

Mental Health Services Act Orientation

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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.

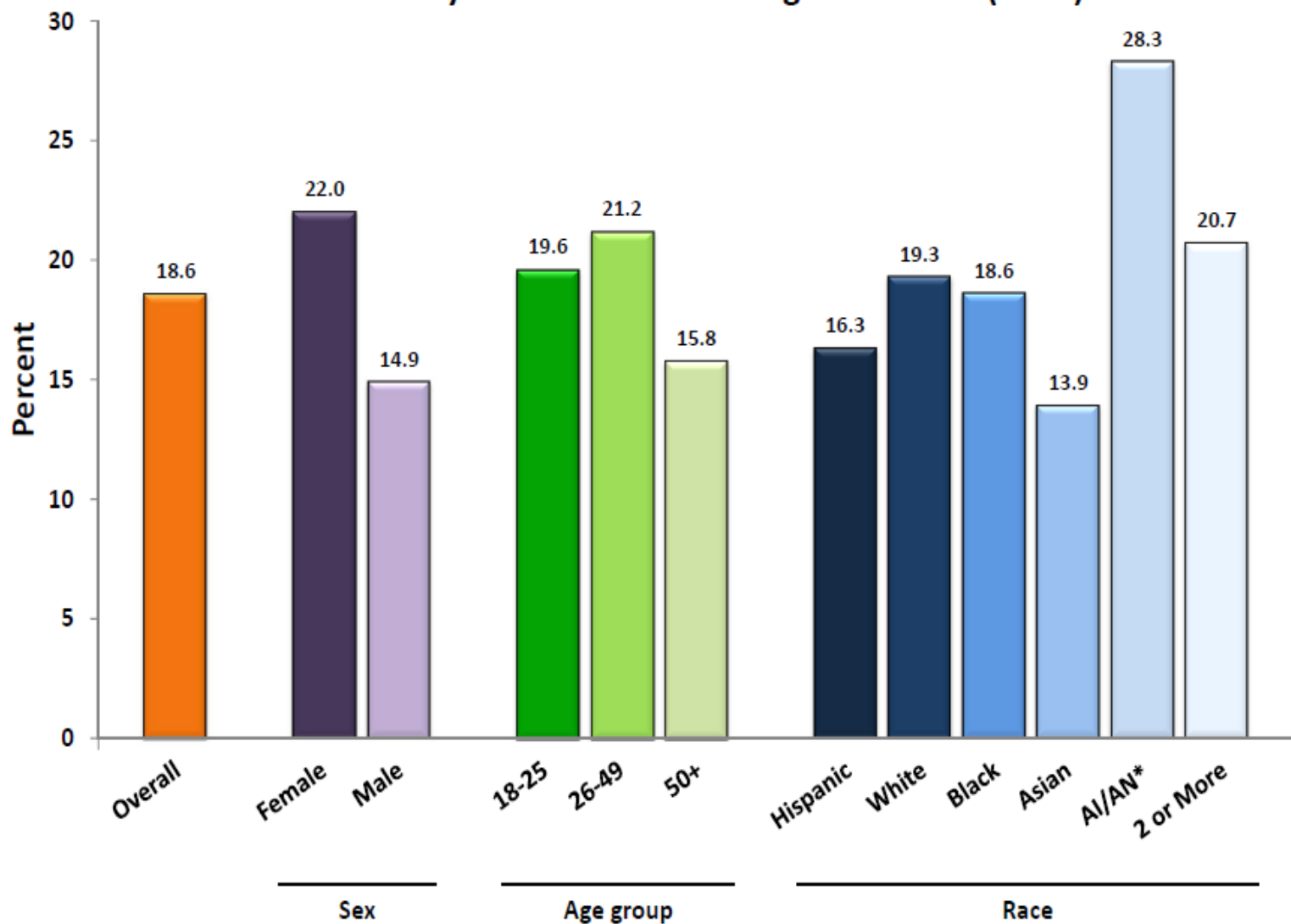
MHSA Overview *(Continued)*

- The MHSA provides new services; it cannot be used to supplant existing services. (existing as of Nov. 2004)
- Target population: those with serious mental illness who are currently unserved, under-served, homeless, or at risk of homelessness.
- PEI exempted from the above

The Mental Health Services Act

- Statewide more than \$13 billion raised
- Over 1,600 programs developed statewide
- Orange County has 99 different MHSA programs identified in the FY 15/16 Annual Plan Update with \$163 million in Estimated FY 15/16 expenditures

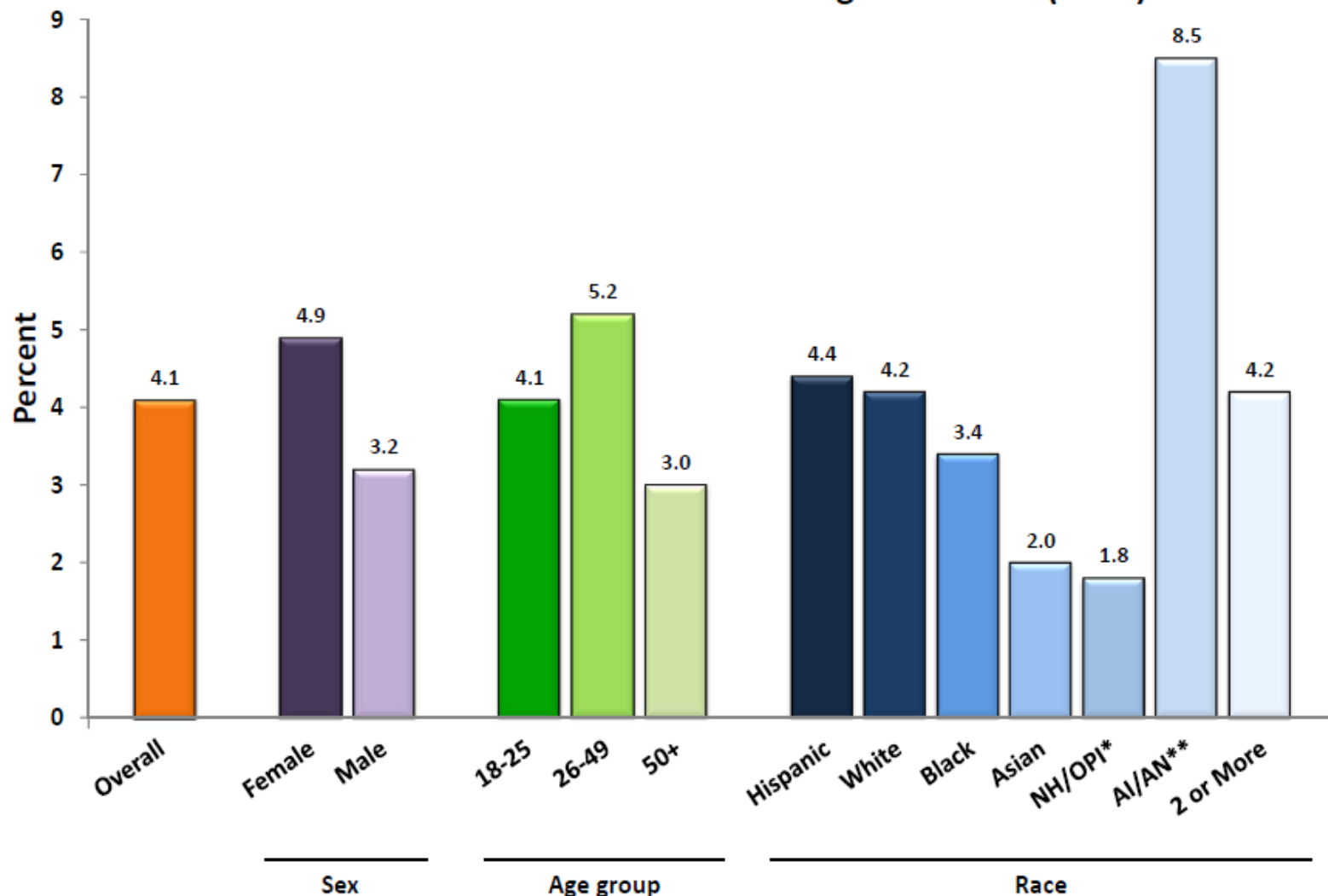
Prevalence of Any Mental Illness among U.S. Adults (2012)



*AI/AN = American Indian/Alaska Native

Data courtesy of SAMHSA

Prevalence of Serious Mental Illness among U.S. Adults (2012)



