

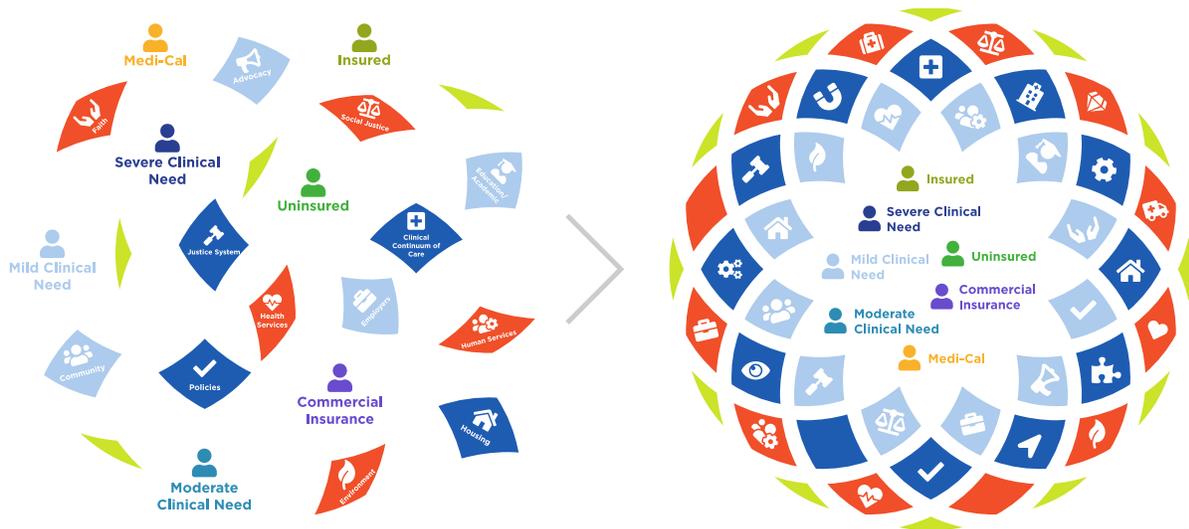


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Behavioral Health System Transformation Innovation Project

ANNUAL REPORT



October 01, 2020 – September 30, 2021
ORANGE COUNTY | BEHAVIORAL HEALTH SERVICES

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Executive Summary

In May 2019, the Mental Health Services Oversight and Accountability Commission (MHSOAC) approved the Behavioral Health System Transformation (BHST) Innovation Project. The goal of this project is to create an integrated public and private behavioral health system that is responsive, coordinated, and accessible to all Orange County (OC) residents, regardless of their insurance status, insurance type and/or level of clinical need. To achieve this end goal, transformational activities were categorized into two parallel yet interrelated areas: 1) aligning legal, fiscal and regulatory requirements (i.e., performance and value-based contracting) and 2) aligning local organizations in a unified navigation system (i.e., Digital Resource Navigator). Following MHSOAC approval, the project launched on October 15, 2019.

This document is the second BHST Annual Report, covering project activities from October 1, 2020 through September 30, 2021. The content was prepared by the BHST project partners, Mind OC and Chorus Innovations, Inc., to reflect the progress, lessons learned and next steps in their respective component of the project. Despite the ongoing challenges posed by the pandemic, project activities focused on continued stakeholder engagement meetings with consumers, family members, providers, and State agencies.

Project activities related to performance and value-based contracting included continued engagement with the Department of Health Care Services, the OC Health Care Agency (HCA) Behavioral Health Services (BHS), CalOptima, local private insurance plans and related organizations. The primary focus of these meetings was to explore potential rate structures, braiding strategies, provider requirements, and incentives, as well as consider legal, fiscal, and regulatory requirements. In addition, ongoing key informant interviews with the HCA Director, Public Health Plan Director, Private Plan, Network leaders and local key Providers and organizations were held to identify available funding streams and all applicable State and Federal rules/regulations. During this second year, there was significant progress in identifying public and private payers, contracting proposals to Private Commercial Health Plans, researching the public payer process, and determining how to integrate commercial payer process for successful braiding of funds. Other activities included participating in California Advancing and Innovating Medi-Cal (CalAIM) behavioral health workgroups and webinars, attending monthly policy calls with the Steinberg Institute and hosting a virtual event to introduce the concept of performance and value-based contracting to the community.

Significant progress was also achieved in the development of the OC Navigator, formerly referred to as the Digital Resource Navigator. Through participatory design, a total of 141 Orange County stakeholders participated in 67 workgroups and interviews to provide input on feature designs, usability of search functions and resource categories and their descriptions. Workgroup discussions also focused on identifying unmet needs within the various behavioral health programs to streamline resource navigation. In January 2021, the OC Navigator was piloted internally with the OC Links program, a behavioral health services line for information and referral to any of the HCA's BHS, including crisis services. Activities focused on organizing the OC Links resource list and identifying administrative features of the OC Navigator for provider use. In May 2021, the OC Navigator launched a live Bed Board App for the Crisis Stabilization Units located at the Be Well Campus to help provider staff identify available beds. As these administrative features were enhanced, community stakeholders continued to engage in ongoing workgroups to help curate resource guides and information for the general community. The beta version of the OC Navigator launched in September 2021, to begin testing the tool with a small group of

stakeholders. The achievements, timeline, lessons learned, and next steps are highlighted within this report for the OC Navigator and the associated OC Links and Bed Board applications that support Orange County's behavioral health system navigation.

As the second year of BHST comes to close, project activities and milestones remain on track with the initially proposed project timeline. In the upcoming year, it is anticipated that project activities related to performance and value-based contracting will focus on continuing to identify and document non-County contracted mental health and substance use services available to Orange County residents to better understand the scope and supply of services, as well as the current commercial sector payment and reimbursement requirements. With regard to the OC Navigator, activities will focus on continuous feedback and improvement cycles to improve features and functionalities, refine keywords, and identify subcategories that are helpful for users to navigate to needed services. Additional goals include increasing the breadth and count of resources and guides, translating the OC Navigator into the Orange County threshold languages, and expanding outreach to include additional representation from the LGBTQ+, veterans, and other stakeholder communities.

Project Background

Primary Problem

Orange County consumers, family members, and providers have identified several barriers to accessing needed behavioral health services, such as: public and private sectors operate in silos; insurance networks do not support person-centered access and service delivery, behavioral health system is too challenging to navigate; and available care is not delivered optimally.

One of the most significant underlying barriers to addressing these challenges involves the fragmented public and private behavioral health systems. As a result, people too often don't get the right care at the right time and face obstacles to knowing where to turn for care – such as identifying what is available to them – and figuring out how to pay for services that fall outside of their existing health plan, if they have one.

Project Description

The BHST project introduces a new practice or approach to the overall mental health system by seeking to identify the ways in which public and private funds can be braided to serve all Orange County residents, regardless of their insurance type or level of clinical need. The goal of this project is to create system level change that improves the quality of and access to services, which will require interagency and community collaboration, as well as extensive development and capacity building activities.

The BHST project proposes to work with State and local agencies, public and private health plans, and philanthropic and non-profit organizations to create a coordinated system that focuses on community defined values and performance metrics. To address system navigation barriers, Orange County proposes to partner with local agencies and organizations to consolidate and integrate their disparate directories into a single source. To the extent the above activities are successful, this project will:

- Develop and execute initial procurement and contracts designed to braid funds and include community-defined values and performance-based metrics (in addition to regulatory requirements).
- Provide technical assistance for local providers, as needed, to prepare them for new contracting and performance standards; and
- Deploy the digital resource directory and social determinants survey. Deployment will begin with a small-scale pilot and gradually expand in scope through later phases until it is available to all Orange County residents.

Formative Evaluation

Due to its focus on identifying methods to change processes and integrate policies across the public and private sectors, this project will utilize a formative evaluation. One of the key goals of a formative evaluation is to identify influences – both potential and real – on the progress and/or effectiveness of a project's implementation. Information is collected at all phases of execution and is used as part of a continuous feedback loop to improve the ultimate likelihood of successful project implementation.

Timeline

The MHSOAC approved the BHST Innovation Project on May 23, 2019 for a total of three years. The project started on October 15, 2019. In April 2021, Orange County requested and was approved to extend the timeline to the maximum allowable five years. The BHST project will end on October 14, 2024.

Performance and Value-Based Contracting

Orange County's report begins with this project summary and brief updates on milestone achievement during this period and associated progress and lessons learned, followed by next steps for the project, and a listing of the documents attached as appendices. After these sections, an overview is presented with detailed discussion of project activities.

This component of the Behavioral Health System Transformation Innovation involves the development of Performance / Value-Based Contracts. The project runs from October 2019 through June 2022. The Health Care Agency (HCA) has contracted with Mind OC to work collaboratively and with community stakeholders (e.g., consumers, family members, providers, etc.) to plan for strategies for value-based contracting and associated funding sources. The goal of shifting toward value-based contracting is to improve quality of and access to culturally responsive and inclusive behavioral health (mental health and substance abuse) services for all Orange County residents, regardless of insurance type.

Overall Project Activities

- ◆ Engage wide participation of stakeholders, community partners, providers and county staff to participate in planning activities and discussions
- ◆ Explore feasibility of braiding public, private and philanthropic/non-profit funds to create a universal reimbursement rate/structure
- ◆ Identify and operationalize community values and preferred, measurable performance standards
- ◆ Develop contracts incentivizing community defined and performance-based and regulatory standards
- ◆ Streamline reporting processes to comply with multiple sets of regulations and new performance outcome standards
- ◆ Prepare local providers for new performance standards and contracting through technical assistance
- ◆ Leverage existing partnerships and collaborations, in recognition that many activities are already underway in the community
- ◆ Share learnings made available through templates, contracts, RFPs, white papers and presentations
- ◆ Report out to stakeholders on learnings from State meetings and related initiatives that are relevant to the BHST work

Communication and Coordination

- ◆ **Community Planning:** Ongoing meetings with consumers & family members to identify community values and preferred performance standards
- ◆ **System Assessment & Capacity Building for Clinical & Financial Design:** Ongoing meetings with HCA Behavioral Health, CalOptima, local private insurance plans, and related organizations (providers, etc.) to identify potential desired clinical model(s) and explore potential rate structures, braiding strategies, provider requirements, and incentives, as well as legal, fiscal and regulatory requirements that support the clinical model(s)

Milestone Achievement and Associated Progress and Lessons Learned

<p>Identify available funding streams and all applicable State and Federal rules/regulations</p>	<p>Progress this period</p> <ul style="list-style-type: none"> • Ongoing literature review • Ongoing community engagement activities • Ongoing key informant interviews and discussions (HCA Director, Public Health Plan Director, Private Plan and Network leaders, CA BH County Leaders, WA & OR BH leaders, and local key Providers & organizations) • Ongoing analyses of funding sources & allocations of directly operated & contracted BH programs • Extensive work with commercial plans to identify contracting requirements <p>Lessons Learned</p> <ul style="list-style-type: none"> • Consistently identified Central Barriers or complications <ul style="list-style-type: none"> ○ SMH carve out & associated divide of Mild and SPMI services as well as SUD services ○ Cost based – Service units reimbursement without option for ‘bonus’ exceeding actual costs incurred ○ Differences across MH and SUD funding, contracting, reporting and other requirements for publicly funded services are similarly complex for commercial plans ○ MHSA funding complications ○ Overly complex/Overly simplistic BH measurements & no standard level of care system • Areas of Opportunity <ul style="list-style-type: none"> ○ Single COHS plan managing all M/C services ○ Collaborative potential of strong & aligned Leadership – HCA BHS, CalOptima, & Board of Supervisors ○ Relative simplicity of the Orange County health care delivery system ○ Lessons & Opportunities informed by related transformation efforts in CA and OC, such as CalAIM
<p>Explore the feasibility of a universal reimbursement rate/structure</p>	<p>Progress</p> <ul style="list-style-type: none"> • Ongoing activities closely linked with identification of available funding streams & applicable regulations, as above • Creating the conditions for success and proof of concept in first Wellness Campus • Ongoing intensive planning work for reimbursement & rate setting at first of Wellness Campuses • Meetings and community stakeholder driven work aligned with community movement and associated planning and development of drafts for a curated list of screening protocols, standardized intake form & protocol across care systems, and a universal data sharing agreement <p>Lessons Learned</p> <ul style="list-style-type: none"> • Overarching need for behavioral health (MH/SUD) and Physical Health integration

	<ul style="list-style-type: none"> • System Transformation comes down to relationships, collaboration, & culture change <ul style="list-style-type: none"> ○ All health care is local ○ Personalities matter, but so does structure ○ BH needs to be at the broader decision-making table ○ Need for organizational and structural clarity
<p>Meetings with DHCS legal, fiscal, and regulatory teams</p>	<p>Progress</p> <ul style="list-style-type: none"> • Continued engagement with DHCS by HCA and Mind OC leadership • Monthly Policy updates with The Steinberg Institute <p>Lessons Learned</p> <ul style="list-style-type: none"> • Implementation of CalAIM has shifted to 2022 • Progress in other counties and states provide learning opportunities, such as aligning with Finance & Contracting Departments in initial conversations, identification of Providers / Organizations partners for proof of concept testing strategy and resolving initial process issues, and identifying measures focused on continuum of care needs, e.g. ILOS, housing or other supportive/preventive services
<p>Develop methods to incentivize service delivery</p>	<p>Progress</p> <ul style="list-style-type: none"> • Copies of selected campus providers contracts obtained once confirmed • Review of current contracting practices to identify options for service incentives underway • Ongoing development predicated on ability to test out ideas • Ongoing identification of incentive delivery methods <p>Lessons Learned</p> <ul style="list-style-type: none"> • Existing county provider contracts do not allow for incentivizing services • Public and commercial health plans practice some provider and/or health plan incentives • Financial incentive at Provider and Office level obtains better results

<p>Streamline reporting processes</p>	<p>Progress</p> <ul style="list-style-type: none"> • Alignment on Standard Operating Metrics Reporting and cadence • Ongoing discussions tracking toward Clinical Outcomes Reporting • Public facing Dashboard developed, in use and under refinement <p>Lessons Learned</p> <ul style="list-style-type: none"> • Visibility of initial contracts are helpful in setting up first version reporting • Having the appropriate people at the table is essential to prevent process delays • Early conversations are needed to set up a true reporting mechanism starting on day one • Encountered reporting limitations as result of multiple record management systems that do not interface
<p>Explore strategies to braid fund across the public, private, and philanthropic /non-profit sectors</p>	<p>Progress</p> <ul style="list-style-type: none"> • Identified Public Payers and set of Private Payers to approach • Focus on contracting proposals to Private Payers (Commercial Health Plans) • Continue to research public payer process and how to integrate commercial payer process for successful braiding of funds • Contracted 1 of 7 identified commercial health plans for proof of concept at BW Campus <p>Lessons Learned</p> <ul style="list-style-type: none"> • Start the process early as commercial contracting process takes significant time, e.g., 9-15 months due to certification requirements • Identification of the appropriate contacts on both sides is key to progress and successful contracting and credentialing process • All parties must have goal alignment to progress

<p>Operationalize identified values and performance standards into measurable outcomes</p>	<p>Progress</p> <ul style="list-style-type: none"> • Community feedback on identified values messaging remains consistent • Ongoing development of provider identified values for dashboard reporting with campus providers • Ongoing Provider interest in reported metrics and future state metrics for consideration <p>Lessons Learned</p> <ul style="list-style-type: none"> • Policies, Culture Change and Accountability are needed to accomplish some of the community identified values • Providers and Community (clients) align on performance standards and values
<p>Provide technical assistance for local providers, as needed</p>	<p>Progress</p> <ul style="list-style-type: none"> • Continued work on identifying provider capacity in OC • As above, continue to identify local providers for targeted conversations • Continued engagement of Providers and development of identified and unknown TA needs <p>Lessons Learned</p> <ul style="list-style-type: none"> • TA is an ongoing process and should continue post implementation • Value-Based Payment contracting requires ongoing, routine meetings with provider and payer community to ensure continued buy-in, address challenges, and conduct quality improvement

<p>Host local planning to help identify community values and preferred performance standards</p>	<p>Progress</p> <ul style="list-style-type: none"> • Continued to host single-occurrence community and stakeholder events to introduce the BHST project & concept of VBP models • Audience matters - community and stakeholder events hosted by and for Peers and special populations to continue discussions around BHST and VBP • Client Relationship Management database implementation to support success of project goals related to community and provider engagement <p>Lessons Learned</p> <ul style="list-style-type: none"> • Community is focused on access to the right care when needed • Audience matters – relating to the audience in terms they understand, i.e., defining terminology and concepts as needed • Great work is happening in silos • Community desires replicating what works and fixing what does not • Both Community and Providers agree on fewer forms and more time for care and payment for care that matters to community • Need to define “quality” that is translatable for all audiences
<p>Progress updates to MHSOAC</p>	<p>Progress</p> <ul style="list-style-type: none"> • Submitting project report to OAC

Return for Implementation Dollars

Orange County will continue to explore returning to the OAC for approval of additional innovation funding to support implementation activities.

