. Below is an excerpt of a direct quote from a participant:

> *This program has helped me maintain my calm and think of a better way to approach my son so that I may have a better relationship with him and understand his problems.*

Prevention and Early Intervention (PEI)

Changes/Challenges/Barriers

CSPP: The program is increasing visibility and communication with local Family Resource Centers in an effort to increase enrollment and retain participants for the duration of the series. Outreach within communities surrounding the Family Resource Centers will also be enhanced. Implementation of the Strengthening Families curriculum in early 2016 temporarily slowed enrollment during the curriculum roll out, however it is anticipated that the curriculum will boost new enrollments and increase retention by providing more intensive programming tailored to address issues that are more specific to high-risk families who may have substance use or behavioral health issues.

Stop the Cycle: In the past three years the predominant focus of outreach was to the juvenile justice system via the Youth Reporting Centers. The program has since placed its primary focus on schools throughout Orange County to intervene early with families and address current trends regarding youth involvement with drugs, gangs and media in an effort to decrease school expulsions, bullying, potential for school failure, and youth involvement in the juvenile justice system, as well as recognize the developmental needs of teens.

The program works with "high-risk" families who are dealing with issues such as substance use, mental health issues and incarceration of family members. This population has a greater tendency to drop out of the program or to be inconsistent in attendance. When this occurs, program staff follow up with the family by phone or via field visit to provide support, determine if linkage to community resources is needed, and maintain a connection with the family so that they might return to complete the program.

As mentioned above, the Children's Support and Parenting Program and Stop the Cycle have been combined for this three-year plan as both programs were providing psychoeducational curriculum to parents, adolescents and children. However, in this combined category, more than one curriculum is available for use to ensure the needs of families served by these tracks continue to be met.

BHS Outreach and Engagement Services
Community Services and Supports (CSS) Outreach and Engagement

CF: BHS Outreach and Engagement Services	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	3,625	3,625	3,625
Annual Budgeted funds in (PEI County-operated)	$1,300,000	$1,300,000	$1,300,000
Annual Budgeted funds in (CSS)	$2,569,933	$2,569,933	$2,569,933
Estimated Annual Cost Per Person in	$1,068	$1,068	$1,068

Program Description

The Behavioral Health Services Outreach and Engagement Program (BHS O&E) now combines services from CSS and PEI into a single program that provides behavioral health services to individuals of all ages who are experiencing a behavioral health condition and are homeless or at risk of homelessness. The program focuses on outreach and prevention services throughout Orange County to engage a difficult to reach population who may be resistant to receiving services or unable to access and link to services on their own.

Staff screens individuals in the community or through the program's phone triage line to determine what services are needed based upon an established level of risk that spans a continuum from at-risk through mild, moderate, and severe and persistent mental illness. The target population includes children, transitional age youth, adults and older adults who are homeless or are at risk of homelessness.

Interventions through BHS O&E are designed to (1) prevent the development of mental health conditions, (2) intervene early in their manifestation to prevent conditions from becoming worse, and/or (3) assist those living with serious mental illness or emotional disturbance connect to services that they have had difficulty accessing or engaging with on their own. This is accomplished through outreach activities such as street outreach in the community and at homeless service provider locations; participation in community events such as health fairs focused on the target population; and community presentations to increase referrals from other providers and to decrease stigma towards the target population. Engagement activities include case management to develop age-appropriate, personalized action plans for success and to decrease barriers to accessing services, as well as psychoeducational groups for adults who have experienced trauma and/or substance use. Through these services, individuals develop and practice coping skills, build resilience and mitigate the impact of mental health conditions. All outreach services focus on making referrals and ensuring linkage to ongoing behavioral health and support services. This may include assistance in making appointments, transportation to services, addressing barriers and ongoing follow-up. Connecting participants to appropriate mental health and supportive services promotes recovery, resilience and wellness in those living with mental illness and emotional disturbance at all levels of severity.

Prevention and Early Intervention (PEI)

Strategies to Improve Access

Services are provided by adapting outreach efforts based on community needs such as certain sub-populations, culture or regional area. This allows staff to build trust and rapport with the population and to become experts in particular locations to better reach and serve participants. All services are enhanced by the mobility of team members and designed to serve participants where they live, congregate, worship, work, recreate or access basic need services like food banks and shelters. Another strategy is to develop collaborative relationships with outside agencies (e.g. community based organizations, homeless service providers, housing programs and shelters, schools, places of worship, law enforcement agencies, hospitals, social service agencies, juvenile justice, probation, fire authority staff, veterans services, community centers, motels, shelter staff, apartment complexes, other behavioral health service agencies, etc.) that come into contact with the target populations and provide referrals into the program. Providing services out in the community allows programs to reach those who are isolated and would not normally access services due to homeless status or cultural, linguistic or socioeconomic barriers. The program also links individuals to necessary services.

Strategies for Non-Stigmatization and Non-Discrimination

Due to the dual stigma associated with mental illness and homelessness that runs deep within diverse communities, the O&E programs recruit diverse staff and volunteers who are knowledgeable about the communities they serve. Programs follow the premise that it is not enough for staff to speak the language, but they also need to know the religious and cultural nuances and traditions of that particular community. Partnering with community agencies that come into contact with target populations also assists the programs in gaining trust within a particular community. These strategies allow program staff to gain access to and develop trust with participants and their families which, in turn, reduces the stigma of seeking services. Additionally, programs focus on reducing the stigma associated with mental illness and on increasing the acceptance of treatment and services that improve the quality of life and stability of children/families in the community of choice.

Outcomes

During FY 15/16, a total of 21,412 street outreach contacts were made and resulted in 1,806 linkages to services. In addition, 277 participants enrolled in the engagement program that provides case management and a collaborative personalized action plan. These plans are created for participants to break down the barriers associated with completing the tasks necessary in achieving their goals.

Prevention and Early Intervention (PEI)

Community Impact

BHS O&E serves participants who have multiple barriers and have been unsuccessful in accessing services on their own. BHS O&E has reached individuals of all ages and multiple cultures throughout Orange County because homeless encampments are located in all cities and the team goes to the participant's location to provide services. Staff work diligently to match the diverse needs of the homeless population through culturally appropriate services, motivational interviewing, harm reduction techniques, and helping the individual where they are at. This has allowed the team to impact individuals who are difficult to reach, are co-occurring or have multiple needs, and who have experienced stigma or are disenfranchised from traditional systems of care. BHS O&E staff fill the gap in services for participants who have not connected with providers or stayed in services by building a relationship and rapport, adapting their approach to meet participant needs, and being committed to follow through with referrals to ensure linkage. This has resulted in participants being connected to housing opportunities, behavioral health treatment and other basic needs to support their well-being and health. Over the last year BHS O&E has focused on the development of relationships with cities and law enforcement agencies, providing outreach staff to work directly with officers and city outreach programs.

Changes/Challenges/Barriers

BHS O&E serves individuals of all ages who are homeless or at risk of homelessness throughout Orange County. In order to connect with participants effectively, the team develops the skills and experience of its staff members to specialize in the diverse needs of the population. Some specific areas in which staff specialize include outreach and resources based on location or regional area, culture or language capacity, or type of behavioral health condition such as substance use or mental health. Therefore, when responding to referrals or conducting outreach in the community, care is taken to assign the appropriate staff for the population or area to best address the needs and resources of the participants.

For many Orange County residents, one barrier to seeking services is transportation. By bringing services to the participants, this barrier has been reduced. Staff may also assist participants by transporting them to behavioral health appointments or providing bus passes. Another challenge is participants' reluctance to submit personal information or enroll in engagement services, which has been addressed by building trust and rapport with participants, following through with commitments in addressing their needs, and assisting with accessing referrals. Once rapport and some success in linking to resources have been established, participants have been more receptive to ongoing engagement.

Lack of affordable housing continues to be a barrier for the target population. BHS O&E continues to participate in the Coordinated Entry process to identify and support linkage to housing opportunities.

Outreach and Engagement Collaborative

CF: Outreach and Engagement Collaborative	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	11,000	11,000	11,000
Annual Budgeted Funds in	$2,819,044	$2,819,044	$2,819,044
Estimated Annual Cost Per Person in	$256	$256	$256

Program Description

The Outreach and Engagement Collaborative provides mental health prevention services to unserved and underserved populations of all ages throughout Orange County. The program is designed to reach those who have had life experiences that make them vulnerable to behavioral health conditions but are hard to reach in traditional ways because of cultural, linguistic or economic barriers. It uses a combination of evidenced-based pre-screening and screening measures, as well as in-person or phone intake interactions that are used to screen individuals and/or groups and triage them along a continuum of risk that corresponds to service Levels I, II and III:

- Level I includes individuals who are identified as at-risk or mild risk and who may need referrals for further services but do not require further engagement efforts.
- Level II includes individuals who are identified as mild to moderate risk and have an identified health issue and/or barriers to accessing services, thus requiring additional engagement efforts.
- Level III includes individuals who are identified as moderate to high risk and have an identified mental health issue and/or barriers to accessing services, thus requiring intensive engagement efforts.

Participants in Levels II and III receive case management services that include monitoring ongoing progress toward set Wellness Plan goals and objectives, updating of the Wellness Plan as appropriate, and coordinating of collateral support services. In addition, Level III provides appropriate clinical intervention such as mental health counseling and clinical case management.

Outreach activities include community events (e.g. health fairs, community festivals, door-to-door outreach, street outreach, and presentations). Engagement activities include individual interventions (e.g. crisis intervention, individual client education skill development, needs assessment, wellness/ case management, service plan development and follow up, short-term counseling services, life coaching), educational and skill- building workshops/presentations, support groups, and referrals and linkages. These activities work to build protective factors and developmental assets which, in turn, reduce the vulnerability of individuals served. Connecting participants to appropriate mental health and supportive services can stop the progression of behavioral health conditions and prevent them conditions from getting worse.

Prevention and Early Intervention (PEI)

The target populations for the Collaborative include children; transitional age youth; adults; older adults; participants from social services or juvenile justice system; individuals on probation; monolingual non-English speakers; recent immigrants; refugees; homeless individuals; deaf and hard of hearing individuals; lesbian, gay, bisexual, transgender, intersex and questioning (LGBTIQ); and unsheltered homeless.

Strategies to Improve Access

Services are provided by adopting a regional approach that allows providers to become experts in a particular region to better reach and serve participants. Outreach is designed to target individuals who are hard to reach – such as members of ethnic/racial minority groups and unsheltered homeless individuals – through traditional outreach methods. All services are enhanced by the mobility of team members and are designed to serve participants where they live, shop, congregate, worship, work, go to school or recreate. Another strategy is developing collaborative relationships with outside agencies (e.g., schools, places of worship, law enforcement agencies, hospitals, social service agencies, non-profit agencies, juvenile justice, probation, fire authority staff, veterans services, community centers, motels, shelter staff, apartment complexes, other behavioral health service agencies, etc.) that come into contact with the target populations and provide referrals into the program. Providing services out in the community allows programs to reach those who would not normally access services due to being isolated because of cultural, linguistic or socioeconomic reasons. A toll-free number in each region is advertised to further increase access. The program also links individuals to necessary services. In FY 15/16, the program made 14,864 referrals and 5,634 linkages.

Strategies for Non-Stigmatization and Non-Discrimination

Due to the stigma associated with mental illness that runs deep within some communities, the O&E collaborative recruits diverse staff and volunteers who are knowledgeable about the communities they serve. Programs follow the premise that it is not enough for staff to speak the language, but they also need to know the religious and cultural nuances and traditions of that particular community. Partnering with community agencies that work with target populations also assists the O&E programs in gaining trust within a particular community. These strategies allow program staff to gain access to participants and their families which, in turn, reduces the stigma of seeking services. Additionally, programs focus on reducing the stigma associated with mental illness and increasing the acceptance of treatment and services that improve the quality of life and stability of children/families in the community of choice.

Prevention and Early Intervention (PEI)

Outcomes

The goal of the Collaborative is to prevent the development of mental health conditions and/or to intervene early in their manifestation and prevent conditions from becoming worse by providing outreach to unserved and underserved populations in Orange County, and connecting them with needed resources and services. The Collaborative demonstrated their on-going dedication to these efforts by having made 60,942 outreach team contacts and 19,820 engagement team contacts during FY 15/16. The top referral and linkage categories were mental health care, family support services, food and nutrition assistance, legal services/advocacy, and child development and education.

Community Impact

The program has impacted the community by targeting those who would not normally seek services, by assessing those individuals and connecting them to appropriate services, and, finally, by filling the gap in services if the participant cannot be connected due to lack of insurance, immigration status, lack of services provided in the participant's preferred language, etc. The program provides a triaged approach which focuses on identifying the participant's need and level of service. This allows for more comprehensive outreach for the community in Level 1, as well as more targeted interventions and case management for Levels 2 and 3. It also allows for more individuals to be exposed to the program and appropriate resources and referrals in Level 1 services.

Changes/Challenges/Barriers

The program provides services to participants within a particular geographic region of the county in order to better serve the participants through a more region-specific approach. The three providers that provide regional services also collaborate with each other to share effective strategies that ultimately help serve the County in a seamless way. Short-term counseling and therapy are also available to participants enrolled in services and the program triages participants to best meet their needs.

For many Orange County residents, one barrier to seeking services is transportation. By bringing information (outreach) and services such as case management and counseling (engagement) to the participants, this barrier has been reduced. Another challenge is participants' reluctance to submit personal information or enroll in engagement services, which has been addressed by intentional efforts to partner or outreach with trusted agencies/organizations. Building trust with participants, especially with new immigrant and refugee populations, reduces this ongoing barrier to seeking services.

In the past, linking individuals to mental health services was challenging when they were uninsured, underinsured or had other barriers to accessing services (e.g., transportation, meeting program eligibility criteria, etc.). With the addition of short-term counseling services, O&E programs can now fill this gap. Lack of affordable housing continues to be a barrier, especially for the homeless and the programs continue to collaborate with agencies to improve access to affordable housing opportunities.

WarmLine

CF: WarmLine	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	31,000	31,000	31,000
Annual Budgeted Funds in	$481,566	$481,566	$481,566
Estimated Annual Cost Per Person in	$16	$16	$16

Program Description

The WarmLine provides telephone-based, non-crisis support for anyone struggling with mental health and substance use issues. Each caller is screened for eligibility and assessed for needed mental health information, support and resource services. The staff who provide services have been through a similar journey, either as a consumer of mental health or substance use services, or as a family member of an individual receiving these services. The WarmLine operates Monday through Friday, between 9 am to 3 am, and Saturday and Sunday from 10 a.m. to 3 a.m.

The National Alliance on Mental Illness (NAMI) Family-to-Family curriculum and Motivational Interviewing are two evidence based practices used by the program to reduce negative outcomes. Family-to-Family serves as the foundation for understanding mental health issues from the perspectives of holistic and trauma-informed care, stages of recovery, bio-psycho-social elements of mental illness, medication, confidentiality and effective communication with individuals living with mental illness. Active listening, a person-centered motivational interviewing skill, is especially useful with callers in the pre-contemplative or contemplative stages of change. This skill is also effective in establishing rapport and building empathy. In addition, the WarmLine uses Positive Psychology, a resilience-based model that focuses on positive emotions, individual traits and institutions. This model trains mentors to direct focus on the positive influences in callers' lives – such as character, optimism, emotions, relationships and resources – in order to reduce risk factors and enhance protective ones.

Strategies to Improve Access

Program staff participates in local community health fairs and events to reduce stigma and discrimination based on mental illness and to increase access, awareness and benefit of WarmLine services. The program also collaborates with providers serving Orange County's diverse communities to increase awareness of WarmLine services. In addition, WarmLine advertising funds target media serving Orange County's diverse communities. WarmLine services are also located in a single call center to ensure effective management, training, teamwork, and fidelity to policies and procedures that attend to the needs of Orange County's diverse communities. Services are available in English, Spanish, Vietnamese and Farsi. A toll-free number is advertised to ensure access to all Orange County residents. In addition, live chat, text and language line capabilities are available in order to improve access and to accommodate the increased need for services.

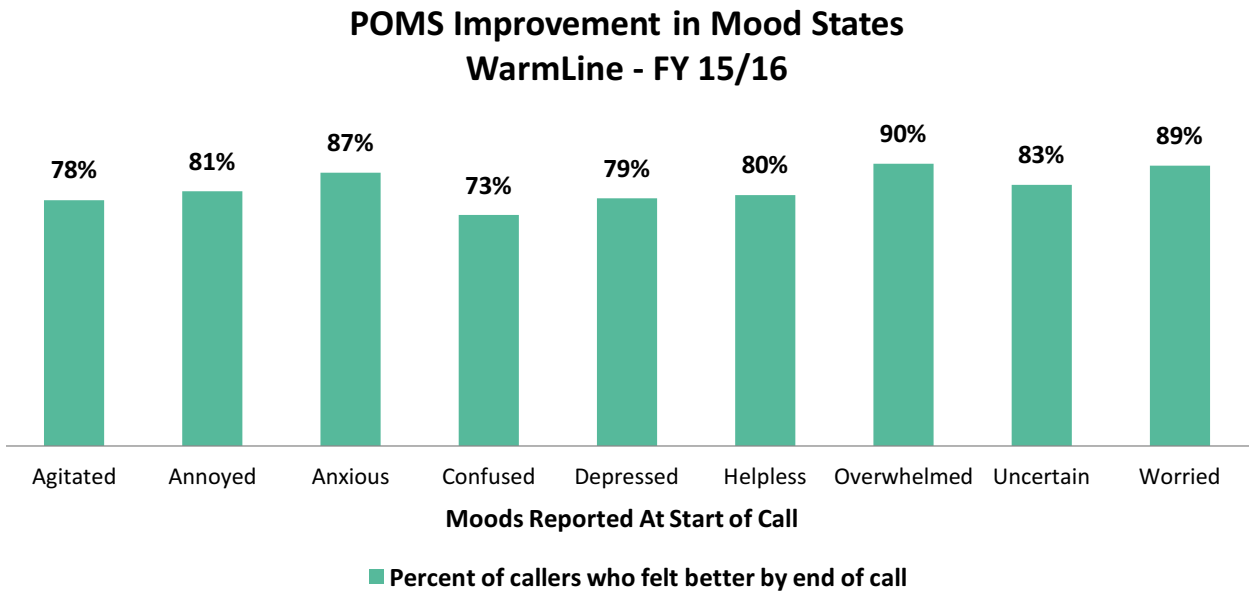
Strategies for Non-Stigmatization and Non-Discrimination

WarmLine callers are often afraid to access mental health services due to stigma and/or lack of knowledge about mental health resources. The program provides services via phone, live chat, and text capabilities so that callers who may otherwise not seek out mental health services because of the associated stigma, may feel comfortable doing so. The WarmLine uses mentors who are individuals living with mental illness or family members of an individual living with mental illness. Staff are provided comprehensive training in empathy, active listening and suicide assessment. WarmLine mentors provide information and support about mental illness to reduce stigma and encourage treatment and the effective use of family support systems and community resources. Representatives from Orange County's diverse communities are invited to attend staff meetings to promote understanding and methods to reach these communities. Call monitoring is used for training purposes to ensure non-stigmatizing and non-discriminatory services.

Outcomes

During FY 15/16, the program received 36,995 calls. The program aims to reduce prolonged suffering from behavioral health problems, which was measured through changes in mood ratings on the Profile of Mood States (POMS). Callers were asked at the beginning of the call whether they felt a certain emotion (worried, uncertain, etc.). At the end of the call, they were asked if they felt better, felt the same, or felt worse. The evaluation reflects cultural competence in that services were available in most threshold languages, and the Language Line could be accessed to assist callers who spoke a different language.

As can be seen in the chart below, the majority of callers reported feeling better at the end of the call. The results indicate that the program was successful in reducing emotional distress through the support and services provided during the telephone contact.



Prevention and Early Intervention (PEI)

Community Impact

One of the WarmLine's greatest assets is its operational hours, where service is provided 18 hours a day, 7 days a week. This factor allows individuals with mental illness or their family members to reach out even when their doctors' or therapists' offices are closed. Since its inception in 2010, the WarmLine's call volume has continued to increase. Most recently in FY 15/16, the WarmLine served 12,596 unduplicated individuals who made a total of 36,995 calls. WarmLine's callers come from various backgrounds ranging from teens experiencing social stressors, to working professionals with family conflicts, and older adults dealing with isolation and loneliness.

Changes/Challenges/Barriers

Many of Orange County's diverse communities have difficulty openly discussing mental health issues and seeking help. WarmLine network services have utilized advertising in community-based media, participated in outreach events, invited community members to staff meetings and increased bilingual staff capacity. There are also new efforts to partner with faith communities and local organizations to leverage existing relationships, increase awareness of WarmLine services and promote help seeking behavior. In addition, utilizing a telephone-based service may be stigmatizing for many non-English speaking communities, which can result in the underutilization of this service among these communities. To address this issue, the program is continuously outreaching to these communities. An additional challenge is the significant increase in the number of overall calls. This increase has created longer wait times for callers as staff are not always available to answer incoming calls immediately. The program has adjusted staff shifts to accommodate when the call volume is highest and is currently testing other strategies to best adapt to the increased volume.

OC ACCEPT

CF: OC ACCEPT	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	150	150	150
Annual Budgeted Funds in	$490,000	$490,000	$490,000
Estimated Annual Cost Per Person in	$3,267	$3,267	$3,267

Program Description

OC ACCEPT provides community-based behavioral health and supportive services to individuals struggling with and/or identifying as Lesbian, Gay, Bisexual, Transgender, Intersex or Questioning (LGBTIQ), and to the important people in their lives. It specializes in addressing issues that are common in the LGBTIQ community, such as confusion, isolation, grief and loss, depression, anxiety, suicidal thoughts, self-medication with drugs, high risk behaviors, self-esteem challenges, victimization by bullying, trauma, homelessness and lack of familial support. Services include individual and/or family counseling, case management, peer mentoring, outreach and engagement, referral and linkage to support services, support and discussion groups, health and wellness activities, and educational and vocational support. The program also raises awareness and reduces stigma by providing education about the LGBTIQ population to the community.

Strategies to Improve Access

The program implements various strategies to improve access to services for underserved populations. Outreach, community presentations and trainings have been provided at schools, behavioral health providers, community based organizations and correctional facilities. These services improve awareness and access to LGBTIQ-focused program services. In FY 15/16, 24 trainings were provided and 84 community outreach events were attended.

The clinic setting is centrally located in Orange County, near major freeways and streets with access to public transportation, to allow participants to access services. To increase access to care for those who are isolated, services are provided in the community as well.

Strategies for Non-Stigmatization and Non-Discrimination

The program strives to make services available to individuals struggling with and/or identifying as Lesbian, Gay, Bisexual, Transgender, Intersex or Questioning (LGBTIQ), regardless of their background. Program staff has clinical experience and/or background in working with ethnically diverse and underserved populations. Participants are linked with bilingual/bicultural clinical staff to enhance communication and cultural sensitivity.

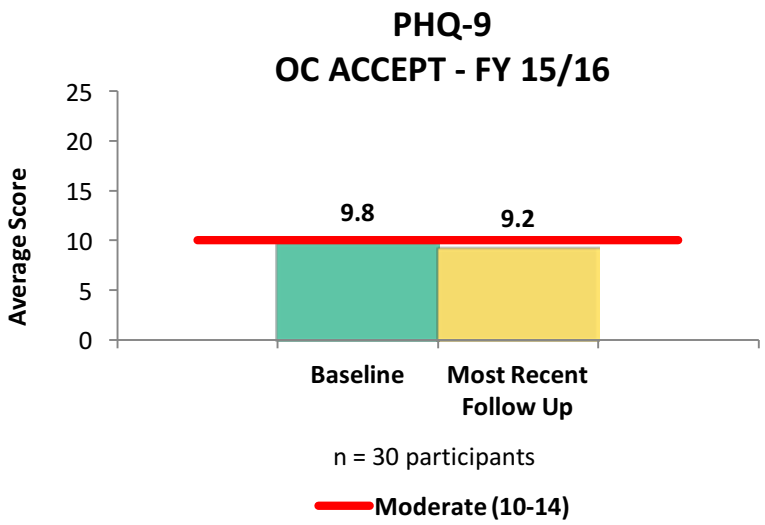
Prevention and Early Intervention (PEI)

The program is designed to accept self-referrals, as well as referrals from all County providers and community agencies. Master's level bilingual clinicians are available to conduct telephone or in-office screenings to determine program suitability. If the participant is eligible for services, they are offered an intake appointment for enrollment. The frequency of services is determined by participant need. Couples and family counseling services are offered as additional services to support the participant.

Outcomes

During FY 15/16, 112 participants were served by OC ACCEPT. The program aims to reduce prolonged suffering as assessed through changes in scores on the PHQ-9, which is a measure of depressive symptom severity. Participants were administered the measure at intake, every three months of program participation and at program exit. The difference between intake (baseline) and the most recent follow-up was used to determine whether there was a significant reduction of prolonged suffering. The evaluation also reflects cultural competence as the assessment tool completed by the participants was available in all threshold languages.

As can be seen in the graph below, average scores at baseline and the most recent follow up were both just below the clinical cutoff (i.e., 10), indicating that participants generally reported symptom severity that fell in the upper limit of the *mild* range. The difference in scores was not statistically significant, which indicates that participants did not experience a worsening of symptom severity and is consistent with the goal that early intervention prevents symptoms of depression from becoming severe and disabling among those served.



[1] PHQ-9: Baseline M=9.8, SD = 7.5; Follow up M=9.2, SD=5.4; t(29) = 0.50, p=.62, Cohen's d=0.10

Prevention and Early Intervention (PEI)

Community Impact

During FY 15/16, staff provided 24 trainings/presentations and 84 outreach activities to engage the community in awareness continually. The program has helped LGBTIQ participants and their families improve their overall functioning and helped break down the stigma related both to behavioral health and the LGBTIQ community.

Participants have expressed their appreciation for the program and the impact it has had on their lives. Below is an example as told by a staff member:

> *A youth came in for services; he was struggling with self-acceptance and how to come out to his parents that he was gay. The youth was extremely shy and did not have a social network. Over the course of a year, the youth slowly met others, developed friendships and worked on healthy coping skills. The youth recently told staff: "You have no idea how happy I am to have met all of you and how thankful I am for you and what you have done to help me.*

Changes/Challenges/Barriers

In FY 15/16, OC ACCEPT transitioned from being an Innovation project to being a PEI-funded program. The program was not fully staffed during the fiscal year, which slightly increased the wait time for assessment appointments periodically.