Data courtesy of SAMHSA

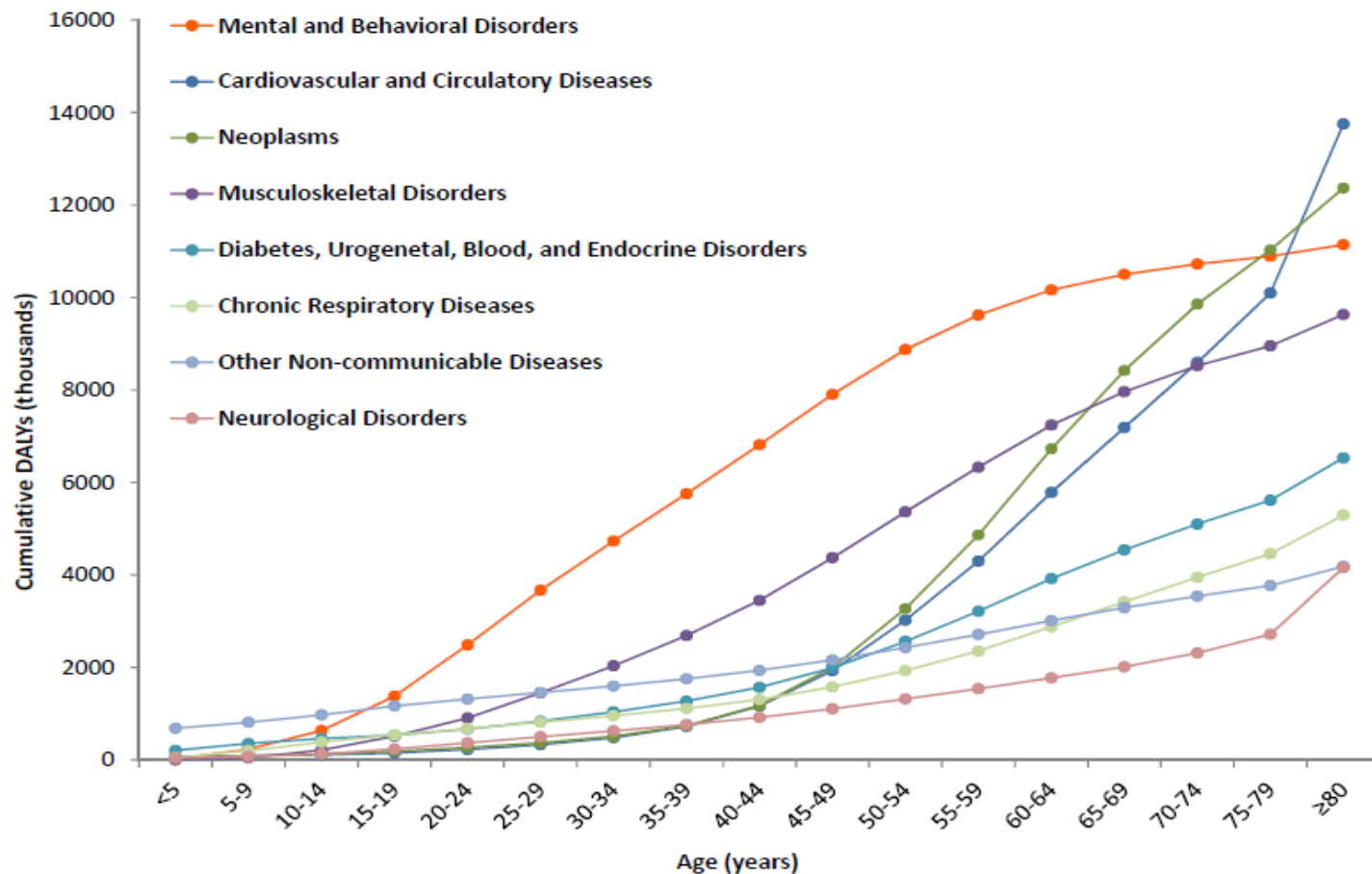


*NH/OPI = Native Hawaiian/Other Pacific Islander

**AI/AN = American Indian/Alaska Native

Disability-adjusted life years

Cumulative U.S. DALYs for the Leading Disease/Disorder Categories by Age (2010)



Mental Health in the local news

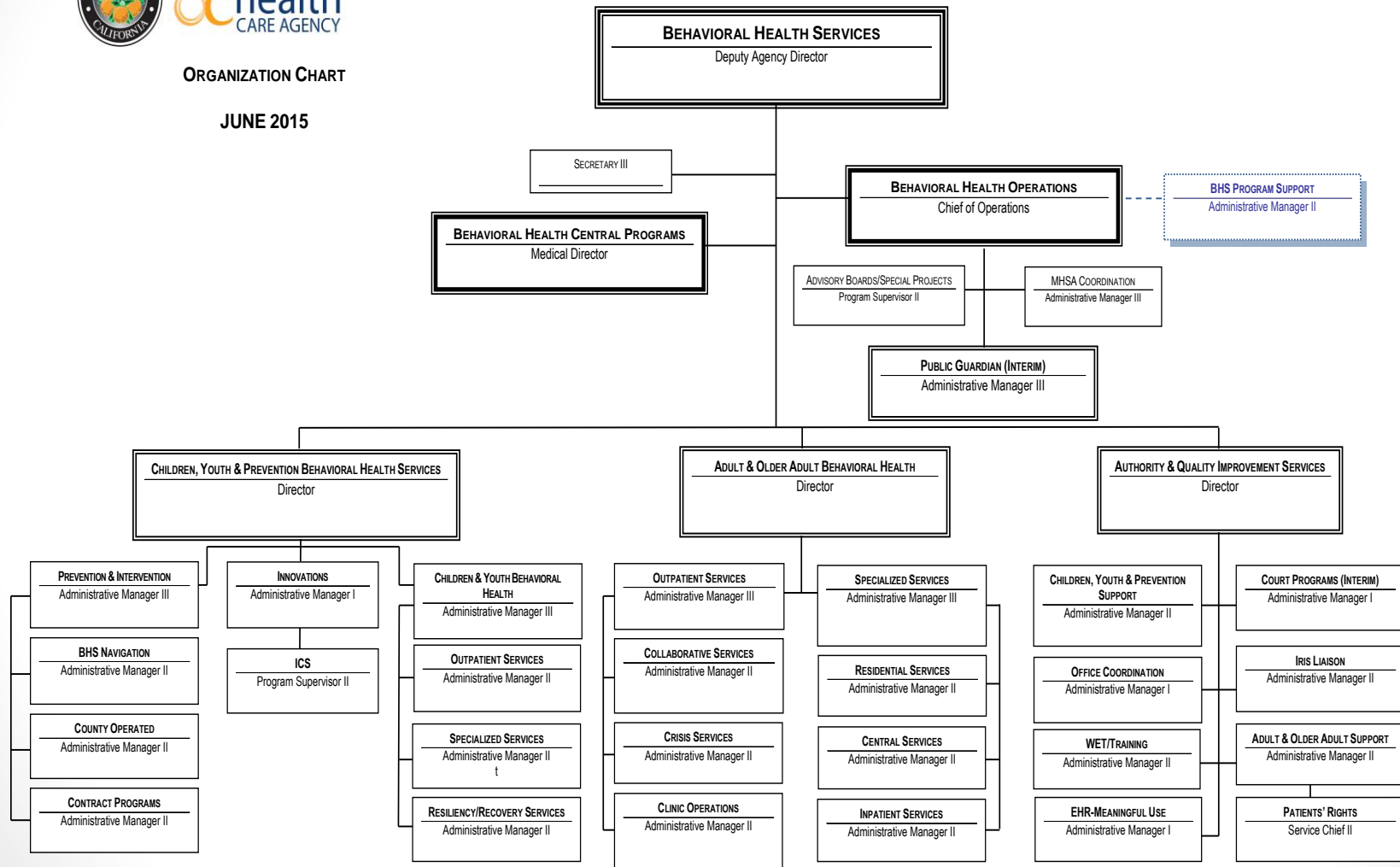
- Life span 18 years shorter for those with serious mental illness, O.C. report finds
- UC Irvine researcher finds biological link between chronic pain, mental illness
- Depression is often traced to bullying
- Suicide rates lower for vets in VA care
- Suicide rate of female military veterans is called 'staggering'
- What's changed since death of Kelly Thomas

