

## Mental Health and Homelessness

### Adult Mental Health:

Orange County families with low wages deal with food insecurities, housing insecurities, and healthcare insecurities. All of these can result in anxiety and depression, not just with the care giver but also the children. Shepard's Hope will see over 18,000 patients this year and almost all of these patients will need some type of mental health services, 40% of those patients are working but are not making enough to afford health insurance. They have an illness that is forcing them to seek services that they never thought they would need, which is the classic beginning of anxiety and depression. We know that anyone that is homeless, the number one issue in our country, will need mental health services at some point in time, even if they were not ill at the time they became homeless. Many adults and youth cannot receive the services they need from a state funded system that is ranked 50<sup>th</sup> in the nation. Florida Council for Community Mental Health states only 30% of people who need publically funded mental health services has access to them. This is due to the lack of State funding and lack of Medicaid expansion in Florida. Approximately, one-third of all Orange County inmates have a mental health diagnosis. In Orange County we have led the way for practices to identify those individuals in crisis and give law enforcement an opportunity to take them for an intervention rather than being taken to jail. This project is called the Belvin Perry Jr., Central Receiving Center (CRC). The CRC screens approximately 6,000 individuals in mental health/substance use crisis a year. After 15 years of operation and documented system efficiencies and cost avoidance, the CRC model has been adopted as a best practice by the Department of Children and Families and funded for replication throughout the state of Florida.

### Recommendations:

- Short term actions:
  - Identify alignment in funding streams (state and local) to get the most efficient use of dollars. Blend and Braid funding whenever possible. Similar to funding of the CRC system of care where Orange County general revenue (GR) aligns with state funding through the Managing Entity. Whereas, services that the state cannot fund because of restrictive dollars, or it is insufficient funding allocations, Orange County can fund these services in collaboration and agreement with the Managing Entity and the public provider.
  - Message media positively to ensure those that need help can access care and reduce stigma.
  - Support peer recovery and advocacy for consumer support. Recovery Community is a national movement. There is some momentum in Orange County, through the Mental Health Association and other advocacy groups to create peer recovery

communities that are partially supported with state and county funding. However, there is more need for growth in this area.

- Long term actions:
  - Create more “Outlook” or walk-in clinics throughout the County to treat affective disorders such as depression, anxiety, etc. Redirects individuals seeking care from busy emergency rooms to outpatient clinics. In partnership with Orange County Government and Florida Hospital, this Clinic was created to treat patients with anxiety and/or depression with co-occurring medical conditions. The clinic is only available to uninsured individuals that meet certain criteria. This public/private partnership was established to serve 300 patients each year with anxiety and depression at a cost of less than \$1500 per patient per year. Compare that to one visit to the ER for a mental health issue which can easily be \$2500. The Clinic’s success rate using counseling, medication and finding patients a medical home is 88% stable or improved.
  - Integrate mental health and primary care services through partnerships with Primary Care Clinics and FQHC’s.
  - Implement a jail diversion model that encompasses the following components:
    1. Expand CIT for Law Enforcement officers and first responders. Crisis Intervention Training is currently organized by Aspire Health Partners and a number of community volunteers and conducted quarterly. There is identified need for additional trainings in the community to reach not only additional law enforcement, but school resource officers and first responders. Monthly training would saturate local municipalities.
    2. For Corrections population and the homeless, develop a “one stop center” to avoid arrests and emergency room visits. Law enforcement could use a “one stop center” instead of arrest for those not meeting involuntary criteria (Baker Act/Marchman Act) and need an alternative. The center could also serve as a reentry model for services; medical, mental health, substance abuse, and peer support. Chief Judge Fred Lauten is a proponent of this project. A study for use of the Orange County underutilized work release center may be beneficial.
    3. Mental Health Jail Diversion Pilot to identify people with serious mental health issues presenting at our jail and bridge them to community services. With lacking community resources, jails and prisons are now the largest treatment facilities in the country. Inmates with mental health disorders stay longer than the average inmate and decompensate while incarcerated. The risk to the jail and staff also rises. With the use of models like the APIC (Assess, Plan, Identify, Coordinate) and the Ohio Risk Assessment Screening, inmates with mental health disorders can be diverted pre and post arrest to more appropriate treatment settings.

Youth Mental Health:

According to national statistics, 50% of lifetime mental health issues present before age 14 and 75% before the age 24. Because we know mental health issues start at such a young age, it is a strong recommendation for Orange County Government and community partners and stakeholders to put greater funding emphasis in earlier Mental Health identification and resources. By doing this, our community will have an opportunity to prevent many of the issues that untreated mental health concerns lead to like out of home placement, and juvenile justice involvement, adult under employment and unemployment, adult incarceration and adult and youth homelessness.

