



County of Orange

MENTAL HEALTH SERVICES ACT (MHSA) PROFILE

COMMUNITY SERVICES AND SUPPORTS (CSS)

COMMUNITY SERVICE AND SUPPORTS funding provides new and expanded services that have the goal of improving access to the underserved populations, bringing recovery approaches to the current systems and providing “whatever it takes” services to those most in need. Programs, such as, the Full Service Partnerships offered under CSS, are integrated recovery-oriented mental health treatment and offer case-management and linkage to essential services, such as housing, vocational support, and self-help. CSS programs have created an expanded continuum of care in Orange County allowing clients to be served at the level most appropriate to meet their needs. Services are offered for each age group and are culturally responsive to the language and cultural needs of clients.

FSP PROGRAM FOR CHILDREN

Children’s Full Service/Wraparound Program: serves Seriously Emotionally Disturbed and Severely Mentally Ill (SED/SMI) children ages birth to 18. The FSP program assists enrolled families by linking them to a wide range of culturally and linguistically appropriate community resources, including mental health, medical care, education, employment support, housing, youth and parent mentoring, transportation, benefit acquisition, respite care, and co-occurring disorders services.

FSP PROGRAM FOR TRANSITIONAL AGE YOUTH (TAY)

TAY Full Service/Wraparound Program: serves Seriously Emotionally Disturbed and Severely Mentally Ill (SED/SMI) TAY between the ages of 16-25 who qualify for participation in FSPs. A “whatever it takes” approach is used in assisting the TAY with gradually moving toward self-sufficiency. Linkage to extensive services, including mental health, medical care, education, employment, and housing allow the TAY to avoid the “chronically disabled and unemployable” role so common in their older, similarly-diagnosed, counterparts.

FSP PROGRAMS FOR ADULTS

Adult Full Service Partnership Program: provides full array of services from outreach and engagement to potential clients, and, for those enrolled in the program, psychiatric services (including medication); case management; housing, education; employment support; and community integration activities. Adult FSPs primarily serve members from 18 to 59. The target population is the chronic mentally ill who are homeless or at risk of homelessness and may also be diagnosed with co-occurring substance abuse or dependence disorder.

FSP PROGRAM FOR OLDER ADULTS

Older Adult Support and Intervention (OASIS): provides intensive case management services, integrated mental health, recovery and basic medical monitoring of vital signs and medication interactions. The target population for the program is older adults (age 60 or greater) with severe mental illness, including those with co-occurring substance abuse disorder.

CHILDREN'S PROGRAMS (NON-FSP):

Children's Outreach & Engagement Program: identifies, contacts, and engages seriously emotionally disturbed (SED) children and their families, who have historically been unserved and underserved in the traditional mental health system. The outreach and engagement services are culturally focused.

Children's In-Home Crisis Stabilization: There are currently four teams composed of a clinician and family support staff providing services on a 24 hour per day, seven day per week basis for diverse families in crisis. The Family Support Team may meet the family at the emergency room or at the family home and provide on-going support to the family until stable community support services are in place.

Children's Crisis Residential Program: was developed to provide an alternative to psychiatric inpatient hospitalization and as a step down before returning home for adolescents who no longer meet hospitalization criteria, but whose homes are not ready for them to return. This six-bed residential program provides assessment, treatment, case management, and crisis intervention. The targeted age group is 11-17.

Mentoring Program for Children: This is a community-based, culturally and linguistically-competent, and individual and family-centered program. The Mentoring Program recruits, trains and supervises diverse, responsible adults (age 21 and up) to serve as positive role models and mentors to SED children and youth who are receiving services through any Children and Youth Services (CYS) county-operated or contract program, including the Full Service/Wraparound population.

Children's Centralized Assessment Team (CAT): focuses on reducing inpatient hospitalizations and reducing reliance on hospital emergency rooms for children from 5-17 years of age. Crisis intervention services are offered 24 hours per day/7 days per week. Staff provides crisis intervention for hospital diversions, evaluations for involuntary hospitalizations, and assists police, fire, and social service agencies in responding to psychiatric emergencies.