MHSA Overview *(Continued)*



ORGANIZATION CHART

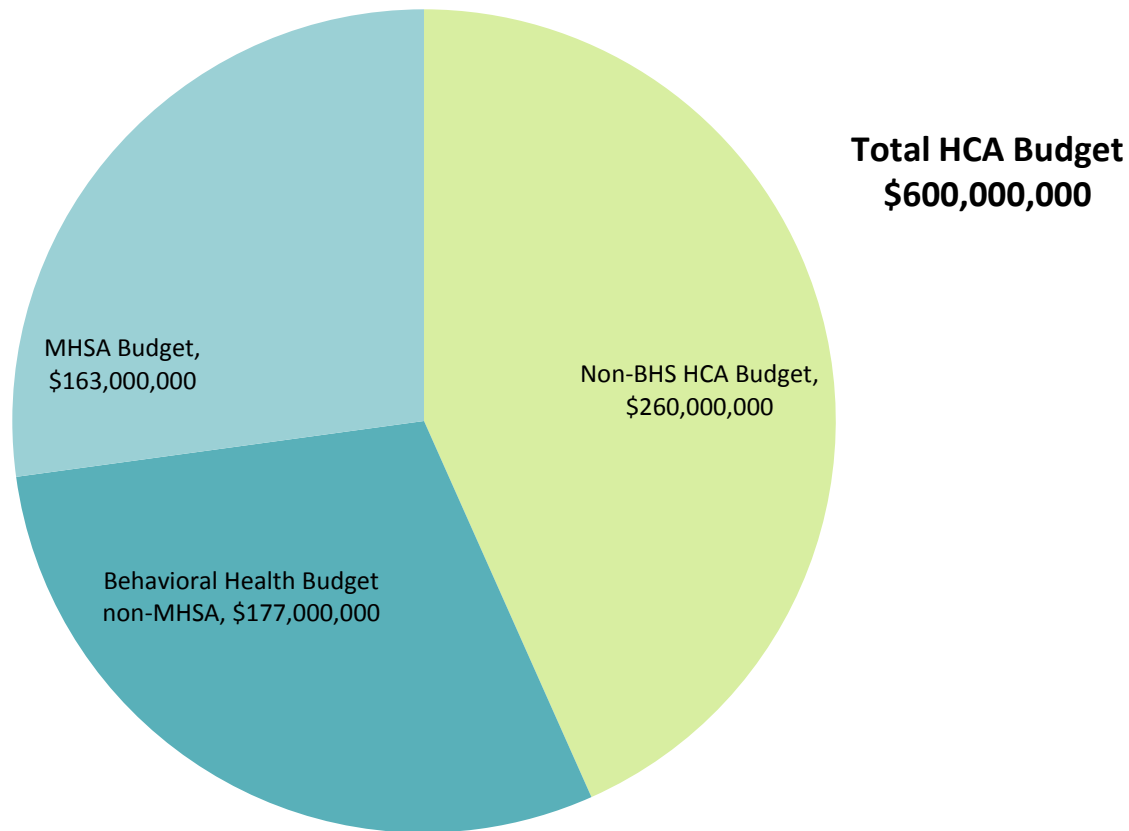
JUNE 2015



Also reports to Administrative Services

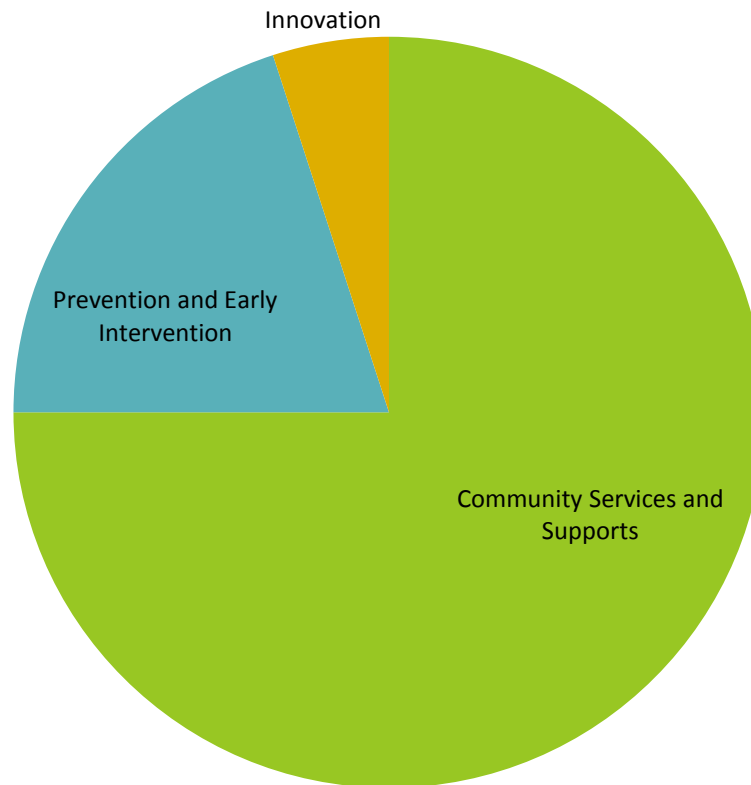
Revised 6-10-15

OCHCA /MHSA Budgets

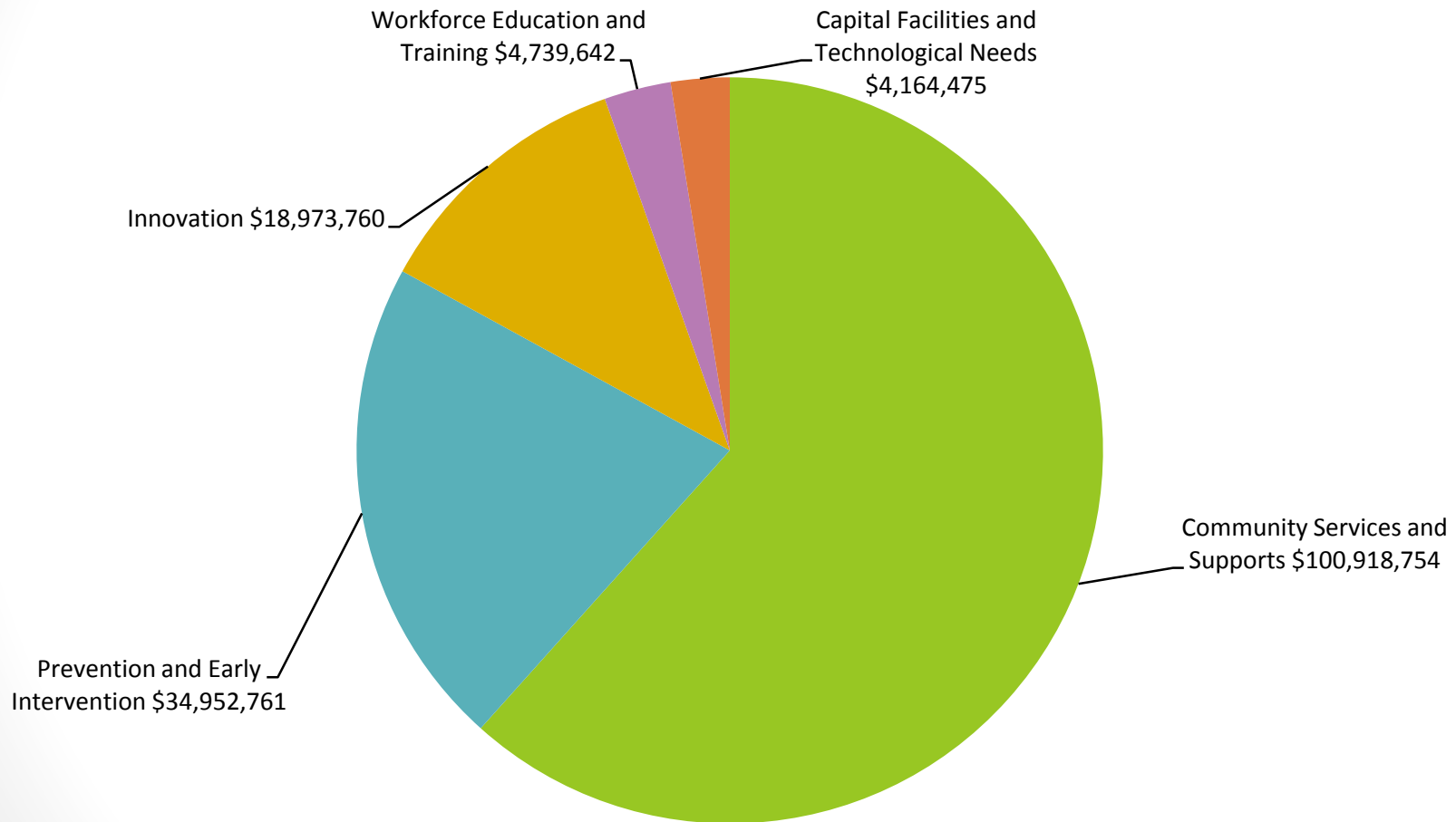


Ongoing MHSA Allocations

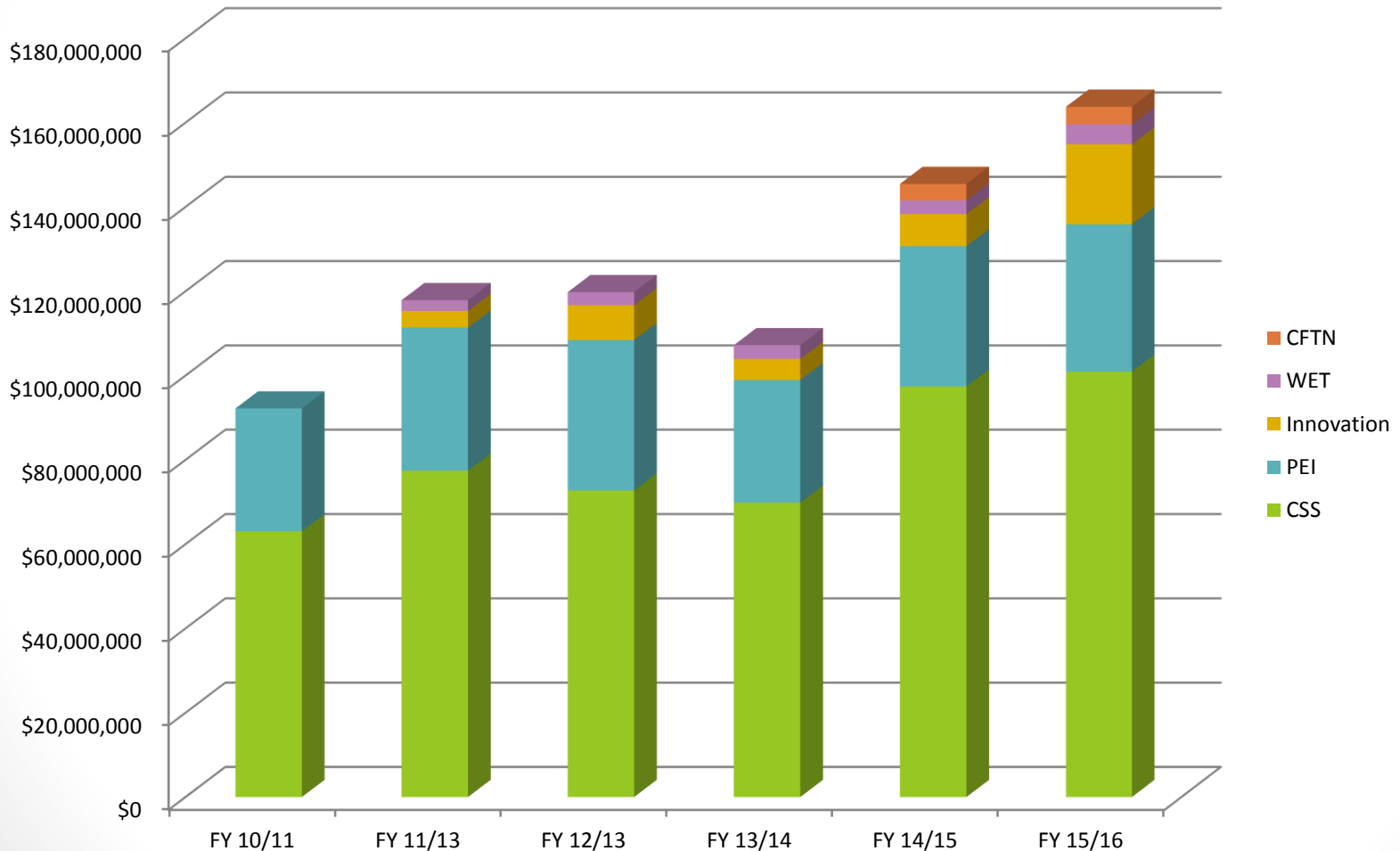
MHSA Budget Breakdown



FY 15/16 MHSA Budget



Annual MHSA Budgets FY 10/11 – FY 15/16



Components of the MHSA

- The Act consists of five components, including:
 - Community Services and Supports (CSS)
 - (In FY 2007/08 an MHSA Housing Program was added using CSS funds.)
 - Workforce Education and Training (WET)
 - Prevention and Early Intervention (PEI)
 - Capital Facilities and Technological Needs (CFTN)
 - Innovative Programs (INN)

CSS: The big fish of MHSA



Community Services and Supports (CSS)

- CSS is the core service component of the Act and receives 80% of MHSA annual funding. CSS is divided into programs by age group:
 - Children and Youth (0-15)
 - Transitional Age Youth (16-25)
 - Adults (26-59)
 - Older Adults (60+)

CSS *(Continued)*

- Three types of funds:
 - Full Service Partnerships
 - Uses “whatever it takes” model to address mental health issues, housing, employment.
 - Statewide standardized data outcomes:
 - Days in psychiatric hospital
 - Days incarcerated
 - Days homeless
 - Days employed
 - Days in school

CSS *(Continued)*

- Outreach and Engagement
 - Reach those communities receiving little or no services.
- General Systems Development
 - Improve programs, services and supports for all clients and families. Build transformational programs and services.

