

# **Mental Health Services Act FY 2022-23 Plan Update**

## **Public Comments and Responses**

PERSONAL INFORMATION			
Name	Cory Vigil		
Agency/Organization	Child Guidance Center		
Phone number		E-mail	
Mailing address (street)			
City, State, Zip	Santa Ana, Ca		
MY ROLE IN THE MENTAL HEALTH SYSTEM			
<input type="checkbox"/>	Person in recovery	<input type="checkbox"/>	Probation
<input type="checkbox"/>	Family member	<input type="checkbox"/>	Education
<input checked="" type="checkbox"/>	Service provider	<input type="checkbox"/>	Social Services
<input type="checkbox"/>	Law enforcement/criminal justice	<input type="checkbox"/>	Other (please state) Veteran
COMMENTS			
<p>I just wanted to communicate that SFSC needs more funding. Currently referrals for this program have tripled and there's a waiting list of 30-45 days. Some of the needs involving families consist of suicide, domestic violence, PTSD and peer navigation is needed. Please consider significant funding for this amazing program. When I served in Iraq during my first deployment my daughter was diagnosed with Acute Lymphoid Leukemia. I could have really used a program like this to support me and my family. I would like the opportunity to continue to serve military-connected families in Orange County.</p>			

## **HCA Response to Veterans Programs (Comment #1)**

First and foremost, thank you for your service and advocacy for veterans and military-connected families in Orange County. The Strong Families Strong Children (SFSC) is a limited term Innovations funded project that by MHSR regulations is limited to up to five years. (Innovations Regulations code: Section 3910.010.) The HCA Mental Health and Recovery Services appreciates the services provided by SFSC during this Innovations project. MHSR will continue to reevaluate existing program needs to address the waiting list and meet the unique needs of Veterans and Military-connected families.

PERSONAL INFORMATION			
<b>Name</b>	Bre Onna Mathis		
<b>Agency/Organization</b>			
<b>Phone number</b>		<b>E-mail</b>	
<b>Mailing address (street)</b>			
<b>City, State, Zip</b>			
MY ROLE IN THE MENTAL HEALTH SYSTEM			
<input type="checkbox"/>	<b>Person in recovery</b>	<input type="checkbox"/>	<b>Probation</b>
<input type="checkbox"/>	<b>Family member</b>	<input type="checkbox"/>	<b>Education</b>
<input checked="" type="checkbox"/>	<b>Service provider</b>	<input type="checkbox"/>	<b>Social Services</b>
<input type="checkbox"/>	<b>Law enforcement/criminal justice</b>	<input type="checkbox"/>	<b>Other (please state)</b>
COMMENTS			
<p>My comment is on behalf of Strong Families, Strong Children, a program that services family members of veterans in Orange County.</p> <p>The rate of veteran suicide increased dramatically over the last two years. An estimated 20 or more veterans a day dying by suicide. National and local trends in suicide, mental health and suicide COVID-19 data, and veteran suicide data across service eras show the needs of these veteran families. The SFSC model has had a significant impact on correlated risk factors related to suicide both generally and in the veteran population.</p> <p>It is clear from County, Statewide and National data that substance use has increased in many communities as families cope with the economic and socially isolating effects of the COVID pandemic, which has affected minority families disproportionately. This is especially important in view of the extent to which SUDs co-occur with trauma and other mental health issues, as well as their effects on employment, income, family stability, and housing issues.</p>			

## **HCA Response to Veterans Programs (Comment #2)**

Thank you for your advocacy for Veterans Services. We look forward to your continued participation in the next MHSA three-year Plan Community Planning Process. Mental Health and Recovery Services (MHRS) agrees that veterans and military families are managing a great deal of challenges, and the MHSA plan update continues to prioritize veteran's services and recognizes veterans as a priority population, particularly in Suicide Prevention efforts. (Please see page 19; see priority populations)

PERSONAL INFORMATION			
<b>Name</b>	Robin Williams		
<b>Agency/Organization</b>			
<b>Phone number</b>		<b>E-mail</b>	
<b>Mailing address (street)</b>			
<b>City, State, Zip</b>			
MY ROLE IN THE MENTAL HEALTH SYSTEM			
<input type="checkbox"/>	<b>Person in recovery</b>	<input type="checkbox"/>	<b>Probation</b>
<input type="checkbox"/>	<b>Family member</b>	<input type="checkbox"/>	<b>Education</b>
<input type="checkbox"/>	<b>Service provider</b>	<input type="checkbox"/>	<b>Social Services</b>
<input type="checkbox"/>	<b>Law enforcement/criminal justice</b>	<input type="checkbox"/>	<b>Other (please state)    Legal Assistance</b>
COMMENTS			
<p>My comment is on behalf of the Strong Families, Strong Children (SFSC) program, which you can reference on page 184 in the 22-23 MHSA Plan, under one of the five OC4Vets-PEI programs. To quote the plan: Strong Families, Strong Children provides “an array of services that are tailored to meet the needs of the individuals and/or the families and can include peer support, community outreach, housing navigation and assistance, employment support, behavioral health screening and assessment, referral and linkages to community and behavioral health resources, clinical case management, individual counseling, family counseling, group counseling, domestic violence support, workshops and educational support groups for families, and legal support and advocacy services.”</p> <p>My name is Robin Williams, and I am the Grants Manager at Veterans Legal Institute, a pro-bono legal non-profit providing legal representation to veterans and their families with family law, landlord-tenant, unemployment, economic impact payment, veteran benefits, estate planning, financial assistance, discharge upgrades, consumer law, and others. I am also a US Army Veteran.</p> <p>As a partner of the Strong Families, Strong Children collaborative, we need to highlight the fact that children, spouses, and family members of veterans who are dealing with one or more legal matters that were served by this program have had a positive impact on the entire family.</p> <p>Veterans Legal Institute’s partnership with Strong Families, Strong Children has provided veterans and their families with the support needed to access legal services while also addressing their family needs around housing, mental health, education, parenting, employment, basic needs, etc. The SFSC families that are dealing with a legal matter are also dealing with other concerns such as mental health, medical, and housing. The need for legal services has increased dramatically and we need additional funding to serve these families in need.</p> <p>The families and children of veterans who have served their country deserve our best efforts to provide them the services they need, and without the expansion funding these families will be on waitlists and the impact on our capacity to serve these families will suffer.</p>			

### **HCA Response to Veterans Programs (Comment #3)**

Thank you for your military service and advocacy for veterans' services. Mental Health and Recovery Services (MHRS) agrees that veterans and military-connected families are managing a great deal of challenges, and the MHSA Plan Update continues to prioritize veteran's services and recognizes veterans as a priority population, particularly in Suicide Prevention efforts. (Please see page 19; priority populations) The plan proposes to expand services through creating a Full- Service Partnership as well as OC4VETS (Please see pages 22-23; see proposed program expansions). These programs are specifically designed to meet the unique needs of veterans, including substance use services, trauma, family support, and legal issues. (Please see page 183; see program description for OC4Vets)

