

Appendix: (Orange County)

County Contact and Specific Dates

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- Date Proposal posted for 30-day Public Review: April 23, 2021
- Date of Local MH Board hearing: May 26, 2021
- Date of BOS approval or calendared date to appear before BOS: June 22, 2021

This proposal is specific to Orange County's participation in the Psychiatric Advance Directives (PADs) multi-county Innovation Project. It does not include all elements of an Innovation proposal (i.e., primary purpose, innovative component, full list of project activities, timeline, etc.). A comprehensive description of this MHSA Innovation Project is available in the full project proposal prepared by the PADs multi-county project manager.

Description of the Local Need

Orange County has identified an increasing need for behavioral health support and crisis services within its criminal justice and behavioral health systems. According to the 2019 Integrated Services Report, Orange County's jails and juvenile detention facilities are now, by default, its largest mental health institutions. Between May 2018 and April 2019, an estimated 43,000 individuals were booked. Of those 43,000 individuals who self-reported or were diagnosed while in-custody, approximately 21% had a mental illness; 40% suffered from substance use disorder and 10% have a co-occurring disorder¹.

Within the Behavioral Health System, Orange County has experienced an increase in suicide rates in recent years. From 2015 to 2018, the County experienced a 27% increase in suicide deaths, with the highest rates among White, male and middle age to older adult populations². Furthermore, in a recent survey of Orange County residents, the rate of serious psychological distress increased from 12% in 2018-19, to 28% at the end of 2020³.

Description of the Response to the Local Need

In response to these needs, Orange County identified specific strategies within each of these systems through the Integrated Services 2025 Vision and the Fiscal Year (FY) 2020-23 MHSA Strategic Priorities:

Integrated Services 2025 Vision

The Integrated Services Strategy is a collaborative success strategy focused on implementing enhanced care coordination for the County's highest utilizers of the Community Corrections System. Through this strategy, the County plans to work with community partners to implement programs, services and solutions that are measurable and meaningful. Integrated Services is categorized into Five Pillars of Service that mirror the County's corrections system. Each Pillar is comprised of a series of Action Items necessary to achieve the County's Integrated Services 2025 Vision.

FY 2020-23 MHSA Strategic Priorities

The FY 2020-23 MHSA Strategic Priorities are based on results from the 2019 MHSA community program planning process. Input from stakeholders identified three areas of mental health-related needs, gaps and barriers, including mental health awareness and

¹ Integrated Services 2025 Vision

² Suicide Deaths in Orange County, California, 2014-2018

³ Orange County COVID Stress Survey

stigma reduction, suicide prevention and access to behavioral health services. The MHSAs Three-Year Program and Expenditure Plan emphasizes Orange County's plans to expand support to behavioral health consumers to ensure that crisis services and suicide prevention efforts are responsive to the needs of the different MHSAs priority populations. Additional information about the 2019 MHSAs community program planning process and strategic priorities is available in the [MHSAs Three Year Program and Expenditure Plan](#).

The PADs project aligns with the goals in the Integrated Services 2025 Vision and FY 2020-23 MHSAs Strategic Priorities and blends seamlessly into the objectives and actionable goals identified within these current priorities. The process of developing a PAD can help people clarify their preferences for treatment and plan for a future mental health crisis, serving as a powerful tool to increase a person's quality of care within the mental health and justice-involved settings. Furthermore, the ability to access and share PADs across providers and systems will allow providers and first responders to provide personalized, responsive and coordinated care.

Target Population

The target population for this multi-county project includes individuals living with serious mental illness who are at risk of needing involuntary care, criminal justice involvement and involuntary hospitalization. Based on the identified target population, the County's needs within the criminal justice and behavioral health systems and their associated strategic priorities, **Orange County is proposing to pilot the development and implementation of PADs within its Correctional Health Services and Behavioral Health Services programs. The pilot project will focus on Transitional Age Youth (TAY) ages 18-21, and adults, 18 and older, from the following programs:**

Program of Community Assertive Treatment (PACT): The PACT program utilizes the evidence-based Assertive Community Treatment model to provide comprehensive, "whatever it takes", field-based outpatient services to youth, ages 14-21 or 18-25, who are living with serious emotional disturbance or serious mental illness. Individuals enrolled in PACT may also have a co-occurring substance use disorder, experience social, cultural and/or linguistic isolation, and have had difficulty engaging with more traditional outpatient mental health services.