CSS Outcomes

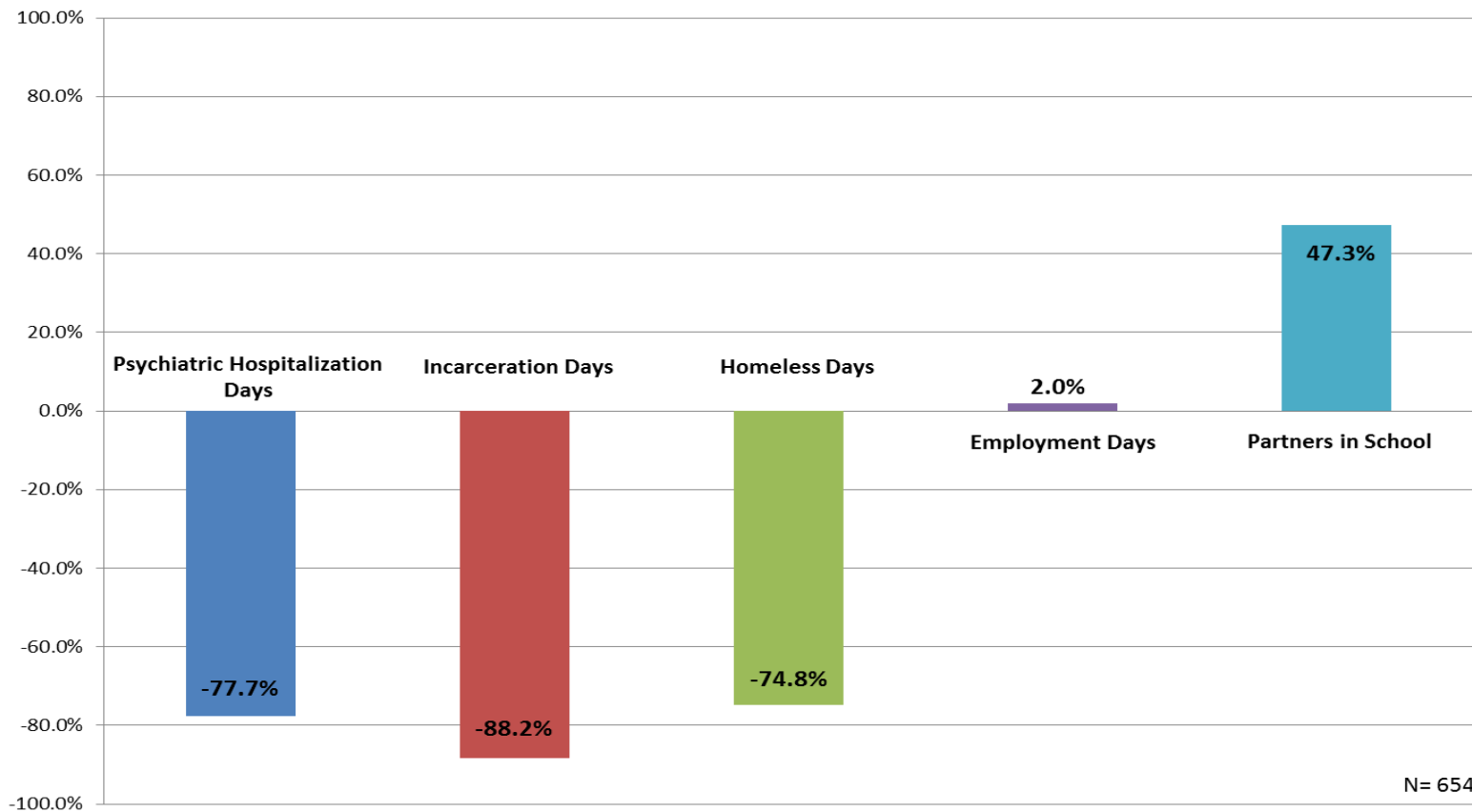
Adults and Older Adults

- Cumulatively through June 30, 2014, clients in the Adult FSP programs had:
 - 78% decrease in psychiatric hospitalization days
 - 88% decrease in incarceration days.
 - 75% decrease in homeless days

The graph on the next slide illustrates the reductions and increases of FSP performance indicators as of June 30, 2014.

CSS Outcomes: Adult FSPs

Reductions and Increases in Performance Indicators
Adult Full Service Partnerships
Cumulative Reporting Period through June 30, 2014



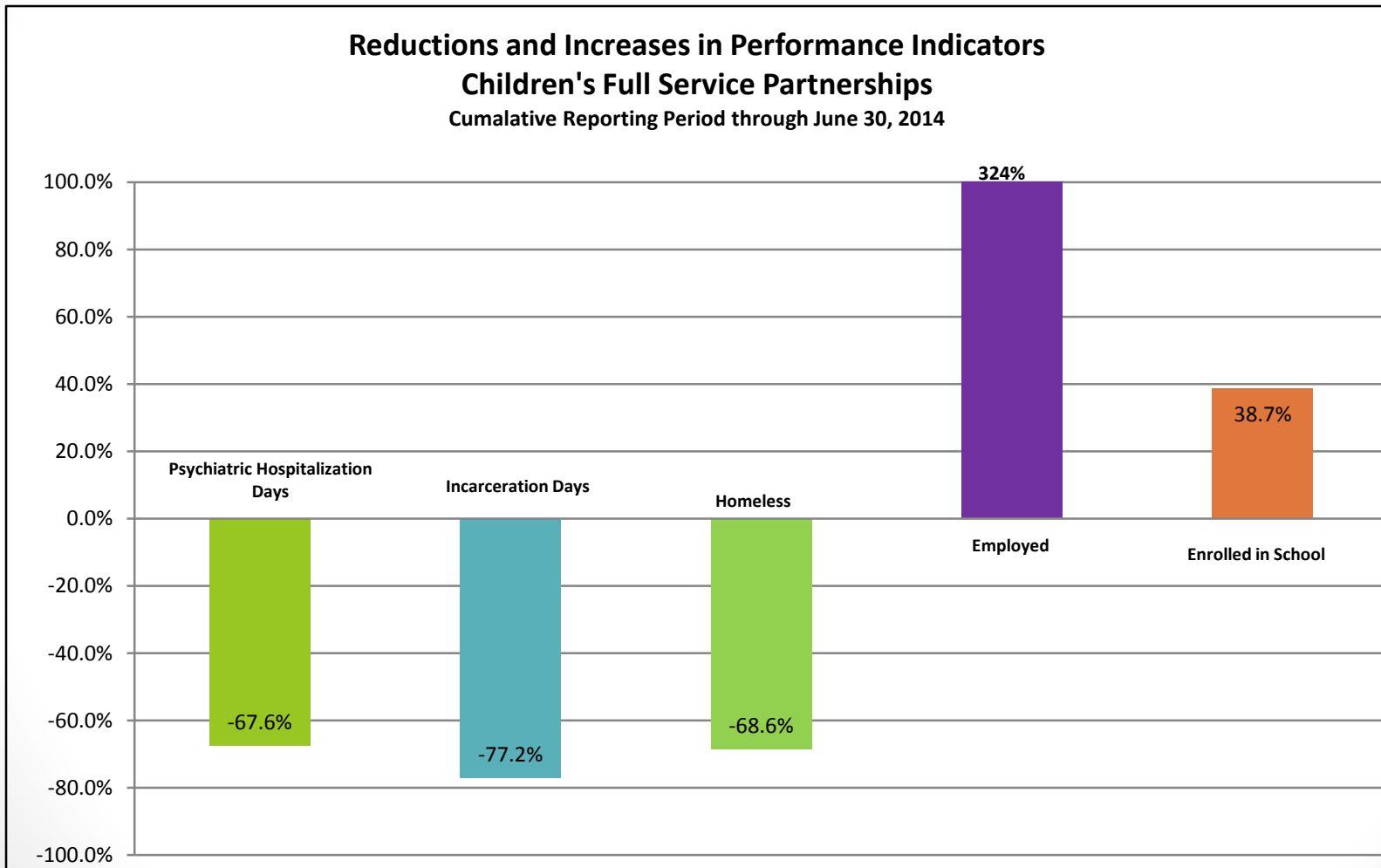
CSS Outcomes

Children and TAY

- Cumulatively through June 30, 2014, clients in the Adult FSP programs had:
 - 67% decrease in psychiatric hospitalization days
 - 77% decrease in incarceration days.
 - 68% decrease in homeless days

The graph on the next slide illustrates the reductions and increases of FSP performance indicators as of June 30, 2014.

CSS Outcomes: Children's & TAY FSPs



WET: What do you call a group of whales?



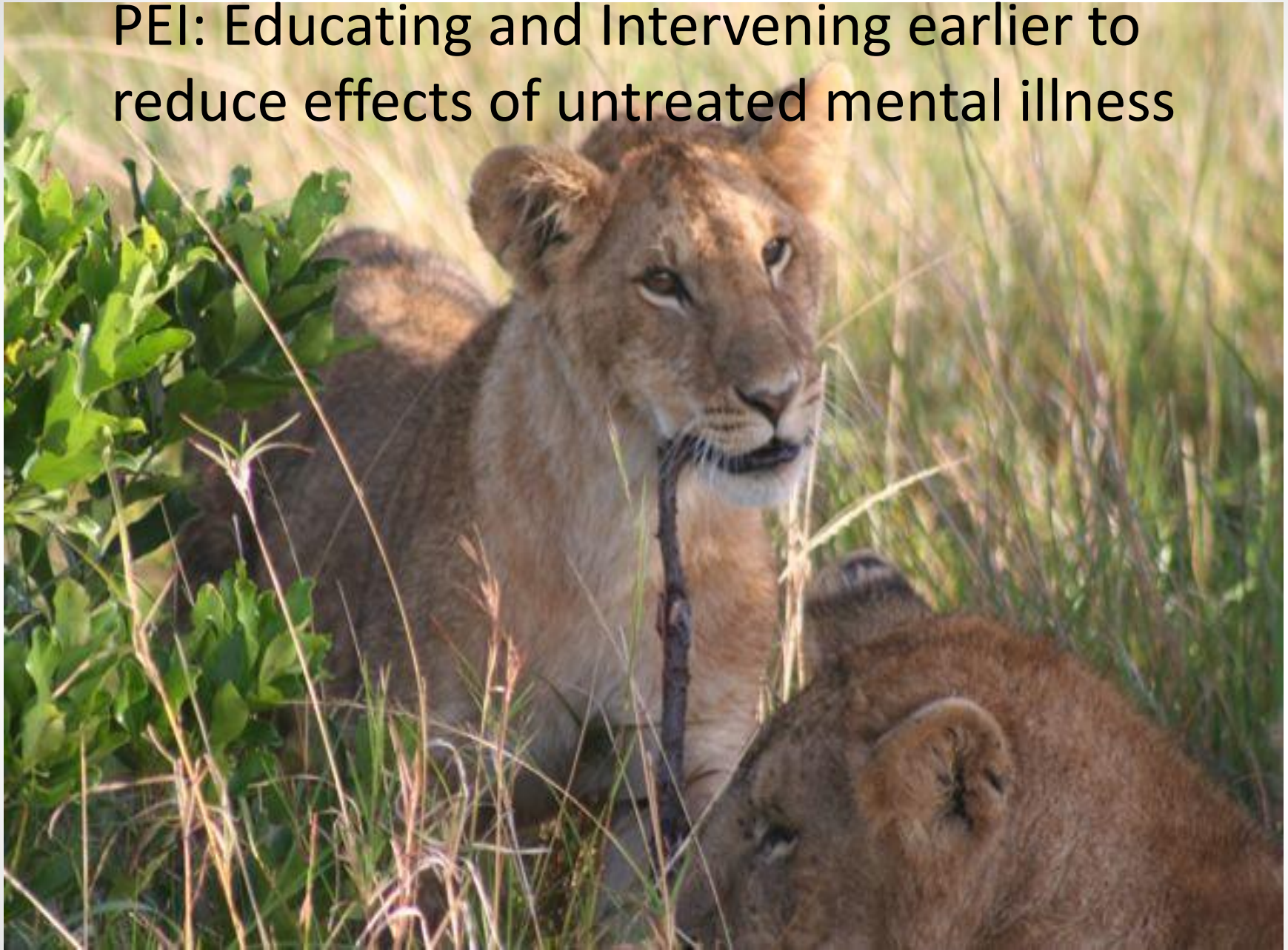
Workforce Education and Training (WET)