One barrier OC ACCEPT transgender participants face is the need for medication support. Many of the transgender participants who come to OC ACCEPT are seeking a medical provider to prescribe hormone replacement therapy to facilitate their transition but have limited understanding of the process. OC ACCEPT staff work with them to link for medical evaluation.

OC4Vets

CF: OC4Vets	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	180	180	180
Annual Budgeted Funds in	$1,295,957	$1,295,957	$1,295,957
Estimated Annual Cost Per Person in	$7,200	$7,200	$7,200

Program Description

OC4Vets serves Orange County veterans and their families who currently or previously served in the United States Armed Forces, regardless of the branch, component, era, location(s) or characterization of discharge from their service. Services are provided at the Orange County Veterans Service Office (VSO) and at the Veterans' Treatment and Family Courts. This collaborative program aims to increase access to underserved groups, providing a participant-focused environment for veterans or families within the local military and veteran community.

OC4Vets is staffed with a diverse and versatile multi-disciplinary team comprised of trained clinicians, peer navigators and supportive services staff with expertise in housing and employment resources. This program reaches out to veterans who are not yet integrated into the Department of Veterans Affairs (VA) system or who are unaware of their need for behavioral health services. Program services include case management, behavioral health screening and assessment, employment and housing supportive services, referral and linkage to community resources, outreach and engagement activities, and community trainings. The program includes services provided by the Court Support 4 Vets program.

Strategies to Improve Access

The program improves access by providing services at locations where veterans and their families are already accessing services and receiving critical supports. Program staff supports veterans with removing barriers by assisting with housing, entitlements and transportation. In additional, during FY 15/16 the program made 808 referrals and 604 linkages.

Strategies for Non-Stigmatization and Non-Discrimination

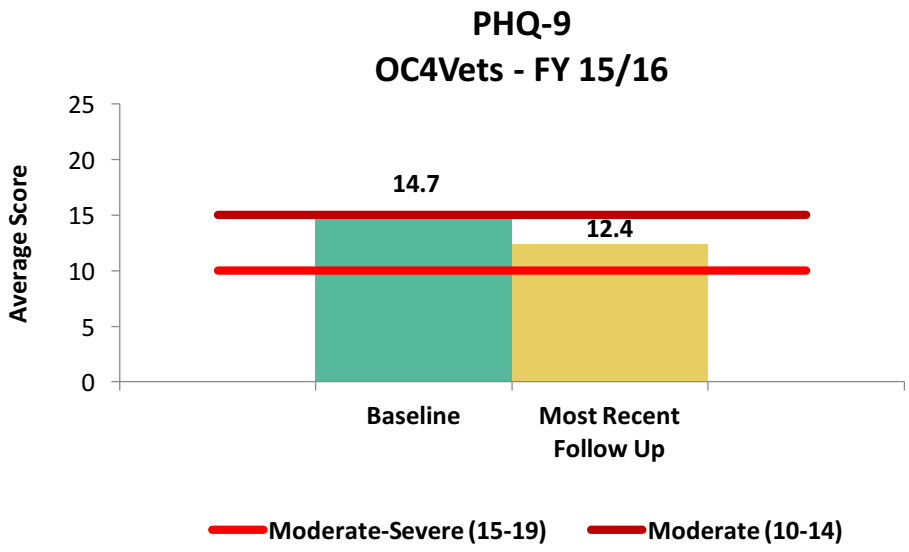
The County strives to make the services available to all Orange County residents, regardless of their background, and provides services that are sensitive and responsive to participants' backgrounds. One strategy employed by OC4Vets to reduce stigma and discrimination barriers to receiving behavioral health services is providing those services in locations other than mental health settings. By offering services at the VSO and at Veterans' Court, the program is more likely to be successful helping individuals access behavioral health services they need (e.g., using appointments with the claims officer as a gateway to address behavioral health issues). In addition, the program is staffed by military service members, veterans and peer navigators who can address the specific and unique needs of veterans, including the stigma associated with seeking behavioral health services.

Prevention and Early Intervention (PEI)

Outcomes

During FY 15/16, 180 participants were served by OC4Vets. The program intends to reduce prolonged suffering as assessed through changes in scores on the PHQ-9, which is a measure of depressive symptom severity. Veterans completed the measure at intake, every three months of program participation and at program exit. The difference between intake (baseline) and the most recent follow-up was used to analyze whether there was a significant reduction of prolonged suffering. The evaluation also reflects cultural competence as the assessment tool completed by participants was available in all threshold languages.

Results showed that, overall, veterans' decrease in depressive symptoms was statistically significant and small-to-moderate in effect size, which is a measure of real-world significance or observability of change.[1] In addition, average scores at baseline fell just below the cutoff for *moderately severe* depression (i.e., 15, dark red line in graph), whereas average scores at the most recent follow up were in the *moderate* range (i.e., 10-14, between red lines in graph). Taken together, these findings are consistent with the goal of early intervention services to prevent symptoms of depression from becoming severe and disabling among those served.



[1] PHQ-9: Baseline M=14.7, SD = 7.2; Follow up M=12.4, SD=7.8; t (65) = 2.52, p<.05, Cohen's d = .31

Prevention and Early Intervention (PEI)

Community Impact

By being co-located with the County Veteran Service Office (VSO), the OC4Vets program is able to address behavioral health needs of participants on-site. This allows easier access to behavioral health services for veterans or their family members who may not be aware of County services. In addition, through outreach efforts at community events, veterans and their family members are more aware of the services available to them in the County. Here is a quote from an OC4Vets participants' spouse:

> *I don't know what we would have done if you guys would not have been there for us. We are thankful you guys were there for us for the beginning through the tough times, you guys made a difference in our time of need.*

Changes/Challenges/Barriers

For FY 15/16, the program was challenged with staff turnover, including establishing a relationship with a new contractor. The program was granted continued funding and transitioned from an Innovation project into a PEI-funded program. With this transition came challenges, but mostly excitement and success due to the ability to continue serving veterans and their families.

School-Based Programs

School-Based Mental Health Services

SB: School-Based Mental Health Services	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	2,800	2,800	2,800
Annual Budgeted Funds in	$2,915,236	$2,915,236	$2,915,236
Estimated Annual Cost Per Person in	$1,041	$1,041	$1,041

Program Description

The School-Based Mental Health Services (SBMHS) early intervention program now includes the prevention services provided by Transitions. The newly combined program provides school-based, early intervention services targeting individual students with mild to moderate depression, anxiety, and substance use problems, as well as a classroom-based, prevention-oriented psychoeducational curriculum designed to increase resilience and build protective factors in students who are experiencing transitions such as moving from elementary to middle school or middle to high school. Referrals for the individual-level intervention are made by school staff and screened by program clinicians to determine early onset of mental illness. In addition, psychoeducation is offered to parents.

The combined program offers a range of services intended to develop protective factors and create resilience in youth so that they can better meet new academic and social challenges and to educate parents on how they can assist their transitioning youth. Services include classroom-based curriculum for students and workshops for parents and caregivers. In addition, the program offers screening and assessments, individual counseling, family counseling, group counseling, case management, psycho-educational groups, life skills and coping classes, and referrals and linkages.

Strategies to Improve Access

The program is implemented in the school setting, thereby providing access to students and families that might not seek help on their own. The program also has the ability to focus on particular schools, districts and/or specific populations as needed. In FY 15/16, the program made 321 referrals and 114 linkages.

Strategies for Non-Stigmatization and Non-Discrimination

The program strives to make services available to students and parents in participating schools and to provide services that are sensitive and responsive to participants' backgrounds. Providing psycho-education services on school campuses increases the potential for parents to attend because there is far less stigma associated with schools compared to mental health settings. In addition, the majority of program staff are bilingual Spanish-speakers and others are bilingual Korean- and Vietnamese-speakers, thus allowing the program to provide services to people from diverse backgrounds.

Prevention and Early Intervention (PEI)

Outcomes

In FY 15/16, the individual-level program served 380 students. The program's purpose is to reduce prolonged suffering by preventing the onset of behavioral health problems and/or providing students with coping skills to better address existing behavioral health problems.

To assess reduction in negative outcomes, participants' overall well-being was measured with the PROMIS® Pediatric Global Health, a 10-item measure of a participant's perceived overall health and functioning that was introduced in FY 15/16 to replace the previous well-being measure. Due to technical difficulties extracting data, PROMIS Pediatric Global Health data were not available for analysis at the time this plan was written and will be provided in future updates.

Community Impact

In FY 15/16 the program was piloted in school districts that demonstrated a high need for services. Participants have expressed that the program has had a positive impact on their lives. Below is an excerpt of a direct quote from a participant:

> *At this program, I liked … that I can say or release pent up ideas I've been holding in. I like that the environment it is placed in is well situated to feel comfortable and safe.*

Changes/Challenges/Barriers

The program worked closely with schools to identify students appropriate for referral to the program. In instances where consent to provide services was needed and parents of the student were difficult to reach, program staff was able to call upon school administrators for assistance. However, program staffing at the various schools had to be adjusted over the course of the year to accommodate differences in referral rates, and collaboration with school administrators was impacted when personnel on either side was changed. This highlights the importance of developing and maintaining strong collaborative relationships between the program and schools to ensure success.

School-Based Behavioral Health Intervention and Support

SB: School-Based Behavioral Health Intervention and Supports	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	18,700	18,700	18,700
Annual Budgeted Funds in	$1,808,589	$1,808,589	$1,808,589
Estimated Annual Cost Per Person in	$97	$97	$97

Program Description

The School-Based Behavioral Health Interventions and Support (SBBHIS) program provides a combination of prevention and intervention services to empower families, reduce risk factors, build resilience, and strengthen culturally appropriate coping skills in students. Services are provided in elementary, middle and high schools in school districts that have the highest rates of behavioral issues such as dropout rates, expulsions and suspensions.

The program provides a multi-tiered approach to guide program services aimed at preventing and/or intervening early with behavioral health conditions among at risk students and their families. The first tier, Classroom Prevention, is a universal approach utilizing an evidence-based curriculum with learning modules that focus on key learning objectives such as self-concept, life-skills, positive decision making and respect. Students exhibiting higher-level problem behaviors are provided Student Based Interventions, the second tier of services, which utilizes a smaller, more individualized student-group approach to address areas such as bullying, anger management, conflict resolution, drug prevention and self-esteem. Finally, those students who do not improve or who display symptoms indicative of higher level needs or behavioral health conditions receive the third tier of services, Family Intervention, which includes early intervention services focusing on family skill-building. This tier is intended to improve family communication, relationships, bonding and connectedness.

Strategies to Improve Access

The school setting generally allows for a large number of students to benefit from prevention and early intervention services, and SBBHIS targets schools with the highest need of prevention services. The program provides direct services in the classroom, which allows students to receive lessons in their current learning environment. This approach reduces classroom disruption and encourages student comfort and compliance. Staff serves all students in the classroom, which assists in reaching students/families that may be more difficult to reach outside of school hours.

Prevention and Early Intervention (PEI)

Strategies for Non-Stigmatization and Non-Discrimination

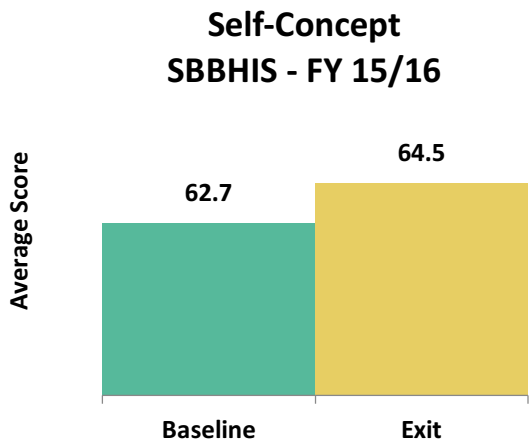
The program strives to make services available to students and parents in participating schools and to provide services that are sensitive and responsive to participants' backgrounds. The program also employs bilingual staff to meet the program's multicultural and language needs.

Outcomes

During FY 15/16, a total of 17,713 students, 1,580 parent/guardians and 778 school staff were served by SBBHIS. To assess the program's effectiveness in reducing prolonged suffering, improvements in positive self-concept for Tier 2 participants and decreases in disruptive behaviors for Tier 3 participants were assessed between intake (baseline) and program exit.[5] This evaluation strategy reflects cultural competence by utilizing assessment tools that are appropriate both for the ages of the population served and for use in a school environment.

More specifically, students in Tier 2 completed a measure that was adapted from the Self-Concept Scale for Children. The measure consists of adjectives intended to ask children about their feelings about themselves, with higher scores reflecting more positive self-concept.

As can be seen in the graph below, students demonstrated improvement in self-concept during FY 15/16. This increase was statistically significant and small-to-moderate in effect size, which is a measure of real-world significance or observability of change.[1]



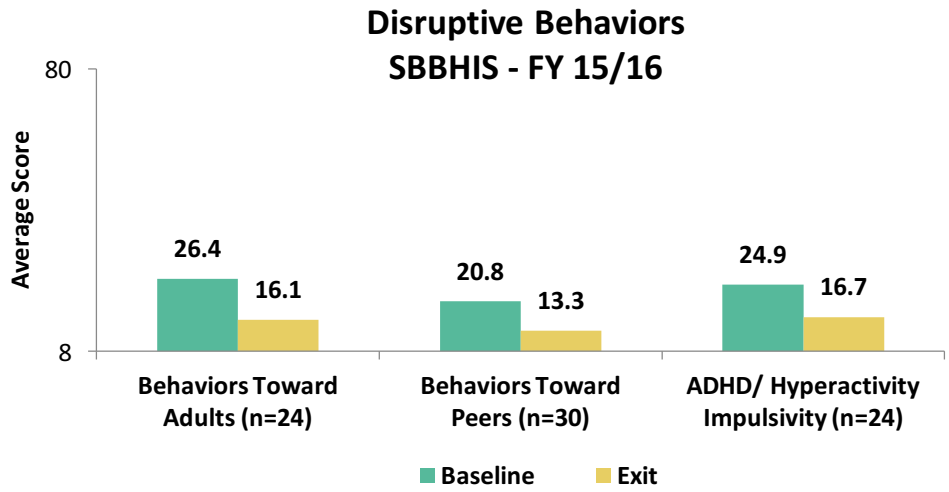
[1] Self-Concept: Baseline M=62.7, SD = 13.1; Exit M=64.5, SD=13.6; t(377) = -4.22, p<.001, Cohen's d=.34

In addition, parents in Tier 3 completed the Child and Adolescent Disruptive Behavior Inventory, which asks how often their child exhibits oppositional or defiant behaviors toward adults and peers, as well as ADHD/Hyperactivity Impulsivity symptoms.

[5] Due to technical challenges, Tier 1 data were not ready for analysis at the time this Plan was written.

Prevention and Early Intervention (PEI)

During FY 15/16, parents reported decreases in the frequency with which their child displayed all three forms of disruptive behaviors at the time of program exit. These decreases were statistically significant and large to very large in effect size, indicating that these behavioral changes were quite noticeable.[1]



[1] Behaviors-Adult: Baseline M=26.4, SD = 12.7; Exit M=16.1, SD=10.9; t(23) = 5.04, p<.001, Cohen's d=1.04
Behaviors-Peers: Baseline M=20.8, SD =11.7; Exit M=13.3, SD=6.2; t(29) = 3.8, p<.01, Cohen's d=.77
ADHD/HypImp: Baseline M=24.9, SD = 16.2; Exit M=16.7, SD=7.9; t(23) = 3.0, p<.01, Cohen's d=.75

Taken together, these findings indicate that SBBHIS program services are associated with helping students maintain a positive self-concept and preventing disruptive and impulsive behaviors from becoming severe and disabling among those served.

Community Impact

The program continues to build capacity in the community through collaboration with the Orange County Mental Health Coalition. For FY 15/16, more than 17,000 students were provided Classroom Prevention and Student Based Intervention services in 30 schools across five Orange County school districts.

School staff have also expressed the impact that the program has had on the students. Below is an excerpt of a direct quote from a teacher:

> *Wonderful program! I've seen the students open up to share and discuss uncomfortable topics…and [the value of] setting a positive path for one's future. What a great program that gives students tools and skills to overcome many obstacles and life situations.*

Prevention and Early Intervention (PEI)

Changes/Challenges/Barriers

The program faces barriers and challenges that are common to programs that provide school-based services. Implementing school-based services is a complex and multifaceted process that involves coordination and decision-making at all levels of school administration. As a result, obtaining an official Memorandum of Understanding (MOU) from each school district is a time consuming process and, consequently, access into schools may be delayed. Other notable challenges faced when providing services at schools include changes in class sizes and limited availability of classroom time. Strategies have been developed to streamline the process of recruiting and partnering with schools. Rapport building and relationship strengthening with administrators has been key to providing service delivery in a streamlined manner. While the program has had success in implementing the Classroom Prevention and Student Based Intervention components, it has faced challenges in implementing the Strengthening Families component. While parents are often very interested in this level of service, they face challenges in coordinating time and, as a result, often have difficulty attending sessions consistently. The program has adjusted to include one-time workshops with the hope of encouraging parents to engage in the full series given the notable gains made by the families who have participated in this level of service to date.

School-Based Behavioral Health Intervention and Support - Early Intervention Services

SB: School-Based Behavioral Health Intervention and Supports – Early Intervention Services	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	16	16	16
Annual Budgeted funds in	$440,000	$440,000	$440,000
Estimated Annual Cost Per Person in	$27,500	$27,500	$27,500

Program Description

The School-Based Behavioral Health Intervention and Supports – Early Intervention Services (SBBHIS-EI) program serves families with children in grades 1-8 who are experiencing challenges in attention, behavior and learning, and/or Attention Deficit/Hyperactivity Disorder (ADHD). Children are screened by clinicians to identify any behavioral health issues that need to be addressed and to determine program eligibility. The program funds 16 children each fiscal year.

SBBHIS-EI provides a regular education school experience that has been specifically modified to meet the psychosocial and academic needs of referred children and their families. It uses the Community Parent Education Program (COPE) Parenting Curriculum to guide services, which include academic support, social skills development, parent training and academic transitional support. The duration of the program is 12 to 24 months, after which the child is transitioned to the next academic setting.

Strategies to Improve Access

The program serves low-income families from cities throughout the County who would otherwise not have access to these specialized services due to financial constraints. The setting of the classrooms and the facility are ideal for the types of services and interventions that are provided by the program.

Strategies for Non-Stigmatization and Non-Discrimination

The program strives to make services available to all Orange County residents and to provide services that are sensitive and responsive to participants' backgrounds. Classes are taught in English in the school setting, however the program employs staff who are bilingual in Spanish, Mandarin, Vietnamese, Korean, Farsi and French. The program also has translation services for other languages. In addition, unlike traditional schools where students are pulled out of regular classroom instruction for their individual service plans, the program fully integrates behavioral interventions with academic instruction in the classroom. This results in mitigating the risk for stigma while building self-esteem. Parents are also required to learn to use the same behavioral interventions at home. This ultimately creates a supportive environment for the students to learn academics and new, more adaptive behaviors.

Prevention and Early Intervention (PEI)

Outcomes

During FY 15/16, 20 children and 44 parents/caregivers were served by the program. To measure reduction in prolonged suffering as a result of untreated mental illness, the program cumulatively tracks whether a child is attending a traditional or non-traditional school at program exit and at 6- and 12-month follow up.

Since program inception, 34 students have successfully transitioned to a traditional school setting. There have been no direct transitions to a non-traditional school setting. Of the 10 families who have participated in the follow up, 8 out of 10 (80%) reported their child was attending public school 6 months after exiting the program, and 6 out of 10 (60%) were attending public schools 12 months after exiting.

Community Impact

The program collaborates with community organizations and providers like the Proposition 10-funded program "Help Me Grow," which is a consortium of community resources that connect families to services that enhance the development, behaviors and learning of children.

Participants have also expressed how the program has had an impact on their lives. Below is an excerpt of a direct quote from a parent whose son attended the program:

> *This has been a game changer for us. Our house went from a battle field to a house of mutual respect. Our son now sings how much he loves his mom and dad while he does his homework, which was a trigger activity for heated arguments before. Thank you so much.*

Prevention and Early Intervention (PEI)

Changes/Challenges/Barriers

The program has filled all allotted slots and a wait-list has been established for potential future candidates. In addition, the school has expanded over the years by adding 6th through 8th grade classes. Since inception, the program has provided services to 62 unduplicated students and 119 unduplicated parents/caregivers, for a total of 181 served.

One challenge is getting parents to attend the multi-family groups when they have conflicts with their work schedule. To address this, the program offers flexible schedules and classes multiple days of the week. In addition, the program offers one-on-one consultations to accommodate the family's needs. Another challenge is access to basic needs such as food, clothing, shelter, transportation and healthcare among socioeconomically-disadvantaged families, which impacts the well-being of the student as well as the family unit. Staff address these needs by teaching parents self-advocacy techniques, how to ask for assistance, and how to identify resources to obtain needed services. The program also provides referrals to community resources.

The program has recently experienced challenges regarding the overall funding beyond the MHSA contribution listed. Due to the intensive nature of these services, costs associated with providing the program have increased, which may impact future program operations. The provider is currently exploring options to address these challenges.

Prevention and Early Intervention (PEI)

School Readiness and Connect the Tots

SB: School Readiness/Connect the Tots	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	1,900	1,900	1,900
Annual Budgeted Funds in	$2,200,000	$2,200,000	$2,200,000
Estimated Annual Cost Per Person in	1158	1158	1158

Program Description

The School Readiness/Connect the Tots program provides prevention and early intervention services to underserved families with children ages 0 to 8 years who are exhibiting behavioral problems that put them at increased risk of developing mental illness and experiencing school failure. Risk is determined by administering screening tools to assess behavioral and socio-emotional issues.

The program focuses on reducing risk factors for emotional disturbance in young children and promoting school readiness, thus preparing them for academic success. Services include child and family needs assessment, parent education and training, case management, and referral and linkage to community resources.

The program uses the materials and principles from the Triple P Positive Parenting Program to guide program services. Mental Health Workers utilize the most appropriate form of Triple P to meet families' needs. Such interventions may include the provision of Triple P Tip Sheets that target behavioral issues, or the implementation of Triple P curricula.

Strategies to Improve Access

By conducting screenings out in the community and providing assessments and services in the home setting, program staff identify and observe the needs of young children in the environment in which they are occurring. Completing parenting training curriculum directly in the families' homes also increases the chances of parents successfully implementing the techniques learned. By seeing participants in their homes, program staff has the opportunity to see and work with the entire family. Many participant families also have limited resources, such as limited or no transportation and a lack of child care, which keep them from accessing services outside the home. In addition, in FY 15/16, the program made 502 referrals and 214 linkages.

Strategies for Non-Stigmatization and Non-Discrimination

The program strives to make services available to all Orange County residents and to provide services that are sensitive and responsive to participants' backgrounds. The program has staff who are bilingual in Spanish, Korean and Vietnamese, which allows the program to provide services to families from diverse backgrounds. For additional language needs, translation services are also available.

Prevention and Early Intervention (PEI)

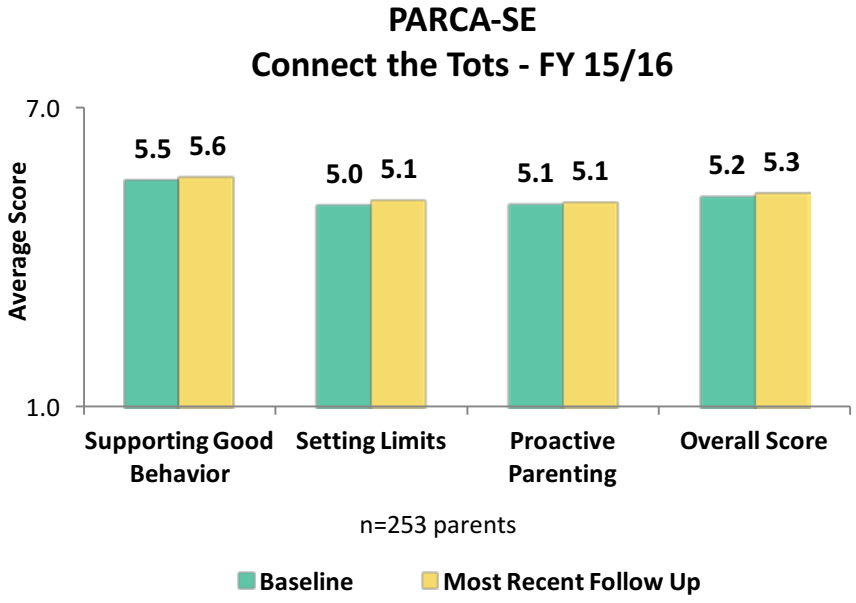
Outcomes

During FY 15/16, a total of 505 children and 401 parents were served by School Readiness and 335 children and 697 parents were served by Connect the Tots. Both program tracks seek to reduce the prolonged suffering caused by behavioral problems. To assess reduction in prolonged suffering, parent participants' well-being and self-efficacy in parenting are measured via the PROMIS Global Health and PARCA-SE, respectively.

School Readiness: Parents in the School Readiness Program completed the PROMIS Global Health, which is a 10-item measure of a participant's perceived overall health and functioning. The PROMIS Global Health was introduced in FY 15/16 to replace the previous global well-being measure. Due to technical difficulties with data extraction, PROMIS Global Health data were not available for analysis at the time this plan was written and will be provided in future updates.

Connect the Tots: Parents in the Connect the Tots program completed the PARCA-SE, which is a measure of confidence in parenting. In addition to an overall parenting self-efficacy score, the PARCA-SE scale generates three subscale scores: Supporting Good Behavior, Setting Limits and Proactive Parenting. Improvements are noted by measuring the change in scores between intake (the baseline measurement) and the most recent follow up assessment, which are conducted every six months of program participation and at program exit.

During FY 15/16, parents' reported small yet statistically significant increases on all three subscales, as well as the overall parenting self-efficacy score.[1] Thus, the results indicate that the program was successful at maintaining high levels of parental self-efficacy (see graph below).