The PACT program provides an individualized treatment approach, utilizing a strengths-based model to help participants customize their treatment plans. The program is staffed with a multidisciplinary team that includes Mental Health Specialists, Clinical Social Workers, Marriage and Family Therapists, Peer Specialists, Psychiatrists and Supervisors. Peer Specialists serve as positive models and provide valuable support and information both to the participants and the other team members.

Pilot Plan: Orange County PACT program staff, participants and their families will be invited to PADs informational sessions, as well as interactive, multi-county workgroups to provide feedback on the development of a standardized PADs template. Stakeholders from all participating counties in this project will also be invited to workgroups to discuss the development of a PADs platform. The future implementation of PADs will be integrated into PACT program daily operations as part of clinical, case management and peer specialist support services. Throughout the duration of this project, the PADs project Peers will provide training and support to PACT program staff and participants, as needed.

Correctional Health Services: Adult Correctional Health Services (ACHS) provides medical, dental, nursing, infections control, health education and pharmaceutical services at a community standard of care to all adult inmates in the County's

correctional facilities and contracts with hospitals for inpatient and specialty care. ACHS also provides mental health services including 24-hour emergency triage and crisis intervention, suicide prevention, treatment beds, individual and group therapy, and substance abuse counseling, medication assessment and discharge planning to all adult inmates in the County's five correctional facilities. Services also include collateral contacts with Sheriff's Department, criminal justice system, mental health professionals, families, and friends for the purpose of effective continuing care during incarceration. ACHS provides care coordination services for linkage, referral to community mental health services and discharge planning for post custody treatment service, as well as coordination with long term care for psychiatric hospitalization, as appropriate.

Pilot Plan: To facilitate a successful integration of PADs in ACHS, the process should begin in the community, with the development of PADs integrated into Orange County's Substance Use Disorder (SUD) clinics, Crisis Stabilization Units (CSUs), Psychiatric Emergency Response Team (PERT), and PACT program, where many inmates typically receive services prior to incarceration. The prior development of a PAD will allow the ACHS team access to valuable information about the individual during the initial assessment and mental health treatment. PADs would also be developed with individuals during their incarceration, as well as upon discharge, to help support their needs and reduce recidivism.

In the first year of the PADs project, program staff from ACHS, SUD clinics, CSUs and PERT will be invited to informational sessions to learn about the purpose, use and benefits of PADs. Staff, participants and support persons will also be invited to multi-county workgroups to provide feedback on the development of a PADs template and platform. Throughout the duration of this project, the PADs project Peers will be available to support ACHS and the various associated programs.

Orange County also recognizes the importance of supporting youth under age 18. Although this age group is not a target population for this project, **Orange County plans to facilitate preliminary discussions to explore the feasibility of implementing PADs with youth, particularly discussions around legal, clinical and ethical implications.** These learnings will be shared with the participating counties in this project to support any future work with the target population.

Learning Objectives

Orange County's evaluation and learning plan is consistent with the two primary aims identified in the multi-county collaborative proposal, which include 1) to successfully implement PADs in participating counties, and 2) for PADs to positively affect consumer outcomes.

Orange County also proposes to include an additional process evaluation of the PADs technology platform. The evaluation will examine responsiveness to community feedback during platform development, level of user satisfaction, and the intuitive nature of the platform (i.e., ease of use). The iterative cycle and feedback loop from community engagement meetings will be documented to illustrate the evolution of the PADs platform. This process evaluation will be shared with the participating counties and ensure, to the extent possible, that the platform meets high user satisfaction and can help inform the likelihood of long-term adoption and use.

Description of the Local Community Planning Process

The PADs multi-county project opportunity was introduced at the April 20, 2020 MHSA Steering Committee meeting. At the subsequent meeting on May 27, 2020, subject matter experts from the USC Gould Saks Institute for Mental Health Law, Policy and Ethics provided specific information about the project description and proposed activities. However, during this time, Fresno County, the

lead for this multi-county project, announced that all project planning activities were placed on hold due to the impact and response to the COVID-19 pandemic. In January 2021, a project manager was brought on board by the Mental Health Services Oversight and Accountability Commission (MHSOAC) to support the continuation of this multi-county effort. Orange County, along with the other interested counties, resumed planning discussions for the PADs Innovation project in February 2021. As part of the Community Program Planning Process, Orange County consumers, family members and providers were invited to a PADs informational session on April 1, 2021. The following week, on April 7, 2021, an informational session was held for Behavioral Health Boards, Supervisors and Commissions, as well as representatives from criminal justice. On April 15, 2021, Orange County MHSA staff hosted a community planning meeting to focus specifically on the County's proposed participation in this project. Orange County stakeholders will continue receiving invitations to various informational sessions throughout April and May.