- Expand the diversity and linguistic capability of the workforce
- Bring consumers and family members into the mental health workforce
- Train our current workforce in the recovery model and evidence-based practices

WET *(Continued)*

- Provide career pathways that lead from high school to graduate school and provide financial incentives and training opportunities for underserved groups, consumers and family members to become part of the workforce and move up a career ladder within public mental health.

PEI: Educating and Intervening earlier to
reduce effects of untreated mental illness



Prevention and Early Intervention (PEI)

- Goal: Prevent Mental Illness from becoming severe and disabling
- By:
 - Early recognition of serious mental illness
 - Improving access and linkage to care
 - Reducing stigma
 - Reducing discrimination against people with mental illness

Service Areas

- The 3 Service Areas Include:
 1. Community Focused Services
 2. School Focused Services
 3. System Enhancement
- These service areas contain 28 prevention & early intervention programs

Community Focused Services

- Stress Free Families
- OC CREW
- OCPPW
- Early Intervention Services for Older Adults
- Youth As Parents
- Behavioral Health Counseling Program
- Crisis Prevention Hotline
- Survivor's Support Services
- Parent Education & Supports
- Family Support Services
- Children's Support and Parenting Program (CSPP)
- Stop the Cycle
- Outreach & Engagement Services
- WarmLine
- Professional Assessors

School Focused Services

- School Based Mental Health Services
- School Based Behavioral Health Intervention and Support-Early Intervention Services
- School Readiness/Connect the Tots
- College Veterans Services (The Drop Zone)
- School Based Behavioral Health Intervention and Support
- Violence Prevention Education
- Transitions
- K-12 Coping Skills to Manage Stress

System Enhancements

- Information & Referral
- Training, Assessment & Coordination
- Training on Physical Fitness & Nutrition Services
- Stigma Reduction/Elimination
- Statewide Projects

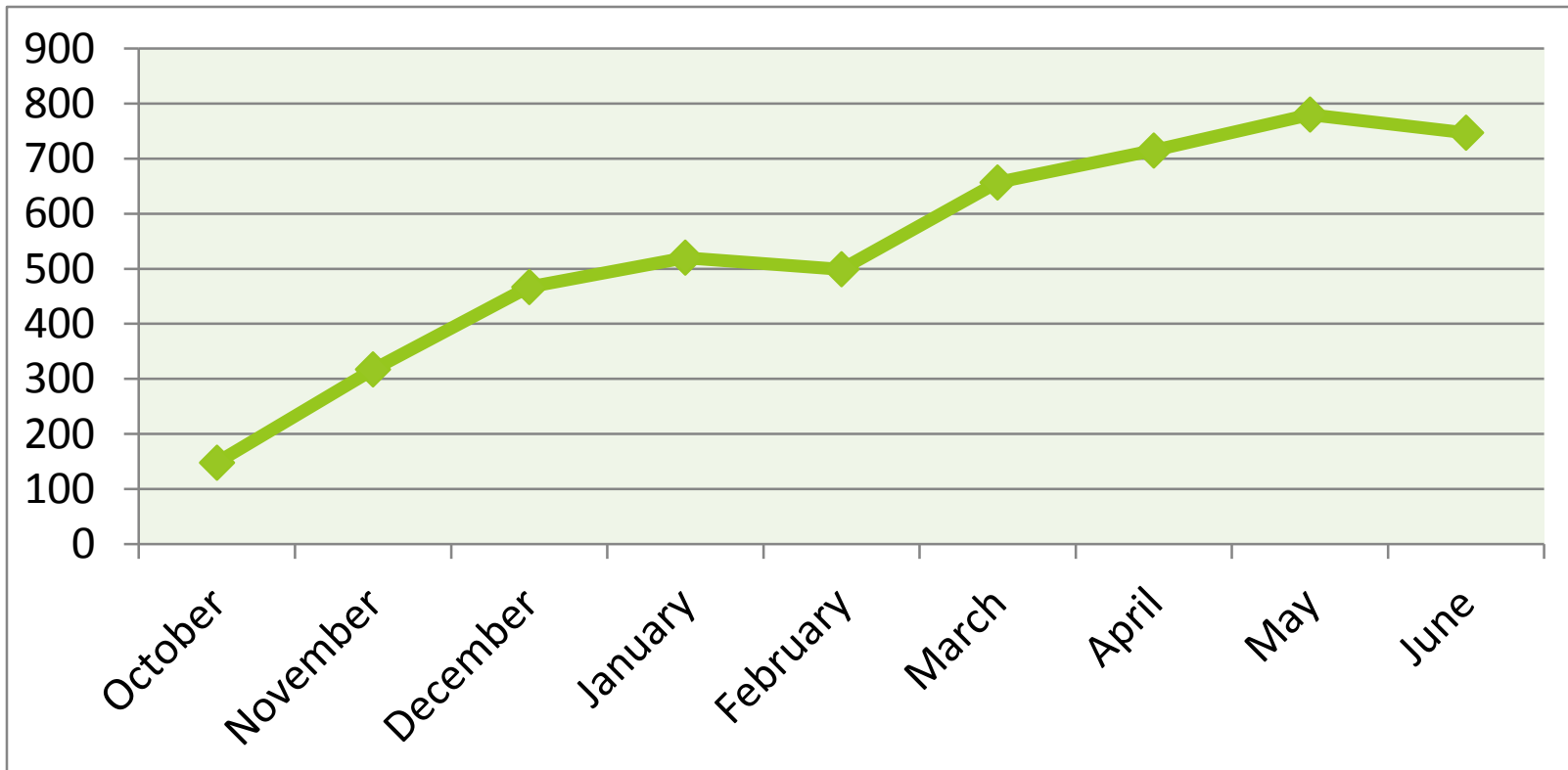
PEI *(Continued)*

- Emphasizes improving timely access to services for underserved populations.
- Age groups: DMH required that 51% or more of the funds be spent on individuals age 25 or less. Orange County has a substantially higher percentage (70-75%).
- PEI receives 20% of MHSA funding

PEI Outcomes: OC Links

- OCLinks is a telephone and internet chat-based information and referral line that serves as a single access point for any community member seeking behavioral health services through the County of Orange's Health Care Agency/ Behavioral Health Services department
- 4,867 participants were served by OCLinks during the first 8 months of the program (FY 13/14)

Call/Chat Volume



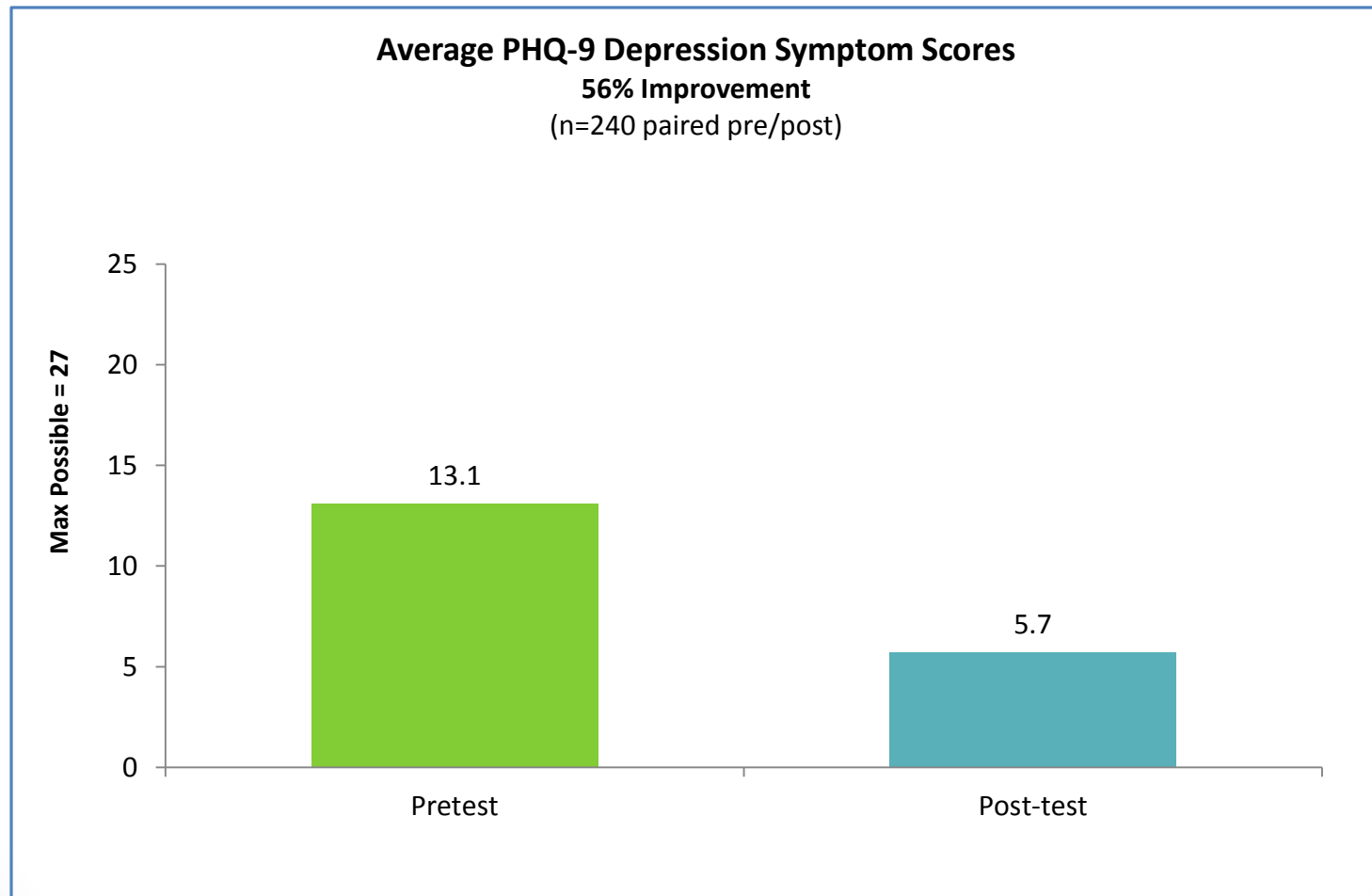
- Calls have quadrupled since October
- Web-Based Chats have remained steady

