CSS Programs Recommended for Funding (Staff comments in red font)

Program Name	Program Description	Estimated cost	Rationale/Justification
1. FSP Expansion	As the FSPs have been operating, costs continue to increase and new clients are enrolled, but there isn't staff to handle the increases. In order to continue to improve services, recommended program is to fund the current FSPs (all age groups) at a higher level.	$1 million	Housing costs have risen resulting in a decreased ability to house members as needed. Operation costs and salaries have increased resulting in the elimination of 2 positions. (Support) - With additional funding, there will need to be additional services, housing or other goods provided to members, and/or additional members served in addition to compensating for increased costs in providing services.
2. Mental Health Court – Probation Department	Funding of 5 probation officers, ½ of a supervisor position, and ½ of a clerical support position dedicated to adult MH courts.	$696,000 annually	This would enable valuable programs to continue during ongoing difficult times. The collaborative/supervision/case management services by probation are identified as best/promising practices and supported in research. (Support)
3. Drop in Center	Establish a drop in center in Central Orange County that would be accessible to the Civic Center area of Santa Ana. This center would be operating 365 days a year and provide vital supportive services including linkage to benefits and BH Services.	$500,000	There are many homeless in the Civic Center area who are unable to go to the current MHA drop in center. Would provide another place to outreach to prospective BHS Clients and assist in linking them to services. (Support)
4. Housing for Homeless	Purchase of one small house for homeless adults with severe mental illness to, provide a safe, structured supervised environment for 6 adults for a few months to assist them in their recovery and provide linkage to services.	$1,000,000	The Start House model (group home) has provided a successful model for a 6-person home with staff. (Support) Will explore the Start House model, as well as other models to determine best approach and also determine if more persons can be served.
5. Housing and Year Round Emergency Shelter Services	The program would enable growth funds to be used for additional housing options. One portion of the program is to provide dedicated mental health beds as part of a year-round emergency shelter and/or any shelter opportunity program. (An emergency shelter serves the general community of homeless individuals and families.)	$1,367,180	The year round emergency shelter is one of the top goals of the ten year plan to end homelessness in Orange County. The shelter could be used as point of entry to many potential MHSA clients. (Support) Could work with shelter/OCCR to determine a percentage of shelter beds that would be dedicated to individuals living with a mental illness that are referred by BHS. May also be able to place BHS MHSA funded staff including O&E staff at the location.

CSS Programs Recommended for Funding (Staff comments in red font)

Program Name	Program Description	Estimated cost	Rationale/Justification
6. Orange County Children with co-occurring mental health and chronic/severe acute illnesses Outpatient mental health clinic for children with special health care needs (CSHCN)	The program will offer specialized mental health services provided with an integrated health care system that is closely coordinated with the medical treatment	$500,000	These children can fall between the cracks as they are deemed to have psychiatric symptoms secondary to a medical illness and thus do not qualify for services. (Support) Recommend a small project: 4-5 FTE Leverage with Medi-Cal. This is an unmet need due to: --extensive wait lists for those eligible for community-based mental health support; --lack of expertise among many community-based providers re: assessing and treating mental health issues when medical co-morbidities are present; --the need to address medication adherence issues in up to 50% of pediatric outpatients --the need for ongoing assistance to children and families dealing with catastrophic diagnoses, relapses, or the stresses related to decisions regarding pain management and/or palliative care; --the need for timely evaluation of and treatment for parents and family members of children with severe disabilities who are dealing with the serious marital, familial and financial stresses of caring for these children.
Improve the capacity to treat eating disorders: Long-term treatment program for adolescents with eating disorders; train staff on treating eating disorders	Medical clinics would stabilize the adolescents with eating disorders medically and psychiatrically and then transfer them for appropriate long-term treatment of the illness. Propose establishing an eating disorders clinic in conjunction with CHOC or other local MDs.		This is an unmet need, as community psychiatric and psychological providers are not able to provide the appropriate expert care for the referred patients.