Update on Conversation with DHCS Regarding Medi-Cal / Billing Reform

Orange County is continuing to engage with DHCS regarding reforms for Medi-Cal and related billing and reimbursement through CalAIM planning activities and other channels.

Interim Update on Results of Consultation

A broad range of external consultants has been engaged to support the complexity and urgency of this project. Both professional and local community consultation was considered.

Next Steps

- A. Explore strategies to braid funds across the public, private and philanthropic/non-profit sectors
 - White papers, tool kits, and play books mentioned above will also cover these topics
 - Continuing proof of concept for measurement, data collection and sharing, and exploring value-based payment options for services. The Be Well Orange Campus began delivering services in January 2021 offering a significant opportunity for this work.
 - Continued engagement of private/commercial plans to contract for/cover services provided at Be Well Orange Campus
 - Advance discussions and thinking among key Orange County leaders about system models to support the goals of integration and value-based payments discussed above
- B. Develop methods to incentivize service delivery

- Orange County will further deepen work in this area, working with community partners to ensure consumers, peers, and family members are engaged and informed around BHST activities and goals
- C. Streamline reporting processes
 - As above
- D. Operationalize identified values and performance standards into measurable outcomes
 - As above
- E. Meetings with DHCS legal, fiscal, and regulatory teams
 - Orange County and Mind OC will arrange meetings with DHCS to discuss the strategies under discussion and ensure ongoing alignment with CalAIM and other initiatives
 - Orange County will also continue to align with other counties who are seeking to be at the “vanguard” of CalAIM and other system transformation efforts
- F. Develop and execute initial procurement and contracts
 - As above
- G. Provide technical assistance for local providers, as needed
 - A robust work plan is under development, beginning with a provider assessment to determine readiness and specific technical assistance needs
 - Technical assistance will be focused on capacity building for county staff and functions as well as contracted providers
- H. Host local planning to help identify community values and preferred performance standards
 - Orange County will further deepen work in this area, working with community partners to ensure consumers, peers, and family members are engaged and informed around BHST activities and goals
- I. Progress updates to MHSOAC
 - Orange County welcomes the opportunity to share updates to the OAC

Documents Attached as Appendices

- I. Specified Milestones Identified in Project Plan
- II. Steinberg Institute Agenda and Discussion Items

Overview

BHST was approved by the OAC in May 2019, for a three-year term. The innovation project officially launched on October 15, 2019, when the Orange County Board of Supervisors began an agreement with Mind OC. The Health Care Agency (HCA) has contracted with Mind OC to work collaboratively and with community stakeholders to plan for strategies for value-based contracting. Mind OC is a 501(c)3 non-profit organization created to facilitate Be Well OC, a movement driven by a coalition of over one hundred public/private/faith based/academic institutions united to build a system of Mental Health and SUD Care for all residents of Orange County regardless of payor source.¹

Timeline

While the timeline submitted to the OAC envisioned a project start in July 2019 (the third quarter of the 2019 calendar year), the actual start date was not until October 15, 2019. Appendix I includes an updated table of “Specified Milestones Identified in Project Plan,” revised to reflect the start date and to indicated

¹ See <https://bewelloc.org/> for additional information on Be Well OC.

months rather than quarters. The table below is reflective of the current reporting period and expected milestones.

It is important to note that project activities during this period continued to be affected by the COVID-19 public health emergency. Significant time has been dedicated to adapting to this new reality.

Oct '20 – Mar '21

- Identify available funding streams and all applicable State and Federal rules/regulations
- Explore the feasibility of a universal reimbursement rate/structure

Oct '20 – Sep '21

- Meetings with DHCS legal, fiscal, and regulatory teams

Jan '21 - Sep '21

- Develop methods to incentivize service delivery
- Streamline reporting processes

Apr '21 - Sep '21

- Explore strategies to braid funds across the public, private and philanthropic/non-profit sectors
- Operationalize identified values and performance standards into measurable outcomes
- Provide technical assistance for local providers, as needed

Jul '21 - Sep '21

- Host local planning to help identify community values and preferred performance standards
- Progress updates to MHSOAC

Role of Mind OC

With Mind OC, Orange County is working with consumers, peers, family members and other community members, along with State and local agencies, public and private health plans, and philanthropic and non-profit organizations to create a coordinated system of care that bridges the public and private sectors to improve quality of and access to services. Mind OC’s activities, on behalf of Orange County and in service to this innovation project, include:

Upon execution of the agreement with Orange County, in October 2019 Mind OC established and staffed a project office of highly qualified staff and subcontractors. Core staff assigned to the project include:

Title	FTE	Description of Role
Director of Operations	1.0	Planning the building of proof of concept of BHST
Director of System of Care – vacant eff. 12/1/20	1.0	Planning the communications and data sharing mechanism of BHST as well as planning and executing the community engagement strategy.
Director of QI and Network Development	1.0	Providing overall project management and related activities of BHST
Assistant Project Manager	0.5	Providing project management support
Senior Executive Assistant	0.75	Providing support for projects, including scheduling and other logistics and materials preparation

Identify available funding streams and all applicable State and Federal rules/regulations

Progress

As part of the initial work toward System Assessment & Capacity Building for Clinical & Financial Design, a series of key informant (KI) interviews were conducted with subject matter experts around California and nationally. Previous interviews included the current and former HCA Behavioral Health Director, CEO at CalOptima, as well as discussions with California health and behavioral health leaders across six counties and one large statewide foundation, and leaders in Washington and Oregon. Interviews continued this period with local key Provider Organizations and Providers to establish baseline knowledge of the those currently operating in Orange County. Additional focus explored how related systems across California and the country are approaching transformation efforts and how those experiences can inform the work in Orange County.

In the first annual OAC report a summary of findings was attached that captured key information shared during the initial interviews and subsequent interviews further reinforced those initial findings. The interview findings are very much a component of the beginning of the work of BHST-1, and the information helped to support and guide activities and additional avenues of enquiry for the current and upcoming period.

Work toward identifying available funding streams and applicable State and Federal rules/regulations continues to be closely linked to planning work for California Advancing and Innovating Medi-Cal (CalAIM). CalAIM is a multi-year initiative by DHCS to improve the quality of life and health outcomes of the population by implementing broad delivery system, program, and payment reform across the Medi-Cal program. Orange County continues to be a very active participant in the planning for CalAIM.

In addition to these activities, Orange County is working with Mind OC to analyze the funding sources and allocations across directly operated and contracted behavioral health programs and services.

Lessons Learned

Early lessons learned related to available funding streams and State and Federal rules/regulations highlight the need to broaden the scope of inquiry to address the need for specialty behavioral health to be clinically, administratively, and financially structured to support physical health just as primary care and other physical health services need to be structured to support behavioral health. Several factors were consistently identified as central barriers or complications:



The specialty behavioral health carve out managed by the counties and the mild-to-moderate behavioral health/physical health benefit administered by (generally) Medi-Cal health plans



Cost based reimbursement centered on units of services delivered, and the current inability to pay any sort of “bonus” that exceeds actual costs incurred



MHSA funding is unique to California, adding an additional complicating factor, especially in light of how deeply intertwined these funds have become with Medi-Cal services



Measurement efforts regarding behavioral health service outcomes tend to be overly complex (e.g., DLA-20) or overly simplistic (e.g., follow-up after emergency department visit or hospitalization for mental illness) and there is no standard level of care measure that is used consistently in CA

These barriers and complications are not new, and continually revealed to be inextricably linked to efforts to identify available funding streams and State and Federal rules/regulations.

Several areas of opportunity for Orange County's BHST work also emerged through the course of this work:



CalOptima, created by the Orange County Board of Supervisors in 1993 as a County Organized Health System (COHS), manages Medi-Cal services for the entire county, and only for Orange County. Compared to many other areas in California with more complex health plan arrangements (e.g., the COHS spans multiple counties and associated Boards of Supervisors, the county is served by multiple Medi-Cal managed care plans, etc.), moving toward a more aligned, payer agnostic system of care can be a more focused partnership between the County and Cal-Optima



The collaborative potential of strong and aligned leadership at Orange County's Health Care Agency, Behavioral Health Services, CalOptima, and Mind OC was regularly noted, as was the strong potential embodied in the broader Be Well movement and a supportive Board of Supervisors



KIs highlighted the **relative simplicity** of the Orange County health care delivery system, in comparison to other counties, regions, and states, with Orange County services being largely limited to behavioral health, with exceedingly limited directly provided physical health care services (as opposed to having a county operated FQHC or hospital)



Related transformation efforts offer many lessons and opportunities from the activities that have already been undertaken in California and Orange County, to say nothing of across the nation, and the coming transformation envisioned in CalAIM. Several of these past initiatives, such as Whole Person Care, Drug Medi-Cal Organized Delivery System, and Health Homes

Explore the feasibility of a universal reimbursement rate/structure

Progress

Exploration of feasibility and approaches for reimbursement rates and structures continues in conjunction with the work identifying available funding streams and applicable regulations. Based on the information gathered from key informant interviews and other activities, in July 2020 Orange County began intensive planning work regarding the reimbursement and rate setting opportunities at the first of the Wellness Hubs envisioned in Be Well Result 5. This work continues and has intensified during this period.

Establishing relationships and agreements with commercial plans requires exceptionally specialized subject matter expertise, as does forming the foundation for a culturally responsive and inclusive provider network. With assistance of subject matter experts, work continues researching universal reimbursement rates/structure that encourages equal access to services regardless of insurance status, insurance type or

level of clinical need. As process and negotiations with health plans runs its course, which could typically span 9-15 months, new information will be available to better understand options and opportunities.

Lessons Learned

Early lessons learned continued to hold true related to feasibility and approaches for reimbursement rates and structures also align with many of the lessons regarding funding streams and regulations. Again, a central lesson was the reiteration of an overarching need for **integration** so that specialty behavioral health services are clinically, administratively, and financially structured to support behavioral and physical health just as primary care and other physical health services need to be structured to support physical and behavioral health. Research and experience are demonstrating that system transformation ultimately comes down to **relationships, collaboration, and culture change**:

- **All health care is local:** County relationship with MCO(s) must be considered, such as levels of openness and trust between these entities, as does communication among all health care stakeholders including the private side
- **Personalities matter, but so does structure:** Transformation can be driven by key change agents but will require structured organizational relationships for sustainability
- **Behavioral health needs to be at the table** with the state and regulators, with knowledge of the issues, ideas for thinking them through, and commitment to engagement.
- **Focus on clarity**, by addressing organizational and structural changes, creating more nimble alignment, and better role clarity and accountability across the system, establishing a clear understanding of who is doing what and aiming for better efficiency

Meetings with DHCS legal, fiscal, and regulatory teams

Progress

Representing the Health Care Agency, Orange County, Behavioral Health Services leadership, in communication with Mind OC leadership, has actively participated in meetings and engaged in specific work groups with DHCS over the course of and during this period of the project.

Mind OC staff has attended the following Regulatory Focused CalAIM webinars:

- CalAIM Budget & Workforce Summit 1/26/21
- CalAIM 2021 Proposal Overview 1/28/21
- CalAIM Data Exchange Roadmap Webinar 2/26/21
- CalAIM ECM & ILOS Final Requirements 6/8/21
- State of Reform Federal Health Policy Conference (4/7- 4/8)

In addition to these meetings, we continue monthly policy calls with The Steinberg Institute, which began in July 2020. The meeting attendees include members from Mind OC, Health Care Agency, and The Steinberg Institute. The focus of our agenda covers State budget priorities, regulatory updates, changes, and any foreseeable obstacles that could impact this project, along with continued monitoring on the status of CalAIM. See Appendix I Steinberg Institute Agenda and Discussion Items.

Develop methods to incentivize service delivery

Progress

Recognizing that data are central to value-based contracting and achieving related strategic and programmatic goals, Mind OC continues to explore requirements of establishing data governance to improve operational efficiency, manage a broad set of data across the network, and drive value for stakeholders and residents of Orange County. An initial assessment of data governance, including the legal and policy framework needed to protect the privacy and security of confidential information was conducted and ongoing development of key factors involved continues.

In addition to the assessment of data governance needs, an assessment of existing contract templates to determine future-state needs was conducted. The research process began with obtaining copies of the campus provider contracts, conducting an initial assessment and comparison of service delivery incentive options, and ongoing exploration of opportunities.

Lessons Learned

There is much to be learned about the opportunities available to incentivize service delivery, including the need to understand funding requirements and limitations, incorporating government and corporate policy requirements based on funding sources. Learnings so far include the realization that existing county provider contracts do not allow for incentivizing services. Public and Commercial health plans practice some forms of provider incentive practices which we will continue to explore. Additional conversations and exploration with Health Plans, Providers and Provider Office Staff is warranted to understand why programs utilizing pay for performance measures have greater success when information detailing the measure and the goals are reinforced and payment or status trickles down to the provider and provider office level. Further exploration on this topic is required and in progress.

Streamline reporting process

Progress

Mind OC continues research of established and emerging approaches to streamline reporting processes so that participating agencies can comply with multiple sets of regulations and new performance outcome standards more easily. The goal is to support provider clinical and billing documentation for commercially insured clients, with as much streamlining as possible. Establishing relationships and agreements with commercial plans requires exceptionally specialized subject matter expertise. In addition to the commercial plans, alignment with public reporting processes and options for alignment on Standard Operating Metrics and cadence continues to progress. With development of an initial public facing dashboard that captures the standard operations being provided by the campus providers, the opportunity for improvement and refinement of reporting is taking place. Tracking toward clinical outcomes reporting and a more streamlined reporting approach will help to set the infrastructure for best practices by or before implementation of CalAIM.

Lessons Learned

To build long-term success, Orange County needs to establish strong and effective data governance to promote the ownership, accessibility, security, quality, and knowledge of data in support of people, processes, and technology. To achieve the final goal of streamlined reporting processes, six foundations

are essential: Executive Leadership Commitment to the Vision – visible top-down support and promotion of initiatives; Specific Motivation – VBP, Grants, Incentives; IT & Data Infrastructure – Tools, Data Quality, Common Measures, Data Sharing Mechanism; Trust – Data Security and Privacy, apples-to-apples reporting, Transparent reporting; a Coordinated Workflow – team based care, Data access, User friendly tools and workflow; and Outreach & Engagement- Person-centered care, coordinated messages and touchpoints, Platform agnostic data points.