PEI Outcomes:

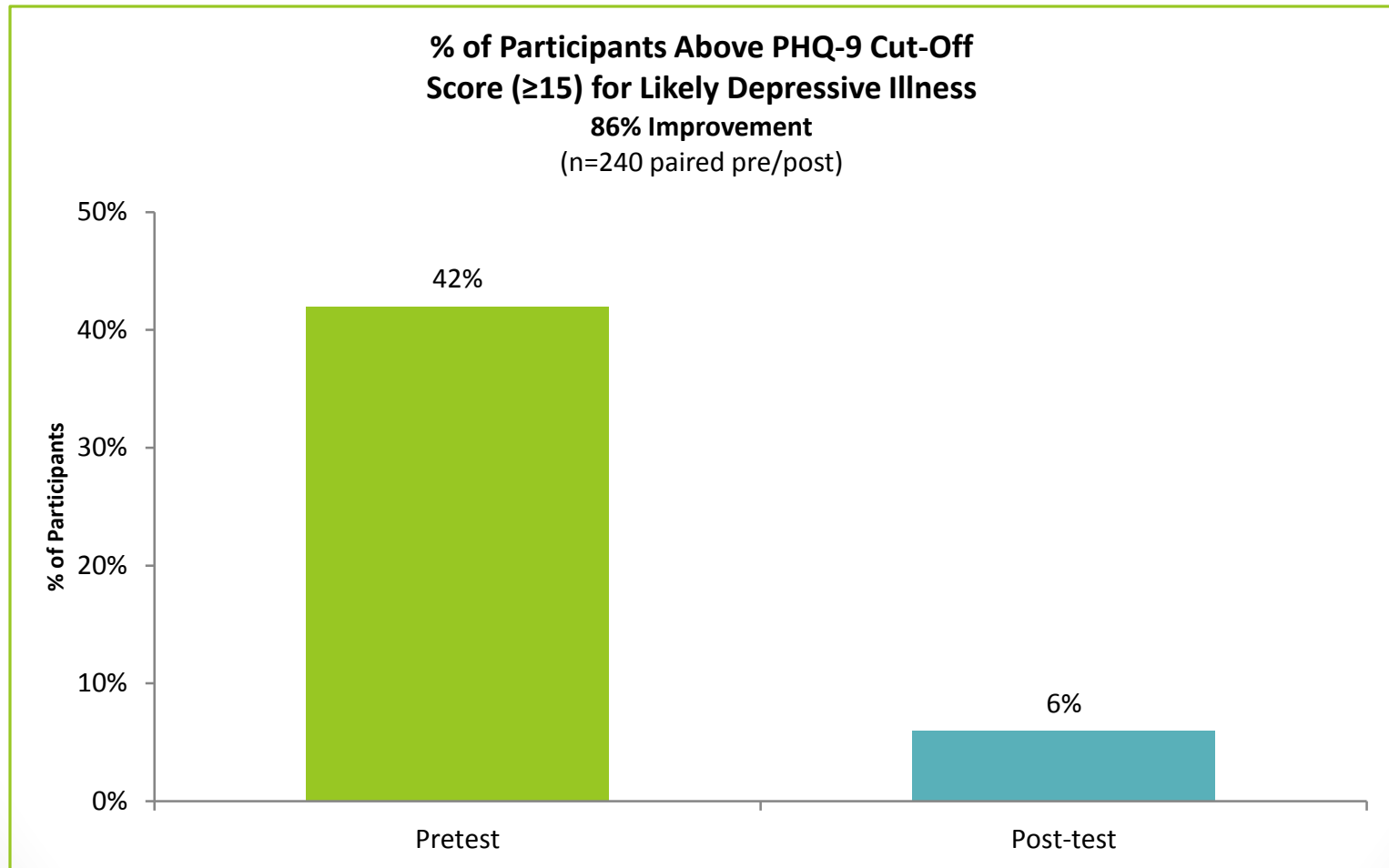
Post Partum Wellness

- Provides services to mothers experiencing mild to moderate postpartum depression:
 - assessment,
 - case management,
 - individual, family and
 - group counseling,
 - educational groups,
 - wellness activities and
 - coordination and linkage to community resources and community education.

PEI Outcomes: Postpartum Wellness



PEI Outcomes: Postpartum Wellness



INN: A horse of a different color



Innovation

- 5% of CSS and PEI funding combined must contribute to learning
- Try out new approaches that can inform current and future practices
- Each Innovation Project includes a thorough evaluation
- INN projects are like pilot projects talking points

Innovation *(Continued)*

- BHS has engaged in community planning for three groups of INN Projects.
- Each Project is one to three years (extensions are possible)
- Evaluation measures vary by Project.
- Overarching theme of all Group 1 Projects is the involvement of consumers and family members to provide services and/or direct activities.

Innovation: Group 1

- Group 1 Projects include:
 - Integrated Community Services*
 - Collective Solutions
 - Volunteer to Work*
 - OC ACCEPT*
 - OC4Vets*
 - Community Cares
 - Project Life Coach
 - Brighter Futures

Innovation: Group 2

- Group 2 Projects were approved by MHSOAC in April 2014, and include:
 - On-site Engagement in the Collaborative Courts.*
 - Religious Leaders Mental Health First Aid.*
 - Access to Mobile/Cellular/Internet Devices
 - Behavioral Health Services for Military Families*
 - Skill sets for Independent Living

Innovation: Group 3

- \$24 million in funding available for Group 3 Innovative Projects over lifespan of the projects.
- Extensive community stakeholder planning process utilized to identify and recommend potential innovative projects
- 11 projects recommended for funding
- Approval from Mental Health Services Oversight and Accountability Commission required prior to expending Innovation funding.

Innovation Group 3 Projects

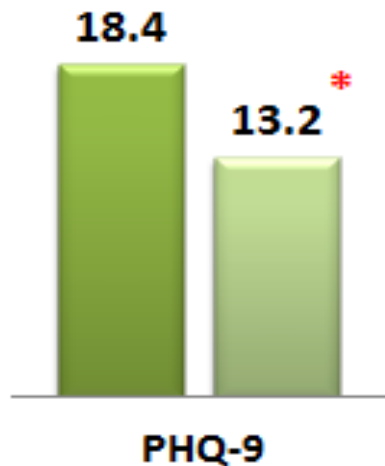
INN1	Continuum of Care for Veteran and Military Children and Families
INN2	Community Employment Services Project
INN3	Employment and Mental Health Services Impact
INN4	Veteran Student Needs Assessment & Treatment
INN5	Shared Housing Program
INN6	Child Focused Mental Health Training for Religious Leaders
INN7	Job Training and On-Site Support for TAY
INN8	Developing and Testing Effective EBP's for Children
INN9	LGBTIQ Homeless Project
INN10	Immigrant Screening and Referrals
INN11	Whole Person Healing Initiative

Innovation Outcomes: ICS

- The ICS program provides integrated medical and mental health services to community participants through co-location of mental health staff in community medical clinics and medical staff in mental health clinics.
- On average, participants experienced a reduction in their depression scores by 5.2 points and a reduction in their anxiety scores by 5.1 points.

Innovation Outcomes: ICS

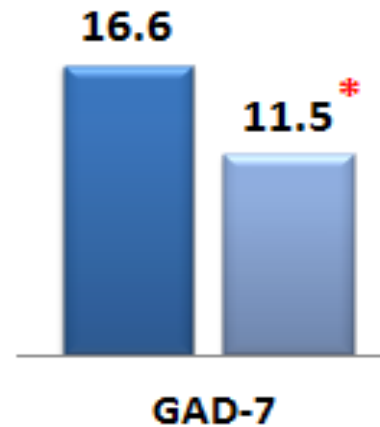
Change in Average Depression (PHQ-9) and Anxiety Score (GAD-7)
Initial Score = Moderate or Severe
Launch – June 30, 2014



■ PHQ-First

■ PHQ-Last

Possible Range: 0 - 27



■ GAD7-First

■ GAD7-Last

Possible Range: 0 - 21

* Statistically significant decrease ($p < .008$)

