

# Overview and Executive Summary

California voters passed the Mental Health Services Act (MHSA) in November 2004 to expand and improve public mental health services. The intention of the Act is to provide state and local funding to reduce the long-term adverse impact on individuals and families resulting from untreated serious mental illness. Proposition 63 emphasizes transformation of the mental health system while improving the quality of life for Californians living with a mental illness. With more than ten years of funding, mental health programs and supports have been tailored to meet the individual needs of diverse clientele in each county in California. As a result, the community is experiencing the benefits of expanded and improved programs to assist individuals living with mental illness in becoming active members of society.

Orange County Behavioral Health Services has used a comprehensive stakeholder process to develop local MHSA programs. MHSA funds a behavioral health system of care that ranges from prevention services to crisis residential care. The current array of services budgeted at \$168,666,985 for FY 16/17 was created based on the planning efforts of stakeholders from 2005 to the current day.

The Orange County Mental Health Services Act Three-Year Plan for fiscal years 14/15 through 16/17 was approved by the Board of Supervisors in May 2014. That plan serves as the basis for this plan update. The Three-Year Plan anticipated level funding for the three years covered by the plan, and the current Annual Plan Update has no change in funding for the majority of programs that were operational during FY 14/15. The principal exception to level funding occurred in Community Services and Supports.

## **Community Services and Supports**

The Mental Health Services Act allocates 80% of the MHSA funds for Community Services and Supports (CSS), which provides comprehensive mental health treatment for people of all ages with serious mental illness. The goal of this component is to develop and implement promising and proven practices designed to increase access to services by underserved groups, increase the quality of services and improve outcomes, and to promote interagency collaboration.

As part of the fiscal review done in preparation for the FY 16/17 Annual Plan Update, the Orange County Health Care Agency's budget staff identified approximately \$22 million dollars of unspent CSS funds that were available for allocation in FY 16/17 and on a sustainable basis. As a result, significant planning activities for this year's Plan centered on identifying programs for expansion consistent with CSS funding requirements.

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Within the CSS component, the following programs were changed or enhanced in this current Plan Update. A full description of each of these programs is provided in the CSS section of the Annual Plan Update.

## CSS Program Enhancements

Program Name	INCREASE IN 16/17
Housing for Homeless	\$1,000,000
Dual Diagnosis (mental health and substance use disorder) Residential Treatment	\$500,000
Full Service Partnership	\$10,000,000
Adult Crisis Residential	\$1,500,000
Supportive Employment	\$300,000
Adult Outreach & Engagement	\$1,000,000
Outpatient Clinics	\$1,000,000
Crisis Stabilization Unit (Urgent Care)	\$5,000,000
Co-Occurring (medical and mental health)	\$2,000,000

### Housing

In addition to the above enhancements, \$8.5 million was allocated for housing projects. Initially, \$33 million dollars were allocated to fund MHSA supportive housing projects through both stipend based vouchers as well as building/renovating units. Over the past 10 years, all of the initial housing funds have been spent or earmarked for future projects. The need for housing however continues to be the number one need according to stakeholders throughout the county.

### Prevention and Early Intervention

Prevention and Early Intervention (PEI) programs are designed to prevent mental illness from becoming severe and disabling and to improve timely access for people who are underserved by the mental health system. Twenty percent of MHSA funding is dedicated to PEI programs. Within the PEI component, there was no change in funding between FY 15/16 and this current Plan for FY 16/17.

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## **Innovation**

The Innovation component funds and evaluates new approaches that increase access to the unserved and/or underserved communities, promote interagency collaboration and increase the quality of services. Five percent of MHSA funding is designated as Innovation to allow counties to test new and improved approaches to mental health service delivery with time-limited pilot programs. During FY 15/16, the funding for all Group 1 projects ended. Ongoing funding for three projects was approved in last year's Plan: Integrated Community Services (now funded by CSS), OC4Vets (now funded by PEI) and OC Accept (now funded by PEI). Final evaluation of all Round 1 projects is underway.

## **Workforce Education and Training (WET)**

WET funding is intended to increase the number of qualified individuals who provide mental health services and improve the cultural and language competency of the mental health workforce. The original Workforce Education and Training funds have been spent, but programs continue through the use of Community Services and Supports funding. Within the WET component, the MHSA Steering Committee approved adding \$200,000 for FY 16/17 to enhance the Recovery Education Institute and Crisis Intervention Training programs.

## **Capital Facilities and Technology**

This component supports counties for a wide range of projects necessary to support service delivery. Progress has continued in the implementation of an Electronic Health Record (EHR). An EHR is a digital version of a patient's medical record that allows programs at different locations to better coordinate services and stay up-to-date on patients' treatment. The goals of implementing an EHR include: improving the quality and convenience of client care, increasing program efficiencies and cost savings, increasing client participation in their care and improving coordination of care. Ongoing efforts continue to focus on implementing the EHR in additional locations, and working toward interoperability and full compliance with meaningful use standards.

During the years since Proposition 63 was passed, the Mental Health Services Act has continued to go through changes to help better the lives of the clients and the entire Orange County community. We look forward to continuing our partnership with our stakeholders as we implement MHSA in Orange County.