



OVERVIEW OF THE ORANGE COUNTY

MHSA THREE-YEAR PLAN FYS 2020-21 TO 2022-23

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MHSA COORDINATOR



REVIEW:

MHSA COMPONENTS & OC MHSA PROGRAMS

MHSA Components



OC MHSA Program Overview

12 Services Areas (from Survey)

- Stigma & Discrimination Reduction
- MH & Well-Being Promotion
- Violence & Bullying Prevention
- Suicide Prevention
- Crisis Services
- BH System Navigation
- Outreach & Engagement
- Early Intervention
- Outpatient Treatment
- Supportive Services
- Peer Support
- Residential Treatment (non-emerg.)

9 Services Areas (from MHSA Plan)

- Stigma & Discrimination Reduction
- Prev.: MH & Well-Being Promotion
- Violence & Bullying Prevention
- Outreach to Increase Recognition...
- Crisis & Suicide Prevention
- Navigation/Access & Linkage to Tx
- Outpatient Treatment
- Supportive Services
- System Supports

MH
Awareness
Campaigns
&
Education

MH Awareness & Education



Who Do They Serve?

- Orange County residents who could benefit from learning about MH signs/resources, strategies to increase resilience or decrease risk factors



What Do They Do?

- Provide information, training and skill-building around mental health (for non-behavioral health providers)

PEI-Funded Programs

- MH Community Education Events to Reduce Stigma
- Outreach to Increase Recognition of Early Signs of MI
- Prevention: MH & Well-Being Promotion Programs
- Violence & Bullying Prevention Programs

MH Community Education Events for Reducing Stigma & Discrimination



MECCA Community Event Participant Survey Responses

Statement	% "Agreed" or "Completely Agreed" by Event			
	Drawing Out Stigma (Youth=12)	Drawing Out Stigma (Adults=111)	Community Educational Screenings (n=5170)	Multi-Ethnic MH Arts & Festival (n=383)
Learned something new about mental health	92	91	88	86
Viewing the event positively changed my perspective about individuals who have a mental illness	92	83	80	83
Learned ways to prevent discrimination against people with mental health conditions	100	91	85	84
Learned where to find more services or programs on mental health	58	84	81	83
<u>Disagreed/completely disagreed</u> that a "person with a mental health condition is dangerous"	75	61	64	50

Suicide & Crisis Prevention



Who Do They Serve?

- Individuals of all ages experiencing a behavioral health emergency



What Do They Do?

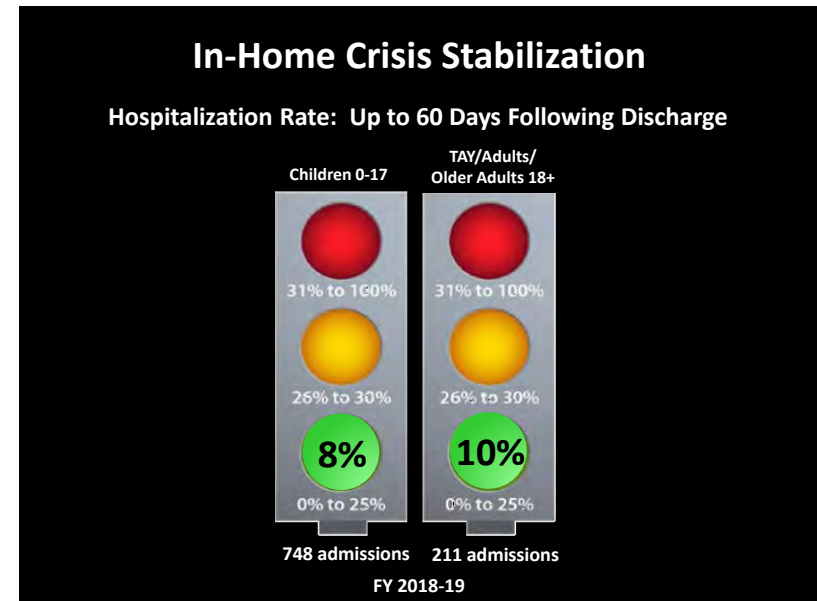
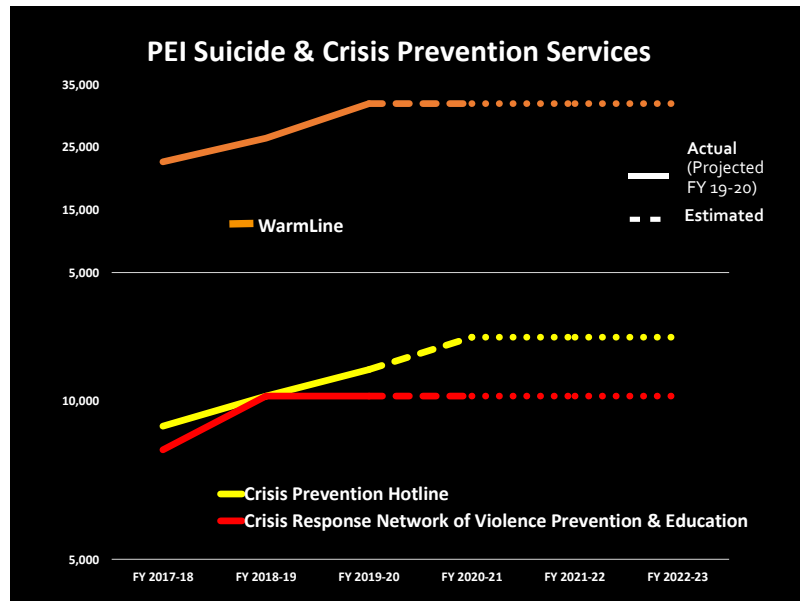
- Support individuals by providing access to outpatient services or facilitating admission to a psychiatric hospital