MHSA Housing

Cotton's Pointe, San Clemente - July, 2014



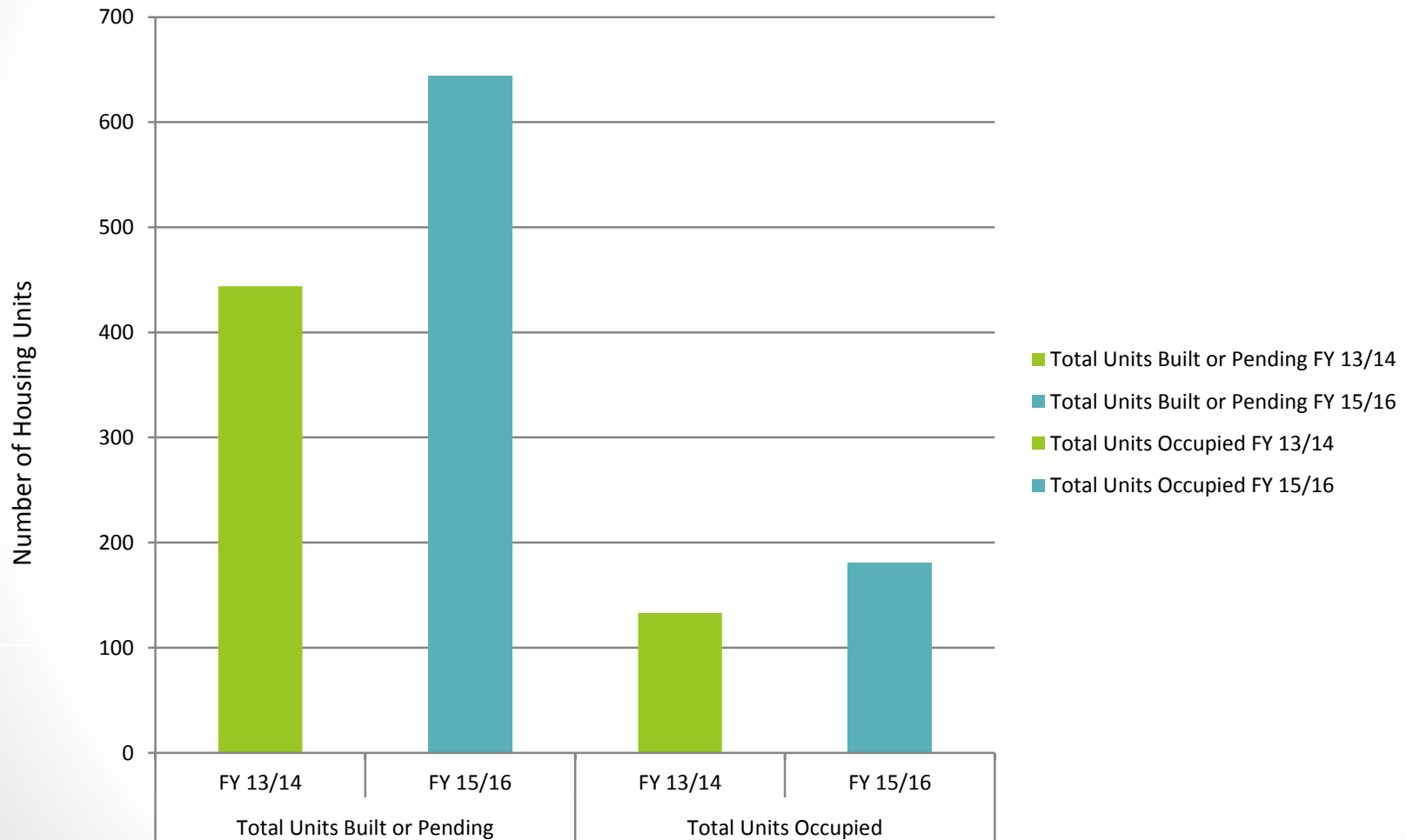
MHSA Housing

- Permanent Supportive Housing, including rental housing and shared housing.
- OC is eligible for \$33 million: \$11 for rental and operational subsidies and \$22 for buying, building and/or renovating permanent supportive housing units.
- Program is administered by Cal HFA.

MHSA Housing

- \$33 million in CSS one-time funds were allocated by the State to Orange County for MHSA housing
 - 644 Total Units built or pending
 - 181 Total Units occupied
 - Housing is linked to services
 - Residents are served offsite and onsite

MHSA Housing

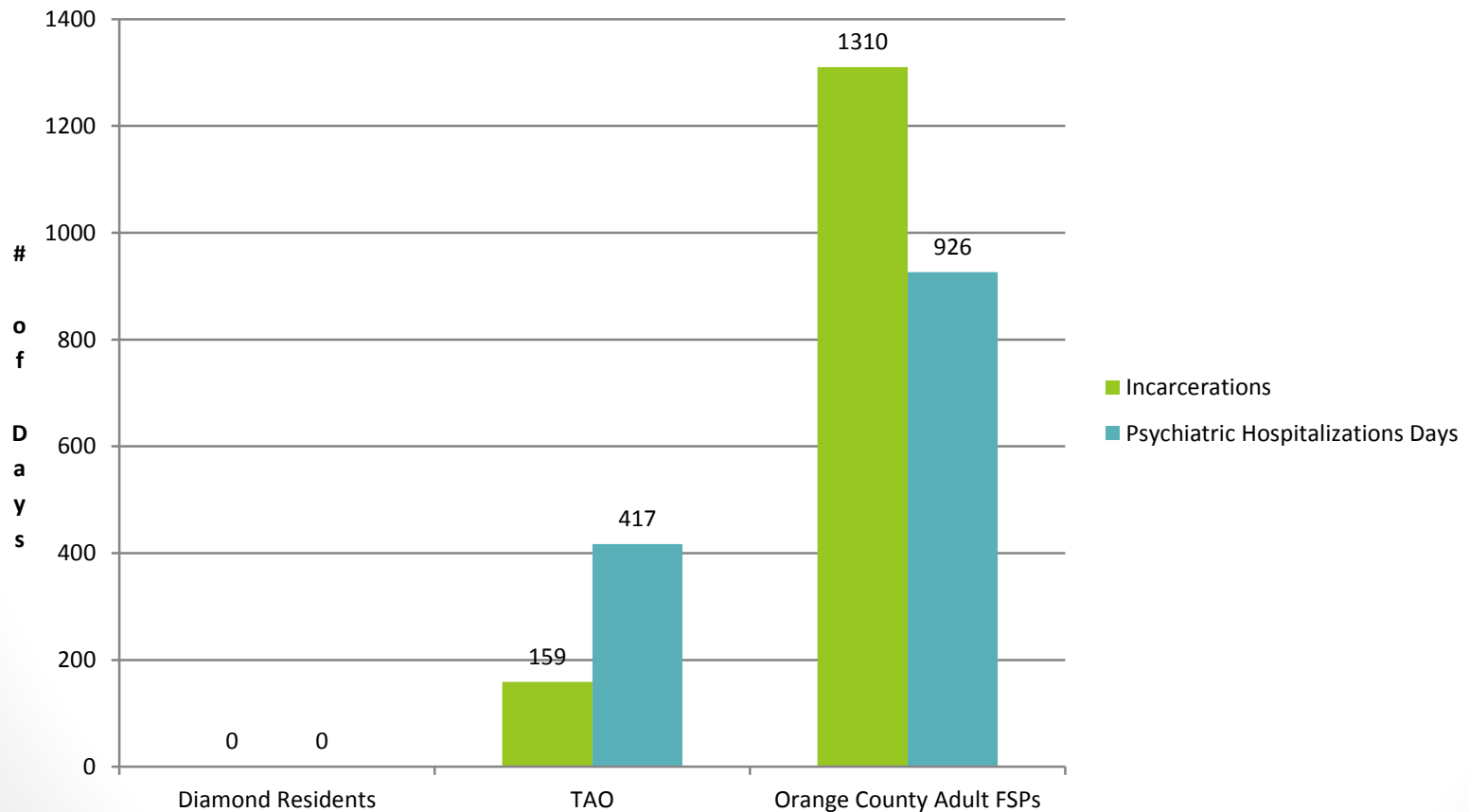


MHSA Housing Projects

- Diamond Apartment Homes – Anaheim, 24 units, nine two-bedroom, 15 one-bedroom. 100% MHSA. Anaheim Project-Based Section 8 Vouchers (PBVs)
- Doria Phases One and Two. Integrated project, Irvine, 20 units out of 134. 10 units have PBVs
- Avenida Villas – Anaheim, 29 units, 100% MHSA, All units have PBVs, 4 units have two-bedrooms
- Cotton's Point – San Clemente – Seniors, integrated, 15 out of 76 units for MHSA plus up to 9 more. Kennedy Commission's Special Needs Project of the Year.
- Capestone – Anaheim, integrated – 19 MHSA units out of 60. PBVs

What does housing do for clients?

Incarcerations and Psychiatric Hospitalizations Days
Calendar Year 2015 - First Quarter



Capital Facilities and Technological Needs

- Purpose: To promote the efficient implementation of the MHSA.
- Capital funds may not be spent on housing individuals. It can only be used for facilities providing MHSA services and office space.

Capital Facilities and Technological Needs (Cont'd)

- Projects:
 - 401 Tustin St. Project:
 - Wellness Center
 - Education and Employment Center
 - Crisis Residential Services Site
 - Develop Electronic Health Record

Steering Committee: Soaring with leadership



Steering Committee overview

- Steering Committee
 - Purpose and Composition
 - Scope of Responsibility
 - Codified role regarding MHSA Plan Updates
- Subcommittees
 - Purpose and Composition
- Community Action Advisory Committee (CAAC)
 - Purpose and Composition

MHSA Steering Committee

- Provides timely, effective decision-making to ensure that MHSA funding is allocated for identified county needs and priorities
- Comprised of approximately 65 members from diverse backgrounds, including consumer representation
- Subcommittees are responsible for in-depth study of individual components.

Role of Steering Committee

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

Role of Steering Committee

5. Make timely, effective decisions that maximize the amount of funding secured by Orange County and 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.

Committee composition

- Adults and Seniors living with serious mental illness
- Family members of children, adults and seniors living with serious mental illness or serious emotional disturbance
- Service Providers
- Law enforcement agencies
- Alcohol and drug abuse providers
- Health care organizations
- Education
- Veterans
- Representatives from veteran organizations
- Social Services Agencies
- Other important interests

Meeting Logistics

- The Behavioral Health Director appoints members to represent the broad interests concerning the MHSA.
- Each organization serving on the Committee must have a designated representative and no more than one assigned alternate.
- The designated representative or the alternate must be present at all meetings and attend the meeting in its entirety.
- If both the designated representative and alternate will be absent for a meeting, notify the MHSA office at MHSA@ochca.com.
- Representatives must sign-in prior to being seated at the committee tables and must display their identification to participate in discussions and in the decision-making process.
- Meetings will be professionally facilitated and will start and end at designated times.

MHSA Steering Committee Decision-Making

- Decisions will normally be made via consensus (agreement of all committee members that they will either support the decision or at least not block it from going forward).
 - A “yes” means that the decision will be actively supported or at a minimum nothing will be done to undermine the success of the decision.
 - The goal in effective consensus decision-making is to find ways to say “yes” wherever possible and to say “no” only when absolutely necessary and when a member is prepared to stop the proposed decision [as stated] from moving forward.
 - If consensus cannot be reached, a vote will be taken of members present and a majority (51%) will move the decision forward.