CSS Programs Recommended for Funding (Staff comments in red font)

Program Name	Program Description	Estimated cost	Rationale/Justification
7. Youth Core Services – Collaboration of Children's Clinics	MHSA has been able to create significant awareness of MH issues in the community, but doing so has increased the workload, especially on those aged 0-21. For every Medi-Cal eligible family, the clinics receive 2 that are not eligible. Additional funding is needed to: 1. Increase in psychiatric medication management to children 2. Expand services by therapists beyond normal business hours. 3.Meet usual and customary rates in the community. 4. Meet the increased demands for Medi-Cal Services through increases in eligibility that go into effect with ACA. 5. Increase in core essential services that support and expand the work of MHSA programs that have been developed over the past 8 years. Looking at a Medi-Care match.	$500,000 in first year and then determine future amounts in subsequent annual updates.	Youth referrals are growing rapidly as more families are becoming eligible for services. (Support) BHS is aware of the increased need for services. The BHS re-organization will help to solve some of the problems.
TAY Clinical Services Group Therapy Program	In-home clinical support services for TAY clients that would be tailored to meet their needs Expansion of group therapy to include expanded hours to meet the needs of the community. Aim to help more families with parenting skills training and treat teens acting out with high risk behaviors, as well as add a program for substance abuse with mental health needs. .		Have added an in-home adult crisis stabilization that will also address TAY. Clinics have seen days where they receive 21 requests in one day. PEI offers services for pregnant and parenting teens and adults. Clinics currently offer dual diagnosis services.

CSS Programs Already Provided/ Need is Being Met/Not Fundable with MHSA

Program Name	Program Description	Estimated Cost	Rationale/Justification
8. Navigate the Mental Health System (for family members)	Funding is requested to help family members of individuals in conservatorship to effectively navigate the mental health system.		There is still an unmet need (There are existing resources. Already provide services through Outreach and Engagement, OC LINKS, etc. No need for special program)
9. Resources Assistance Program	Create a comprehensive list of resources for CHOC and other Children's organizations to utilize to direct patients for mental health care		Mental Health is one of the major concerns and needs of pediatricians in Orange County. They need to know the available services, so they can direct their MH clients. (already have OCLINKS, 211, Resource Directory)
10. Mandated and Enforced Treatment (4 people are making this request)	Clients who will not stay voluntarily in a program and who go in and out of the judicial system without results could be put into a program that when mandated has to be enforced. Looking for a program that serves the most severely mentally ill with housing, transportation, treatment, and employment need.		This is similar to the Laura's law program that the Steering Committee just voted to fund.
11. Establish a Vietnamese Wellness Center	Establish a Wellness Center in west Orange County that would meet the needs of this community.		Already have one Wellness Center operating, and have approved a second. The existing wellness center is designed to serve all ethnicities.
12. Vietnamese therapist consultation group	Will address barriers within the community. -case managing -TBS coach Admin staff to create welcoming environment.		HCA is already retains a culturally and linguistically competent staff. Already have programs for TBS and culturally competent staff at existing programs.
13. Establish a Youth Wellness Center	The Youth Wellness center will be for those ages 0-21 who are experiencing a mental illness. Services will help functioning and decrease mental health symptoms.		Afterschool programs already exist and are the primary resource for this age population. Examples include, the YMCA and Boys and Girls Club. In addition, the Children's FSPs already provide these services.
14. Optimizing Pharmacologic responses in Schizophrenia utilizing molecular genetics			Cost is likely prohibitive. (Need additional information)
15. A program to address PTSD and Depression issues of the Cambodian population as well as a meeting place for the group/organization.	Cambodians suffer from PTSD and Depression at a very high rate. This population feels it is underrepresented in receiving services.		HCA has an Asian/Pacific Islander Unit already, which includes members of the Cambodian population. County or contract providers may be able to help with a meeting room.