Parent Phone Mentors: provide initial and, if needed, ongoing support for the diverse parents of Seriously Emotionally Disturbed (SED) children ages 0-8 who have been referred to the Health Care Agency's Children and Youth Services (CYS) outpatient clinics. The service consists of bicultural, bilingual parent partners contacting parents by phone prior to their first visit to the clinic. The purpose of the calls is to remind the parents about their appointment, answer questions and discuss what they might expect during the visit.

TRANSITIONAL AGE YOUTH PROGRAMS (NON-FSP):

TAY Outreach & Engagement Program: identifies and engages Seriously Emotionally Disturbed/Seriously Mentally Ill (SED/SMI) Transitional Age Youth (TAY) and their families who have historically been unserved and underserved in the traditional mental health system. In addition to traditional outreach, the focus has also been on community health clinics and school partners to encourage the engagement of individuals in ethnically and linguistically diverse communities who are unfamiliar with service delivery in traditional mental health settings.

TAY Crisis Residential Program: fosters resiliency in Seriously Mentally Ill (SMI) Transitional Age Youth (TAY) in crisis by providing them and their families (if applicable) with a short-term, temporary residential resource. This program provides respite for families and also facilitates the teaching of coping strategies that reduce at-risk behaviors, peer and family problems, homelessness, and involvement with the justice system. The target population is youth between the ages of 18 and 25 who have been considered for inpatient psychiatric hospitalization but do not meet hospital admission criteria.

Mentoring Program for Transitional Age Youth: provides mentoring services for serious emotional disturbance (SED) in children and youth and serious mental illness (SMI) in transitional age youth who are receiving mental health treatment services through the County of Orange Health Care Agency, Children & Youth Services (CYS) operated or contracted programs. Mentor services are initiated by the child's CYS or CYS contract agency clinician.

TAY Centralized Assessment Team (CAT): provides mobile response, including mental health evaluations/assessment, for adults aged 18 years -25 who are experiencing a mental health crisis. The focus of the program is to reduce inpatient hospitalization, avoid unnecessary incarceration, and reduce reliance on hospital emergency rooms.

TAY Program of Assertive Community Treatment (PACT): The program serves individuals 18-26 years of age, who have unique psychosocial needs which have not been addressed in traditional Children's or Adult Outpatient programs. The program provides medication services, individual, group, substance abuse, and family therapy as it is clinically indicated.

TAY Discovery Program: provides assistance to diverse SED/SMI TAY in securing education, employment and independent living skills. Education/Employment specialists will work with TAY to secure education or employment as desired, doing "whatever it takes."

ADULT PROGRAMS (NON-FSP):

Centralized Assessment Team and Psychiatric Evaluation and Response Team (CAT/PERT): This program includes two types of services. The first is a Centralized Assessment Team (CAT) that provides mobile response, including mental health evaluations/assessment, for Adults aged 18 years or older who are experiencing a

mental health crisis. The focus of the program is to reduce inpatient hospitalization, avoid unnecessary incarceration, and reduce reliance on hospital emergency rooms. The second service is a Psychiatric Evaluation and Response Team (PERT) is a partnership with law enforcement, which includes designated police officers and mental health staff that respond to calls from officers in the field. Mental health consultations are provided for individuals in an apparent mental health crisis.

Adult Crisis Residential Services: The program emulates a home-like environment in which intensive and structured psychosocial recovery services are offered 24 hours a day, 7 days a week. The program provides assessment and treatment services that include, but are not limited to: crisis intervention; individual and group counseling; monitoring psychiatric medications; substance abuse education and treatment; and family and significant-other involvement whenever possible.

Supportive Employment Services for SMI: This program is designed for clients who are at the stage of their recovery where they are ready and able to return to the workforce. It provides education and support to diverse adults with mental illness who require long-term job supports to obtain and maintain competitive employment.