[1] Supporting Good Behavior: Baseline M=5.5, SD = 0.8; Follow up M=5.6, SD=0.8; t(252) = -7.31, p<.001, Cohen's d=.47
Setting Limits: Baseline M=5.01 SD = 1.1; Follow up M=5.1, SD=1.0; t(252) = -2.59, p<.05, Cohen's d=.17
Proactive Parenting: Baseline M=5.1, SD = 1.0; Follow up M=5.1, SD=1.0, t(252) = -5.32, p<.001, Cohen's d=.33
Overall Score: Baseline M=5.2, SD = 0.9; Follow up M=5.3, SD=0.9; t(252) = -5.01, p<.001, Cohen's d = .32

Prevention and Early Intervention (PEI)

Community Impact

A primary impact of the program on the communities served is the early identification of and opportunity to address behavioral health needs experienced by families with young children across Orange County. In addition, screening efforts at schools and other organizations have resulted in the enhanced ability of community partners to plan and improve services. Lastly, through participation in community collaborative groups such as the Developmental Screening Network, the program has expanded the reach of messaging related to the importance of early childhood screening and intervention. This has also substantially contributed to relationship-building efforts in Orange County that advocate for screening services so that future mental health problems can be mitigated, thereby reducing the risk of school failure.

Changes/Challenges/Barriers

Two challenges that the program faces are periodic low referral rates of children and participants dropping out of services prior to completing their goals. Over the last two years, the program has worked to inform community providers about its services and to establish more effective partnerships in order to better identify, refer and serve families in need. Between August and October of 2015 alone, nearly 250 children received developmental screenings from these efforts. Another shift made to enhance participant retention was to train staff in the Triple P Positive Parenting Program's more specialized curricula, Family Transitions and Stepping Stones, so that staff could provide services that better addressed the needs of some participants.

In addition, the program is encountering issues beyond child behavior problems and parent education needs. Many participants come from families that are in the midst of separation/divorce and dealing with the court system. Problems can be further complicated by a lack of resources, such as inadequate housing or income that places the family at or near the poverty level. Program staff make referrals to services that address these issues, taking a family-focused approach.

College Veterans Program-Early Intervention Services for Veteran Students

SB: College Veterans Program-Early Intervention Services for Veteran Students	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	50	100	150
Annual Budgeted funds in	$400,000	$400,000	$400,000
Estimated Annual Cost Per Person in	$8,000	$4,000	$2,667

Program Description

The College Veterans Program – Early Intervention Services program provides services to military veterans enrolled at college campuses. Student veterans face unique issues and challenges when transitioning from active military duty to civilian and student life, which can affect their behavioral health and/or college success. Thus, the program was established to meet an identified need for having counselors who understood military culture to be placed in Orange County community colleges to help veterans navigate available support services and resources. Through this program, student veterans have access to appointments with a Behavioral Health Services clinician who is also a veteran. Services include behavioral health screening and assessment to determine whether further evaluation and/or referrals to behavioral health services are needed, individualized case management, and referrals and linkages to appropriate community resources. Once a referral is made, the clinician follows up with the participant to ensure a linkage occurred. If linkages are not made, clinicians engage in discussions with the veteran about the appropriateness and desire for change.

Military status is a unique demographic relevant to this program, as the intended target population is military veterans, as well as active and reserve military service members. This program involves collaboration among County Behavioral Health Services, Veterans Service Office, Veterans Resource Centers, and local community colleges. Services are provided on campus to assist with the unique issues and challenges faced by veterans transitioning to civilian and student life, with the ultimate goal of helping them succeed at college by reducing their school failure or drop-out rates and by reintegrating them into the community and their families.

Strategies to Improve Access

In FY 15/16 the program made 167 referrals and 109 linkages to outside services. The vast majority of linkages were to food and nutrition services, veteran entitlement programs, employment services and behavioral health services.

College Veterans Services staff are currently placed at community college campuses to enhance access for this target population. This strategy increases the potential for veterans to receive services because there is far less stigma associated with school settings compared to mental health settings.

Prevention and Early Intervention (PEI)

Strategies for Non-Stigmatization and Non-Discrimination

The program strives to make services available to all Orange County residents and to provide services that are sensitive and responsive to participants' backgrounds. This program is staffed by military service members or veterans who can address the specific and unique needs of student veterans, including the stigma associated with seeking behavioral health services and how those services might impact Veterans Administration (VA) benefits or be reported to the VA.

Outcomes

During FY 15/16, 27 veterans were served by the program. To assess reduction in in prolonged suffering, participants' overall well-being was measured with the PROMIS® Global Health, a 10-item self-report measure of overall health and functioning. The PROMIS Global Health was introduced in FY 15/16 to replace the previous well-being measure. Due to data extraction issues, the data were not available for analysis at the time this plan was written and will be provided in future updates.

Community Impact

By collaborating with local colleges, this program is impacting the community through increased support for, and retention of, student veterans in higher education. In addition, College Veterans Program employees are both clinicians and military veterans. This allows the program to build a positive reputation in the community through "veterans helping veterans." One participant stated:

> *I am very appreciative of all the help [the clinician] has gotten for me. He was able to connect me with support services that help me with gas and food along with VSO [Veteran Services Organization] to help me get a disability rating.*

Changes/Challenges/Barriers

In FY 15/16, the College Veterans Program experienced challenges related to staff turnover. The program also had limited visibility because it has only one staff member. Despite these challenges, the program was able to assist student veteran participants assimilating into college life by providing supportive counseling, connections to resources and access to services. Because of these challenges and the desire to increase program impact, increased funding is being recommended so that this target population can be better served.

Violence Prevention Education

SB: Violence Prevention Education	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	12,300	12,300	12,300
Annual Budgeted Funds in	$1,075,651	$1,075,651	$1,075,651
Estimated Annual Cost Per Person in	$87	$87	$87

Program Description

The Violence Prevention Education (VPE) program's overarching goal is to reduce violence and its impact in schools, local neighborhoods and families. The target population is students, teachers and parents who are served through five program tracks.

- **Crisis Response Network –** The Crisis Response Network coordinates and manages a roster of trained crisis responders who are ready to mobilize and assist the school and community in times of emergency or need. The Crisis Response Network is a resource for schools and the community during situations that may be a threat and/or crisis to student(s).
- **Bullying –** This track provides education for students, staff, administrators and parents on bullying and cyber-bullying prevention. It is composed of two key components: (1) anti-bullying presentations conducted at multiple school sites in an effort to impact the overall school climate, and (2) a traditional classroom-based curriculum focused on combating cyber-bullying.
- **Conflict Resolution –** The Conflict Resolution track supports students and parents by providing training and skill-building activities that target the development of conflict resolution and peer mediation skills.
- **Media Literacy –** The Media Literacy track provides training and support for students, parents and school staff in an effort to reduce students' use of digital media in digital harassment, cyber-bullying, bullying and exploitation.
- **Safe from the Start –** Safe from the Start provides parents with essential knowledge regarding the brain development of young children. More specifically, this track disseminates scientific research on how children's exposure to violence – whether through direct physical contact or as a witness – can impact their neurological development which may then, in turn, compromise their cognitive, social and emotional development.

The tracks use several evidence-based and practice-based standards specifically geared toward each service provided. These include Crisis Incident Stress Management, "ONE" Bullying, Conflict Resolution, Safe from the Start, PAL and Common Sense Parenting. As many of these practices are program-specific curriculums, fidelity to the model is maintained by providing staff and refresher trainings to ensure appropriate implementation.

Prevention and Early Intervention (PEI)

Strategies to Improve Access

The Violence Prevention Education program improves access by providing services directly on school sites. Student presentations and campaigns generally target the entire student body and provide a comprehensive approach to bullying or conflict resolution. In addition, Crisis Response activities provide individual and group interventions at school sites that are impacted by crisis. This approach allows for all students in need of assistance to be served in a uniform manner based on the topic at hand. VPE has also introduced crisis dogs to the Crisis Response Network. The dogs have been able to assist students by reducing stress and tension associated with trauma and providing emotional support.

The school-based approach offers inclusion of all students, including those who may not be able to be reached outside of the school site. Safe from the Start also provides services at non-traditional sites such as domestic violence shelters and alternative living sites, which expands access to families outside of the traditional school setting.

Strategies for Non-Stigmatization and Non-Discrimination

The VPE program strives to make services available to all Orange County residents and to provide services that are sensitive and responsive to participants' backgrounds. Services are linguistically and culturally appropriate and are open to all Orange County residents. The Safe from the Start track also provides material in multiple threshold languages to disseminate information on how exposure to violence impacts brain development.

The program utilizes trained professionals, school staff and peers to facilitate participant engagement. This approach utilizes various methodologies of service delivery to maximize the program's reach to different populations.

Outcomes

A total of 27,314 children and 5,063 adults were served across all program tracks during FY 15/16. The goal of the program is to prevent violence among youth and reduce negative outcomes by increasing knowledge and adaptive skills related to conflict resolution and violence and bullying prevention. Program effectiveness was evaluated through a number of different surveys administered at the end of each training. The surveys were content specific and asked to what extent the trainings had improved the participants' knowledge base.

Crisis Response Network (CRN) / Bullying / Conflict Resolution-Student Ambassadors: At the conclusion of trainings from these three tracks, students rated how much they intended to implement a range of adaptive behaviors aimed at reducing the negative effects of grief, cyberbullying or bullying. During FY 15/16, the vast majority of students indicated that they "Strongly Agreed" or "Agreed" with various statements reflecting their commitment to engage in the healthy behaviors promoted during the training, as can be seen in the tables below.

CRN: Grief & Coping Presentation – FY 15/16

"After today's presentation, I will try to do the following:"	Strongly Agree/ Agree
"Get help for a friend in need" (n=183)	97%
"Recognize the risk factors and warning signs of youth suicide" (n=183)	94%
"Reduce stress (remain calm, take deep breaths, rest/ relax, remember the positive, etc." (n=184)	93%
"Practice healthy behaviors (get enough sleep, eat healthy, drink enough water, take walks, etc." (n=185)	92%
"Identify a trusted adult I could talk to when I need help" (n=189)	91%

CRN: Cyberdanger/Cyberbullying – FY 15/16

"After today's presentation, I will try to do the following:"	Strongly Agree/ Agree
"Talk with my parents and teachers about how to safely use technology" (n=263)	85%
"Use strong privacy settings in social media sites/apps" (n-262)	95%
"Block a cyberbully" (n=263)	95%
"Avoid responding to or seeking revenge on cyberbullies" (n=263)	88%
"Copy/save evidence and report incidents of cyberbullying or offensive postings" (n=262)	93%

Bullying: "I've Got Your Back" – FY 15/16 Student Ambassador Survey

"Because of the training, I will try to do the following in a conflict situation:"	Strongly Agree/ Agree
"This program increased my knowledge about bullying." (n=181)	99%
"This program taught me how to be an ambassador of change on my campus." (n=182)	100%
"I won't be a bystander the next time I witness bullying." (n=182)	96%
"This program has helped me feel empowered to support students dealing with bullying." (n=182)	99%
"There are bullying problems/issues on my campus." (n=181)	92%

Conflict Resolution – FY 15/16

"Because of the training, I will try to do the following in a conflict situation:"	Strongly Agree/ Agree
"Work to identify a win-win solution." (n=376)	97%
"Use an 'I' message rather than a 'You' message." (n=375)	90%
"Tell the person how I feel." (n=375)	90%
"Identify how I'm feeling (happy, mad, scared, sad)." (n=379)	95%
"Be assertive (like an eagle)." (n=379)	97%

Safe from the Start: Parents in the Safe from the Start track rated their confidence in their parenting strategies on a 4-point scale after receiving the training. During FY 15/16, the majority of parents indicated that they "Strongly Agreed" or "Agreed" with various statements reflecting their confidence in parenting as can be seen in the table below.

Safe from The Start – FY 15/16

"How would you rate your confidence in:"	Strongly Agree/ Agree
"Bonding with your child(ren)" (n=607)	96%
"Managing your anger in a positive way." (n=607)	91%
"Helping your young child(ren) calm down." (n=599)	94%
"Communicating with your young child(ren)." (n=602)	95%
"Setting healthy limits for your young child(ren)." (n=594)	94%
"Appropriately dealing with a stressful situation." (n=598)	90%

Media Literacy: As part of this track, parents rated their likelihood of using the knowledge and skills learned at the training to protect their children, especially as it relates to social media. The survey responses from FY 15/16 showed that the majority of parent participants were confident in their ability to take steps aimed at decreasing their children's risk for digital harassment, bullying, and exploitation (see table below).

Media Literacy – FY 15/16

"After the training, how would you rate your confidence to:"	Strongly Agree/ Agree
"Lock the Wi-Fi settings at home." (n=227)	91%
"Watch my child for suspicious behavior (being protective of their phone/privacy, switching screens when I enter the room, late texts/calls, frequency erasing their history, etc." (n=234)	94%
"Know which apps my child has on their phone or device (iPad, iPod, etc.) and what they are used for." (n=234)	97%
"Know who are my child's phone and online contacts." (n=231)	96%
"Keep the computer and webcam in an area that is easy for me to monitor or view." (n=227)	97%
"Talk to my child about the dangers of online chat rooms, popular apps used to meet people, etc." (n=232)	98%
"Check on what kinds of pictures and videos are on my child's phone or device (iPad, iPod, etc.). (n=231)	98%
"Know my child's login and password information for their social media account(s)." (n=233)	98%

Overall, the findings across each of these tracks indicate that the psychoeducational services provided in VPE are helpful in increasing awareness of adaptive behaviors that help mitigate the effects of exposure to violence and/or bullying.

Prevention and Early Intervention (PEI)

Community Impact

Overall, VPE's goal is to reduce violence and its impact in schools, local neighborhoods and families. Services are open and available to all schools/districts in Orange County, which includes non-traditional school sites, charter and access schools, after-school programs and private schools. The program has had a strong impact on the local neighborhoods by increasing awareness about the risks posed by violence and bullying, providing support in times of crisis, and creating educational opportunities for students, staff, parents and the community.

Changes/Challenges/Barriers

The program has faced challenges associated with the coordination of school-based services. For example, changes in the school environment such as common core implementation, impacted class schedules and changing school calendars often resulted in the need to modify, delay or reschedule services.

The program has found the need to adjust service delivery by focusing on new or modified curricula and approaches that serve students and parents in a larger group setting. This has resulted in trainings that are often held in one assembly presentation rather than multiple classroom sessions in an effort to meet the changing needs of participating schools and districts.

Prevention and Early Intervention (PEI)

Gang Prevention Services

SB: Gang Prevention Services	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	400*	400*	400*
Annual Budgeted Funds in	$253,100	$253,100	$253,100
Estimated Annual Cost Per Person in	$633	$633	$633

**Estimated parents served each FY is 400; number above represents only children served*

Program Description

Gang Prevention Services provides case management services in schools across Orange County through a collaboration with the Gang Reduction Intervention Partnership (GRIP). GRIP, which is operated by the Probation Department, provides services to 4th through 8th grade youth who display signs of being at risk for gang activity. Schools selected for service include sites with high levels of truancy, discipline issues and gang proximity. Youth in GRIP who receive additional case management services are enrolled based on individual rates of truancy, disciplinary issues and poor academic performance relative to other students at the same school site.

Strategies to Improve Access

This program improves access by providing services directly to at-risk students and their families. This approach allows for all students in need of assistance to be identified and served in case management services. Educational opportunities are also available to parents and school staff.

The program has bilingual staff who are able to provide services in English and Spanish to improve access. GRIP case management also improves access by targeting schools with a high level of truancy, discipline issues and gang proximity. The school-based approach is able to serve those students who otherwise may be unreachable outside of the school setting. Wrap-around activities such as soccer camps, homework clubs and incentive events encourage and motivate youth to reach their case management goals.

Strategies for Non-Stigmatization and Non-Discrimination

The program strives to provide services that are sensitive and responsive to participants' backgrounds. Program services are linguistically and culturally appropriate and are open to all Orange County residents. The program utilizes trained professionals, school-staff, law-enforcement and even local celebrities to ensure that participants are engaged with service activities. Many activities include local law enforcement presence or participation, encouraging parents and students to see them as part of a supportive community and in a more positive light. The program also focuses on being inclusive of all high risk youth regardless of their familial affiliations to gang activity or behavior.

Prevention and Early Intervention (PEI)

Outcomes

During FY 15/16, 453 children and 453 adults were served by the GRIP program. To measure the program's effectiveness in promoting resilience, participants completed the ResQ, which is a 16-item measure developed by HCA for children/youth and is used to assess youth self-efficacy and peer and family support. Total Scores are categorized into low resilience vs high resilience, with the latter reflecting the presence of healthy coping skills and protective factors. GRIP participants completed the ResQ at intake (baseline) and program exit, and the percentage of students reporting high resilience at these two time points was compared.

Results showed that, of the 419 students who completed both measures, 390 (93%) reported high levels of resilience at program exit. This is compared to 323 (82%) who reported high resilience upon entry into the program. Thus, the program appeared to be effective at sustaining and/or promoting resilience among at-risk students.

Community Impact

The GRIP program has been effective in providing case management services to youth in Orange County. This program encourages youth to avoid high-risk behavior and be more involved in positive decision-making via case management goals. The program also provides wrap-around curfew and truancy sweeps which get youth off the streets and back into the classroom. The Californian State Association of Counties (CSAC), which highlights effective and innovative prevention and intervention programs across California, selected GRIP for this honor. The program also has strengthened relationships with the community by partnering with organizations and businesses as incentives for youth who achieve their goals.

Changes/Challenges/Barriers

In the GRIP program, case managers are constantly encouraging parents to engage with their child by facilitating the establishment of positive social support networks. This is accomplished by creating an open environment with other parents, the school and local law enforcement. The program assists with this coordination by offering parents opportunities to be involved as greeters at their child's school and by encouraging an environment of rapport building with law enforcement. This is an innovative strategy as many communities are often intimidated by law enforcement officials. Youth and their families also meet regularly with case managers to resolve and overcome challenges related to truancy or other school-related behavioral issues in an effort to deter future gang involvement.

School-Based Stress Management Services

SB: School-Based Stress Management Services	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	3,500	3,500	3,500
Annual Budgeted Funds in	$155,000	$155,000	$155,000
Estimated Annual Cost Per Person in	$44	$44	$44

Program Description

School-Based Stress Management Services (SBSMS) trains K-12 teachers to integrate stress-management, self-management and self-awareness strategies in their classrooms to support students' well-being, academic performance and socioemotional growth. Studies have consistently demonstrated a link between stress management and self-awareness practices and improvement in children's well-being and behavior. Through SBSMS, teachers incorporate a variety of resilience, stress management and self-awareness skills including breathing, cognitive reframing and other relaxation practices within the classroom. Through the training, teachers are also taught to recognize the signs and symptoms of stress and its impact on the mind, body, learning and socioemotional development. Teachers use a "tool-box" approach in utilizing the curricula where they can select from a variety of age-appropriate and culturally sensitive strategies.

The program launched its fall Cohort in early October 2016. The program strives to reduce the risk of mental illness resulting from unhealthy coping strategies among youth by building protective factors.

Strategies to Improve Access

Once fully implemented, the program will train 70 teachers each year to implement stress-management, self-management, and self-awareness strategies across schools in Orange County. Implementing the program directly in classrooms enhances the ability of the program to provide access to as many Orange County students as possible, and alleviates any barriers related to transportation. The program also includes a component where a staff member observes teachers implementing the various mindfulness techniques in the classroom setting, and then follows-up with a debriefing session. This provides teachers the ability to adjust their technique based on the feedback provided. The program provides services to both elementary and secondary teachers and is cognizant of the needs of secondary teachers who are often particularly limited by time constraints.

Prevention and Early Intervention (PEI)

Strategies for Non-Stigmatization and Non-Discrimination

The program strives to make services available to students and teachers in participating schools and to provide services that are sensitive and responsive to participants' backgrounds. The program also specifically trains teachers to use practices that incorporate culturally sensitive considerations so that the program is inclusive for students from diverse backgrounds.

Outcomes

The program was not implemented until Fall 2016. Thus, FY 15/16 outcomes are not available.

Community Impact

Community impact is yet to be determined as implementation has just begun. Initial feedback has been very positive and prior research indicates that the impact of mindfulness techniques on teachers and students can impact classroom and school beyond those that are directly involved.

Changes/Challenges/Barriers

Challenges associated with the program have been in coordinating expectation with school sites and teachers. Due to the nature of the school-based setting, time constraints often impact ideal conditions for implementation. Secondary teachers, in particular, have time demands related to school curriculum and standards that may impact the ability to implement the techniques in the desired manner.

Prevention and Early Intervention (PEI)

System Enhancements

Information and Referral / OCLinks

SE: Information and Referral / OCLinks	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	10,500	10,500	10,500
Annual Budgeted Funds in	$1,000,000	$1,000,000	$1,000,000
Estimated Annual Cost Per Person in	$95	$95	$95

Program Description

OCLinks, the Behavioral Health Services (BHS) Information and Referral Line, provides telephone and internet chat-based support for anyone seeking information or linkage to any of the Health Care Agency's Behavioral Health Services. It serves as a single access point for any community member seeking behavioral health services through the County of Orange's Health Care Agency (HCA)/BHS department. Comprehensive BHS services include children and adult mental health, alcohol and drug inpatient and outpatient, crisis, and prevention and early intervention services. Callers can be potential participants, family members, friends of anyone seeking resources, or providers seeking information about BHS programs and services.

Trained Navigators provide screening and assessment, information, and referral and linkage directly to the programs within the Behavioral Health Continuum of Care that best meet the needs of callers. Because the Navigators are clinicians, they are able to work with callers experiencing the full continuum of behavioral health conditions.

OCLinks also has a clinician placed at the Crisis Stabilization Unit (CSU) in Santa Ana. This clinician is able to assess and make referrals/linkages to individuals and their families either in person or by telephone. By providing individuals and families immediate access to an OCLinks clinician, the CSU is able to assist individuals and families in connecting with ongoing services after their initial mental health crisis.

Numbers Served by Age Groups

OCLinks had its three-year anniversary in October 2016. In FY 15/16, 14,768 callers were served by the program (64% of callers were female, 36% were male; <1% were age 17 or younger, 11% age 18-25 years old, 28% age 26-39 years old, 34% age 40-59 years old, 10% age 60+ years old, 17% declined to state; 91%; of calls were conducted in English, 7% in Spanish, 1% in Vietnamese, and <1% in other languages; 43% of callers were White, 30% Hispanic/Latino, 6% Asian/Pacific Islander, 3% African American, 1.5% Middle Eastern, .5% American Indian/Alaska Native, and 16% declined to state).

Prevention and Early Intervention (PEI)

Strategies to Improve Access

OCLinks is a toll-free phone number (855-OC-Links) where callers can reach navigation staff between the hours of 8 a.m. and 6 p.m., Monday through Friday. Navigators make every attempt to link callers directly to services while they are still on the line. Once the caller is linked to their identified service, the Navigator offers a follow up call within the next 1-2 days to ensure the linkage has occurred. In addition, using the OCLinks web page at www.ochealthinfo.com/oclinks, individuals can communicate with a Behavioral Health Navigator through a Live Chat option during operating hours and/or access information about resources anytime. In FY 15/16, the program made 14,616 referrals to BHS programs and services.

Various advertising strategies, in multiple languages, have been used to increase the public's awareness of OCLinks as a resource and point of access into behavioral health services. Currently the program has OCLinks information and its phone number displayed on rotation every day at the Civic Center Plaza message board. OCLinks has had advertising on Public Access Cable Television Community Resource displays as well.

OCLinks also has a presence on social media and the internet. Advertising has been posted on Facebook and Twitter, with the OCLinks website address directing people back to the OCLinks web page where they can obtain information and connect to Live Chat with the Navigators.

Finally, outreach includes distribution of OCLinks information cards in English, Spanish, Vietnamese, and Farsi at schools, colleges, community organizations, businesses, court houses, libraries, resource fairs and many other locations throughout the entire county. OCLinks Information was also made available in Korean and Arabic as of December 2016. In addition, a program representative goes out weekly to local businesses and non-profits to introduce OCLinks and offer information cards.

Strategies for Non-Stigmatization and Non-Discrimination

The program strives to make services available to all Orange County residents and provide services that are sensitive and responsive to participants' backgrounds. OCLinks includes a Telecommunications Device for the Deaf (TDD) number (714-834-2332) for hearing impaired callers. In order to better serve the needs of monolingual Orange County residents, the program has Navigators who speak Spanish, Vietnamese and Farsi. The program also has access to a language line translation service to serve the language needs of any caller. Over the last three years, more than 240 community presentations on OCLinks and the Behavioral Health Continuum of Care have been completed. These presentations focus on the importance of stigma reduction and access to behavioral health services for all members of the Orange County community. Delivering services in multiple languages that are provided by bilingual/bicultural Navigators is a positive strategy for non-stigmatization and non-discrimination.

Prevention and Early Intervention (PEI)

Outcomes

A total of 14,768 callers were served by OCLinks in FY 15/16. Utilization of OCLinks continues to grow annually, as evidenced by an increase in monthly calls from an average of 1,023 per month in 2015 to an average of 1,230 calls per month in 2016. Among the callers who answered three questions regarding their satisfaction with OCLinks, an overwhelming majority agreed with each of the following statements:

- 97% agreed with "You would recommend OCLinks to a friend or someone you know"
- 97% agreed with "During this call/chat you received the help you needed"
- 95% agreed with "You will use what you learned during this call/chat to access community resources that are available to you."

Community Impact

To make the public aware of the OCLinks programs, there have been many presentations and trainings at various community sites. In FY 15/16, 119 presentations and trainings were provided throughout the county at locations such as community organizations, hospitals, police departments, family resource centers and colleges. OCLinks also participated in 89 events in the community.

