OC health CARE AGENCY

Orange County

Mental Health Services Act

Plan Update - DRAFT
Fiscal Years 2024-25

A MESSAGE FROM THE

Chief of Mental Health and Recovery Services

Thank you for your interest in Orange County (OC), Behavioral Health Services (BHS) Mental Health Services Act (MHSA) Annual Plan Update for Fiscal Year 2024-25 (Annual Update). I would like to take this opportunity to continue to thank the stakeholders for their collaboration as we continue to build on the updated community planning process, embrace community input, and give voice to those with lived experience. For several decades MHSA funding has been a key revenue source and vehicle to improve the public behavioral health safety net, expanding the system of care from a fail-first model to a comprehensive continuum of services spanning from prevention, early identification and intervention, and an expansion of the continuum of outpatient services.

The timing of this Annual Update is critical. As a result of the voters' approval of Proposition 1 on the March 5, 2024 election, the public behavioral health system continues to change and adapt in response to significant policy changes. Proposition 1 enacts an update of the MHSA, changing the name to Behavioral Health Services Act (BHSA), shifting categorical components and use of funds, updating the target populations to be served, and redistributing local dollars to support state implementation of Prevention and Workforce activities. With change comes opportunity. BHSA provides an opportunity to reimagine the system of care and guide stakeholders through a process that informs the entire behavioral health system through the development of a Behavioral Health Integrated Plan.

At the same time, Behavioral Health will continue to implement the existing MHSA Three-Year Plan through its conclusion of June 30, 2026. As we approach this period of opportunity and reimagining, it is important that we prepare for the transition. As such, the highlight of this Annual Update is the inclusion of a comprehensive Innovation concept intended to support a creative, comprehensive system redesign of OC public Behavioral Health Services. The proposed Innovation concept intends to redesign public behavioral health services to include a re-boot of Full Service Partnership programs; create infrastructure and programming for complex care for individuals whose co-morbid conditions requires complex coordination across different systems; develop capacity and implement specialty mental health clinic services in coordination with diverse community-based organizations that provide mental health services to cultural populations and include community-defined evidence-based practices (CDEPs); investing in innovative workforce strategies that have been successful in other systems, to include creation of a countywide behavioral health workforce initiative; and a clinical redesign project to test how space and delivery models impact service delivery/outcomes.

Our progress to date would not be possible without the support and guidance of diverse stakeholders, the Orange County Board of Supervisors (BOS), Behavioral Health Advisory Board (BHAB), representatives across all of our systems, our contracted provider organizations, the OC Health Care Agency (HCA) staff and, the multitude of consumers and family members.

Thank you for taking the time to review and provide feedback on this plan. The Orange County Behavioral Health Services Department looks forward to receiving your feedback at MHSA@ochca.com.

Sincerely,

Veronica Kelley, DSW, LCSW
Orange County Health Care Agency
Chief of Behavioral Health Services

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Executive Summary

MHSA BACKGROUND

In November 2004, California voters passed Proposition 63, also known as the Mental Health Services Act (MHSA). The Act implements a 1% state tax on personal income over $1 million and emphasizes transforming the mental health system to improve the quality of life for individuals living with a serious behavioral health condition and their families. With MHSA, Mental Health Plans ensure that key community stakeholders have the opportunity to provide input into program development, implementation, evaluation, finance and policy resulting in public behavioral health programs that have been tailored to meet the needs of diverse individuals, families, and communities across California. As a result, local communities and their residents are experiencing the benefits of expanded and improved mental health services.

Since the inception of MHSA, Orange County Health Care Agency, Behavioral Health Services (BHS) has used a comprehensive stakeholder engagement process to develop local MHSA programs that range from prevention and crisis services, through an expanded continuum of outpatient services, to crisis residential care. Central to the development and implementation of all programs is the focus on community collaboration; cultural competence; consumer and family-driven services; service integration for consumers and families; prioritization of serving the unserved and underserved; and a focus on the importance of mental wellness, recovery and resilience. The current array of services was developed incrementally, starting with the planning efforts of stakeholders in 2005 and continuing to present day.

This Executive Summary contains a synopsis of progress from the first year of the MHSA Three Year Plan for Fiscal Years 2023-24 through 2025-26, as well as planned changes being proposed in Orange County's MHSA Annual Update for FY 2024-25 (Annual Update). This MHSA Annual Update includes an overview of the ongoing Community Program Planning process (CPP), component program descriptions including target populations, budget projections, data, and supporting documentation in the Appendices.

MHSA COMPONENTS AND FUNDING

To further define the use of this categorical funding, MHSA is broken down into six components, each identifying a targeted population and/or allowable use. The PEI and CSS components provide direct services. The descriptions below also provide an estimate of the cumulative number of individuals to be served for across the three-year timeframe of the plan:

- **Prevention and Early Intervention (PEI)**: PEI in intended to provide supports or interventions as early as possible to prevent a mental health condition from becoming severe and disabling. The majority of PEI must be directed toward children and youth aged 25 and under and their families/caregivers. Approximately 230,000 individuals are expected participate in a PEI service over the three-year plan period. This number does not include the anticipated numbers of people that may contact the OC LINKS call center or be exposed to large scale campaigns.
- **Community Services and Supports (CSS)**: This component provides programs and services geared toward individuals living with serious mental illness, including an allowance for MHSA Housing and a requirement that half of the funds be directed to support intensive outpatient services called Full Service Partnership programs. It is anticipated that over 94,000 individuals will benefit from a CSS program over the course of the current three year plan.
- **Innovation (INN)**: Innovation is intended to allow the testing and evaluation of new and/or changed practices or strategies in the field of mental health. This short term, learning focused projects, strive to improve an aspect of the public behavioral health system.
- **Workforce Education and Training (WET)**: Qualified and competent staff are an essential ingredient to the success of MHSA. WET supports the recruitment, training, development, and retention of public behavioral health employees.
- **Capital Facilities and Technological Needs (CFTN)**: CFTN further supports the infrastructure of the public behavioral health system through funding that helps modernize data and information systems and provide funds to build out space to provide MHSA mental health services.
- **Community Program Planning (CPP)**: MHSA requires Specialty Mental Health Plans to participate in meaningful stakeholder engagement in the development, implementation, and analysis of MHSA programs. The stakeholder process allows for continuous communication between HCA and stakeholders to allow for real time adjustments and quality improvement. A complete overview of the CPP activities that occurred for the development of this plan can be reviewed in its entirety in the Community Program Planning Section of this Plan.

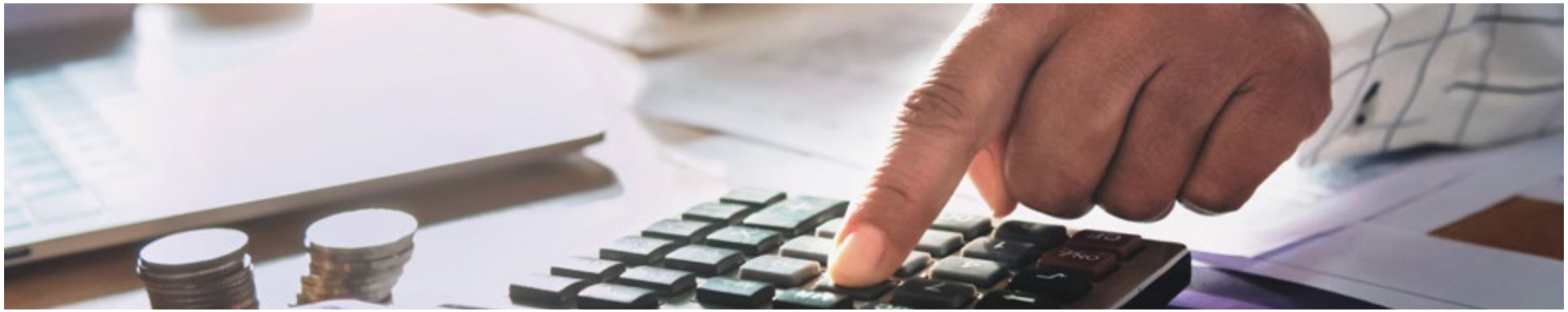
Regulations provide large counties three years to spend their annual MHSA allocation. After the three-year period, funds revert to the state for redistribution. The values and available funding amounts proposed in the MHSA Annual Update are determined through a budget "true up" process, which helps to identify available funds. The fiscal review includes a detailed process of aligning existing component program budgets more closely with actual program expenditures from the most recent fiscal years. The annual budget "true up" allows BHS to identify cost savings for programs that could be utilized to cover costs of other programs within the same MHSA component. It also supports necessary adjustments to decrease budgets when revenue is not received at the levels anticipated. In addition, the MHSA Administrative team, HCA Finance, and representation from the

County CEO office, meet quarterly with a State Financial Consultant to closely monitor three years of MHSA projections, and explore additional state initiatives and legislation changes that could potentially impact MHSA funding. Each quarter, a summary of projections is presented at the OC Behavioral Health Advisory Board Community Meetings. Finally, BHS managers, fiscal leadership, and the MHSA Administrative team met regularly during Fiscal Year 2023-24 to coordinate and evaluate program development progress, budgets, expenditures, and proposed plans. An overview of the proposed Annual Update funding level for each component is provided in the table below.

It is noted that these draft Component budgets and values are based on projections and not actual funds received. MHSA funds have historically been volatile and subject to change. More recently MHSA revenue has been less than what was anticipated when the 3-Year MHSA Plan was developed. Based on the information available at the time of this report, an overall reduction in funding is expected for the remaining two years of the 3-Year Plan. Based on the projections, the plan reflects component adjustments across each component.

OVERVIEW OF PROPOSED FUNDING TO SERVE OVER 100,000 INDIVIDUALS PER YEAR

COMPONENT	3 YEAR PLAN FY 2023-24	PROPOSED BUDGET FY 2024-25	DIFFERENCE
Prevention & Early Intervention	$82,273,482	$72,087,856	-$10,185,626
Community Services & Supports	$257,467,229	$198,323,313	-$54,593,916
Innovation	$7,323,668	$48,383,668	+$41,060,000
WET	$8,758,368	$7,871,705	-$866,663
Capital Facilities & Technological Needs	$30,159,857	$21,401,488	$10,000,000
Total	**$377,224,235**	**$358,068,030**	**-$24,586,205**



The MHSA Three Year Plan was developed based on stakeholder input received through the community program planning process, legislative changes, state policy updates, and with consideration of Orange Counties local initiatives. This MHSA Annual Update (Annual Update) for FY 2024-25 was developed during a time of uncertain legislative change.

Californians living with serious mental illness and/or addiction can face many obstacles to receiving both behavioral health and medical care. As a result, these individuals may die decades earlier than the general population. The factors that can contribute to the challenge include barriers to transportation, age and cultural factors, beneficiaries needing to navigate separate delivery systems to access care, and , limitations in data sharing/care coordination.

To address some of these factors, the state of California, under the direction of the Department of HealthCare Services (DHCS), is implementing the California Advancing and Innovating Medi-Cal (CalAIM) initiative. CalAIM is the state's long-term commitment to transform Medi-Cal, with the intention of making the program more equitable, coordinated, and person-centered to help Medi-Cal beneficiaries maximize their health and life trajectory. The intention of this multi-component initiative is a more integrated and flexible behavioral health system that is currently being implemented through improvements to behavioral health policy and payment reform. In addition to CalAIM, many other policy changes are being implemented, pushing changes in the delivery of behavioral health care for a system that has been in place for decades with in a relatively short period of time. A summary of some of the most recent changes includes:

- Mobile Crisis – changes how and when crisis response teams deploy to community members experiencing a behavioral health crisis.
- CARE Act – creates a collaborative court for individuals living with untreated schizophrenia spectrum disorders who require intensive collaboration and participation in voluntary treatment.
- Senate Bill 43 – changes the legal definition of grave disability to include persons living with severe substance use or co-occurring mental health disorders without any simultaneous or preemptive investments in infrastructure.
- Peer and Recovery Services – mandates the inclusion of peer support services with specializations in Medi-Cal, crisis, justice-involvement, housing, and supervisory roles.
- Passage of SB-326 – A several hundred-page bill that makes significant changes to the Mental Health Services Act, upon voter approval, and mandates the development of a Behavioral Health Integrated Plan that includes every single funding source and program used for public behavioral health services. The updates make broad sweeping changes to existing statute. No Information Notices or Plan Letters have been issued by the Department of Healthcare Services as of the date of this Plan to provide direction for implementation of these changes.
- Passage of AB-531 – Upon voter approval, establishes a $6.4 billion bond to build treatment facilities, Veterans housing, and permanent supportive housing for individuals who are experiencing or at-risk of homelessness and living with a serious mental illness and/or substance use disorder.

