Executive Summary

- The Health Care Agency projects approximately $10 million annually in available funding over the next 5 years to enhance existing or add new CSS Services
- HCA sought input from a wide variety of stakeholders, including the Board of Supervisors, Mental Health Board, MHSA Steering Committee, Consumer Action Advisory Committee, BHS staff and contracted provider organizations.
- During the month of August, the MHSA Office conducted a survey to identify and prioritize the needs and gaps in the CSS system of care.
- Based on stakeholder prioritized needs, BHS management identified specific programs for enhancement or development that mapped to the identified needs

MHSA Overview

- November 2004, California voters approved Proposition 63, the Mental Health Services Act (MHSA). The law became effective 1/1/05.
- The MHSA provides new services for those who are seriously mentally ill through a 1% tax on income earned over $1 million.
- The goal is to reduce the long-term impact resulting from untreated serious mental illness.
- Orange County has 99 different MHSA programs identified in the FY 15/16 Annual Plan Update
- The FY 15/16 Plan Update with a budget of $163 million was approved by the Board of Supervisors on June 2, 2015.

Components of the MHSA

- The Act consists of five components, including:
  - Community Services and Supports (CSS)
  - Approximately $10 million per year identified of available funding for enhancing existing and developing new services
  - Workforce Education and Training (WET)
  - Prevention and Early Intervention (PEI)
  - Capital Facilities and Technological Needs (CFTN)
  - Innovative Programs (INN)
FY 15/16 MHSA Budget

Community Services and Supports

- CSS is the core service component of the Act and receives 80% of MHSA annual funding. CSS is divided into programs by age groups.
- There are three types of CSS funds:
  - Full Service Partnerships (FSPs) – intensive 24/7 approach
  - Outreach and Engagement – reaching out to those communities receiving little to no services
  - General Systems Development – improve programs, services, and supports for all clients and families (transformational programs/services)
- All services must be for those with Severe and Persistent Mental Illness (SPMI) or Severe Emotional Disturbance (SED) for children.

Initial Community Planning Process
(Identifying preliminary gaps and needs)

- MHSA Office provided an brief training to the Steering Committee about MHSA and Community Services and Supports (CSS).
- Following the training, Steering Committee and Mental Health Board members were asked for their initial impressions about needs and gaps in the CSS system of care.
- Initial gaps and needs were identified (see next slide) and formed the basis of the stakeholder survey.
CSS Planning Process

- Preliminarily identified gaps and needs:
  1. Housing
  2. Jobs and Vocational Training Expansion
  3. Full Service Partnership Expansion
  4. Residential Treatment for SPMI/Dual Diagnosis Substance Abuse Expansion
  5. Residential Care Services Expansion
  6. Outreach and Engagement Expansion
  7. Transportation Expansion
  8. SPMI/Dementia Services
  9. Services for SED Foster Care youth
  10. Eating Disorders for SED/SPMI

Community Planning: survey development

- Following identification of a preliminary set of gaps and needs, a three-question survey was developed to help identify additional gaps and needs and to prioritize them.
- The survey was distributed to over 1,000 individuals including: Mental Health Board, MHSA Steering Committee, Community Action Advisory Committee and the Consumer Quality Advisory Board (both consumer advisory committees), Behavioral Health staff, Contract Provider Organizations.
- The survey remained open during the month of August. Written surveys were provided upon request.
- The MHSA Office received more than 160 responses (approximately 15% response rate).

Community Planning: CSS Survey

- 1. Please describe any gaps or needs not included in the list above.
- 2. Please prioritize (rank order) the top 5 gaps and needs that have been identified or that you have identified in question #1.
- 3. Please identify any specific group or population that you believe are unserved or underserved within the Behavioral Health system of care.
Community Planning: CSS Survey Tabulation

• Survey respondents were requested to prioritize their top five perceived needs.
• From each survey, the need that was ranked 1st (the most important) was given 5 points. The second ranked need was given 4 point, etc.
• After all surveys were scored, the scores were summarized for each identified need.
• Where new needs or gaps were identified that were consistent with those already on the survey, the newly identified need/gap was grouped with the existing need/gap.
• The results are displayed below.

