

Mental Health Services Act Orientation

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June 6, 2016

[1]

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.

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MHSA Overview (*Continued*)

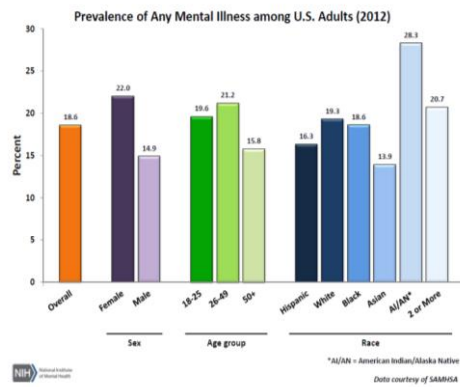
- The MHSA provides new services; it cannot be used to supplant existing services. (existing as of Nov. 2004)
- Target population: those with serious mental illness who are currently unserved, under-served, homeless, or at risk of homelessness.
- PEI exempted from the above

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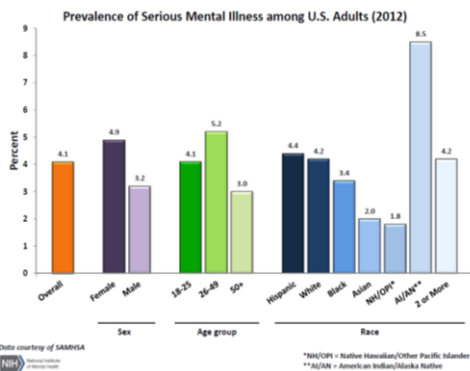
The Mental Health Services Act

- Statewide more than \$13 billion raised
- Over 1,600 programs developed statewide
- Orange County has 93 different MHSA programs identified in the FY 16/17 Annual Plan Update with \$168 million in Estimated FY 16/17 expenditures

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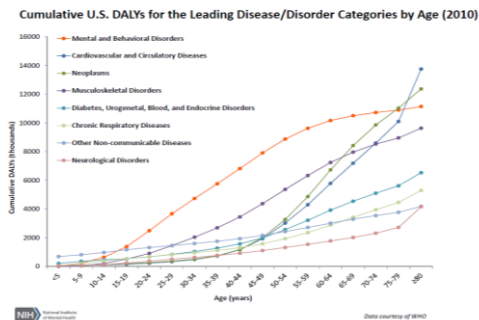


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Disability-adjusted life years


$$\begin{pmatrix} 7 \end{pmatrix}$$

Mental Health in the local news

- CA bill seeks more tools to help mentally ill criminals
- CA Mentally Ill left untreated in jail longer than if they had plead guilty
- Police train to deal with mental illness
- Mental illness stigma hampers for CA Asian Americans
- State Finds Mentally Ill Improperly Denied Coverage for Treatment
- Hundreds attend UCI's Second Annual Reclaim Mental Health Conference

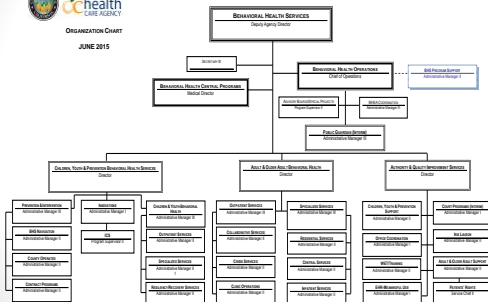
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MHSA Overview (Continued)



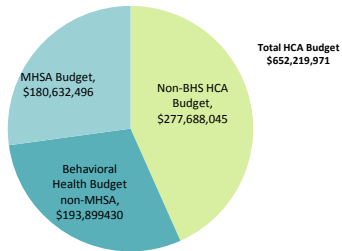
ORGANIZATION CHART

JUNE 2015



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OCHCA /MHSA Budgets



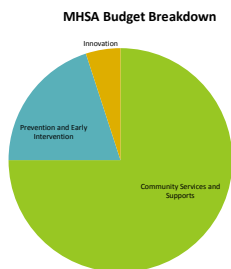
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Components of the MHSA

- 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 (CFNTN)
 - Innovative Programs (INN)