CSS-Funded Programs

- Mobile Crisis Assessment
- Crisis Stabilization Units
- In-Home Crisis Stabilization
- Crisis Residential Services

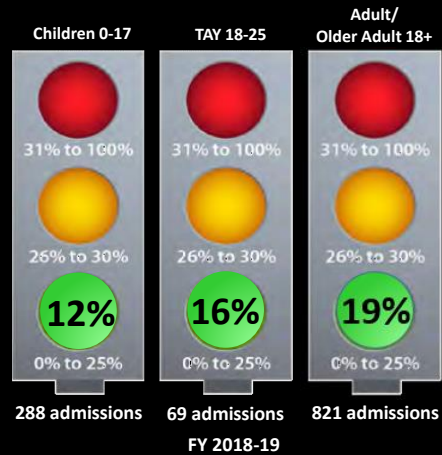
PEI-Funded Programs

- Warmline
- Suicide Prevention



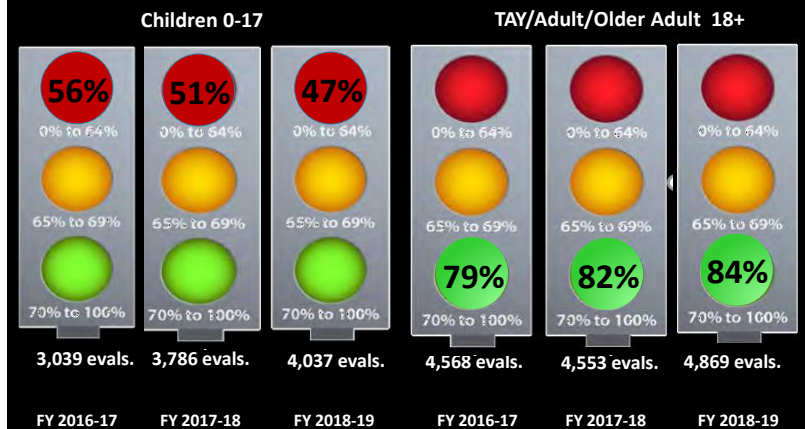
Crisis Residential Services

Hospitalization Rate: Up to 60 Days Following Discharge

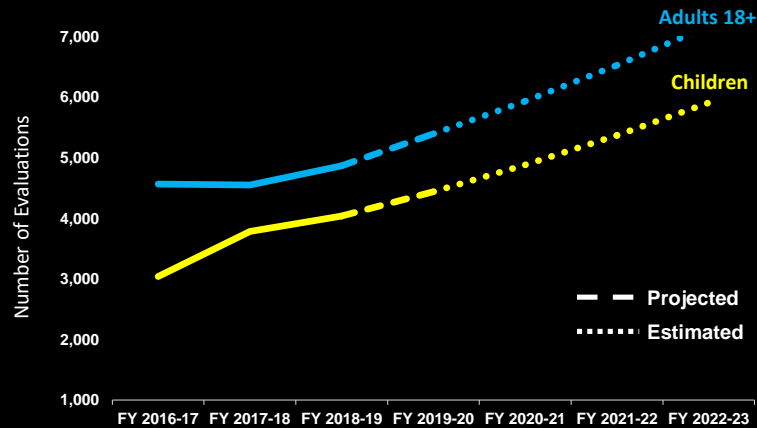


Mobile Crisis Assessment

Dispatch-to-Arrival ≤ 30 minutes



Mobile Crisis Evaluations by FY



Navigation/Access & Linkage to Tx



Who Do They Serve?