All of these significant changes are happening during a time of a national shortfall in the Behavioral Health Workforce that has impacted the ability to meet the behavioral health needs of communities across the country.

The most impactful policy initiative is the anticipated passage of Proposition 1. Proposition 1 combines portions of SB-326 and AB-531 as in a singular proposition that is trending as approved based on preliminary results of a California ballot measure on March 5, 2024. The proposition repurposes the Mental Health Services Act (MHSA), changing the name to the Behavioral Health Services Act (BHSA) and updates the priority populations and use of the funding.

The BHSA Eliminates the MHSA component funding for Community Services and Supports, (76% of the fund that includes the ability to set aside funds for Workforce Education and Training and Capital Facilities and Technological Needs), Prevention and Early Intervention (19%), and Innovation (5%). Instead, BHSA requires 35% of funds to be directed toward Full Service Partnerships (FSP), 30% of funding for Housing Interventions, and 35% for Behavioral Health Services and Supports (BHSS).

The BHSA expands the priority population by including individuals with substance use disorders and prioritizes individuals at risk of or experiencing homelessness, justice involvement, child welfare involvement, and/or institutionalization/conservatorship. The BHSA is set to be enacted January 1, 2025, to begin the updated community program planning process. The MHSA is anticipated to sunset June 30, 2026, and require all counties have approved BHSA Integrated Plans approved by local Boards before July 1, 2026. The BHSA does not include a specific component for Innovation. Based on current language included in SB-326, approved Innovation Component projects can continue to be implemented past the July 1, 2026, start date.

Many programs contained within the Annual Update are proposed for "right-sizing." Right sizing is a process that adjusts program budgets based on the actual amount of MHSA funding that was used to support a program over the last year. Right-sizing can help identify unspent MHSA funds that can then be invested to expand existing programs or develop new programs within the same component. The process can also allow program budgets to be reduced when state revenues are lower than anticipated. The Annual Update reflects reductions based on right-sizing. Should revenue continue to be received at lesser values than anticipated, further component program reductions or eliminations may take place through an amendment to the Plan.

The only component reflecting an increase in the Innovation component. Innovation funds may only be used according their categorical use as described above and may not be used to backfill shortfalls for other component programs.

Highlights of Innovation projects contained in the plan include a newly proposed project to support the ability to respond to intensive legislative mandates and changes, expansion of existing projects and possibly investing in the second part of the statewide Psychiatric Advanced Directives project.

Innovation

The following is a description of a newly proposed Innovation project concepts planned to be introduced and implemented during this reporting period. Upon local approval in this Plan, the draft Innovation Component Projects will be further developed for state approval and presented to the Mental Health Services Oversight and accountability Commission (MHSOAC).

Progressive Improvements of Valued Outpatient Treatment (PIVOT) – New Project

The current multitude of state initiatives will have unknown impacts across the public Behavioral Health system. The current system of care is not currently designed to easily integrate these changes.

Therefore, the need to modify how OC BHS conducts business and delivers services must be updated.

The multiple initiatives make is clear that the state is envisioning an updated paradigm for public behavioral health services, especially those services provided through the specialty mental health plan (MHP). County specialty mental health plans need to respond and reimagine their systems of care in order to meet the requirements. The "re-imagining" of the overall system, along with the testing of new processes is proposed under the **Progressive Improvements for Valued Outpatient Treatment (PIVOT)** project.

The overall Innovation, the **Progressive Improvements for Valued Outpatient Treatment (PIVOT)** project, proposes to redesign the OC-BHS system and create and test service models where the delivery, care coordination, and payment for care is aligned to make a seamless and integrated experience for behavioral health clients that result in improved client outcomes. The project also intends to test innovative approaches to workforce recruitment and retention that have worked in other systems to strengthen the pathways to becoming a clinical service provider and incentivize retention of highly qualified staff.

This multi-component project will result in an overall system redesign while simultaneously addressing key areas in the current BH system of care and allows pilot projects intended to identify and develop successful behavioral health approaches that can be integrated across the system of care. The pilots, or components, include:

- Innovative approaches to Delivery of Care
- Full Service Partnership Re-Boot: Testing a Social Finance Approach to Improve Client Outcomes
- Integrated Complex Care Management: Testing Whole Person Approaches for Care in the Older Adult Population
- Developing Capacity for the Delivery of Specialty Mental Health Plan Services in Diverse Communities
- Innovative, Countywide Workforce Initiative

Innovative Approaches to Delivery of Care

In the current system, Primary Care (physical health), substance use disorder, and mental health systems operate according to each systems charting, billing, and regulatory requirements. Despite state movement toward a more integrated model, the simultaneous changes and initiatives have not allowed time for County systems to respond and think through the ways the systems need to be redesigned. The current structure limits access to wholistic, integrated services forcing clients to navigate bifurcated systems to meet their healthcare needs. Even clinical space is often set up according to the system that primarily funds the clinic limiting access to person-centered approaches to care.

To be responsive to the changes envisioned by the state, Orange County (OC) Behavioral Health Services is proposing a comprehensive project to redesign clinical care with an opportunity to focus on multiple pilot projects within the redesign. Each component focuses on areas of the system that have been identified as benefitting from focused attention to resolve ongoing challenges. The learning from each pilot will be evaluated and integrated into a new overall system of care and OC BHS will update policies and processes to support and integrate system updates.

Full Service Partnership Re-Boot: Testing A Social Finance Approach For Improving Client Care And Outcomes

The Mental Health Services Act (MHSA) currently requires the majority of the Community Services and Supports (CSS) funding be directed toward Full Service Partnership Programs. Full Service Partnership (FSP) programs provide intensive outpatient services and case management for individuals living with serious behavioral health conditions. The full-service partnership framework is based on a "no fail" philosophy and does "whatever it takes" to meet the needs of clients, and when appropriate their families, including providing supportive services. This framework builds strong connections

to community resources, and provides 24 hours per day, 7 days per week (24/7) field-based treatment and recovery services. The primary goal of FSP programs is to improve quality of life by implementing practices which consistently promote good outcomes for the client.

Proposition 1, voted for and passed by California voters on March 5, 2024, requires 35% of the total MHSA budget be directed toward FSP programs. Orange County currently funds FSP programs for all age groups that are implemented through a combination of contracted provider agencies and County clinics. While the FSP framework is similar across all programs, there are differences in the details of contracts and variation in the cost per service recipient.

In addition, there are differences in the way FSPs are managed and in the service capacity/capability of both contracted providers and County-staffed teams. Even with those differences, FSPs across the County have very similar objectives and, overall, make up a homogeneous service. While this "whatever it takes" approach is successful, it also conflicts with the state expectation that as much Medi-Cal as possible should be billed to draw down revenue for delivery of these services. While "whatever it takes" drives the model, "whatever can be billed" becomes incentivized. This places counties in a quandary as the sustainability of the services relies on generating revenue.

The FSP Re-Boot concept will focus primarily on Program Performance and Performance Management that is implemented through real-time technical assistance with County staff and contracted providers. The enhanced service will test various approaches to performance-based contracts and improved performance management. As a place holder, the three possible approaches to piloting performance-based contracts include:

- A new, purpose-led outcomes contract running alongside FSPs;
- An amendment to FSP contracts to create a Follow-On program;
- A new, place-based outcomes contracts (jail and/or encampment community).

The FSP Reboot may become a statewide Innovation project that provides the ability to explore alternative ways for performance and payment through testing a social finance approach for client care. At the time of the posting of this plan, OC is conceptualizing the project solely for implementation in this County.

Additional details for this component will be co-created through the stakeholder process and included in the project plan write up that is presented to the MHSOAC.

Integrated Complex Care Management: Testing Whole Person Approaches For Care In The Older Adult Population

In 2023, the Orange County Older Adult Behavioral Health Advisory Board (BHAB) Committee identified the need to improve care for older adults living with co-morbid neurocognitive and behavioral health conditions. The group identified that older adults are the fastest growing population in OC. Long-term stable housing, treatment and services are often inaccessible, inadequate, or unavailable to older adults who are homeless or at risk of homelessness and living with dual mental health conditions and dementia. Additionally, care for this population is split between the managed care system and specialty mental health plan, with each system responsible for specific portions of care. Each system utilizes different screening and assessment tools and views the treatment of the co-morbid condition through the lens of their system.

he purpose of this proposed component is to begin to develop and plan a system of care for older adults living with both behavioral health and physical/neurocognitive conditions which may include individuals who are homeless or at risk of homelessness.

The project is grounded in three objectives:

1. ***Outreach and Engagement***: To create a process for identifying older adults considering the challenges and barriers reaching and engaging this unserved/underserved population.

2. ***Assessment***: Engage experts in the field to create a different model for assessment that is recognized across the various systems.
3. ***Complex Care Management/Navigation Plan***: The multi-disciplinary team will collaborate on funding structures and care strategies to meet the comprehensive needs of older adults.

Currently BHS and local managed care providers meet to find solutions to complex cases for older adults living with co-morbid neurocognitive and behavioral health conditions. Staff come together to determine the best course of treatment for individual cases because a system to effectively manage these cases does not currently exist. Outcomes to these cases tend to be highly individualized because of an inconsistent approach to cases, predicated by no clear funding stream or reporting structure, forcing providers to piece meal individualized treatment plans.

Developing Capacity For Specialty Mental Health Plan Services With Diverse Communities

Orange County (OC) is home to about 3.2 million people making it the third most populous County in California and the second most densely populated County in the state, behind San Francisco, and is home to diverse populations. BHS operates as both the OC Specialty Mental Health Plan (MHP) and as a provider of specialty mental health plan services, coordinating and providing specialized behavioral health services for Medi-Cal recipients and uninsured individuals who meet the criteria for medically necessary care under the MHP.

Many CSS programs leverage Medi-Cal in the delivery of MHSA services. A review of Medi-Cal beneficiary demographics can help identify underserved, unserved populations. In brief, OC penetration rates were lower than those seen statewide across all racial/ethnic groups and all age groups.

Based on the number of Medi-Cal eligible residents in CY 2021 and the number of beneficiaries with an approved service, the following groups were identified as underrepresented:

- Asian or Pacific Islanders
- Black or African Americans
- Youth 5 years of age and under
- Adults over the age of 60
- Native Americans
- Residents who spoke a language other than English

The data available through the state is limited and does not further delineate nuances between the multitude of cultural differences between Asian/Pacific Islander population, South Asia, Middle Eastern, North African (SAMENA), etc. populations. In addition, there is a lack of data concerning services around the delivery of behavioral health services for deaf and hard of hearing populations. Currently, there are existing non-Medi-Cal service providers that provide behavioral health services to these underserved populations.

This component seeks to evaluate the minimum capacity of a community-based organization to be able to become a specialty mental health plan contracted provider, review the amount of technical assistance needed to support development and implementation, and determine if embedding culturally based approaches for specialty mental health care improve both penetration rates and client outcomes. In addition, the project seeks to identify successful community defined-evidence practices (CDEPs) that can be designed to generate revenue and potentially be recognized by the state.

Additional details for this component will be co-created through the stakeholder process and included in the project plan write up that is presented to the MHSOAC.

Innovative Workforce Initiative

California's public behavioral health system has experienced a shortage of behavioral health

workers, changes in mental health occupational classifications, and underrepresentation of diversity of professionals with consumer and family member experience. To address challenges faced by the public behavioral health workforce, the MHSA included a component for Mental Health Workforce Education and Training (WET) programs. WET is a program that provides training opportunities to the BHS' staff and contract agency staff, promotes the recruitment and hiring of a culturally diverse workforce, offers financial incentives, facilitates clinical intern programs, supports the inclusion and incorporation of consumers and their family members into the behavioral health workforce, and is committed to addressing the workforce shortage within Orange County through utilization of various strategies to recruit and retain qualified behavioral health employees. WET carries forth the vision of the MHSA to create a transformed, culturally competent system that promotes wellness, recovery, and resilience across the lifespan of all age groups and all cultural backgrounds.

The OC WET component programs have experienced much success over the years, contributing to the development of a highly skilled workforce. However, some institutional barriers still exist, creating roadblocks for establishing integrated pathways to BHS employment. In the most recent MHSA 3-year Plan, BHS identified the need to establish a centralized internship program that included paid internship positions, an employee 20/20 program, and streamlining the path from internship to employment. Despite efforts, barriers exist that limit the success of the existing program, including but not limited to:

- Competition amongst systems. For example, hospitals, education, criminal justice and managed care plans all compete for the same qualified staff and interns.
- Limited ability to update minimum qualifications for entry level Behavioral Health Clinicians, including necessitating that applicants possess a BBS registration number prior to start date.
- Delays between graduation, hiring, and ability to start in BHS.
- Inability to establish the 20/20 program.

In addition, there is not an established coordinated, countywide behavioral health pipeline and pathway to support the development of the larger provider network.

