

Program Name	Program Description	Program Cost	Program Cost	Justification (Why Expansion Needed)	MHB/Steering Comm. Recommendations
		FY 13/14	FY14/15 and ongoing per fiscal year		
PACT Expansion	Assertive Community Treatment (PACT) is the highest level of outpatient clinic care. Those eligible are living with a chronic and persistent mental illness and have a serious impairment in their ability to function in the community. Using a multi-disciplinary team, PACT provides assessment, linkage, individual and group therapy, extensive case management, advocacy, medication support and a variety of recovery services for adults. Typically, the individuals in this program have not been able to access or benefit from traditional treatment programs. Reintegration into the community is stressed.	\$5,200,000	\$5,200,000	Current caseloads at the Adult Outpatient Clinics are averaging between 1:65 and 1:110. An ideal caseload for a clinic setting is 1:50. Many of the members currently open at the clinics are PACT eligible and by expanding the PACT programs these people can get the PACT level services they need. Also this would help bring the clinic level services closer to a 1:50 ratio. The caseload in the PACT teams will be at a ratio of 1:15. Overall the plan would be to add 33 clinical staff to the PACT program in 5 locations, Anaheim, Fullerton, Santa Ana, Aliso Viejo and Westminster. Currently the clinic level services at the Anaheim clinic are averaging over 110 clients per clinician. Several crisis situations have arisen at the clinic that current staff cannot handle efficiently. Adding two MHSA PACT teams to this location (14 clinical positions) and expanding the Fullerton PACT team (4 clinical positions) will enable staff to handle the workload appropriate to this program. The addition of these teams would decrease the caseloads at the Anaheim Clinic to 1:50. In addition, expanding the PACT teams in Santa Ana (3 clinical positions), Aliso Viejo (7 clinical positions), and Westminster (5 clinical positions) would reduce caseloads at the Santa Ana, Mission Viejo and Westminster Clinics respectively. These additions will decrease the ratios in; Santa Ana from 1:65 to 1:50, Mission Viejo (via Aliso Viejo) from 1:85 to 1:50, and Westminster from 1:70 to 1:50, while maintaining a 1:15 ratio in the PACT programs.	
Children's Crisis Residential	With the goal of reducing at-risk behaviors, peer and family problems, out-of-home placement, and involvement in the child welfare and juvenile justice system among adolescents, the Crisis Residential Program offers a temporary, short-term, placement in a structured environment. Admissions are voluntary and available on a 24/7 basis depending on bed availability. The program facilitates, educates coping strategies and promotes resiliency in diverse youth and their families.	\$2,200,000	\$2,200,000	As the Children's CAT team has become increasingly effective and its usage by law enforcement and schools increases, more referrals are being made to levels of care that are less restrictive than inpatient programs. This program has been successful since the inception of MHSA. However, it is limited by its size (six beds). Waiting lists over the last few months have been significant and new crises frequently jump to the top of the list. Referral sources are discouraged by the wait to get into a crisis program. This expansion will provide 12 new beds in a facility that is already licensed. There is a very short time line to be operational.	
Children's In-Home Stabilization	This program provides in-home crisis response, short term in-home therapy, case management and rehabilitation services with a focus on maintaining family stabilization and preventing hospitalization and/or out of home placement.	\$600,000	\$600,000	As the Children's CAT team has become increasingly effective and its use by law enforcement and schools increases, more referrals are being made to levels of care that are less restrictive than inpatient programs. This innovative program has grown from 170 client families per year in FY 08-09 to 325 during FY 12-13 with no additional staff. The current case loads are not sustainable without additional staff positions. This expansion will add six direct service staff to the eight already in place with minimal increases in overhead.	
CSS		\$8,000,000	\$8,000,000		

Green= Program Expansion in FY 13/14 Pink=Program recommendations for FY 14/15

PEI Planning Worksheet for Growth Funds

9/4/2013

Program Name	Program Description	Program Cost	Program Cost	Justification (Why Expansion Needed)	MHB/Steering Comm. Recommendations
		FY 13/14	FY14/15 and ongoing per fiscal year		
Orange County Post Partum Wellness (OCPW) Program	The Orange County Post Partum Wellness Program provides early intervention services to new mothers experiencing mild to moderate postpartum depression. Services include assessment, case management, individual, family and group counseling, educational groups, wellness activities and coordination and linkage to community resources and community education.	\$700,000	\$700,000	Since program implementation in 2009, the OCPW Program has had significant annual increases in enrolled participants, with a 40% increase from FY 11/12 to 12/13 alone. With increasing referrals coming in countywide, the program has been operating with a waiting list of 40+ mothers for the last 6 months. Adding three staffing positions would remove the current wait list increasing the program capacity from 120 enrolled case-management clients to 160 and would increase the program's ability to provide more child care allowing more mothers' to participate in group sessions. In addition to these positions, the program would like to expand services to include a maternal wellness focus for pregnant and new mothers who are at greater risk of depression. An additional three staffing positions would be added to begin implementing a maternal wellness program, providing educational workshops in the community, followed by screenings and support groups being provided at sites in the community.	
Socialization (Early Intervention)	The Socialization Program serves adults and older adults who may be isolated or homebound and are experiencing the onset of a serious mental illness, including depression. The program brings trained culturally/linguistically competent staff to the homes of clients, building a one-on one relationship with the individual. It also facilitates linkage between the client and local, community-based, resources. Services include screening, assessment, interventions, educational workshops, support groups and recreational activities.	\$500,000	\$500,000	The Socialization program is starting its third year of operation, and has been successful in providing services to adults and older adults. There is a need for increased services for older adults, so additional funding would be directed to assessments, in home case management, socialization group services, and referral/linkage specifically for participants, ages 60+. The current providers have struggled with not having enough funds to cover the increased need for staff, volunteer coordination, and mileage/transportation costs to keep staff in the field. Adding an additional 4.5 FTE of life coach/case manager/volunteer coordinator staff will allow the program to increase their productivity and units of service by 54%. The increased funding will provide an increase of 922 home visits (from 1,707 to 2,629), 49 Educational Groups (from 91 to 140), and 106 Socialization Groups (from 197 to 303). It is anticipated that additional funding would increase the program's capacity to increase the unduplicated client count from 222 to 342 annually. This program is the only older adult specific program within the P&I division. Since the contract amendment process is expected to take 6 months, the revenues for the first year have been pro-rated. The expansion of this program will replace one of the new innovation programs "A Community Collaboration Addressing Depression in Older Adults" since the two programs overlap with each other.	