Participants have expressed the impact that the program has had on their lives. Below are a few excerpts of direct quotes from participants:

> *A caller had been stressed because she did not know how to help her daughter who had been sexually assaulted. The caller was linked to services and the Navigator followed up a few days later. The caller stated that she had made an appointment for her daughter to receive services. The caller was grateful and shared, "Thank you for your help and following up. You helped me at a time when I really needed somebody."*

> *An elderly caller who recently received custody of her three grandchildren, had developed health problems, and didn't know how to deal with one of her grandchildren's anger and defiant behavior. The caller was linked to parenting and counseling resources for her grandchild. Upon follow-up, the caller happily reported she was signed up for her 1st parenting class and her grandchild had their first counseling appointment. The caller was thankful and expressed, "you have no idea how much I needed your help, I don't know what I would have done had I not found you."*

Prevention and Early Intervention (PEI)

Changes/Challenges/Barriers

Making the community aware of OCLinks and the services available through the county is a constant challenge that must continually be addressed. Although many organizations are aware of OCLinks, there is still more work needed. In order to better educate the public about OCLinks on a continual basis, a short video about OCLinks was created and placed on the HCA website.

Training, Assessment and Coordination Services

SE: Training, Assessment and Coordination Services	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	N/A	N/A	N/A
Annual Budgeted Funds in	$708,610	$708,610	$708,610
Estimated Annual Cost Per Person in	N/A	N/A	N/A

Program Description

The Training, Assessment, and Coordination Services program serves the PEI priority populations, their family members, and any community member working with these priority populations, including first responders, probation officers and teachers. The PEI priority populations include trauma-exposed individuals, individuals experiencing onset of serious mental illness, underserved cultural populations, and children and youth in stressed families who are at risk of school failure and/or juvenile justice involvement. The program's primary goal is to provide a variety of relevant behavioral health related trainings and supports to better understand, identify and address the potential mental health needs of the PEI priority populations and to help these populations access and utilize local community mental health resources. Included in the program are trainings and incident responses provided by the Behavioral Health Services Disaster Response Team.

Strategies to Improve Access

A needs assessment was completed to assess the County's training needs and this process involved representation from all the PEI priority populations including family members and providers working with these populations. Some of the initial needs and strategies identified included providing more training in southern regions of Orange County; trainings in Vietnamese, Korean and Farsi; and the need for on-going technical assistance after an initial training to reinforce learning. In addition, the increased need for culturally nuanced mental health awareness training, coupled with information for accessing services, was identified as a priority.

Strategies for Non-Stigmatization and Non-Discrimination

The program strives to make services available to all Orange County residents and to provide services that are sensitive and responsive to participants' backgrounds. The trainings to be provided will specifically address non-stigmatization and non-discrimination toward those living with mental illness and those seeking services. This was also an area of concern identified in the needs assessment.

Prevention and Early Intervention (PEI)

Outcomes

The findings from the PEI Training Needs Assessment are in the process of being implemented. New training components are being incorporated into existing PEI programs and have been built into new contract solicitations/Request for Proposals. In addition, other trainings will be contracted out beginning in FY 17/18.

Community Impact

In FY 15/16, 111 individuals in the program were provided with one or more behavioral health responses, including Psychological First Aid (PFA), Critical Incident Stress Management (CISM) group debriefings, CISM one-on-one debriefings, grief-related education and self-care education. In addition, approximately 245 individuals – including mental health professionals, afterschool providers and school nurses – received trainings on the behavioral health responses taught by the program.

Changes/Challenges/Barriers

To get these training services out in the community in a timely manner, a variety of strategies are being utilized. They include building training components into existing programs and/or contracting out new services.

Training in Physical Fitness and Nutrition

SE: Training for Physical Fitness	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	175	175	175
Annual Budgeted Funds in	$15,000	$15,000	$15,000
Estimated Annual Cost Per Person in	$86	$86	$86

Program Description

The Goodwill Fitness Center is a 12,000-square-foot facility specifically designed for people living with physical disabilities or chronic illness. The Fitness Center offers accessible exercise equipment, knowledgeable and trained staff, a personalized fitness program, as well as group support and nutrition education classes. This service is available to individuals receiving Behavioral Health Services and serves as a supplemental service to those participants enrolled in other programs.

Strategies to Improve Access

By providing gym memberships at no cost, the service allows individuals with limited income to meet their physical fitness and mental health goals that may be set in their care, service or wellness plan.

Strategies for Non-Stigmatization and Non-Discrimination

BHS strives to make services available to all Orange County residents and provides services that are sensitive and responsive to participants' backgrounds.

Outcomes

During FY 15/16, 80 individuals participated in the program.

Prevention and Early Intervention (PEI)

Community Impact

This supportive service allows adults receiving behavioral health services to meet the physical fitness goals developed in their care, service or wellness plans.

Case managers have expressed their satisfaction with the impact the program has had on their client's lives. Below is an excerpt of a direct quote from a case manager:

> *The initial benefit in participating at the gym is increased self-esteem. I personally have seen members who exercise at the Goodwill Fitness Center go from shy and introverted individuals to initiating conversations about health, fitness, and wellness. Participation at the gym gives individuals a foundation from which to share their experience and personal recovery. Further, it improves cardiovascular fitness, strength, and physical stamina. Members self-report feeling better, stronger, thinking more clearly, and being more alert. Finally, the members who attend the group regularly, support and encourage others in their efforts to recover from mental illness and initiate a work-out routine.*

Changes/Challenges/Barriers

The main challenge and barrier for participants is transportation to the gym. To mitigate this barrier, some county behavioral health providers offer transportation assistance to the facility.

Mental Health Community Educational Events

SE: Mental Health Community Education Events	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	N/A	N/A	N/A
Annual Budgeted Funds in	$214,333	$214,333	$214,333
Estimated Annual Cost Per Person in	N/A	N/A	N/A

Program Description

The Mental Health Community Educational Events program, formerly known as Community-Based Stigma Reduction Art Event Services, provides educational and artistic events that educate the public about mental illness, available mental health resources, and stigma related to mental illness. These events also support self-confidence and hope in people living with mental illness and their family members. The program educates the general public about the abilities and experiences of those living with a behavioral health issue. Events include art workshops and exhibits, multi-cultural musical and dance performances, and other stigma-reducing activities. These events provide consistent messages aimed at ending the silence of mental illness. Periodically a Request for Application (RFA) is released to the community for a limited amount of time inviting qualified individuals and organizations to submit proposals to provide these events.

Strategies to Improve Access

The program is designed to be inclusive of those living with mental illness, as well as those who have loved ones living with mental illness. Events are located in areas specific to the demographics of target populations where stigma is particularly prevalent. Community partners who specialize in working with key cultural populations are involved in this process to improve access. The setting of the stigma reduction art events allows individuals to experience the activities within their local communities. By hosting local activities, the program also provides an opportunity for local partner agencies that provide support and resources to interact with local residents living with mental illness.

Strategies for Non-Stigmatization and Non-Discrimination

The program strives to make services available to all Orange County residents and provide services that are sensitive and responsive to participants' backgrounds. One of the many strategies used is having participants learn how to express their thoughts and feelings around the stigma of mental illness by using visual arts. The participants' artwork is then displayed at a community-based location and is open to the public. These displays attempt to educate the community and help dispel the negative perception associated with living with mental illness. This strategy is employed because art is one of the few forms that is capable of transcending multiple groups of people regardless of status, ethnicity, culture or mental illness. When art can be appreciated, it opens the door to acceptance. Creating and appreciating artwork also builds self-esteem and allows people living with mental illness to define themselves by their abilities rather than their disabilities.

Prevention and Early Intervention (PEI)

Outcomes

During FY 15/16, 200 participants were served through a project titled "No Stigma" which hosted three art events across Orange County and one art display.

Community Impact

Community impact was limited due to challenges in implementing the Mental Health Community Educational Events in FY 15/16. Activities are currently being planned and implemented, and the impact of these activities for FY 16/17 will be reported in next year's update.

Changes/Challenges/Barriers

In FY 15/16, the challenges encountered by the Mental Health Community Educational Events program were primarily related to logistics and coordination. Although there was a great deal of initial interest from many providers, only a few proposals were submitted for consideration and, of these, some did not meet the minimum requirements for implementation. One provider successfully contracted with HCA, however these services were terminated prematurely with a mutual understanding due to difficulties with coordination and marketing of services. Stigma projects are inherently creative in nature but also require great attention to planning and detail in order to be implemented successfully. Many providers underestimate this aspect of the services and, while they may have wonderfully creative ideas, they are often unable to project or plan for challenges in marketing, recruiting and engaging participants. Providers are also excited to conduct events or activities at schools or universities, but come to find that these venues are difficult to provide outreach to and have specific coordination requirements, timelines, or insurance responsibilities that the providers are unable to meet.

Prevention and Early Intervention (PEI)

Statewide Projects

SE: Statewide Projects	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in*	35,946	35,946	35,946
Annual Budgeted Funds in	$900,000	$900,000	$900,000
Estimated Annual Cost Per Person in	$25	$25	$25

**Estimated number to be served in FYs17-20 is subject to change*

Program Description

Statewide Projects serves the Orange County community at large. Activities include Suicide Prevention, Stigma and Discrimination Reduction, and Student Mental Health initiatives. Suicide Prevention activities include social marketing and training to support helpers and gatekeepers identify and respond to suicide risk, and to work with local suicide prevention partners to respond to individuals in crisis through hotlines. Stigma and Discrimination Reduction activities include implementation of best practices to support help-seeking behavior, build knowledge and change attitudes through the development of policies, protocols, and procedures; informational/online resources; training and educational programs; and media and social marketing campaigns, including cultural adaptations to engage and inform underserved racial and ethnic communities. Student Mental Health activities include partnerships from kindergarten through higher education to change school climate and campus environments by promoting mental health, engaging peers, and providing technical assistance and social media campaigns to support efforts, increase awareness and engage community locally.

Strategies to Improve Access

The program uses state- and county-wide social marketing campaigns/websites to educate the public about mental illness and increase access to mental health services. For example, an Each Mind Matters Mental Health Awareness Week in January 2016, as well as a month-long Mental Health Awareness Campaign, was organized at the local level to initiate conversations about the stigma surrounding mental health conditions, engage youth in stigma reduction and art activities, provide resources and wellness tips, create awareness for community members, and support strategies to link individuals to services. Utilizing strong local collaborations, the campaign included the distribution of over 60,000 green ribbons and wristbands throughout Orange County. An Orange County calendar was also created highlighting community partners' mental health activities. In addition, the Statewide projects supported the Orange County community by funding mini grants for creating new outreach materials and social marketing campaigns for diverse audiences, such as local participating charter schools, the LGBT Center of Orange County, the American Association of Marriage and Family Therapists of California, Viet-CARE California, and The Wall Las Memorias Mental Health Advocacy Program.

Strategies for Non-Stigmatization and Non-Discrimination

The program utilizes a campaign/website known as Each Mind Matters (www.eachmindmatters.org) to educate the general community about the stigma related to mental health and to create a forum making it safe to reach out for help. The campaign is also in Spanish (i.e., "Sana Mente").

In addition, programs were developed to reduce stigma associated with mental illness specifically among high school and college students, thereby changing the school climate. The first was called "Walk in our Shoes," which was a play designed to reduce stigma surrounding mental illness and dispel myths, and provided the opportunity to discuss mental health challenges in an open and honest format. "Walk in our Shoes" collaborated with Orange County schools and partners to provide presentations throughout the county. Another program, "Directing Change," was a video competition among high school and college students that focused on reducing stigma and promoting suicide prevention. Youth learned about suicide prevention and mental health and then created public service announcements that were used to further educate the community. Orange County schools participated in the competition with numerous submissions and three winning entries.

The Statewide Projects also reached several local agencies, including schools and organizations, by providing outreach materials, training and technical assistance regarding stigma reduction and suicide prevention. These included two NAMI Mental Health 101 trainings for diverse communities, 39 NAMI "End the Silence" trainings at various participating high schools in Orange County, Online Kognito mental health and suicide prevention trainings at seven community colleges, and student-specific outreach provided by Active Minds, which provided training, capacity building and educational programming such as "Send Silence Packing" at eight different college campuses.

Outcomes

RAND Corporation evaluated the Walk in our Shoes program (www.walkinourshoes.org) and found that there was a significant increase in five key knowledge items about mental health and wellness. Participants also expressed that they would provide emotional support to a friend with mental health problems. Additionally, 87% of students who were involved with Directing Change Student Video Contest (www.directingchange.org) increased their understanding of the importance of standing up for someone living with mental illness.

Prevention and Early Intervention (PEI)

Community Impact

Within the last fiscal year, a total of 36,153 Each Mind Matters materials were disseminated throughout the county. Each Mind Matters also reached 2,562 students from nine different schools with the Walk in our Shoes program. The Directing Change program received a total of 451 submissions with 31 film submissions from Orange County. Three Orange County films were judged and highlighted as winners of the Directing Change program in the categories of "Mental Health Matters" and "Suicide Prevention."

Participants have also expressed the impact that the program has had on their lives. Below is an excerpt from a direct quote provided by a teacher:

> *I love having my students participate in the Directing Change competition year after year because I've seen what a tremendous impact it has had on them. In order to create a thought-provoking and sensitive public service announcement, they have to do a lot of research about the topic. Trying to tackle these sensitive and complex issues via the medium of film is tricky and when they are done with their projects, they've learned so much about the important issues of mental health and suicide and demonstrated that knowledge through the creative process of filmmaking. The information they learn for research and the production of the film combine to make the students extremely literate in these issues, which they are facing or will certainly face throughout their lives. The simple act of making a sensitive and thought provoking film about how to approach a friend who is showing symptoms of suicidal thinking or ending the stigma of mental illness is something they will keep with them for the rest of their lives and empowers them to know what resources are available and how to approach their peers when they recognize the signs.*

For higher education, the program is supporting and promoting Active Minds on college campuses. These are student-led mental health chapters that are currently on eight OC college campuses and engage in capacity building, training, educational programming such as send Silence Packing, and local community engagement with student-led programs and campus outreach.

In addition, seven community colleges in Orange County participated in online Kognito mental health and suicide prevention trainings, resulting in a total of 2,636 faculty, staff and students trained. In collaboration with several agencies, the California Community Colleges Student Mental Health Program developed a Monterey County Profile interactive document to provide the local community colleges with a snapshot of prevention and intervention resources in several counties including Orange County.

Changes/Challenges/Barriers

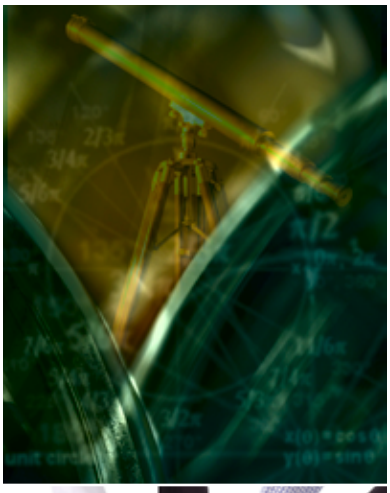
The program faced challenges in reaching the broader Orange County community due to limited resources. To mitigate these challenges and to reach a larger geographic area, the program collaborated with community partners to build a network and expand the program's reach in Orange County, particularly during Mental Health Awareness month in May. County staff, community partners, local advocates and those with lived experience came together to participate in the Each Mind Matters Mental Health Movement campaign to increase awareness about mental health in Orange County. More than 60,580 lime green ribbons and 67,530 lime green wristbands were distributed throughout the County. The ribbons and wristbands helped start conversations about mental health, engaged youth in stigma reduction and art activities, promoted presentations and workshops on mental health related topics, and created awareness for community members in need to link to supportive services.

One young boy who engaged in services at the Health Care Agency's Children and Youth Behavioral Health Clinic in North Orange County, said that he had not taken off his green bracelet because "it felt good to say what it meant." Another adult client from the same clinic said "I like this green thing. It makes it so that anxiety is not a bad word."

Throughout the County, various mental health awareness activities were hosted by community partners. Some of these included art and craft displays, workshops and presentations in schools, shelters, family resource centers, parks, older adult community centers, wellness centers, residential treatment and recovery homes. Other events included a Mental Health in the Muslim Community event hosted by NAMI Orange County, a mental health wellness and stigma reduction event at the Santiago de Compostela church, a stress reduction day involving service dogs at Santiago College, a Reclaim Mental Health Conference at UCI, Directing Change films by OC Youth Award Ceremony, Stomp Out Stigma Art Fairs, and Mental Health Wellness weekly Walks conducted in collaboration with Cigna and Public Health.

Innovation (INN)

Innovation (INN)



Component Information

Innovation (INN) projects are pilot projects that primarily focus on contributions to learning rather than service delivery. By providing the opportunity to "try out" new approaches that can inform current and future practices/approaches in communities, an INN project contributes to learning in one or more of the following ways:

1. Introduce a mental health practice or approach that is new to the overall mental health system, including, but not limited to, prevention and early intervention;
2. Make a change to an existing practice in the field of mental health, including, but not limited to, application to a different population; and/or
3. Apply to the mental health system a promising community-driven practice or approach that has been successful in non-mental health contexts or settings

In addition to contributing to learning, an INN project must serve one or more of the following purposes:

1. Increase access to underserved groups,
2. Increase the quality of mental health services, including measurable outcomes,
3. Promote interagency and community collaboration related to mental health services or supports or outcomes, and/or
4. Increase access to mental health services

Lastly, INN projects must include five components consistent with the General Standards set forth in Title 9 of the California Code of Regulation (CCR), section 3320:

1. Community Collaboration
2. Cultural Competence
3. Client and Family-driven Mental Health System
4. Wellness, Recovery and Resilience Focused
5. Integrated Service Experience

Development of INN projects involves an extensive Community Planning Process to solicit innovative project ideas from stakeholders. Once project ideas are developed, Health Care Agency (HCA) INN administrative staff engages in ongoing discussions with the Mental Health Services Oversight and Accountability Commission (MHSOAC) to approve project proposals.

Innovation (INN)

MHSA funding for an INN project is time-limited to a maximum of five years, after which the continuation of the project will depend on various factors including outcomes, stakeholder recommendation and the identification of an alternative source of funding. If an alternative source of funding is not identified, the final year of services will focus on the referral, linkage and/or transfer of all active participants to comparable services to maintain best practice and continuity of care. Upon completion of each project, a thorough evaluation is conducted and the results are presented to the Orange County MHSA Steering Committee, as well as to the MHSOAC.

Innovation Projects Overview

Group 1 INN included nine projects that shared a common theme: the involvement of individuals living with mental illness and family members (i.e., peer specialists) to provide services and/or direct project activities. Group 1 projects were implemented at different times beginning in FY 11/12. In December 2014, all projects were presented to the MHSA Steering Committee for the purpose of reporting outcomes and determining which projects would be sustained with funding from other MHSA components. The Steering Committee concurred with HCA's recommendation to continue four projects: Volunteer to Work through Community Services and Supports (CSS) funding beginning in July 2015; OC4Vets through Prevention and Early Intervention (PEI) funding beginning October 2015; Integrated Community Services through CSS funding beginning February 2016; and OC ACCEPT through PEI funding beginning in February 2016. The remaining Group 1 projects ended services on December 31, 2015. The INN staff has analyzed the data for all Group 1 projects and will submit the final report to the MHSOAC during FY 16/17.

Group 2 INN projects were approved by the MHSOAC on April 24, 2014. These projects were:

1. Step Forward Program: Collaborative Courts On-site Engagement (formerly On-site Engagement in Collaborative Courts)
2. Religious Leaders Behavioral Health Training Services
3. Access to Mobile Cellular/Internet Devices for Improving Quality of Life
4. Strong Families-Strong Children: Behavioral Health Services for Military Families
5. Behavioral Health Services for Independent Living

The Step Forward Program, Religious Leaders Behavioral Health Training Services, and Behavioral Health Services for Military Families projects were implemented during FY 15/16. The Behavioral Health Services for Independent Living project will be implemented in FY 17/18. Despite diligent efforts to implement the 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, it was determined that the project will not be pursued further.

Innovation (INN)

Group 3 INN project ideas were developed through a robust Community Planning process during FY 15/16. Technical Assistance meetings were held to assist individuals with developing different sections of their proposals, such as the innovative component, program description and budget narrative. The Orange County MHSA Steering Committee was presented with the different Innovation Group 3 project ideas and recommended that the following 11 proposals move forward for approval from the MHSOAC:

1. Continuum of Care for Veteran and Military Children and Families
2. Community Employment Services Project
3. Employment and Mental Health Services Impact
4. Veteran Student Needs Assessment and Treatment
5. Shared Housing Program
6. Child Focused Mental Health Training for Religious Leaders
7. Job Training and On-Site Support for TAY
8. Developing and Testing Effective EBPs for Children
9. LGBTIQ Homeless Project
10. Immigrant Screening and Referrals
11. Whole Person Healing Initiative

INN staff developed three projects in collaboration with MHSOAC staff and presented them to the Commission for approval on two separate occasions during Fall 2016. The three projects presented were Community Employment Services; Employment and Mental Health Services Impact; and Job Training and On-Site Support for TAY. At the second meeting, all three projects were deemed not innovative by the OAC Commissioners. Based on the feedback received from the Commission, INN staff re-evaluated the remaining eight Group 3 projects and determined several of them were unlikely to receive MHSOAC approval. As a result, INN staff will only seek MHSOAC approval for four additional Group 3 proposals: Continuum of Care for Veteran and Military Children and Families; Child Focused Mental Health Training for Religious Leaders; Immigrant Screening and Referrals; and Whole Person Healing Initiative. These four proposals are currently under development.

In FY 17/18, the INN staff will facilitate a Community Planning process to develop and implement new innovation projects.

Group 2: Step Forward Project: Collaborative Courts On-Site Engagement

Group 2: Step Forward Project: Collaborative Courts On-site Engagemen	FY 17/18	FY 18/19	FY 19/20
Estimated number to be served in	200	200	
Annual Budgeted Funds in	$224,015	$224,015	$200,000
Estimated Annual Cost Per Person in	$1,120	$1,120	

Program Description

The Step Forward Program: Collaborative Courts On-Site Engagement project aims to increase the quality of services, including better outcomes, by utilizing peer specialists with experience and knowledge of behavioral health to provide services at the Collaborative Courts – specifically Homeless Courts – located throughout Orange County. Project services include court outreach, participant and family engagement, behavioral health education courses, case management, and referrals and linkages to community resources. Services are available to individuals ages 18 and older who are participants of Orange County's Homeless Court System, as well as their family members and support persons. Peer specialists facilitate one-on-one or group education courses that cover a range of topics including substance use, symptom management, medication management, relationship management, goal setting, stigma, life skills and personal finance.

This project makes a change to an existing behavioral health practice by (a) making services available to court participants, (b) engaging family members in behavioral health education and supportive services, (c) providing behavioral health education classes and supportive services on-site in Collaborative Courts, and (d) expanding the role of peer counselors to include behavioral health educators.

The Step Forward project began services on December 1, 2015; Innovation funds for this project will end on November 30, 2020.

Group 2: Religious Leaders Behavioral Health Training Services

Group 2: Religious Leaders Behavioral Health Training Services	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	30	30	
Annual Budgeted Funds in	$259,450	$259,450	$49,988
Estimated Annual Cost Per Person in	$8,648	$8,648	

Program Description

The Religious Leaders Behavioral Health Training Services project is designed to increase access to services by utilizing a train-the-trainer model to provide basic behavioral health skills training to religious leaders throughout Orange County. Trained religious leaders, in turn, provide behavioral health skills trainings to community members and serve as a gateway to refer individuals to community services and supports, as appropriate.

This project makes a change to an existing behavioral health practice by training religious leaders to become trainers themselves. Furthermore, religious leaders have the opportunity to tailor the basic behavioral health trainings to include culturally specific information. Bringing behavioral health training to the religious community offers a promising direction to increase access to behavioral health care, reduce stigma and improve community collaboration.

The Religious Leaders Behavioral Health Training Services project was implemented on July 1, 2015; Innovation funds for this project will end on June 30, 2020.

Group 2: Strong Families-Strong Children: Behavioral Health Services for Military Families

Group 2: Strong Families-Strong Children: Behavioral Health Services for Military Families	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	50	50	
Annual Budgeted Funds in	$445,904	$445,904	$200,000
Estimated Annual Cost Per Person in	$8,918	$8,918	

Program Description

The Strong Families-Strong Children: Behavioral Health Services for Military Families project is designed to increase access to underserved groups by providing case management and counseling services to military families. The project utilizes trained clinicians and peer navigators with experience and knowledge of military culture to address mental health concerns facing Veterans that may affect the whole family, such as post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), substance use and other conditions. Services include outreach and engagement, screening and assessment, case management, workshops/educational support groups, and counseling utilizing the Families Over Coming Under Stress (FOCUS) program. Services are available to all members in the military family, including children, youth, and adults.

This project makes a change to existing mental health practices by providing case management and counseling service to military families. Providing services to the family unit will enable improved family communication, functioning and support. Furthermore, enhancing the Veteran's support system by strengthening the family unit will reinforce the important role family provides in the veteran/active member's recovery process.

The Strong Families/Strong Children: Behavioral Health Services for Military Families project was implemented on July 1, 2015; Innovation funds for this project will end on June 30, 2020.

Group 2: Behavioral Health Services for Independent Living

Group 2: Behavioral Health Services for Independent Living	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	100	100	100
Annual Budgeted Funds in	$437,491	$402,234	$402,234
Estimated Annual Cost Per Person in	$4,375	$4,022	$4,022

Program Description

Behavioral Health Services for Independent Living is designed to increase the quality of services, including better outcomes, by providing resources and independent living skills education to participants through a behavioral health approach. Services will be provided to individuals ages 18 and older living with severe and persistent mental illness (SPMI) who have typically been dependent on others to manage their day-to-day needs or who have not had the opportunity to live in a residence without supervision. This includes individuals who are homeless, at risk of homelessness, have had a history of homelessness or unstable housing situations, and/or individuals who were recently paroled. This project will utilize peer specialists with experience and knowledge of behavioral health/co-occurring disorders to educate participants about the relationship between behavioral health management and independent living. Peer specialists will facilitate independent living skills modules based on five broad categories: health management, core/basic skills, daily living, social skills and vocational skills. Across the broad categories, participants may learn up to 16 independent living skill sets (i.e., symptom management, personal hygiene, transportation, etc.). Additional services include outreach and engagement, assessment and screening, case management, peer support, and coordination with County and community behavioral health and supportive housing programs.

This project makes a change to existing mental health practices by educating participants about the relationship between behavioral health management and independent living using a behavioral health approach. The primary goal of this project is to prepare individuals living with SPMI to live well and, if possible, independently. It is anticipated that teaching independent living skills with a focus on improving individuals' abilities to manage their behavioral health will increase the breadth and quality of supportive services utilized by individuals seeking to live independently, which will thereby increase their opportunities to succeed and retain stable housing.

