



## CAPITAL FACILITIES FACT SHEET

The Mental Health Services Act (MHSA) provides funding for services and supports that promote wellness, recovery, and resiliency. A portion of the MHSA funds have been specifically set aside for Capital Facilities. The County must show that use of these funds will:

- Produce long-term impacts with lasting benefits
- Move the mental health system toward the goals of wellness and recovery
- Support integrated service experiences
- Increase peer support and consumer run facilities
- Develop community based, less restrictive settings that will reduce the need for incarceration or institutionalization
- Provide for the expansion of accessible community-based services for clients and their families

### **What is a “Capital Facility”?**

- A building secured to a foundation which is permanently affixed to the ground
- Used for the delivery of MHSA services for mental health clients and their families or
- Used for MHSA administrative offices

### **Allowable Use of Capital Facilities Funds**

- Acquire and build upon land
- Acquire Buildings
- Construct Buildings
- Renovate Buildings
- Establish a capitalized repair and replacement reserve for buildings acquired with Capital Facilities funds

### **Proposed Use of Capital Facilities Funds**

In May 2012, the Health Care Agency completed the construction of a Capital Facilities-funded project on County-owned property located at 401 S. Tustin Street in Orange. The completed project occupies approximately three acres and includes three facilities designated for use by three different MHSA programs, surface parking, underground utilities, sidewalks, landscaping, landscape irrigation, fire lanes, recreation areas, an amphitheater, area lighting, building security, signage, and perimeter fencing. The official ribbon-cutting ceremony was held on April 19, 2012. The first program took occupancy and became operational on May 19, 2012 and the remaining two programs were in place and operational by August 2012.

### **Programs that Occupy the Tustin Street Facility**

- Adult Crisis Residential Program serves as an alternative to hospitalization for acute and chronic mentally ill persons
- Wellness/Peer Support Center offers assistance with benefits, employment, socialization, and self-reliance
- Education and Training Center, which provides support to consumers and their families who aspire to a career in mental health



## Community Services and Supports (CSS)

### FACT SHEET

#### Community Services and Supports

The goal of the Community Services and Supports component of the Mental Health Services Act is to improve access to underserved populations, bring recovery approaches to current systems and provide “whatever it takes” services to those most in need. New programs offer integrated, recovery-oriented behavioral health treatment; case management and linkage to essential services; housing and vocational support; and self-help. A minimum of 50% of CSS funds must be allocated to Full Service Partnerships (FSPs).

#### CSS Funding

Funds to conduct a community planning process to assess the needs and priority strategies became available in FY 2004/05. Based on the results of this planning process, a Three-Year Plan for CSS funding was developed. The original CSS plan covered fiscal years 05/06, 06/07, and 07/08. In subsequent years, as new funding for CSS became available, additional community planning processes were held to determine the best use of these funds. In 2007/08, in addition to the regular CSS allocation, Orange County received approximately \$33 million for a housing program that was carved out of CSS statewide funding. Below is a chart showing approximate annual CSS funding for Orange County.

Authorized CSS Funds (in millions of \$)

2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/2013	Total
.636	25.502	25.758	37.641 & 33.158 (housing)	52.213	72.573	63.187	59.752	71.100	441.52

#### CSS Funded Programs

CSS funds are divided into categories by age group:

- Children and Youth 0-15
- Transitional Age Youth 16-25
- Adults 26-59
- Older Adults 60 and above

CSS Funds are also divided into three functional categories:

- Full Service Partnerships (Intensive team approach, 24/7, with flex funding, for those homeless or at high risk of homelessness) FSP’s CSS must represent 50% of programming.
- Outreach and Engagement
- General Systems Development (Improve programs, services, and supports as well as address system gaps. See following page for a matrix of approved CSS programs.



