

Executive Summary

- The Health Care Agency projects approximately \$10 million annually in available funding over the next 5 years to enhance existing or add new CSS Services
- HCA sought input from a wide variety of stakeholders, including the Board of Supervisors, Mental Health Board, MHSA Steering Committee, Consumer Action Advisory Committee, BHS staff and contracted provider organizations.
- During the month of August, the MHSA Office conducted a survey to identify and prioritize the needs and gaps in the CSS system of care.
- Based on stakeholder prioritized needs, BHS management identified specific programs for enhancement or development that mapped to the identified needs

MHSA Overview

- November 2004, California voters approved Proposition 63, the Mental Health Services Act (MHSA). The law became effective 1/1/05.
- The MHSA provides new services for those who are seriously mentally ill through a 1% tax on income earned over \$1 million.
- The goal is to reduce the long-term impact resulting from untreated serious mental illness.
- Orange County has 99 different MHSA programs identified in the FY 15/16 Annual Plan Update
- The FY 15/16 Plan Update with a budget of \$163 million was approved by the Board of Supervisors on June 2, 2015.

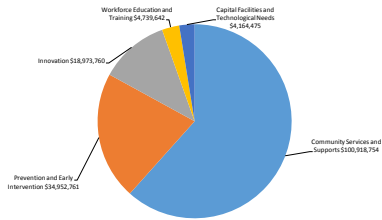
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Components of the MHSA

- The Act consists of five components, including:
 - Community Services and Supports (CSS)
 - Approximately \$10 million per year identified of available funding for enhancing existing and developing new services
 - Workforce Education and Training (WET)
 - Prevention and Early Intervention (PEI)
 - Capital Facilities and Technological Needs (CFTN)
 - Innovative Programs (INN)

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FY 15/16 MHSA Budget



Community Services and Supports (CSS)

- CSS is the core service component of the Act and receives 80% of MHSA annual funding. CSS is divided into programs by age groups.
- There are three types of CSS funds
 - Full Service Partnerships (FSPs) – intensive 24/7 approach
 - Outreach and Engagement – reaching out to those communities receiving little to no services
 - General Systems Development – improve programs, services, and supports for all clients and families (transformational programs/services)
- All services must be for those with Severe and Persistent Mental Illness (SPMI) or Severe Emotional Disturbance (SED) for children.

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Initial Community Planning Process (Identifying preliminary gaps and needs)

- MHSA Office provided a brief training to the Steering Committee about MHSA and Community Services and Supports (CSS).
- Following the training, Steering Committee and Mental Health Board members were asked for their initial impressions about needs and gaps in the CSS system of care.
- Initial gaps and needs were identified (see next slide) and formed the basis of the stakeholder survey.

CSS Planning Process

- **Preliminarily identified gaps and needs:**
 1. Housing
 2. Jobs and Vocational Training Expansion
 3. Full Service Partnership Expansion
 4. Residential Treatment for SPMI/Dual Diagnosis Substance Abuse Expansion
 5. Residential Care Services Expansion
 6. Outreach and Engagement Expansion
 7. Transportation Expansion
 8. SPMI/Dementia
 9. Services for SED Foster Care youth
 10. Easting Disorders for SED/SPMI

Community Planning : survey development

- Following identification of a preliminary set of gaps and needs, a three-question survey was developed to help identify additional gaps and needs and to prioritize them.
- The survey was distributed to over 1,000 individuals including : Mental Health Board, MHSA Steering Committee, Community Action Advisory Committee and the Consumer Quality Advisory Board (both consumer advisory committees), Behavioral Health staff, Contract Provider Organizations
- The survey remained open during the month of August. Written surveys were provided upon request.
- The MHSA Office received more than 160 responses (approximately 15% response rate).

Community Planning: CSS Survey

- 1. Please describe any gaps or needs not included in the list above.
- 2. Please prioritize (rank order) the top 5 gaps and needs that have been identified or that you have identified in question #1.
- 3. Please identify any specific group or population that you believe are unserved or underserved within the Behavioral Health system of care.

Community Planning: CSS Survey Tabulation

- Survey respondents were requested to prioritize their top five perceived needs.
- From each survey, the need that was ranked 1st (the most important) was given 5 points. The second ranked need was given 4 point, etc.
- After all surveys were scored, the scores were summarized for each identified need
- Where new needs or gaps were identified that were consistent with those already on the survey, the newly identified need/gap was grouped with the existing need/gap.
- The results are displayed below

Community Planning: CSS Survey Results

Needs and Gaps	Rank #1 (n* 5)	Rank #2 (n* 4)	Rank #3 (n* 3)	Rank #4 (n* 2)	Rank #1 (n* 1)	Total Points
Housing for individuals with mental illness	355	176	117	64	13	725
Residential Treatment for Dual Diagnosis: mental health and substance use	120	116	66	26	13	341
Jobs and vocational training for individuals with mental illness	35	88	75	60	23	281
Outreach and engagement expansion	70	52	45	32	22	221
Increase Staffing for smaller caseloads/ Clinic Expansion/ Veterans Based Clinic Services/ Foster Youth Services	95	44	27	22	12	200
Additional funding for Full Service Partnerships (FSP)	65	44	27	22	10	168
Transportation Expansion	15	40	63	26	14	158
Eating disorders program expansion	25	16	24	10	9	84

Community Planning: mapping programs to needs

- Based on the survey results (which represents stakeholder perception and prioritization of gaps and needs), BHS management identified specific programs for enhancement or development that mapped to the identified needs.
- In addition, BHS management was aware of additional enhancements needed to the CSS system of care base on utilization data and program needs.
- The following slide represents recommendations made by BHS management.

Needs and Gaps	Total Points	Program Recommendation
Housing for individuals with mental illness	725	Emergency (FSP Support)
		Short Term Supported
		Long Term Supported Housing
		Drop in Center (enhance \$100K in plan)
Residential Treatment for Dual Diagnosis: mental health and substance use	341	Dual DM Mental Health (Adults/Youth/Children)
Jobs and vocational training for individuals with mental illness	281	Ongoing funding for VTW
Outreach and engagement expansion	221	Expansion of DME (CIS only)
Increase Staffing for smaller caseloads/ Clinic Expansion/ Veterans Based Clinic Services/ Foster Youth Services	200	Clinic Expansion
Additional funding for Full Service Partnerships (FSP)	168	New FSP Services
Transportation Expansion	158	Already in Plan (\$1 million)
Eating disorders program expansion	84	
Crisis Beds		Increase the number of crisis beds to 15
Capital Facilities		Purchase of Kramer Building
OT expansion		expansion of hours for OT training