This project will start on July 1, 2017; innovation funds for this project will end on June 30, 2022.

Group 3: Continuum of Care for Veteran and Military Children and Families

Group 3: Continuum of Care for Veteran and Military Children and Families	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	200*	200*	200*
Annual Budgeted Funds in	$800,000*	$800,000*	$800,000*
Estimated Annual Cost Per Person in	$4,000*	$4,000*	$4,000*

** This project is currently under development and subject to approval by the MHSOAC.*

Program Description

Historically, veteran/military children and families have been underserved and may become isolated in their communities. The socio-emotional and mental health challenges brought by the pre-, mid-, and post-deployment periods often affect the children and family as much as they do the veteran/service member. However there is a lack of coordinated, community-based services for veteran/military families. A comprehensive approach is needed to identify, engage and address this gap. The Continuum of Care for Veteran & Military Children and Families project makes a change to an existing mental health practice by integrating military culture and services into Family Resource Centers (FRCs) located throughout Orange County. The purpose of this integration is to train non-veteran organizations on how to identify, screen, and serve military connected families, which will thereby increase access to this underserved population. The project will be staffed with Peer Navigators who will provide military cultural awareness trainings, as well as provide peer support and case management services to project participants.

FRCs are an ideal community platform to establish a more coordinated collaboration that will connect and anchor military-connected families into the community. This project will be embedded in at-risk communities to bring veteran-specific services and support into an easily accessible, inviting, and nonclinical setting. As a result, military-connected families seeking family resources offered in the FRCs will have the opportunity to access behavioral health services through a new, less stigmatizing point of entry. In addition, this project will expand the knowledge of how best to meet the needs of military connected families among general service providers so that they feel competent and willing to identify and serve this currently hidden population. More importantly, FRCs will also serve as a new point of entry into behavioral health services, including supportive and treatment services, for military families.

Group 3: Child-Focused Mental Health Training for Religious Leaders

Group 3: Child-Focused Mental Health Training for Religious Leaders	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	350*	350*	350*
Annual Budgeted Funds in	$550,104*	$550,104*	$550,104*
Estimated Annual Cost Per Person in	$1,572*	$1,572*	$1,572*

** This project is currently under development and subject to approval by the MHSOAC.*

Program Description

Faith communities are an underutilized resource to identify and support families with children ages 0-18 who are experiencing mental health and behavioral concerns. The Child-Focused Mental Health Training for Religious Leaders project is designed to increase access to underserved groups by offering culturally competent behavioral health education to community members throughout Orange County. Services and key activities will include educational resources and workshops, outreach, and an established referral network that will link families to services in a timely and effective manner.

The promotion of behavioral health education is a logical next step toward prevention and early intervention of early childhood behavioral health issues and provision of support for families. This project is intended to increase access to behavioral health services, and to improve knowledge and/or awareness of behavioral health conditions among children and youth and related behavioral health resources/support programs.

Group 3: Immigrant Screening and Referrals

Group 3: Immigrant Screening and Referrals	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	125*	125*	125*
Annual Budgeted Funds in	$650,000*	$650,000*	$650,000*
Estimated Annual Cost Per Person in	$5,200*	$5,200*	$5,200*

** This project is currently under development and subject to approval by the MHSOAC.*

Program Description

Newly arrived immigrants are at a higher risk of experiencing behavioral health issues as a result of their long and potentially hazardous journey, significant life changes, persecution, trauma, and loss they may have experienced. In addition to such hardships, the challenges encountered during the resettlement process (e.g., changes in social roles, unemployment, financial difficulties, social isolation, etc.) impact their overall health and well-being. These experiences make newly arrived immigrants more vulnerable to symptoms of depression, anxiety and/or post-traumatic stress disorder (PTSD). However their behavioral health issues are often left untreated due to barriers around funding, stigma, mistrust and fear, cultural values, help-seeking behaviors, language, communication patterns, system navigation, insurance, and transportation. To bridge this gap and engage individuals in services, programs should include culturally appropriate interventions that honor cultural systems and values.

The Immigrant Screening and Referrals project is designed to increase access to services to recent U.S. entrants in Orange County by creating culturally and linguistically competent services for newly arrived refugees. Services and key activities of this project will include behavioral health assessment; community-based support; individual and/ or family therapy; and group psycho-educational classes on topics such as financial literacy, job readiness, and school readiness to help entrants better assimilate into the mainstream culture.

Building support networks for recent U.S. entrants will assist families in navigating services to meet their needs, contribute to their well-being, and provide easy access to behavioral health services for individuals struggling during the resettlement process. These services will thereby serve as an early intervention to prevent mental illness among recent entrants, as well as improve their social support, emotional and behavioral health (i.e., resilience, self-efficacy), and overall well-being.

Group 3: Whole Person Healing Initiative

Group 3: Whole Person Healing Initiative	FY 17/18	FY 18/19	FY 19/20
Estimated Number to be Served in	300*	300*	300*
Annual Budgeted Funds in	$2,301,432*	$2,301,432*	$2,301,432*
Estimated Annual Cost Per Person in	$7,671*	$7,671*	$7,671*

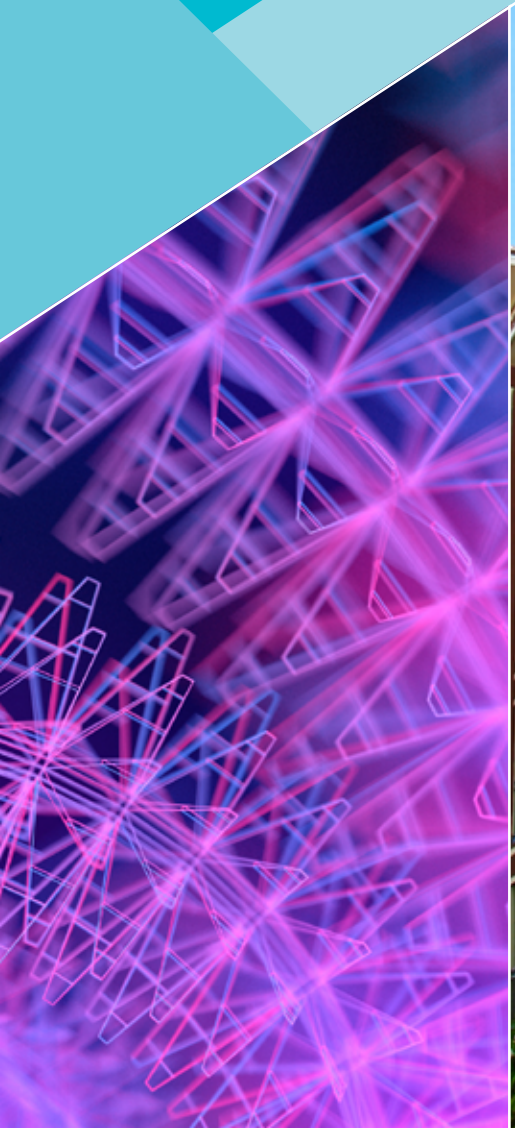
** This project is currently under development and subject to approval by the MHSOAC.*

Program Description

Lack of spiritual support can have a negative impact on health, increase healthcare costs, and may result in overuse of health care system, suggesting a more holistic approach is needed in mental health treatment. The Whole Person Healing Initiative is a new integrative health care approach that brings together physical, behavioral and spiritual health in one location. The project is designed to increase the quality of services, including better outcomes, by incorporating the component of spirituality into primary care and behavioral health services. Services will include counseling, psychoeducation, peer support, support groups, spiritual healing techniques related to the religion/spirituality (R/S) of the participant, and referrals and linkages to various R/S communities in Orange County. Physicians, nurses and behavioral health clinicians in this project will be trained about holistic care that encourages healing the participant as a whole so that the integration of R/S can happen both at physical and behavioral health care locations.

Through the avenue of spirituality and its sensitive and sensible integration into behavioral health services and primary care, the Whole Person Healing Initiative project aims to educate participants on behavioral health, reduce stigma, increase access to services and improve overall well-being.

Capital Facilities and Technological Needs/Housing



Capital Facilities and Technological Needs/ Housing

Component Information

The Capital Facilities and Technological Needs (CFTN) component of the Mental Health Services Act (MHSA) was designed to enhance the existing public mental health services infrastructure. It provides resources for two types of infrastructure:

1. Capital Facilities funding may be used for the delivery of MHSA services for mental health clients and their families or used for MHSA administrative offices.
2. Technology funding may be used to modernize and transform clinical and administrative information systems and increase consumer and family empowerment by providing the tools for secure consumer and family access to health information.

CFTN funding is one-time funding. Counties were given one allocation to cover both purposes, and were given the discretion to divide the funding between Capital Facilities and Technological needs. Orange County received slightly more than $37 million for this component. Of that amount, 35% was allocated to Capital Facilities and 65% was allocated to Technology.

Use of Capital Facilities Funds

In May 2012, the Health Care Agency completed the construction of a Capital Facilities-funded project on County-owned property located at 401 S. Tustin Street in Orange. The completed project occupies approximately three acres and includes three facilities designated for use by three different MHSA programs, surface parking, underground utilities, sidewalks, landscaping, landscape irrigation, fire lanes, recreation areas, an amphitheater, area lighting, building security, signage, and perimeter fencing. The official ribbon-cutting ceremony was held on April 19, 2012. The first program took occupancy and became operational on May 19, 2012 and the remaining two programs were in place and operational by August 2012.

Programs that occupy the Tustin Street Facility include the:

1. AOABH Crisis Residential Program, which serves as an alternative to hospitalization for individuals experiencing a behavioral health crisis who may be at risk of psychiatric hospitalization.
2. Wellness/Peer Support Center - Central, which facilitates over 85 groups weekly, including social outings, and has a growing number of members volunteering in the community as their way of giving back.
3. Education and Training Center, which provides support to individuals living with mental illness and their families who want to enhance living skills or basic education, or aspire to a career in mental health.

Capital Facilities and Technological Needs

Requirements for Use of Technology Funds

Any MHSA-funded technology project must meet certain requirements to be considered appropriate for this funding category.

1. 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.
2. 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).

Use of Technology Funds

County of Orange Behavioral Health Services (BHS) is implementing a fully integrated EHR system that supports the goals of MHSA to promote wellness, recovery and resilience. It also aims to comply with the federal requirements for Meaningful Use which is a standard designed to benefit the individuals served. This is a large project that has been divided into three phases that will span several years, and includes acquisition and implementation of software, technology infrastructure upgrades and services to develop and implement the overall system.

The first phase of the project plan culminated in the completion of enhanced functionality to the BHS EHR (Integrated Records Information System or IRIS), and successful implementation at a pilot clinic. The enhancements included documentation software designed to help clinicians avoid common errors, as well as electronic prescription software to help psychiatrists manage clients' prescriptions. Additional technical improvements to the EHR include document imaging (which includes functionality such as electronic signature pads and the ability to scan documents), compliance monitoring, auditing and reporting for privacy and security, and enhanced disaster recovery. BHS also successfully implemented kiosks that provide individuals with mental illness and their family members with increased access to computers and the internet at several BHS County-operated outpatient clinics.

The second phase of the project is nearing completion this year. The EHR continues to be implemented at the remaining BHS County-operated outpatient clinics. Technology infrastructure and software enhancements to support additional staff use of the EHR are ongoing. Both the client portal and voice-activated documentation for staff with physical challenges are close to implementation. Overall, implementation of the EHR at the County-operated outpatient Mental Health clinics has gone very well and user acceptance is extremely high.

The final phase will address the County's ability to interface securely with its contract providers and to participate in consent-based Health Information Exchanges outside County Behavioral Health Services, as appropriate, including continued compliance with the federal EHR Meaningful Use program.

MHSA Housing Program Update

Component Information

Funding for the MHSA Housing Program is used to develop new housing for eligible tenants, with MHSA Housing Program funding limited to 30% of total development costs for each unit. To be eligible for MHSA Housing, a person must be diagnosed with severe and persistent mental illness and be homeless or at risk of homelessness. Additional eligibility requirements can vary at each project due to requirements of other funding partners.

Program Description

To date, funding for MHSA Housing has created 146 new MHSA housing units in Orange County, including 34 units in two projects that were built with CSS One-Time Funds. Details about these one-time and completed projects are provided in the tables below.

One Time Projects	One Bedroom MHSA Units	Two Bedroom MHSA Units	Manager's Unit	Total Units including MHSA
Diamond Apartments	15	9	1	25
Doria Apts., Phase I	10	0	1	60
Total	**25**	**9**	**2**	**85**

Rockwood Apartments in Anaheim.

MHSA Housing Program Update

Completed MHSA Projects (CalHFA)	One Bedroom MHSA Units	Two Bedroom MHSA Units	Manager's Unit	Total Units including MHSA
Avenida Villas	24	4	1	29
Cotton's Point Seniors	15[6]	0	1	76
Capestone Apts.	19	0	1	60
Doria Apts., Phase 2	8	2	1	74
Alegre Family Apts.	11	0	1	104
Rockwood (Lincoln)	14	1	1	70
Henderson House, Rehab	14 Bedrooms, shared condos	0	0	14
Total	**105**	**7**	**6**	**427**

An additional 48 MHSA units are currently under construction. The Depot at Santiago in Santa Ana with 10 MHSA units will be completed by the end of 2017 and the Fullerton Heights project with 24 MHSA units will be completed by Spring 2018. A final project, Oakcrest in Yorba Linda, recently broke ground and will create an additional 14 MHSA units. Oakcrest completes Orange County's allocation of MHSA Housing Program funds.

MHSA Project in Construction	One Bedroom MHSA Units	Two Bedroom MHSA Units	Manager's Unit	Total Units including MHSA
Fullerton Heights	18	6	1	36
Depot at Santiago	10	0	1	70
Oakcrest	14	0	1	54
Total	**42**	**6**	**3**	**160**

[6] An additional nine units are available for use by MHSA-eligible tenants but are not paid for with MHSA dollars.

MHSA Housing Program Update

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, as most of these units are part of larger projects, it will also have leveraged an additional 690 units of critically needed affordable housing (non-MHSA) in Orange County.

All of the original MHSA Housing Program funds have been spent or committed to projects. Below is an account of the original $33 million allocation plus interest earned, which remains assigned to the California Housing Finance Agency (CalHFA).

Project	MHSA Units	Total Units	Capital	COSR*	Total
Avenida Villas	28	29	$3,259,600	$3,259,600	$6,519,200
Cerritos Family Apartments	19	60	$2,222,734	$2,222,734	$4,445,468
Cotton's Point	15	76	$1,622,400	$ 400,000	$2,022,400
Doria II	10	74	$1,169,850	$ 850,000	$2,019,850
Alegre Apartments	11	104	$1,286,835	$1,286,835	$2,573,670
Rockwood Apartments	15	70	$1,897,974	$1,325,000	$3,222,974
Henderson House	14	32	$1,771,442	$1,771,442	$3,542,884
Depot at Santiago	10	70	$1,265,320	$ 350,000	$1,615,320
Fullerton Heights	24	36	$3,150,000	$3,150,000	$6,300,000
Oakcrest Heights	14	54	$1,699,143	$ 851,655	$2,550,798
Total	**160**	**605**	**$19,345,298**	**$15,467,266**	**$34,812,564**

**Capitalized Operating Subsidy Reserves*

MHSA Housing Program Update

In addition, during the FY 16/17 Community Planning Process another $5 million was allocated to continue creating new units in the MHSA Special Needs Housing Program (SNHP; see table below). This second phase of funding will allow Orange County to continue creating new units of affordable housing for the MHSA target population: individuals living with SPMI who are homeless or at risk of homelessness.

Special Needs Housing Program Projects in the "Pipeline"	One Bedroom MHSA Units	Two Bedroom MHSA Units	Manager's Unit	Total MHSA/ SNHP Units	Total Units Leveraged Including MHSA	Comments
Fullerton City Lights	10	0	1	10	136	Acquisition/ Rehab project
Grove at Nightmist	7	0	1	7	65	New Construction
Total	**17**	**0**	**2**	**17**	**201**	

Outcomes

The MHSA Housing Projects current goal is that 80% of referred, eligible tenants remain in permanent housing for a minimum of one year. Of the projects that have been leased for more than one year, 88.3% of the current residents who were formerly homeless or at risk of homelessness have remained housed for at least one year.

Budget Exhibit

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan Funding Summary

County: Orange

Date: 3/22/2017

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY2017/18 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	108,087,640	35,135,623	26,539,780	0	2,072,389	
2. Estimated New FY2017/18 Funding	111,567,324	27,891,831	7,339,956	0	0	
3. Transfer in FY2017/18[a/]	(7,612,808)	0	0	5,150,282	2,462,526	0
4. Access Local Prudent Reserve in FY2017/18	0	0				0
5. Estimated Available Funding for FY2017/18	212,042,156	63,027,454	33,879,736	5,150,282	4,534,915	
B. Estimated FY2017/18 Expenditures	116,812,341	35,452,761	6,688,707	5,150,282	4,534,915	
C. Estimated FY2018/19 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	103,532,957	27,574,693	27,191,028	0	0	
2. Estimated New FY2018/19 Funding	113,459,549	28,364,887	7,464,444	0	0	
3. Transfer in FY2018/19[a/]	(10,338,439)	0	0	5,150,282	5,188,157	0
4. Access Local Prudent Reserve in FY2018/19	0	0				0
5. Estimated Available Funding for FY2018/19	206,654,067	55,939,580	34,655,472	5,150,282	5,188,157	
D. Estimated FY2018/19 Expenditures	141,543,476	35,452,761	6,647,104	5,150,282	5,188,157	
E. Estimated FY2019/20 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	79,591,353	20,486,819	28,008,368	0	0	
2. Estimated New FY2019/20 Funding	113,459,549	28,364,887	7,464,444	0	0	
3. Transfer in FY2019/20[a/]	(10,243,593)	0	0	5,150,282	5,093,311	0
4. Access Local Prudent Reserve in FY2019/20	0	0				0
5. Estimated Available Funding for FY2019/20	182,807,309	48,851,706	35,472,812	5,150,282	5,093,311	
F. Estimated FY2019/20 Expenditures	134,463,477	35,452,761	6,081,434	5,150,282	5,093,311	
G. Estimated FY2019/20 Unspent Fund Balance	48,343,832	13,398,945	29,391,378	(0)	0	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2017	70,921,582
2. Contributions to the Local Prudent Reserve in FY 2017/18	0
3. Distributions from the Local Prudent Reserve in FY 2017/18	0
4. Estimated Local Prudent Reserve Balance on June 30, 2018	70,921,582
5. Contributions to the Local Prudent Reserve in FY 2018/19	0
6. Distributions from the Local Prudent Reserve in FY 2018/19	0
7. Estimated Local Prudent Reserve Balance on June 30, 2019	70,921,582
8. Contributions to the Local Prudent Reserve in FY 2019/20	0
9. Distributions from the Local Prudent Reserve in FY 2019/20	0
10. Estimated Local Prudent Reserve Balance on June 30, 2020	70,921,582

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

Budget Exhibit

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: Orange

Date: 3/22/2017

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Children's Full Service Partnership/Wraparound	8,392,186	6,654,575	1,737,611	0	0	0
2. Children and Youth Behavioral Health Program of Assertive Community Treatment	1,265,000	1,100,000	165,000	0	0	0
3. Transitional Age Youth Full Service Partnership/Wraparound	9,959,272	8,434,468	1,524,804	0	0	0
4. Adult Full Service Partnership	19,160,492	16,192,093	2,928,082	0	0	40,317
5. Adult/Adult Transitional Age Youth Program of Assertive Community Treatment	10,458,985	8,428,018	2,009,305	0	0	21,662
6. Assisted Outpatient Treatment	5,362,731	5,015,841	344,200	0	0	2,690
7. Mental Health Court - Probation Services	921,000	921,000	0	0	0	0
8. Older Adult Full Service Partnership	2,885,214	2,683,249	201,965	0	0	0
9. Older Adult Program of Assertive Community Treatment	679,421	521,632	142,060	0	0	15,729
10. FSP Percent of Non Admin Programs Below	13,818,671	11,748,421	1,840,157	0	0	230,093
Non-FSP Programs						
1. Children's In-Home Crisis Stabilization	497,076	325,644	171,432	0	0	0
2. Children's Crisis Residential	1,098,224	1,001,474	96,750	0	0	0
3. Mentoring for Children and Youth	500,000	500,000	0	0	0	0
4. Children's Crisis Assessment Team	1,130,819	637,962	341,945	0	0	150,913
5. OC Children with Co-Occurring Mental Health and Chronic Acute Severe Physical Illness, Special Needs, or Eating Disorders	1,550,000	1,250,000	300,000	0	0	0
6. Youth Core services	2,500,000	2,500,000	0	0	0	0
7. Children's Co-Occurring Mental Health and Substance Use Disorders Residential Treatment	470,250	427,500	42,750	0	0	0
8. Transitional Age Youth Crisis Residential	78,331	74,568	3,763	0	0	0
9. Adult Outreach & Engagement	1,027,973	1,027,973	0	0	0	0
10. Adult/Adult Transitional Age Youth Crisis Assessment Team/Psychiatric Evaluation and Response Team	3,716,082	3,234,483	480,400	0	0	1,200
11. Adult Crisis Residential	2,891,394	2,448,594	420,080	0	0	22,720
12. Supportive Employment	1,097,010	1,097,010	0	0	0	0
13. Wellness Centers	2,896,372	2,896,372	0	0	0	0
14. Recovery Centers/Clinic Recovery Services/Open Access	10,434,592	7,505,360	2,923,628	0	0	5,604
15. Adult/Older Adult Peer Mentoring	1,374,888	1,374,888	0	0	0	0
16. The Courtyard	490,000	490,000	0	0	0	0
17. Bridge Housing for the Homeless	950,000	950,000	0	0	0	0
18. Housing/Year-Round Emergency Shelter	512,693	512,693	0	0	0	0
19. Transportation	1,000,000	1,000,000	0	0	0	0
20. Adult and Transitional Age Youth In-Home Crisis Stabilization	1,012,500	1,012,500	0	0	0	0
21. Integrated Community Services	1,883,910	1,848,000	35,910	0	0	0
22. Crisis Stabilization Units	3,400,000	3,400,000	0	0	0	0
23. Adult Co-Occurring Mental Health and Substance Use Disorders Residential Treatment	425,000	425,000	0	0	0	0
24. Older Adult Recovery Services	2,069,373	1,286,047	777,369	0	0	5,958
25. Housing	68,144	68,144	0	0	0	0
26. BHS Co-Located Services	0	0	0	0	0	0
CSS Administration	17,818,832	17,818,832	0	0	0	0
Total CSS Program Estimated Expenditures	133,796,436	116,812,341	16,487,210	0	0	496,885
FSP Programs as Percent of Total	52.8%					

Budget Exhibit

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: Orange

Date: 3/22/2017

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Children's Full Service Partnership/Wraparound	8,384,733	6,654,575	1,730,158	0	0	0
2. Children and Youth Behavioral Health Program of Assertive Community Treatment	1,265,000	1,100,000	165,000	0	0	0
3. Transitional Age Youth Full Service Partnership/Wraparound	9,956,888	8,434,468	1,522,420	0	0	0
4. Adult Full Service Partnership	24,079,131	21,192,093	2,846,721	0	0	40,317
5. Adult/Adult Transitional Age Youth Program of Assertive Community Treatment	11,558,985	9,528,018	2,009,305	0	0	21,662
6. Assisted Outpatient Treatment	5,362,731	5,015,841	344,200	0	0	2,690
7. Mental Health Court - Probation Services	921,000	921,000	0	0	0	0
8. Older Adult Full Service Partnership	2,885,214	2,683,249	201,965			0
9. Older Adult Program of Assertive Community Treatment	679,421	521,632	142,060			15,729
10. FSP Percent of Non Admin Programs Below	17,586,988	15,464,818	1,892,077	0	0	230,093
Non-FSP Programs						
1. Children's In-Home Crisis Stabilization	497,076	325,644	171,432	0	0	0
2. Children's Crisis Residential	1,098,224	1,001,474	96,750	0	0	0
3. Mentoring for Children and Youth	500,000	500,000	0	0	0	0
4. Children's Crisis Assessment Team	1,130,819	637,962	341,945	0	0	150,913
5. OC Children with Co-Occurring Mental Health and Chronic Acute Severe Physical Illness, Special Needs, or Eating Disorders	1,550,000	1,250,000	300,000	0	0	0
6. Youth Core services	2,500,000	2,500,000	0	0	0	0
7. Children's Co-Occurring Mental Health and Substance Use Disorders Residential Treatment	470,250	427,500	42,750	0	0	0
8. Transitional Age Youth Crisis Residential	78,331	74,568	3,763	0	0	0
9. Adult Outreach & Engagement	1,027,973	1,027,973	0	0	0	0
10. Adult/Adult Transitional Age Youth Crisis Assessment Team/Psychiatric Evaluation and Response Team	3,716,082	3,234,483	480,400	0	0	1,200
11. Adult Crisis Residential	4,201,474	3,338,594	840,160	0	0	22,720
12. Supportive Employment	1,097,010	1,097,010	0	0	0	0
13. Wellness Centers	2,896,372	2,896,372	0	0	0	0
14. Recovery Centers/Clinic Recovery Services/Open Access	11,904,592	8,975,360	2,923,628	0	0	5,604
15. Adult/Older Adult Peer Mentoring	1,374,888	1,374,888	0	0	0	0
16. The Courtyard	490,000	490,000	0	0	0	0
17. Bridge Housing for the Homeless	1,900,000	1,900,000	0	0	0	0
18. Housing/Year-Round Emergency Shelter	1,025,385	1,025,385	0	0	0	0
19. Transportation	1,000,000	1,000,000	0	0	0	0
20. Adult and Transitional Age Youth In-Home Crisis Stabilization	1,350,000	1,350,000	0	0	0	0
21. Integrated Community Services	1,883,910	1,848,000	35,910	0	0	0
22. Crisis Stabilization Units	4,250,000	4,250,000	0	0	0	0
23. Adult Co-Occurring Mental Health and Substance Use Disorders Residential Treatment	425,000	425,000	0	0	0	0
24. Older Adult Recovery Services	2,351,373	1,568,047	777,369	0	0	5,958
25. Housing	68,144	68,144	0	0	0	0
26. BHS Co-Located Services	5,850,000	5,850,000	0	0	0	0
CSS Administration	21,591,378	21,591,378	0	0	0	0
Total CSS Program Estimated Expenditures	158,908,373	141,543,476	16,868,012	0	0	496,885
FSP Programs as Percent of Total	50.5%					