PERSONAL INFORMATION			
Name	Sandy Avzaradel		
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Phone number		E-mail	
Mailing address (street)			
City, State, Zip			
MY ROLE IN THE MENTAL HEALTH SYSTEM			
<input type="checkbox"/>	Person in recovery	<input type="checkbox"/>	Probation
<input checked="" type="checkbox"/>	Family member	<input checked="" type="checkbox"/>	Education
<input checked="" type="checkbox"/>	Service provider	<input type="checkbox"/>	Social Services
<input type="checkbox"/>	Law enforcement/criminal justice	<input type="checkbox"/>	Other (please state)
COMMENTS			
<p>As a passionate advocate for upstream work to solve systemic issues, I am concerned about the imbalance of the budget dedicated toward upstream efforts. Approximately 95% of brain development has occurred by the age of eight. Children entering kindergarten at age five have developed 90% of their brain. The trajectory based on both adverse and benevolent experiences of a young child before they enter school has been set. We know that if we identify what is causing the issues and work on that, we greatly decrease the interventions necessary later in life. In dollars and cents, the return on investment working upstream (early childhood years) can be anywhere from 5-16% (depending on the investments).</p> <p>In looking at the Priority Populations in the plan, the term youth can and does include young children, but the way it is defined is up until age 25. The needs of a young child versus a 12 year old, 18 year old, or 25 year old is very different. The approach is different, what mental health looks like is different, services and access to services are different and the workforce <b>MUST</b> be different.</p> <p>Suicide Prevention starts in early childhood. If we start looking at suicide prevention as building social and emotional skills – the very skills that build resilience, then we are preventing suicide. But, when you look at the priority populations and the progress updates in the MHSA plan, we are starting with TAY. Mental Health issues of the “at risk youth” started in their very early years based on their experiences, environment and epigenetics. Let’s take an upstream approach to suicide prevention.</p> <p>Of the \$365,089,830 budget, only \$2,000,000 (.5%) is <i>specifically dedicated</i> to early childhood years (not including K-12 school based mental health services or other “all age group” funds). I am concerned that the budget does not take an upstream approach that will ensure systemic change in Orange County.</p>			

PERSONAL INFORMATION			
<b>Name</b>	Kim Goll		
<b>Agency/Organization</b>			
<b>Phone number</b>		<b>E-mail</b>	
<b>Mailing address (street)</b>			
<b>City, State, Zip</b>			
MY ROLE IN THE MENTAL HEALTH SYSTEM			
<input type="checkbox"/>	<b>Person in recovery</b>	<input type="checkbox"/>	<b>Probation</b>
<input type="checkbox"/>	<b>Family member</b>	<input type="checkbox"/>	<b>Education</b>
<input checked="" type="checkbox"/>	<b>Service provider</b>	<input type="checkbox"/>	<b>Social Services</b>
<input type="checkbox"/>	<b>Law enforcement/criminal justice</b>	<input type="checkbox"/>	<b>Other (please state)</b>
COMMENTS			
<p>Thank you for the opportunity to provide comment on the Mental Health Services Act (MHSA) Annual Plan Update for FY2022/23. As you are aware, mental health is critical throughout the lifetime. Research is clear that young children under age 5 can – and do – suffer from mental health conditions. In fact, even the parent’s mental health pre-natally has an impact on that child’s outcomes from the start. Those early years are a vital opportunity to establish appropriate social-emotional development and relational health, that can ultimately lead to more positive future mental health outcomes.</p> <p>It is therefore very disappointing to see that although there has been a substantial increase in MHSA revenue from the state, the prenatal to age five population has not been specifically prioritized and supported in Orange County. This despite the fact that there have been numerous and significant reports describing the critical needs at this time, and highlighting the responsibility of MHSA investment. In particular, the 2021 report, <i>Addressing infant &amp; early childhood mental health needs: Opportunities for community solutions</i>, specifically highlights the need for MHSA to prioritize young children, which includes the most often under-served age group of prenatal through age 5. The report further details specific needs and opportunities that are a roadmap for MHSA investment for families of young children. In addition, the 2021 AAP Policy Statement, <i>Preventing Childhood Toxic Stress: Partnering with Families and Communities to Promote Relational Health</i>, calls for an immediate and urgent shift from current practices to a focus on safe, stable, and nurturing relationships that buffer adversity and build resilience for young children. Furthermore, the First 5 Orange County Early Developmental Index has (since the onset of data collection in 2015) demonstrated that nearly 10% of kindergarteners arrive vulnerable on the social-emotional index assessment. After the most recent impact of COVID-19, and based on anecdotal observations from caregivers, we are anticipating an increase in vulnerability in the 2022 data that is currently being aggregated. The need - and responsibility - of MHSA prioritization and investment in this population is clear.</p> <p>There are models of investment from other programs and counties that have already demonstrated success and must be explored and implemented through MHSA leadership in the Orange County mental health system of services for Orange County. The needs are beyond clinical care and include prevention, education, and experiences that are supportive for caregivers (parents, grandparents, child care and early education providers, and all those who care for young children). Examples of these supports are detailed in the reports mentioned above, but a sampling of these include:</p>			

- Establish prevention efforts such as public awareness campaigns on the importance of mental health for young children (and how this is linked to behavior and relationships with adults)
- Increase protective factors through family activities and supports such as playgroups
- Directly support the early care and education field with increased support services and training on children's behavioral and emotional development
- Establish broader implementation of the Infant and Early Mental Health Consultation model for early childhood education and beyond, to include coordination with programs such as Family Resource Centers, homeless and domestic violence shelters, substance use disorder treatment programs, and hospitals serving pre- and post-partum families
- Provide support towards workforce development including investing in county training programs, scholarship and work agreements, supporting caregiver pathways in public schools, training programs specifically for child care and preschool teachers, and ensuring representation by engaging the local community members, representing their unique community and culture in the workforce
- Expand school-based mental health services to include pre-kindergarten students and staff (such as the newly mandated Transitional Kindergarten and school-based head start programs)
- Lead an effort of intentional collaboration with other related initiatives (such as ACEs and CalAIM) to effectively streamline efforts and services for young children

It is important to recognize that the needs and strategies related to mental health for children prenatal to five years of age are very different from those relevant for teens or even elementary students. This population must be specifically prioritized and targeted for effective prevention and education services. Orange County MHSA is uniquely positioned, during this very critical time in the field, to make a difference that will impact future generations. We must prioritize young children (particularly defined as prenatal through age 5) to effectively promote well-being, prevent mental health conditions, and ensure early identification to support the best possible outcomes for every individual in our county.

First 5 Orange County is particularly focused on this population, and works regularly in collaboration with community organizations and partners that can and do support this work. We would like to be a support in this process, and we welcome any opportunity to meet with you and discuss how the prioritization of young children can be incorporated into your plan.

We appreciate the opportunity to provide input and look forward to further collaboration and partnership to support the individuals and families of Orange County.

## **HCA Response to Children and Youth Programs (Comments #4-5)**

Thank you for your comments and identification of the specific needs of children and youth, including addressing differential needs for underserved age groups prenatal through age 5. Priority Populations within the MHSA Plan Update were determined by the community planning process in the development of the current three-year plan. Youth was identified as a priority population for the strategic priority Access to Behavioral Health Services (Please see page 17). Youth, specifically boys ages 4-11 were identified as a priority population for the strategic priority Mental Health Awareness and Stigma Reduction (Please see page 18).

Mental Health and Recovery Services (MHRS) agrees that upstream approaches are an important component of the continuum of care, supporting families, and the social and emotional development of young children. MHSA currently funds several programs/services that focus on new or expecting parents as well as families with young children using upstream approaches. Examples of upstream programming within the plan include Orange County Parent Wellness Program (please see program description on page 170), and Safe From the Start (please see page 100).

Additional programming has been developed through PEI programs to address at-risk and stressed families with children, including pregnant females and partners affected by pregnancy or birth of a child.