One vital way Orange County Government and community partners and stakeholders can work to prevent many of these issues is to continue support of the initiatives and work started by the Orange County Youth Mental Health Commission (YMHC) which began in 2013 and is continuing its work to this day. The Youth Mental Health Commission is a group of community stakeholders who joined forces to help improve the state of mental health for Orange County youth through innovative measures such as blending and braiding funding, emphasis on using evidence based practices, comprehensive service navigation and focus on services being driven by youth and family voice and choice. Through their efforts, the public provided in Orange County obtained an intensive in-home family therapy team (Community Action Team), expanded Wrap Around Orange to serve youth up to age 21, added substance abuse intervention to the array for wraparound via a state DCF grant, implemented a Mobile Crisis unit, created a mental health anti-stigma media event and, most significantly, developed an innovative pilot project called Breakthrough.

Breakthrough is a collaboration of community partners working to assist families of youth between the ages of 13-16 with two or more inpatient hospitalizations and has the following components:

- Partners with six major youth mental health agencies
- Agencies use a web-based navigation system called “Spirit” which allows providers to send and receive referrals.
- Each Breakthrough family is assigned a “Family Support Navigator” who is a person with similar lived experience and who will support families engaging in the mental health system.
- System of Care values which are family driven, youth guided, culturally and linguistically competent, strengths-based, comprehensive, coordinated, community based, and focused on early prevention and intervention.
- Blends and braids private and public funding and provides flexible funding to pay for services not covered by third-party payments.

In order to spread the tenants of Breakthrough throughout the community, the YMHC designed Breakthrough’s current iteration to be researched with 25 youth assigned to an experimental group and 25 assigned to a control group.

Preliminary findings from UCF show that Breakthrough has helped families significantly reduce instances of re-hospitalizations or eliminate re-hospitalizations all together. Of the 25 youth in the experimental group, each of them had on an average 5.87 previous hospitalizations. Since working with Breakthrough, 56% of youth had no additional Baker Acts and of the 44% who

have had additional Baker Acts reduced their rate of admission from approximately 8 Baker Acts to 2.

Research shows that the more youth and families can address their mental health concerns in the context of their home and community, the greater likelihood they have of experiencing true recovery. Breakthrough continues to show efficacy in keeping youth in the community longer, it is recommended that these efforts continue to be supported and expanded.

Another vital way the County can support youth mental health is by focusing its efforts in collaboration with Orange County Public Schools (OCPS) because this entity touches the lives of the vast majority of youth in our County. The Youth Mental Health Commission would like to expand Spirit to OCPS, allowing the schools to recommend services based on a common assessment and track referrals, outcomes and progress. After the tragic shooting at Marjorie Stoneman Douglas, the school system received a massive influx of referrals for youth mental health needs, but they didn't have a way of determining which services would best address youth needs nor did they have a way of tracking what became of referrals after they were made. The County is primed to partner with OCPS using the infrastructure of the Breakthrough project to help them fill these gaps and to ensure a better system is in place that will hopefully prevent someone like a vulnerable youth in Orange County from slipping through the cracks.

The Youth Mental Health Commission has also identified as a strategy the need for increased partnership with Managed Care Organizations (MCO) and state level mental health funding. Currently there are valuable county dollars being spent on Mobile Crisis and Evidence Based Practices that the Commission would like to sustain through MCOs and Managing Entity dollars. Support for continued and future collaboration in this area is vital so that the County can direct money in other innovative ways the state and MCOs are unable to.

Lastly, another area of focus for the Youth Mental Health Commission is to develop and create a robust youth respite center in the community. In order for youth and families to find recovery in the midst of mental health challenges, it is so important that they be able to take the time they need for self-care and de-escalation. Currently, the community only has limited respite care in a group outing settings.

#### Short term goals:

- Continue the work of the Youth Mental Health Commission that began in 2014.
  - Continue to create and innovate based on evidence-based practices and state of the art funding initiatives
  - Continue to expand a braided-blended funding model to support ease of access to care so that families receive the services they need, not just what they can pay for
  - Work with OCPS to build a navigation system that connects OCPS and families to a community or network provider based on an assessment and youth and family choice (Public/Private funding opportunity in progress).
- Long term goals:

- Work with Medicaid and other Managed Care organizations to incentivize services with positive outcomes and expand coverage of evidence-based practices.
- Link and access the “special services” of the various managed care companies
- Establish in house Medicaid specialists
- Shift funding for Mobile Crisis to Managed care/ Medicaid reimbursement
- Scale the current Breakthrough pilot to 500 youth with dedicated funding to blend and braid with other public and private funds.
- Expand peer family partner services for families.
- Implement respite care across all of Orange County.