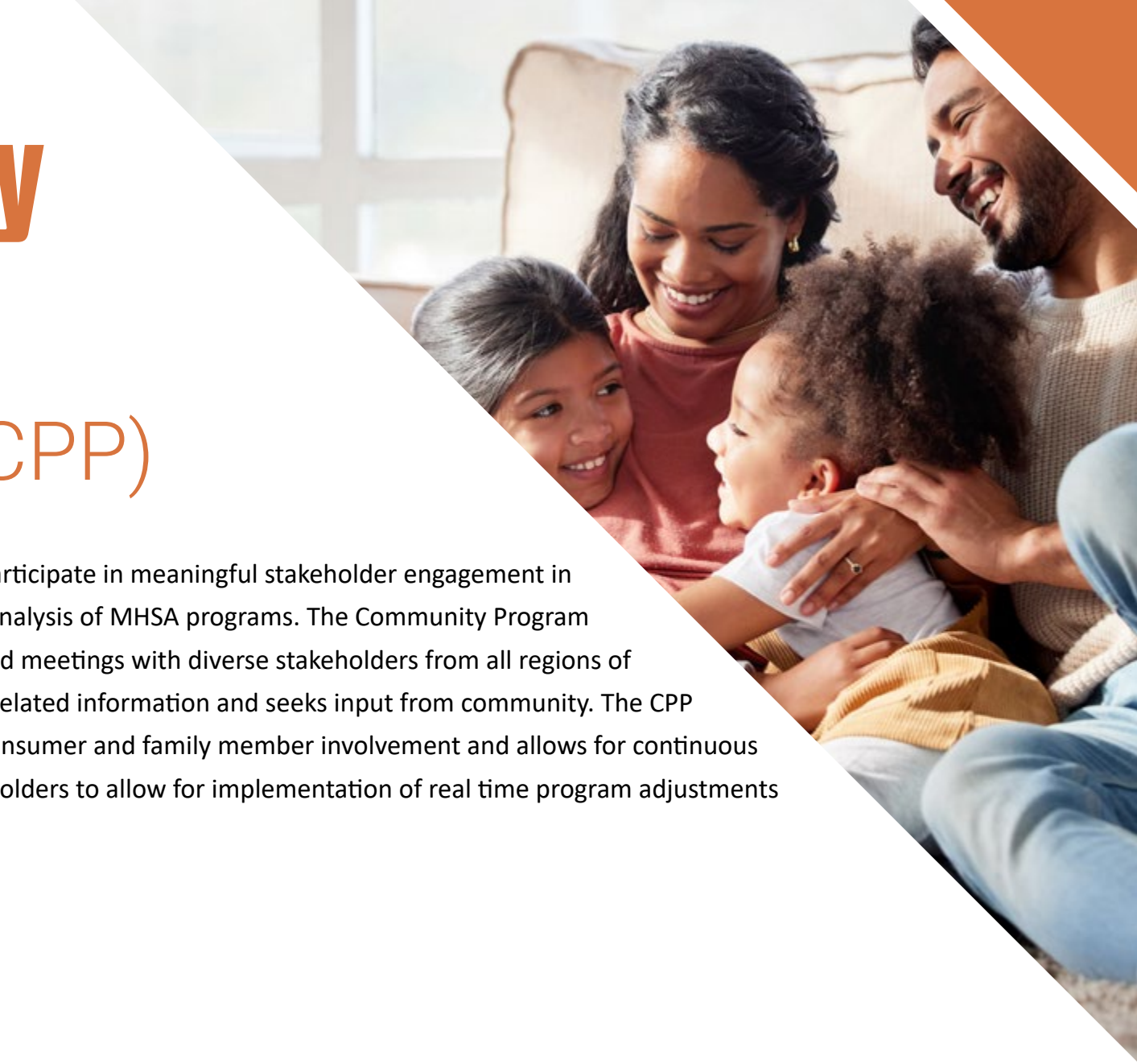
The solution BHS has designed to overcome a portion of these barriers exists in other systems that utilize apprenticeship programs. Apprenticeships combine paid on-the-job training with classroom instruction to prepare workers for highly-skilled careers. Workers benefit from apprenticeships by receiving a skills-based education that prepares them for good-paying jobs. In addition, apprenticeship programs help employers recruit, build, and retain a highly skilled workforce.

The BHS Innovative Workforce Initiative will take successful strategies from both internship programs and apprenticeship programs and may utilize a third party vendor as the "employer of record" to support payment of incentives for participating in the internship program.

Because apprenticeships are longer than a typical internship, individuals participating in BHS internships will have the option to extend their paid learning opportunity beyond their educational requirement. A standard pay scale will be developed that incentives longevity and continues to provide incentives during the period between graduation and the receipt of a BBS registration number that is required to qualify for regular county positions.

Additional details for this component will be co-created through the stakeholder process and included in the project plan write up that is presented to the MHSOAC.

Community Program Planning (CPP)



MHSA requires Mental Health Plans to participate in meaningful stakeholder engagement in the development, implementation, and analysis of MHSA programs. The Community Program Planning (CPP) process consists of planned meetings with diverse stakeholders from all regions of the County in which HCA reviews MHSA related information and seeks input from community. The CPP process emphasizes the importance of consumer and family member involvement and allows for continuous communication between HCA and stakeholders to allow for implementation of real time program adjustments and quality improvement.

The Mental Health Services Act (MHSA) has been integral in supporting the transformation of the public behavioral health system. Through the MHSA, County agencies ensure that key community stakeholders have the opportunity to provide input into program development, implementation, evaluation, and policy for MHSA funded programs. This approach assists the County in integrating the needs of diverse individuals, families, and communities in its programming. The Orange County Mental Health Services Act (MHSA) Plan Update for FY 2024-25 provides a comprehensive overview of the MHSA programs and services that contribute to sustaining the behavioral health and wellness of Orange County residents. It includes an overview of the ongoing stakeholder community planning process conducted by Behavioral Health Services (BHS), highlights MHSA programs, provides updates to established MHSA programs, and includes an overview of a newly proposed Innovation project. The programs contained in the Plan Update are designed to develop a continuum of services in which consumers, family members, providers, County agencies, faith-based and community-based organizations can work together to systematically improve the public behavioral health system.

The Annual Plan Update is an example of BHS efforts to continue to integrate healthcare services across access points to create pathways that are easy to travel and in a way that allows individuals to navigate resources in the midst of significant changes to public policy that further transform behavioral healthcare in the public system. Program successes are described for each program and areas of opportunity are included, such as continued efforts to improve evaluation of programs across multiple domains, enhancing the use of technology in clinical care, efforts to recruit and retain qualified staff, and responding to significant state policy changes.

The overall purpose of the MHSA Plan is to inform community stakeholders, leadership, and policy makers in the administration and management of public Behavioral Health Programs of changes in the provision of services, as well as meet the regulatory requirements of the MHSA.

The Orange County Health Care Agency, Behavioral Health Services Division is dedicated to including diverse consumers, family members, stakeholders, and community members from throughout the county in the planning and implementation of Mental Health Services Act (MHSA) programs and services. The Community Program Planning (CPP) process of MHSA continues to be

updated and continues to expand to reach out to diverse community stakeholders and organizations. These enhancements encompass a vision that encourages community participation with the goal of empowering the community for the purpose of generating ideas, providing input that contributes to decision making, and creating a county/community partnership dedicated to improving public behavioral health system and program outcomes for Orange County residents. These efforts include engaging stakeholders in discussion topics related to public behavioral health policy, pending legislation, program planning, implementation, evaluation, and financial resources affiliated with public behavioral health programs, as well as obtaining feedback that is factored into decision-making.

BHS continues to be committed to best practices in planning processes that allow our stakeholders to participate in meaningful discussions around critical behavioral health issues, topics, and populations. Under this updated paradigm, BHS considers community planning a continuous practice, resulting in a CPP component that has been enhanced to become a year-round practice, ensuring, at minimum, monthly engagement with stakeholders around MHSA topics. The CPP process continues to be reviewed and analyzed which allowing the MHSA Office to systematically improve community program planning strategies. This has allowed BHS to:

- Be responsive to changes and concerns in the public behavioral health environment.
- Establish and maintain a two-way communication pathway for community identified areas of improvement, which are introduced into BHS's larger process improvement efforts and report results back to the larger community.
- Educate consumers and stakeholders about the MHSA, behavioral health resources and topics, to include the entire public behavioral health system. Meeting locations are coordinated in each region of Orange County and virtual meetings are hosted, at minimum monthly, to discuss prioritized programming and topics identified in previous CPP discussions. Meetings are advertised through established distribution lists, posted on social media, posted on the HCA website, and including the following meetings:
  - Behavioral Health Advisory Board (BHAB) monthly meetings (regular and study meetings)
  - Monthly Planning Advisory Committee (PAC) meetings which focus on an MHSA related topic and includes Subject Matter Experts from both county, contracted and outside organizations
  - Behavioral Health Equity Committee, along with 7 separate subcommittees, which include:
    - Spirituality
    - Deaf and Hard of Hearing
    - Black/African-American
    - LGBTQ+
    - Latinx
    - Asian and Pacific Islander
    - Substance Use Disorder (pending)
  - BHS Contract Provider monthly updates
  - Community Health Improvement Plan (CHIP) ad hoc Mental Health Workgroup

Stakeholder attendance is recorded through meeting sign-in sheets or virtual attendance records and, for some meetings, stakeholder surveys. These optional surveys also document the attendance of underserved, unserved, and inappropriately served populations as outlined in Welfare and Institutions Code (WIC) 5848.

In addition to regularly scheduled meetings, BHS participates as an active partner in several ad hoc planning committees and meetings with stakeholder partners to engage in focused conversation, system planning and improvement processes.

ORANGE COUNTY AT A GLANCE

County and multiple unincorporated or census designated places. The population of the county is estimated at over 3.2 million diverse residents as outlined below, including the demographics of those served in MHSA programs.

CA County Ranking

3rd
Most Populous

2nd
Most Densely Populated

OC Residents

About **3.1 million**

Veterans: **3.5%**

LGBTQ+ (18+): **5.3%**

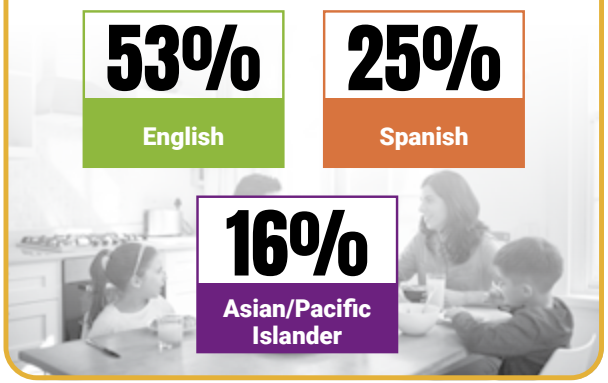
Adults w/HS Diploma: **86.8%**

OC Age Groups

21%
Under 18

16%
65 & Older

Language Spoken at Home (18+)



53%
English

25%
Spanish

16%
Asian/Pacific Islander

Highest Cost of Living

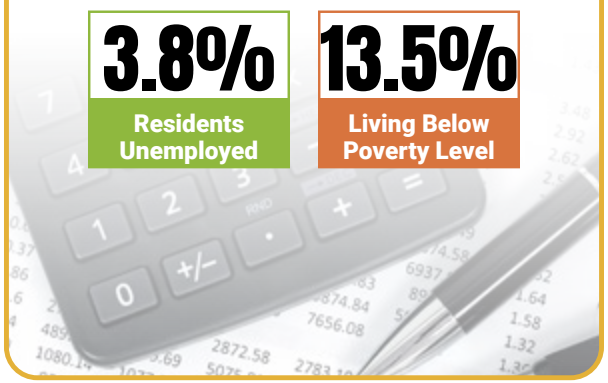
Compared to neighboring counties, driven by high housing costs

Median Household Income
$109,361

Median Gross Rent
$2,248

Median House Price
$1,048,791

Financial Insecurity



3.8%
Residents Unemployed

13.5%
Living Below Poverty Level

DEMOGRPAHIC CHARACTERISTICS OF PEOPLE SERVED IN FY 2022-23

OC CENSUS

ORANGE COUNTY RESIDENTS BY DEMOGRAPHIC CHARACTERISTIC

Age	2022 ACS	Gender	2022 ACS	Race/Ethnicity	2022 ACS
0-9 yrs	12%	Female	51%	African American/Black	2.3%
10-19 yrs	14%	Male	48%	American Indian/Alaskan Native	1%
20-29 yrs	13%	Transgender	>1%	Asian/Pacific Islander	23%
30-39 yrs	13%	Genderqueer	>1%	Caucasian/White	38%
40-49 yrs	12%	Questioning/Unsure	>1%	Latino/Hispanic	34%
50-59 yrs	14%	Another	>1%	Two or More Races	4%
60+ yrs	22%				

2022 Population: 3,151,184

Source: American Community Survey (ACS) 2022

CSS/MHSA

DEMOGRPAHIC CHARACTERISTICS OF PEOPLE SERVED IN FY 2022-23

Age	Estimated	Gender Identity	Estimated	Race/Ethnicity	Estimated
0-15 yrs	16%	Female	49%	African American/Black	5%
16-25 yrs	24%	Male	50%	Asian/Pacific Islander	10%
26-59 yrs	50%			Caucasian/White	32%
60+ yrs	10%			Latino/Hispanic	38%
				Middle Eastern/North African	1%
				Other	2%
				Unknown	11%

Estimated demographic breakdown for FY 2024-25 Three-Year Plan based on individuals entered into Electronic Health Record in fiscal year 2021-2022. Those served only in Supportive Services not included.