CSS Programs Already Provided/ Need is Being Met/Not Fundable with MHSA

Program Name	Program Description	Estimated Cost	Rationale/Justification
16. Child and Adolescent inpatient psychiatric beds and access to outpatient services	Additional program description was not provided.		MHSA funds can only be used to pay for voluntary services. Other BHS funds are available for these services.
17. Recovery Arts Program	Funding is requested to treat PTSD and to develop recovery art classes/projects		Already have the Arts/Stigma Reduction Program through PEI, and Art classes available at Wellness Center
18. Funding to serve the children and families who will seek services with our organization through Medi-Cal expansion.	Description not provided. Which services will be provided with this additional funding? Need more information to evaluate		The current funding structure is gravely inadequate to meeting the growing and changing needs of the residents of Orange County. Expansion of Medi-Cal for youth services is addressed in #7 above
19. Improved Emergency Response Team	A response team would assess and assist the family members dealing with a mentally ill person who refuses to take medications.		Two years ago $2 million was put into funding the CAT team. Additional dollars were just approved to fund Laura's Law.
20. Board and Care Home	Funding is requested for a facility, staffed with trained personnel, for mentally ill people who refuse to take their medications.		Current needs are not being met Training for Board and Care operators is currently facilitated thought HCA/BHS. Medication compliance is addressed by care providers and Board and Care operators.
21. Children and Youth Clinics therapist manuals	Therapist manuals can be reused, but client manuals are given to each client for continued use. To help meet the ever increasing need for services by increasing the effectiveness and efficiency of assessment and treatment.		Costs rising and more persons are coming in looking for assessment and treatment. Need additional staff manuals. This should be included in contract negotiations for program supplies.
22. Supported employment network for offsite job placement for consumers at long term care sites.	There are therapeutic benefits that this kind of service can have on the consumers. MHRC has been able, through their job development efforts, to achieve a few success stories.		Helps to provide folks with a more realistic pathway to independence. Existing programs are already available.

CSS Programs Already Provided/ Need is Being Met/Not Fundable with MHSA

Program Name	Program Description	Estimated Cost	Rationale/Justification
23. Add an adolescent day treatment program in Orange County: at least one in South and one North county.	The prevalence of Pervasive Development Disorders (PDDs) and children exposed to family trauma has increased. Providing more interventions and higher intensity interventions for children and their families (which they cannot obtain in outpatient) would be of great benefit.		Too many times children come in for outpatient MH services needing more intensive behavioral interventions unvailable to them. These interventions address their lack of social skills but cannot be matched in a 1-2 hour per week therapy session. (PDD – Austism Spectrum) MHSA does not treat Developmental Disorders. Those are treated through Regional Centers.
24. Homeless Community mental health and substance abuse treatment	Program would be a similar recovery based program at the Village in Long Beach.		Homeless population is a target of the MHSA. The FSP programs already cover it.
25. Resources in Motion: Mobile Family Resource Centers(FRC)	FRCs would operate in a local community at different sites, parks, schools and other NGOs that families utilize. Non-specialty Behavioral health counseling would be a high priority.		Many factors affect families to access services: transportation, distance, hours of operation and sometimes a reluctance to cross community boundaries. This program would enable a bigger group of individuals/families to access services. Already available in the community. Addition of funding for Transportation will help.
26. A mobile unit, serving Medi-Cal and non Medi-Cal families	A mobile unit able to deliver services at various community locations throughout Southern Orange County is needed. MHSA funding for Core Children's Service would allow to hire additonal staff to provide services to a greater population of clients in harder to reach locations, bringing mental health services to children and families who are presently unable to access services at our clinic.		Many families remain in need of services and are unable to access mental health services due to identifiable barriers (not meeting medical necessity-per Medi-Cal standards, limited transportation, exceeding age limit) Should be doing this alreading with O&E. The recently approved transportation program should help with access issues. Pyschiatrists do go out to see consumers in some cases already.
27. Funding for Viet-C.A.R.E.	Provide funding for Viet-C.A.R.E's continued efforts to provide the community with holistic, cultural competent and collaborative, community-oriented approaches/ programs.		Viet-C.A.R.E. is a community, grass root nonprofit organization consisting of mental health and non-mental health professionals, family members and consumers- volunteers. With the vision to strengthen access to community mental health for the significantly underserved population living in Orange County, the focus has been to provide culturally competent services to Vietnamese-Americans We have the Pacific Islander/Asian Unit, which focuses on this population already.