- Individuals of all ages experiencing behavioral health symptoms or living with a mental health condition



What Do They Do?

- Link individuals to appropriate level of care; tailored to meet the needs of unserved populations (i.e., homeless, re-entry from jail)

CSS-Funded Programs

- BHS Outreach & Engagement
- Courtyard (After-Hours)
- CHS Jail to Community Re-Entry
- Open Access *(shift from Recovery Center/ Clinic)*

PEI-Funded Programs

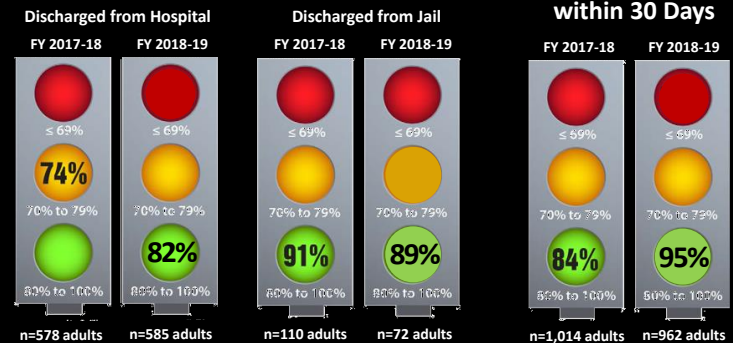
- BHS O&E
- OC Links

Outreach & Engagement for the Homeless

	FY 2016-17	FY 2017-18
BHS Outreach & Engagement	Referrals: 8,696 Linkages: 2,399	Referrals: 9,225 Linkages: 2,576
Courtyard Outreach	Referrals: 896 Linkages: 642	Referrals: 786 Linkages: 577

Open Access

% Linked to Medication Services within 3 Days of Discharge



Outpatient Treatment



Who Do They Serve?

- Individuals of all ages who are experiencing mental health symptoms or living with SED/SMI



What Do They Do?

- Provide outpatient clinical interventions and other services designed to promote recovery and resilience

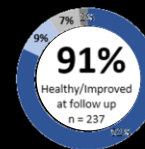
CSS-Funded Programs

- Clinic Expansion Programs
- FSP Programs
- PACT

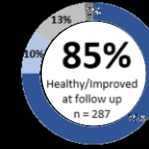
PEI-Funded Programs

- Early Intervention
 - Community Services
 - Child/Youth-Focused
 - Family Strengthening
 - Veteran-Focused

Community Counseling & Supportive Services



FY 2016-17

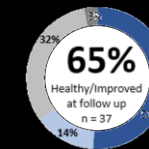
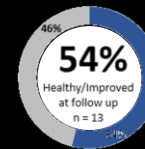


General Unit

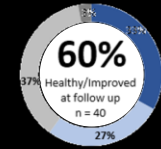
FY 2017-18



FY 2018-19



LGBTIQ Unit



Reduction in Negative Outcomes: FSP

	Psychiatric Hospitalization Days		Homeless Days		Incarceration Days	
	FY17-18	FY18-19	FY17-18	FY18-19	FY17-18	FY18-19
CHILDREN	51%	62%	92%	97%	60%	48%
TAY <small>Transitional Aged Youth</small>	70%	71%	78%	84%	80%	55%
ADULTS	58%	64%	86%	83%	83%	77%
OLDER ADULTS	87%	80%	87%	87%	75%	73%

Reduction in Negative Outcomes: PACT

	Psychiatric Hospitalization Days		Homeless Days		Incarceration Days	
	FY17-18	FY18-19	FY17-18	FY18-19	FY17-18	FY18-19
CHILDREN	-	44%	-	N/A	-	n=2 youth
TAY <small>Transitional Aged Youth</small>	64%	84%	73%	84%	79%	72%
ADULTS	79%	84%	57%	68%	67%	89%
OLDER ADULTS	89%	79%	74%	60%	84%	84%

Supportive Services



Who Do They Serve?