Adult Outreach & Engagement Services: This program serves adults (age 18 or older) with serious mental illness in historically unserved and underserved populations. Clients are homeless or at high-risk for homelessness and have not already been linked to services. The outreach team may link a potential client to numerous services, such as benefits counseling, medical care, dental care, and food banks, while continuing to develop trust.

Program of Assertive Community Treatment (PACT): serves clients who are high-risk, high-acuity, and difficult to engage in treatment. The program provides medication services, individual, group, substance abuse, and family therapy as it is clinically indicated. The target population is chronically mentally ill consumers 18 years and older, who have a history of multiple psychiatric hospitalizations and/or incarcerations.

Wellness Center: supports clients who have achieved recovery by offering a program that is culturally and linguistically appropriate, while focusing on personalized socialization, relationship building, assistance maintaining benefits, setting employment goals, and providing educational opportunities. It is grounded in the recovery model and provides services to a diverse client base.

Adult Recovery Center Program: provides a lower level of care for consumers who no longer need traditional outpatient treatment, yet need to continue receiving medication and episodic case management support. This program allows diverse consumers to receive distinct, mostly self-directed services that focus on consumer-community reintegration and linkage to health care. The ultimate goal of this program is to reduce reliance on the mental health system and increase and maintain self-reliance by building a healthy network support system.

Adult Peer Mentoring: is focused on the hiring process to develop a multi-cultural and multi-linguistic team. Training protocols are being developed to create a team capable of providing culturally respectful field based services to the diverse unserved and underserved adult population in Orange County.

OLDER ADULT PROGRAMS (NON-FSP):

Expanded Older Adult Recovery Services: include medication management, nursing assessment and collaboration with primary care providers, substance abuse services, individual and family mental health services, intensive case management services, benefits acquisition, and linkage to community support services.

Older Adult Program of Assertive Community Treatment (PACT): services include medication management; nursing assessment; and collaboration with primary care providers, substance abuse services, individual and family mental health services, intensive case management services, benefits acquisition, linkage to community support services; and collaboration with family or significant others.

Older Adult Community-Based Senior Support Team: This program collaborates and partners with social services agencies (including primary care physicians) who provide services to the diverse older adult community. Services include: culturally and linguistically appropriate assessment/screening, brief supportive counseling, brief case management, resource referral; and follow-up as needed. An expected outcome is improving access to preventive healthcare services.

Older Adult Peer Mentoring: program targets some of the most common reasons for decompensation and hospitalization, including interruption of medications, substance abuse-related problems, isolation, depression, and having no place to live. The program pairs qualified, culturally/linguistically competent peer consumers with individuals in certain clinical circumstances, including hospitalizations, and assists them in successfully transitioning to community living.

Prevention and Early Intervention (PEI)

PREVENTION AND EARLY INTERVENTION *funding has been used to establish a wide range of programs designed to reduce the financial burden and suffering caused by untreated mental illness. Approximately 70% of the PEI funding is spent on programs that target Children and Transitional Age Youth.*

Children's Support and Parenting Program (CSPP): provides 12-week groups for parents and children to focus on issues common to families in crisis such as safety, communication, problem solving, and effective parenting. Program addresses the needs of children with mentally ill and/or substance abusing parents.

Community Outreach – Promotora Model: uses a community health educator approach to educate and provide parenting education, skill development, and case

management services for parents or caregivers of children at risk of developing a mental illness or who are displaying signs of emotional, behavioral, or mental instability.

Connect the Tots: this program expands school-based early childhood services by addressing the mental health needs of children as they prepare for school. The program places an emphasis on families who are homeless, in transitional living, or at risk of homelessness.

Crisis/Suicide Prevention Hotline: is a 24-hour, toll-free suicide prevention service available to any Orange County resident, who is or knows of someone experiencing a crisis or suicidal thoughts and would like to receive immediate, confidential, culturally and linguistically appropriate, and accredited over-the-phone assistance either for themselves or someone they know. Callers who are not experiencing a crisis will be triaged and offered access to a Warm Line or other appropriate resources.