CSS Programs Already Provided/ Need is Being Met/Not Fundable with MHSA

Program Name	Program Description	Estimated Cost	Rationale/Justification
28. Provide direct mental health treatment to Transitional Age Youth who do not have any means to pay or access these much needed services.	Adding a bilingual clinician to the WYS O&E program, specifically for the TAY population would provide immediate access to much needed short term evidence-based treatment. Many current barriers would be eliminated if O&E was able to provide access to a bilingual clinician within its staff. Our bachelor's level O&E specialists provide youth, parents, teachers, and agencies with the information, skills, and resources to succeed, meeting participants "where they are at" and "doing what it takes." Steering Committee can only address need for services, not specific provider.	FY 14/15 $82,560	Youth receiving O&E services are facing unprecedented challenges such as exiting the foster care system, probation and/or juvenile justice system, having limited education/literacy and/or financial resources, and lacking a primary support system, among other stressors. They present with significant mental health, social and/or legal issues. As a result, nearly half fail to earn a high school diploma, and over 60 percent are unable to maintain employment for more than one year. A recent informal survey completed by O&E youth identified several barriers: lack of medical benefits/insurance, lack of financial resources to pay for mental health services, not meeting criteria for current programs (many current programs require a specific level of severity, homelessness, or have specific financial requirements to qualify for services. O&E staff already providing these services.

CSS Programs Already Provided/ Need is Being Met/Not Fundable with MHSA

Program Name	Program Description	Estimated Cost	Rationale/Justification
29. Autism as a Co-Occurring Disorder (7 persons) Provide dual diagnosis services to increase the success of treatment for the dual diagnosis clients.	Many children with ASD (Austin Spectrum Disorder) have co-occurring mental health disorders (depression, anxiety, ADHD, OCD) and face challenges in accessing supports and services. The program looks to service not only the ASD child, but siblings who may be overlooked due to the higher needs of the other child which may lead to other MH issues. Funding will be used to hire additional staff with training and experience in both substance abuse and mental health treatment, in short to create a "dual diagnosis" option within Children and Youth Services.		Currently, the outpatient children's mental health programs are providing mental health services to clients who are dually diagnosed with a mental illness and Autism. Approximately 5% of children's mental health clients fall into this category. Those without a mental illness, who have Autism, cannot be covered by MHSA. PEI already has programs for family members. Single or stand-alone programs, are not necessary. Expansion of children's mental health programs are addressed in #7 above.

PEI Programs Recommended for Funding

Program Name	Program Description	Estimated Cost	Rationale/Justification
30. K-12 Coping skills to manage stress.	A program consisting of evidence-based mindfulness practices for students to reduce stress and increase coping skills in grades K-12 has been piloted in OC schools. Helps to promote resiliency and help the students manage their own stress through new techniques.	$120,000 for approximately 10 sites.	(Support) 12-20% of children have a diagnosed anxiety disorder
31. Continue funding Statewide Projects including Suicide Prevention, Stigma/ Discrimination Elimination and Student Mental Health Initiative.	Comprehensive prevention services for all three projects. Examples include: 1. Working with local suicide prevention partners to respond to individuals in crisis through hotlines and trainings to identify and respond to suicide risk; 2. Identifying best practices for Stigma and Discrimination reduction and providing trainings on related topics to increase awareness on how to offer integrated behavioral health services; 3. Ongoing culturally adapted training for faculty, staff, students and community members; 4. Partnering with education, K-college, to change school climate and campus environments by promoting mental health, utilizing peers and student screening; 5. Providing technical assistance and social media campaigns to support efforts, increase awareness and engage community locally.	$ 900,000	(Support) Sustain the CalMHSA Initiatives for suicide prevention, student mental health, and stigma reduction, funding share of cost of services for OC residents. These efforts achieve economies of scale by purchasing materials across countie:, stretching dollars 35-50% further; creating lasting systems of change by improving standards and protocols; and reducing each county's cost for critical investments with collective purchase of resources.
32. Continuation of the Warmline for afterhours services	WarmLine provides telephone based support for anyone struggling with mental health and substance abuse issues. This additional funding will extend WarmLine hours from 11pm to 3am.	$76,552	(Support) CalMHSA funding is ending for extended WarmLine hours.