The project was posted for 30-day public comment on April 23, 2021, and a public hearing will be held on May 26, 2021. Orange County plans to seek Board of Supervisor approval for this Innovation project on June 22, 2021.

Budget Narrative for County Specific Needs:

The total proposed budget for this four-year project is \$12,888,948. This proposal will utilize and encumber funds from FY 2019-20, FY 2020-21 and future years, as well as any unspent funds from previously approved Innovation projects. Project expenditures are categorized into four main areas and described in detail below.

OC Personnel

A Full-Time Equivalent (FTE) position equals 40 hours per week. All FTE positions include benefits. Orange County's implementation of the PADs Innovation project will include the following proposed staffing:

- Administrative Manager (0.05 FTE) – This position is responsible for administrative oversight of the project such as monitoring project expenditures; attending collaborative meetings, as needed; and providing ongoing status updates to local stakeholders. The estimated budget for 0.05 FTE is \$5,895 annually; \$23,579 over four years.
- PADs Project Manager (0.50 FTE) – This position is responsible for direct project management. This includes attending project implementation meetings; coordinating and communicating with pilot programs; and supporting project peers. The estimated budget for 0.50 FTE is \$45,739 annually; \$182,956 over four years.
- Peers (2.5 FTE) – This position is responsible for supporting the implementation activities of the project. This includes providing community PAD trainings, as needed; attending PAD multi-county planning and implementation meetings; and supporting Orange County pilot programs participating in the project. The estimated budget for 2.5 FTE is \$146,150 annually; \$584,602 over four years.

The implementation of PADs will also be supported through in-kind staffing from the Orange County pilot programs, as part of program service delivery. Indirect costs were also calculated at 18% of personnel costs to support Orange County Health Care Agency (HCA) Compliance, Information Technology, County Counsel and Contract departments providing local county consultation, as needed. Orange County's total estimated personnel cost is \$933,542 over four years.

Operating Costs

Direct operating costs include:

- Subscriptions, licenses: Norton antivirus \$100 annually for two laptops to be used by Peers; \$400 over four years
- Print/Materials – \$2,000 annually; \$8,000 over four years
- Translation – \$60,000 total for translation of program materials and related content into Orange County’s threshold languages (i.e., Arabic, Farsi, Korean, Mandarin, Spanish and Vietnamese), as well as Khmer and Tagalog.
- Smartphone service and data plan – \$2,724 annually for two smartphones to be used by Peers; \$10,896 over four years

Orange County’s total estimated direct operating cost is \$79,296 over four years.

Consultants

- Collaborative Consultants: Orange County’s contribution to this multi-county project is calculated at 65.9% of direct and indirect consultant costs. This percentage is based on Orange County’s total population size among the five participating counties (i.e., Fresno, Mariposa, Monterey, Orange and Shasta). Costs include contracts with various consultants for project management, PAD trainings, project evaluation, and media and marketing. The budget also includes 9% administrative costs.

The collaborative consultant costs include two areas that do not relate to Orange County and are not calculated as part of its collaborative contribution. These areas include consultants for stakeholder engagement in the development of a PADs technology platform and an associated 9% administrative fee. Orange County budgeted for a stakeholder process as part of the local technology consultant costs described below and because it is proposed as a local contract, an administrative fee is not necessary.

Orange County’s total estimated contribution to collaborative consultants is not to exceed \$1,545,470 over four years. Collaborative costs may change in the event additional counties are approved by the MHSOAC to join this Innovation project.

- Local Orange County Consultants:
Technology Consultants: Orange County is proposing to support the technology consultant staffing costs for the PADs platform through a direct contract with Chorus Innovations, Inc. Orange County is currently working with Chorus Innovations, Inc. for the development of a digital resource navigation tool, OC Navigator, as part of a separate MHSOAC-approved Innovation project, (i.e., Behavioral Health System Transformation). The OC Navigator is being developed using the Chorus platform and is currently being piloted within the County’s OC Links and mobile Crisis Assessment Team programs to support a single behavioral health access line for Orange County residents. Utilizing the Chorus platform for the development, storage and access of PADs would enable Orange County to leverage its existing efforts with the OC Navigator, expanding its capacity and creating a more comprehensive tool for Orange County residents.

The Chorus platform provides a base on which core functions can be built and allows for custom functionality, integration and capacity building. The development of a product built on this platform is driven by a participatory engagement process where community members provide input on design features. This allows the product that is being built to adapt to local needs and continuously improve based on community feedback.