PEI/MHSA

INDIVIDUALS SERVED IN PEI PROGRAMS BY DEMOGRAPHIC CHARACTERISTIC					
Age	**Estimated**	**Gender Identity**	**Estimated**	**Race/Ethnicity**	**Estimated**
0-15 yrs	53%	Female	65%	African American/Black	4%
16-25 yrs	6%	Male	34%	American Indian/Alaskan Native	4%
26-59 yrs	25%	Other	1%	Asian/Pacific Islander	21
60+ yrs	16%			Caucasian/White	18%
				Latino/Hispanic	51%
				Native Hawaiian/Pacific Islander	1%
Served: 223,331				Other	>1%

Age reflects the age of the person served. These percentages do not reflect the expenditure breakdown, where programs that enroll adult caregivers and guardians in support of their children and youth count as youth-focused programming.

MHSA COMMUNITY PROGRAM PLANNING PROCESS

WIC § 5848 states that counties shall demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on:

- Mental health policy
- Implementation
- Quality improvement
- Budget allocations
- Program planning
- Monitoring
- Evaluation

9 CCR § 3300(c) states that involvement of clients and their family members be in all aspects of the community planning process and that training shall be offered, as needed, to stakeholders, clients, and client's family who are participating in the process

CULTURALLY AND LINGUISTICALLY CONGRUENT APPROACHES

BHS has a commitment to cultural competency and ensuring that this value is incorporated into all aspects of BHS policy, programming, and services, including planning, implementing, and evaluating programs and services. To ensure culturally sensitive approaches in each of these areas, BHS has established the Office of Equity (OE), which reports to the Chief of BHS. The Office of Equity works with the Behavioral Health Equity Committee (BHEC), which currently consists of diverse, equitable representation from county and community and entails various population specific subcommittees. Currently, the subcommittees include spirituality, LGBTQ+, Black and African American Community, Deaf and Hard of Hearing, Latinx, Asian/Pacific Islander and the group is in process of forming a Substance Use Disorder subcommittee. The Office of Equity (OE) is to be led by an Ethnic Services Manager (ESM), who reports directly to the Chief of BHS. The ESM oversees the BHEC Steering Committee and works closely in conjunction with the MHSA program leads to ensure compliance with Culturally and Linguistically Appropriate Services (CLAS) standards to ensure that the services provided address cultural and linguistic needs. The ESM or OE staff will regularly sit on boards or committees to provide input or effect change regarding program planning and implementation.

OE also weighs in on development of program plans and policy. Language regarding cultural competence is included in all agency contracts with community-based organizations and individual providers to ensure contract services are provided through a framework of cultural humility. Behavioral Health Trainings are also reviewed to ensure they address cultural congruence and responsiveness.

BHS is highly committed to including consumers, family members, and other stakeholders within all levels of our organizational structure. It continues to be our mission to include consumers and family members into an active system of stakeholders. BHS intends to establish the Office of Consumer and Family Affairs that reports to the ESM. Outreach and support for consumers and family members will be performed through the Office of Consumer and Family Affairs, MHSA Planning and Administration, Prevention and Intervention office, Innovations team, community partners and contracted provider agencies, to encourage regular participation in MHSA activities. Consumer engagement occurs through regularly scheduled Community Program Planning process meetings, community events, department activities, and committee meetings. Consumer input is always considered when making MHSA related system decisions in BHS.

COMMUNITY PLANNING PROCESS UPDATES

In prior years, Orange County had utilized a 51-member Steering Committee as part of a formal group to support the community planning process. In June 2021, the Steering Committee was dissolved, and a new process was to be established. During this time of reorganization,the MHSA Program Planning and Administration office continued to engage with the community for the development of the last MHSA Three-Year Plan through informational meetings to maintain communication and sharing information while the new structure was in development. The meetings focus on Behavioral Health Services information, community Behavioral Health issues and needs, and presentations by MHSA funded programs. During the 2022/23 fiscal year, an updated Community Program Planning (CPP) process began to emerge. BHS continued to host monthly virtual Community Engagement Meetings (CEM) and began to build on this infrastructure through hosting population specific meetings, focus groups, and community meetings, and an MHSA Summit. During this time, MHSA Office set aside time at the end of each meeting to ask stakeholders about meeting satisfaction, preferences, and the best ways to engage stakeholders.

Taking the community feedback collected to heart, MHSA Program Planning and Administration (MHSA Office) began holding monthly community planning meetings with representatives from stakeholder groups on the third Thursday of each month to form the Planning Advisory Committee (PAC). Stakeholders identified the need to establish an open meeting and process that did not include a centralized committee and requested an open, equitable, and inclusive process that allowed for a variety of view points and discussion from all attendees. In addition, stakeholders requested hosting of both in-person and virtual meetings and, through a survey, identified prioritized topics for discussion throughout the fiscal year. To honor the request, the MHSA Office established a regular meeting schedule to include seven, 2-hour virtual meetings and four, 4-hour in-person meetings to be held throughout the fiscal year. In August of 2023, the MHSA Office hosted the first PAC meeting, reviewed the PAC structure and purpose, provided the draft schedule of topics for the fiscal year, and provided an “MHSA 101” training to ensure attendees understood the MHSA basics.

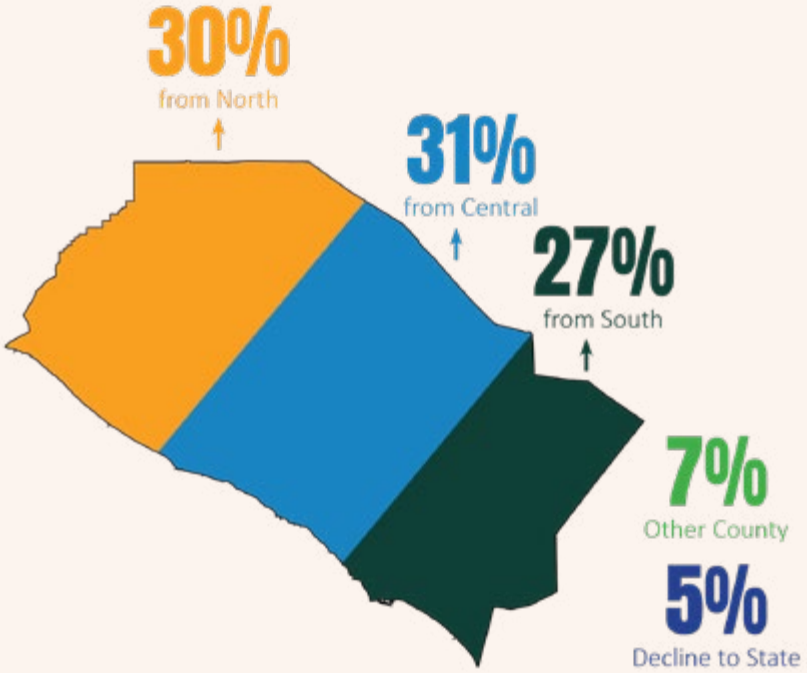
In review of previous year’s CPP data, the MHSA office identified an opportunity to integrate and improve participation of consumers and family members in the PAC meetings. While in-person meetings were well attended by our individuals and families with lived experience,

the virtual meetings were not as well attended. To support inclusion, MHSA Office staff deploy to each of the CSS funded Wellness Centers to support consumer participation in virtual PAC meetings, ensuring voice and choice are part of every MHSA conversation.

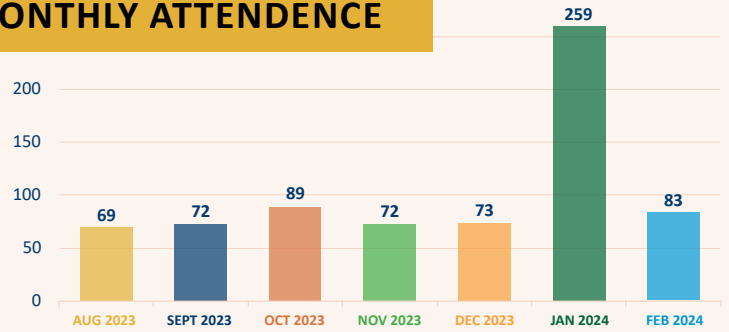
STAKEHOLDER DEMOGRAPHICS FROM JULY 2023 TO FEBRUARY 2024*

* Information will be updated in the final plan.

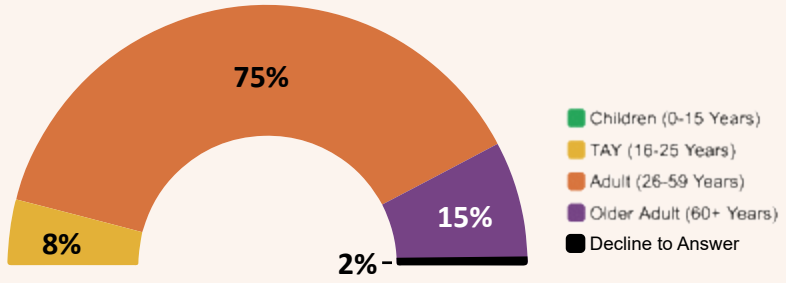
REGIONS REPRESENTED



MONTHLY ATTENDENCE



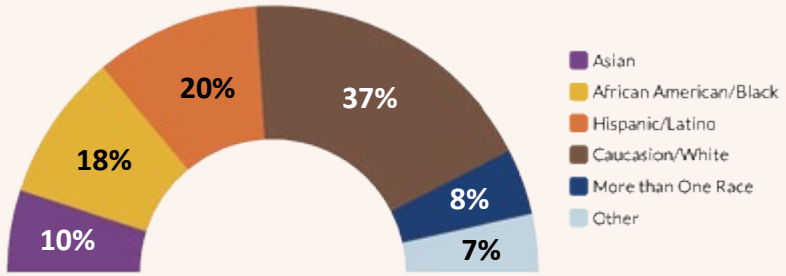
AGE



GENDER

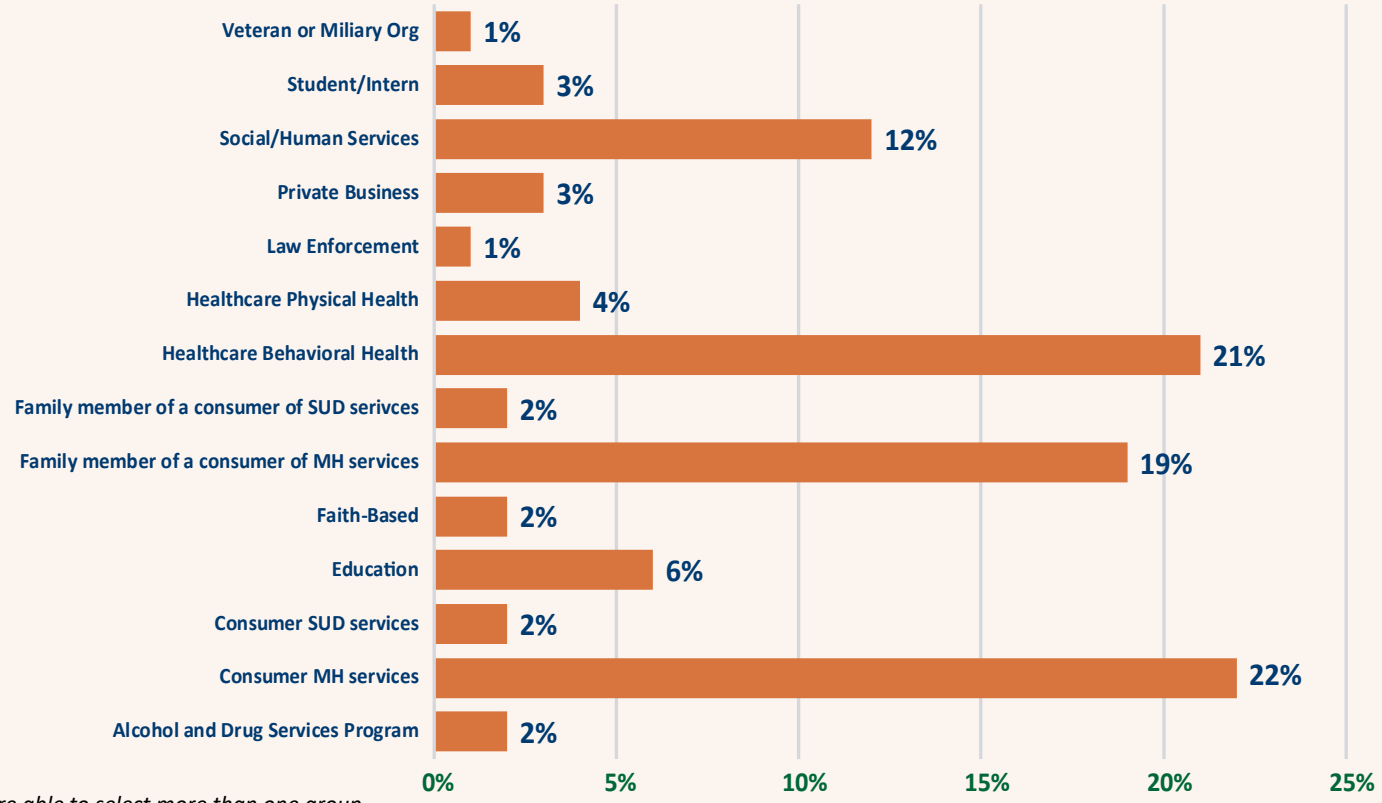
30%	66%	1%	1%
Male	Female	Transgender	Nonbinary