PEI Programs Already Provided: Need is Being Met/Not Recommended

Program Name	Program Description	Estimated Cost	Rationale/Justification
33. PEI to fund Child and TAY FSP and outpatient services to provide Prevention and Early Intervention for children with severe MI and first break episodes	A program description was not provided		Already have child FSP programs, and they are funded by CSS. The new BHS counseling program will help with this category. OCCREW is already doing first break work with children. FSPs are funded by CSS not PEI.
34. NAMI Family to Family Program	Use a consumer and family driven prevention program to address Stigma and Discrimination Reduction (SDR).		The Family to family program exemplifies the peer service model and has been recognized by SAMHSA as an evidence based program. We already have family support programs funded by PEI.
35. Predicting and Preventing Post-Partum Depression	A program description was not provided		The County has just allocated more money to the OC PPW. Already providing education and maternal support.
36. Fund Children and TAY outpatient services	Use MHSA PEI funds to fund Children and TAY FSP and outpatient services to provide prevention and early intervention for children at risk for severe mental illness and "first break" episodes.		OCCREW in PEI already is covering first break and warning signs.
37.Mental Health Services to parents of children with special needs (i.e. Autism)	Teach the parents to deal with all the stress and anxiety that comes with caring for children with special needs		Diagnosis of a special need should not hinder the fact that certain individuals still have mental health needs. These parents need a high level of coaching and support. Identified in PEI Plan and being implemented. Other services are available through community based providers.
38. Require mental health screening by permanent psychiatry staff at jail intake assessment	A program description was not provided		Mental health is done by correctional health services in the jails. MHSA is not an eligible funding source.
39. School-based mental health prevention and early identification program	Funding is requested to add trained staff and train existing staff on how to conduct referrals and on how to support students diagnosed with mental health conditions. Train staff, students and parents on how to promote emotional wellness, stress management, resilience, reducing stigma and discrimination etc.		There is an unmet need for a comprehensive approach to school-based mental health prevention and early identification education for all staff, students and parents. There is a need to continue and expand this proactive prevention education effort. Being done already with school-based education and violence prevention services in PEI.

PEI Programs Already Provided: Need is Being Met/Not Recommended

Program Name	Program Description	Estimated Cost	Rationale/Justification
40. Training and development for a Multi-tiered Support Systems (MTSS) framework to support students' behavioral and mental health needs in Orange County Schools.	Establish a comprehensive, multi-disciplinary prevention and intervention model that provides a continuum of interventions to identify and meet the needs of all students before they require more intensive level interventions. Positive Behavior Interventions and Supports (PBIS) is an evidence-based prevention and intervention model that assists school teams comprised of teachers, administrators, parents, and students (at the secondary level) to organize their best evidence-based practices to improve academic and behavioral outcomes for all students		Children and youth with behavioral and mental health needs are under-identified and underserved, resulting in increased disciplinary, safety, and delinquency problems on school campuses and in the community. Recent statistics indicate 20% of school-age youth experience a functional or significant behavior or mental health disorder. In contrast, less than 1% of students are identified to receive mental health services through the special education classification of emotional disturbance. These numbers suggest a significant gap in the need for school-based prevention and intervention behavioral health services. Already providing similar behavioral intervention services. Cannot use the exact PBIS named program due to BOS.
41. School-Based Counselors (A second request was made for something similar. A school based prevention program)	The program will utilize school based counselors who are well trained and who can identify risk behaviors and make appropriate referrals. The program calls for environments that include preschool – 12th grade.		Help to eliminate risk factors, reduce stigma and enhance pro-social learning environments. This was already identified in the PEI plan. In the process of being put together already.

WET: Not Recommended

Program Name	Program Description	Estimated Cost	Rationale/Justification
42. Multiple Trainings for Schools and Law Enforcement	1. Bi-Annually training for all police personnel and officers 2. Bi-Annually training for school teachers/counselors and staff 3. Bi-Annually screen all students 4. MH Education for all students annually 5. Support for anonymous MH reporting		We currently provide C.I.T. for law enforcement personnel, and MH education at schools. #5 – Anonymous mental health reporting, not covered by statute , and could cause legal and ethical problems.
43. Pyscho-Educational Testing	A description was not provided on the comment form.		A justification was not provided on the comment form. We currently have a Neurobiological Testing Unit.
44. Bilingual therapists	Hire additional bilingual therapist		Bilingual therapists are in short supply and require higher salaries which are becoming harder and harder to match due to the level funding structure. Already should be built into contracts.
45. Additional funding for Peers/consumer employees	Funding is requested to provide educational/training opportunities for consumer employees (peer mentors) including attending more conferences.		Need is for employees that were trained previously to be hired. Peers are hired in many programs already. Can encourage additional hiring without additional funding. Program already in existence to train peers: Recovery Education Institute (REI).