The capabilities of the Chorus platform, including interoperability to exchange health information, access to other existing digital support systems and ability to create a user profile, result in an interactive platform. PADs would be housed in a centralized location, allowing providers who have permission to view the PAD to access it when an individual is in crisis. This allows a flow of information across multiple systems – connecting and coordinating in a way that does not currently exist in the access and sharing of PADs. At present, for a provider or first responder to access a PAD during crisis, an individual must actively access and share their PAD *in the moment* or have shared it with the provider or first responder *prior* to the crisis. This poses challenges and barriers for an individual in crisis. A platform that allows law enforcement, hospitals, correctional health facilities to access PADs will coordinate care and allow them to respond in a way that meets the needs of the individual.

With the development of the OC Navigator already in progress, Orange County would be able to coordinate care through a single system, creating efficiency through a streamlined system. Because this is a multi-county project, Orange County will extend the opportunity for other counties in this project to participate in the development of the PADs platform via Chorus if they so choose. For counties that choose to also utilize the Chorus platform, their stakeholders would be invited to actively participate in workgroups and provide input on the development of the PADs platform. In the event counties select different platform(s) for PADs, Orange County will explore the interoperability of the Chorus platform with the different platform(s) to maintain its coordinated system.

The total estimated cost for supporting technology consultant staff is \$2,000,000 annually; \$8,000,000 over four years.

Evaluation: Because PADs and the OC Navigator would be developed on the same Chorus platform, Orange County is proposing to also support the evaluation of the platform, allowing the participating counties to leverage the work and resources that are currently underway. The total estimated budget Orange County will add to the evaluation is \$575,000 annually; \$2,300,000 over four years.

Orange County's total estimated contribution to collaborative and local consultants is \$11,845,470 over four years.

Other Costs

- **Travel:** travel costs include quarterly statewide meetings, as well as mileage expenses for local travel. The total estimated budget for travel is \$7,660 annually; \$30,640 over four years.

Orange County's total estimated other costs are \$30,640 over four years.

Total Estimated Budget

Orange County's local project costs are \$11,343,478 and its contribution to the collaborative is \$1,545,470, over 4 years. **The total estimated four-year budget for Orange County's participation in the multi-county PADs Innovation Project is not to exceed \$12,888,948.**

A detailed breakdown of the budget by fiscal year is provided in the grid below. Numbers in **orange** reflect Orange County's contribution in the PADs INN Project. These budget sheets were taken from Innovations Template.

Budget by Fiscal Year and Specific Budget Category for County Specific Needs

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY						
EXPENDITURES						
	PERSONNEL COSTS (salaries, wages, benefits)	FY 21/22	FY 22/23	FY 23/24	FY 24/25	TOTAL
1.	Salaries	\$197,784	\$197,784	\$197,784	\$197,784	\$791,137
2.	Direct Costs					
3.	Indirect Costs	\$35,601	\$35,601	\$35,601	\$35,601	\$142,405
4.	Total Personnel Costs	\$233,385	\$233,385	\$233,385	\$233,385	\$933,542
	OPERATING COSTS					
5.	Direct Costs	\$19,824	\$19,824	\$19,824	\$19,824	\$79,296
6.	Indirect Costs					
7.	Total Operating Costs	\$19,824	\$19,824	\$19,824	\$19,824	\$79,296
	NON-RECURRING COSTS (equipment, technology)					
8.						
9.						
10.	Total non-recurring costs					\$0
	CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)					
11.	Direct Costs: Project Manager and County TA Lead	\$199,680	\$171,392	\$176,534	\$163,800	\$711,406
	OC costs @65.9%	\$131,589	\$112,947	\$116,336	\$107,944	\$468,817
12.	Indirect Costs: Travel, Office Misc., Technology	\$6,000	\$6,000	\$6,000	\$6,000	\$24,000
	OC costs @65.9%	\$3,954	\$3,954	\$3,954	\$3,954	\$15,816
11.	Direct Costs: PAD Trainer	\$144,000	\$73,000	\$36,000	\$36,000	\$289,000
	OC costs @65.9%	\$94,896	\$48,107	\$23,724	\$23,724	\$190,451
12.	Indirect Costs: Travel, Office Misc., Technology	\$2,500	\$5,000	\$1,000	\$1,000	\$9,500
	OC costs @65.9%	\$1,648	\$3,295	\$659	\$659	\$6,261
11.	Direct Costs: Evaluation	\$54,716	\$150,522	\$177,289	\$144,109	\$526,636
	OC costs @65.9%	\$36,058	\$99,194	\$116,833	\$94,968	\$347,053