## Approved Community Services and Supports Programs As of 2/21/13

<b>Children</b>	<b>Transitional Age Youth</b>	<b>Adults</b>	<b>Older Adults</b>
Children's Full Service Wraparound	TAY Full Service Wraparound	Adult Full Service Partnership	Older Adult Full Service Partnership
Children's Outreach and Engagement	TAY Outreach & Engagement	Adult Outreach & Engagement	
Children's In-Home Stabilization			
Children's Crisis Residential	TAY Crisis Residential	Adult Crisis Residential	
Children's Mentoring	TAY Mentoring	Adult Peer Mentoring	Older Adult Peer Mentoring
Children's CAT	TAY CAT	CAT/PERT (also serves older adults)	
Dual Diagnosis Residential Treatment			
Medi-Cal Match Mental Health Services			
	TAY PACT	Adult PACT	Older Adult PACT
		Recovery Center Program	
		Supportive Employment	
		Wellness Center (also serves older adults)	
			Older Adult Recovery Services



## MHSA HOUSING

### What is the MHSA Housing Program?

The MHSA Housing Program offers permanent financing (money to build or rehabilitate housing) and capitalized operating subsidies for the development of permanent supportive housing. Orange County has been allocated \$33 million dollars that is being administered by California Housing Finance Agency (CalHFA) and the Department of Health Care Services (DHCS). The Housing program will:

- Expand the number of permanent supportive housing units for MHSA eligible adults, TAY, and older adults to improve their quality of life.
- Increase the affordability of housing for those MHSA eligible adults, TAY, and older adults who are homeless or at risk of homelessness

Homelessness as defined by the MHSA Housing Program means: People who are living on the streets, or lacking a fixed, regular, and adequate night-time residence. This includes living in a shelter, motel, or other temporary living situation in which the individual has no tenant rights.

Those at risk of being homeless may be:

- Transitional Age Youth (TAY) exiting the child welfare or juvenile justice systems;
- Individuals released or discharged from institutional settings such as:
  - Crisis and transitional residential settings
  - Hospitals, including acute psychiatric hospitals; psychiatric health facilities; skilled nursing facilities with a certified special treatment program for the mentally disordered; and mental health rehabilitation centers.
  - Local city or county jails
- Individuals temporarily placed in a Residential Care Facility upon discharge from one of the institutional settings cited above.
- Certification by the County Mental Health Director as an individual who is receiving services from the county mental health department and who has been deemed to be at imminent risk of being homeless.

### Ways to Use MHSA Housing Program Funds

- To pay for up to 1/3 of the cost to build or rehabilitate a rental housing development up to a maximum of \$121,665 per MHSA unit.
  - Rental housing development is an apartment complex
  - Complex must have at least five (5) MHSA units and can be integrated units or MHSA-only units
- To pay to build or rehabilitate Shared Housing up to a maximum of \$121,665 per unit.
  - Shared Housing is a house, condo, half-plex, duplexes, triplexes and four-plexes with a maximum of five (5) bedrooms
- To provide up to \$121,665 in Capitalized Operating Subsidy Reserves (COSR) for an MHSA Housing Program-funded unit.

### Required Components of an MHSA Housing Program Funded Project

One bedroom units are preferred; community room with kitchen; Full Service Partnership (FSP) staff office space; attractive exterior that blends in with the community; some units accessible to the physically and the sensory disabled; close to transportation, shopping, and services; Property Management experienced with special needs residents

### Current Status

As of February 2013, three projects have been completed and occupied under the MHSA Housing Program using both One-Time funds and funds administered by CalHFA: two are under construction, and another is anticipated to break ground this spring. All projects have to meet other (non-MHSA) requirements from other funding sources. One of these projects is for older adults and four are for adults ages 18 - 59. The last is for a combination of TAY and adults. The total number of occupied units is now 62, and the number of units currently under construction is 44 for an anticipated total of 106 by early 2015. In addition, another adult project with 11 units dedicated to MHSA clients is about to be approved by CalHFA and is engaged in securing the remainder of their financing. We continue to meet with developers about various projects and fully expect to reach our goal of 185 new units of housing for our clients.

### To Apply for Funding:

- Applications can be downloaded from the CalHFA website at <http://www.calhfa.ca.gov/multifamily/mhsa/>
- Applications may be submitted to CalHFA after:



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- Health Care Agency (HCA) and Orange County Community Services (OCCS) review
- Approval by Behavioral Health Services (BHS) Director – Mary Hale



## INNOVATION (INN)

### Overview

An innovative project is defined, for purposes of the CA Department of Mental Health (DMH) guidelines, as one that contributes to learning rather than a primary focus on providing that service. By providing the opportunity to “try out” new approaches that can inform current and future practices/approaches in communities, an innovation contributes to learning in one or more of the following three ways:

- Introduces new mental health practices/approaches including prevention and early intervention that have never been done;
- Makes a change to an existing mental health practice/approach, including adaptation for a new setting or community;
- Introduces a new application to the mental health system of a promising community-driven practice/approach or a practice/approach that has been successful in non-mental health contexts or settings.