ETHNICITY



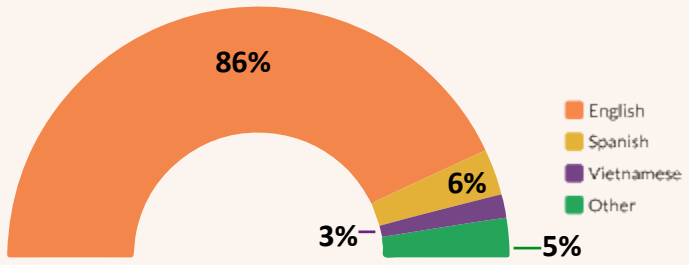
* Information will be updated in the final plan.

WORK IN OR REPRESENT ANY OF THE FOLLOWING AREAS/FIELDS

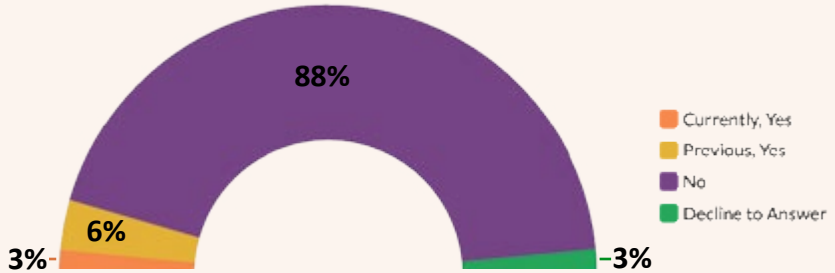


Note: Individuals were able to select more than one group

PRIMARY LANGUAGE



MILITARY SERVICE



STAKEHOLDER INFORMATION SHARING

Comprehensive Materials and Reports

To improve education and communicate information to our stakeholders, comprehensive materials and reports have been created to better reflect the information that is being presented on or discussed. Additionally, the stakeholder feedback that is received from each PAC meeting is summarized and shared at subsequent meetings. These snapshot reports include stakeholder demographics, a summary of the feedback in the form of text, charts, and infographics to communicate this information. At each subsequent PAC meeting, an overview of the analysis is presented that allows for additional conversation or feedback. This change has allowed BHS to better communicate information and its services to the community and has allowed stakeholders to see how their involvement and suggestions shape and influence program planning and the services BHS provides.

In addition, BHS has improved the collection and tracking of stakeholder demographics related to Community Program Planning. A standard set of questions has been developed and are requested of each participant at each stakeholder meeting. The demographics are collected via live polls launched during virtual meetings, a link to an online survey that can be accessed directly from the link or through a Quick Response (QR) code, and/or paper copies of the survey. All data is combined into a centralized data set. Monthly reports summarizing demographics related to stakeholder engagement are then provided to the OC Behavioral Health Advisory Board as part of their monthly report from the BHS Chief.

Finally, the MHSA Office is in the process of updating the MHSA webpage.

Approaches to Education and Information Sharing

To better advertise, communicate, and educate our diverse stakeholders and staff to the agencies' activities, events, goals, resources, and programs, the HCA incorporates multiple approaches to information sharing which will include, but are not limited to, enhanced use of social media platforms, distribution of newsletters and information to the community and partners, and hosting information sessions.

Monthly meetings, the BHS Townhall, the BHS Contract Provide Monthly updates, and the MHSA Internal Planning Meeting are part of an internal strategy that serves to inform BHS staff and stakeholders of changes, updates, and happenings across the agency, including MHSA processes.

Town Hall Meetings

As a means to engage and inform BHS staff, executive leadership hosts monthly virtual Behavioral Health Townhall meetings. The meetings include updates on legislation, new and expanded programming, and highlights program, team, and staff successes. Participation from subject matter experts outside of BHS are invited to participate and include, but are not limited to, union representatives, human resources, Managed Care Plan leadership, and representatives from other county departments.

Provider Meetings

The BHS Contract Provider Monthly updates meeting provides the medium for regular information sharing, dialogue, and discussion of changes in policies, legislation, and procedures within and across the extended mental health plan. In addition, BHS makes certain providers are aware of MHSA requirements and programming.

MHSA Internal Planning Meetings

The purpose of this monthly meeting is to discuss the "nuts and bolts" of MHSA including topics such as MHSA related legislation, program planning and implementation, community program planning, component updates, continuum planning, and/or program evaluation. BHS staff engage in discussions around MHSA program improvements, review, and are provided an overview of stakeholder feedback.

Wellness and Recovery Events

From July 2023 through February 2024, BHSA has hosted or attended 326 community events. Each event provides the opportunity to inform attendees about the vast array of Behavioral Health Services that are provided, how to access services, and supports normalizing the importance of behavioral health care.

CPP SCHEDULED MEETINGS FOR 2023-2024

Thursday, September 21, 2023

10:00 am to 12:00 pm - Virtual

High Clinical Risk and Early Intervention for Pychosis

Thursday, October 19, 2023

10:00 am to 12:00 pm - Virtual

CARE Court Overview and Integration of PADS

Thursday, November 16, 2023

10:00 am to 2:00 pm

BHS Training Center

Crisis Services Campaign Planning

Thursday, December 14, 2023

10:00 am to 12:00 pm - Virtual

Homeless and Housing Services: Prevention, Outreach, Engagement and Support

Thursday, January 18, 2024

10:00 am to 12:00 pm - Virtual

Suicide Prevention

Thursday, February 15, 2024

10:00 am to 2:00 pm

BHS Training Center

MHSA Program and Policy Review

CPP SCHEDULED MEETINGS FOR 2023-2024

Thursday, March 21, 2024

10:00 am to 12:00 pm - Virtual

MHSA Plan Update Review

Thursday, April 18, 2024

10:00 am to 12:00 pm - Virtual

MHSA Policy Forum

Thursday, May 16 2024

10:00 am to 2:00 pm

BHS Training Center

Wellness, Resilience, And Recovery: Integrating Recovery Principles Into Full Service Partnerships

Thursday, June 20, 2024

10:00 am to 12:00 pm - Virtual

CPP Review, Analysis, and Future Planning Discussion

SUMMARY OF PROGRAM CHANGES

BHS has made a practice of planning for growth in the development and implementation of MHSA and system of care services. The MHSA funds is volatile. Recently, anticipated revenue has not been realized, requiring reductions across all MHSA components. This MHSA Plan reflects updates primarily consisting of budget modifications to already approved programs. Many stakeholder supported expansions have occurred over several of the last fiscal years and this Annual Update does not propose significant changes to previously approved Prevention and Early Intervention (PEI), Community Services and Support (CSS), and Innovation programs. A new, multi-component Innovation project concept is included and can be found in the New Programs or Initiatives section of the Plan. The program changes and updates are outlined in the tables below. Full budget details can be found in the Fiscal section of this plan. Full program descriptions and outcomes can be found in each component section.

PREVENTION AND EARLY INTERVENTION			
PROGRAMS	**PROGRAM CHANGES, UPDATES, PROPOSED NEW PROGRAMS**	**FUNDING CHANGES**	
		3 Year Plan	Update
Infant and Early Childhood Continuum of Care (NEW)	Implementation of the Continuum of Care continues to be planned with system and community partners. To account for the delay, the FY 24/25 budget is reduced to account for an estimated 6 months of services.	$2,000,000	$1,000,000
Prevention Services and Supports for Families	Align budgets with contracted amounts.	$6,200,000	$4,892,086
Mental Health Community Education to Reduce Stigma	True up budget based on actual expenditures	$1,000,000	$930,000
Suicide Prevention Services	True up budget based on actual expenditures	$4,700,000	$4,200,000
Transportation Assistance	Remove from PEI portion of Plan, as no services provided	$5,000	$0
OCLINKS	True up budget based on actual expenditures	$5,380,000	$5,000,000
BHS Outreach and Engagement	True up budget based on actuals expenditures	$8,500,000	$7,150,000
School-Based Mental Health	True up budget based on actuals expenditures	$2,272,712	$600,000
Clinical High Risk for Psychosis	Reduce budget to align with available funding	$1,300,000	$1,000,000
OC Parent Wellness Program	Reduce budget to align with available funding and actual expenditures	$3,100,000	$1,900,000
Community Counseling and Supportive Services	Reduce budget to align with available funding and actual expenditures	$2,536,136	$2,036,136
Early Intervention for Older Adults	Reduce budget to align with available funding	$3,500,000	$3,000,000
OC4VETS		$3,000,000	$2,600,000

COMMUNITY SERVICES AND SUPPORTS: FULL SERVICE PARTNERSHIPS			
PROGRAMS	**PROGRAM CHANGES, UPDATES, PROPOSED NEW PROGRAMS**	**FUNDING CHANGES**	
		3 Year Plan	**UPDATE**
Multi-Service Center for Mentally Ill	Reduce budget to align with available funding and actual expenditures	$3,231,132	$300,000
Warmline	Adjusting amount based on FY 23-24 expenditures	$12,000,000	$8,000,000
Crisis Stabilization Units	Shifting costs for County CSU from MHSA to Realignment	$16,000,000	$10,500,000
Crisis Residential Services	Reduce budget to align with available funding and actual expenditures	$13,829,616	$9,700,000
Children's FSP Program	Reduce budget to align with available funding and actual expenditures	$22,592,044	$10,000,000
Adult FSP Program	Reduce budget to align with available funding and actual expenditures	$50,203,733	$32,715,841
Older Adult FSP Program	Reduce budget to align with available funding and actual expenditures	$4,432,466	$4,000,000
Program for Assertive Community Treatment (PACT)	Reduce budget to align with available funding and actual expenditures	$11,899,650	$11,438,018
Children and Youth Clinic Services	Reduce budget to align with available funding and actual expenditures	$23,000,000	$13,000,000
Outpatient Recovery	Reduce budget to align with available funding and actual expenditures	$7,400,000	$6,400,000
Services for Short-Term Therapeutic Residential Treatment Program (STRTP)	Reduce budget to align with available funding and actual expenditures	$7,000,000	$6,000,000
Peer Mentor and Parent Partner Support	Reduce budget to align with available funding and actual expenditures	$5,424,153	$4,000,000
Wellness Centers	Reduce budget to align with available funding and actual expenditures	$4,775,513	$4,300,000
Bridge Housing for Homelessness	Reduce budget to align with available funding and actual expenditures	$2,400,000	$1,500,000

INNOVATION			
PROGRAMS	**PROGRAM CHANGES, UPDATES, PROPOSED NEW PROGRAMS**	**FUNDING CHANGES**	
		3 Year Plan	**Update**
Innovative Community Program Planning Project	Based on current projections and policy demands and changes, it is anticipated that an additional $1M will be needed to successfully implement this Innovation project concept.	$190,000	$1,190,000
Progressive Improvements of Valued Treatment (PIVOT): Comprehensive System Redesign Project	A Multi-Component project to support redesign of the system of care, strengthening of key programming, exploration of ongoing challenges related to complex care, and testing an alternative approach to workforce development.	$0	$35,000,000
PADS – Part II	At conclusion of the PADS project, expand testing use with additional populations and support updates in technology.	$0	$5,000,000

WORKFORCE EDUCATION AND TRAINING			
PROGRAMS	**PROGRAM CHANGES, UPDATES, PROPOSED NEW PROGRAMS**	**FUNDING CHANGES**	
		3 Year Plan	**Update**
Workforce Staffing Support	Reduce budget to align with available funding and actual expenditures	$1,814,758	$1,694,758
Financial Incentives Program	Reduce budget to align with available funding and actual expenditures	$718,468	$418,468

CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS			
PROGRAMS	**PROGRAM CHANGES, UPDATES, PROPOSED NEW PROGRAMS**	**FUNDING CHANGES**	
		3 Year Plan	**Update**
CFTN	Reduce budget to align with available funding and actual expenditures	$30,159,857	$21,401,488

OVERVIEW OF 30 DAY PUBLIC POSTING AND COMMENT PERIOD

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NEW PROGRAMS OR INITIATIVES

The following is a description of a newly proposed Innovation project concepts planned to be introduced and implemented during this reporting period. Upon local approval in this Plan, the draft Innovation Component Projects will be further developed for state approval and presented to the Mental Health Services Oversight and accountability Commission (MHSOAC).