12.	Indirect Costs: Travel, Office Misc., Technology OC costs @65.9%	\$6,992 \$4,608	\$25,809 \$17,008	\$29,268 \$19,288	\$28,925 \$19,062	\$90,994 \$59,965
11.	Direct Costs: Media/Print/Video production, Social Marketing OC costs @65.9%	\$275,000 \$181,225	\$85,800 \$56,542	\$48,400 \$31,896	\$74,250 \$48,931	\$483,450 \$318,594
12.	Indirect Costs: Travel, Office Misc., Technology OC costs @65.9%		\$14,200 \$9,358	\$1,600 \$1,054	\$750 \$494	\$16,550 \$10,906
11.	Direct Costs: Administration 9% OC costs @65.9%					\$193,638 \$127,607
11.	Direct Costs (4 counties only): Platform Stakeholder Engagement OC costs	\$250,000	\$250,000	\$250,000	\$250,000	\$1,000,000 N/A
11.	Direct Costs (4 counties only): Platform Stakeholder Engagement Administration 9% OC costs	\$22,500	\$22,500	\$22,500	\$22,500	\$90,000 N/A
11.	Direct Costs (OC Only): Technology Consultants	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$8,000,000
11.	Direct Costs (OC Only): Evaluation	\$575,000	\$575,000	\$575,000	\$575,000	\$2,300,000
13.	Total Consultant Costs (5 Counties) OC Collaborative Consultant Costs Local Consultant Costs Total OC Consultant Costs					\$2,345,174 \$1,545,470 \$10,300,000 \$11,845,470
	OTHER EXPENDITURES (please explain in budget narrative)					
14.	HCA Travel	\$7,660	\$7,660	\$7,660	\$7,660	\$30,640
15.	Total Other Expenditures	\$7,660	\$7,660	\$7,660	\$7,660	\$30,640
	BUDGET TOTALS					
	Personnel (total of line 1)	\$197,784	\$197,784	\$197,784	\$197,784	\$791,137
	Direct Costs (add lines 2, 5, and 11 from above)	\$2,957,954	\$2,957,954	\$2,957,954	\$2,957,954	\$11,831,818
	Indirect Costs (add lines 3, 6, and 12 from above)	\$58,838	\$58,838	\$58,838	\$58,838	\$235,353
	Non-recurring costs (total of line 10)					\$0
	Other Expenditures (total of line 16)	\$7,660	\$7,660	\$7,660	\$7,660	\$30,640
	TOTAL INNOVATION BUDGET	\$3,222,237	\$3,222,237	\$3,222,237	\$3,222,237	\$12,888,948

Total Budget Context – Expenditures by Funding Source and Fiscal Year (FY):

BUDGET CONTEXT – EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)						
ADMINISTRATION:						
A.	Estimated total mental health expenditures <u>for administration</u> for the entire duration of this INN Project by FY & the following funding sources:	FY 21/22	FY 22/23	FY 23/24	FY 24/25	TOTAL
1.	Innovative MHSAs Funds	\$2,674,237	\$2,674,237	\$2,674,237	\$2,674,237	\$10,588,948
2.	Federal Financial Participation					
3.	1991 Realignment					
4.	Behavioral Health Subaccount					
5.	Other funding					
6.	Total Proposed Administration	\$2,674,237	\$2,674,237	\$2,674,237	\$2,674,237	\$10,588,948
EVALUATION:						
B.	Estimated total mental health expenditures <u>for EVALUATION</u> for the entire duration of this INN Project by FY & the following funding sources:	FY 21/22	FY 22/23	FY 23/24	FY 24/25	TOTAL
1.	Innovative MHSAs Funds	\$575,000	\$575,000	\$575,000	\$575,000	\$2,300,000
2.	Federal Financial Participation					
3.	1991 Realignment					
4.	Behavioral Health Subaccount					
5.	Other funding					
6.	Total Proposed Evaluation	\$575,000	\$575,000	\$575,000	\$575,000	\$2,300,000
TOTALS:						
C.	Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:	FY 21/22	FY 22/23	FY 23/24	FY 24/25	TOTAL
1.	Innovative MHSAs Funds*	\$3,249,949	\$3,249,949	\$3,249,949	\$3,249,949	\$12,888,948
2.	Federal Financial Participation					

3.	1991 Realignment					
4.	Behavioral Health Subaccount					
5.	Other funding**					
6.	Total Proposed Expenditures	\$3,249,949	\$3,249,949	\$3,249,949	\$3,249,949	\$12,888,948

* INN MHSA funds reflected in total of line C1 should equal the INN amount County is requesting

** If "other funding" is included, please explain within budget narrative.