- Individuals of all ages who are experiencing mental health symptoms or living with SED/SMI



What Do They Do?

- Provide a broad array of supports designed to augment/expand upon an individual's gains made in other treatment programs

CSS-Funded Programs

- Mentoring, Peer Mentoring
- Supported Employment
- Wellness Centers
- Transportation
- Supportive Housing, Shelter

PEI-Funded Programs

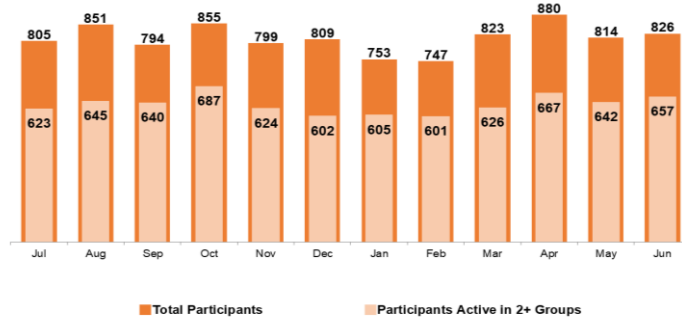
- Family Support
 - Parent Education
 - Family Support Services
 - Children's Support & Parenting

Peer Mentor/Parent Partner (CSS)

Target Goals Achieved	FY 2016-17 Adult/ Older Adult	FY 2017-18 Adult/ Older Adult	FY 2018-19 Adult/ Older Adult
% Skill-Building Goals	70%	84%	79%
% Housing Skill Goals	-	67%	91%
% Linked to Care	54%	60%	53%

Wellness Centers (CSS)

**Monthly Consumer Participation in Groups
Wellness Centers - FY 2018-19**



Transportation (CSS, PEI)



Contract Start Date

• 7-1-2018



First Ride

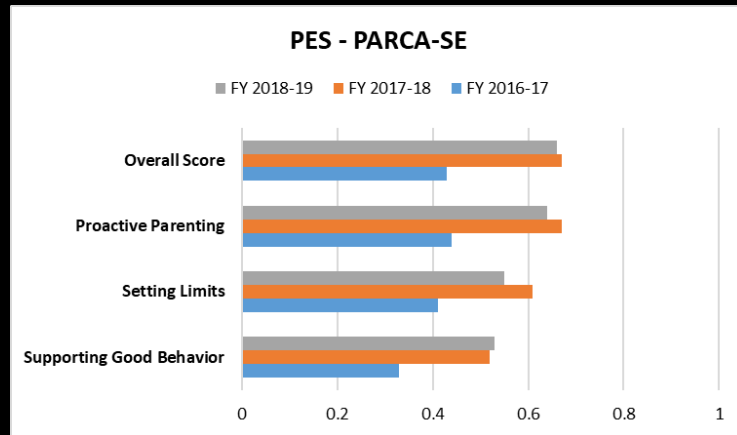
• 7-12-2018



Total Rides in FY 2018-19

• 22,202

Parent Education Services (PEI)



REVIEW:

COMMUNITY PROGRAM PLANNING PROCESS

Community Planning Overview

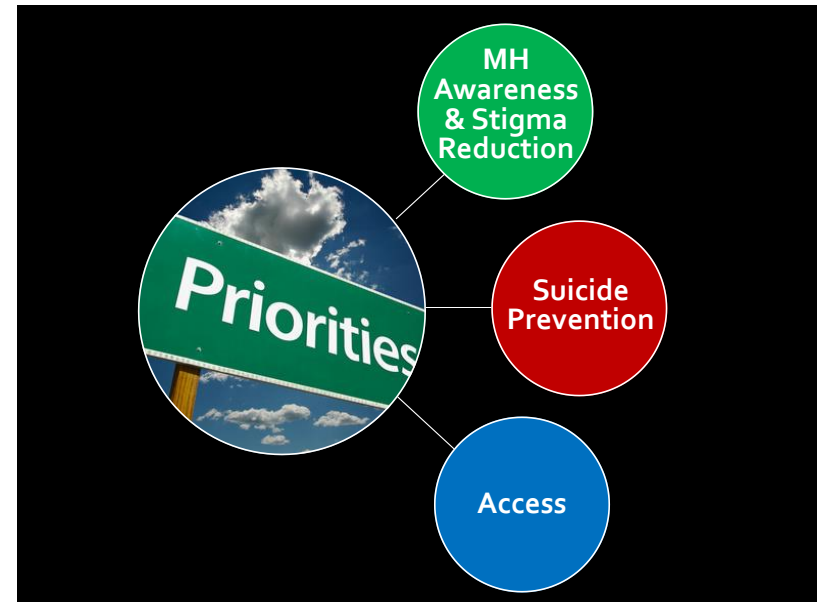


MHSA Three-Year Plan Timeline



Community Planning Overview

Barriers to Implementing by MHSA Program/Category	Transport. Assistance		Child Care Issues		Monolingual / Limited English Proficiency		Stigma	
	PEI	CSS	PEI	CSS	PEI	CSS	PEI	CSS
Mental Health Community Education Events for Reducing Stigma & Discrimination	X	-	X	-		-	X	-
Outreach for Increasing Recognition of Early Signs of Mental Illness	X	-	x	-	X	-	X	-
Mental Health & Well-Being Promotion Programs	X	-	x	-		-	X	-
Violence & Bullying Prevention Programs		-		-		-	X	-
Navigation/Access Programs		X			X		X	X
Crisis & Suicide Prevention Programs		X				X	X	X
Outpatient Treatment Programs	X	X	x	x	X	X	X	X
Supportive Services Programs	X	X	x	x	X	X	X	X



Recommended Priority:

MH
Awareness
& Stigma
Reduction

Rationale:

Local/State Initiatives

MHSOAC PEI Regulations | OC Integrated Services Vision 2025

OC Data Trends

Stigma frequently identified as barrier



Local Needs

Stigma Reduction | Increased Awareness (Signs & Resources)
(2018 & 2019 CEMs and 2019 Surveys)

Priority Populations

(based on UCSD Needs & Gaps, Community Feedback Survey)

- LGBTIQ
- Boys ages 4-11 years
- TAY
- Adults ages 25-34 and 45-54
- Adults with a high school education, some college education (but no degree)
- Unemployed
- Homeless
- Individuals living with a co-occurring mental health and substance use disorder

Strategy

MH
Awareness
& Stigma
Reduction

- Continue to PARTNER with **local groups** who successfully engage these and other priority populations
- INCORPORATE **findings and recommendations** from recent RAND reports:



Social Marketing of Mental Health Treatment: CA's Mental Illness Stigma Reduction Campaign — 2019



Differential Association of Stigma with Perceived Need and Mental Health Service Use - 2018

- PARTNER with **media/marketing organizations**

Recommended Priority:

Suicide
Prevention

Rationale:

Local/State Initiatives

OC Suicide Prevention | MHSOAC Striving for Zero | School IDs
Crisis Response Network (AZ Model) | OC Strategic Financial Plan (CSUs)

OC Data Trends

Below CA and US rates, but increasing



Local Needs

Increasing call utilization of Children's CAT | Increased request for PERT
OC Integrated Services Vision 2025

Strategy

Suicide
Prevention

- EXPAND **Crisis Services Continuum**, with focus on:
 - WarmLine and Suicide Prevention Services (telephone, PEI)
 - Children/Young TAY under 18 (CSS):
 - Mobile Crisis Assessment, In-Home Crisis Stabilization, Crisis Residential Services, Crisis Stabilization Unit (13+)
 - TAY/Adults/Older Adults 18+ (CSS):
 - Crisis Residential Services
- ENSURE responsiveness to **LGBTQ+, Veterans**, others
- REVIEW strategies and recommendations from **MHSOAC Striving For Zero** report
- Continue to PARTNER with **OC Suicide Prevention Initiative**, and local groups and agencies championing this effort

Recommended Priority:

Access

Rationale:

Local/State Initiatives

MHSOAC PEI Regulations (Timeliness of Access, Linkage) | EQRO

OC Data Trends

1/4 to 2/3 not accessing needed services



Local Needs

Frequently identified barrier (by Consumers, Family Members, Providers)
(2018 & 2019 CEMs)

Priority Populations

(based on UCSD Needs & Gaps, Conditions of Children)

Highest Rates of No Treatment (Tx):