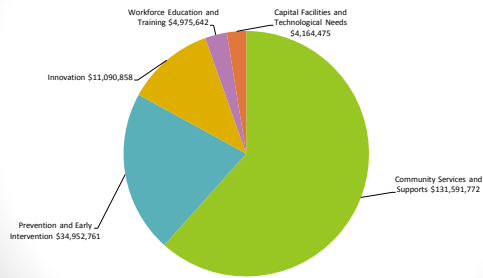
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Ongoing MHSA Allocations



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FY 16/17 MHSA Budget



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Orange County MHSA Component Funding (Dollars in Millions)

Orange County MHSA Estimated Component Funding
(Millions of Dollars)

	Fiscal Year						
	Actual			Estimated			
	12/13	13/14	14/15	15/16	16/17	17/18	18/19
CSS	\$96.9	\$75.3	\$105.5	\$86.4	\$107.6	\$111.7	\$112.3
PEI	\$25.8	\$20.1	\$28.1	\$23.0	\$28.7	\$29.8	\$29.9
Innovation ^{a/}	\$6.5	\$5.0	\$7.0	\$5.8	\$7.2	\$7.4	\$7.5
Total	\$129.2	\$100.4	\$140.6	\$115.2	\$143.5	\$148.9	\$149.7

a/ 5% of the total funding must be utilized for innovative programs (W&I Code Section 5882(a)(6)).

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CSS: The big fish of MHSA



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Community Services and Supports (CSS)

- CSS is the core service component of the Act and receives 75% 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+)

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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

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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.

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CSS Programs – Children and TAY

- Children's FSP
- Children's O&E
- Children's In-Home Crisis Stabilization
- Children's Crisis Residential Services
- Mentoring for Children
- Children's Centralized Assessment Team
- OC Children with Co-occurring MH and Chronic Acute Severe Physical Illness, Special needs, or Eating Disorders
- Children and Youth Outpatient Services
- Medi-Cal Match: MH Services
- Child Urgent Care Centers
- Transitional Age Youth FSP
- TAY O&E
- TAY Crisis Residential Services
- TAY Mentoring Program
- TAY Centralized Assessment Team
- TAY Program of Assertive Community Treatment

CSS Programs Adults and Older Adults

- Adult FSP
- Adult CAT
- Adult Residential
- Supported Employment
- Adult O&E
- Adult PACT
- Wellness Center (3)
- Recovery Centers
- Adult and Older Adult Peer Mentoring
- Assisted Outpatient Treatment
- MH Court – Probation Services
- Drop in Center – Civic Center
- Housing for Homeless
- Housing and Year-Round Emergency Shelter
- Transportation
- Adult and TAY In Home Crisis Stabilization
- Integrated Community Services
- Urgent Care Centers
- Dual Diagnosis Residential Treatment
- Older Adult FSP
- Older Adult Support Intervention Systems
- Older Adult Program of Assertive Community Treatment

Individuals Served in FY 14/15

- Adult FSPs served 999
- TAY PACT served 150
- Adult PACT served 896

FSP and PACT Outcomes

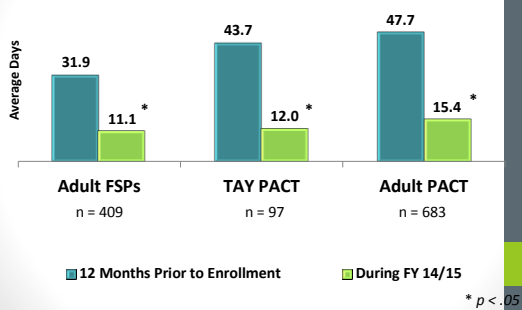
► Outcomes are *pre/post comparisons*:

- *Pre* = average number of days in the 12 months prior to enrollment
- *Post* = average number of days during FY 14/15

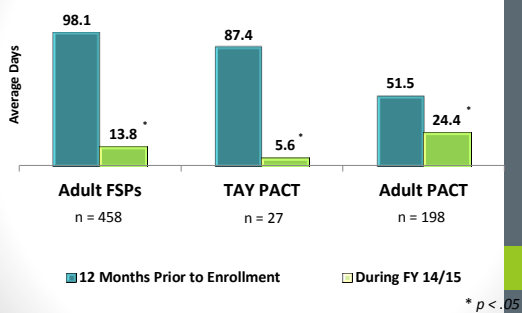
► Areas evaluated:

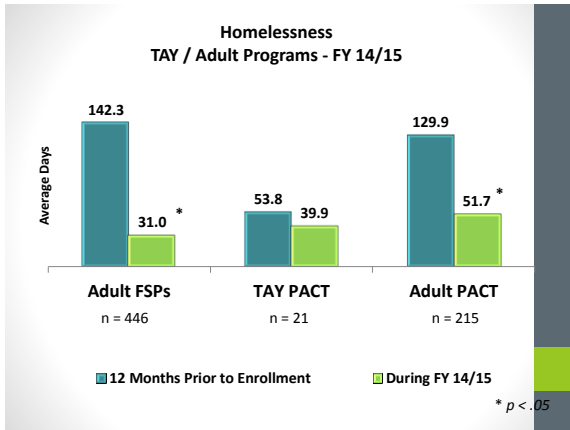
- Psychiatric Hospitalization
- Homelessness
- Incarceration
- Employment

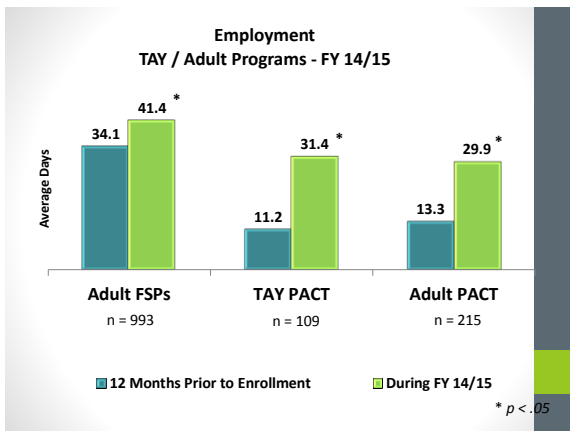
Psychiatric Hospitalization TAY / Adult Programs - FY 14/15

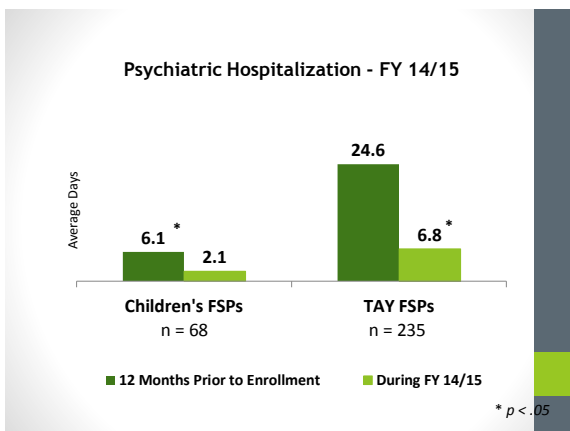


Incarceration TAY / Adult Programs - FY 14/15

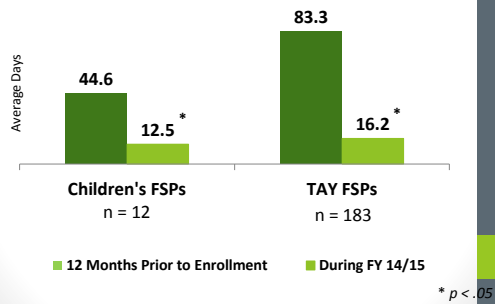




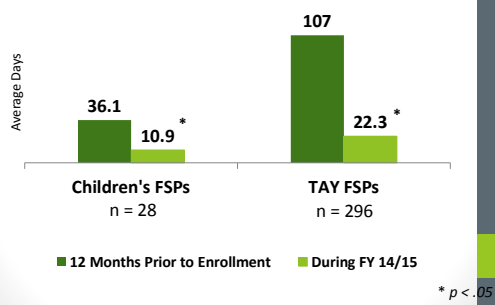
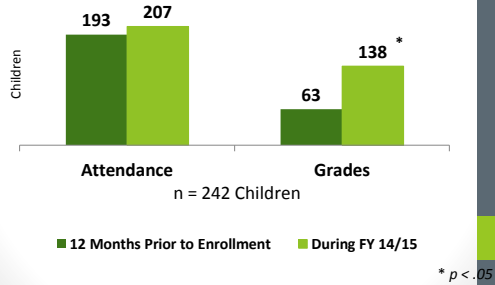