Explore strategies to braid funds across the public, private and philanthropic/non-profit sectors

Progress

BHST planning involves a proof of concept in Orange County’s first Wellness Campus, a facility developed through a public-private partnership and designed to provide co-located behavioral health services available to all residents of Orange County, regardless of payer. Preparations for the opening of this facility prompted intensive planning work around reimbursement and rate setting for public and private payers. With the County’s selection of providers for the campus in late 2020, work began in earnest to establish provider capacity for commercial plan contracting. This work continued during the phased opening of seven different campus programs during the first half of 2021, and into the third quarter as commercial plan negotiations took shape and transitioned into ongoing contracting negotiations. As the process unfolds, it will give this team the opportunity to continue to research the public payer process and how best to integrate commercial payer process for successful braiding of funds. Having received confirmation of the first commercial plan contract for the campus, this discovery can unfold as we attempt to secure a successful process that will allow for billing and payments on both sides.

Lessons Learned

Establishing relationships and agreements with commercial plans requires exceptionally specialized subject matter expertise and takes a significant amount of time, as does forming the foundation for a culturally responsive and inclusive provider network. Starting the process early, identifying the appropriate contacts on both sides, and understanding of the template contracting and credentialing process helps move the work along. Enlisting subject matter expertise to advance the research on universal reimbursement rates/structure that encourages equal access to services, despite payer, and research of service provider qualifications and certifications, cultural background and training, etc. that would form the foundation for a culturally responsive and inclusive provider network that can be certified for private, as well as public service and funding is recommended for any county hoping to replicate this process, unless they have a large team of multiple departments to move through and keep focus on the variety of steps and moving those steps along at different paces by health plan that this process requires. Considerable work remains on this topic.

Operationalize identified values and performance standards into measurable outcomes

Progress

Community feedback on identified values messaging remains consistent – behavioral health care should be no different than primary health care, both processes to obtain and maintain quality care. Ongoing development of provider identified values for dashboard reporting with campus providers is allowing for

progress. Bimonthly discussions to understand process and metrics that best reflect the services and measurement that demonstrate success is advancing this work. Presentations of the Be Well Campus Dashboard is eliciting questions and feedback on the success of the service blend at the campus, how to best demonstrate that story, and how to support measuring apples to apples and clear depiction of improvement resulting from the campus services and continuum of care.

In addition to the provider metrics and dashboard work, Mind OC continues to work with identified subject matter experts to support and contribute to development of an eventual stakeholder driven blueprint which will include community-defined values and performance-based metrics and will be finalized at the end of the BHST project by Mind OC, drawing on the information from overall project activities. To advance this piece, a needs assessment for data sharing and governance to support a value-based model for behavioral health in Orange County was conducted. A Draft Data Governance Framework to support initial rollout of campus-based behavioral health proof of concept critical building blocks and Roadmap of scope and budget needs for data sharing and governance supported will be developed. This will incorporate observations from the proof-of-concept roll-out at the Be Well Campus.

Lessons Learned

Policies, Culture Change, and Accountability are necessary to accomplish some of the community identified values. Some of those values do not translate into the work of the campus services, but rather the services that exist prior and post campus level services. Providers and Community (clients) align on performance standards and values but measuring and presenting that in a way that speaks to both audiences requires additional finesse.

Provide technical assistance for local providers, as needed

Progress

To develop and understand the local provider's needs, Mind OC first had to understand the provider landscape in OC. During this report period, work began on identifying provider capacity in OC, identifying local providers for target conversations, and continued engagement of providers to further develop identified and unknown technical assistance needs. Below is a more descriptive process of each of these activities, noting this work continues.

Be Well Campus Providers

Utilizing the opportunity of a proof of concept in Orange County's first Wellness Campus, a facility developed through a public-private partnership and designed to provide co-located behavioral health services available to all residents of Orange County, regardless of payer, Mind OC began VBP conversations with the two contracted Campus service providers. The conversations were an introduction to VBP models, and participation in monthly, routine discussions to identify metrics that aligned with community and provider values. In an effort to start as early as possible, the discussions were scheduled in tandem with the phased opening of the campus. The initial provider contracts were executed in traditional format and the scheduled discussions are being utilized to understand technical logistics of two very different yet similar services co-located at the campus where the potential exists for clients to move from one program to another within the campus or outside of the campus as a model of behavioral health continuum of care. Through these ongoing discussions, we can achieve better understanding of the provider needs for technical assistance while simultaneously building a better representation of client

outcomes to include in performance standards outlined by the provider community in alignment with the client community.

Orange County Behavioral Health (Mental Health and Substance Use) Providers

On the broader topic of provider capacity, there is currently limited publicly available information regarding the universe of mental health and substance abuse services providers in Orange County, particularly those serving commercially insured residents. As part of the BHST community engagement to get feedback from consumers, family members, providers, and residents, more generally, regarding what outcomes should be prioritized in the development of value-based contracting, it is important to identify and connect with non-county contracted providers to ensure their perspectives are represented in the feedback that will be considered in developing the value-based contracting plan. Additionally, it is important to understand their capacity and training needs for moving toward value-based contracting.

To address this situation, Mind OC began work with highly qualified faculty from California State University, Fullerton to assist with: Researching service provider qualifications and certifications, cultural background and training, etc. that would form the foundation for a culturally responsive and inclusive provider network; conducting an environmental scan and development of a mapping project to identify and document non-county contracted mental health and substance use services available to Orange County residents. The information gathered will serve both the performance and value-based contracting and DRN components of the BHST project. For performance and value-based contracting, the information will be used to better understand the scope and supply of services available in Orange County, as well as the current commercial sector payment and reimbursement requirements. For the DRN, the information will be used to populate the digital resource navigator with private sector mental health and substance use services.

Substance Use Service Providers

As part of the BHST 1 project, we would be remiss not to focus on technical assistance for Substance Use Service providers, who have additional regulations and considerations. To address this, Mind OC has enlisted support from a Board Certified (Addiction Medicine) physician for overall project planning and guidance, as well as provider training and technical assistance; Liaison to commercial plans and possesses current knowledge on Federal SUD policy and regulations related to reimbursement, SUD service delivery, and other areas. Serving as an essential partner, he continues to build connections and drives critical exploration around Substance Use Services and the Provider community in the work at the Be Well Campus. He has been an instrumental asset in advising how to approach best practices and standard of care that considers the client's transition of care prior to entering the Be Well Campus, and at discharge from the campus (e.g., Provider role example: educating OC Courts on MAT and referring to treatment in the community).

Lessons Learned

Learnings so far include the fact that technical assistance is an ongoing process and should continue post implementation. Value-Based Payment contracting requires ongoing, routine meetings with providers and payers, meetings to ensure continued understanding of contract requirements, provider progress, and questions related to newly implemented measures or contract terms. Providers and clients can be a great resource to each other and often align in values.

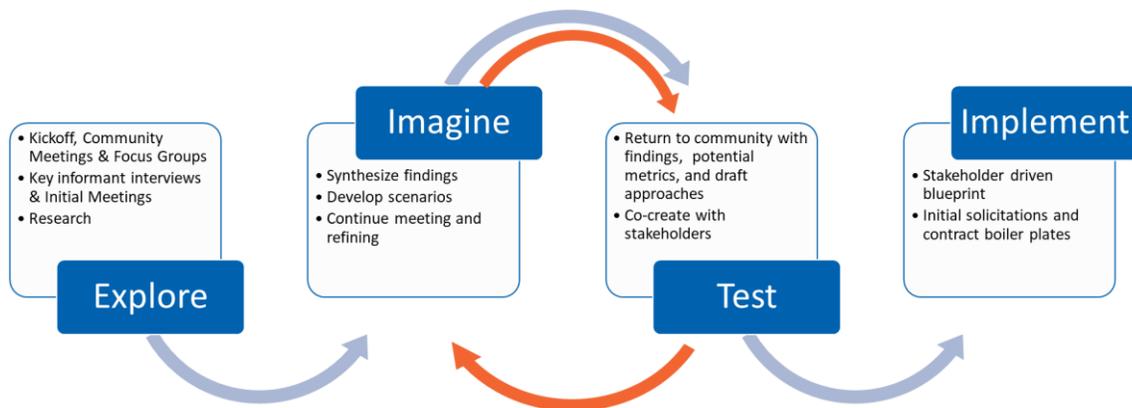
Host local planning to help identify community values and preferred performance standards

A Learning Community model was chosen for implementation of the community and stakeholder engagement process, using a modified human centered design approach. This model allows for a continuous feedback loop for gathering information and reflecting how discussions influence strategies, programs, services, and policy. Additional engagement would include key informant interviews and focus groups with identified partners, champions, and ambassadors. The goal of the engagement model was to provide a forum for discussion and feedback on building assets and resources that can help meet the needs of Orange County residents.

Original plans were to conduct in-person sessions for all meetings to allow for community participation, synthesize the information, and conduct follow up sessions to share back what was heard. Two in-person sessions (VBP Kick-Off meetings, February 2020) were held before the project required a shift from in-person to virtual meetings due to the public health pandemic.

One of the fundamental elements of this project is the role of Orange County residents and the provider community. To begin to develop a Value-Based Provider Contract to work by, stakeholders must first understand what the current system and definition of “value” is and then work with that knowledge to define expectation for “value”. The shift to virtual sessions has provided the ongoing opportunity for community input on values and preferred performance standards, recognized in a community shift from lack of knowledge about a VBP contract to conversations that are beginning to inform and share examples of what that should look like.

The graphic below depicts the vital role of community engagement in the imagining and testing phases, with continual feedback and refinement to ensure that what is ultimately implemented supports community values and preferred performance standards.



Progress

BHST VBP Kickoff meetings, continued

On November 5, 2020, a virtual event was assembled to meet by zoom from 4 – 5:50 pm for The Cambodian Family (TCF) center, which is a community-based organization that provides primary and supportive physical, social, and behavioral health services to a multiethnic but predominantly Cambodian community. A general introduction of the concept of Value Based Payment (VBP) models and the

Behavioral Health System Transformation project, overall goals, and core concepts of Performance/Value Based payments and contracting was provided to the community. Tabletop discussions were used to further engage the community, allow for discussion and socialization of the concepts presented. Since the inception of Be Well, this group has been interested and participatory in the movement. A majority of the group deals with language barriers, primary language being Kmer, and hoped to honor that by scheduling the meeting during the evening to allow for maximum participation, securing staff from TCF to facilitate the meeting in Kmer, while Mind OC and non-Kmer speaking participants joined as the participants who were translated to in English, essentially reverse engineering the participation table. Nearly 40 participants attended over zoom, the presentation prepared in advance to allow for the live interpreters facilitating the conversation. The community expressed appreciation for the ability to be heard and relevant in the healthcare discussion and continue to participate in meetings and large events we host over zoom. The executive director had this to share: “Thank you so much for hosting this focus group which shows how inclusive Mind OC is regardless of our population size in OC. I was so touched by what I have heard from the community. I have learned so much from the elders in particular regarding their struggles in accessing health and mental health services. However, I feel so much better knowing that Mind OC will continue to include all underserved communities in the progress. Thank you so much for all you have done and creating this space for ethnic communities to share!” The event was a success, and we continue to engage this and other ethnic communities in OC.

Be Well OC Quarterly Coalition Meetings 2020-2021

The Be Well Orange County movement convenes virtually for its quarterly coalition meetings in March, June, September, and December. The meetings are held from 1:30 to 2:30 p.m. via Zoom. The number of participants typically range from 175 – 360, with an average of 200 per meeting. The meetings are facilitated by Mind OC, with leadership from HCA and CalOptima typically leading the opening remarks and updates (Dr. Jeff Nagel, Dr. Clayton Chau, Richard Sanchez, Richard Afable, Marshall Moncrief and Dr. Karen Linkins).

Work that is cross-cutting with the Behavioral Health System Transformation Innovation Project is highlighted during these meetings. Opportunities for the public to inquire and comment on any of this work is open to all participants. For questions that are not answered during the session, we provide an FAQ’s sheet on the Be Well website, in addition to meetings materials and a recorded presentation. In addition, the Be Well website features information about the BHST project for the community to stay involved.

Peer Led Learning community

Engagement sessions with a small group of Peers began in June 2020. The conversations are part of ongoing efforts to establish and support more meaningful connections and inclusion of the Peer community in behavioral health work in Orange County. Due to the value of their lived experience and unique perspectives of the behavioral health system, Mind OC contracted with two local Peer leaders, Peer Voices of Orange County, to engage directly with other peers in the community, achieving true community engagement. Drawing on lived experience and community expertise, these leaders were responsible for participation in development of a community meeting evaluation survey and planning and leading three community meetings with peers and consumers focused on identifying community values and preferred performance standards for behavioral health services and building capacity for peer

engagement. In addition to the meetings, they were asked to provide and weigh in on final meeting summaries to ensure use and documentation of peer voice and perspective.

Planning for engagement activities that target broader inclusion of the Peer community for stakeholder feedback and learnings has been ongoing. Peer engagement activities led by Peers, to include the general community in focus groups began in Spring 2021. The first meeting of the series of three community engagement sessions took place Saturday, February 20, 1-3:30pm, for Peers and Consumers. Following meetings in the series included Saturday, March 13, 1-3:30pm for Family Members, concluding with a Provider Engagement Meeting on April 21, 6-8:30 pm. The entire series was facilitated by the PVOC with 1-2 representatives from Mind OC in attendance to answer questions and provide support.

Be Well OC Result Area #3

Recurring monthly meetings originally established in October 2019, including over 55 stakeholders and organizations with an interest in “Closing Treatment Gaps and Improving Access to Care”. Three priority activities that this group identified to work on during 2020 were focused on identifying screening tools and protocols, creating a standardized intake form and protocol, and creating and piloting a universal data-sharing agreement. Once the activities were shared by this group, the clear alignment with BHST work emerged as an opportunity to test each of the concepts in combination with a subset of providers or organizations that can carry out the work and potential for demonstrating proof of concept.

YoPros

The Young Professionals (YoPros) group is a group of young adults interested in the future of Orange County’s behavioral health and healthcare system. The YoPros, facilitated by Mind OC Assistant Project Manager and YoPro, continue to meet monthly to identify key priorities they would like to address in Orange County, providing a voice and support system for behavioral health for the youth and young professionals community.

Be Well OC Campus Family/Stakeholder focus groups

A small focus group was established for the Be Well North Campus, meeting on March 2 in person and September 9 over zoom. The group continued to meet for a monthly discussion, the agenda focused on creating an environment at North Campus that best supports healing and recovery for those seeking care at the Campus. Along with the physical environment, experience of care, services to be provided, and setting the conditions to embrace a shift in provider contracting that elicits a value-based payment approach were topics for ongoing discussion. Feedback elicited from this group was taken into consideration in the build of North Campus and can be seen throughout the campus, which officially opened on January 13, 2021.

Lessons Learned

What was reinforced as a learning from the second phase of this project is that learnings from the community engagement process in our first phase align with what we are hearing from the Provider community – that all parties are interested in an experience in behavioral health care that models the same service level they would receive, or provide, for medical care. As we continue to engage with more providers, we are learning that they are invested in the patient experience and want to understand how to continue to meet their health plan and regulatory demands, while still providing exceptional quality experience to their patients. Recognizing we have additional exploration work with the community, both

provider and consumer level, we look forward to bringing more tangible evidence and get closer to developing metrics that meet the community and county needs. In addition, we are happy to provide a presentation of our initial findings (and this report) to the OAC at your request.

Progress updates to MHSOAC

Orange County is please to submit this second project report to the OAC and is eager to share additional updates.