PROGRESSIVE IMPROVEMENTS OF VALUED OUTPATIENT TREATMENT - New Project Concept

The current multitude of state initiatives will have unknown impacts across the public Behavioral Health system. The current system of care is not currently designed to easily integrate these changes. Therefore, the need to modify how OC BHS conducts business and delivers services must be updated.

The multiple initiatives make is clear that the state is envisioning an updated paradigm for public behavioral health services, especially those services provided through the specialty mental health plan (MHP). County specialty mental health plans need to respond and reimagine their systems of care in order to meet the requirements. The “re-imagining” of the overall system, along with the testing of new processes is proposed under the Progressive Improvements for Valued Outpatient Treatment (PIVOT) project.

The overall Innovation, the Progressive Improvements for Valued Outpatient Treatment (PIVOT) project, proposes to redesign the OCBHS system and create and test service models where the delivery, care coordination, and payment for care is aligned to make a seamless and integrated experience for behavioral health clients that result in improved client outcomes. The project also intends to test innovative approaches to workforce recruitment and retention that have worked in other systems to strengthen the pathways to becoming a clinical service provider and provide incentives for retention of highly qualified staff.

This multi-component project will result in an overall system redesign while simultaneously addressing key areas in the current BH system of care and allows pilot projects intended to identify and develop successful behavioral health approaches that can be integrated across the system of care. The pilots, or components, include:

- Innovative approaches to Delivery of Care
- Full Service Partnership Re-Boot: Testing a Social Finance Approach to Improve Client Outcomes
- Integrated Complex Care Management: Testing Whole Person Approaches for Care in the Older Adult Population
- Developing Capacity for the Delivery of Specialty Mental Health Plan Services in Diverse Communities
- Innovative, Countywide Workforce Initiative

INNOVATIVE APPROACHES TO DELIVERY OF CARE

In the current system, Primary Care (physical health), substance use disorder, and mental health systems operate according to each systems charting, billing, and regulatory requirements. Despite state movement toward a more integrated model, the simultaneous changes and initiatives have not allowed time for County systems to respond and think through the ways the systems need to be redesigned. The current structure limits access to holistic, integrated services forcing clients to navigate bifurcated systems to meet their healthcare needs. Even clinical space is often set up according to the system that primarily funds the clinic limiting access to person centered approaches to care.

To be responsive to the changes envisioned by the state, Orange County (OC) Behavioral Health Services is proposing a comprehensive project to redesign clinical care with an opportunity to focus on multiple pilot projects within the redesign. Each component focuses on areas of the system that have been identified as benefiting from focused attention to resolve ongoing challenges. The learning from each pilot will be evaluated and integrated into a new overall system of care and OC BHS will update policies and processes to support and integrate system updates.

FULL SERVICE PARTNERSHIP RE-BOOT :
Testing a Social Finance Approach for Improving Client Care and Outcomes

The Mental Health Services Act (MHSA) currently requires a majority of the Community Services and Supports (CSS) funding be directed toward Full Service Partnership Programs. Full Service Partnership (FSP) programs provide intensive outpatient services and case management for individuals living with serious behavioral health conditions. The full-service partnership framework is based on a "no fail" philosophy and does "whatever it takes" to meet the needs of clients, and when appropriate their families, including providing supportive services. This framework builds strong connections to community resources, and provides 24 hours per day, 7 days per week (24/7) field-based treatment and recovery services. The primary goal of FSP programs is to improve quality of life by implementing practices which consistently promote good outcomes for the client. These outcomes include reducing the subjective suffering associated with behavioral health conditions, increasing safe and permanent housing, reducing out of home placement for children and youth, avoiding criminal or juvenile justice involvement, and reducing high frequency use of psychiatric hospitalizations or emergency and crisis services. FSP programs strive to provide stabilizing services for the client at the lowest level of care allowing for maximum flexibility to support wellness, resilience, and recovery.

Proposition 1, voted for and passed by California voters on March 5, 2024, requires 35% of the total MHSA budget be directed toward FSP programs. Orange County currently funds FSP programs that are implemented through a combination of contracted provider agencies and County clinics. While the FSP framework is similar across all programs, there are differences in the details of contracts and variation in the cost per service recipient. In addition, there are differences in the way FSPs are managed and in the service capacity/capability of both contracted providers and County-staffed teams. Even with those differences, FSPs across the County have very similar objectives and, overall, make up a homogeneous service. The FSP workforce delivers care to people with very complex histories and ongoing needs daily and provide client-directed services. While this "whatever it takes" approach is successful, it also conflicts with the state expectation that as much Medi-Cal as possible should be billed to draw down revenue for delivery of these services. While "whatever it takes" drives the model, "whatever can be billed" is becomes incentivized. This places counties in a quandary as the sustainability of the services relies on generating revenue.

The FSP Reboot may become a statewide Innovation project that provides the ability to explore alternative ways for performance and payment through testing a social finance approach for client care. At this time, OC is conceptualizing the project solely for implementation in this County.

The FSP Re-Boot concept will focus primarily on Program Performance and Performance Management that is implemented through real-time technical assistance with County staff and contracted providers. The enhanced service will test various approaches to performance-based contracts and improved performance management. As a place holder, the three possible approaches to piloting performance-based contracts include:

- A new, purpose-led outcomes contract running alongside FSPs;
- An amendment to FSP contracts to create a Follow-On program;
- A new, place-based outcomes contracts (jail and/or encampment community).

The objective of these pilots are:

- To strengthen the service offer, widening service scope, bringing a greater emphasis on recovery, delivering more, high-quality outcomes for more service users;

- To help providers learn more about performance-based contracting and facilitate a move from pilots to wider application;
- To provide an opportunity to understand better the needs of existing FSP service users as well as people pre-FSP and post-FSP;
- To test the ability of services to deliver if they move away from 'level of need' as the segmentation model.

These are suggestions are based on the observations articulated in a report commissioned by the MHSOAC, Towards a New Contracting Model for Full Service Partnerships. OC intends to focus on adults FSPs, with specific FSP adult populations being determined at a later date.

The project utilizes expert technical assistance (TA) in implementation of social financing approaches that have been successfully utilized in other parts of the world and other service systems. Delivery of the TA is envisioned for face-to-face program delivery, with some additional time for tracking of outcomes and final evaluation at the end. Up to six months to a year will be set aside for upfront for collaborative contract design (including agreement on the weighting of performance-linked payments), procurement and mobilization. Consideration for how elements of the recommended pilots can form new contracts that create a hybrid model that pays partly on the basis of billing 'productivity' and partly linked to outcomes will be explored.

Additional details for this component will be co-created through the stakeholder process and included in the project plan write up that is presented to the MHSOAC.

INTEGRATED COMPLEX CARE MANAGEMENT:
Testing Whole Person Approaches for Care in the Older Adult Population

In 2023 the Orange County Older Adult Behavioral Health Advisory Board (BHAB) Committee identified the need to improve care for older adults living with co-morbid neurocognitive and behavioral health conditions. The group identified that older adults are the fastest growing population in OC. Long-term stable housing, treatment and services are often inaccessible, inadequate, or unavailable to older adults who are homeless or at risk of homelessness and living with dual mental health conditions and dementia. Additionally, care for this population is split between the managed care system and specialty mental health plan, with each system responsible for specific portions of care. Each system utilizes different screening and assessment tools and views the treatment of the co-morbid condition through the lens of their system. The purpose of this pilot is proposed to begin to develop and plan a system of care for older adults living with both health and physical/neurocognitive conditions which may include individuals who are homeless or at risk of homelessness. Objectively, a multi-disciplinary team that includes managed care providers, social services, neurocognitive health care providers, housing experts, Older Adult BHAB committee members, research analysts, and representatives from the Public Guardian will be identified to provide the focused foundation, scope, and direction of the project. This advisory group will facilitate ongoing collaborative meetings to inform the development of promising practices for integrated complex care management for this population.

The project is grounded in three objectives:

1. *Outreach and Engagement:* To create a process for identifying older adults considering the challenges and barriers reaching and engaging this unserved/underserved population.
   - Utilize existing data and sources to gather information.
   - Create an assessment tool and personnel training plan to identify this target population.
   - Develop strategies to engage this population including hard to reach isolated and monolingual older adults.
2. **Assessment:** Engage experts in the field to create a different model for assessment that is recognized across the various systems.
   - Review existing assessment tools.
   - Determine the methods for how to best identify this population.
   - Create, identify, or modify a screening tool to help identify the target population.
   - Develop a multidisciplinary assessment model.
3. *Complex Care Management/Navigation Plan:* The multi-disciplinary team will collaborate on funding structures and care strategies to meet the comprehensive needs of older adults.
   - Discuss funding mechanism/sources for individuals that meet the criteria.
   - Develop recommended strategies for care for the target population,
   - Develop a customized, comprehensive physical, mental, emotional, and social health care plan template that is recognized across multiple service systems.

When discussing this population traditional treatment from one system has not proven to be successful. Since this disorder is both a physical and a mental illness, the medical treatment and psychological intervention must be integrated to provide the best results. That is why a multidisciplinary team approach is essential for successful

treatment. No one professional has the expertise to fill all the patient's medical and psychiatric needs. While multidisciplinary teams are a standard approach for treatment, most are working without an established continuum of care, by which, an individual in treatment may receive more and less intensive services in a coordinated fashion. Additionally, these teams have very little input in the determinations on how the system of care should been organized.

To address this, the multi-disciplinary team will be established to improve treatment and care coordination for diverse older adults with co-morbid conditions seeking treatment with BHS. Ongoing educational concerns were identified at multiple points during planning meetings. This group noted the need for a coordinated educational effort to improve understanding of co-morbid conditions to increase the probability of earlier detection, as well as educate those providing treatment to the resources available and barriers experienced within the existing system of care. Specifically, there is a lack of data-driven education informed by the best practices and experiences from the treatment team. While having a multi-disciplinary team approach to the treatment of complex disorders is a standard practice, incorporating this team in the development and delivery of training is not. The group indicated that any training on treatment modalities is appreciated, training influenced by the treatment team's real-world experience would have benefits for the larger system of care. Previous attempts at constructing this type of training infrastructure were limited based on the time available to the treatment team.

Currently BHS and local managed care providers meet to find solutions to complex cases for older adults living with co-morbid neurocognitive and behavioral health conditions. Staff come together to determine the best course of treatment for individual cases because a system to effectively manage these cases does not currently exist. A system to manage complex care management does not exist for many reasons, including frequent changes in staff, lack of resources, no clear funding stream for clients, and fragmented communication between clients and family members. Outcomes to these cases tend to be highly individualized because of an inconsistent approach to cases, predicated by no clear funding stream or reporting structure, forcing providers to piece meal individualized treatment plans. A lack of consistent training also adds an extra layer to the inconsistency. Individual doctors, therapists, alcohol and drug counselors, and case managers may develop different treatment plans, even when working for the same organization, based on their level of comfort, training, knowledge of community resources, and personal understanding of the available funding sources. Because a formal structure for analyzing and reporting outcomes does not exist, the current meeting method does not produce system-wide best practices that could be shared or further developed to improve efficiency. Individuals are left to overcome system challenges and institutional barriers outside of any documented process improvement effort. Additionally, ongoing discussions in this group noted the treatment barriers that were preventing better outcomes on cases had similarities between income level and health insurance coverage.

Some barriers identified include:

- No integrated care model that covers both the medical and behavioral health concerns.
- Financial considerations based on the cost of appropriate treatment.
- Patients with transportation problems, unable to get to appointments.
- Required multiple assessments for different systems in one day difficult.