Orange County Center for Resiliency, Education and Wellness (OC CREW): provides multidisciplinary services to young people ages 14 to 25, who are experiencing their first episode of psychosis. The intent of this program is to reduce the duration of untreated psychosis (DUP) for young people with Schizophrenia or Schizophreniform Disorders to improve long-term prognosis.

Orange County Post-Partum Wellness (OCPPW): program addresses the short-term treatment needs of new mothers in Orange County, up to one (1) year postnatal, experiencing moderate to severe postpartum depression.

Outreach and Engagement Collaborative: provides mental health preventative services to the unserved and underserved mentally ill population. It is designed for those people who have had life experiences that may make them vulnerable to mental health problems, but who are hard to reach in traditional ways because of cultural or linguistic barriers.

Positive Behavioral Intervention Supports (PBIS-OCDE): is a national evidence based program that offers a school-wide systems approach for preventing problem behaviors including, but not limited to: truancy, pervasive violence, acting out in class, negative behaviors due to limited cognitive development, and emotional stress for youth who are overwhelmed and may be experiencing anxiety or evidence of Post Traumatic Stress Disorder (PTSD). The target population is children K – 12th grade.

Positive Behavioral Intervention Supports (PBIS-UCI): The University of California, Irvine – Child Development Center offers a program for children K-6 on Positive Behavioral Interventions services that include academic support, social skills development, parent training and academic transitional support services.

ReConnect – Senior Socialization: serves adults and older adults who may be isolated and/or homebound but are experiencing the onset of serious psychiatric illness, particularly of those appearing later in life, including depression. The program brings trained, friendly culturally/linguistically competent visitors to the homes of isolated adults

and older adults with the task of decreasing the sense of isolation those individuals may feel and increasing opportunities for them to socialize with others.

Risk Reduction, Education and Community Health (REACH) – Outreach and Engagement Team: provides mental health and wellness activities to adults in Orange County who are homeless/at risk for homelessness/in transitional housing, and who are at risk of mental illness and/or behavioral health problems. The primary goal is to introduce and/or enhance healthy coping skills and support access to all community services.

Stigma Reduction: the community-based Stigma Reduction Training is one in which performance arts are used as a medium to reach out to community members at middle schools, high schools, and other community sites for the purposes of increasing community (a) awareness about the prevalence of mental illness; (b) knowledge of adaptive help-seeking behavior; (c) awareness of mental health resources in the community; and (d) tolerance and compassion toward persons with a mental illness.

Stop the Cycle (STC): program is designed to address the needs of families with youth in the juvenile justice system by giving parents the tools they need to effectively parent children who have siblings in the juvenile justice system and are at risk of repeating the same behaviors. “Stop the Cycle” provides a 12-week series of individual groups conducted with parents and their children/teens who are not yet involved with the juvenile justice system.

Stress Free Families: This program works collaboratively with Social Services by providing resources and early mental health interventions to remove risk factors for social and emotional problems in “stressed families” who have been found to have risk factors for child abuse/neglect, emotional suffering, mental health problems, and unhealthy patterns of behavior.

Survivor Support: program provides support for those who have lost a loved one to suicide and educates the community on suicide prevention and intervention. These services include outreach, crisis support, bereavement groups, individual support, and training.

Transitions is a classroom-based educational series consisting of 12 highly interactive educational sessions, based on curriculum that has been shown to be successful in strengthening students’ healthy coping skills while reducing risk behaviors. “Transitions” is designed to help teenagers successfully meet the challenges taking place as they enter high school and to help prevent school failure, behavioral problems, violence, and high risk behaviors among at-risk students entering high school.

Veterans Services:

- Court Services Programs (Family Court and Veterans’ Court): provide case management to court-assigned veterans who are in need of professional support, referrals and linkages to the Veteran Administration (VA), Veterans

Centers, non-profit community agencies for treatment of Combat/Service related issues, as necessary.

- Drop Zone: is a collaborative set of services that has been paired with Santiago Community College and the Prevention & Intervention Division of Orange County Health Care Agency (OCHCA)-Behavioral Health Services (BHS). Some of the direct interventions available include community resources, referral to and navigation of the systems of care at the VA, County of Orange, and in the greater community.

