MHSA Housing

- Collaboration of:
  - Department of Health & Community Services (DHCS)
  - County Mental Health Directors Association
- The MHSA Housing Program is administered by the CalHFA on behalf of Orange County
- OC Community Services (OCCS) in collaboration with Orange County Health Care Agency/Behavioral Health Services (HCA)

Who Can Live in MHSA Housing?

- MHSA housing units are limited to people who meet the MHSA criteria of having both a serious and persistent mental illness and are homeless or at risk of becoming homeless
- Prospective tenants are eligible/enrolled in an MHSA program which provides targeted clinical services
- Specific target populations are:
  - Adults with mental illness (and their families)
  - Older adults (60+ years) with mental illness
  - Transitional Age Youth (ages 16 to 25 years) with severe emotional disorders
Service Partnerships in MHSA Housing

• MHSA housing projects are linked with service providers. MHSA housing tenants are eligible/enrolled in MHSA programs and services.

• Service providers are located throughout the County.

• Tenants receive case management and supportive services from a designated service provider.

• HCA backs commitment to provide services to tenants for the term of the loan.

• A tenant’s participation in services may not be a condition of occupancy; tenants can “graduate” from services.

Supportive services

• Examples of the types of supportive services that can be provided are:
  • case management
  • psychiatry services
  • education/vocational services
  • substance abuse counseling
  • transportation
  • money management
  • entitlement programs assistance
  • medical care
  • independent living skills training
  • counseling (individual/group)

Resident Services Background:
Where We’ve Been

• In the first MHSA Housing projects the lead provider (FSP) was the sole provider. Only FSP providers’ members were admitted as residents.

• Several people who moved in from other programs transferred to the lead FSP Program.

• Clinical services requirements to the project obligated FSP staff to devote time onsite regardless of participant recovery needs.
MHSA Housing Program Services: The Goals for 2013

- Continue to create collaborative partnerships with developers to complete development of at least 185 units of housing for MHSA-eligible adult, older adult, and TAY tenants.
- Provide services that meet the needs of the residents based on the Recovery model which emphasize participant choice.
- In addition to clinical services by the assigned providers, provide professional services onsite on a regularly scheduled basis to both enhance services for tenants and to provide developers a daily and reliable contact for routine matters as well as emergencies.
- Create more housing choice by eventually offering all MHSA-eligible clients the option to live at any MHSA Housing site. Onsite staff will provide a coordination of services function.

MHSA Housing Program Goals

- MHSA tenants provided more choice in projects as more come on line, resulting in sites having tenants from multiple providers with one Lead Provider per site.
- Flexibility for primary service providers and tenants regarding hours dedicated to each tenant based on assessed need and location of service delivery.
- Provide a reliable contact for developers and property managers, available for administrative, referral, and clinical services as needed.

Resident Services Coordination: Going Forward

- MHSA - Resident Service Coordinators (RSCs) who are licensed or license eligible but not the assigned clinician will be available onsite (approximately one hour per MHSA resident per week) to provide additional clinical and administrative services to residents and onsite personnel.
- MHSA-RSCs will enhance and complement Lead Provider’s ability to ensure successful housing outcomes.
- MHSA-RSCs may serve more than one project and will operate as a team with the ability to cover for one another in times of need.
Resident Services Coordination

- MHSA-RSCs can provide onsite therapeutic groups based on assessed client needs. They can also provide adjunctive therapy on an “as needed” basis, in coordination with assigned clinical staff.
- MHSA-RSCs will be able to perform LPS Involuntary Psychiatric holds (5150’s) in the event of a psychiatric emergency.
- MHSA-RSCs will be the main point of contact between developers, property managers, and the Residential Care and Housing office which will provide supervision/coordination. RSCs will become a team to provide a consistent level of service across all projects.

- MHSA-RSCs will maintain any necessary services records in a secure manner onsite.
- MHSA-RSCs will coordinate local resource availability for MHSA tenants.
- MHSA-RSCs will be available to provide re-evaluation assessments for any “graduated” MHSA tenants who might need to re-enter the AMHS system of care.
- MHSA-RSCs are available to provide services to all MHSA tenants regardless of assigned clinical program.

Orange County MHSA Housing

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