System Navigation

The OC Navigator is a website designed to help Orange County (OC) residents find and connect with behavioral and other social health services--across both public and private settings--to address needs. For individuals who are unsure of their needs or how to start a search, they can answer a brief questionnaire on their social determinants of health to help identify local services that may be helpful to them. This project was formerly referred to as the Behavioral Health System Transformation Project--OC Digital Resource Navigator. Based on conversations and branding activities with community partners and OC leadership, it has been renamed the OC Navigator.

Two specific areas related to Orange County system navigation and the OC Navigator are also included in this report: (1) the OC Links App and (2) the Crisis Stabilization Unit (CSU) Live Bed Board App.

OC Links App

The OC Links app facilitates core work functions for staff to manage, triage incoming calls and chats, and connect OC residents to appropriate behavioral health and social services. Staff began use of the app in February 2021, and it continues to undergo iterative improvements. Other notable updates include:

- An expansion for Adult and Child Crisis Assessment Team (CAT) clinicians that enabled case management while conducting remote field work. The (CAT) Dispatch App launched in May 2021.
- A feature to display the daily schedule of CAT clinician to help improve case triage and assignment between OC Links and CAT teams.
- Features to support the coordination of referrals and communication between OC Links and the Outreach & Engagement team, who provide support to persons experiencing mental illness and homelessness.
- A dashboard to display total counts of calls, crisis calls, and housing-related calls.

CSU Live Bed Board App

The CSU Live Bed Board App is designed to coordinate client intake and manage bed occupancy between four Crisis Stabilization Units (CSUs) in Orange County. The app was first implemented at the OC Health Care Agency CSU on May 5th, 2021 and has expanded to all remaining CSUs: College Hospital (Adult), Exodus Be Well (Adult), and Exodus Be Well (Adolescent).

A publicly accessible version of the Live Bed Board app was created to increase transparency of crisis bed availability in Orange County and help law enforcement determine where to take a potential client. This version does not display any client data; only counts of open beds, taken beds, and cases under review.

Identify Stakeholders to Include in Local Planning Meetings

Progress

OC Navigator App

Participatory engagement is a cornerstone of the OC Navigator. It ensures that project activities reflect our participatory program planning principles--transparency, respect, power sharing, co-leadership, and two-way knowledge exchange--and reflects the priorities and needs of diverse agencies, providers, administrators, families, and patients and consumer stakeholders. Numerous activities were designed to engage stakeholders and garner input to inform the features and functionality of the OC Navigator.

Thus far, the OC Navigator has successfully connected with 141 unique individuals from 36 organizations in 67 workgroups and interviews. Members of the following organizations are actively involved in the co-development of the OC Navigator:

- | | |
|--|---|
| 1. Abrazar | 19. NAMI California |
| 2. Boat People SOS | 20. NAMI OC |
| 3. CalOptima | 21. OC ACCEPT |
| 4. The Cambodian Family | 22. OCHCA Veteran Health Services |
| 5. City of Irvine Police Department | 23. OC Crisis Assessment Team |
| 6. Coalition of OC Community Health Centers | 24. OC Links |
| 7. Community Action Partnership of OC | 25. OC MECCA |
| 8. Council on Aging Southern California | 26. OC Outreach & Engagement |
| 9. Family Support Network of OC | 27. OC Social Services Agency |
| 10. First 5 | 28. OMID Multicultural Institute of Development |
| 11. Human Options | 29. Pathways of Hope OC |
| 12. Irvine Police Department | 30. Roman Catholic Diocese of OC |
| 13. Korean American Special Education Center | 31. St. Joseph Hospital |
| 14. Mental Health America | 32. St. Norbert Church |
| 15. Mental Health Association of OC | 33. UCI Will Body |
| 16. MHSA Prevention & Early Intervention | 34. Viet C.A.R.E. |
| 17. MindOC | 35. Wellness Center Central |
| 18. Minnie Street Family Resource Center | 36. Wellness Center West |

The project conducted a series of 25 workgroups with stakeholders between June 26th, 2020 and September 30th, 2021. The workgroups are a venue for stakeholders in Orange County to come together to have a conversation on topics (e.g., resource navigation, social determinants of health, data privacy) that inform the development of the OC Navigator. Each workgroup session was designed to garner input from (1) program administrators and providers, (2) consumers and family members, or (3) a mix of both. Each session was 60-90 minutes in length and conducted via Zoom. Table 1 below describes attendance and summarizes each workgroup in the reporting period. Information presented in the prior annual report is omitted from this table.

For stakeholders who were unable to attend the workgroups, project staff conducted one-on-one interviews (30-45 minutes in length) over the phone or Zoom that covered topics mentioned above. A total of 16 unique individuals have participated in 27 interviews. The key learnings from workgroups and stakeholder interviews are combined and presented in the section below (Section 2. Outline Scope of Directory).

Table 1. Participant Count and Workgroup Summary

Date	Attendee	Agenda	Summary
October 2, 2020	Provider/ Professional: 0 Consumer/ Family: 14	<ul style="list-style-type: none"> To family members and service consumers, who or what do they turn to 	Consumers and family members find helpers formally and informally. Some trust agencies and major programs because of the formality they lend, while others look for

	OC MHSA INN: 1 Project Team: 8 Total: 23	when they have behavioral or mental health needs?	human connection in informal ways. Text-heavy sites with many drop-down menus are intimidating to navigate for consumers and family members.
October 7, 2020	Provider/ Professional: 4 Consumer/Family: 1 OC MHSA INN: 2 Project Team: 7 Total: 14	<ul style="list-style-type: none"> Explore user experience and user interface for certain OC Navigator pages 	<p>Stakeholders provided feedback and ideas to improve the interface of the Homepage and Navigator website, such as scrolling functions, descriptions of options in the Navigator, and colors.</p> <p>Stakeholders preferred soothing colors, friendly visuals, and an intuitive interface. Providers value any function or feature that can help them be more efficient in helping their clients.</p>
October 9, 2020	Provider/ Professional: 0 Consumer/ Family: 6 OC MHSA INN: 1 Project Team: 7 Total: 14	<ul style="list-style-type: none"> Review current website designs and co-design with stakeholders 	<p>Stakeholders were shown different versions of certain features, voted on the options they preferred, and shared how they thought they could be improved. Stakeholders provided ideas on how to frame the needs assessment and what to call it on the OC Navigator website. This consumer group was very willing to share the strengths and limitations of their communities when it came to accessing technology.</p>
October 16, 2020	Provider/ Professional: 3 Consumer/ Family: 5 OC MHSA INN: 1 Project Team: 7 Total: 16	<ul style="list-style-type: none"> Explore the idea of personal resource lists and how they might be shared or created. 	<p>Stakeholders discussed whether they would like to have curated resource lists and how they would share lists with others. Stakeholders described the sort of notes they would include for each resource, such as follow up information and their personal opinions about the resource.</p>
November 16, 2020	Provider/ Professional: 8 Consumer/ Family: 0 OC MHSA INN: 1 CHORUS: 6 Total: 15	<ul style="list-style-type: none"> Website Design & Preview Resource Search 	<p>Health navigators from The Cambodian Family provided feedback on the website design and resource results page, with special attention on components that would make it easier for non-English speakers to use the app. Stakeholders also brainstormed additional resource categories.</p>
November 18, 2020	Provider/ Professional: 9 Consumer/ Family: 0	<ul style="list-style-type: none"> Client Intake Process Linking to Resources 	<p>Staff from Wellness Center West described their intake process and their clients' top needs.</p>

	OC MHSA INN: 1 CHORUS: 5 Total: 15	<ul style="list-style-type: none"> • Top 5 Needs 	Stakeholders liked the overall feel and design of the OC Navigator. Spanish- and Vietnamese-speaking staff provided input on the iconography and language.
December 9, 2020	Provider/ Professional: 3 Consumer/ Family: 1 OC MHSA INN: 1 CHORUS: 6 Total: 11	<ul style="list-style-type: none"> • Project Progress • Website Preview • Next Steps 	Chorus presented project updates and key learnings to community stakeholders. Stakeholders were shown a preview of the site, whereupon they provided feedback.
December 16, 2020	Provider/Professional: 1 Consumer/Family: 0 OC MHSA INN: 1 CHORUS: 6 Total: 8	<ul style="list-style-type: none"> • What information is needed to refer an individual to a service? • What is needed to receive a referral? 	Stakeholders shared their organization's needs and preferences when connecting individuals to services, such as the need to refer to multiple agencies at once, the need for multiple communication methods, and a need for resource lists.
December 23, 2020	Provider/ Professional: 11 Consumer/ Family: 0 OC MHSA INN: 1 CHORUS: 5 Total: 17	<ul style="list-style-type: none"> • Resource information • Favorites List • Feedback: OC Navigator Features 	This was the second workgroup held with Wellness Center West. Stakeholders discussed the importance of up-to-date eligibility information. They also talked about the needs of their clients and the features that would be useful to connect them to resources, such as curated resource lists.
June 25, 2021	Agency/Org: 2 Consumers: 1 Chorus: 9 OC MHSA: 1 Total: 13	<p>Review OC Nav progress to date</p> <p>Discuss future plans</p> <ul style="list-style-type: none"> • Soft launch this summer and subsequent roll out • Engagement activities <p>Reflection on homepage design</p>	<p>Stakeholders were happy that the engagement activities were continuing and will be ongoing.</p> <p>One stakeholder suggested that "Your community online" be changed to "Our Community" to be more inclusive.</p> <p>Stakeholders expressed enthusiasm for how the Navigator was designed and its overall simplicity. Stakeholders also responded positively to other design decisions, such as the choice of colors, illustrations, and how inviting it was.</p>
July 9, 2021	Agency/Org: 10 Consumers: 1 Chorus: 11 OC MHSA: 2	<p>Review OC Nav progress to date</p> <ul style="list-style-type: none"> • Reflection on homepage design • How people will 	Workgroup discussion focused on the landing page and initial navigation to talk through key issues related to starting the journey to find resources. Stakeholders discussed how it felt user-friendly and

	Total: 24	<p>navigate</p> <ul style="list-style-type: none"> Resource guides and lists to be included <p>Discuss future plans and moving forward</p>	<p>functional, without being overwhelming. They had valuable input on the naming and overall organization of navigation elements.</p> <p>The service categories were well received; “legal services” was requested as an additional category.</p> <p>Stakeholders also noted: “More resources are needed”.</p>
July 16, 2021	<p>Agency/Org: 5 Consumers: 1 Chorus: 10 OC MHSAs: 1</p> <p>Total: 17</p>	<p>Review OC Nav progress to date</p> <ul style="list-style-type: none"> Understanding the creation process Update on Resource Guides Discuss Get Help Now page <p>Discuss future plans and moving forward</p>	<p>Stakeholders found the resource guides as a novel way to find resources and its design attractive/welcoming. They felt the OC Navigator was simple to use and “doable”.</p> <p>Stakeholders suggested we consider how to include features for families to find child-related and family services, which they considered one of the main user groups.</p> <p>Homeless, transitional age youth (TAY), and emergency resources are good to include as well.</p>
August 27, 2021	<p>Agency/Org: 4 Consumers: 2 Chorus: 9 OC MHSAs: 0</p> <p>Total: 15</p>	<p>Community Co-Chair introduction</p> <p>Engagement Process - How Best to Proceed Moving Forward</p> <p>OC Nav Demo</p>	<p>Attendees expressed enthusiasm for the new workgroup format with community co-chairs to co-lead discussion. Stakeholders were excited to see their feedback incorporated so quickly.</p> <p>Future workgroups could focus on topics such as “keywords” and “definitions”.</p> <p>One community member encouraged each organization/agency to test the OC Navigator with their friends, family and/or clients and report back findings. Discussions are ongoing on how best to execute it.</p>
September 24, 2021	<p>Agency/Org: 2 Consumers: 1 Chorus: 7 OC MHSAs: 0</p> <p>Total: 10</p>	<p>Log-in to the OC Navigator</p> <p>Thoughts and comments on using the OC Navigator</p> <p>Next steps</p>	<p>Stakeholders had previewed the OC Navigator before the meeting and shared that the OC Navigator was easy to use, and they liked the design, layout, and resource guides.</p> <p>Stakeholders highlighted the importance of adding more resources and more relevant keywords.</p> <p>Stakeholders also expressed interest in meeting for longer than the allotted one-hour time.</p>

OC Navigator Community Co-Chairs

We have strengthened our relationship with our advisory group to better respond to project needs immediately leading up to and after the OC Navigator launch. The members of the group are now “Community Co-Chairs” with new responsibilities such as working directly with project staff in regular planning meetings and leading monthly workgroups with community stakeholders. Other duties include but are not limited to--identifying and engaging new stakeholder groups, co-presenting the project to various audiences, and supporting project implementation (e.g., help facilitate OC Navigator user testing at their respective organizations). Our community co-chairs have been actively involved in our project since its inception--whether participating in workgroups, providing guidance during the preliminary planning phase and other activities. They were formally introduced to our community partners as community co-chairs in the August 27th, 2021 workgroup. Moving forward, they will co-lead workgroup discussions beginning with the session on September 24th, 2021.

We have two co-chairs thus far: Linda Smith, Mental Health Advocate and OC MHSA Steering Committee Member, and Ravi Seng, Program Coordinator, The Cambodian Family. Each month, co-chairs and team leads meet for at least one hour to solve challenges around engagement, brainstorm engagement activities and topics, and plan future workgroups. Discussions are underway with our co-chairs and OC leadership on other individuals to invite as co-chairs.

OC Links/CAT App

To develop apps, Chorus firmly believes in the value of participatory design--an approach to design that involves all stakeholders in the design process to help ensure the product meets their needs and is usable. This approach was key to the successful development and deployment of the OC Links app and its expansions. In traditional software development, where design does not involve stakeholders, the product may not fit well with users’ workflow upon launch and require extraneous feature changes or result in low rates of adoption. When stakeholders are intentionally included in both the requirements gathering and design phases, their experience elevates the level of detail needed for the app to be user-friendly and effective in their work. Furthermore, participatory design ensures the app meets the user at their technical level, resulting in a seamless transition from the original to new digital process.

In every improvement cycle and expansion of the OC Links app, the Chorus team employed participatory design principles to ensure the result fulfills stakeholder needs and is user-friendly. For example, Chorus uses the Double Diamond approach to field studies and analyses (briefly described below) to determine and design new features (UK Design Council, 2004).

- Discover: Talk to and spend time with the future users of a design
- Define: Define the problems to be addressed by the design
- Develop: Develop and co-design with fellow designers and team members
- Deliver: Test out different designs and solutions and iterate to improve the design

Below, we describe the stakeholders for each build of the OC Links app and their participation in determining app components, design, and functionality.

OC Links Stakeholders

OC Links employs licensed clinical therapists and social workers--called Navigators--to respond to OC Links phone calls and chats. Navigators help callers identify their needs, determine their eligibility for services, and link them to resources. They also refer callers to more specialized behavioral health services for

mental health crises, co-occurring disorders, or at-risk of experiencing homelessness. To accomplish these goals, Chorus and OC Links partnered to co-develop a user-friendly and intuitive system that would meet Navigators' needs and help them coordinate with other teams to provide services.

First, weekly meetings and site visits were conducted with OC Links staff to observe their workflow, determine app requirements, and ideate on features, such as the ability to assign resources to cases, or a personalized view of case follow ups. Once Chorus created prototypes following the app requirements, OC Links managers and staff provided input on app design and interface during Zoom meetings and usability tests. After designs and app build were finalized, Chorus worked closely with OC Links supervisors to train Navigators on how to use the app. The first iteration of the app launched February 1, 2021; since then, Chorus regularly implements and tests new features in partnership with OC Links supervisors.