Violence Prevention Education (VPE): This program reduces children's exposure to violence in the school, community, home and/or peer group. VPE is integrated into the curriculum to mitigate a student's risk of development of mental illness and school failure.

Warm-line Network Services: consists of non-crisis, peer support services for individuals and family members. The network operates evenings and weekends, providing confidential, culturally competent emotional support, mostly via telephone, to teens, seniors, parents, and other populations with special needs.

Youth as Parents: is designed to enhance the health, social, economic, and educational well-being of pregnant and parenting adolescents and their children. Built on a comprehensive case management model, the program works to assess client strengths and to link clients to services in an effort to promote positive pregnancy outcomes, effective parenting, and socio-economic independence.

WORKFORCE, EDUCATION AND TRAINING (WET)

The WET programs provide a variety of trainings to the community, including, but not limited to: Cyber-bullying, Complex PTSD, Sexting, Stress and Health, Crisis Intervention for Law Enforcement, Intro to Mental Health for California Highway Patrol, the Amazing adolescent brain, Adolescent Brain Development, Child Abuse, Elder Adult Abuse, Substance Use Disorders, Co-Occurring Disorders, Back to work on SSI/SSDI, Ways to Understand Troubling Interactions in Working with Difficult Clients, Trauma-Focused Cognitive Behavior Therapy, Gender Competency: Working with Young Men, Health and Wellness plus Smoking Cessation Training, Grief and Acceptance Training, Immersion training, Residential care issues, Spirituality, Mental Health First Aid, Clinical Supervision, and Law and Ethics.

The WET program hosts and/or is a sponsor to a number of conferences throughout the year, including Raise Foundation, Meeting of the Minds, 1st Annual 5th District Cyber-bullying Conference, Institute for Peer Services, Transitional Age Youth Conference, Eliminating Racial Disparity & Disproportionality Conference, Veterans, and Spirituality.

The WET program serves as a supervision coordinator for Marriage and Family Therapist interns, Social Worker interns, Psychology interns, Psychiatric residents, Child Psychology fellows, in addition provides manages the Neurobehavioral Testing Unit.

WET also provides a tuition reimbursement program for already employed Behavioral Health Services team members, to earn an Associate's degree, Bachelor's degree, and/or a Master's with the field of behavioral health care.

INNOVATION

INNOVATION funding has been used for ten pilot programs. These programs are designed as research projects to evaluate new programs and administrative arrangements for providing services. The overarching theme in the Innovation programs is to evaluate the use of peers in providing services. Some of these programs are operational and some are still in development.

Project 1 Integrated Community Services (ICS): provides mental health care at primary medical care community clinics and psychiatric consultation to primary care physicians on prescribing medication. ICS provides two different approaches to integrating physical health, mental health and alcohol/substance abuse treatments.

Project 2 Family Focused Crisis Management (now called Collective Solutions): the aim of this program is to assist families in learning, as soon as possible, about the support services that are available to families that have a loved one with mental illness.

Project 3 Volunteer to Work: is a community-based, consumer-run program will use trained consumer mentors to support, role-model, and assist individuals in finding volunteer opportunities that match their unique skills and goals and that are likely to lead to employment.

Project 4 OC Acceptance through Compassionate Care, Empowerment, and Positive Transformation (O.C. ACCEPT): The program assists LGBTQI youth and their families who are in need of mental health services. Peers provide home visits to engage and assist in obtaining services for isolated high-risk individuals from the LGBTQI community in Orange County.

Project 5 Vet Connect: provides one centralized contact/place for community providers to collaboratively interact to educate each other and to maximize access to services needed by veterans.

Project 6 Community Cares Project: establishes a network of private mental health providers who will be organized into a system that offers pro-bono services to those who can't afford to pay for them. The program uses trained consumers and family members to provide outreach services to make this system available to those in need.

Project 7 Training and Research Institute: establishes an Institute that will apply for public and private grant funding to leverage non MHSA funds to support education and training activities that fall within the scope of MHSA goals and guiding principles.