On page 27 of the MHSA Plan Update, we propose to expand programs under Outreach for Increasing Recognition of Early Signs of Mental Illness Programs by \$10,399,528. Specifically, expanding Behavioral Health Training, Early Childhood Mental Health Providers Training, Outreach and Engagement, and K-12 School-Based Mental Health Services Expansion.

It is important to note that all programming dedicated to children is not reflected in the MHSA budget.

MHRS values its collaborative work with Start Well and First 5, including the additional content developed for the Stigma Free OC movement and participating in the learning cohort for enhancing home visiting referral pathways for families (Please see page 73). HCA looks forward to further explore the community need through these and other efforts as we continue to come out of the pandemic and work together in finding solutions. We look forward to discussing the 2022 Early Developmental Index data to further inform community planning and applaud your effort in providing this information.

PERSONAL INFORMATION			
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<b>Agency/Organization</b>			
<b>Phone number</b>		<b>E-mail</b>	
<b>Mailing address (street)</b>			
<b>City, State, Zip</b>			
MY ROLE IN THE MENTAL HEALTH SYSTEM			
<input type="checkbox"/>	<b>Person in recovery</b>	<input type="checkbox"/>	<b>Probation</b>
<input type="checkbox"/>	<b>Family member</b>	<input type="checkbox"/>	<b>Education</b>
<input type="checkbox"/>	<b>Service provider</b>	<input type="checkbox"/>	<b>Social Services</b>
<input type="checkbox"/>	<b>Law enforcement/criminal justice</b>	<input checked="" type="checkbox"/>	<b>Other (please state) Advocate</b>
COMMENTS			
<p>Please include the Children's Mental Health Access (CMHA) Project in the FY 2022-23 MHSA Plan Update. We support its adoption by the Orange County Board of Supervisors to address significant gaps in children's mental health services by providing access coordination, universal mental health screenings and response in schools, PC-CARE, early childhood mental health case management, and other supportive services. Children's mental health education and outreach activities that are culturally responsive and available in Spanish, Vietnamese, Korean, Arabic, Farsi, Khmer, Chinese, Pashto, and other languages as part of the Project are needed to address ongoing disparities in access to children's mental health services. This collaborative project that brings together twelve children's mental health community-based providers is needed immediately to address the current children's mental health crisis in our county.</p> <p>The Update would also benefit from having a responsive funding mechanism that could provide support for community-based initiatives that are aligned with Orange County's MHSA priorities. This mechanism would also provide flexibility in addressing ongoing surplusses.</p> <p>Finally, having a "cause of change" report indicating the reasons the previous plan update did not meet its planned expenditures</p>			

PERSONAL INFORMATION			
<b>Name</b>	Sandra Brookhart		
<b>Agency/Organization</b>			
<b>Phone number</b>		<b>E-mail</b>	
<b>Mailing address (street)</b>			
<b>City, State, Zip</b>			
MY ROLE IN THE MENTAL HEALTH SYSTEM			
<input type="checkbox"/>	<b>Person in recovery</b>	<input type="checkbox"/>	<b>Probation</b>
<input type="checkbox"/>	<b>Family member</b>	<input type="checkbox"/>	<b>Education</b>
<input checked="" type="checkbox"/>	<b>Service provider</b>	<input type="checkbox"/>	<b>Social Services</b>
<input type="checkbox"/>	<b>Law enforcement/criminal justice</b>	<input type="checkbox"/>	<b>Other (please state)    Veteran</b>
COMMENTS			
<p>Please include the Children's Mental Health Access (CMHA) Project in the FY 2022-23 MHSa Plan Update. We support its adoption by the Orange County Board of Supervisors to address significant gaps in children's mental health services by providing access coordination, universal mental health screenings and response in schools, PC-CARE, early childhood mental health case management, and other supportive services. Children's mental health education and outreach activities that are culturally responsive and available in Spanish, Vietnamese, Korean, Arabic, Farsi, Khmer, Chinese, Pashto, and other languages as part of the Project are needed to address ongoing disparities in access to children's mental health services. This collaborative project that brings together twelve children's mental health community-based providers is needed immediately to address the current children's mental health crisis in our county</p>			

PERSONAL INFORMATION			
<b>Name</b>	Vattana Peong		
<b>Agency/Organization</b>			
<b>Phone number</b>		<b>E-mail</b>	
<b>Mailing address (street)</b>			
<b>City, State, Zip</b>			
MY ROLE IN THE MENTAL HEALTH SYSTEM			
<input type="checkbox"/>	<b>Person in recovery</b>	<input type="checkbox"/>	<b>Probation</b>
<input type="checkbox"/>	<b>Family member</b>	<input type="checkbox"/>	<b>Education</b>
<input checked="" type="checkbox"/>	<b>Service provider</b>	<input type="checkbox"/>	<b>Social Services</b>
<input type="checkbox"/>	<b>Law enforcement/criminal justice</b>	<input type="checkbox"/>	<b>Other (please state)    Veteran</b>
COMMENTS			
<p>Thank you so much for the opportunity to provide comments on Orange County Mental Health Services Act Plan Update for FY 2022-23.</p> <p>We would like to see the plan include the Children's Mental Health Access (CMHA) Project in the FY 2022-23 MHSA Plan Update. We support its adoption by the Orange County Board of Supervisors to address significant gaps in children's mental health services by providing access coordination, universal mental health screenings and response in schools, PC-CARE, early childhood mental health case management, and other supportive services. Children's mental health education and outreach activities that are culturally responsive and available in Spanish, Vietnamese, Korean, Arabic, Farsi, Khmer, Chinese, Pashto, and other languages as part of the Project are needed to address ongoing disparities in access to children's mental health services. This collaborative project that brings together twelve children's mental health community-based providers is needed immediately to address the current children's mental health needs in our county.</p> <p>We thank you in advance for your consideration.</p>			

PERSONAL INFORMATION			
<b>Name</b>	Lorry Leigh Belhumeur, Ph.D.		
<b>Agency/Organization</b>			
<b>Phone number</b>		<b>E-mail</b>	
<b>Mailing address (street)</b>			
<b>City, State, Zip</b>			
MY ROLE IN THE MENTAL HEALTH SYSTEM			
<input type="checkbox"/>	<b>Person in recovery</b>	<input type="checkbox"/>	<b>Probation</b>
<input type="checkbox"/>	<b>Family member</b>	<input type="checkbox"/>	<b>Education</b>
<input checked="" type="checkbox"/>	<b>Service provider</b>	<input type="checkbox"/>	<b>Social Services</b>
<input type="checkbox"/>	<b>Law enforcement/criminal justice</b>	<input type="checkbox"/>	<b>Other (please state)    Veteran</b>
COMMENTS			
<p>Please include the Children's Mental Health Access (CMHA) Project in the FY 2022-23 MHSA Plan Update. We support its successful efforts to address significant gaps in children's mental health services by providing much needed access to mental health resources through access coordination, universal mental health screenings and response in schools, PC-CARE, early childhood mental health case management, and other supportive services. Children's mental health education and outreach activities that are culturally responsive and available in Spanish, Vietnamese, Korean, Arabic, Farsi, Khmer, Chinese, Pashto, and other languages that can be provided by the CMHA Project are needed to address ongoing disparities in access to children's mental health services. This collaborative CMHA Project brings together twelve children's mental health community-based providers and is needed immediately to address the current children's mental health crisis in our county.</p>			