Crisis Assessment Team (CAT) Mobile Stakeholders

The Adult and Child CAT teams receive referrals from Navigators regarding callers who are experiencing a behavioral health crisis. Before the CAT Dispatch App, CAT clinicians communicated with CAT shift leads and Navigators through Skype and carried a bulky folder of referral information in the field. Chorus worked with CAT clinicians and OC Links Navigators to plan, develop, and design a new set of features and functions to facilitate crisis referrals from OC Links to field clinicians through the OC Links app. The Chorus design and research team conducted three in-person field studies at the OC Links office with Navigators and clinicians in the field using methodology adapted from ethnographic research. We observed staff perform routine work activities and conducted qualitative interviews. After creating a prototype of the app, Chorus garnered input from all users on the layout, field labels, and overall flow of the app to ensure usability of the final build. CAT and OC Links staff continue to play a crucial role in the co-development of iterative and ongoing improvements to the app.

Outreach & Engagement (O&E) Referral Stakeholders

The most recently planned expansion to OC Links helps facilitate housing- and mental health-related referrals from Navigators to Outreach and Engagement (O&E) team supervisors who then dispatch outreach workers into the field. Currently, Navigators fill out a referral form on Microsoft Word and email the form to O&E supervisors. O&E supervisors print the form, make a copy, and provide a hardcopy to an outreach worker. The referral form must be stored securely for seven years after the referral date.

The current process required Navigators to utilize multiple platforms to send the referral form, taking away time and attention from incoming calls and chats, and limited O&E supervisors' ability to quickly review all cases before making dispatching decisions. Chorus worked with OC Links and O&E supervisors to digitize this process within the OC Links app. As the main users, the O&E service chief and supervisors helped make decisions regarding features, the app design and layout, and data visualizations. Build has not yet occurred for this app.

CSU Live Bed Board App

The CSU Live Bed Board App was co-developed with OC Adult and Older Adult Behavioral Health (AOABH), OC Children and Youth Behavioral Health (CYBH), managers of each of the crisis stabilization units (CSUs), and the OC Sheriff's Department (OCSA). Project needs and scope for the first iteration of the app were determined with Health Care Agency CSU managers, who also provided input on design and interface. Staff provided key insight on features that would help the four CSUs reduce duplication of work and collaborate on client care. Following launch, Chorus met with HCA CSU managers and staff to garner feedback and discuss future iterations, such as a public view for law enforcement to view bed availability before transporting a client.

Timeline

OC Navigator App

Engagement activities for the OC Navigator can be summarized in three broad phases. The initial phase is foundational in nature and informs the broad needs in the community and outlines respective features and functionality that help address it. The next phases focus on scaling engagement to a broader network of stakeholders and the iterative development and refinement of features and functions. Finally, the third phase revolves around piloting the OC Navigator in the community and its subsequent expansion and scale to more users.

Phase 1 (Deliverable No. 2: May 2nd-August 1st, 2020)

Goals:

1. To launch stakeholder engagement activities and begin to establish trust to support a long-term partnership.
2. To start a conversation--ongoing in nature--around the needs and priorities for each stakeholder as it relates to the OC Navigator. These conversations broadly outlined the main features and functions.

Stakeholders: mainly focused on providers and program administrators; some consumers and families are also involved.

Engagement: activities were exploratory in nature and open-ended with the aim to learn how individuals in the community--

- a. Identify need
- b. Get the help they need
- c. Broad issue around trust

Phase 2 (Deliverable No. 3: August 2nd – November 1st, 2020)

Goals

1. To initiate validation of preliminary features and functions--informed by stakeholder input-- through an iterative process.
2. To explore other stakeholder priorities and needs as they emerge.

Stakeholders: expanded outreach to include more individuals, consumers and groups and include additional representation (e.g., veteran, LGBTIQ+, ethnic groups).

Engagement: activities shifted from open-ended to include (1) more targeted discussions around specific features and functionality (e.g., UI/UX, resource annotation) and (2) started initial pilot testing.

Phase 3 (Deliverable No. 4-10: November 2, 2020 – September 30, 2021)

<p>Goals</p> <ol style="list-style-type: none"> 1. To continue the iterative development of the OC Navigator. 2. Plan for pilot in the community during Fall 2021 and subsequently expansion and scaling to the larger OC community. <p>Stakeholder: continue to scale engagement to reach more individuals and groups; and identify ways to accommodate individuals who cannot attend during the workday.</p> <ul style="list-style-type: none"> ● Schedule additional activities on weekends and after work hours ● Explore in-person opportunities with stakeholder at Wellness Center Central and West <p>Engagement: activities to focus on garnering stakeholder input to inform the iterative development and pilot testing of the OC Navigator.</p>
--

OC Links/CAT App

Table 2. OC Links/CAT Stakeholder Engagement Timeline

December 2020	Chorus and OC Links began meeting regularly to determine the project needs and scope for the first iteration of OC Links.
January 2021	OC Links staff provided feedback on the beta version of the app.
February-March 2021	The app is rolled out to OC Links staff who continually provide feedback via email and meetings. Design and technical improvements are determined and implemented with input from OC Links lead.
April-May 2021	Requirements gathering began for the Crisis Assessment Team (CAT) mobile app via virtual discussions and field observations.
June-August 2021	The CAT app is rolled out in a phased approach to Adult and Child clinicians. Improvements were made throughout this period based on user feedback. All clinicians completed training August 26, 2021.
September 2021	Requirements gathering began for the Outreach & Engagement (O&E) referral system. The O&E team approved the final design of the system.

CSU Live Bed Board App

Table 3. CSU Live Bed Board Stakeholder Engagement Timeline

March 2021	Chorus and stakeholders began meeting regularly to determine the project needs and scope for the first iteration of the CSU Live Bed Board App.
April 2021	Chorus and stakeholders collaborated on the design and functionality of the app. Designs are approved April 27, 2021.

May 2021	On May 5, the CSU Live Bed Board app was launched to County CSU. Chorus trained users on how to use the app while gathering feature requests from users, such as creating a flow to detect duplications, color-coding bed statuses, and adding filters to help users find the most urgent referral request.
June 2021	The requested changes are completed in the Bed Board app. Chorus trained College Hospital supervisors on how to use the app and, on June 23, the app was rolled out to College Hospital.
July-August 2021	Chorus engaged with the CYBH team, which leads the county's first adolescent CSU, to discover needs related to adolescent intake and care coordination. Chorus met with the OC Sheriff's Department (OCSD) to gather requirements of a public view of the Bed Board to help law enforcement determine where to take a client needing crisis services.
September 2021	Chorus trained the CYBH team to use the Bed Board app and on September 8, the app was rolled out. Chorus reviewed the public/law enforcement design of the app with OCSD.

Lessons Learned and Next Steps

OC Navigator

The project has adapted its engagement strategy during the COVID-19 pandemic by utilizing the strategy described above to engage with a smaller group of stakeholders through video and telephone conversations. The OC Navigator project has successfully engaged numerous consumers and families in engagement activities. Key to this success has been empowering stakeholders to lead as community co-chairs and become champions of the OC Navigator. Plans are in place to conduct in-person engagement activities at Wellness Center Central and West as conditions permit. We have begun engaging agencies and organizations that are interested in the implementation and use of the OC Navigator in conversations on how best to support them.

- Continue outreach to broaden stakeholder network
- Expand outreach to include additional representation from LGBTQ+, veterans, and other stakeholders
- Identify flexible times to schedule additional engagement activities on weekends and after work hours for those that cannot attend during the workday
- Explore in-person opportunities for engagement with stakeholders if possible
- Work with community partners to help the OC Navigator expand and scale to the broader OC community
- Engage and support agencies and organizations who are interested in using the OC Navigator

OC Links/CAT

As we engage weekly with OC Links users, we have learned to continually ask thoughtful and detailed questions about how they complete their work or think through their decisions. Oftentimes, these details are not readily captured in discussions about the scope of the project but make all the difference in the users' experience.

- Continue meeting regularly with OC Links and O&E teams for iterative development of OC Links, the CAT Mobile App, and the O&E Referral App

CSU Live Bed Board

Similar to the OC Links project, we found that involving users early and often in the design process resulted in a better product. Providing multiple avenues of communication helped users feel more comfortable with providing feedback, such as by scheduled Zoom conversations, phone, or email.

- Continue meeting regularly with HCA CSU managers and staff to identify issues and areas of improvement

Outline Scope

Progress

The broad scopes of the OC Navigator are described in the prior annual report. For the sake of brevity, it will be omitted from this report. Details on which features, and functions have been developed and refined to address the scope is described below (Table 7. Key Features and Stakeholder-Informed Improvements).

OC Navigator Resources Scope

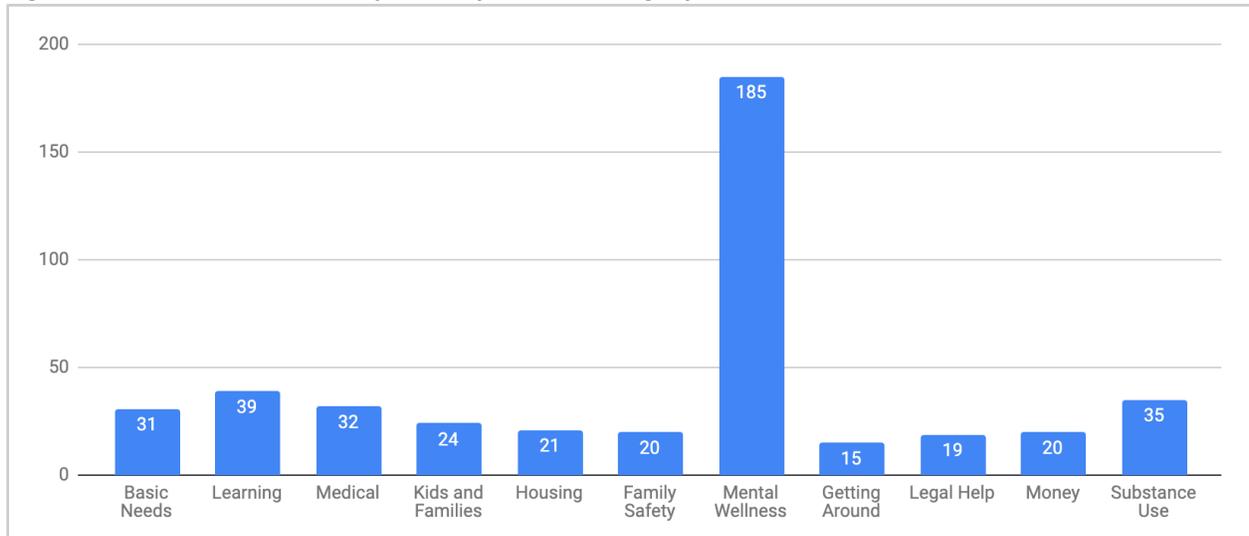
The OC Navigator includes a listing of public and private behavioral health and other social services that serve Orange County residents. It currently contains 441 resources that were garnered from a variety of sources (see Table 4). For example, community partners have sent recommended resources to be included, such as resource guides created by nonprofit or government agencies. Of these, we identified which were currently in use and up to date and entered the information into the OC Navigator. In cases where we could not determine the quality of the data (via their website and a Google search), the project team attempted to directly contact the resource via phone and email to vet their information. Resources that could not be contacted or are no longer operational were excluded. Other resources that are temporarily unavailable--often due to COVID-19 restrictions--were marked for future reconsideration and vetting. If a resource had missing data (e.g., an address or web URL is absent), the project team backfilled the information to the extent possible before entering it into the OC Navigator. See Figure 1 for more how resource data is assured and vetted for inclusion. Our vetting process is ongoing and will continue to evolve to meet project needs.

Resources fall into three categories: 1) OC Behavioral Health Services (BHS) resources, 2) resource recommendations from our community partners, and 3) resources found in our own search. The BHS resources are county-operated and come from the OC Links database. BHS program managers reviewed and updated that data before submitting it for entry into the OC Navigator. Plans are in place to incorporate data from NAMI Warmline, the OC Student Mental Health Directory, and numerous other identified resource listings in the near future

Table 4. OC Navigator Data Sources

<p>Currently in use by Agency or Organization</p> <ul style="list-style-type: none"> ● OC Links ● CalOptima ● OC BHS Manager Resource List

Figure 2. Count of Resources by Primary Service Category



OC Navigator Resources Organization

Each resource is organized by a *primary resource category*, one of the 11 categories identified in partnership with stakeholders. Given that many of the resources offer several services and/or mix of services, we devised several other schemas to organize the data. First, each resource can have several *secondary resource categories*.

Next, the resources have keywords associated with them. These keywords enable users to search for resources beyond their primary and secondary resource categories; users can search things such as language, eligibility and services provided. The keywords were generated through an iterative coding process. An initial bank of keywords was informed by our engagement activities, peer-reviewed research literature, and other existing navigation programs (e.g., OC Connects, OC Links, 1 Degree and Aunt Bertha). Our project team completed a round of keywords tagging on a subset of resources and added additional keywords as appropriate. The project team convened to discuss and refine the keyword bank. Then continued with another round of keyword tagging on a second subset of resources. Afterwards, we interviewed subject matter experts to further inform our next keyword bank. Efforts are underway to refine these keywords and identify subcategories that are helpful for users to navigate to needed services.

Finally, groups of resources can be assembled into *Resource Guides*. In our engagement activities, stakeholders identified resource guides as a crucial feature and a flexible method to organize resources. For example, *OC Older Adult Mental Health Resources* pulls a collection of resources from several categories that may be helpful for that population. Other resources submitted by community partners were developed into guides and are detailed in Table 5. Chorus team members assured the quality of the information per data assurance and vetting method described above.

Table 5. OC Navigator Resource Guides

Resource Guide	Author
OC Veteran Resources	City of Anaheim
OC Resources for Unhoused Individuals and Families	OC Office of Care Coordination

OC Counseling for Families	Planned Parenthood of Orange and San Bernardino Counties
OC Older Adult Mental Health Resources	OC Mental Health Board
OC Housing Resources for Spanish Speakers	Minnie Street Family Resource Center
Hot Meals in OC	OMID Multicultural Institute
Help with Substance Use: Resources in OC	OC Links
Resources for Severe & Persistent Mental Illness	OC Links
Mental Health Resources for Adolescents and Young Adults	OC Links
School Based Resources for Kids and Teens	OC Links
OC LGBTQ Resources	OC Navigator
OC Medical Resources for Families	OC Navigator

OC Links/CAT App

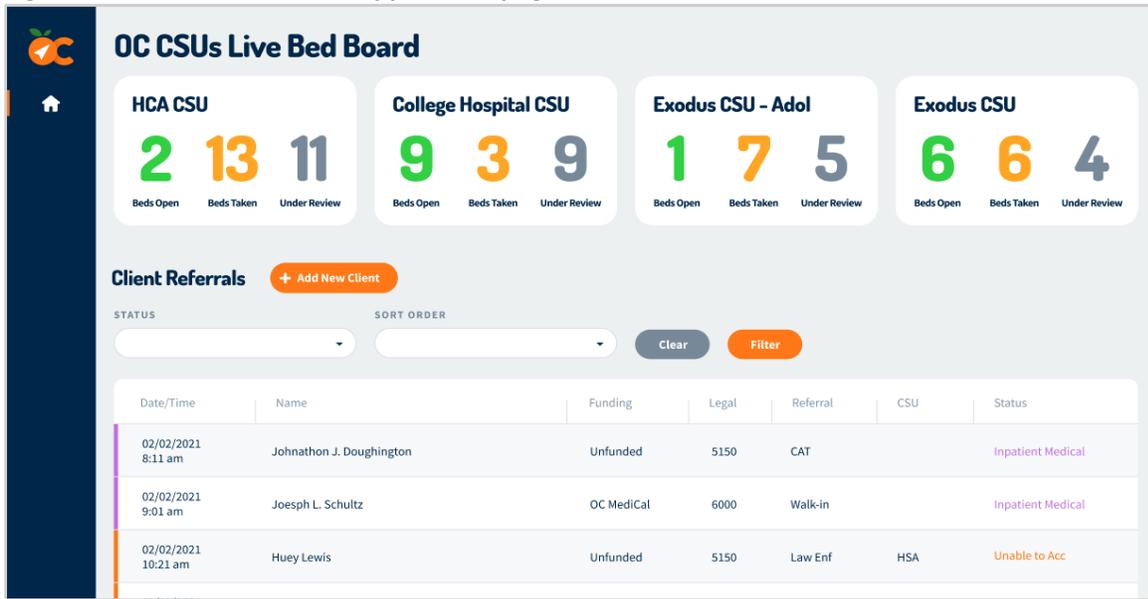
The OC Links app facilitates core work processes for resource navigation and case management with an aim to improve efficiency when connecting OC residents to services that address behavioral and mental health needs. For example--the ability to create and manage cases, chat online with individuals in the community, search and update a resource listing, and dispatch to a county hotline.