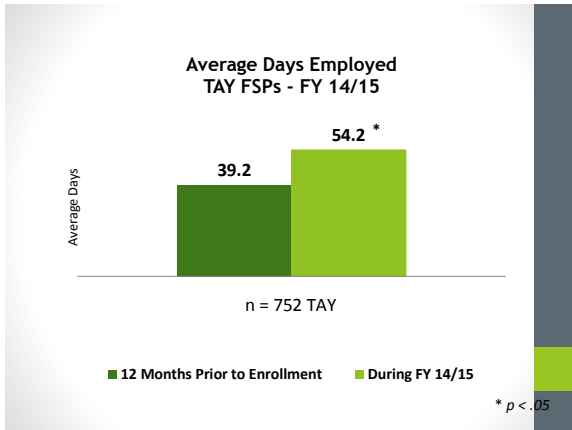


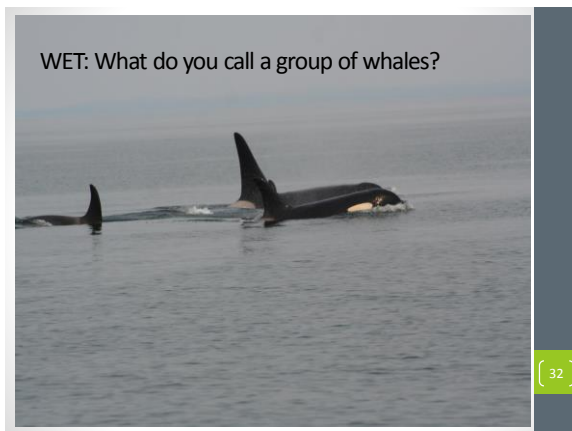
Homelessness - FY 14/15



Incarceration Days - FY 14/15

Good/Improved School Performance
Children's FSPs - FY 14/15





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

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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.

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WET (Continued)

- Orange County Mental Health Loan Assumption Program
 - Program just began in FY 15/16
 - Financial Incentive Program to recruit and retain qualified psychiatrists working within the Public Mental Health System.

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



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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

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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

- | | |
|--|---|
| <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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

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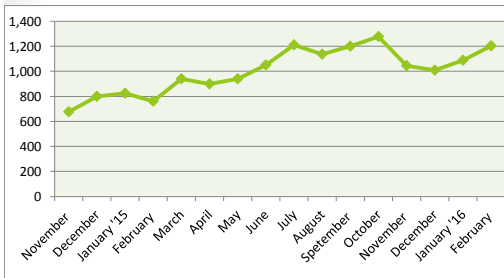
PEI Outcomes: OC Links

- 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)

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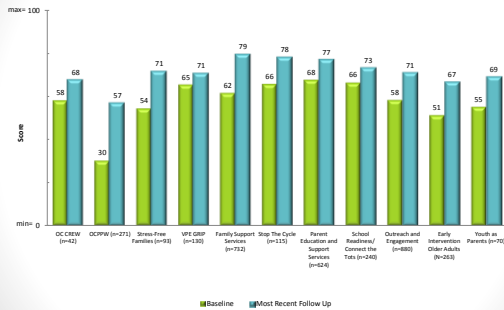
Call/Chat Volume



WHO-5 Well-Being Index

- 5-Item scale that assesses well-being
 - "I have felt cheerful and in good spirits."
 - "I have felt calm and relaxed."
 - "I have felt active and vigorous."
 - "I woke up feeling fresh and rested."
 - "My daily life has been filled with things that interest me."
- 10% increase indicates significant change in well-being
- Administered at beginning of program (baseline/pre-test) and after receiving services (follow-up/post-test)

Scores on Well-Being (WHO-5) FY 14/15



INN: A horse of a different color



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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

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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.