The Innovation programs are research projects to evaluate the effectiveness of new approaches and practices. By their very nature, not all INN projects will be successful. Innovation projects are expected to be about one to three years long – although in some instances the length of the project may be extended. A thorough evaluation of each project will be conducted and the findings disseminated. Those projects deemed “unsuccessful” will be discontinued. To continue those projects showing positive outcomes, another funding source must be identified.

### Approved Projects

- INN-01: Integrated Community Services
- INN-02: Family-Focus Crisis Management & Community Outreach
- INN-03: Volunteer to Work
- INN-04: OK to Be Me
- INN-05: Vet Connect
- INN-06: Community Cares Project
- INN-07: Education, Research and Training Institute
- INN-08: Project Life Coach
- INN-09: Training to Meet the Mental Health Needs of the Deaf Community
- INN-10: Consumer Early Childhood Mental Health

### Approved Funding

- For FY 2008/09, 2009/10 and 2010/11, Orange County was approved for \$21,304,100 in Innovation dollars. A three-year program budget of \$20,655,673 was approved with the remaining dollars spent on planning.
- In FY 11/12, our plan was approved for an additional \$3,958,899 to extend three programs (ICS, Volunteer to work and OC for VETS) for an additional year.
- In FY 12/13, our plan was approved for an additional \$4,600,000 prorated among the original 10 programs



## PREVENTION AND EARLY INTERVENTION

Prevention and Early Intervention (PEI) is one of five components of the Mental Health Services Act (MHSA). PEI provides key strategies to transform California's mental health system. Prevention in a mental health context, involves reducing risk factors or stressors, building skills, and increasing support to prevent the initial onset of a mental illness. Prevention promotes positive cognitive, social, and emotional development and encourages a state of well-being where individuals who are at risk, can function well in the face of change and often challenging circumstances.

### **What are "Prevention & Early Intervention Services"?**

The *Prevention* element of the MHSA PEI component includes programs and services that are designed to help prevent the development of serious emotional or behavioral disorders and mental illness. *Early Intervention* is directed toward individuals and families for whom a short-duration (usually less than one year), relatively low-intensity intervention is appropriate to measurably improve a mental health problem or concern very early in its manifestation, thereby avoiding the need for more extensive mental health treatment or services; or to prevent a mental health problem from getting worse. PEI funding is *not intended* for filling gaps in treatment and recovery services for individuals who have been diagnosed with a serious mental illness or serious emotional disturbance and their families.

Prevention and Early Intervention efforts focus on addressing five key community mental health needs and specific priority populations including:

- Disparities in Access to Mental Health Services
- Psycho-Social Impact of Trauma
- At-Risk Children, Youth and Young Adult Populations
- Stigma and Discrimination
- Suicide Risk

### **Local PEI Funds**

In Orange County, an extensive community needs assessment was conducted in 2007-08, in which views of many different individuals and groups were solicited. These were integrated into the original PEI plan containing 33 programs divided among eight projects. The PEI Plan was restructured in FY12/13 based upon lessons learned during the first three years of implementation. No services were eliminated, but some programs were combined to avoid duplication. The services are now provided via 23 programs grouped into three Service Areas entitled Community-Focused Services, School-Focused Services, and System-Enhancement Services. Projected expenditures for each of the next three fiscal years are estimated at approximately \$29 million per fiscal year.

### **PEI Statewide Projects**

Orange County has assigned PEI statewide projects funds to the Department of Mental Health (DMH) to support an agreement between DMH and CalMHSA/Joint Powers Authority (JPA) to administer the Suicide Prevention, School-based Mental Health Initiative, and Stigma and Discrimination Reduction statewide projects. Orange County is a member of a JPA that conducts the planning, project development, and oversight of program partners implementing the programs in those three categories on behalf of its members. There are two additional statewide PEI projects: Technical Assistance and Capacity Building, which is funded through direct allocation to counties. The fifth statewide project, Reducing Disparities, is being overseen by the Department of Public Health (DPH) Office of Health Equity and is underway.