PERSONAL INFORMATION			
<b>Name</b>	Meridith Cagle		
<b>Agency/Organization</b>			
<b>Phone number</b>		<b>E-mail</b>	
<b>Mailing address (street)</b>			
<b>City, State, Zip</b>			
MY ROLE IN THE MENTAL HEALTH SYSTEM			
<input type="checkbox"/>	<b>Person in recovery</b>	<input type="checkbox"/>	<b>Probation</b>
<input type="checkbox"/>	<b>Family member</b>	<input type="checkbox"/>	<b>Education</b>
<input checked="" type="checkbox"/>	<b>Service provider</b>	<input type="checkbox"/>	<b>Social Services</b>
<input type="checkbox"/>	<b>Law enforcement/criminal justice</b>	<input type="checkbox"/>	<b>Other (please state)    Veteran</b>
COMMENTS			
<p>Please include the Children's Mental Health Access (CMHA) Project in the FY 2022-23 MHSA Plan Update. Beyond Blindness supports its adoption by the Orange County Board of Supervisors to address significant gaps in children's mental health services by providing access coordination, universal mental health screenings and response in schools, PC-CARE, early childhood mental health case management, and other supportive services. Children's mental health education and outreach activities that are culturally and linguistically appropriate and support children with low incidence health needs such as vision impairment are needed to address ongoing disparities in access to children's mental health services. This collaborative project that brings together twelve children's mental health community-based providers is needed immediately to address the current children's mental health crisis in our county.</p>			

PERSONAL INFORMATION			
<b>Name</b>	Nahla Kayali		
<b>Agency/Organization</b>			
<b>Phone number</b>		<b>E-mail</b>	
<b>Mailing address (street)</b>			
<b>City, State, Zip</b>			
MY ROLE IN THE MENTAL HEALTH SYSTEM			
<input type="checkbox"/>	<b>Person in recovery</b>	<input type="checkbox"/>	<b>Probation</b>
<input type="checkbox"/>	<b>Family member</b>	<input type="checkbox"/>	<b>Education</b>
<input checked="" type="checkbox"/>	<b>Service provider</b>	<input type="checkbox"/>	<b>Social Services</b>
<input type="checkbox"/>	<b>Law enforcement/criminal justice</b>	<input type="checkbox"/>	<b>Other (please state)    Veteran</b>
COMMENTS			
<p>Please include the Children's Mental Health Access (CMHA) Project in the FY 2022-23 MHSa Plan Update. We support its adoption by the Orange County Board of Supervisors to address significant gaps in children's mental health services by providing access coordination, universal mental health screenings and response in schools, PC-CARE, early childhood mental health case management, and other supportive services. Children's mental health education and outreach activities that are culturally responsive and available in Spanish, Vietnamese, Korean, Arabic, Farsi, Khmer, Chinese, Pashto, and other languages as part of the Project are needed to address ongoing disparities in access to children's mental health services. This collaborative project that brings together twelve children's mental health community-based providers is needed immediately to address the current children's mental health crisis in our county."</p>			

## **HCA Response to Children and Youth Programs (Comments #6-11)**

Thank you for your collaboration in addressing children's mental health needs in Orange County. MHRS leadership continues to meet with Children's Cause Orange County and Community-Based Organizations regarding the Children's Mental Health Access (CMHA) project. We will continue to evaluate how this project could contribute to the development of the children and youth system of care in Orange County.

The HCA is working diligently in collaboration with Orange County Department of Education as well as CalOptima, to re-evaluate the current needs, existing programs, and gaps in services for youth and family. This partnership is critical while OCDE is the recipient of School Based Health Incentive Program (SBHIP) funding for the provision of supportive mental health services for children, youth, families, caregivers, and educators. This collaboration supports maximizing the funding to avoid duplication of services and create a thoughtful, seamless system of care for this target population.

The HCA MHRS values collaborating with community-based organizations and initiatives. The recommendation of creating a "responsive funding source mechanism" will continue to be evaluated and explored.

In previous years, various approaches have been implemented to share reasons for variances in projected expenditures and actual expenditures. This is often part of the "true up" process discussed in the Plan Update on pages 26-28. Frequently, these variances are due to changes in physical location, delays in implementation, and staffing challenges.

PERSONAL INFORMATION			
<b>Name</b>	Jazmin Suarez		
<b>Agency/Organization</b>			
<b>Phone number</b>		<b>E-mail</b>	
<b>Mailing address (street)</b>			
<b>City, State, Zip</b>			
MY ROLE IN THE MENTAL HEALTH SYSTEM			
<input type="checkbox"/>	<b>Person in recovery</b>	<input type="checkbox"/>	<b>Probation</b>
<input type="checkbox"/>	<b>Family member</b>	<input type="checkbox"/>	<b>Education</b>
<input type="checkbox"/>	<b>Service provider</b>	<input type="checkbox"/>	<b>Social Services</b>
<input type="checkbox"/>	<b>Law enforcement/criminal justice</b>	<input checked="" type="checkbox"/>	<b>Other (please state) Student/Youth</b>
COMMENTS			
<p>Hello, My name is Jazmin and I am a 10th grader attending school in the city of Santa Ana. I would to see more of the following provided for youth substance use disorder prevention and mental wellness:</p> <ol style="list-style-type: none"> <li><b>1. More Youth after school programs and activities-</b> After school programs where you could go and get assistance with homework. Also where you can get help with College applications and scholarships. Something where youth can be more athletic and where they can get real equipment. a real coach, someone who can show them how to do the things right and show the best ways and can take away a lot and learn. have a place where youth can get a trainer if they are thinking of going to the gym and show them how to work their equipment.</li> <li><b>2. More youth mental wellness activities-</b> Having a place where you're able to go relax and just on wine being able to have someone there to talk to and give information or get information from them to be able to survive the daily life of a student there should be clubs where you wasn't able to socialize and just have fun to be able to network and get those tools that they would need in the future another example of what we could do is have tutors that are therapists so as you're doing your homework you're able to talk about what's going on in life and how you could get assistance with what you are doing both mentally and educationally.</li> <li><b>3. More safe spaces for youth socialization-</b> The best way to have you engage with people that are trying to help is to have them in a setting where their friends are with them for example at school. where you could have a class or a. To be able to just do this or even after school or before school would be a great time then from there have all the youth come together at least once or twice a month to where they're able to talk about breakthrough</li> <li><b>4. More services for youth struggling with mental health, developmental, or home-life differences-</b> Having someone there that is open-minded and is there for the students. talking to them as if they are their friends and being able to just help them with their ideas having people there that really care about how are you guys doing and not just there just to be there a great idea is go on walks with the students to get to know them in a more open area</li> <li><b>5. More restorative justice policies—helping youth and police to reconcile and relate to each other more positively</b> The police could do a pop-up stand where people could come up and just ask questions related to the police being able to educate the community and letting them know that they're there to help. Something a policeman should do is walk around the neighborhood and get to know the people there so you know that they're there to help and not do what television has done in the past and made things unrealistic. have a place where policemen and you are able to sit down and have questions have a fun day to where they are able to sit down and have fun and just answer all the questions that we have to be able to assist more youth to come.</li> </ol>			

## **HCA Response to Public Comments on Children and Youth Programs (Comment #12)**

The MHSA office sincerely appreciates the thoughtful insights that you shared along with recommendations to improve the well-being of youth in Orange County. The HCA is currently in discussion with various community partners including Social Services Agency to enhance their Family Resource Centers specifically to address after school programs. The current plan update also proposes to expand preK-12<sup>th</sup> grade school based supportive services which doesn't highlight afterschool programs but does not exclude afterschool programs.