The scope of the OC Links app has expanded to include other teams that provide specific services: (1) the Outreach & Engagement (O&E) team who provide housing linkage to persons experiencing mental illness and homelessness and (2) the Crisis Assessment Team (CAT), who responds to crisis calls in the county. A basic dashboard has been developed for supervisors and displays counts of total calls, evening calls, crisis calls, CAT calls, housing calls, and O&E referrals. This information empowers supervisors to make decisions on staffing, share high-level information with Navigators, and gather information to be reported to OC leadership.

CSU Live Bed Board App

The CSU Live Bed Board App helps crisis stabilization unit (CSU) staff coordinate client intake and manage bed occupancy between four CSUs in Orange County. Staff can easily see all clients waiting to be served by a CSU and move them into their own CSU for review or admittance. In addition, it helps prevent duplicate entries by alerting staff when a client with the same last name and date of birth is entered in the last 48 hours. Staff can also access a list of all clients who have been served by each CSU. Figure 3 shows the landing page with mock data where staff can add clients, track status, and view availability.

Figure 3. CSU Live Bed Board App - Homepage



The public/law enforcement view of the CSU Live Bed Board displays real-time bed availability of all four CSUs to increase public awareness of crisis bed availability in Orange County (Figure 4). Law enforcement will use this view to determine the closest open bed for clients in need. Individual client data is not displayed nor accessible in this view.

Figure 4. Public/Law Enforcement View



Timeline

OC Navigator App

We will continue to work with community partners and stakeholders over the next six months to increase not only the number of resources and guides included, but the breadth of topics covered. In the near future, we will incorporate data from NAMI OC Warmline, the OC Student Mental Health Directory, and numerous other identified resource listings. Other efforts are underway to add and refine service categories and keywords.

OC Links/CAT App

Table 6 describes when the scope of the OC Links app and its expansions were determined with stakeholders.

Table 6. OC Links/CAT App – Scope Development Timeline

December 2020	Scope of the OC Links app was determined with the OC Links Service Chief and informed by participatory design with OC Links Navigators.
April-May 2021	Scope of the CAT mobile expansion was determined with OC Links and CAT leadership and informed by participatory design with clinicians and dispatchers.
September 2021	Scope of the O&E referral expansion was determined with OC Links and O&E supervisors, informed by participatory design.

CSU Live Bed Board App

Table 7 describes the timeline by which stakeholders determined the scope of the provider and public CSU Live Bed Board apps –

March 2021	Scope of the CSU Live Bed Board app was determined with OCHCA and County Crisis Stabilization Unit managers.
September 2021	Scope of the public/law enforcement version of the app was determined with OCHCA and the OC Sheriff's Department.

Lessons Learned and Next Steps

OC Navigator App

We have a strong roadmap ahead to increase the breadth and count of resources and guides. In parallel, we are working to increase the ease at which individuals can find resources--for example, by adding and refining service categories and keywords. One challenge remains, and a crux of any data system, is keeping the information up to date. We have begun conversations with OC leadership and community partners to broadly discuss this topic and strategize potential solutions. Further conversations are planned to suss out the exact details, such as (1) whether the data will be maintained by a centralized group, by an agency/organization, or some combination of both and (2) some practical mechanism (e.g. how often and who has permission to make updates). Next steps related to the scope of OC Navigator are described below:

- Work with community partners and stakeholders to add more resources and guides
- Increase the breadth of resource services and topics covered as appropriate

- Add additional service categories and keywords
- Work with community partners and OC leadership on strategizes to keep the resource data up to date

OC Links/CAT App

OC Links connects OC residents to all behavioral health services in the county, resulting in a natural integration of other teams into the OC Links/CAT app as more and more residents are serviced through the system. To expand the scope of the project to include other teams and provide whole person care within the app, Chorus and OC Links will continue to collaborate with other BHS departments.

CSU Live Bed Board App

The scope of work for the provider and public CSU Live Bed Board Apps benefited from thorough requirements gathering at the beginning of the project. User feedback will continue to inform improvements to the CSU Live Bed Board app and the public version.

Outline Features

This section describes the general outline, specific features, design, and functionality of three projects-- (1) OC Navigator, (2) OC Links and its expansions: the CAT mobile app, dashboard, and O&E referral dispatch, and (3) the CSU Live Bed Board.

Progress

OC Navigator App

Features were heavily influenced by early workgroups with OC providers and consumers. Through participatory design, community members provided input on feature designs, usability of a search function, resource categories and their description, and more. Table 7 summarizes features of the OC Navigator and describes how stakeholder input informed each feature.

Figure 5 depicts the OC Navigator homepage where users can browse resource categories, view resource guides created by stakeholders, and navigate to other parts of the site. Searching for resources generates a map depicting the location and category of each result (Figure 6). To see all pages, please refer to Appendix III.

Table 7. Key Features and Stakeholder – Informed Improvements

Key Feature	Description	Stakeholder-Informed Improvements
Search for resources	Users search for resources by typing in a search term, filtering by category, language, or city. Search results yield a list of resources alongside a map and the resource description, city, and eligibility.	Community stakeholders shared recommended resources, such as resource guides created by nonprofit or government agencies. Stakeholders identified the most helpful filters when searching for resources and the type of information displayed in a list of resources.

View resource category page	<p>There are 11 categories in the OC Navigator: Mental Wellness, Substance Use, Basic Needs, Housing, Family Safety, Money, Getting Around, Kids & Families, Learning, Legal Help, & Medical.</p> <p>Each category page includes a short description that is at a 6th-grade reading level, examples of the kinds of resources that can be found, and statistics to help convey that the help seeker is not alone in needing services.</p>	Stakeholders were heavily involved in the selection of the categories and their names. They advocated for strength-based and descriptive category names (Family Safety vs. Family Violence; Getting Around vs. Transportation), and revised category descriptions to read more compassionately.
Browse resource guides	Groups of resources are assembled in resource guides that help narrow down resources for a population or specific need, for example, OC LGBTQ Resources or OC Older Adult Mental Health Resources. The OC Navigator currently has 12 guides, 8 of which were submitted by partners.	Stakeholders identified resource guides as an integral feature to quickly finding and organizing resources. Stakeholders selected their own categories within their resource guide and provided a guide description. The Chorus team updated each resource’s information before entry into the OC Navigator.
Take the SDOH Screener to assess needs	The Social Determinants of Health (SDoH) screener consists of fourteen items mapping to the categories. Answers generate a list of resources to help users identify their needs and find services.	Stakeholders identified prevalent needs in Orange County to help inform the items in the screener. Stakeholders also advised on a less clinical name for the screener: ‘Wellness Check-In’.
Connect to OC Links for more support	If a resource is county-supported, the resource page will include a button that allows the user to click into the OC Links chat entry page to ask questions about the resource and how they can connect. ^[SEP]	Stakeholders wanted a way to speak to a real person when they had questions about how to connect with an agency or their service eligibility. OC Links, the support phone and chat line for mental wellness and social services, agreed to support county behavioral health services.
Connect to crisis and resource hotlines for more support	On the “I want help now” page, numbers to national and local support lines are prominently displayed and are organized by priority of need and severity (crisis support, emotional support, and resource support. The ‘I want help	Community stakeholders emphasized the importance of including crisis or emergency information on the OC Navigator in addition to providing hotline information for those wanting to talk to a real person.

	now' button is visible on each page of the OC Navigator on desktop and mobile.	
Vehicle for users to provide feedback	Feedback buttons are located in five places throughout the site, leading to a form where users can provide feedback, suggest content, request updates, or let us know they want to partner. Our team collects feedback and resources in a queue to plan for review and potential integration.	Community co-chairs, Linda Smith and Ravi Seng co-developed the copy for the feedback form and confirmation page to ensure readability and user-friendliness.
User-friendly design	<p>The OC Navigator app design aimed to be user-friendly and accessible for all OC residents. Every detail from the typography to the diverse inclusive illustrations to the sky-inspired background colors were created with intention and purpose.</p> <p>Iterative changes in our color combinations on the website were tested for and passed ADA color contrast compliance to ensure readability for low vision and color-blind users.</p>	Main design elements were informed by community stakeholders, such as resource card layout, homepage colors and layout, font size, and information layout on the resource and guide pages. Their feedback and input helped to develop the simplest, most understandable, and user-friendly experience.

Figure 5. OC Navigator Homepage

OC Navigator BETA About OC Navigator Find Resources Resource Guides Coming Soon Other Languages [I want help now](#)

Welcome!

Find help in Orange County by connecting with health, wellness, and other resources below.

Q Keyword [Search](#)

Not sure where to start?
Answer a few questions to get matched with helpful resources.

Browse Topics

- Mental Wellness
- Substance Use
- Housing
- Money
- Getting Around
- Family Safety
- Legal Help
- Learning
- Basic Needs
- Medical
- Kids and Families

Talk to Someone Now
Trained Navigators are here 24/7 to help you find what you need.
[OC Links](#) 24/7

Resource Guides
Browse lists created by the community for different needs and topics created with partner organizations and members of the OC community.

- Help with Substance Use: Resources in OC**
By OC Links
- Hot Meals in OC**
By OMID Multicultural Institute
- Mental Health Resources for...**
By OC Links
- OC Counseling for Families**
By Planned Parenthood of Orange and San Bernardin...
- OC Housing Resources for...**
By Minnie Street Family Resource Center

[Browse all resource guides](#)

“
Finding resources can be confusing and frustrating. People can become discouraged and give up their search. The OC Navigator provides a starting place for those who don't know where to begin looking for assistance. It's easy to find local resources.”
”

Linda Smith
Mental Health Advocate

Have ideas? Connect with us
Let us know how you would like to stay connected, suggest an improvement, or learn more about how to partner with us.
[Send us a message](#)

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Figure 6. OC Navigator Search Results for 'support group'

OC Navigator BETA
About OC Navigator
Find Resources
Resource Guides
Coming Soon
Other Languages
I want help now

Search Results

Find support group
Category
City
Language
Search
Clear

Orange County Adult Protective Services...

Adult Protective Services (APS) are directed at preventing or remedying neglect, abuse or exploitation of adults...

Eligibility: Must live in Orange County and be the victim of abuse either by self or b...

Orange
 (800) 451-5155

Orange County Behavioral Health...

The Behavioral Health Services Outreach and Engagement Team (BHS O&E) provides outreach services to homeless...

Eligibility: OC residents, Orange County residents, homeless, unsheltered, unserv...

Orange
 (855) 625-4657

South Orange County Family Resource Center

What makes a Family Resource Center (FRC) unique is that each of our 16 locations offers six core services for ever...

Eligibility: Contact for details

Lake Forest
 (949) 364-0500

La Habra Family Resource Center FaCT

Each of our 16 locations offers six core services for every family that walks in. Each of our core services is free and...

Eligibility: Contact for details

La Habra
 (714) 447-3460

Orange County Parent Wellness Program...

The Orange County Parent Wellness Program helps families with children under the age of 18. This includes...

Eligibility: Residents of Orange County who are currently expecting or new...

Orange
 (714) 480-5160

Human Options

Human Options provides safety, healing, and a way forward to victims of domestic violence in Orange County.

Eligibility: Residents of Orange County

Irvine
 (877) 854-3594

Human Options / Safe Options for Seniors

Human Options / Safe Options for Seniors (SOS) is the first program of its kind in Orange County, specifically designed to...

Eligibility: members of the Armed Forces, veterans and their families

Irvine
 (877) 854-3594

St. Jude Medical Center - Senior Services...

St. Jude Medical Center offers special programs through our Senior Services, which address the unique needs of olde...

Eligibility: 60+, Resident of north Orange County, seniors, older adults, families

Fullerton
 (714) 446-7035

PFLAG South OC

PFLAG is the first and largest organization for lesbian, gay, bisexual, transgender, and queer (LGBTQ+) people, their parents a...

Eligibility: lgbtq, lesbian, gay, bisexual, transgender, queer

Laguna Hills
 (949) 424-3987

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OC Links/CAT App

Features were determined in partnership with OC Links Navigators and managers. Key features of the core OC Links app and each of its expansions are described in Table 8.

Table 8. Pages and Key Features of OC Links and OC Links Expansions

Page	User	Key Features
Admin Portal of the OC Links desktop app	OC Links Supervisors	<ul style="list-style-type: none"> ● Manage team information, such as contact information and active status ● View OC Links data, such as total calls, crisis calls, and evening calls.
OC Links desktop app	OC Links Navigators	<ul style="list-style-type: none"> ● Chat with a client ● Create, edit, or close a case ● Assign resources to a case ● Create a follow up to the case ● Refer a case to the CAT or O&E teams ● Track the progress of a CAT case to support the clinician in the field ● Manage their personal profile and contact information
CAT mobile app	CAT Clinicians	<ul style="list-style-type: none"> ● Accept, edit, and close a case ● Provide real-time status updates to and chat with the OC Links Navigator about a case ● Assign resources to a case ● Describe the outcomes of a case ● Click to call a team member
O&E referral desktop app	O&E Supervisors	<ul style="list-style-type: none"> ● Review and print referral information from an OC Links Navigator ● Assign an outreach worker to a case ● Record case outcomes and close the case ● View data on the total referrals and open referrals and select time intervals to view the data

Figure 7. OC Links Dashboard (Test Cases)

OC Links Navigators start at the OC Links desktop dashboard to view recent cases, identify the status of their follow ups, and navigate to other parts of the site. In the side navigation bar, they can click to create a new case, view all cases, view all resources, and look through their team roster. They are also alerted to waiting chats.