Project 8 Project Life Coach: is a program for underserved monolingual or Limited English Proficiency Latino, Iranian, and Asian/Pacific Islanders with mental illness. The goal is to help such mental health consumers to gain employment at local ethnic businesses as a method of maintaining or developing their integration within the community in which they live.

Project 9 Training to Meet the Mental Health Needs of the Deaf Community:

This project will utilize an existing accredited mental health worker certificate training program to train individual consumers and family members from the deaf community using ASL as the primary language. An expected outcome is to increase the number of Deaf and Hard of Hearing clients accessing care and improve the quality of existing services.

Project 10 Consumer Early Childhood Mental Health (now called Brighter Futures): This project will provide brief behavioral intervention services to families of young children using trained consumers and family members. Using paraprofessionals to provide linkages and services, and to intervene earlier in the diagnostic process is expected to improve treatment outcomes, reduce disparities, and increase access to services.

HOUSING

The following apartment buildings have been constructed using MHSA funding, along with other types of funds.

Diamond Apartment Homes:

- o 25 unit apartment building; located in Anaheim; Developers - Jamboree Housing and HOMES, Inc; Adult FSP

Doria Apartment Homes:

- o 10 MHSA units within a 60 unit apartment development; located in Irvine; Developers - Jamboree Housing; Adult FSP
- o Construction Started late 2011

Avenida Villas Apartments:

- o 29 unit Apartment building; located in Anaheim (unincorporated); Developer- AMCAL Multi-Housing, Inc.; Adult FSP
- o Construction planned to start early 2012

San Clemente Seniors:

- o 15 MHSA units within a 76 Unit apartment building; located in San Clemente;
- o Developer- Meta Housing Corporation; Older Adult FSP

Projects Under Review:

- o **Shared Housing (NSP funds):** 2 MHSA shared housing; location-Orange and Anaheim
- o **Stonegate I:** 4 MHSA units within a 38 unit apartment building; location-Stanton
- o **Developer** – Payne Development; TAY
- o **Stonegate II:** 3 MHSA units within a 26 unit apartment building; location-Stanton
- o **Developer** – Payne Development; TAY

CAPITAL FACILITIES AND INFORMATION TECHNOLOGY (CF/IT)

CAPITAL FACILITIES funding has been used to construct a three building campus in the City of Orange at 401 Tustin Street. The project includes approximately three acres of site improvements including surface parking, underground utilities, sidewalks,

landscaping, landscape irrigation, fire lanes, recreation areas, area lighting, building security, signage, and perimeter fencing. The buildings are scheduled to open in April 2012.

Programs to occupy the 401 S. Tustin Street Facility:

- **Wellness/Peer Support Center:** will facilitate and promote recovery and empowerment in mental health consumers. Recovery interventions will be client-directed and embedded within the array of services to include: individualized wellness recovery action plans, peer supports, social outings, and recreational activities.
- **Crisis Residential:** will provide a therapeutic environment and mental health services for persons with a serious mental illness who are at risk of hospitalization or in crisis.
- **Education and Training Center:** workshop-type classes will be presented on topics related to daily living skills and work or education preparation skills. Examples include workshops on illness management, medication knowledge, study skills, computer literacy, communication skills, managing personal finances, dressing for success, etc.

INFORMATION TECHNOLOGY

The main focus of the Technological Needs funding is to develop an electronic health records system as mandated by both state and federal law.

Electronic Health Record (EHR):

- **Phase I:** this project included upgrading the infrastructure to the current release of Cerner Millennium application; acquiring new servers with enhanced operating system and the newest version of Oracle database; obtaining supporting storage and other related hardware and network equipment; and securing current support applications to better utilize and manage the system.
- **Phase II:** is the development of the enhancements needed to support capturing clinical work in the HER. These enhancements would include the core clinical documentation management system with clinical decision support; medication and prescription management; mobile access to the EHR; a Personal Health Record (PHR) with consumer access via a portal; and kiosks in selected locations to afford increased consumer/family access to computers and the internet.