The HCA is working diligently in collaboration with Orange County Department of Education as well as CalOptima, to re-evaluate the current needs, existing programs, and gaps in services for youth and family. This partnership is critical while OCDE is the recipient of School Based Health Incentive Program (SBHIP) funding for the provision of supportive mental health services for children, youth, families, caregivers, and educators. This collaboration supports maximizing the funding to avoid duplication of services and create a thoughtful, seamless system of care for this target population.

We value your voice and encourage your participation in MHSA community engagement opportunities.

PERSONAL INFORMATION			
<b>Name</b>	Barry Ross		
<b>Agency/Organization</b>			
<b>Phone number</b>		<b>E-mail</b>	
<b>Mailing address (street)</b>			
<b>City, State, Zip</b>			
MY ROLE IN THE MENTAL HEALTH SYSTEM			
<input type="checkbox"/>	<b>Person in recovery</b>	<input type="checkbox"/>	<b>Probation</b>
<input type="checkbox"/>	<b>Family member</b>	<input type="checkbox"/>	<b>Education</b>
<input checked="" type="checkbox"/>	<b>Service provider</b>	<input type="checkbox"/>	<b>Social Services</b>
<input type="checkbox"/>	<b>Law enforcement/criminal justice</b>	<input type="checkbox"/>	<b>Other (please state)</b>
COMMENTS			
<p>I commend the County for seeking community input into the MHSA priorities and budget process. The expanded budget in 2022-2023 provides a great opportunity to move the mental health system forward. I commend the large upstream investments in PSH and in Be Well. There is recognition that the current mental health system is hard to navigate and complex. I would encourage the County to establish metrics that tell us whether residents were able to access the services that they looked for and need and that there are metrics that demonstrate that residents are being diagnosed earlier, hospitalizations are being prevented and suicides are being decreased. If there are not baselines and benchmarks for these types of metrics, I would encourage that they be established. We need to know which investments are effective and which ones are not, as well as how the system as a whole is improving.</p>			

### **HCA Response to Data/Outcomes (Comments #13)**

Thank you for your comments. Each program description reports the process and, where appropriate, performance outcomes over the past several fiscal years to aid in the identification of trends over time. The presented outcomes and metrics align with state and other regulatory requirements. We nevertheless recognize the value and importance of outcomes and are beginning a multi-step process of modernizing our data collection systems and pipeline and updating our data analytics and visualization. The investment in the Capital Facilities and Technological Needs component in this year's Annual Plan Update reflects, in part, the acceleration of work in this area, which will progressively roll out in phases over the course of the next MHSA Three-Year Plan.

Community Planning, Plan Performance and Budget Considerations

PERSONAL INFORMATION			
Name	Stephen McNally		
Agency/Organization			
Phone number		E-mail	
Mailing address (street)			
City, State, Zip			
MY ROLE IN THE MENTAL HEALTH SYSTEM			
<input checked="" type="checkbox"/>	Person in recovery	<input type="checkbox"/>	Probation
<input type="checkbox"/>	Family member	<input type="checkbox"/>	Education
<input type="checkbox"/>	Service provider	<input type="checkbox"/>	Social Services
<input type="checkbox"/>	Law enforcement/criminal justice	<input type="checkbox"/>	Other (please state)
COMMENTS			
<p><b><u>Community Planning:</u></b></p> <p>I feel that community planning should focus on community's needs and awareness of available services, or missing services, their level of understanding to access services and when accessed how were customers treated and what quality of care was received. A professional marketing research firm should be hired to design questions that result in specific actions about access/navigation, expansion /retraction of programs, or deletion of programs based on need.</p> <p>The plan does not clearly present community needs or segment sizes: for many years, I have voiced a concern about the quality of research.</p> <p>Most community members will be overwhelmed by the document size and find it difficult to understand a 400 plus document. The addition of an executive summary for outcomes, program eligibility requirements, and a video explanation for the plan. Neighboring counties present the plan to the community, capture a recording, then host a recording online during the public comment period. The county advertises the recording availability and invites the community.</p>			

## **Plan Performance:**

Outcomes are hidden within the narrative however, it is too difficult to see performance by county operated or contracted providers such as:

- Budget ( Available, Spent, Spent As a percent of Available Funds, )
- Outcomes ( Expected, Achieved, Achieved as a percent of Expected Outcomes)
- Cost Per Outcomes ( Expected, Achieved, Achieved as a percent of Expected Outcomes)

Possibly adding this information in a similar executive summary format ( pages 21-28) - CEO prepared quarterly budget review and the Annual Revenue and Expenditure Report (ARER) presented to the state document financial performance; the documents do not include outcomes.

Adding program designation as (C ) county operated and contracted provider by name as part of the program name would make it easier to evaluate specific performance. would m.

## **Budget Considerations:**

On page 311, the current budget plans to not spend \$113.3M I recommend eliminating "this carryover" creating a responsive funding mechanism as part of the approved budget. This would allow the county to quickly respond to new opportunities, support smaller organizations who are not staffed to address county procurement and identify champions hidden behind filters. Additionally, we can address equity issues around sub contractor pay ( bigger providers using smaller ethnic providers but at lower pay)

Clarification is requested how Cal Aim affects federal funds participation (FFP. This plan continues to significantly under achieve federal funds participation at the levels of neighboring counties. Is this program design, training, or something else.

My comments are mostly about the budget as this is most easily understood in the plan. I will submit comments added as text boxes and highlights within the plan as a separate comment.

Thank you for the opportunity to make a public comment

## **HCA Response to Data, Community Planning and Budget Considerations (Comments #14)**

### **Community Planning**

Thank you for the recommendations and sharing your insights as you look at the MHSA process and plan in surrounding counties. In Orange County, we recognize that the CPP has evolved since the implementation of MHSA as the needs of the system have changed. (Please see the summary of the strategy/approach on page 37 of the plan update)

The HCA agrees that in our current stage of development as a system, community engagement should focus on community/client needs, awareness and access to services, gaps in services, evaluating individual experience in services, and quality of care. As we start developing our CPP plan for the next three-year plan, we are also aware of our staffing limitations and plan to reach out to various partners, particularly with cultural and language capabilities to assist with the process and effectively reach the diverse ethnic communities and MHSA target populations in Orange County. In addition, the MHSA office is working closely with CalOptima, and the office of Population Health Equity to collaborate with similar county wide initiatives. This will expand our reach into the community and reduce redundancy for the community members participating in surveys and focus groups. We anticipate that as the data collection and reporting process evolves, as addressed below in “Plan Performance”, this will lead to additional opportunities for the community to evaluate the efficiency and efficacy of the programs.

Thank you for your additional recommendations regarding providing various videos to share program information as well as a video explanation of the MHSA plan. We will explore the option further and consider as a tool for the next three-year plan.

## **Plan Performance**

Thank you for your comments. Each program description reports the process and, where appropriate, performance outcomes over the past several fiscal years to aid in the identification of trends over time. The presented outcomes and metrics align with state and other regulatory requirements. We nevertheless recognize the value and importance of outcomes and are beginning a multi-step process of modernizing our data collection systems and pipeline and updating our data analytics and visualization. The investment in the Capital Facilities and Technological Needs component in this year's Annual Plan Update reflects, in part, the acceleration of work in this area, which will progressively roll out in phases over the course of the next MHSA Three-Year Plan.