- Children/TAY, esp. school-aged 6-17 year olds
- Foster Youth
- Asian/Pacific Islander Adults
- Latino/Hispanic Adults

Least Likely to Receive Minimally Adequate Tx:

- Asian/Pacific Islander Adults
- Latino/Hispanic Adults
- African-American Adults

Strategy

Access

- Strategies to improve access to services for those living with SED/SMI:
 - **EXPAND transportation** to families with young children (all ages)
 - **EXPAND school-based mental health services** (children/young TAY)
 - **OFFER / EXPLORE tele-/virtual behavioral health care options** (all ages, initial focus 18+)
 - *Partnering with the community to identify and integrate strategies and approaches that improve the cultural and linguistic responsiveness of the system of care (CSS & PEI)*



REVIEW:

PROPOSED MHSA COMPONENT BUDGETS

CSS Updates

Expansions

- **Crisis Services Programs**
 - CAT, CSU, In Home, Crisis Residential
- **Clinic Expansion Programs**
 - Children & Youth: Clinic Expansion, OC Children's Co-Occurring Mental Health/Medical, Services for STRTP
 - Older Adult: FSP, PACT and Older Adult Services
- **Transportation**
- **Oversampling CA Health Interview Survey data collection in OC**

Discontinuation through MHSA

- Adult Dual Diagnosis Residential Treatment services to be continued through Medi-Cal and Drug Medi-Cal

Changes

- Implement NEW telehealth and virtual behavioral health program
- Procure/implement Supportive Services for Residents in PSH as FSP target population and not standalone program

CSS Component Budget

CATEGORIES	Approved FY 19-20	Estimated FY 20-21	Estimated FY 21-22	Estimated FY 22-23
1. Access & Linkage to Treatment	\$6,069,933	\$7,969,933	\$8,469,933	\$8,569,933
2. Suicide & Crisis Prevention	\$23,302,183	\$27,802,183	\$33,352,183	\$33,352,183
3. Outpatient Tx (Access)	\$82,574,542	\$86,390,192	\$88,890,192	\$88,890,192
4. Supportive Services (Access)	\$10,275,501	\$10,625,501	\$10,775,501	\$10,775,501
5. Supp. Housing/ Homelessness	\$34,139,757	\$3,660,858	\$3,669,668	\$3,678,743
CSS Subtotal	\$156,361,916	\$136,448,667	\$145,157,477	\$145,266,552
Admin. Costs	\$17,833,503	\$18,639,508	\$19,469,693	\$20,053,784
GRAND TOTAL	\$174,195,419	\$155,088,175	\$164,627,171	\$165,320,336

PEI Changes

Consolidations

- **Suicide Prevention Services** (Crisis Prev. Hotline, Surviv. Support Serv.)
- **OC Parent Wellness Program** (OC PWP, Stress Free Families, Connect the Tots)
- **Community Counseling & Supportive Services** (CCSS, OC ACCEPT)
- **Outreach to Increase Recognition of Early Signs of Mental Illness** (BH Community Training & TA, Early Childhood MH Consultation, K-12 School-Based MH Expansion, Services for TAY/Young Adults, MH & Well-Being Promotion, Statewide Projects)
- **School-Based Mental Health Services**

Expansions

- **Crisis Services Programs**
 - WarmLine, Suicide Prevention Services
- **Early Intervention Outpatient**
 - Stress Free Families
- **Transportation**
- **Statewide Projects** (to support local expansion of campaigns)

Discontinuation

- **School-Based BH Intervention & Support – Early Intervention**

PEI Component Budget

CATEGORIES	Approved FY 19-20	Estimated FY 20-21	Estimated FY 21-22	Estimated FY 22-23
1. Mental Health Awareness Campaigns & Education	\$14,611,051	\$17,137,285	\$17,137,285	\$9,661,918
2. Supportive Services (Access)	\$3,046,770	\$3,046,770	\$3,046,770	\$3,046,770
3. Access & Linkage to Treatment	\$3,232,523	\$3,232,523	\$3,232,523	\$3,232,523
4. Suicide & Crisis Prevention	\$1,272,792	\$2,316,667	\$2,316,667	\$2,316,667
5. Early Intervention Outpatient	\$15,444,901	\$15,464,901	\$15,168,944	\$14,168,944
PEI Subtotal	\$37,608,037	\$41,198,146	\$41,902,189	\$32,426,822
Admin. Costs	\$5,882,150	\$5,713,337	\$5,884,737	\$6,061,279
GRAND TOTAL	\$43,490,187	\$46,911,483	\$46,786,926	\$38,488,101