Community Planning: CSS Survey Results

<table>
<thead>
<tr>
<th>Needs and Gaps</th>
<th>Rank #1 (n* 5)</th>
<th>Rank #2 (n* 4)</th>
<th>Rank #3 (n* 3)</th>
<th>Rank #4 (n* 2)</th>
<th>Rank #5 (n* 1)</th>
<th>Total Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing for individuals with mental illness</td>
<td>355</td>
<td>176</td>
<td>117</td>
<td>64</td>
<td>13</td>
<td>725</td>
</tr>
<tr>
<td>Residential Treatment for Dual Diagnoses: mental health and substance use</td>
<td>120</td>
<td>116</td>
<td>66</td>
<td>26</td>
<td>13</td>
<td>341</td>
</tr>
<tr>
<td>Jobs and vocational training for individuals with mental illness</td>
<td>35</td>
<td>88</td>
<td>75</td>
<td>60</td>
<td>23</td>
<td>281</td>
</tr>
<tr>
<td>Outreach and engagement expansion</td>
<td>70</td>
<td>52</td>
<td>45</td>
<td>32</td>
<td>22</td>
<td>221</td>
</tr>
<tr>
<td>Increase Staffing for smaller caseloads/ Clinic Expansion/ Veterans Based Clinic Services/ Foster Youth Services</td>
<td>95</td>
<td>48</td>
<td>27</td>
<td>22</td>
<td>12</td>
<td>203</td>
</tr>
<tr>
<td>Additional funding for Full Service Partnerships (FSP)</td>
<td>65</td>
<td>44</td>
<td>27</td>
<td>22</td>
<td>10</td>
<td>168</td>
</tr>
<tr>
<td>Transportation Expansion</td>
<td>15</td>
<td>40</td>
<td>63</td>
<td>26</td>
<td>14</td>
<td>158</td>
</tr>
<tr>
<td>Eating disorders program expansion</td>
<td>25</td>
<td>16</td>
<td>24</td>
<td>10</td>
<td>9</td>
<td>84</td>
</tr>
</tbody>
</table>

Community Planning: mapping programs to needs

• Based on the survey results (which represents stakeholder perception and prioritization of gaps and needs), BHS management identified specific programs for enhancement or development that mapped to the identified needs.
• In addition, BHS management was aware of additional enhancements needed to the CSS system of care base on utilization data and program needs.
• The following slide represents recommendations made by BHS management.
<table>
<thead>
<tr>
<th>Need and Gap</th>
<th>Costs Needed</th>
<th>Program Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing for individuals with mental illness</td>
<td>725</td>
<td>Emergency (FSP Support)</td>
</tr>
<tr>
<td>Residential Treatment for Dual Diagnosis mental health/substance use</td>
<td>341</td>
<td>Short Term Supported Housing</td>
</tr>
<tr>
<td>Jobs and vocational training for individuals with mental illness</td>
<td>281</td>
<td>Long Term Supported Housing</td>
</tr>
<tr>
<td>Crisis beds</td>
<td>168</td>
<td>Outdoor (FSP Support)</td>
</tr>
<tr>
<td>CIT expansion</td>
<td>81</td>
<td>Expansion</td>
</tr>
<tr>
<td>Crisis beds</td>
<td>168</td>
<td>Already in Plan ($1 million)</td>
</tr>
<tr>
<td>Crisis beds</td>
<td>81</td>
<td>Increase the number of crisis beds to 15</td>
</tr>
<tr>
<td>Capital facilities</td>
<td>0</td>
<td>Rehabilitation of Kraemer Building</td>
</tr>
<tr>
<td>Clinic expansion</td>
<td>0</td>
<td>Expansion of Kraemer Building</td>
</tr>
<tr>
<td>Civic buildings</td>
<td>0</td>
<td>Expansion of Kraemer Building</td>
</tr>
</tbody>
</table>