## **Budget Considerations**

As a core standard of MHSA, HCA continues to follow the Community Program Planning Process to utilize MHSA funds while aligning responsibly and strategically with the County's Strategic Priorities, which will further decrease the current projected carry over balance.

DHCS is transforming the Medi-Cal delivery system. This transition is done through CalAIM. Reform Implementation is already underway and will continue through 2027. This process is still being developed and with it, CalAIM will change what we can bill for as well as how we bill and receive Medi-Cal FFP. As the Calami system continues to be finalized the hope is additional services could be claimed that are currently not eligible to be billed for Medi-Cal reimbursement. This may result in increased FFP generation and free up additional MHSA funds.

The amount of FFP Generated by our MHSA programs is limited due to how our MHSA programs are designed. Our MHSA programs are designed to fill in gaps within our Mental Health and Recovery Services System. With this design many of the services provided by our MHSA programs are not eligible for Medi-Cal FFP. Almost all PEI programs do

not bill Medi-Cal as they are serving individuals who do not meet criteria for Specialty Mental Health Services (SMHS). It is the intent of the plan to intervene early to prevent individuals from meeting criteria for serious mental health services (SMHS) which is a higher level of care. Additionally, HCA's Mental Health and Recovery Services has a variety of programs that are not funded through MHSA which provide Medi-Cal eligible services and bill Medi-Cal therefore generating a high rate of FFP that would not be mentioned in the MHSA plan.

PERSONAL INFORMATION			
<b>Name</b>	Carla DiCandia		
<b>Agency/Organization</b>			
<b>Phone number</b>		<b>E-mail</b>	
<b>Mailing address (street)</b>			
<b>City, State, Zip</b>			
MY ROLE IN THE MENTAL HEALTH SYSTEM			
<input type="checkbox"/>	<b>Person in recovery</b>	<input type="checkbox"/>	<b>Probation</b>
<input type="checkbox"/>	<b>Family member</b>	<input type="checkbox"/>	<b>Education</b>
<input checked="" type="checkbox"/>	<b>Service provider</b>	<input type="checkbox"/>	<b>Social Services</b>
<input type="checkbox"/>	<b>Law enforcement/criminal justice</b>	<input type="checkbox"/>	<b>Other (please state)</b>
COMMENTS			
<p>I am so proud of our County for all of the effort that continues to go into mental health services. As an employee of Ocean View Adult Psych Hospital in south Long Beach, I work with a variety of residents from OC, as well as with many of the SUD and mental health providers in OC. An ongoing challenge is the lack of availability of the CAT and PERT teams. It was implied in the executive summary that there will be an expansion of such teams but I feel it must be called out specifically. As well, I continue to hear from families that their loved ones are being taken to the local ER only to a) be transferred to a psych unit in another county or b) be released because they're not "sick enough". This is a true travesty as evidenced by the patient who was released from a local hospital last year as "stable" only to go down the street, break into a home and assault a neighbor. This is a chronic and recurring problem that extends beyond OC, but worthy of attention if we are to be the new standard and benchmark in this arena. Last but not least, what a BLESSING to have the addition of the two Signature psych units (Aliso Viejo and Anaheim). Now if only we could convert the San Clemente Hospital into a psych hospital with an ER!!! Please count on me if there's anything I can do to advocate for any of these issues.</p>			

### **HCA Response Crisis CAT/PERT (Comment #15)**

Thank you for the feedback regarding availability of the CAT and PERT teams. By definition, unplanned crises eb and flow and wait times can be unfavorable during peak demand periods. Recently, the ability of the CAT and PERT teams to consistently meet the increased community requests for crisis response in the timeliest manner has been impacted by several staffing vacancies. HCA is actively working to address recruitment and retention factors.

Please refer to page 21 of the MHSA Plan Update where the proposed Mobile Crisis and Assessment increase is referenced.

Although MHRS works closely with local hospitals to support continuity of care and discharge planning, following admission to a hospital, client care lies with the treating hospital.

PERSONAL INFORMATION			
<b>Name</b>	Kim Versluis		
<b>Agency/Organization</b>			
<b>Phone number</b>		<b>E-mail</b>	
<b>Mailing address (street)</b>			
<b>City, State, Zip</b>			
MY ROLE IN THE MENTAL HEALTH SYSTEM			
<input type="checkbox"/>	<b>Person in recovery</b>	<input type="checkbox"/>	<b>Probation</b>
<input checked="" type="checkbox"/>	<b>Family member</b>	<input checked="" type="checkbox"/>	<b>Education</b>
<input checked="" type="checkbox"/>	<b>Service provider</b>	<input type="checkbox"/>	<b>Social Services</b>
<input type="checkbox"/>	<b>Law enforcement/criminal justice</b>	<input type="checkbox"/>	<b>Other (please state)</b>
COMMENTS			
<p><b>Please provide for more financial support towards prevention and promotion. Prevention is key to supporting individuals and families in need and essential to our county's continued success and forward thinking agenda on mental health services.</b></p>			

## **HCA Response to Prevention and Early Intervention (Comment #16)**

Thank you for your comment. HCA agrees with the importance of prevention and mental health promotion and is looking forward to new mental health and wellness promotion services to begin next year in addition to the prevention services birth – all ages described in the Plan.

PERSONAL INFORMATION			
<b>Name</b>	Stephen Schueller		
<b>Agency/Organization</b>			
<b>Phone number</b>		<b>E-mail</b>	
<b>Mailing address (street)</b>			
<b>City, State, Zip</b>			
MY ROLE IN THE MENTAL HEALTH SYSTEM			
<input type="checkbox"/>	<b>Person in recovery</b>	<input type="checkbox"/>	<b>Probation</b>
<input type="checkbox"/>	<b>Family member</b>	<input checked="" type="checkbox"/>	<b>Education</b>
<input type="checkbox"/>	<b>Service provider</b>	<input type="checkbox"/>	<b>Social Services</b>
<input type="checkbox"/>	<b>Law enforcement/criminal justice</b>	<input type="checkbox"/>	<b>Other (please state)</b>
COMMENTS			
<p>We appreciate the mention of allcove as part of the MHSA 2022-2023 plan and the potential of allcove for support from innovation funding in Orange County. allcove is an innovative model to welcome young people ages 12 to 25 with mild to moderate needs looking for support. A network of allcove projects have been funded by the MHSOAC, with technical assistance provided by Stanford University, including an Orange County project led by the University of California, Irvine and the Wellness &amp; Prevention Center. The MHSOAC funding comes from legislated state funds. The funding started in October 2021 and runs through June 2024 to support the planning and launching of two allcove centers here in Orange County. We are currently in planning phases for these centers including forming our Youth Advisory Groups and Community Consortium, establishing our partners for service delivery, and opening the doors for allcove Irvine and allcove Orange County in late 2022 and early 2023. County MHSA funding is vital to the operation, expansion, and sustainability of allcove in Orange County.</p> <p>We strongly support the use of MHSA innovation funds to support allcove in Orange County. We also note additional ways that MHSA funding might support allcove. With its focus on youth with mild to moderate needs, prevention and early intervention and stigma reduction funding could support allcove services for youth and prevent the need for more costly interventions later in life. Workforce education and training funding could support training mental health providers in these allcove centers, especially through UCI's involvement in this project. We also strongly support the inclusion of funding for allcove in relation to the BeWELL Irvine campus as an allcove center on the BeWELL Irvine campus could help support youth of ages 12-25 in Orange County and leverage the funding from the MHSOAC and the learnings and community engagement of planning and launching our centers.</p>			