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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

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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

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Innovation: Group 3

- \$24 million in funding available for Group 3 Innovative Projects over lifespan of the projects.
- 11 projects recommended for funding
- Approval from Mental Health Services Oversight and Accountability Commission required prior to expending Innovation funding.

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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

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MHSA Housing

Cotton's Pointe, San Clemente



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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.
- Additional \$5 million allocated in FY 16/17 Plan Update

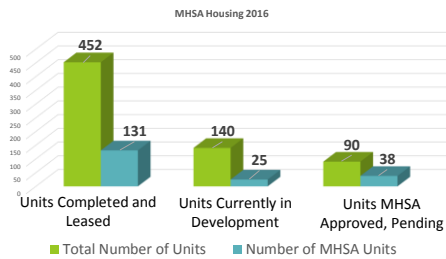
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MHSA Housing

- \$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

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MHSA Annual Plan Update FY 16/17 Housing



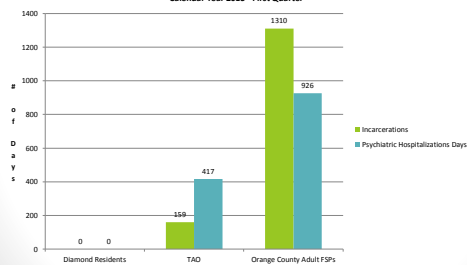
MHSA Housing Projects

- 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

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What does housing do for clients?

Incarcerations and Psychiatric Hospitalizations Days
Calendar Year 2015 - First Quarter



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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.

(60)

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

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Steering Committee: Soaring with leadership



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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

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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.

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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.

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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.

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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

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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.

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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.

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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.

[70]

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.

[71]

FY16/17 Annual Plan Update

- Posted on the MHSA website at:
<http://ochealthinfo.com/bhs/about/pi/mhsa/updates>
- 93 separate programs included in the Plan
- 2 New CSS Programs and 8 expanded MHSA programs
- Completion of all Rd. 1 Innovation Programs, with the three moving over to CSS/PEI Components
- \$5 million in Housing to be transferred to CalHFA for next phase of MHSA Housing projects

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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.

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Subcommittee structure

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

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Community Action Advisory Committee (CAAC) Role

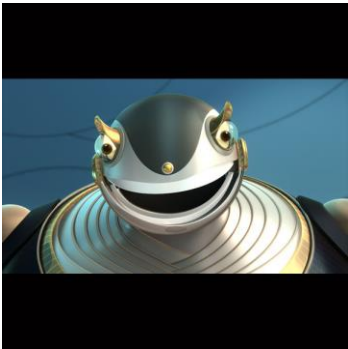
1. Provide a diverse group of clients and family members to give input on Behavioral Health Services provided by the County or county-contracted providers and make recommendations to overcome barriers to accessing services.
2. Remain informed on MHSA funding availability, provide feedback, and make recommendations 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.

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•WHMHSADL?

[76]

See a need; fill a need.



[77]

New Programs/New Planning

MHSA Community Services and Supports Expansion Recommendation						
Problem	Solution	Recommended FY 16/17 Enhancement	Age Groups			
			Older Adult	Adult	YAY	Children
Homelessness	Housing	\$ 1,000,000	X	X		
	Full Service Partnership Expansion	\$ 3,000,000		X	X	
	Crisis Intervention Training	\$ 150,000	X	X	X	X
	Outreach and Engagement Expansion	\$ 1,000,000	X	X	X	X
Behavioral Health Crisis	Crisis Beds	\$ 1,500,000	X	X	X	
	Crisis Stabilization Unit	\$ 2,000,000	X	X	X	X
Access to Treatment and Vocational Services	Dual Diagnosis Treatment	\$ 500,000,000	X	X	X	
	Supported Employment	\$ 300,000	X	X	X	
	RIB expansion	\$ 50,000	X	X	X	
	Outpatient Clinic Expansion	\$ 1,000,000	X	X	X	X
TOTAL		\$ 10,950,000				

[78]

MHSA Contact Information

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

[79]

Questions?



[80]

Thank You!



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