PEI \$1,200,000 \$1,200,000

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Wellness Center (South)	The Wellness Center is for members who have achieved a high level of recovery and offers programming that is culturally and linguistically appropriate. Many groups and classes offered focus on personalized socialization, relationship building, and assistance maintaining benefits, employment goals, and exploring educational opportunities. Members and staff are proof of recovery.		\$1,500,000	This program has been successful in achieving its goals at the Mental Health Campus in Tustin. Members are achieving high levels of independence and maintaining recovery. However, it is very difficult for South Orange County residents to consistently participate in the wide array of services provided at the Tustin site due to the distance they need to travel. A site with a team of staff located in South County would provide these residents better access to these services.	
Transportation	This program would provide countywide transportation services for people with serious and persistent mental illness. Members would be able to have free transportation to and from the various programs that are needed to help them to manage their mental health treatment and progress in recovery. The programs where members could be dropped off would include, but not necessarily be limited to, Outpatient Mental Health Clinics, Recovery Centers, Wellness Centers, Tustin Mental Health Campus, Older Adult Services, PACT Programs and other Behavioral Health Services.		\$1,000,000	This service has often been mentioned by community members as an unmet need. It will provide a necessary resource to improve access to services through out Orange County. Clients who do not have a car and do not live close to a means of public transportation will benefit. People who have had difficulty receiving services in the past will have better access and a decrease in appointment "no shows" is expected. This program might be handled by a subcontractor and would pay for the number of vans needed to operate on a very large scale through out the county as well as for coordinating schedules and following up on referrals.	

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Laura's Law Program/Assisted Outpatient Treatment	These are intensive programs emphasizing recovery and resilience. They include individualized mental health services and offer integrated services for clients and families. These programs link to extensive services, including mental health, medical, education, employment, and housing. They have a pool of flexible funding that may be used to provide "whatever it takes" for a client to attain recovery. There is 24/7 access to a team member. Caseload ratio is 1:15. The target population for these programs is the chronic mentally ill who are resistant to participating in treatment programs and may also be diagnosed with substance abuse or dependence disorders. Such programs may be an effective tool to require seriously mentally ill individuals to get help before they become a danger to themselves or others. Many people believe this type of program will help stop the revolving door of homelessness, hospitalization and incarceration. They also believe that it ultimately will reduce the public costs associated with these individuals when they do not receive treatment.		\$4,436,820	There would be an additional program available to family members and mental health professionals to assist seriously mentally ill clients who are resistant to obtaining and/or maintaining treatment. It could result in more of these persons engaging in treatment programs. In addition, some of the potential negative outcomes associated with mental illness, such as self-harm and criminal activity, could decrease. Recent changes in legislation, if passed, will clarify that counties may use MHSA funding to support treatment cost of Laura's Law programs.	
Adult/TAY In-Home Crisis Stabilization Program	This program provides 24/7 in-home crisis response, short term in-home therapy, case management, and rehabilitation services, with a focus on maintaining family stabilization and preventing hospitalization and/or out-of-home placement.		\$1,500,000	This innovative approach to addressing crisis situations has been very successful when children and adolescents are in crisis and will have considerable applicability for TAY adults who are living at home. It is an option that is not presently available and a viable option to hospitalization. The cost is difficult to determine depending on the size of the target group. Estimated between 1-3M with some MediCal offset. This program provides 24/7 in-home crisis response, short term in-home therapy, case management and rehabilitation services with a focus on maintaining family stabilization and preventing hospitalization and/or out of home placement.	
	CSS		\$16,436,820	Total Annual CSS Growth Funds Available = \$22,000,000 (Estimated)	
Green= Program Expansion in FY 13/14 Pink=Program recommendations for FY 14/15 FY 14/15 total includes all FY 13/14 funded programs				HCA Recommendations = \$16,436,820 Funds Available for additional Programs = \$5,563,180	

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9/4/2013

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Behavioral Health Counseling Program	The Behavioral Health Counseling Program would provide non-specialty behavioral health treatment services for all age groups including short-term counseling and psychiatric services for those not meeting the criteria at the community mental health clinics. Staffing would include a psychiatrist and clinicians with the capability of supervising a team of interns to further increase the program's capacity.		\$1,800,000	This program service has been consistently identified by many stakeholders as being an unmet need in the community. The program will assist linking clients to resources to best meet their need and will provide badly needed help to those with no other means.	

PEI

\$3,000,000

Total Annual PEI Growth Funds Available = \$3,000,000 (Estimated)

HCA Recommendations = \$3,000,000

Funds Available for additional Programs = \$0.00

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FY 14/15 total includes all FY 13/14 funded programs