### Homelessness

Orange County is part of the Continuum of Care 507 that includes Orange, Osceola and Seminole County. Nationally and locally, every year Housing Urban Development (HUD) requires that every CoC complete a point in time count (PIT). This is a one day count of homeless individuals and families in the streets and in the shelter. This count is not reflective and a community’s entire homeless population but provides a snap shot and is then used as the year’s base line. The 2018 PIT showed 2,053 homeless individuals. Additionally, Orange County Public Schools reports the number of homeless students annually. In 2017/18 school year, there were over 9,000 homeless students enrolled.

The Central Florida’s Roadmap Home, 2018 report by Barbara Poppe and Dr Brill reviewed the progress made in Central Florida over the last four years and provided several essential and critical recommendations to continue progress and bolster the homeless system of care. The recommendations included the following:

- Champion Housing First – scale up resources to continue Housing First
- Partner – achieve visible success in partnering and collaborating
- Grow – sustain and grow the system
- Create – new strategies to establish a robust “front door”
- Support – targeted strategies to address the “precariously housed”
- Increase – sustain, increase, and align resources sufficient to achieve goals

Strategic action steps outlined in this report include an immediate commitment to sustain the “housing the first 100” and the formation of a 3 year investment plan to achieve the above recommendations. Per the report, in order to do this, the region will need to expand government support from \$4.1m to \$24m over the next three years. Additionally, \$6m is needed from community and philanthropic investment.

- Short term goals:

- Focus scarce resources on the literal homeless. The community has agreed that at this time, individuals and families that are literally homeless will be prioritized. Orange County funding currently focus on the literally homeless.
  - Continue or increase County GR to keep Orange County chronically homeless housed. In 2015, Florida Hospital (FH) funded a three year pilot “housing the first 100”. These 100 individuals were the highest utilizers of emergency care within their hospital, specifically in the downtown area. Orange County provides supportive services to these individuals’ pre and post housing. The FH investment of \$6M for the housing of the “100” has not been renewed at this time.
  - Maximize HUD funding by current funding and increase County support. Currently, there are approximately 75 HUD vouchers for housing that are available but due to a lack of funding for supportive services, the community cannot utilize these vouchers. HUD will not renew these vouchers next year if they remain underutilized.
  - Request local homeless advocacy groups to raise funding for chronic homelessness. Currently, there are no advocacy groups raising private dollars for the chronically homeless or homeless families.
  - Encourage use of Homeless Management Information System (HMIS) by all providers in the homeless service system. Currently, not all homeless service providers and shelters utilize HMIS. With the community implementing a Coordinated Entry System (CES) to capture movement, services, needs, and vulnerability the community cannot manage all the resources effectively.
  - Implement a real estate model in the housing contracts. Hiring staff that have a background in real estate are more apt to locate the type of housing needed rather than a case manager. They understand the business model of the landlord and are able to establish rapport.
  - Build relationships with landlords. Establishing relationships with landlords is crucial but also recognizing and addressing the needs and concerns of the landlord prompts retention and a good working relationship. A landlord quarterly breakfast or luncheon has proven very successful in other communities.
  - Continue funding for diversion and other front door initiatives and expand diversion funding to keep people from becoming homeless. Diversion projects have been successful in assisting families who need very limited financial and/or services to regain and access to stable permanent housing. Diversion projects that target these families are able to cost effectively redirect newly or at risk of homelessness back into permanent housing while limiting their involvement in the homeless services system. Orange County currently has a promising pilot with the Coalition for the Homeless. The community is planning for expansion of diversion at all entry points. It would be most effective if this is expanded with consistency and one provider.
- Long term goals:

- Support “one stop center” for homeless navigation low demand center. Current work release center is underutilized and many have requested a study on its use. A “one stop center” could also serve as a reentry for services; medical, mental health, substance abuse, and peer support. Chief Judge Fred Lauten is a proponent of this. A study for use of the Orange County underutilized work release center may be beneficial.
- Support creation of multiple drop-in centers as modeled across the county. Orange County funds one drop in center in East Orange County, Samaritan Resource Center. This facility sees over 1,000 individuals annually and provides the following services: showers, laundry, case management, medical services and more. Due to limited funding, the center is only operational Mon – Fri 9 – 12. There is much demand for extended hours and locations across the county. City of Orlando currently has funding for a capital project to create a downtown center (no location at this time) but will be seeking operational dollars to support the center.
- Implement housing strategy for homeless population based on researched best practices. National Alliance to End Homelessness continues to research best practices and community outcomes. Housing First is one said best practice that the community continues to implement.