allcove

PERSONAL INFORMATION			
<b>Name</b>	William H Carson		
<b>Agency/Organization</b>			
<b>Phone number</b>		<b>E-mail</b>	
<b>Mailing address (street)</b>			
<b>City, State, Zip</b>			
MY ROLE IN THE MENTAL HEALTH SYSTEM			
<input type="checkbox"/>	<b>Person in recovery</b>	<input type="checkbox"/>	<b>Probation</b>
<input type="checkbox"/>	<b>Family member</b>	<input type="checkbox"/>	<b>Education</b>
<input type="checkbox"/>	<b>Service provider</b>	<input type="checkbox"/>	<b>Social Services</b>
<input type="checkbox"/>	<b>Law enforcement/criminal justice</b>	<input type="checkbox"/>	<b>Other (please state)</b>
COMMENTS			
<p>My name is William H Carson and I have been a board member of the Wellness and Prevention Center for the last 5 years.</p> <p>I support the use of MHSA INN(innovation) funds for the operation of allcove OC. The University of California Irvine and the Wellness &amp; Prevention Center are working with the MHSAOC and Stanford, through especially legislated state funds, to have the first Orange County allcove facilities open on the campus of UCI this year and in South Orange County in the first half of 2023. County MHSA funding is vital to the expansion and sustainability of allcove in Orange County.</p> <p>Please also consider allocating prevention and early intervention and stigma reduction funding to allcove as the services provided along with the extensive youth outreach and leadership development supports youth wellness and access to supportive services that prevent the need for more costly interventions later in life.</p> <p>I also support the inclusion of allcove in funding for the BeWELLL Irvine campus as the model is a source of wellness for youth ages 12-25 in Orange County.</p> <p>It is important to note that there are other pending projects through the University of California Irvine supported by MHSA dollars, that allcove can complement and support, specifically Clinical High Risk for Psychosis and Young Adult Court. County MHSA funding for allcove serves to further leverage these collaborations.</p> <p>In conclusion, we have seen an ever increasing need for Mental Health, Drug Education, and other social and clinical services for our underserved youth and young adult populations. Suicide, drug over doses, negativity and over politicization, Covid and economic stressors do not appear to be waning. The California and Stanford initiative allcove is a game changer in providing many of the resources, under one roof, to combat these issues. Thank you for time and consideration in this matter.</p>			

## **HCA Response to allcove (Comments #17-18)**

Thank you for your comments, consideration, and support regarding the allcove project. allcove continues to be examined as a potential Innovation project. Further exploration has been on hold due to COVID-19.

The potential use of MHSA funding for allcove will involve several factors, one of which the identification of locations/sites that meet the allcove space and design requirements.

We look forward to learning more about the implementation of allcove at the existing locations.

It is important to note that generally, INN funding cannot be used for sustaining projects as these funds, by law, are for time-limited projects that meet MHSA Innovation criteria.

HCA will continue to gather more information regarding allcove for consideration in the next three-year plan.

PERSONAL INFORMATION			
<b>Name</b>	Priscilla Huang		
<b>Agency/Organization</b>			
<b>Phone number</b>		<b>E-mail</b>	
<b>Mailing address (street)</b>			
<b>City, State, Zip</b>			
MY ROLE IN THE MENTAL HEALTH SYSTEM			
<input type="checkbox"/>	<b>Person in recovery</b>	<input type="checkbox"/>	<b>Probation</b>
<input type="checkbox"/>	<b>Family member</b>	<input type="checkbox"/>	<b>Education</b>
<input type="checkbox"/>	<b>Service provider</b>	<input type="checkbox"/>	<b>Social Services</b>
<input type="checkbox"/>	<b>Law enforcement/criminal justice</b>	<input checked="" type="checkbox"/>	<b>Other (please state)    Advocacy</b>
COMMENTS			
<p>The organizations listed below submit the following comments in response to the Orange County Health Care Agency (HCA), Mental Health and Recovery Services (MHRS) Mental health Services Act (MHSA) Annual Plan Update for FY 2022-23. Our organizations provide a range of health and social services to primarily low-income, Asian American and Pacific Islander communities and other communities of color, and most of our community members live in immigrant and/or refugee households. With a projected \$85 million increase in FY 2022-23 MHSA funds, HCA has an unprecedented opportunity to make meaningful investments in programs and services that transform Orange County’s mental health system, particularly for unserved and underserved community members.</p> <p><b>Strategic Priorities</b>                      We continue to support HCA’s three MHSA strategic priorities. We appreciate HCA’s identification of Asian/Pacific Islander as a priority population and the use of culturally tailored and in-language strategies to address the strategic priority around Access to Behavioral Health Services (slide 11).<sup>1</sup> We are particularly supportive of the proposed strategies and activities to develop a pipeline of staff members for hard to fill positions, especially bi-lingua/bi-cultural individuals (slide 17). We also thank you for making ongoing investments in in-language outreach and engagement activities for vulnerable populations, such as monolingual older adults.</p> <p>We note, however, that while the strategic priority around Mental Health Awareness &amp; Stigma Reduction (slide 10) recognizes specific age and identity groups as priority populations, numerous surveys and studies continue to show that Asian Americans face greater challenges to seeking mental health care compared to other racial groups due to stigma and the lack of culturally and linguistically competent health care professionals.<sup>2</sup> The recommendation to implement upstream campaigns to raise awareness regarding stigma and mental health (slide 18) can be helpful for more “mainstream” populations, however many of the unserved and underserved populations in Orange County rely on other methods of communication. For example, many of these individuals primarily turn to ethnic-serving community-based organizations (CBOs) like Korean Community Services, The Cambodian Family, Orange County Asian and Pacific Islander Community Alliance (OCAPICA), Southland Integrated Services, and others. We recommend the strategies and activities proposed for this strategic priority explicitly include CBOs.</p>			

In addition, in response to the strategic priority on Suicide Prevention (slide 12), we strongly urge HCA to add Asian Americans as a priority population. OCAPICA has experienced a dramatic increase in suicide ideation among Asian American (young people and adults) in Orange County since the start of the pandemic. This trend aligns with national reports of increased rates of depression, anxiety and Post Traumatic Stress Disorder symptoms among Asian Americans over the past two years. A report from Stop AAPI Hate found that Asian Americans are experiencing unprecedented mental health challenges due to the COVID-19 pandemic and effects of anti-Asian racism.<sup>3</sup> Additionally, we note that even before the pandemic, young Asian American women (aged 15-24 years old) had the highest suicide rates of all racial/ethnic group.<sup>4</sup>

#### Proposed Recommendations

We are pleased to see MHRS's proposed recommendation to expand the adult Full Service Partnership Programs to increase access and services to underserved target populations including Older Adults, monolingual Spanish and Vietnamese individuals, and veterans (slide 13). We support this expansion, and recommend HCA also plan for access and service expansions to other monolingual, non-English speakers.

We also support the expansion in Prevention and Early Intervention (PEI) services, which are particularly important for our communities (slide 14). We are concerned, however, that the recommendation to add preK-12 school-based services does not include a corollary recommendation to fund after-school programs and services offered at CBOs. Many Asian American and Pacific Islander families rely on CBOs such as The Cambodian Family to provide after-school care and programming for their children, youth, and parents, which is an intergenerational approach to mental health and wellness. Schools have a critical role to play in meeting the emotional and behavioral health concerns of children and youth, however, family engagement can be limited due to language and cultural barriers, work schedules, and other challenges. CBOs continue to serve as the connective tissue between unserved and underserved communities of color because they are trusted service providers and have a proven track record of providing culturally and linguistically appropriate linkages to services.