MHSA Plan Updates

- Welfare and Institutions Code Section (WIC §) 5847 states that county mental health programs shall prepare and submit a Three-Year Program and Expenditure Plan (Plan) and Annual Updates for Mental Health Service Act (MHSA) programs and expenditures.
- Plans and Annual Updates must be adopted by the county Board of Supervisors and submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) within 30 days after Board of Supervisor adoption.
- WIC § 5848 states the mental health board shall conduct a public hearing on the draft Annual Update at the close of a 30-day comment period.

MHSA Plan Updates

- WIC § 5848 states that each Annual Update shall be developed with local stakeholders
- The MHSA Office and BHS staff work with MHSA Steering Committee and with the Mental Health Board, to develop each Three-Year Plan and Annual Plan Update.
- The last Annual Plan Update was approved by the BOS on June 2, 2015.

FY15/16 Annual Plan Update

- Posted on the MHSA website at:
<http://ochealthinfo.com/bhs/about/pi/mhsa/updates>
- 99 separate programs included in the Plan
- Four (4) Group 1 Innovation projects received additional funding
- Funding for new Crisis Residential location
- Expansion of OC Links
- Eleven (11) potential Group 3 Innovation projects identified
- WET added new financial incentive program (OCMHLAP)

Subcommittee purpose

1. Provide detailed information on MHSA services to a group that has a special interest in programs for a specific age group or has a special interest in programs funded by a particular MHSA component.
2. Increase stakeholder participation and involvement in decision making.
3. Empower subcommittee members to make recommendations on service needs, types of programs, and measurable outcomes.
4. Inform Subcommittee members about MHSA programs/services so that they can take a leadership role in explaining to the whole Steering Committee and the community-at-large how MHSA funds are being used and the impact of MHSA programs.

Subcommittee structure

- There are four sub-committees:
 - CSS Adults and Older Adults
 - CSS Children and TAY
 - Innovation
 - Prevention and Early Intervention (PEI).

Community Action Advisory Committee (CAAC) Role

1. Provide a diverse group of clients and family members to give input on Behavioral Health Services provided by the County or county-contracted providers and make recommendations to overcome barriers to accessing services.
2. Remain informed on MHSA funding availability, provide feedback, and make recommendations to HCA and the Steering Committee on funding MHSA services.
3. Assist HCA in ensuring that these services are high quality, accessible, culturally competent, client-driven, client and family-centered, recovery and resiliency-based, and cost-effective.

Elephants in the room



Little Hoover Commission Report #225: Promises Still To Keep: A Decade of the Mental Health Services Act

Little Hoover Commission

- The Little Hoover Commission (LHC) is a bipartisan and independent state agency charged with recommending ways to improve the efficiency and effectiveness of state programs.
- On January 27, the LHC released a report critical of the state's oversight of the Mental Health Services Act (MHSA).
- In the report, *Promises Still to Keep: A Decade of the Mental Health Services Act*, the Commission called on the state to better validate how the money has been used to help Californians with mental illness.

Little Hoover Commission

- While citing anecdotal stories of significant successes and improvements in California's mental health system, the report found the state still cannot definitively quantify who has been helped by Proposition 63 spending and how.
- The Commission's report had two broad areas of criticism of the State:
 - *Weak oversight of expenditures, implementation*
 - *Poor transparency, fiscal accountability*

CBHDA Response

- The Little Hoover Commission report on MHSA oversight contained glaring omissions and gives the wrong impression that state mental health programs funded by the MHSA are not working.
- There already exists publicly available data showing how MHSA-funded services improve the lives of Californians with serious mental illness while lowers the burdens on criminal justice, health care, and other social services. The MHSOAC website has reams of data that is inexplicably absent from the Little Hoover report.
- California counties collect and report data to the state that unequivocally shows that MHSA-funded services have reduced homelessness, incarceration, and emergency room visits among Californians with serious mental illness.

CBHDA Response

- Full Service Partnerships account for 40% of MHSA funds. They work with people with some of the most challenging needs. Even so, FSPs have improved lives and reduced costs.
 - **58%** reduction in homelessness
 - **39%** reduction in hospitalizations
 - **47%** decrease in incarcerations
- Prevention and early intervention programs lessen the severity of mental illness, reducing personal distress, anxiety, social problems, and other behavioral challenges across underserved ethnic and racial groups.

Additional Evidence of Effectiveness

- CalMHSA Evaluation Summary of Year 2 PEI Findings by RAND is now available.
- This document indicates how the PEI Statewide projects being implemented on behalf of counties by CalMHSA are having an impact in California.
- The report is available at the following website:
<http://calmhsa.org/wp-content/uploads/2015/01/CalMHSA-Evaluation-Summary-of-Year-2-Findings.pdf>

Steinberg Institute

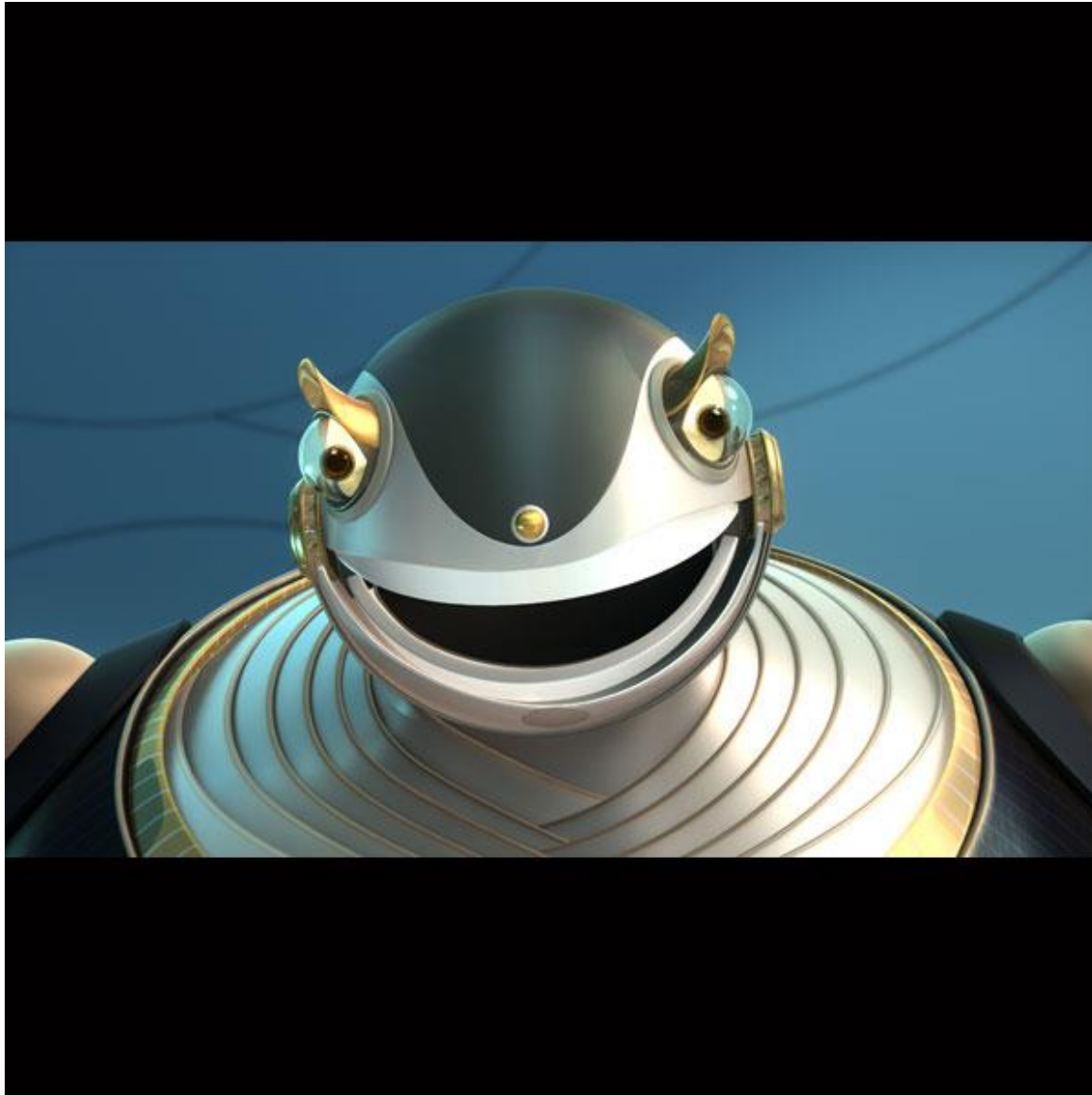
- Dedicated to advancing public policies and increasing political leadership on the issue of behavioral health in California.
- Founded by Senate President pro Tem Darrell Steinberg (ret)
- Focus on enhancing the state's ability to measure and demonstrate to the public the effectiveness of California's behavioral health system.
- Has released reports in response to Little Hoover Commission available at: <http://steinberginstitute.org/resources/>
- Secondary focus on advocacy to achieve greater results in the legislature.

Orange County Next Steps

- Orange County has been very active in measuring outcomes of all MHSA funded programs.
- Orange County MHSA Coordinator has met with the MHSA Steering Committee co-chairs to begin a discussion on how best to provide outcome data to the Steering Committee.
- In addition, HCA will be releasing a solicitation looking for bids to measure the cost effectiveness of MHSA programs, and an overall evaluation of MHSA funded programs.

- WHMHSADL?

See a need; fill a need.



New Programs/New Planning

- INN Round 2
 - On-site Engagement in the Collaborative Courts.
 - Religious Leaders Mental Health First Aid.
 - Veterans' Services for Military/Veterans' Families/Care givers
- OCMHLAP
 - Approved in Annual Plan Update, this is a loan assumption program for psychiatrists that will help with recruitment and retention of psychiatrists.
- CSS Community Planning Process
 - Approximately \$8 million of available funding for next 5 years
 - Using stakeholder surveys to identify gaps and needs and to prioritize services
 - Will result in enhancements and new services

MHSA Contact Information

- Web Address:
ochealthinfo.com/bhs/about/pi/mhsa
- MHSA Office Phone: 714-834-3104
- MHSA Office Email: mhsa@ochca.com

Questions?



Thank You!