Budget Exhibit

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: Orange

Date: 3/22/2017

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Children's Full Service Partnership/Wraparound	8,384,733	6,654,575	1,730,158	0	0	0
2. Children and Youth Behavioral Health Program of Assertive Community Treatment	1,265,000	1,100,000	165,000	0	0	0
3. Transitional Age Youth Full Service Partnership/Wraparound	9,956,888	8,434,468	1,522,420	0	0	0
4. Adult Full Service Partnership	24,079,131	21,192,093	2,846,721	0	0	40,317
5. Adult/Adult Transitional Age Youth Program of Assertive Community Treatment	11,558,985	9,528,018	2,009,305	0	0	21,662
6. Assisted Outpatient Treatment	5,362,731	5,015,841	344,200	0	0	2,690
7. Mental Health Court - Probation Services	921,000	921,000	0	0	0	0
8. Older Adult Full Service Partnership	2,885,214	2,683,249	201,965			0
9. Older Adult Program of Assertive Community Treatment	679,421	521,632	142,060			15,729
10. FSP Percent of Non Admin Programs Below	15,486,989	13,364,818	1,892,077	0	0	230,093
Non-FSP Programs						
1. Children's In-Home Crisis Stabilization	497,076	325,644	171,432	0	0	0
2. Children's Crisis Residential	1,098,224	1,001,474	96,750	0	0	0
3. Mentoring for Children and Youth	500,000	500,000	0	0	0	0
4. Children's Crisis Assessment Team	1,130,819	637,962	341,945	0	0	150,913
5. OC Children with Co-Occurring Mental Health and Chronic Acute Severe Physical Illness, Special Needs, or Eating Disorders	1,550,000	1,250,000	300,000	0	0	0
6. Youth Core services	2,500,000	2,500,000	0	0	0	0
7. Children's Co-Occurring Mental Health and Substance Use Disorders Residential Treatment	470,250	427,500	42,750	0	0	0
8. Transitional Age Youth Crisis Residential	78,331	74,568	3,763	0	0	0
9. Adult Outreach & Engagement	1,027,973	1,027,973	0	0	0	0
10. Adult/Adult Transitional Age Youth Crisis Assessment Team/Psychiatric Evaluation and Response Team	3,716,082	3,234,483	480,400	0	0	1,200
11. Adult Crisis Residential	4,201,474	3,338,594	840,160	0	0	22,720
12. Supportive Employment	1,097,010	1,097,010	0	0	0	0
13. Wellness Centers	2,896,372	2,896,372	0	0	0	0
14. Recovery Centers/Clinic Recovery Services/Open Access	11,904,592	8,975,360	2,923,628	0	0	5,604
15. Adult/Older Adult Peer Mentoring	1,374,888	1,374,888	0	0	0	0
16. The Courtyard	490,000	490,000	0	0	0	0
17. Bridge Housing for the Homeless	1,900,000	1,900,000	0	0	0	0
18. Housing/Year-Round Emergency Shelter	1,025,385	1,025,385	0	0	0	0
19. Transportation	1,000,000	1,000,000	0	0	0	0
20. Adult and Transitional Age Youth In-Home Crisis Stabilization	1,350,000	1,350,000	0	0	0	0
21. Integrated Community Services	1,883,910	1,848,000	35,910	0	0	0
22. Crisis Stabilization Units	4,250,000	4,250,000	0	0	0	0
23. Adult Co-Occurring Mental Health and Substance Use Disorders Residential Treatment	425,000	425,000	0	0	0	0
24. Older Adult Recovery Services	2,351,373	1,568,047	777,369	0	0	5,958
25. Housing	68,144	68,144	0	0	0	0
26. BHS Co-Located Services	1,950,000	1,950,000	0	0	0	0
CSS Administration	20,511,378	20,511,378	0	0	0	0
Total CSS Program Estimated Expenditures	151,828,374	134,463,477	16,868,012	0	0	496,885
FSP Programs as Percent of Total	51.6%					

Budget Exhibit

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: Orange

Date: 3/22/2017

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Early Intervention						
1. Stress Free Families	534,693	534,693				
2. 1st Onset of Psychiatric Illness (OC CREW)	1,500,000	1,500,000				
3. OC Maternal and Family Wellness	2,113,072	2,113,072				
4. Early Intervention Services for Older Adults	1,469,500	1,469,500				
6. Crisis Prevention Hotline	327,533	327,533				
7. Survivor Support Services	293,693	293,693				
5. Community Counseling and Supportive Services	2,186,136	2,186,136				
8. OC4VETS	1,295,957	1,295,957				
9. OC ACCEPT	490,000	490,000				
17. School Based Mental Health Services [a]	2,040,665	2,040,665				
19. School-Based Behavioral Health Intervention and Support – Early Intervention Services	440,000	440,000				
22. School Readiness and Connect the Tots [b]	1,210,000	1,210,000				
PEI Programs - Prevention						
10. Family Support Services	282,000	282,000				
11. Parent Education Services	1,066,000	1,066,000				
12. Children's Support and Parenting Program	1,800,000	1,800,000				
13. Outreach and Engagement Collaborative	2,819,044	2,819,044				
14. Behavioral Health Services Outreach and Engagement Services	1,300,000	1,300,000				
15. WarmLine	481,566	481,566				
16. College Veterans Program – Early Intervention Services for Veteran Students	400,000	400,000				
17. School Based Mental Health Services [a]	874,571	874,571				
18. School-Based Behavioral Health Intervention and Support	1,808,589	1,808,589				
20. Violence Prevention Education	1,075,651	1,075,651				
21. Gang Prevention Services	253,100	253,100				
22. School Readiness and Connect the Tots [b]	990,000	990,000				
23. School-Based Stress Management Services	155,000	155,000				
24. Training, Assessment and Coordination Services	708,610	708,610				
25. Information and Referral/OCLinks	1,000,000	1,000,000				
26. Training in Physical Fitness and Nutrition	15,000	15,000				
27. Mental Health Community Educational Events	214,333	214,333				
28. Statewide Projects	900,000	900,000				
PEI Administration	5,408,048	5,408,048				
PEI Assigned Funds	0	0				
Total PEI Program Estimated Expenditures	35,452,761	35,452,761	0	0	0	0

[a] Budget Split of $2,915,236: 70% Early Intervention / 30% Prevention

[b] Budget Split of $2,200,000: 55% Early Intervention / 45% Prevention

Budget Exhibit

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: Orange

Date: 3/22/2017

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Early Intervention						
1. Stress Free Families	534,693	534,693				
2. 1st Onset of Psychiatric Illness (OC CREW)	1,500,000	1,500,000				
3. OC Maternal and Family Wellness	2,113,072	2,113,072				
4. Early Intervention Services for Older Adults	1,469,500	1,469,500				
6. Crisis Prevention Hotline	327,533	327,533				
7. Survivor Support Services	293,693	293,693				
5. Community Counseling and Supportive Services	2,186,136	2,186,136				
8. OC4VETS	1,295,957	1,295,957				
9. OC ACCEPT	490,000	490,000				
17. School Based Mental Health Services [a]	2,040,665	2,040,665				
19. School-Based Behavioral Health Intervention and Support – Early Intervention Services	440,000	440,000				
22. School Readiness and Connect the Tots [b]	1,210,000	1,210,000				
PEI Programs - Prevention						
10. Family Support Services	282,000	282,000				
11. Parent Education Services	1,066,000	1,066,000				
12. Children's Support and Parenting Program	1,800,000	1,800,000				
13. Outreach and Engagement Collaborative	2,819,044	2,819,044				
14. Behavioral Health Services Outreach and Engagement Services	1,300,000	1,300,000				
15. WarmLine	481,566	481,566				
16. College Veterans Program – Early Intervention Services for Veteran Students	400,000	400,000				
17. School Based Mental Health Services [a]	874,571	874,571				
18. School-Based Behavioral Health Intervention and Support	1,808,589	1,808,589				
20. Violence Prevention Education	1,075,651	1,075,651				
21. Gang Prevention Services	253,100	253,100				
22. School Readiness and Connect the Tots [b]	990,000	990,000				
23. School-Based Stress Management Services	155,000	155,000				
24. Training, Assessment and Coordination Services	708,610	708,610				
25. Information and Referral/OCLinks	1,000,000	1,000,000				
26. Training in Physical Fitness and Nutrition	15,000	15,000				
27. Mental Health Community Educational Events	214,333	214,333				
28. Statewide Projects	900,000	900,000				
PEI Administration	5,408,048	5,408,048				
PEI Assigned Funds	0	0				
Total PEI Program Estimated Expenditures	35,452,761	35,452,761	0	0	0	0

[a] Budget Split of $2,915,236: 70% Early Intervention / 30% Prevention

[b] Budget Split of $2,200,000: 55% Early Intervention / 45% Prevention

Budget Exhibit

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: Orange

Date: 3/22/2017

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Early Intervention						
1. Stress Free Families	534,693	534,693				
2. 1st Onset of Psychiatric Illness (OC CREW)	1,500,000	1,500,000				
3. OC Maternal and Family Wellness	2,113,072	2,113,072				
4. Early Intervention Services for Older Adults	1,469,500	1,469,500				
6. Crisis Prevention Hotline	327,533	327,533				
7. Survivor Support Services	293,693	293,693				
5. Community Counseling and Supportive Services	2,186,136	2,186,136				
8. OC4VETS	1,295,957	1,295,957				
9. OC ACCEPT	490,000	490,000				
17. School Based Mental Health Services [a]	2,040,665	2,040,665				
19. School-Based Behavioral Health Intervention and Support – Early Intervention Services	440,000	440,000				
22. School Readiness and Connect the Tots [b]	1,210,000	1,210,000				
PEI Programs - Prevention						
10. Family Support Services	282,000	282,000				
11. Parent Education Services	1,066,000	1,066,000				
12. Children's Support and Parenting Program	1,800,000	1,800,000				
13. Outreach and Engagement Collaborative	2,819,044	2,819,044				
14. Behavioral Health Services Outreach and Engagement Services	1,300,000	1,300,000				
15. WarmLine	481,566	481,566				
16. College Veterans Program – Early Intervention Services for Veteran Students	400,000	400,000				
17. School Based Mental Health Services [a]	874,571	874,571				
18. School-Based Behavioral Health Intervention and Support	1,808,589	1,808,589				
20. Violence Prevention Education	1,075,651	1,075,651				
21. Gang Prevention Services	253,100	253,100				
22. School Readiness and Connect the Tots [b]	990,000	990,000				
23. School-Based Stress Management Services	155,000	155,000				
24. Training, Assessment and Coordination Services	708,610	708,610				
25. Information and Referral/OCLinks	1,000,000	1,000,000				
26. Training in Physical Fitness and Nutrition	15,000	15,000				
27. Mental Health Community Educational Events	214,333	214,333				
28. Statewide Projects	900,000	900,000				
PEI Administration	5,408,048	5,408,048				
PEI Assigned Funds	0	0				
Total PEI Program Estimated Expenditures	35,452,761	35,452,761	0	0	0	0

[a] Budget Split of $2,915,236: 70% Early Intervention / 30% Prevention

[b] Budget Split of $2,200,000: 55% Early Intervention / 45% Prevention

Budget Exhibit

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: Orange

Date: 3/22/2017

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
GROUP 3 INN Programs						
1. Contiuum of Care for Veteran and Military Children and Families	800,000	800,000				
2. Child-Focused Mental Health Training for Religious Leaders	550,104	550,104				
3. Immigrant Screening and Referrals	650,000	650,000				
4. Whole Person Healing Initiative	2,301,432	2,301,432				
Group 3 Administration Cost	774,276	774,276				
TOTAL GROUP 3	**5,075,812**	**5,075,812**				
GROUP 2 INN Programs						
1. Step Forward Project: Collaborative Courts On-Site Engagement	224,015	224,015				
2. Religious Leaders Behavioral Health Training Services	259,450	259,450				
3. Strong Families-Strong Children: Behavioral Health Services for Military Families	445,904	445,904				
4. Behavioral Health Services for Independent Living	437,491	437,491				
Group 2 Administration Cost	246,035	246,035				
TOTAL GROUP 2	**1,612,895**	**1,612,895**				
GRAND TOTAL OF INN Group 2 and 3	**6,688,707**	**6,688,707**	0	0	0	0

Budget Exhibit

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: Orange

Date: 3/22/2017

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
GROUP 3 INN Programs						
1. Contiuum of Care for Veteran and Military Children and Families	800,000	800,000				
2. Child-Focused Mental Health Training for Religious Leaders	550,104	550,104				
3. Immigrant Screening and Referrals	650,000	650,000				
4. Whole Person Healing Initiative	2,301,432	2,301,432				
Group 3 Administration Cost	774,276	774,276				
TOTAL GROUP 3	**5,075,812**	**5,075,812**				
GROUP 2 INN Programs						
1. Step Forward Project: Collaborative Courts On-Site Engagement	224,015	224,015				
2. Religious Leaders Behavioral Health Training Services	259,450	259,450				
3. Strong Families-Strong Children: Behavioral Health Services for Military Families	445,904	445,904				
4. Behavioral Health Services for Independent Living	402,234	402,234				
Group 2 Administration Cost	239,689	239,689				
TOTAL GROUP 2	**1,571,292**	**1,571,292**				
GRAND TOTAL OF INN Group 2 and 3	**6,647,104**	**6,647,104**	0	0	0	0

Budget Exhibit

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: Orange

Date: 3/22/2017

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
GROUP 3 INN Programs						
1. Contiuum of Care for Veteran and Military Children and Families	800,000	800,000				
2. Child-Focused Mental Health Training for Religious Leaders	550,104	550,104				
3. Immigrant Screening and Referrals	650,000	650,000				
4. Whole Person Healing Initiative	2,301,432	2,301,432				
Group 3 Administration Cost	774,276	774,276				
TOTAL GROUP 3	**5,075,812**	**5,075,812**				
GROUP 2 INN Programs						
1. Step Forward Project: Collaborative Courts On-Site Engagement	200,000	200,000				
2. Religious Leaders Behavioral Health Training Services	49,988	49,988				
3. Strong Families-Strong Children: Behavioral Health Services for Military Families	200,000	200,000				
4. Behavioral Health Services for Independent Living	402,234	402,234				
Group 2 Administration Cost	153,400	153,400				
TOTAL GROUP 2	**1,005,622**	**1,005,622**				
GRAND TOTAL OF INN Group 2 and 3	**6,081,434**	**6,081,434**	0	0	0	0

Budget Exhibit

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: Orange

Date: 3/22/2017

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Workforce Staffing Support	492,240	492,240				
2. Training and Technical Assistance	1,447,674	1,447,674				
3. Mental Health Career Pathways Program	927,000	927,000				
4. Residencies and Internships Program	238,381	238,381				
5. Financial Incentives Programs	1,259,351	1,259,351				
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	785,636	785,636				
Total WET Program Estimated Expenditures	5,150,282	5,150,282	0	0	0	0

Budget Exhibit

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: Orange

Date: 3/22/2017

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Workforce Staffing Support	492,240	492,240				
2. Training and Technical Assistance	1,447,674	1,447,674				
3. Mental Health Career Pathways Program	927,000	927,000				
4. Residencies and Internships Program	238,381	238,381				
5. Financial Incentives Programs	1,259,351	1,259,351				
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	785,636	785,636				
Total WET Program Estimated Expenditures	5,150,282	5,150,282	0	0	0	0

Budget Exhibit

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: Orange

Date: 3/22/2017

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Workforce Staffing Support	492,240	492,240				
2. Training and Technical Assistance	1,447,674	1,447,674				
3. Mental Health Career Pathways Program	927,000	927,000				
4. Residencies and Internships Program	238,381	238,381				
5. Financial Incentives Programs	1,259,351	1,259,351				
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	785,636	785,636				
Total WET Program Estimated Expenditures	5,150,282	5,150,282	0	0	0	0

Budget Exhibit

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Orange

Date: 3/22/2017

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11. Electronic Health Record (E.H.R)	3,843,148	3,843,148				
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	691,767	691,767				
Total CFTN Program Estimated Expenditures	4,534,915	4,534,915	0	0	0	0

Budget Exhibit

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Orange

Date: 3/22/2017

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11. Electronic Health Record (E.H.R)	4,396,743	4,396,743				
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	791,414	791,414				
Total CFTN Program Estimated Expenditures	5,188,157	5,188,157	0	0	0	0

Budget Exhibit

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Orange

Date: 3/22/2017

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11. Electronic Health Record (E.H.R)	4,316,365	4,316,365				
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	776,946	776,946				
Total CFTN Program Estimated Expenditures	5,093,311	5,093,311	0	0	0	0

EXHIBIT A:
COUNTY COMPLIANCE CERTIFICATION

MHSA COUNTY COMPLIANCE CERTIFICATION

County: Orange

Local Mental Health Director	Program Lead
Name: Mary R. Hale	Name: Sharon Ishikawa
Telephone Number: 714-834-6032	Telephone Number: 714-834-6587
E-mail: mhale@ochca.com	E-mail: SIshikawa@ochca.com
County Mental Health Mailing Address:	Health Care Agency Behavioral Health Services 405 W. 5th Street Santa Ana, CA 92701

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this annual update, including stakeholder participation and nonsupplantation requirements.

This annual update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft annual update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on June 27, 2017.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached annual update are true and correct.

Mary R. Hale
Local Mental Health Director/Designee (PRINT)

Mary R Hale 3/13/17
Signature Date

County: Orange

Date: 3/13/17

EXHIBIT B:
COUNTY FISCAL CERTIFICATION

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Orange/Santa Ana

- [x] Three-Year Program and Expenditure Plan
- [ ] Annual Update
- [ ] Annual Revenue and Expenditure Report

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Mary R. Hale	Name: Eric H. Woolery, CPA
Telephone Number: 714-834-6032	Telephone Number: 714-834-2450
E-mail: mhale@ochca.com	E-mail: eric.woolery@ac.ocgov.com
Local Mental Health Mailing Address: Health Care Agency Behavioral Health Services 405 W. 5th Street Santa Ana, CA 92701	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for other counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/report is true and correct to the best of my knowledge.

Mary R. Hale
Local Mental Health Director (PRINT)

Mary R Hale 3/13/17
Signature Date

I hereby certify that for the fiscal year ended June 30, 2016, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated 12/15/16 for the fiscal year ended June 30, 2016. I further certify that for the fiscal year ended June 30, 2016, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached report is true and correct to the best of my knowledge.

Salvador Lopez for Eric H. Woolery
County Auditor Controller / City Financial Officer (PRINT)

Salvador Lopez 3/13/17
Signature Date

[1] Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (02/14/2013)

APPENDIX I:
MINUTES FROM MENTAL HEALTH PUBLIC HEARING AND SPECIAL MEETING

County of Orange
Mental Health Board

405 W. 5th Street
Santa Ana, CA 92701
TEL: (714) 834-5481
MHB Website:
http://ochealthinfo.com/bhs/about/mhb

Tuesday, May 9, 2017
9:00 a.m. – 11:00 a.m.

Norman P. Murray
Community & Senior Center
24932 Veterans Way
Mission Viejo, CA 92692

MINUTES

Members Present: Alisa Chatprapachai, Karyl Dupee, Sandra Finestone, Matthew Holzmann, Karyn Mendoza, Carolyn Nguyen, Michaell Rose, Gregory Swift, Joy Torres

Members Absent: Supervisor Andrew Do, Fasi Siddiqui, Tia Christian

Call to Order at 9:13 a.m. by Michaell Rose

Welcome and Introductions

- Each member and attendee introduced themselves and their respective affiliation

Announcement:

Michaell announced that the General Mental Health Board meeting scheduled for today was cancelled. The Public Hearing regarding the MHSA Three-Year Plan for Fiscal Years 17/18 – 19/20 would remain open until a Special Meeting being held on May 24, 2017, from 9:00am – 10:30 am, at the Hall of Administration in Santa Ana, CA. No action by the MHB would take place at the Public Hearing taking place today, May 9, 2017.

APPENDIX I:
MINUTES FROM MENTAL HEALTH PUBLIC HEARING AND SPECIAL MEETING

County of Orange
Mental Health Board

405 W. 5th Street
Santa Ana, CA 92701
TEL: (714) 834-5481
MHB Website:
http://ochealthinfo.com/bhs/about/mhb

Tuesday, May 9, 2017
9:00 a.m. – 11:00 a.m.

MINUTES
Page 2 of 2

Open MHSA Public Hearing

- Opening Remarks: Jeff Nagel, BHS Director of Operations
  - Jeff thanked the guests in attendance and the members of the Mental Health Board. He provided a detailed presentation highlighting some facts and history about MHSA and its six (6) components. He also provided information on program changes and consolidations for the Community Services and Supports (CSS) and Prevention and Early Intervention (PEI) components. In addition, he provided information on the community planning involvement and stakeholder driven process for the MHSA Three-Year Plan for Fiscal Years 17/18 – 19/20.

- Guest Speakers:
  - A total of seven (7) individuals spoke in support of the MHSA Three-Year Plan for Fiscal Years 17/18 – 19/20. These individuals represented a consumer, family member, professional, and public interest point of view.

- Public Comment:
  - There were a total of seven (7) public comments; one (1) individual shared his concern on the need for co-located services and MHSA unspent funds. Five (5) individuals shared their vision for the creation of an MHSA Community Opportunity Fund. One (1) individual shared his concern with the need for inpatient facilities.

Close Public Hearing and MHB Vote: Action Item – Tabled

- Michaell Rose tabled the closing of the Public Hearing until a Special Meeting to be held on May 24, 2017.

Adjournment

- 10:51 am

Officially submitted by:

Karla Perez

Note: Copies of all writings pertaining to items in these MHB minutes are available for public review in the Behavioral Health Services Advisory Board Office, 405 W. 5th Street, Santa Ana, CA 92701, 714.834.5481 or Email:* kperez@ochca.com *

APPENDIX I:
MINUTES FROM MENTAL HEALTH PUBLIC HEARING AND SPECIAL MEETING

County of Orange
Mental Health Board

405 W. 5th Street
Santa Ana, CA 92701
TEL: (714) 834-5481
MHB Website:
http://ochealthinfo.com/bhs/about/mhb

Special Meeting
Wednesday, May 24, 2017
9:00 a.m. – 11:00 a.m.

Main Meeting Location
Hall of Administration
Planning Commission Hearing Room
333 W. Santa Ana Blvd.
Santa Ana, CA 92701

Public Meeting Location
Roadway Way Inn Capital
817 W. Capital Ave.
West Sacramento, CA 95691

MINUTES
Page 1 of 2

Members Present: Karyl Dupee, Sandra Finestone, Diana Heineck, Matthew Holzmann, Karyn Mendoza, Michaell Rose, Fasi Siddiqui, Gregory Swift, Joy Torres (*via Teleconference*)

Members Absent: Supervisor Andrew Do, Alisa Chatprapachai, Tia Christian, Carolyn Nguyen,

Call to Order at 9:04 a.m. by Michaell Rose

Welcome and Introductions

- Each member and attendee introduced themselves and their respective affiliation.

Announcement:

- Michaell announced this meeting was a continuation of the MHSA Public Hearing held on May 9, 2017, and reminded the audience that the Board would only allow time for new speakers providing public comments. Therefore, if a member of the public had previously made a public comment at the first part of the Public Hearing on May 9th they would not be able to provide a second comment at today's meeting.
- A member of the public, Alan Woo, requested a formal protest be recorded in support of a protocol change on public comment for Special Meetings or continuation of meetings, as he felt that members of the public should be provided an opportunity for public comment at every meeting.
- Mary Hale and a staff from County Counsel provided clarification on Public Comment, and advised that there may only be one (1) public comment per person per meeting. Due to this meeting being a continuation meeting, members of the audience can only provide one public comment at either of the two (2) meetings.

Public Comment:

- There were a total of four (4) additional public comments; one (1) individual supported the MHSA funded program "Connect the Tots", and described a pilot program which she asked the County to consider supporting in a sustainable way if there were unspent MHSA funds over the next three years. Two (2) individuals shared their vision for the creation of an MHSA Community Opportunity Fund. One (1) individual shared his concern with the need for more counselors who would provide services in other languages.

APPENDIX I:
MINUTES FROM MENTAL HEALTH PUBLIC HEARING AND SPECIAL MEETING

County of Orange
Mental Health Board

405 W. 5th Street
Santa Ana, CA 92701
TEL: (714) 834-5481
MHB Website:
http://ochealthinfo.com/bhs/about/mhb

Wednesday, May 24, 2017
9:00 a.m. – 11:00 a.m.

MINUTES
Page 2 of 2

Review of Public Comments from 30-Day Public Comment Period on Mental Health Services Act (MHSA)Three-Year Plan FYs 2017/18 – 2019/20

- Mary Hale thanked the guests in attendance and the members of the Mental Health Board for being flexible in accommodating a continuation to the Public Hearing. She provided a detailed presentation, beginning with an updated overview of the timeline for the MHSA Three-Year Plan and then highlighting responses to the topics and/or issues raised in the fourteen (14) public comments that were received on the Plan during the 30-Day Public Comment period.
- *Discussion*: Members of the MHB were involved in an open discussion about the MHSA Three-Year Plan. Michaell asked for a timeline on the University of California San Diego (UCSD) contract for an assessment of mental health needs and gaps in Orange County and what the process will look like; Mary provided her with an overview of the next steps which will include several focus groups and a first report available by March 2018. Matt Holzmann shared concerns about a shortage in psychiatrists due to budget issues and also shared his concern in not having enough psychiatric beds; Mary provided information on efforts that are being made by Orange County in being competitive with the hiring of psychiatrists and addressed that MHSA cannot pay for inpatient beds. Karyn Mendoza requested that the MHSA Community Opportunity Fund topic be added to the MHB Study Meeting for the month of June. Mary clarified concerns on funding and on how MHSA funds are received and distributed from the State. Lastly, members of the Board were thankful for the informative presentation and for the support from Behavioral Health Services staff.