In concept, a comprehensive training model, including a knowledge and resource directory, will require coordination between BHS, community partners including, but not limited to, managed care plans as appropriate, multiple Independent Physicians' Associations (IPAs), substance use disorder providers, the Social Services Agency, and the Public Guardian. The creation of this model will facilitate the development of relationships and networks with, among, and between

subject matter experts, to include those with lived experience, and those requiring additional information on older adults with co-morbid neurocognitive and behavioral health conditions. It is expected that this training model will include both training provided by contracted experts on these conditions and training developed internally from the lessons learned from this project. Outside trainers may also be contracted to help with the initial development and knowledge capture from the system's existing subject matter experts. All trainings will be ongoing in order to maintain an existing and further grow the knowledge-base within the community and to ensure the development of new subject matter experts. Additionally, the multidisciplinary teams will be available for case-by-case consultations and generalized system navigation questions. Repeated inquires will be researched and included back into the standardized training to improve the information provided to trainees. This internal feedback is intended to continuously refresh the ongoing training provided with the newest information possible.

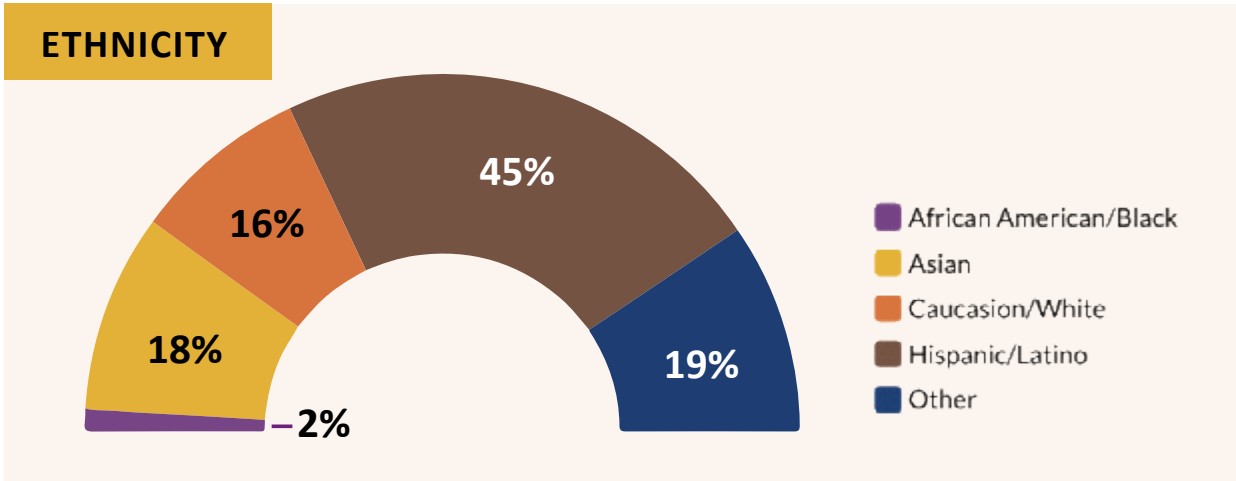
Through this component, OC BHS will create a care model that participates in population health management, enhances care coordination based on patient needs, including social determinants of health and social service needs. By partnering with the MCPs, the MHP/OC-BHS will benefit from the MCP's ability to develop data-driven risk stratification and predictive analytics as service criteria instead of the current model of diagnosis and level of functioning, that focuses on "is the illness severe enough" criteria. This will allow for a billing/payment structure that moves away from rates based solely on diagnostic criteria and allows for a payment model that bundles both the preventative and treatment cost of integrated care. This bundled rate will inform BHS' efforts to create a value-based payment system that can be used when contracting with community partners. The development of this model will allow the time to gather the necessary data needed to pilot this approach. Ideally this will lead toward a plan that standardizes the assessment process within a patient centered health strategy along a continuum of care that is not based on criteria that focuses on deficits and dysfunction for access to services. It is important to note that this project does not seek to change how Medi-Cal and Medicare work with the County, but instead learning how billing can be optimized.

Additional details for this component will be co-created through the stakeholder process and included in the project plan write up that is presented to the MHSOAC.

DEVELOPING CAPACITY FOR SPECIALTY MENTAL HEALTH PLAN SERVICES WITH DIVERSE COMMUNITIE

Orange County (OC) is home to about 3.2 million people making it the third most populous County in California and the second most densely populated County in the state, behind San Francisco, and is home to diverse populations. BHS operates as both the OC Specialty Mental Health Plan (MHP) and as a provider of specialty mental health services, coordinating and providing specialized behavioral health services for Medi-Cal recipients and uninsured individuals who meet the criteria for medically necessary care under the MHP.

Many CSS programs leverage Medi-Cal in the delivery of MHSA services. A review of Medi-Cal beneficiary demographics provides additional context for the target populations served through the MHP and assists in potentially identifying underserved, unserved, or inappropriately served populations. The number of Medi-Cal eligible beneficiaries is calculated each month by California Health and Human Services (CalHHS) and published online. The information below represents the Calendar Year 2021 average of Medi-Cal eligible beneficiaries. For CY 2021, an average of 954,394 Orange County residents were identified as Medi-Cal Eligible. The information provides a snapshot of the demographics for Orange County Medi-Cal eligible beneficiaries during that time. Medi-Cal eligible beneficiaries by Ethnicity and Ancestry was as follows: 2% were African American, 18% were Asian/Pacific Islander, 16% were Caucasian, 45% were Latino, .1% were Native American (illustrated as 0% in the graph), and 19% identified as not reported/other. N=954,394.



Disparities can be identified by comparing the Medi-Cal eligible beneficiaries group to the Mental Health Medi-Cal consumers served in Calendar Year 2021. A recent review conducted by the CalEQRO for Calendar Year (CY) 2021 reviewed OC BHS Medi-Cal claims as a method to analyze utilization and other variables. For CSS programs, Medi-Cal is frequently leveraged to expand services. One of the variables CalEQRO analyzes is penetration rate. The penetration rate is a measure of total beneficiaries served based upon the total Medi-Cal eligible. This measure can partially assist in identifying disparities. It is important to note that Medi-Cal utilization only represents a portion of MHSA services. Individuals served through non-billable MHSA services are not included in this analysis. The table below shows beneficiaries served by ethnicity in CY 2021.

The review of the CY 2021 claims indicated that the Asian Pacific Islander group had the lowest penetration rate of any group, whereas African-Americans had the highest penetration rates in comparison to County Medi-Cal beneficiary rates, while still being underserved in comparison to state rates.

White beneficiaries were the most disproportionately overrepresented racial/ethnic group served. Asian/Pacific Islander

RACE/ETHNICITY	#MHP SERVED	CY 2021 # MHP ELIGIBLES	MHP PR	STATEWIDE PR
African-American/Black	837	15,436	5.42%	6.83%
Asian/Pacific Islander	1,891	177,504	1.07%	1.90%
Caucasian/White	5,313	150,035	3.54%	5.32%
Hispanic/Latino	10,834	429,250	2.52%	3.29%
Native American	72	1,376	5.23%	5.58%
Other	4,363	180,793	2.41%	3.72%
Total	**23,310**	**954,394**	**2.44%**	**3.85%**

(API) beneficiaries were the most disproportionately underrepresented.

OC penetration rates were lower than those seen statewide across all racial/ethnic groups and all age groups. The lowest penetration rates were among adults over the age of 65 (0.46 percent), children from birth to five (0.64 percent), and API (1.07 percent).

On average, 19.3% of Asian or Pacific Islander residents were eligible for Medi-Cal services, yet only 8.0% received an approved service. Residents over 60 years of age comprised 16.4% of the Medi-Cal eligible population, yet only 6.1% had an approved service. There was also a noticeable difference for those who speak a language other than English at home. Spanish speakers comprised almost one-third of the Medi-Cal population (30.8%), but only 16.1% had an approved service. Similarly, those who spoke an Asian or Pacific Islander language made up 11.9% of the Medi-Cal population and only 3.0% had an approved service.

Based on the number of Medi-Cal eligible residents in CY 2021 and the number of beneficiaries with an approved service, the following groups were identified as underrepresented:

- Asian or Pacific Islanders
- Youth 5 years of age and under
- Native Americans
- Black or African Americans
- Adults over the age of 60

The data available through the state is limited and does not further delineate nuances between the multitude of cultural differences between Asian/Pacific Islander population, South Asia, Middle Eastern, North African (SAMENA), etc. populations. In addition, there is a lack of data concerning services around the delivery of behavioral health services for deaf and hard of hearing populations. Currently, there are existing non-Medi-Cal service providers that provide behavioral health services to these underserved populations.

This component seeks to evaluate the minimum capacity of a community based organization to be able to become a specialty mental health plan contracted provider, review the amount of technical assistance needed to support development and implementation, and determine if embedding culturally based approaches for specialty mental health care improve both penetration rates and client outcomes. In addition, the project seeks to identify successful community defined-evidence practices (CDEPs) that can be designed to generate revenue and potentially be recognized by the state.

Additional details for this component will be co-created through the stakeholder process and included in the project plan write up that is presented to the MHSOAC.

INNOVATIVE WORKFORCE INITIATIVE

California's public behavioral health system has experienced a shortage of behavioral health workers, changes in mental health occupational classifications, and underrepresentation of diversity of professionals with consumer and family member experience. To address challenges faced by the public behavioral health workforce, the MHSA included a component for Mental Health Workforce Education and Training (WET) programs. WET is a program that provides training opportunities to the BHS' staff and contract agency staff, promotes the recruitment and hiring of a culturally diverse workforce, offers financial incentives, facilitates clinical intern programs, supports the inclusion and incorporation of consumers and their family members into the behavioral health workforce, and is committed to addressing the workforce shortage within Orange County through utilization of various strategies to recruit and retain qualified behavioral health employees. WET carries forth the vision of the MHSA to create a transformed, culturally competent system that promotes wellness, recovery, and resilience across the lifespan of all age groups and all cultural backgrounds.

The OC WET component programs have experienced much success over the years, contributing to the development of a highly skilled workforce. However, some institutional barriers still exist, creating roadblocks for establishing integrated pathways to BHS employment. In the most recent MHSA 3-year Plan, BHS identified the need to establish a centralized internship program that included paid internship positions, an employee 20/20 program, and streamlining the path from internship to employment. Despite efforts, barriers exist that limit the success of the existing program, including but not limited to:

- Competition amongst systems. For example, hospitals, education, criminal justice and managed care plans all compete for the same qualified staff and interns.
- Limited ability to update minimum qualifications for entry level Behavioral Health Clinicians, including necessitating that applicants possess a BBS registration number prior to start date.
- Delays between graduation, hiring, and ability to start in BHS.
- Inability to establish the 20/20 program.

In addition, there is not an established coordinated, countywide behavioral health pipeline and pathway to support the development of the larger provider network.

The solution BHS has designed to overcome a portion of these barriers exists in other systems that utilize apprenticeship programs. Apprenticeships combine paid on-the-job training with classroom instruction to prepare workers for highly-skilled careers. Workers benefit from apprenticeships by receiving a skills-based education that prepares them for good-paying jobs. In addition, apprenticeship programs help employers recruit, build, and retain a highly skilled workforce.