OC Links 24/7

[+ Add New Case](#)

- Dashboard
- Cases
- Live Chat
- Dispatch
- Resources
- Team

Minhuan Tran

My Follow Ups

[View All](#)

Caller	Due/Notes	Assigned To	Subject
George Howard 113104	10/05/2021	Minhuan Tran	Check in with caller
Eliot B 113233	10/15/2021	Minhuan Tran	Follow up about housing linkage

Recent Cases

[View All](#)

Type	Caller	Start Time	Status	Staff
📞	QA Tester 114040	10/06/2021 7:00 AM	OPEN	Angelo Constantino
📞	114019		OPEN	
📞	QA Tester 114003	10/06/2021 5:16 AM	OPEN	Angelo Constantino
📞	Not Specified 113987	10/06/2021 4:42 AM	OPEN	Angelo Constantino
📞	Not Specified 113972	10/06/2021 4:38 AM	OPEN	Angelo Constantino
📞	Not Specified 113957	10/06/2021 4:19 AM	OPEN	Angelo Constantino
📞	Not Specified 113937	10/04/2021 2:39 PM	OPEN	Angelo Constantino
📞	Not Specified 113903	10/02/2021 2:29 AM	OPEN	Dom
📞	Not Specified 113851	09/30/2021 11:39 PM	CLOSED	Angelo Constantino
📞	Not Specified 113837	09/30/2021 11:39 PM	CLOSED	Angelo Constantino

Figure 8. CAT Dispatch Dashboard (Test Cases)

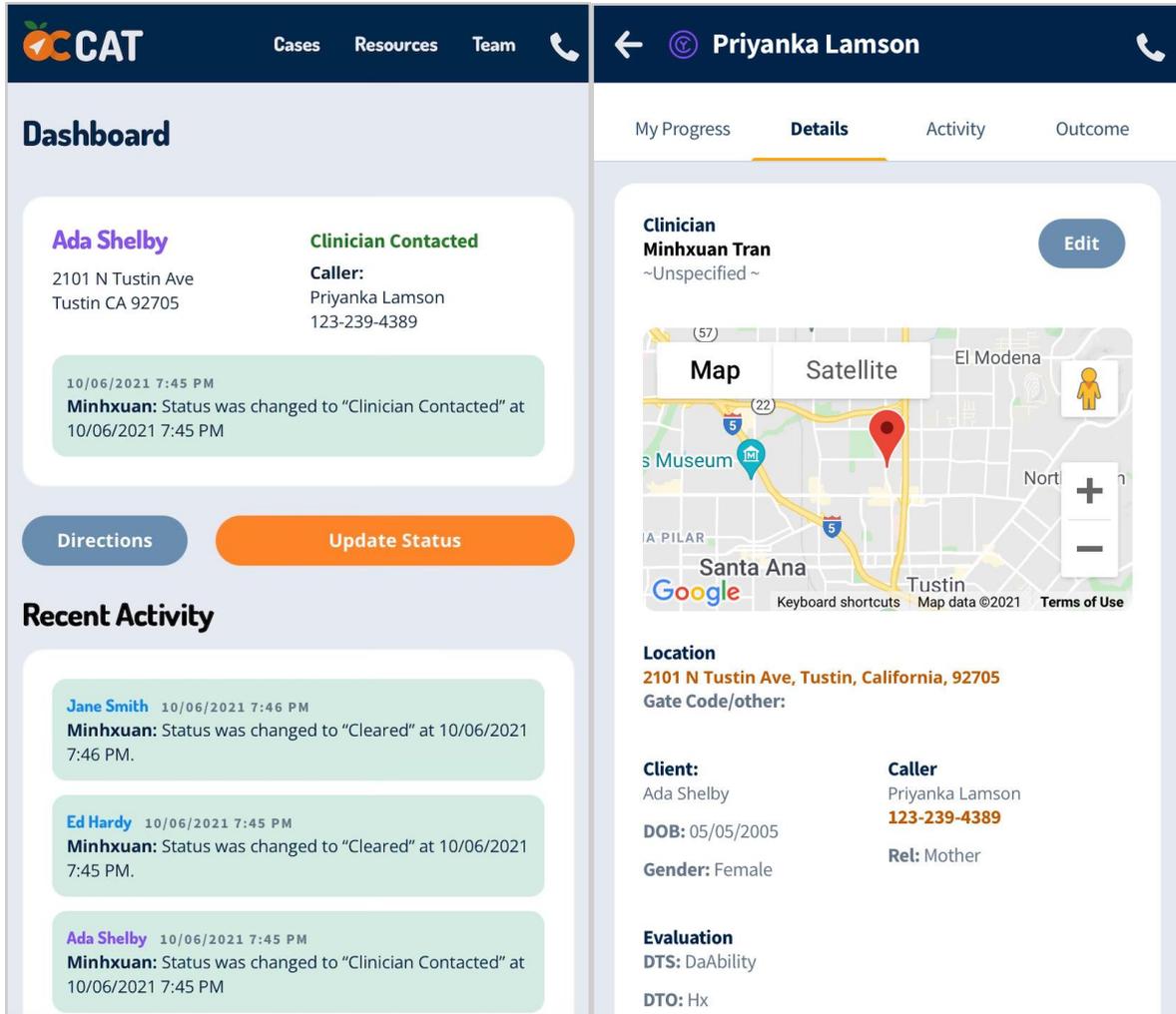
Clicking on the Dispatch tab in the side navigation takes them to the CAT dispatch dashboard. Users can track all active CAT cases and view the activity thread on the right for real-time updates and chats. Blue and purple respectively denote Adult and Child CAT cases.

The screenshot displays the CAT Dispatch Dashboard interface. On the left is a dark blue sidebar with navigation options: Dashboard, Cases, Live Chat, Dispatch (highlighted), Resources, and Team. The main area is titled "Dispatch Dashboard" and features a "DISPATCH FILTER" section with a dropdown menu and "Filter" and "Clear" buttons. Below this is a horizontal workflow bar with stages: Contacted, Dispatched, Arrival, Start, End, and Cleared. Each stage contains case cards with details such as case names (e.g., "CI Mary Claire", "CI Francisco Aguilar"), locations, status updates, and timestamps. On the right side, there is an activity feed showing recent status changes for cases like "Mary Claire", "Ed Hardy", and "PERT CASE".

Stage	Case Name	Location	Status Update	Timestamp
Contacted	CI Mary Claire Ca: Not Specified	Armen Orange, CA	Status: Pending Call End Date/Time: 09/29/2021 9:40 AM	10/06/2021 1:55 PM
Dispatched	CI Timothy Law Ca: Brandon Law	Angelo C Orange, CA	Status Updated: 10:51 AM	10/06/2021 1:55 PM
Arrival	CI Francisco Aguilar Ca: Marcus Cousins	Kris G Mission Viejo, CA	Status Updated: 11:57 AM	09/28/2021 12:07 PM
Arrival	CI Solomon Waters Ca: Ana Verdés	Eric G Santa Ana, CA	Status Updated: 11:52 AM	09/28/2021 12:18 PM
Start	CI Jane Smith Ca: John Smith	Minhxuan Tran Tustin, CA	Status Updated: 9:42 AM	09/28/2021 10:48 AM
End	CI Nicholas Perry Ca: Erika Cheung	Angelo C Orange, CA	Status Updated: 8:53 AM	09/28/2021 10:53 AM
End	CI Ed Hardy Ca: Russ Hanneiman	Minhxuan Tran Villa Park, CA	Status Updated: 1:45 PM	10/06/2021 1:54 PM
Cleared	CI PERT Case Ca: Testing PERT Case	Angelo C Los Angeles, CA	Status Updated: 12:07 PM	10/06/2021 1:52 PM

Figure 9. CAT Mobile Dashboard (Test Cases)

CAT clinicians can access their cases through the CAT Mobile portal while working in the field. On the dashboard, they can update the case status, view recent activity for all CAT cases, and view and edit additional case details.



CSU Live Bed Board App

In keeping with Chorus’ core principles of participatory design, features were determined in numerous meetings with stakeholders, such as learning sessions that are open-ended and conversational, in-person field studies to assess current workflows, and focus groups to pinpoint specific and nuanced information that helped Chorus create a user-friendly and intuitive app that facilitates work processes. A core list of features is described in Table 9.

Table 9. Pages and Key Features of the CSU Live Bed Board App

Page	User	Key Features
Provider portal - CSU Live Bed Board	CSU staff and administrators	<ul style="list-style-type: none">● View bed availability, taken beds, and clients under review at each CSU● Input client referral information and check for duplicates entered in the system within the past 48 hours● Assign bed status to each client, such as indicating when the client is under review at a CSU, accepted, or the CSU is unable to accommodate them● View the client list for each of the CSUs<ul style="list-style-type: none">○ Adult-serving CSUs cannot view client information of the adolescent-serving CSU● Manage their personal profile
Public portal - CSU Live Bed Board	Law enforcement and members of the public	<ul style="list-style-type: none">● View bed availability, taken beds, and clients under review at each CSU● Click the CSU address to open the users’ native mapping app● Click the CSU phone number to call the CSU● View program descriptions and referral criteria for the CSUs

Timeline

OC Navigator App

June - December 2020

Design and feature development occurred in parallel to participatory engagement. In the first six months of participatory design (June-December 2020), the following features were explored with our stakeholders:

- Resource organization
- Resource information to be displayed
- Resource guides
- Categories
- SDOH Screener

After exploring broad needs and functionality with stakeholders, initial designs were drafted. Designs were revised in collaboration with stakeholders in workgroups and interviews.

January - May 2021

The aforementioned features were improved with OC Links staff, such as working on functionality to create, edit and categorize resources. In addition, the following features were explored:

- Connecting users to crisis support and resources support
- Searching and filtering for resources
- User friendly design and user interface

June - September 2021

All current features of the OC Navigator were developed and refined through participatory design.

- Finalized all key features in Table 7
- Prepared to track anonymized data to inform future improvement cycles, such as
 - Resources clicked and originating page
 - Resource guides clicked and originating page
 - Search filters used when searching for resources
 - Answers to SDOH screener items
 - Analytics tracked by Google Analytics (session duration, page views, city of origin, etc.)

OC Links/CAT App

Features for the OC Links/CAT app and expansions are implemented via participatory design. Every two weeks, Chorus completes a set of improvements suggested by OC Links users. Chorus meets regularly with the OC Links service chief to assess and prioritize feature requests.

CSU Live Bed Board App

Main features for the CSU Live Bed Board App were determined with County CSU in May 2021. After launching on May 5, 2021, users began to share feedback and requested additional features. Modifications were implemented June 23, 2021 and are ongoing.

Lessons Learned and Next Steps

Stakeholder involvement in feature ideation provides great insight into what is needed and not needed in the app. Their experiences with providing or receiving behavioral and social services helps elevate features. From them, we learned the importance of adding more and varied resources to the OC Navigator, improving data visualizations in the OC Links dashboard, and creating features in the Bed Board that helped to reduce duplication of efforts. Below are the next steps of each project.

OC Navigator App

Next Steps

- Add and update content
 - Work with partners to identify additional resources and resource guides to enter into the OC Navigator
 - Update resources to ensure information is up-to-date and accurate

- Work with partners to make category and resource descriptions more helpful
- Revise and add SDOH Screener questions to better help users identify their needs and find relevant resources
 - Conduct user research to determine efficacy of questions and results
- Improve the search feature
 - Make platform enhancements to improve search, such as auto populating the search bar when the user begins to type
- Track anonymized usage data to inform improvements

OC Links/CAT App

Next Steps

- Continue to refine design and user experience and user interface (UX/UI) based on user feedback
- Build and test Outreach & Engagement referral features. Work with O&E supervisors to complete feature requests.
- Collaborate with end users to iterate on additional data visualizations in the dashboard

CSU Live Bed Board App

Next Steps:

- Continue to monitor use of the public and staff Live Bed Board sites.
- Refine design if necessary, to optimize UX/UI

Social Determinants of Health Screener

Progress

An optional Social Determinants of Health (SDoH) screener will filter potential services based on an individual's reported needs. We have assembled a bank of questions that can potentially be included for this task. The methodology can be found in the prior Annual Report and Deliverables submitted to the OC HCA MHA team. We conceptualize the screener as three distinct parts:

1. Questions on social determinants that are addressed by their respective category of behavioral health and social services (e.g., mental health, transportation, and family safety)
2. Questions about demographics and other individual factors that may affect eligibility (e.g., veteran status, income, age, and gender)
3. Validated SDoH measurement instruments to help individuals learn more and understand factors that affect their health and well being

For the purpose of the first public release of the OC Navigator, we focus on the first point. An initial set of questions--informed by stakeholder input and published peer-reviewed literature--were reviewed and discussed in workgroups, with NAMI Warmline staff, and via user testing. The overall feedback suggested the questions were user-friendly and meaningful to help identify categories of services to address potential needs. Moreover, the addition of a *Medical* and *Kids & Families* category and its respective screening questions would be desirable and therefore, those were included too. The current

version of the SDoH screener and how results are displayed are Appendices III and IV. Table 10 describes the SDoH screener questions and sources.

Table 10. Social Determinants of Health Screener by Parts

SDoH Part I: Questions on Need by Resource Category
<p><i>Summary:</i> a brief set of user-friendly questions to help individuals identify categories of resources to address behavioral health and other social needs, and filter to display appropriate resources.</p> <p><i>Example questions</i></p> <p>Q1. Is having safe and stable housing something that worries you?</p> <p>Q2. Do you feel lonely or isolated?</p> <p>Q3. Are you worried about things that make you feel tense, nervous, anxious, or can't sleep at night?</p> <p>Q4. Do you or any family members you live with, have issues or concerns about the following things right now or in the near future...</p> <ul style="list-style-type: none">Q4.1 Lack of food or clothingQ4.2 Lack of transportationQ4.3 Affording basic needs, such as housing, internet, food, or medical careQ4.4 Problems with alcohol and substance abuseQ4.5 Problems with mental wellness <p>Q5. Do you want help with school or training? For example, starting or completing job training or getting a high school diploma, GED or equivalent.</p> <p>Q6. Do you want help finding or keeping work or a job?</p> <p>Q7. Do you have concerns about any immigration matters for you or your family?</p> <p>Q8. Would you like assistance or support for legal matters?</p> <p>Q9. Have you seen a doctor in the last year or two?</p> <p>Q10. Are you a parent, stepparent, grandparent, legal guardian, or caretaker for any children between the ages of 0 and 17?</p>
SDoH Part II: Questions on Demographics and Eligibility
<p><i>Summary:</i> a brief set of user-friendly questions to filter services based on program eligibility.</p> <p><i>Example questions</i></p> <p>How old are you?</p> <p>What sex were you assigned at birth?</p> <p>Are you Hispanic or Latino?</p> <p>Which race(s) are you?</p> <p>What language are you most comfortable speaking?</p>

What is your main insurance?
What is your current gender?
Have you been [honorably] discharged from the armed forces of the United States?

SDoH Part III: Bank of Measurement Instruments

Summary: a bank of validated measurement instruments for educational purposes where individuals can learn more about issues impacting their health.

Example Measurement Instrument

Adverse Childhood Experience Questionnaire for Adults
Alcohol Use Disorder Identification Test (AUDIT)
Drug Abuse Screening Test (DAST-10)
Mini-Cog
Generalized Anxiety Disorder 7-item (GAD-7)
Mood Disorder Questionnaire (MDQ)
Opioid Risk Tool
PHQ-9
Medical-Legal Partnership Screening Tool

Timeline

Plans are in place to further evaluate the current screener with input from stakeholder, workgroup discussions, and through website analytics after the soft launch. Questions related to demographics and full measurement instruments will be incorporated in later iterations of the OC Navigator as appropriate.

Lessons Learned and Next Steps

The creation of a SDOH screener has been an exercise in balancing user friendliness, brevity versus comprehensiveness, and maintaining psychometric properties and validity. Based on feedback, the current screener strikes a good balance. We must be diligent in managing that balance moving forward, especially when new sets of questions are included.

Next Steps

- Revise and add SDOH Screener questions to better help users identify their needs and find relevant resources
 - Conduct user research to determine efficacy of questions and results
- Incorporate questions regarding demographics and full measurement instruments as appropriate

Progress Updates to MHSOAC

Progress

In addition to quarterly deliverable reports, at the request of OC leadership, we provide presentations and reports on progress when instructed. Table 11 summarizes these activities. We also provide an annual report to MHSOAC, which is represented by this document.