Close MHSA Public Hearing and MHB Vote: Action Item

- Michaell Rose called for a vote via roll call for the approval of the MHSA Three-Year Plan for Fiscal Year 2017/ 18 – 2019/20. Members of the Board who were present and one member via teleconference approved the plan. The M HSA Three-Year Plan for Fiscal Year 2017/ 18 – 2019/20 was approved with a 9 yes / 0 no vote.

Adjournment

- 10:51 am

Officially submitted by:

Karla Perez

Note: Copies of all writings pertaining to items in these MHB minutes are available for public review in the Behavioral Health Services Advisory Board Office, 405 W. 5th Street, Santa Ana, CA 92701, 714.834.5481 or Email:* kperez@ochca.com *

APPENDIX II:
MINUTE ORDERS FROM THE BOARD OF SUPERVISORS

ORANGE COUNTY BOARD OF SUPERVISORS

MINUTE ORDER

June 27, 2017

Submitting Agency/Department: HEALTH CARE AGENCY

Approve Three-Year Plan for Mental Health Services Act, Proposition 63 programs and services, 7/1/17 - 6/30/20 ($548,862,051); and authorize Director or designee to execute Three-Year Plan - All Districts (Continued from 6/6/17, Item 32)

The following is action taken by the Board of Supervisors:

APPROVED AS RECOMMENDED ☒ OTHER ☐

Unanimous ☒ (1) DO: Y (2) STEEL: Y (3) SPITZER: Y (4) NELSON: Y (5) BARTLETT: Y

Vote Key: Y=Yes; N=No; A=Abstain; X=Excused; B.O.=Board Order

Documents accompanying this matter:

☐ Resolution(s)
☐ Ordinances(s)
☐ Contract(s)

Item No. 52

Special Notes:

Copies sent to:

HCA – Jeff Nagel

6/30/17

I certify that the foregoing is a true and correct copy of the Minute Order adopted by the Board of Supervisors, Orange County, State of California.
Robin Stieler, Clerk of the Board

By: _____
Deputy

1

APPENDIX II:
MINUTE ORDERS FROM THE BOARD OF SUPERVISORS

Revision to ASR and/or Attachments

RECEIVED
CLERK OF THE BOARD
JUN 19 2017

Date: 6/13/17
To: Clerk of the Board of Supervisors
CC: County Executive Office
From: Richard Sanchez, Agency Director, Health Care Agency
Re: ASR Control #: 17-000250, Meeting Date 6/27/17 Agenda Item No. # 52
Subject: Mental Health Services Act Three-Year Program and Expenditure Plan

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Explanation: The Health Care Agency would like to replace Attachment A due to revisions to the following pages. These revisions to Attachment A are the result of incorporating public comments received by the Mental Health Services Act Board after the 30 days Public Comment Period and two Public Hearings.

Page 6 – Budget number in total funding changed to correct an error
Page 27 – The additional Public Hearing date of May 24 was added
Page 118 – Incorporated Evidence Based Practices outcome information
Page 160 – Title of graph corrected
Page 171 – Added in the number of linkages provided by the Outreach and Engagement staff
Page 262-293 – These are the public comments

☐ Revised Recommended Action(s)

☒ Make modifications to the:

☐ Subject ☒ Background Information ☐ Summary

The FY 2017-18 through FY 2019-20 MHSA Three-Year Plan was posted and distributed throughout the community for a 30-day Public Comment period on March 29, 2017. At the close of the Public Comment period, the Mental Health Board (MHB) held a Public Hearing on the Three-Year Plan on May 9, 2017, which was continued at a special meeting held by the MHB on May 24, 2017, when it was approved.

The Three-Year Plan for FY 2017-18 through FY 2019-20 will provide revenue to support expanded and enhanced mental health and supportive services, prevention and early intervention services that are all consistent with projections of MHSA revenue for this time.

APPENDIX II:
MINUTE ORDERS FROM THE BOARD OF SUPERVISORS

June 19, 2017

In addition, based on Orange County Board of Supervisors direction at the June 6, 2017, Board meeting, HCA will begin the planning process to add $5,000,000 to MHSA Housing from currently available unspent funds. A significant portion of these unspent funds are allocated to sustain and expand existing MHSA programs five years out. The remaining portion of unspent and unallocated dollars are available to fund one-time special projects, such as this June 6th direction by the OC Board of Supervisors. HCA will work with the MHSA Steering Committee to schedule a special meeting to discuss the allocation of $5,000,000 to MHSA Housing.

☒ Revised Attachments (attach copy of revised attachment(s))

Attachment A – MHSA Three-Year Plan

APPENDIX II:
MINUTE ORDERS FROM THE BOARD OF SUPERVISORS

Agenda Item

AGENDA STAFF REPORT

ASR Control 17-000250

MEETING DATE:	06/06/17
LEGAL ENTITY TAKING ACTION:	Board of Supervisors
BOARD OF SUPERVISORS DISTRICT(S):	All Districts
SUBMITTING AGENCY/DEPARTMENT:	Health Care Agency (Approved)
DEPARTMENT CONTACT PERSON(S):	Jeff Nagel (714) 834-7024
	Mary Hale (714) 834-6032

SUBJECT: Mental Health Services Act Three-Year Program and Expenditure Plan

CEO CONCUR	COUNTY COUNSEL REVIEW	CLERK OF THE BOARD
Concur	No Legal Objection	Discussion 3 Votes Board Majority

Budgeted: N/A **Current Year Cost:** N/A **Annual Cost:** FY 2017-18 $168,639,006 FY 2018-19 $193,981,780 FY 2019-20 $186,241,265

Staffing Impact: No **# of Positions:** **Sole Source:** N/A

Current Fiscal Year Revenue: N/A

Funding Source: State: 100% (Mental Health Services Act/Prop 63) **County Audit in last 3 years:** No

Prior Board Action: 5/24/2016 #61, 6/2/2015 #33, 5/14/2014 #29

RECOMMENDED ACTION(S):

1. Approve the MHSA Three-Year Plan for the provision of the Mental Health Services Act, Proposition 63 programs and services for the period of July 1, 2017, through June 30, 2020, in the amount of $548,862,051.
2. Authorize the Health Care Agency Director, or designee, to execute the Three-Year Plan as referenced in the Recommended Action above.

SUMMARY:

The Health Care Agency requests approval of the Mental Health Services Act Three-Year Plan and Expenditure Plan for FY 2017-18 through FY 2019-20.

BACKGROUND INFORMATION:

Page 1

APPENDIX II:
MINUTE ORDERS FROM THE BOARD OF SUPERVISORS

In November 2004, California voters approved Proposition 63, the Mental Health Services Act (MHSA). The MHSA provides the California Department of Health Care Services the opportunity for increased funding, personnel, and other resources in support of county mental health programs. The goal of MHSA programs is to reduce the long-term adverse impact of untreated serious mental illness and serious emotional disturbance through the expanded use of successful, innovative and evidence-based or promising practices that are implemented to fill identified needs and gaps in the current system of care. Components of the MHSA include Community Services and Supports, Workforce Education and Training, Prevention and Early Intervention, Innovation, and Capital Facilities and Technological Needs.

Welfare and Institutions Code § 5847 states that the county mental health program shall prepare and submit a three-year program and expenditure plan, and annual updates, adopted by the County of Orange Board of Supervisors, to the Mental Health Services Oversight and Accountability Commission within 30 days after adoption. On May 14, 2014, the Board approved the FY 2014-15 through FY 2016-17 Three-Year Plan. On June 2, 2015, the Board approved the FY 2015-16 MHSA Annual Plan Update. On May 24, 2016, the Board approved the FY 2016-17 MHSA Annual Plan Update. The Mental Health Services Act statutes require that all plans and plan updates be approved at the local level.

The Three-Year Plan is a comprehensive look at all local MHSA programs, including program descriptions, outcomes from the previous fiscal year, community impacts, program challenges and the budgets and estimated numbers to be served for the upcoming three years. Orange County's Three-Year MHSA Plan was developed based on an extensive community planning process in which all sections of the plan were discussed, reviewed and approved by relevant subcommittees and recommended to the MHSA Steering Committee. The MHSA Steering Committee approved of the programs and budgets at meetings on December 5, 2016, and on February 6, 2017. Consistent with needs identified during the planning process, the current Three-Year Plan, in part, continues to devote resources to (a) increase timely access to mental health services by un- and underserved residents of Orange County through expanded outreach and engagement efforts; (b) increase appropriate alternatives to inpatient hospitalization through the development of additional crisis stabilization units and the expansion of in-home crisis stabilization services to the adult population; and (c) expand intensive, recovery-focused outpatient services provided through our County's network of Full Service Partnerships and Programs for Assertive Community Treatment. A brief list of some of the changes and additions to the Plan are listed below; please refer to the Plan for a complete description of all program changes and enhancements.

Notable Changes/Additions in the Plan

Community Services and Supports:
Expansions

- Youth Core Services has been expanded to address Short-Term Residential Therapeutic Program requirements and provide trauma-informed care for foster youth with the highest level of need.
- A The outpatient clinic program for youth with co-occurring mental and physical illnesses will expand to provide a Full Service Partnership for youth who have a higher level of need than what the current clinic is able to provide.

New Programs:

- A New PACT program for younger Transitional Age Youth aged 14-21
- A Co-Occurring Mental Health and Substance Use Disorder Residential Treatment Program for adults 18 years and older
- An Outreach team for The Courtyard residents
- Co-Located Services funds apportioned

Page 2

APPENDIX II:
MINUTE ORDERS FROM THE BOARD OF SUPERVISORS

Prevention and Early Intervention:

- In order to increase program efficiencies a number of PEI programs have been consolidated. There was no loss in services as a result of any of the changes. Two programs were eliminated, but the services were services were maintained in other programs:
    - The Professional Assessors Program was discontinued and the services were transferred to other existing program already serving the target populations (OC4Vets, Community Counseling and Supportive Services)
    - The Drop Zone program was discontinued, with funds going to implement a new and expanded school-based Veterans Program

A fiscal review was conducted for all programs to align more closely with actual program expenditures from the most recent fiscal year (FY 2015-16). The review identified cost savings of approximately $19 million largely from funds that went unspent during a program's development or implementation phase. The programs that were enhanced or expanded with the available funds are consistent with feedback from the community during the MHSA Public Forum held on October 2, 2016, as well as through comments received from the public via emailed public comment forms.

The FY 2017-18 through FY 2019-20 MHSA Three-Year Plan was posted and distributed throughout the community for a 30-day Public Comment period on March 29, 2017. At the close of the Public Comment period, the Mental Health Board held a Public Hearing on the Three-Year Plan on May 9, 2017, where it was approved.

The Three-Year Plan for FY 2017-18 through FY 2019-20 will provide revenue to support expanded and enhanced mental health and supportive services, prevention and early intervention services that are all consistent with projections of MHSA revenue for this time.

The Health Care Agency requests the Board approve the MHSA Three-Year Plan as referenced in the Recommended Actions.

FINANCIAL IMPACT:

Appropriations and revenue will be included in the budgeting process for future years.

STAFFING IMPACT:

N/A

ATTACHMENT(S):

Attachment A - MHSA Three-Year Plan
Attachment B - WIC Code 5847

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APPENDIX III:
PUBLIC COMMENTS (MARCH 29, 2017 – APRIL 29, 2017)

County of Orange
Health Care Agency, Behavioral Health Services
MHSA Office
405 W. 5th St. Suite 354
Santa Ana, CA 92701

Phone: (714) 834-3104 E-mail: mhsa@ochca.com

Mental Health Services Act
Three Year Plan FY 2017/18 – FY 2019/20

30-Day Public Comment Form

March 29, 2017 to April 28, 2017

PERSONAL INFORMATION			
Name	Alisa Chatprapachai		
Agency/Organization	OC MHB Member, family member		
Phone number	714-878-9911	E-mail	alisaotd@gmail.com
Mailing address (street)	10272 Aqueduct Dr.		
City, State, Zip	Cypress	CA	90630

MY ROLE IN THE MENTAL HEALTH SYSTEM			
☐	Person in recovery	☐	Probation
☑	Family member	☐	Education
☑	Service provider	☐	Social Services
☐	Law enforcement/criminal justice	☐	Other (please state)

COMMENTS

I'd like to see TAY FSP (i.e. OCAPICA) extend the age eligibility. OCAPICA serves a unique population and families. When partners have just started to trust their therapists, they will have need to go through transitions again. Thank you for your consideration.

APPENDIX III:
PUBLIC COMMENTS (MARCH 29, 2017 – APRIL 29, 2017)

Response

Thank you for your suggestion about extending the age range served by the Transitional Age Youth (TAY) FSP known as Project FOCUS as a way to continue supporting the recovery of those who have historically been un- and underserved in mental health services. We will communicate your comment – as well as others received during the community planning process about creating an adult FSP capable of serving the unique needs of the Asian/Pacific Islander community – both to BHS Management and the MHSA Steering Committee. As funding becomes available, we will use an extensive community planning process to consider needs such as the one you raised here.

APPENDIX III:
PUBLIC COMMENTS (MARCH 29, 2017 – APRIL 29, 2017)

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Santa Ana, CA 92701

Phone: (714) 834-3104 E-mail: mhsa@ochca.com

Mental Health Services Act
Three Year Plan FY 2017/18 – FY 2019/20

30-Day Public Comment Form

March 29, 2017 to April 28, 2017

PERSONAL INFORMATION			
Name	Mary Palafox		
Agency/Organization	SARDAA.ORG		
Phone number	714-323-0423	E-mail	mmfox@ymail.org
Mailing address (street)	11942 Woodlawn Ave		
City, State, Zip	Santa Ana	CA	92705

MY ROLE IN THE MENTAL HEALTH SYSTEM			
☐	Person in recovery	☐	Probation
x	Family member	x	Education
☐	Service provider	☐	Social Services
☐	Law enforcement/criminal justice	x	Other (please state)

COMMENTS

From what I can see-the plan doesnt address the treatment needs for the gravely disabled patient-esp those with schizophrenia spectrum disorder (SSD). They are usually the most severely impaired-both cognitively and mentally.

Mental health court is again extremely underfunded according to OC statistics. The steps within these programs have not been updated in over 20 yrs and are not inclusive for the more severely disabled or those on conservatorship. (with cognitive impairment, treatment resistent psychosis or lacking insight into their illness). This is quite alarming since neighboring LA county has designed their courts/programs to accommodate the most disabled (usually again those with schizophrenia spectrum illness). All clients deserve the same chance and opportunity to rehabilitate regardless of the severity of their illness. It shouldn't be that they are "too ill". If that's the case, then we need to fund and adapt our programs to meet their abilities. In OC's plan the gravely disabled and those with SSD are noted to be extremely underserved. We still mainly focus on mood disorders and substance abuse.

Ive commented in the past-there needs to be support services for private conservators. If the county would assist and support private conservators, more families would be willing to take on this heavy responsibility unburdening the public guardians office and our long term care facilities. We need day care programs, FSP's, cognitive remidiation therapies that work specifically to enhance cognition, family reunification and inclusion into society. There is also no clear pathway for private patients to engage in county programs and services-esp knowing they are revenue producing.

APPENDIX III:
PUBLIC COMMENTS (MARCH 29, 2017 – APRIL 29, 2017)

Response

Treatment Needs for those who are Gravely Disabled:

CSS funding is specifically devoted to providing a range of services for those living with serious mental illness, including schizophrenia spectrum disorders. We have used a more global term – serious (and persistent) mental illness (S/PMI) – throughout the Plan to retain the language of the Mental Health Services Act. However this was not meant to imply that those living with schizophrenia and other related disorders are not being served.

The County offers intensive outpatient services to individuals with schizophrenia and other serious mental illness through a network of services. This includes the Assisted Outpatient Treatment (AOT) Assessment and Linkage Team that specifically assesses individuals for AOT criteria and links them to the appropriate level of care, which can include the AOT Full Service Partnership (FSP). Due to the nature of the criteria, those who qualify for AOT are generally individuals exhibiting the most serious impairments that have substantially contributed to recent psychiatric hospitalizations; receipt of services in a forensic or mental health unit of a state or local correctional facility; one or more acts of serious violent behavior toward him/herself or another person; and/or threats or attempts to cause physical harm to him/herself or another person within a specified time frame. In addition to the AOT FSP, the County also provides intensive outpatient services through several other FSP programs and through Programs for Assertive Community Treatment (PACT). All of these programs are specifically designed to assist those living with schizophrenia and other forms of SPMI in their recovery, including services to increase daily and social activities. They also work to strengthen family relationships, with several FSPs in particular having recently begun to focus more efforts on reuniting families, whenever appropriate. Once individuals have made gains in their recovery and can succeed in a lower level of care, they can be referred to CSS programs such as the Recovery Centers, Clinic Recovery Services, Peer Mentoring Program and/or the Wellness Centers, all of which strive to encourage and support members' integration into their communities.

Mental Health Courts:

With regard to MHSA funding provided to the Mental Health Collaborative Courts, please note that the dollars are specifically funding the Probation Officers who work within the Collaborative Courts to help prevent the incarceration of individuals who are living with SPMI and involved with the Courts. Intensive behavioral health treatment is provided by, and separately funded through, the FSP and PACT programs, which have recently expanded.

APPENDIX III:
PUBLIC COMMENTS (MARCH 29, 2017 – APRIL 29, 2017)

Support for Private Conservators/Access to County Services:

Currently the County provides the following supportive services for *private* conservators through the Public Guardian's office:

- Public Guardian Quarterly Workshops – The Public Guardian invites private conservators to a quarterly meeting, during which time they are assisted with navigating the LPS reappointment process. This meeting is facilitated by a private attorney who volunteers her time.
- Orange County Conservator Assistance Group (OCCAG) meets monthly to discuss various topics related to LPS conservatorship and is designed to support and educate private conservators. Public Guardian staff and County Counsel also attend to provide information, as requested.
- Public Guardian Office – The Public Guardian offers a handbook specifically for private conservators and advises private conservators that they can contact the office at any time for assistance related to the conservatorship, placement, benefits, etc.

In addition, one track of the STEPS FSP specifically works with adults who are on Lanterman Petris Short (LPS) conservatorship and returning to the community from long-term care placements. The total number of slots for STEPS was increased to 109 in November 2016. During FY 2016/17 to date, STEPS reports that about 25% of its members are on private conservatorship, 48% on public conservatorship and 27% not on conservatorship. The FSP provides some support to private conservators (usually family members) by having family meetings as needed, encouraging family to come to treatment appointments, providing referrals to OCCAG, assisting with conservatorship reappointment documents, etc.

The County offers several intensive outpatient services programs as described above, and many MHSA-funded programs are available for individuals on conservatorship or with private insurance. Treatment for non-MediCal participants is provided on a sliding fee scale established by the State. We thank you for articulating your concerns and, as a result, we have reached out to other counties to see what MHSA services they may provide, if any, to support private conservators. We will ensure that your comments, as well as any feedback we receive from other counties, are communicated to BHS Management and the MHSA Steering Committee.

APPENDIX III:
PUBLIC COMMENTS (MARCH 29, 2017 – APRIL 29, 2017)

Condado de Orange
Agencia de Cuidados de la Salud,
Servicios de Salud del Comportamiento
Oficina de MHSA
405 W. 5th St. Suite 354
Santa Ana, CA 92701

Teléfono: (714) 834-3104
Correo Electrónico: mhsa@ochca.com

Ley de Actualización de Servicios de Salud Mental

Formulario Para Comentarios Públicos de 30 Días

29 de Marzo al 28 de Abril 2017

INFORMACION PERSONAL				
Nombre	**Apolonio Cortes**			
Agencia/Organización	**Miembro de familia & CAAC member**			
Numero de Teléfono	**714 699-8677 (Spanish)**	**Correo Electrónico**	**apoloniocortes@yahoo.com**	
Dirección (Calle)	**946 W. Chestnut**			
Ciudad, Estado, Zona Postal	**SA**	**CA**	**92703**	

MI FUNCION EN EL SISTEMA DE SALUD MENTAL			
☐	**Persona en Recuperación**	☐	**Departamento de Libertad Condicional/Probation**
X	**Miembro de Familia**	☐	**Educación**
☐	**Proveedor de Servicios**	☐	**Departamento de Servicios Sociales**
☐	**Ley de Seguridad/Justicia Criminal**	☐	**Otro (porfavor de elaborar)**

COMENTARIOS

I'm aware that there will be some cuts and possible discontinue of some services, but I would to recommend that the Prevention and Intervention programs need to remain as they are essential to the overall wellness of all family members in my community. These services are extremely important to prevent mental illness, including co-occurring disorders, to develop into a more serious and persistent mental illness. These services also prevent family members to be hospitalised and use much needed resources for those with chronic mental health illness. Thank you for the opportunity to express my comment and for all the support. I trust that my comment will be taken into consideration and will be used by the county BHS to continue providing these invaluable services. On behalf on my community I would like to offer my gratitude for this opportunity.

Sinceramente,
Apolonio Cortes

APPENDIX III:
PUBLIC COMMENTS (MARCH 29, 2017 – APRIL 29, 2017)

Response

Thank you for expressing your appreciation for Prevention and Early Intervention (PEI) programs and concerns about any possible loss of services. For this next three year cycle, there have been a number of program consolidations within the PEI component. During this process care was taken to ensure that there was no loss in service capacity. These changes were made to increase administrative efficiencies and, in some situations, the combining of programs actually allowed for increased service capacity going forward due to administrative cost savings.

Although two PEI programs (i.e., Professional Assessors, Drop Zone) have been discontinued, the services they provided were not eliminated but instead transferred to other existing programs already serving the same identified target population (i.e., OC4Vets, Community Counseling and Supportive Services, College Veterans Program). Thus, while the program *names* are being discontinued, the services provided by those programs remain intact.

APPENDIX III:
PUBLIC COMMENTS (MARCH 29, 2017 – APRIL 29, 2017)

County of Orange
Health Care Agency, Behavioral Health Services
MHSA Office
405 W. 5th St. Suite 354
Santa Ana, CA 92701

Phone: (714) 834-3104 E-mail: mhsa@ochca.com

Mental Health Services Act
Plan Update FY 15/16

30-Day Public Comment Form

April 8, 2016 to May 9, 2016

PERSONAL INFORMATION					
Name	Rick Francis				
Agency/Organization	City of Costa Mesa				
Phone number	714-754-5688	E-mail	Rick.francis@costamesaca.gov		
Mailing address (street)	77 Fair Drive				
City, State, Zip	Costa Mesa	CA	92626		

MY ROLE IN THE MENTAL HEALTH SYSTEM				
☐	Person in recovery	☐	Probation	
☐	Family member	☐	Education	
☐	Service provider	☐	Social Services	
☐	Law enforcement/criminal justice	X ☐	Other (please state)	Ctiy Government

COMMENTS

I'm not sure that cities understand how MHSA funding can be utilized or how they can provide meaningful input into the Public Comment process. As more cities are taking repsonsibility to respond to the mental health crises in their communities, it is important that cities be better informed of the opportuinities that exist to use MHSA funding through the County's program. For example, now sitting on the Innovations Committee, it would be interesting for me to see how cities could band together to create a new program model that has never been devised before. I don't believe most cities know this is even a possibility.

Thanks!

APPENDIX III:
PUBLIC COMMENTS (MARCH 29, 2017 – APRIL 29, 2017)

Response

We appreciate your suggestion on how Orange County can improve its public comment process by involving city officials. The MHSA Coordination Office has begun actively working to identify various ways to improve and extend its community outreach efforts, including during the public comment process. In addition, BHS staff have been reaching out to coordinate the establishment of Psychiatric Emergency Response Teams with cities and local law enforcement. Furthermore, BHS Outreach & Engagement Services is partnering with several cities and law enforcement agencies to link homeless individuals and families to behavioral health services and other services including housing. We look forward to partnering with cities as part of these and other activities.

APPENDIX III:
PUBLIC COMMENTS (MARCH 29, 2017 – APRIL 29, 2017)

County of Orange
Health Care Agency, Behavioral Health Services
MHSA Office
405 W. 5th St. Suite 354
Santa Ana, CA 92701

Phone: (714) 834-3104 E-mail: mhsa@ochca.com

Mental Health Services Act
Three Year Plan FY 2017/18 – FY 2019/20

30-Day Public Comment Form

March 29, 2017 to April 28, 2017

PERSONAL INFORMATION			
Name	Michael Arnot		
Agency/Organization	Children's Cause Orange County		
Phone number	949-690-5274	E-mail	marnot@childrenscauseoc.org
Mailing address (street)	13217 Jamboree Road, #235		
City, State, Zip	Tustin	CA	92782

MY ROLE IN THE MENTAL HEALTH SYSTEM			
☐	Person in recovery	☐	Probation
☐	Family member	☐	Education
☐	Service provider	☐	Social Services
☐	Law enforcement/criminal	☒	Other (please MH Workforce Development

COMMENTS

Correction to Draft MHSA Three Year Plan:

At the beginning of the first paragraph on Page 194, it states that "During FY 15/16, a total of 505 children and 401 parents were served by School Readiness…" This should be corrected to read "During FY 15/16, a total of 258 children and 265 parents were served by School Readiness…" (see second page of attached School Readiness UOS reports for detail).

HCA confirmed that, as reported on the Units of Service report submitted along with the comment, the total number of children and parents served is 258 and 265, respectively. Please see response below for an explanation

APPENDIX III:
PUBLIC COMMENTS (MARCH 29, 2017 – APRIL 29, 2017)

Response

During FY 15/16, the reporting of 505 children being served in the School Readiness Program and the reporting of 401 parents being served are accurate counts. The counts referenced in the public comment (258 children and 265 parents) are accurate counts for *newly enrolled* participants in FY 15/16. However – in addition to these counts – there were children and parents/caregivers who were enrolled in the previous fiscal year and continued services into FY 15/16 but not included in the 258/265 counts. There were also re-enrolled participants who were not reflected in the 258/265 counts. Consequently, there were an additional 247 children and an additional 136 parents served in FY 15/16, resulting in a total of 505 children and 401 parents served during this time frame.

