

## CSS Programs Recommended

Program Name	Program Description	Estimated cost	Rationale/Justification
CSS 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. <b>(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.</b>
CSS 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. <b>(Support)</b>
CSS 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. <b>Would provide another place to outreach to prospective BHS Clients and assist in linking them to services.</b> <b>(Support)</b>
CSS 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. <b>(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.</b>
CSS 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. <b>(Support)</b> <b>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&amp;E staff at the location.</b>

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<p>CSS 6: Orange County Children with co-occurring mental health and chronic/severe acute illnesses</p> <p>Outpatient mental health clinic for children with special health care needs (CSHCN)</p> <p>Improve the capacity to treat eating disorders: Long-term treatment program for adolescents with eating disorders; train staff on treating eating disorders</p>	<p>The program will offer specialized mental health services provided with an integrated health care system that is closely coordinated with the medical treatment</p> <p>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.</p>	<p>\$500,000</p>	<p>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.</p> <p><b>(Support) Recommend a small project: 4-5 FTE Leverage with Medi-Cal.</b></p> <p>This is an unmet need due to:</p> <ul style="list-style-type: none"> <li>--extensive wait lists for those eligible for community-based mental health support;</li> <li>--lack of expertise among many community-based providers re: assessing and treating mental health issues when medical co-morbidities are present;</li> <li>--the need to address medication adherence issues in up to 50% of pediatric outpatients</li> <li>--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;</li> <li>--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.</li> </ul> <p>This is an unmet need, as community psychiatric and psychological providers are not able to provide the appropriate expert care for the referred patients.</p>

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<p>CSS 7: Outpatient Mental Health Services Expansion: Children and Youth (formerly Youth Core Services)</p> <p>TAY Clinical Services</p> <p>Group Therapy Program</p>	<p>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.</p> <p>Additional funding is needed to:</p> <ol style="list-style-type: none"> <li>1. Increase in psychiatric medication management to children</li> <li>2. Expand services by therapists beyond normal business hours.</li> <li>3. Meet usual and customary rates in the community.</li> <li>4. Meet the increased demands for Medi-Cal Services through increases in eligibility that go into effect with ACA.</li> <li>5. Increase in core essential services that support and expand the work of MHSA programs that have been developed over the past 8 years.</li> </ol> <p>Looking at a Medi-Care match.</p> <p>In-home clinical support services for TAY clients that would be tailored to meet their needs</p> <p>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.</p>	<p>\$500,000 in first year and then determine future amounts in subsequent annual updates.</p>	<p>Youth referrals are growing rapidly as more families are becoming eligible for services.</p> <p>(Support) BHS is aware of the increased need for services. The BHS re-organization will help to solve some of the problems.</p> <p>Have added an in-home adult crisis stabilization that will also address TAY.</p> <p>Clinics have seen days where they receive 21 requests in one day.</p> <p>PEI offers services for pregnant and parenting teens and adults.</p> <p>Clinics currently offer dual diagnosis services.</p>

## PEI Programs Recommended

Program Name	Program Description	Estimated Cost	Rationale/Justification
PEI 1: 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.	<b>(Support)</b> 12-20% of children have a diagnosed anxiety disorder
PEI 2: Continue funding Statewide Projects including Suicide Prevention, Stigma/Discrimination Elimination and Student Mental Health Initiative.	Comprehensive prevention services for all three projects. Examples include: <ol style="list-style-type: none"> <li>1. Working with local suicide prevention partners to respond to individuals in crisis through hotlines and trainings to identify and respond to suicide risk;</li> <li>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;</li> <li>3. Ongoing culturally adapted training for faculty, staff, students and community members;</li> <li>4. Partnering with education, K-college, to change school climate and campus environments by promoting mental health, utilizing peers and student screening;</li> <li>5. Providing technical assistance and social media campaigns to support efforts, increase awareness and engage community locally.</li> </ol>	\$ 900,000	<b>(Support)</b> 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 counties;, 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.
PEI 3: 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	<b>(Support)</b> CalMHSA funding is ending for extended WarmLine hours.