We urge MHRS to consider expanding the funding available to CBOs to provide these important PEI services in a community-based afterschool program setting and to add CBOs as a strategic collaborator to increase awareness and reduce stigma (slide 19).

In addition, we strongly recommend MHRS continue PEI funding for CBOs that provide short-term clinical services. Similar to community-based after-school programs, CBO providers are best positioned to work with monolingual, immigrant/refugee, and other unserved and underserved populations who often shy away from large healthcare/hospital systems. CBOs are trusted providers, and there is a demand for more community-based services. OCAPICA, which is currently funded to provide full-service wrap-around services for Asian/Pacific Islander children and transitional age youth (TAY), has a waiting list of over 30 community members and its Prevention and Early Intervention Services provides short term counseling for mild to moderate needs to more than 3,000.

Lastly, we are supportive of MHRS' proposed recommendation to increase the mental health services workforce and to improve staff cultural and language competency (slide 15). We appreciate MHRS' increased investment in expanding Workforce Education and Training (WET) programs to support the hiring, training, and retention of qualified staff. We have grave concern about the loss of bilingual and bicultural staff in community-based settings to the private sector and have found it increasingly difficult to hire health care professionals to fill vacancies. Thus, there is an urgent need to prioritize WET programs for providers in unserved and underserved communities. To this end, we also support the proposed strategies and activities to improve access to behavioral health services through workforce development initiatives and quality improvement issues (slide 17).

#### Community Planning Process

We appreciate MHRS continued engagement with community stakeholders to strengthen and improve MHSA services and programs. As required by law, the analysis and reporting of unserved, underserved, inappropriately and fully served county residents who qualify for MHSA services by various demographic characteristics has been helpful in both assessing the scope of needed services and estimating the proportion of each population group that will be served. In developing the MHSA Three-Year Plan, HCA provided detailed estimates of the population demographics to be served for each MHSA component and service area, however, there has been very limited data reported to the public comparing the estimates to the actual number of individuals served. Slide 32 provides some of this information, however the percentages are aggregated into two main categories– 1) individuals served in CSS Clinical Services, and 2) Individuals served in PEI. These numbers are not separated into program/service areas and there is no information available about what languages community members requested services or in what language services were delivered. It is difficult to evaluate the accessibility and impact of these programs and services by demographic group without this data.

Additionally, we support the use of community surveys to collect qualitative and quantitative data about mental health services and community needs. We wondered, however, how the questions posed in the survey conducted from December 31, 2021, to January 31, 2022 (slide 38) were developed. Respondents were asked to provide “yes,” “no” or “don't know” answers to questions regarding specific MHSA programs, instead of questions that provided an opportunity for more open-ended responses. It was unclear whether the purpose of the community survey was to gather feedback about their experiences with existing services or to test potential marketing strategies to promote these services.

In conclusion, we thank HCA for the opportunity to review and comment on the proposed MHSA FY 2022-23 Plan Update. We look forward to future opportunities to engage with MHRS and other MHSA stakeholders and work collaboratively to strengthen our county's mental health services network.

Sincerely,  
Center for Asian Americans in Action  
Korean Community Services  
Orange County Asian and Pacific Islander Community Alliance  
Southland Integrated Services, Inc.  
The Cambodian Family

1 Slide number references correlate with the Mental Health Services Act FY 2022-2023 Annual Plan Update, Draft for Public Comment, [https://www.ochealthinfo.com/sites/hca/files/2022-04/MHSA\\_2022-23\\_Plan\\_Public\\_Comment\\_v05.pdf](https://www.ochealthinfo.com/sites/hca/files/2022-04/MHSA_2022-23_Plan_Public_Comment_v05.pdf).

2 See National Alliance on Mental Illness, Communities of Color Face Greater Challenges Finding Effective Therapy, National Survey Finds (Oct. 2021), <https://www.nami.org/Press-Media/Press-Releases/2021/Communities-of-Color-Face-Greater-Challenges-Finding-Effective-Therapy-National-Survey-Finds>. See also California Health Report, How the Mental Health System Fails Asian Americans—And How to Help (Feb. 2, 2022), <https://www.calhealthreport.org/2022/02/02/heres-why-many-asian-americans-dont-get-mental-health-care-and-how-to-help/>.

3 Stop AAPI Hate, Stop AAPI Hate Mental Health Report (May 2021), <https://stopaapihate.org/wp-content/uploads/2021/05/Stop-AAPI-Hate-Mental-Health-Report-210527.pdf>.

4 American Psychological Association, Suicide Among Asian Americans, <https://www.apa.org/pi/oema/resources/ethnicity-health/asian-american/suicide>.

## **Response to MHRS Systems – Center for Asian Americans in Action (Comment 19):**

Thank you for the detailed review and feedback of the MHSA annual Plan Update for FY 2022-23. The HCA would also like to acknowledge the collaboration between five community-based organizations and the advocacy for the Asian Pacific Islander community in Orange County.

### Strategic Priorities

*“We recommend the strategies and activities proposed for this strategic priority explicitly include CBO’s”*

The HCA and MHRS highly value our partnerships with community-based organizations and recognize the importance of ethnic-serving community-based organizations. Many individuals and families have established trust with the community organizations. In the MHSA plan update, it is established that ethnic populations were disproportionately impacted by the Covid-19 pandemic. (page 37) Requests for proposals that are released can highlight the need and prioritization of organizations with cultural and linguistic capabilities to meet the unique needs of the priority population being served.

*“We strongly urge HCA to add Asian Americans as a priority population.”*

This recommendation is in response to the strategic priority of Suicide Prevention. The priority populations for each strategic priority were identified in the community planning process for the current three-year plan which was pre-pandemic. As we start our community planning process for the next three-year plan, it will be important to re-evaluate the specific needs of the Asian Pacific Islander population. We look forward to your participation to further assess the post-pandemic priorities and needs of the community.

*“We recommend HCA also plan for access and service expansions to other monolingual, non-English speakers.”*

A specific focus of this plan update is to reach underserved and unserved community members, noting the disproportionate impact of Covid-19 on ethnic communities. It will continue to be a priority to identify opportunities to expand services for other non-English speakers throughout the implementation of this plan.

*“We are concerned, however, that the recommendation to add preK-12 school-based services does not include a corollary recommendation to fund after-school programs and services offered at CBO’s”*

After school programs are not highlighted in the plan update but they are not excluded from the preK-12 services referenced on page 94.

*“Thus, there is an urgent need to prioritize WET programs for providers in unserved and underserved communities.”*

Many of the WET programs and trainings are extended to contract providers. The recent loan repayment program was extended to contract providers, to support recruitment and retention of staff. In addition, the 5-year statewide WET Grant has several components that addresses workforce retention, recruitment of hard-to-fill positions, and pipeline efforts to recruit a future workforce in public mental health. Programs like loan repayment, graduate student stipends, and pipeline marketing campaigns are a few of the efforts being done to address the workforce shortages and to recruit for highly qualified bi-lingual and bi-cultural workforce.

The community survey conducted in December 2021 through January 2022, used both open ended and closed ended questions. It was designed as a follow up to obtain more focused community feedback regarding established strategic priorities, existing initiatives, and existing programming. The results from the survey established the questions and discussion prompts for the community engagement meetings that were held in February 2022.