APPENDIX III:
PUBLIC COMMENTS (MARCH 29, 2017 – APRIL 29, 2017)

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Santa Ana, CA 92701

Phone: (714) 834-3104 E-mail: mhsa@ochca.com

Mental Health Services Act
Three Year Plan FY 2017/18 – FY 2019/20

30-Day Public Comment Form

March 29, 2017 to April 28, 2017

PERSONAL INFORMATION			
Name	**Stephen McNally**		
Agency/Organization	**Resident of Costa Mesa**		
Phone number	**714-600-1499**	**E-mail**	**Stmcnally1@gmail.com**
Mailing address (street)	**1931 Anaheim Avenue**		
City, State, Zip	**Costa Mesa**	**CA**	**92627**

MY ROLE IN THE MENTAL HEALTH SYSTEM				
X	**Person in recovery**	☐	**Probation**	
X	**Family member**	☐	**Education**	
☐	**Service provider**	☐	**Social Services**	
☐	**Law enforcement/criminal justice**	**X** ☐	**Other (please state)**	**Son uses/used resources**

COMMENTS

Background:

We are heavy users of the MHSA funded resources. Our Adult child has a serious mental illness with co-occurring disorders, receives SSI: is currently medically compliant, and sober.

My son when willing can take advantage of funded programs. Unspent funds do not address high caseloads, limited Peer/Family Support Specialists, and delayed starts for programs.

APPENDIX III:
PUBLIC COMMENTS (MARCH 29, 2017 – APRIL 29, 2017)

Unspent MHSA Funds Are Not Working Funds (page 242):

Annual unspent fund balances range from a high of $145 million from the prior three-year plan. This three-year plan is expected to generate e $61 million unspent balance which will go into the next three-year cycle. Innovation dollars requiring MHSOAC pre-approval are not included.

The plan narrative discusses staffing shortages, recruiting difficulties, delayed program start dates and data clarity. Examples can be found using key word searches.

Spending to budget while keeping a $70 million-dollar prudent reserve might reduce the shortfalls or going deeper within working programs before adding new programs.

A better understanding of budget and program status would allow faster re-allocation of resources:

- Budget Status: Working versus Non-Working Dollars.
- Program Status: Program Development-MHSA/MHB Approval/ 30 Day Public Review, BOS Approved BOS-RFP Issued, RFP Awarded Program Start Date)

MHSOAC Reviews Reversion Policy MHSA Funds (03/22/17)

MHSOAC is reviewing the reversion policy which has not been enforced. (see 03/22/17 document on website)

While MHSOAC may be reluctant: the legislature may be more interested in these funds.

The reallocation of MHSA funds to “No Place Like Home” acts like a reversion (money returns to the state and counties compete for funds}

Regardless, spending to budget benefits the community and provides protection against reversion.

APPENDIX III:
PUBLIC COMMENTS (MARCH 29, 2017 – APRIL 29, 2017)

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Phone: (714) 834-3104 E-mail: mhsa@ochca.com

Mental Health Services Act
Three Year Plan FY 2017/18 – FY 2019/20

30-Day Public Comment Form

March 29, 2017 to April 28, 2017

PERSONAL INFORMATION			
Name	Michael Arnot		
Agency/Organization	Children's Cause Orange County		
Phone number	949-690-5274	E-mail	marnot@childrenscauseoc.org
Mailing address (street)	13217 Jamboree Road, #235		
City, State, Zip	Tustin	CA	92782

MY ROLE IN THE MENTAL HEALTH SYSTEM				
☐	Person in recovery	☐	Probation	
☐	Family member	☐	Education	
☐	Service provider	☐	Social Services	
☐	Law enforcement/criminal justice	☒	Other (please state)	MH Workforce Development

COMMENTS

In order to support the implementation of a **MHSA Community Opportunities Fund** (see previous comment with email to MH dated 4/27/17) as well new initiatives supporting existing MHSA contractors, increased utilization of MHSA resources should be reviewed and actions taken to address these issues. Several factors contribute to underutilization including:

1. The gap between Actual Revenue and Budget
2. MHSA expenditures that are planned but not implemented – HCA
3. MHSA funds that are awarded but not spent – Contractors
    a. Vacancies
    b. Other program expenses not implemented
4. Spending funds but not providing services

It is estimated that at least $40 million a year in MHSA resources are underutilzed due to the these factors. Children's Cause Orange County, in coordination with HCA and other community organizations, seeks to better clarify the amounts involved, the reasons for these areas of underutilization, and the possible solutions that can be provided directly by Orange County communities themselves.

APPENDIX III:
PUBLIC COMMENTS (MARCH 29, 2017 – APRIL 29, 2017)

Response

Unspent Funds:

While MHSA legislation requires a report that details program and expenditure plans over a three-year cycle, BHS actually budgets over a five-year cycle so that the revenues anticipated at the time of planning will be fully spent at the end of the five years. Thus, while fiscal reports may identify un*spent* funds at a given point in time, these funds are not necessarily un-*allocated*. That is, much of the unspent funds viewable on publicly available financial reports are actually earmarked to continue funding programs, services and/or capital investments two years beyond the time frame captured in the Three-Year Plan. This approach allows for fewer potential disruption to services and better continuity of care, particularly during times of potential fluctuations in funding that – while perhaps not significant enough for the State to authorize use of our local Prudent Reserve (described in more detail below) – can nevertheless impact our ability to sustain and/or expand services during times of greater need. Such disruptions to funding can include lower than anticipated MHSA revenues, delays in state and federal reimbursements, and other related financial impacts.

Not all funds are expended during a program's start up and implementation phase. Orange County does attempt to minimize the impact of unspent MHSA funds by performing a fiscal review each year prior to the annual MHSA community planning process. This review identifies unspent dollars during the most recent fiscal year and aligns existing program budgets more closely to actual program expenditures. Unspent dollars are identified and re-allocated on an annual basis. This budget reallocation process, in conjunction with receipt of MHSA revenue, has allowed us to increase the number of outpatient clinic staff providing new behavioral health services, PACT teams, CAT/PERT clinicians, and FSP slots over the last few years to accommodate growing community needs.

We recognize that fiscal reporting is complex and can be difficult to communicate effectively. As such, each year we invite a financial consultant to provide an MHSA Fiscal Update to the MHSA Steering Committee. The presentation for this year will occur in early FY 17/18, and announcements will be sent out to the public. We encourage all those interested in learning more about MHSA funding and challenges to attend this meeting.

Prudent Reserve:

The MHSA requires counties to establish and maintain a Prudent Reserve to ensure that a county may sustain its services when MHSA revenue falls below recent revenue averages. In addition, the Act states that (a) the county must first seek permission from the State to access Prudent Reserve funds, and (2) these funds may only be used to serve the same number of individuals that the county had been serving in the fiscal year just prior the revenue shortfall. The Prudent Reserve may not be used to increase or expand services.

The requirements surrounding the MHSA Prudent Reserve are strictly regulated. However the ability to sustain critical services during periods of economic volatility and downturn allows California's counties to continue their mental health programs during times of greatest community need.

APPENDIX III:
PUBLIC COMMENTS (MARCH 29, 2017 – APRIL 29, 2017)

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Mental Health Services Act
Three Year Plan FY 2017/18 – FY 2019/20

30-Day Public Comment Form

March 29, 2017 to April 28, 2017

PERSONAL INFORMATION			
Name	Michael Arnot		
Agency/Organization	Children's Cause Orange County		
Phone number	949-690-5274	E-mail	marnot@childrenscauseoc.org
Mailing address (street)	13217 Jamboree Road, #235		
City, State, Zip	Tustin	CA	92782

MY ROLE IN THE MENTAL HEALTH SYSTEM				
☐	Person in recovery	☐	Probation	
☐	Family member	☐	Education	
☐	Service provider	☐	Social Services	
☐	Law enforcement/criminal justice	☒	Other (please state)	MH Workforce Development

COMMENTS

[See attached email dated 4/27/2017 and supporting documents submitted as public comment for the MHSA Three Year Plan]

APPENDIX III:
PUBLIC COMMENTS (MARCH 29, 2017 – APRIL 29, 2017)

Gmail

Michael Arnot <marnot@childrenscauseoc.org>

Actions Requested by Community Providers
1 message

Michael Arnot <marnot@childrenscauseoc.org> Thu, Apr 27, 2017 at 3:39 PM

Hi Mary,

Yesterday, we facilitated a Community Forum of community-based organizations that work closely with the undeserved populations that MHSA is intended to support. Organizations represented included Children's Bureau, The Cambodian Family Community Center, FACES, Inc, Human Options, State Council on Developmental Disabilities, The Center for Autism and Neurodevelopmental Disorders, Regional Center of Orange County, Young Lives Redeemed, Orange County Community Foundation, BPSOS-CA, Help Me Grow, Institute for Healthcare Advancement (IHA), Blind Children's Learning Center, Resilience OC, and others. What most of these groups have in common is that they provide mental health services or supports but do not currently receive MHSA funding.

The Forum identified key areas of needs within the community that our mental health system of care does not support or effectively integrate with. For example: 1) Mental health specialists who work with visually impaired children who currently do not have the capacity to address the mental health needs in this population and cannot refer to HCA therapists who do not have the training for working with this population; 2) Domestic violence services providers who have have to put together their own clinical supports because they cannot find providers that work within their unique setting; and 3) an Orange County Cambodian-American community that continues to be frustrated in their efforts to establish their own program for secondary trauma.

Various organizations present had all experienced challenges in being able to access funding from HCA BHS to support their efforts. It was clear that the status quo is not working. The group reviewed the ongoing issue of MHSA underutilization and heard a presentation from Children's Bureau on their current pursuit of a School Readiness contract. The Children's Bureau experience of following all the RFP steps necessary to appeal a decision in favor of a poor performing contractor, only to have HCA staff attempt to bypass the RFP anyway, exemplifies what community based organizations often have to face in attempting to work with HCA. From the perspective of both community members and those therapists and staffs in programs such as the Children's In Home Crisis Stabilization (CIHCS) program, there are "pockets of collusion" between some of your managers and the executive leadership of the provider that seek to continue to keep these dysfunctional conditions in place at all costs. Not giving the CIHCS team an EHR system is just one example (see attached). After Children's Bureau received a notice that School Readiness RFP was being withdrawn and would soon be re-released, they learned that you had the existing contractor sign an entirely new contract anyway and that you plan to bring to the BOS on May 23rd with a 64% budget increase. These types of actions make it particularly daunting for any community based organization wishing to work with you to address some of our County's most pressing needs. It is requested that steps be taken to stop practices such as these that unfairly favor poor performing contract providers that have longstanding relationships with your staff.

There was widespread support in the group for encouraging changes in how MHSA funds are managed and made available to the community. Of the options reviewed, establishment of an MHSA Community Opportunity Fund seemed to be the most promising. Under this concept, MHSA funding currently being underutilized would be made available through an RFA process open to organizations with budgets under $3 million or that currently do not have an MHSA funded contract. We will be submitting this communication as part of the public comment period for the Draft Three Year MHSA Plan. However, more is needed at this point from HCA than simply receiving and reviewing comments. Action is needed to provide an additional path for community based providers who are attempting to address unique mental health services needs that the current system does not provide for. As HCA continues to consolidate contracts with ever larger providers, a counterbalance is needed to provide for specialized community-based projects and programs. We request, at a minimum, that you present this concept to the MHSA Steering Committee on May 1st and seek review by the Committee for a potential addendum or modification to the Draft MHSA Plan. Please note, that a similar recommendation was brought forward to Jeff Nagel and then to the MHSA P&I Subcommittee. Even though this received broad support from members of the Subcommittee, no action was taken by your staff to bring the item forward.

APPENDIX III:
PUBLIC COMMENTS (MARCH 29, 2017 – APRIL 29, 2017)

We were told at the time that there was not sufficient staff support to start new initiatives. Given the importance of the need in the community and the amount of MHSA funding in reserve, something is clearly broken in the system when this type of inaction occurs. We ask for your assistance in helping to push out of this cycle.

Thank you for your consideration.

Best regards,
Michael

--
Michael Arnot
Executive Director
Children's Cause Orange County
13217 Jamboree Road, #235
Tustin, CA 92782
(949) 690-5274
www.childrenscauseoc.org

4 attachments

Mental Health Funding - Community Forum Flyer.pdf
203K

MHB Slides 04262017.pdf
347K

School Readiness RFP - Protest Appeal & Cancellation (Redacted).pdf
4162K

CIHCS Feedback.pdf
81K

Because the attachments referenced above are part of an RFP grievance and appeal process and not comments specifically related to the current MHSA Three-Year Plan, they are not reprinted here. The email that was submitted as part of the public comment process is reprinted in full.

APPENDIX III:
PUBLIC COMMENTS (MARCH 29, 2017 – APRIL 29, 2017)

County of Orange
Health Care Agency, Behavioral Health Services
MHSA Office
405 W. 5th St. Suite 354
Santa Ana, CA 92701

Phone: (714) 834-3104 E-mail: mhsa@ochca.com

Mental Health Services Act
Three Year Plan FY 2017/18 – FY 2019/20

30-Day Public Comment Form

March 29, 2017 to April 28, 2017

PERSONAL INFORMATION			
Name	Dalit Bruchstein		
Agency/Organization	Blind Children's Learning Center		
Phone number	714-642-7057	E-mail	Dalit@znet.com
Mailing address (street)	18542-B Vanderlip Ave		
City, State, Zip	Santa Ana	CA	92705

MY ROLE IN THE MENTAL HEALTH SYSTEM			
☐	Person in recovery	☐	Probation
☐	Family member	☐	Education
X	Service provider	☐	Social Services
☐	Law enforcement/criminal justice	☐	Other (please state)

COMMENTS

The counseling clinic at the Blind Children's Learning Center (BCLC) supports the establishment of the **Orange County MHSA Community Opportunities Fund to address the unique needs for mental health services in our community.** This fund would be available for community programs and projects implemented by organizations that are not currently MHSA funded contractors or have organizational budgets of $3 million or less per year. There is a serious national shortage of mental health providers who focus on the treatment of children with visual impairments and their families with an acute lack of mental health professionals who are experienced or trained in working at early care and education setting (U.S Public Health Service 2012). **For over 55 years, deaf-blind, and visually impaired children and their families have received specialized support from Blind Children's Learning Center** to maximize their full potential and meet meaningful goals and objectives. Parents receive support and encouragement during each and every step of their child's journey toward independence. **The counseling clinic at Blind Children's Learning Center has been providing counseling services and training for children with visual impairment, their families** and for the professionals who service and work with them. The agency is also providing supervisions for trainees and interns under the clinical supervision of a licensed MFT. BCLC depend on grants and donations to ensure our ability to serve our clients MHSA funds currently are not reaching to our community **This new flexibility for being more responsive to community needs would enhance rather than detract from existing MHSA investments**.
Thank you for your considerations of inclusion and support of the mental health needs of our special community.

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PUBLIC COMMENTS (MARCH 29, 2017 – APRIL 29, 2017)

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MHSA Office
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Phone: (714) 834-3104 E-mail: mhsa@ochca.com

Mental Health Services Act
Three Year Plan FY 2017/18 – FY 2019/20

30-Day Public Comment Form

March 29, 2017 to April 28, 2017

PERSONAL INFORMATION					
Name	Hai Hoang				
Agency/Organization	Boat People SOS				
Phone number	714-897-2214	E-mail	hai.hoang@bpsos.org		
Mailing address (street)	9842 Bolsa Avenue, Ste 205				
City, State, Zip	Westminster	CA	92841		

MY ROLE IN THE MENTAL HEALTH SYSTEM			
☐	Person in recovery	☐	Probation
☐	Family member	☒	Education
☐	Service provider	☒	Social Services
☐	Law enforcement/criminal justice	☐	Other (please state)

COMMENTS

Boat People SOS supports the establishment of the Orange County MHSA Community Opportunities Fund to address the unique needs for mental health services in our community. This fund would be available for community programs and projects implemented by organizations that are not currently MHSA funded contractors or have organizational budgets of $3 million or less per year. This new flexibility for being more responsive to community needs would enhance rather than detract from existing MHSA investments.

APPENDIX III:
PUBLIC COMMENTS (MARCH 29, 2017 – APRIL 29, 2017)

County of Orange
Health Care Agency, Behavioral Health Services
MHSA Office
405 W. 5th St. Suite 354
Santa Ana, CA 92701

Phone: (714) 834-3104 E-mail: mhsa@ochca.com

Mental Health Services Act
Three Year Plan FY 2017/18 – FY 2019/20

30-Day Public Comment Form

March 29, 2017 to April 28, 2017

PERSONAL INFORMATION			
Name	Valerie Brauks		
Agency/Organization	Children's Bureau		
Phone number	714.517.1900	E-mail	valeriebrauks@all4kids.org
Mailing address (street)	50 S. Anaheim Blvd. Suite 241		
City, State, Zip	Anaheim	CA	92805

MY ROLE IN THE MENTAL HEALTH SYSTEM			
☐	Person in recovery	☐	Probation
☐	Family member	☐	Education
☒	Service provider	☐	Social Services
☐	Law enforcement/criminal justice	☐	Other (please

COMMENTS

Children's Bureau-Orange County would like to see better access for community-based programs and initiatives through MHSA funding. One possible strategy to improve access would be to establish an Orange County MHSA Community Opportunity Fund to address the unique needs for mental health services and supports in our community. This would provide a pathway for community programs and services implemented by organizations that are not currently a MHSA funded contractor or the organizational budget is $3 million or less per year which makes the current bid process inaccessible. This would provide flexibility to be more responsive to our community needs and enhance the existing MHSA funded programs and services.

APPENDIX III:
PUBLIC COMMENTS (MARCH 29, 2017 – APRIL 29, 2017)

County of Orange
Health Care Agency, Behavioral Health Services
MHSA Office
600 W. Santa Ana Blvd., Suite 510
Santa Ana, CA 92701

Phone: (714) 667-5600 Fax: (714) 667-5612 E-mail: mhsa@ochca.com

Mental Health Services Act
Plan Update FY 15/16

30-Day Public Comment Form

April 1, 2015 to April 30, 2015

PERSONAL INFORMATION				
Name	**Theresa Lu**			
Agency/Organization				
Phone number	**(310)982-1322**	**E-mail**	**Tlu10@juno.com**	
Mailing address (street)	**7002 Lofty Grove Dr.**			
City, State, Zip	**RPV**	**CA**	**90275**	

MY ROLE IN THE MENTAL HEALTH SYSTEM			
☐	**Person in recovery**	☐	**Probation**
☐	**Family member**	☐	**Education**
☐	**Service provider**	☐	**Social Services**
☐	**Law enforcement/criminal justice**	X ☐	**Other (please state)**

COMMENTS

I support the establishment of the Orange County MHSA Community Opportunities Fund to address the unique needs for mental health services in our community. This fund would be available for community programs and projects implemented by organizations that are not currently MHSA funded contractors or have organizational budgets of $3 million or less per year. This new flexibility for being more responsive to community needs would enhance rather than detract from existing MHSA investments

APPENDIX III:
PUBLIC COMMENTS (MARCH 29, 2017 – APRIL 29, 2017)

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Mental Health Services Act
Three Year Plan FY 2017/18 – FY 2019/20

30-Day Public Comment Form

March 29, 2017 to April 28, 2017

PERSONAL INFORMATION					
Name	Robert Brown				
Agency/Organization	Young Lives Redeemed				
Phone number	714-526-9046	E-mail	younglivesredeemed@gmail.com		
Mailing address (street)	1351 E. Chapman Ave., Suite C				
City, State, Zip	Fullerton	CA	92831		

MY ROLE IN THE MENTAL HEALTH SYSTEM			
☐	Person in recovery	☐	Probation
☐	Family member	☐	Education
☐	Service provider	X	Social Services
☐	Law enforcement/criminal justice	☐	Other (please state)

COMMENTS

YLR connects transitional age emancipated foster youth to trauma-informed mental healthcare and addiction recovery. YLR supports the establishment of the Orange County MHSA Community Opportunities Fund to address the unique needs for mental health services in our community. This fund would be available for community programs and projects implemented by organizations that are not currently MHSA funded contractors or have organizational budgets of $3 million or less per year. This new flexibility for being more responsive to community needs would enhance rather than detract from existing MHSA investments. As a matter of note, the proposed budgeted funds of $500,000 annually over the next three fiscal years in the Draft Three Year MHSA Plan for Adult Co-Occuring Mental Health and Substance Use Disorders – Residentail Treatment is shamefully inadequate.

APPENDIX III:
PUBLIC COMMENTS (MARCH 29, 2017 – APRIL 29, 2017)

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Mental Health Services Act
Three Year Plan FY 2017/18 – FY 2019/20

30-Day Public Comment Form

March 29, 2017 to April 28, 2017

PERSONAL INFORMATION			
Name	Vattana Peong		
Agency/Organization	The Cambodian Family Community Center		
Phone number	714-571-1966 ext. 115	E-mail	vattanap@cambodianfamily.org
Mailing address (street)	1626 E. 4th Street		
City, State, Zip	Santa Ana	CA	92701

MY ROLE IN THE MENTAL HEALTH SYSTEM			
☐	Person in recovery	☐	Probation
☐	Family member	☐	Education
☒	Service provider	☐	Social Services
☐	Law enforcement/criminal justice	☐	Other (please state)

COMMENTS

The Cambodian Family Community Center (TCFCC) would like to commend MHSA for serving the community for over 10 years and for continued commitment to meet the individual needs of diverse communities in Orange County.

(1) The Cambodian Family Community Center is extremely pleased to see an intention to meet the cultural and linguistic needs of the underserved Cambodian population in Orange County described on page 21 of the Orange County MHSA Three-Year Plan FY 17/18 – FY 19/20, especially an intention to release a Request For Proposal (RFP) for additional Full Service Partnerships (FSP) slots. TCFCC has had over 37 years of experience serving the Cambodian population in Orange County and our bilingual and bicultural staff have been trained and prepared, equipped with necessary knowledge and skills, and trusted by the community to serve this population. Moreover, our organization has been considered as an expert in serving this population by many community service providers/partners. Therefore, The Cambodian Family Community Center would kindly like to be your partner and be informed when the RFP is made available so that we can apply for funding resources to serve this under-resourced community.

APPENDIX III:
PUBLIC COMMENTS (MARCH 29, 2017 – APRIL 29, 2017)

(2) The Cambodian Family Community Center supports the establishment of the Orange County MHSA Community Opportunities Fund to address the unique needs for mental health services in our Cambodian community. Cambodians in our community are the survivors of nearly four years of concentration camp conditions in a genocidal regime before coming to America as refugees. Moreover, these Cambodian genocide survivors who fled the country experienced further victimization while traveling to or at refugee camps. They suffered torture, starvation, separation from family, and deprivation of education, religion, and culture. More than four decades later, a large number of Cambodians continue to experience high rates of psychiatric disorders. Over 51% of Cambodians reported symptoms of major depression and 62% reported post-traumatic stress disorder (PTSD); 42% reported symptoms of both disorders. However, the mental health needs of our Cambodian community continue to be unmet.

The aforementioned Community Opportunity Fund would be available for community programs and projects implemented by organizations that are not currently MHSA funded contractors or have organizational budgets of $3 million or less per year. This new flexibility for being more responsive to community needs would enhance rather than detract from existing MHSA investments.

TCFCC would like to thank you for the opportunity to submit our comments and for your consideration.

APPENDIX III:
PUBLIC COMMENTS (MARCH 29, 2017 – APRIL 29, 2017)

Responses

Establishment of a Community Opportunity Fund:

The response provided here pertains specifically to the suggestion for the Community Opportunity Fund. Responses to other comments contained within these comment forms are provided under separate sections below.

Thank you for submitting the suggestion of establishing a Community Opportunity Fund for community based organizations that are not currently receiving MHSA dollars and/or have organizational budgets of $3 million or less per year. This proposal, which recommends that MHSA dollars be awarded through a Request for Application (RFA) process, was submitted as a possible solution for organizations that have previously been unable to receive MHSA or Behavioral Health Services dollars to provide their existing community-based services.

What is being requested through the Community Opportunity Fund is a way for smaller providers to bypass the Request for Proposal (RFP) process and receive funds through a less intensive RFA process. We recently brought a Master Agreement RFA for an MHSA program to the Board of Supervisors, which was declined on April 25, 2017. For this reason, as well as county procurement requirements, we do not believe this will be a viable option for the awarding of MHSA dollars.

Contracting with counties or government has many rules and the threshold is rather high for small organizations. This is why some smaller organizations have formed coalitions, which can jointly bid. This approach has been used successfully in the past in Orange County. We have also reached out to smaller providers in the past and helped smaller organizations to understand the RFP process. When smaller organizations have won bids, we have partnered experienced organizations with the new, smaller organizations to help them be successful.

All of this being said, there is some truth that it is difficult for a small organization to have the resources to submit and win a bid for services. We have reached out to the County Procurement Officer (CPO), who indicated that his office hosts a Vendor Information Day on the first Thursday of each month (except holidays) to help orient new potential bidders to doing business with the County of Orange. More information about these meetings, including how to RSVP, can be found at: http://olb.ocgov.com/business/vid. The CPO has also offered to provide specific training for groups of mental health providers interested in learning how to navigate the bidding process.

APPENDIX III:
PUBLIC COMMENTS (MARCH 29, 2017 – APRIL 29, 2017)

Shortage of mental health providers who focus on the treatment of children with visual impairments and their families:

Thank you for your raising attention to the national shortage of mental health providers who have the skills and training to work with children who have visual impairment and their families. We will communicate your comment to BHS Management and the MHSA Steering Committee. As funding is made available, we will use a robust community planning process to consider needs such as the one brought forward here. We also encourage your participation in MHSA Steering Committee meetings.

In addition, we have a contract with the University of California at San Diego to conduct a needs/gaps assessment of our County mental health services. This community assessment will help identify unmet mental health needs within the County. This information will help the MHSA Steering Committee and BHS Management as we plan for new or expanded MHSA services.

Inadequacy of the proposed annual budget of $500,000 over the next three fiscal years for the Adult Co-Occuring Mental Health and Substance Use Disorders – Residential Treatment Program:

While we are pleased to be in negotiations with a provider to start providing services, we also recognize that $500,000 may not address the entire need for this service. Once these services are in place we will look at utilization data and available funding to determine need for expansion.

Underutilization of MHSA dollars/MHSA Reserve dollars:

Please see the response to Public Comments 6-7.

Unmet mental health needs of the Cambodian community:

Please see the response to Public Comment 1.

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