INN Component Budget

Approved Projects	Estimated FY 20-21	Estimated FY 21-22	Estimated FY 22-23
1. Continuum of Care for Veteran and Military Children & Families	\$962,445	-	-
2. Statewide Early Psychosis Learning Health Care Collaborative Network	\$510,584	\$561,234	\$561,234
3. Behavioral Health System Transformation	\$9,477,500	\$4,010,833	-
4. Help@Hand	\$6,000,000	\$3,000,000	<i>No cost extension through April</i>
INN Subtotal	\$16,950,529	\$7,572,067	\$561,234
Admin. Costs	\$1,395,831	\$1,437,706	\$1,480,837
GRAND TOTAL	\$18,346,360	\$9,009,773	\$2,042,071

INN Changes

Projects Ending in FY 2019-20

- **Religious Leaders BH Training Services** (training incorporated into Outreach for Increasing Recognition of Early Signs of MI)
- **Step Forward On-Site Engagement in Collaborative Courts** ended November 2019
- **Behavioral Health Services for Independent Living** ends June 2020

Ideas to be Explored

- allcove *
- MH Adult & OA Residential Facilities
- MH Participant Pet Boarding
- Middle School Student Wellness Centers *
- Mobile Phone (*previously approved Round 2 project*) *
- Older Veterans Support Program
- Peer Intervention Journal
- Psychiatric Advanced Directives *
- Psychiatry Clinical Extender Program
- Shelter Grade Housing
- Shelter Living Skills Curriculum
- Social Media & Prediction Technology
- Approaches to Stigma Reduction *
- Young Children At-Risk of ADHD

* Initial focus

WET Component Budget

Program	Approved FY 19-20	Estimated FY 20-21	Estimated FY 21-22	Estimated FY 22-23
1. Workforce Staffing Support	\$1,140,000	\$1,710,584	\$1,761,901	\$1,814,758
2. Training and Technical Assistance	\$1,573,000	\$1,223,390	\$1,232,434	\$1,241,794
3. Mental Health Career Pathways	\$927,000	\$1,046,663	\$1,046,663	\$1,046,663
4. Residencies and Internships	\$238,381	\$170,000	\$170,000	\$170,000
5. Financial Incentives Programs	\$654,225	\$526,968	\$526,968	\$526,968
6. WET Five-Year Plan with CalMHSA	-	\$1,071,050	-	-
WET Subtotal	\$4,533,606	\$5,748,655	\$4,737,966	\$4,800,183
Admin. Costs	\$552,676	\$467,979	\$482,018	\$496,479
GRAND TOTAL	\$5,085,282	\$6,216,634	\$5,219,984	\$5,296,662

CFTN Component Budget

Project	Approved FY 19-20	Estimated FY 20-21	Estimated FY 21-22	Estimated FY 22-23
Capital Facilities	\$17,580,000*			
Behavioral Health Training Facility	\$65,000	\$65,000	\$65,000	\$65,000
Technological Needs				
Electronic Health Record (E.H.R) / Data Integration	\$10,815,504	\$12,154,749	\$8,466,752	\$8,582,888
Admin. Costs	\$327,293	\$300,000	\$309,000	\$318,270
GRAND TOTAL	\$28,787,797	\$12,519,749	\$8,840,752	\$8,966,158

* Budget for projects outside of the BH Training Facility (i.e., Anita Wellness Campus, CSUs, and Youth Core Services renovations)

MHSA Budget Summary

Component	Approved FY 19-20	Estimated FY 20-21	Estimated FY 21-22	Estimated FY 22-23
CSS	\$174,195,419	\$157,652,508	\$155,619,468	\$145,562,368
PEI	\$43,490,187	\$66,772,329	\$59,216,995	\$49,658,762
INN	\$20,003,788	\$33,950,606	\$24,804,246	\$24,994,473
WET	\$5,085,282	\$6,216,634	\$5,219,984	\$5,296,662
CFTN	\$28,787,797	\$12,519,749	\$8,840,752	\$8,966,158
GRAND TOTAL	\$271,562,473	\$277,111,826	\$253,701,445	\$234,478,423