# WORKFORCE EDUCATION AND TRAINING

The Mental Health Services Act (MHSA) provides funding for services and supports that promote wellness, recovery and resiliency. A portion of the MHSA funds have been specifically set aside for Workforce Education and Training (WET). These funds are intended to:

- Expand the capacity of postsecondary education to meet the needs of identified mental health occupational shortages
- Expand loan forgiveness and scholarship programs offered in return for a commitment to employment in the local public mental health system
- Create stipend programs for persons enrolled in academic institutions who want to be employed in the mental health system
- Train staff members to provide services in accordance with MHSA principals
- Promote the employment of mental health consumers and family members within the mental health system
- Promote the inclusion of cultural competency in all training and education programs

## **WET Funding Received:**

- \$17,215,300

## **Workforce Education and Training Programs Include:**

- Addressing identified occupational community based shortages in both county mental health and private organizations
- Education and training for all individuals who provide public mental health services
- Contributing to the development and maintenance of a culturally competent workforce, that includes consumers and family members, who are capable of providing consumer and family-driven services that promote wellness, recovery, resilience, and lead to measurable, value-driven outcomes

## **Approved Use of Funds**

- Workforce Staffing
  - Behavioral Health Services training
  - Consumer Support positions
- Mental Health Career Pathway Programs
  - Mental Health Paraprofessional Training Program
- Training and Technical Assistance
  - Mental health training for Law Enforcement Officers
  - Recovery Education Institute
  - Consumer/family member training
- Residency/Internship Programs
  - Funding for approximately 12 FTE in County and contracted sites to allow greater use of students and to attract bilingual/bicultural interns
- Financial Incentive Programs
- Support for county staff, contracted employees, and graduates of the consumer paraprofessional training course to continue with their career pathways in a mental health-related field



## TECHNOLOGY

The Mental Health Services Act (MHSA) provides funding for services and supports that promote wellness, recovery and resiliency. A portion of the MHSA funds have been specifically set aside for Technology. The County must show that use of these funds will:

- Modernize and transform clinical and administrative information systems to improve quality of care, operational efficiency and cost effectiveness.
- Increase consumer and family empowerment by providing the tools for secure consumer and family access to health information within a wide variety of public and private settings.

### **Required Components of an MHSA Funded Project**

Any MHSA funded technology project must meet certain requirements to be considered appropriate for this funding.

- It must fit in with the State's long term goal to develop an Integrated Information Systems Infrastructure where all counties have integrated information systems that can securely access and exchange information.
- It must be part of and support the County's overall plan to achieve an Integrated Information Systems infrastructure through the implementation of an Electronic Health Record (EHR).

### **Use of Technology Funds**

County of Orange Health Care Agency Behavioral Health Services (BHS) plans to implement a fully integrated EHR system that supports the goals of MHSA (promote wellness, recovery and resiliency). It will also comply with the federal requirements for Meaningful Use, which will benefit the clients we serve. Implementation involves two stages. We have completed the 1<sup>st</sup> stage of upgrading our infrastructure to provide us with the necessary platform upon which to develop the functionality needed to further enhance our EHR.

We have now begun the 2<sup>nd</sup> stage: building the enhancements to our EHR, Integrated Records Information System (IRIS), which will provide clinical documentation and decision support. This is a large project and will be accomplished in three phases. The 1<sup>st</sup> phase will be implemented at a select number of Mental Health Outpatient clinics. First phase enhancements include the core clinical documentation management system with clinical decision support; medication and prescription management; mobile access to the EHR; and kiosks in selected locations to afford increased consumer/family access to computers and the internet. Additional technical improvements to our EHR include document imaging (which includes such functionality as electronic signature pads and the ability to scan documents); compliance auditing, monitoring, and reporting. In later phases, we will include consumer access via a portal and the ability to securely interface with our contract providers and to participate in Health Information Exchanges outside County BHS, as appropriate. Further enhancements will be made to the disaster recovery system and ensure continued control over clinical data security and privacy.

Funding has been approved for the BHS EHR project by the MHSA Technology Advisory Committee. The County has chosen to continue with its current vendor, Cerner Corporation. The contract with Cerner was approved by the County Board of Supervisors on 9/11/12.