Table 11: Summary of Progress Update Meetings

Date	Setting	Summary
January 11th, 2021	OC MHSA Steering Committee Meeting	We presented a progress update to members of the OC MHSA Steering Committee, including a timeline and major milestones. Linda Smith, one of our Community Co-Chairs, co-presented key learnings and described her positive experience participating in the project.
March 15th, 2021	Orange County Board of Supervisors Meeting	The OC Board of Supervisors were presented a progress update--with specific information on target launch date, specific activities leading up to it, and resources to be included in the OC Navigator--as requested by OC leadership.
July 9th, 2021	OC Navigator Presentation and Demo	The OC Navigator was presented to Dr. Clayton Chau, OCHCA Director.
September 29th, 2021	MHSOAC Site Visit to the Be Well OC Campus	We provided updates on project progress and demonstration of the current iteration of the OC Navigator, OC Links and Bed Board App.

Timeline

We will continue to meet with and provide updates to MHSOAC as requested.

Lessons Learned and Next Steps

We will work with OC leadership to provide project progress and address other reporting needs when applicable.

Describe App Build

Progress

Security and Compliance

Along with app build, the IT Security Review of Chorus Innovations was completed and approved by the OC HCA IT Security Services team, and we delivered the required documentation for the items that were identified as contingencies in our initial approval notification by the OC HCA IT Security team.

OC Navigator App

The build of the OC Navigator is iterative and continues to be informed by participatory engagement and design. On September 28, 2021, the OC Navigator was soft launched to our core group of stakeholders with the goal of engaging with users, gathering feedback, and making improvements before a public launch. Improvement cycles are planned for every month to continue adding content, improving features, and adding functionality that reflects OC user feedback.

OC Links/CAT App

Improvements to the OC Links build are determined and completed in partnership with OC Links managers and users. Modifications are implemented in two-week sprints, as described in Table 12. Throughout this process, Chorus and OC Links consider how feature requests for the current build could impact future OC Links expansions such as the Outreach & Engagement referral flow.

Table 12. Two – Week Sprint Process for Managing Bug Fixes and Feature Requests

Sprint Preparation	
Assign Priority	Chorus and the client review the backlog of requests to assign priority rankings (High, Med, Low) and groom for redundancy.
Determine Sizing	Chorus determines how long each task will take to implement and test: Small = 1 day, Medium = 3 days, and Large = 5 days.
Schedule & Notify Client	Depending on team capacity, Chorus schedules the request for the next sprint and notifies the client of the sprint list.
Implement	Chorus implements the solution.
During the Two-Week Sprint	
Test	Chorus tests the solution for all use-cases and in different environments.
Notify Client	Chorus notifies the client that the solution is complete. Chorus continues to monitor the solution and its environment.

CSU Live Bed Board App

After each CSU begins to use the CSU Live Bed Board App, CSU managers funnel user feedback to Chorus for assessment and implementation. Table 13 describes modifications to the build informed by users of the App.

Table 13. Bed Board User-Informed Modifications

Modification	User Story
Add priority statuses to pending client table to include Inpatient Medical, Unable to Accommodate, and Pending	Pending clients are better organized so users can see at-a-glance who should be prioritized for review.

Add a flow to identify duplicate entries	When a new client is entered, the system checks the last 72 hours for a matching last name and date of birth and will alert the user of a possible duplicate.
Ability to sort the client table from oldest to newest	Users can easily see clients who have been awaiting service longer than others.
Add Inpatient Medical status to the New Case & Edit Case page	Users select this status when the client can be accepted by a CSU but is not medically cleared yet.
Make CSU selection required when the status is not pending, unable to accommodate, or inpatient medical	Reduces user error so that all clients who should be assigned to a CSU will be assigned and removed from the pending list.

Timeline

OC Navigator App

OC Navigator build was planned in six-month increments and included time for design, testing, build, user research, and modifications. Table 14 describes the timeline of the OC Navigator build.

Table 14. OC Navigator Build Timeline

June - December 2021	<ul style="list-style-type: none"> ● Preliminary design and build of the homepage, SDOH screener, and resource pages ● Complete modifications based on concept testing from workgroups and interviews
January - May 2021	<ul style="list-style-type: none"> ● Design and build of search and filter functionality ● Complete modifications based on user research feedback
June - September 2021	<ul style="list-style-type: none"> ● Completed design of all key features and pages <ul style="list-style-type: none"> ○ Pages are reviewed by the OC Public Information Office (PIO) and OC Leadership ○ Completed modifications from OC and PIO review ● Completed app build <ul style="list-style-type: none"> ○ Completed modifications based on usability testing and feedback from partners (see Appendix IV). ● Soft launch the OC Navigator to partner organizations

OC Links/CAT App

Build of the OC Links app and its expansions is described in Table 15.

Table 15. OC Links/CAT Build Timeline

February-May 2021	On February 1, 2021, the OC Links app was launched to OC Links Navigators. The OC Links Service Chief implemented a training plan to phase in all Navigators from February to May. Improvement cycles and monitoring began to ensure usability, a smooth transition from the current process, and increased efficiency.
May-August 2021	The CAT mobile expansion was launched to CAT clinicians on May 28, 2021. Training occurred from May to August. Improvement cycles and monitoring of the app continued.
September-October 2021	Designs for the O&E expansion and dashboards are being co-developed with O&E supervisors.

CSU Live Bed Board App

The CSU Live Bed Board has had three improvement cycles, all informed by participatory design. Table X describes the build of each iteration.

Table 16. CSU Live Bed Board Build Timeline

May 2021	On May 5, 2021, the app was launched at the County CSU. User feedback is gathered, and feature improvements continue into June.
June 2021	On June 23, 2021, the app was launched at College Hospital CSU. Feature modifications were implemented.
August 2021	On August 24, 2021, the app was launched at Exodus Be Well Orange (Adult). A page for adolescent users was built into the app.
September-October 2021	On September 8, 2021, the app was launched at Exodus Be Well Orange (Adolescent). The public version was built, and OC stakeholders reviewed and approved the design.

Lessons Learned and Next Steps

App build must be flexible enough to accommodate changing user needs and work environments. Thus, creating the data architecture for each app requires careful planning within Chorus and with stakeholders. As each app grows, app build will continually be evaluated and optimized.

OC Navigator App

Next Steps

- Make improvements to the build and functionality in preparation for the public launch
 - Make platform enhancements to improve the search function
- Translate the site into eight additional languages: Spanish, Vietnamese, Farsi, Arabic, Korean, Chinese Simplified, Khmer, and Tagalog
 - Work with OC MHSa to gather materials to be translated and determine translation strategy

- Gather requirements to build functionality that enhances the users' experience, such as the ability to create an account and save their search results, create resource guides, and updated resource information.

OC Links/CAT App

- Continue maintenance and improvement of the OC Links and CAT platforms
- Implement the OC Links dashboard
- Implement the Outreach & Engagement (O&E) referral system

CSU Live Bed Board App

- Continue to monitor the app and gather feature requests from users
- Launch the public view of the app in partnership with OCHCA

Appendix I – Specific Milestones Identified in Project Plan

Project Activities	Oct-Dec 2019	Jan-Mar 2020	Apr-Jun 2020	Jul-Sep 2020	Oct-Dec 2020	Jan-Mar 2021	Apr-Jun 2021	Jul-Sep 2021	Oct-Dec 2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sep 2022
Aligning Legal, Fiscal and Regulatory Requirements to Improve Quality and Access to Services												
A. Identify available funding streams and all applicable State and Federal rules/regulations	X	X	X	X	X	X						
B. Explore strategies to braid funds across the public, private and philanthropic/nonprofit sectors							X	X	X	X		
C. Explore the feasibility of a universal reimbursement rate/structure	X	X	X	X	X	X						
D. Host local planning to help identify community values and preferred performance standards	X			X				X				X
E. Operationalize identified values and performance standards into measurable outcomes							X	X	X	X	X	X
F. Develop methods to incentivize service delivery						X	X	X	X	X		
G. Streamline reporting processes						X	X	X	X	X		
H. Meetings with DHCS legal, fiscal, and regulatory teams	X	X	X	X	X	X	X	X	X	X	X	X
I. Progress updates to MHSOAC				X				X				X
J. Develop and execute initial procurement and contracts									X	X	X	X
K. Provide technical assistance for local providers, as needed							X	X	X	X	X	X
Aligning Local Organizations to Improve Service Navigation												
Identify stakeholders to include in local planning meetings	X											
Outline the scope of directory		X	X	X	X							

Project Activities	Oct-Dec 2019	Jan-Mar 2020	Apr-Jun 2020	Jul-Sep 2020	Oct-Dec 2020	Jan-Mar 2021	Apr-Jun 2021	Jul-Sep 2021	Oct-Dec 2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sep 2022
Identify the phases of roll out and the specific service types to be included in each phase								X				
Outline directory features, including real-time provider updates and consumer reviews			X	X	X							
Create social determinants survey, developed in collaboration with stakeholders				X	X	X						
Progress updates to MHSOAC				X				X				X
Build digital resource directory					X	X	X	X				
Beta test and revise and the social determinants survey							X	X				
Deploy the digital resource directory and social determinants survey.									X	X	X	X



Orange County Behavioral Health Systems Transformation Project

The Orange County Health Care Agency received MHA Innovation funding to support planning to move towards a public-private, performance/value-based payment system for behavioral health services.

We appreciate the expertise you will be sharing to inform this project moving forward. Using the following set of questions, we would like to solicit your input and advice on key considerations to advance this work.

Questions:

1. Past, Present and Future engagement with CalAIM planning activities
2. Advocacy on legislation focused on prevention and early intervention, integrated care, and the workforce shortage
3. Issues related to Mind OC's priorities:
 - a. Parity for Mental Health and Substance Use Care
 - b. Integrated care
 - c. Peer specialist certification
 - d. Behavioral health workforce shortage
 - e. State budget priorities in response to COVID-19 impact on state's behavioral health system
4. Regulatory obstacles and potential solutions to mental health reform activities

Appendix III – OC Navigator - Static Pages

OC Navigator - Static Pages - [linked here](#).

The above link will take you to a Box drive folder that contains 48 files depicting the OC Navigator website. All pages of the OC Navigator website can be viewed except pages for each resource since there are currently hundreds of resources. Examples of resource pages are included so that the viewer may understand the design and format. Viewers will be able to view all category pages, all SDOH screener items, and all resource guides, as well as the main pages of the site such as the homepage, search results page, and About page. This folder is view-only; viewers will not be able to edit the contents of the folder.

Appendix IV – OC Navigator – User Informed Modifications – Pre Launch

Design & UX Changes

1. **Change legal icon.** In interviews with community partners, most felt that it was unclear what the old icon represented. Partners suggested using scales (most frequent) or a gavel.



2. **Change Family Safety icon.** Community partners felt this icon was unclear and seemed lonely. One subject matter expert noted that the heart and hand sent conflicting messages: one of love and one of hitting or hurting. The Chorus design team landed on this new icon to represent family safety.



3. **Remove the OC Navigator logo from the footer.** Community partners stated that the presence of a logo made OC Navigator seem like a business or agency.



4. **Revise the Search Results page when no results are found.** Usability tests indicated that it was not immediately clear why this page appeared or why the page was blank. An explanation of the page and a few options to move forward were added.

Old:

The screenshot shows the 'Old' version of the search results page. At the top, there is a navigation bar with the OC Navigator logo and links for 'About OC Navigator', 'Find Resources', 'Resource Guides', 'Coming Soon', and 'Other Languages'. Below the navigation bar, the page title is 'Search Results'. There is a search bar with fields for 'Find', 'Category', 'City', and 'Language', and a 'Search' button. Below the search bar is a map of Orange County, California, showing various cities and landmarks. At the bottom of the page, there is a message: 'Not finding what you are looking for? Try an option below.' followed by three cards: 'Not sure where to start?', 'Talk to Someone Now', and 'Check out our resource guides!'.

New:

The screenshot shows the 'New' version of the search results page. At the top, there is a navigation bar with the OC Navigator logo and links for 'About OC Navigator', 'Find Resources', 'Resource Guides', 'Coming Soon', and 'Other Languages'. Below the navigation bar, the page title is 'Search Results'. There is a search bar with fields for 'Find', 'Category', 'City', and 'Language', and a 'Search' button. Below the search bar, there is a message: 'No resources matched your search. You can refine your search above, or try one of these options below.' followed by three cards: 'Not sure where to start?', 'Talk to Someone Now', and 'Check out our resource guides!'. At the bottom of the page, there is a message: 'We're adding more resources all the time. Have feedback on what would be helpful to add? Please let us know!' followed by a 'Send us a message' button.

5. On the resource detail page, add a graphic to OC Links to make it clear that the user would be reaching a real person. Usability testing indicated that the current state looked like it would connect a user to a bot.

Old:

How to Connect

 (714) 636-6286

Talk to a Navigator

 12912 Brookhurst St, Ste 480
Garden Grove, California 92840

 **OC Links** Trained Navigators can help you decide if this resource is right for you and help you connect.

 <https://www.ocapica.org/mentalhealth.html>



New:

How to Connect

 (714) 636-6286

Talk to a Navigator

 12912 Brookhurst St, Ste 480
Garden Grove, California 92840

 **OC Links**
Trained Navigators can help you decide if this resource is right for you and help you connect.



 <https://www.ocapica.org/mentalhealth.html>



6. **Add the resource website and ‘Last Updated’ to the top of the resource detail page.** Usability tests indicated having the website at the top of the page would be more helpful since they would go to the website as the next step of their search. The ‘Last Updated’ was added so users could assess if they needed to verify any information before calling the resource.

The screenshot shows the OC Navigator website interface. At the top is a dark blue navigation bar with the OC Navigator logo (an orange apple icon) and the word "Navigator" in white, followed by "BETA". To the right of the logo are links for "About OC Navigator", "Find Resources", "Resource Guides", "Coming Soon", and "Other Languages" with a speech bubble icon. An orange button labeled "I want help now" is on the far right. Below the navigation bar is a light blue header area with the title "Phoenix House Orange County" in a large, dark blue font. Underneath the title is a red circular icon with a white cross, followed by the text "Substance Use" in a dark blue font. To the right of this is the URL "https://www.phoenixhouse.org/loc..." in orange, followed by a share icon. Below the title and URL are two buttons: "Print" with a printer icon and "Likes" with a heart icon. To the right of these buttons is the text "Last Updated: August, 26, 2021". The main content area is a light blue box containing a paragraph of text: "Phoenix House Orange County provides a broad range of services to help patients break the cycle of drug and alcohol addiction. Its residential and outpatient treatment programs include individual and group therapy, family services, case management, fitness and wellness classes, and more. It helps patients achieve and sustain recovery through assessments and treatment planning; case management and referrals; life skills development; vocational and job readiness services; housing assistance; mental health support; parenting classes; literacy improvement; anger management; physical fitness activities; and health education."

Copy Changes

1. **Change Family Violence category name to Family Safety.** Community partners felt 'Family Violence' was too harsh. They suggested 'Family Safety' to be consistent with the strengths-based category names in the OC Navigator.

New:



2. **Revise Mental Wellness category description (bolded).** Community partners at Wellness Centers suggested revising the first sentence to shift the burden of mental health away from the individual.

Old:

Mental health is about your feelings, what you think about, and your connection with others. There are ways to help manage stress, get along better with others, and improve your life in healthy ways to maximize your wellbeing.

The OC Navigator can help you find mental wellness programs, support groups, or just someone to talk to. See available options below.

New:

Mental wellness affects our thoughts, feelings, and how we connect with the world around us. There are ways to help manage stress, get along better with others, and improve your life in healthy ways.

The OC Navigator can help you find mental wellness programs, support groups, or just someone to talk to. See available options below.