The U.S. Department of Labor does not have an official definition of internship or externship. However, generally speaking, differences between internships and apprenticeships include:

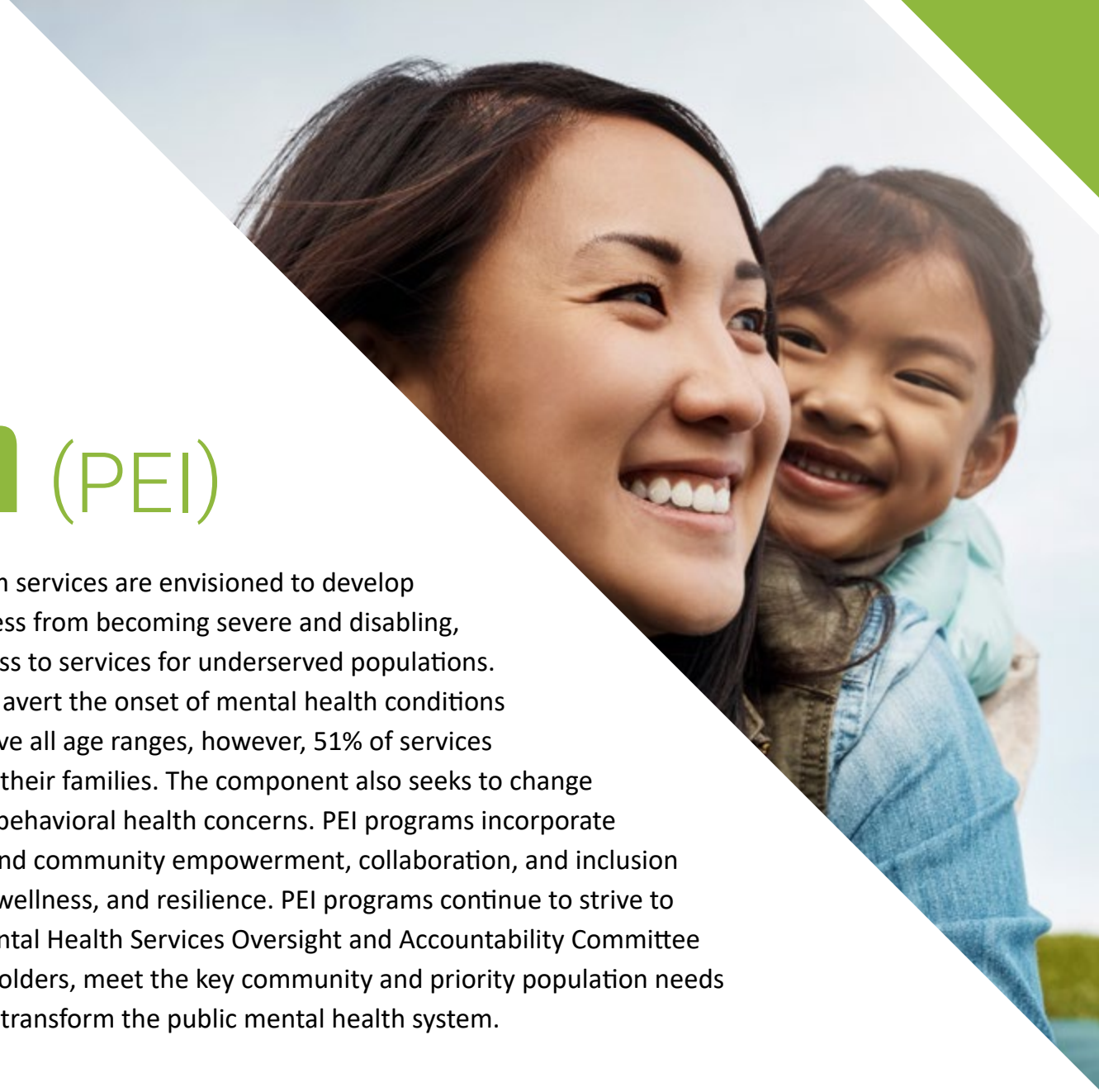
1. Length of Time: Internships are usually short term (1-3 months) and apprenticeships are longer term (1-3 years).
2. Structure: Apprenticeships include a structured training plan, with a focus on mastering specific skills an employer needs to fill an occupation within their organization. Internships aren't structured and can focus on entry-level work experience.

3. Mentorship: Apprentices receive individualized training with an experienced mentor who walks them through their entire process. Internships do not always include mentorship.
4. Pay: Apprenticeships are paid experiences that often lead to full-time employment. Internships are often unpaid and may not lead to a full-time job.
5. College Credit: Internship and apprenticeship experiences may both lead to college credit, although some apprenticeship programs will lead to a debt-free college degree.

The BHS Innovative Workforce Initiative will take successful strategies from both internship programs and apprenticeship programs and may utilize a third party vendor as the "employer of record" to support payment of incentives for participating in the internship program. Because apprenticeships are longer than a typical internship, individuals participating in BHS internships will have the option to extend their paid learning opportunity beyond their educational requirement. A standard pay scale will be developed that incentives longevity and continues to provide incentives during the period between graduation and the receipt of a BBS registration number that is required to qualify for regular county positions.

Additional details for this component will be co-created through the stakeholder process and included in the project plan write up that is presented to the MHSOAC.

Prevention and Early Intervention (PEI)



Prevention and Early Intervention (PEI) program services are envisioned to develop and implement strategies that stop mental illness from becoming severe and disabling, giving emphasis to improvement in timely access to services for underserved populations. Strategies and activities are applied early on to avert the onset of mental health conditions or relapse among individuals. PEI programs serve all age ranges, however, 51% of services must target individuals aged 25 and under and their families. The component also seeks to change community conditions known to contribute to behavioral health concerns. PEI programs incorporate the values of cultural competence, consumer and community empowerment, collaboration, and inclusion in providing services that emphasize recovery, wellness, and resilience. PEI programs continue to strive to meet the needs identified by the California Mental Health Services Oversight and Accountability Committee (MHSOAC) and local diverse community stakeholders, meet the key community and priority population needs outlined in the Mental Health Services Act and transform the public mental health system.

INTRODUCTION AND SB 1004 COMPLIANCE SUMMARY

The State defines six specific Prevention and Early Intervention Programs. Per statute, a program is defined as "a stand-alone organized and planned work, action, or approach that evidence indicates is likely to bring about positive mental health outcomes either for individuals and families with or at risk of serious mental illness or for the mental health system (WIC §3701 (b))."

These State-Defined programs areas are:

LOCAL PEI CONSTRUCT

The Orange County PEI programs operate under the State-Defined Prevention and Early Intervention reporting construct as illustrated in the following tables:

Outreach for Increasing Recognition of Signs of Mental Illness
- Behavioral Health Training Collaborative
- Mental Health and Well Being Promotion for Diverse Communities
- Early Childhood Mental Health Providers Training
- K-12 School Based Mental Health Services
- Services for TAY and Young Adults

Stigma and Discrimination Reduction
- Mental Health Community Education Events for Reducing Stigma & Discrimination

Prevention Programs
- Prevention Services and Supports for Families
- Prevention Services and Supports for Youth
- Family Support Services

Suicide Prevention
- Community Suicide Prevention Initiative
- Crisis Prevention Line
- Survivor Support Program

Access and Linkage to Treatment
- OC Links
- OC Outreach and Engagement for Homeless
- Integrated Justice Involved Services

Early Intervention
- School Based Mental Health Services
- Thrive Together OC
- OC CREW
- OC Parent Wellness Program (OCPWP)
- Community Counseling and Supportive Services
- Early Intervention Services for Older Adults
- OC4VETS

SB 1004 PEI PROGRAM PRIORITY AREAS

All PEI programs are required to comply with WIC Section 5840.7 enacted by Senate Bill 1004 which necessitates counties to specify how they are incorporating the following six Mental Health Services Oversight and Accountability Commission (MHSOAC) identified priorities in the MHSA plan:

Per WIC section 5840.7/SB1004, counties are required to provide an estimate of the share of PEI funding allocated to each MHSOAC identified priority. The following provides these estimates for each fiscal year of Plan:

SB 1004 IDENTIFIED PEI PROGRAM PRIORITY CATEGORIES:	PERCENTAGE OF FUNDING ALLOCATED TO PRIORITY:
1. Childhood trauma prevention and early intervention to deal with early origins of mental health needs.	34%
2. Early Psychosis and mood disorder detection and intervention; and mood disorder and suicide prevention programming that occurs across the lifespan.	21%
3. Youth outreach and engagement strategies that target secondary school and transitional age youth, with priority on partnership with college and mental health programs.	15%
4. Culturally competent and linguistically appropriate prevention and intervention.	15%
5. Strategies targeting the mental health needs of older adults.	14%
6. Early identification programming of mental health symptoms and disorders, including but not limited to, anxiety, depression, and psychosis.	1%

Each of these priorities outlined in WIC Section 5840.7/SB 1004 are integrated into the OC MHSA plan and aligned with our previously outlined programs and strategies.

PEI STATE PROGRAM CATEGORY	LOCAL PROGRAM	SB 1004 IDENTIFIED PRIORITY					
		CHILD TRAUMA	EARLY PSYCHOSIS/ MOOD	YOUTH OUTREACH	CULTURE COMP	OLDER ADULTS	EARLY ID
Stigma and Discrimination Reduction	MH Community Education Events for Reducing Stigma & Discrimination	X		X	X	X	
Outreach for Increasing Recognition of Early Signs of Mental Illness	Behavioral Health Training Services	X			X	X	
	Early Childhood Mental Health Providers Training	X			X		
	MH & Well-Being Promotion for Diverse Communities			X	X	X	
	Services for TAY and Young Adults			X	X		
	K-12 School-Based MH Services			X	X		
	Statewide Projects			X	X		
Prevention	Prevention Services and Supports for Families	X			X		
	Prevention Services and Supports for Youth	X		X	X		X
Early Intervention	Community Counseling & Supportive Services	X	X		X	X	X
	School-Based Mental Health Services		X		X		X
	Early Intervention Services for Older Adults				X	X	X
	OC Parent Wellness Program	X	X		X		X
	Thrive Together OC		X		X		
	OC CREW		X		X		
	OC4Vets	X	X	X	X	X	X
Suicide Prevention	Suicide Prevention Services	X	X	X	X	X	X
Access and Linkage to Treatment	OC Links	X	X	X	X	X	X
	OC Outreach and Engagement for Homeless				X	X	X
	Integrated Justice Involved Services				X		

STATEWIDE PEI PROJECTS

Prevention and Early Intervention (PEI) Statewide Projects are intended to support PEI strategies and messaging across the state as well as locally via the California Mental Health Services Authority (CalMHSA), a joint powers authority (JPA), working on behalf of California Public Behavioral Health plans. The PEI Statewide effort was jointly initiated with other California counties for the purpose of making both a statewide and local impact. Orange County is a member of the JPA and a contributor to statewide PEI Projects. BHS intends to assign $500,000/fiscal year of local PEI funding to the JPA the last two years of this plan.

The PEI Statewide Project is a collection of campaigns which seek to expand the awareness of mental health needs and supports, reduce stigma, prevent suicides, and teach individuals how to achieve mental wellness. All initiatives implemented under the Statewide PEI Project are collectively known as "Take Action for Mental Health/ Toma Accion Para Las Salud." The initiative is marketed as the campaign for California's ongoing mental health movement. It builds upon established approaches and provides resources to support Californians' mental health needs.

Take Action for Mental Health is an evolution of the previous statewide initiative, the Each Mind Matters campaign. Over the last decade, Each Mind Matters has had a positive impact on reducing stigma of mental illness and increasing awareness of mental health needs and resources. Two hallmark projects from the Each Mind Matters campaign, Know the Signs, and Directing Change, continue under the Take Action for Mental Health initiative.

- Know the Signs/Reconozca Las Senales is California's suicide prevention campaign that encourages individuals to know the signs of suicide, find the words to ask a loved one if they are thinking about suicide, and reach out to local resources.
- The Directing Change Program and Film Contest engages students and young people throughout California to learn about the topics of suicide prevention and mental health through the medium of film.

Take Action for Mental Health builds on this progress and asks Californians to take action to support ourselves and the people we care about through a three-pronged approach: Check-in, Learn More, and Get Support.

Strategies administered by CalMHSA in support of the statewide efforts include:

- Distribution of campaign materials and messaging,
- Technical Assistance
- Suicide Prevention training
- Administration and engagement of youth and adult allies through the Directing Change program.

All program and statewide evaluations conducted by the RAND Corporation on behalf of CalMHSA can be found at: https://www.rand.org/health/projects/calmhsa/publications.html

ORANGE COUNTY LOCAL PARTNERSHIP AND IMPACT

Statewide Projects serve the Orange County community at large through building on the state initiatives at the local level and through participation in CalMHSA-sponsored initiatives and technical assistance.

Suicide Prevention: These activities include social marketing and technical assistance designed to support helpers and gatekeepers

appropriately identify and respond to suicide risk. This program also works with local suicide prevention partners to respond to individuals in crisis through hotlines.

In FY 2022-23, CalMHSA's PEI Program Contractor, Your Social Marketer (YSM), provided technical assistance to the OC HCA's Office of Suicide Prevention (OSP) and the Orange County Community Suicide Prevention Initiative (CSPI) leadership team with technical assistance related to advancing the goals of the Orange County's Community Suicide Prevention Initiative (CSPI) in the following areas:

Strategic Planning

- Short-term and long- term strategic planning including assisting the County with planning and writing the Suicide Prevention Strategic Plan draft for Orange County.

Organizational Structure of CSPI

- Technical assistance was provided to the CSPI leadership on a variety of subjects, including recruiting members for CSPI and expnding the reach within the community..

Firearm Safety Initiative

- Technical assistance to the Firearm Safety subcommittee of CSPI to continue the outreach to gun shop owners for safe messaging for Firearm Safety..

Directing Change Program & Film Contest: The Directing Change Program and Film Contest engages students and young people throughout California to learn about the topics of suicide prevention and mental health through the medium of film.

- The Directing Change team provided subject matter expertise to school students and staff advisors in preparing 60 second videos on topics related to suicide prevention, stigma reduction and mental health awareness. Supports also included the award of mini grants for selected schools.
- The Directing Change team also submitted prompts and contest details to their monthly newsletter, the Hub, and participated in regular meetings to promote the program.
- The Directing Change Team assisted OC HCA and staff from one of its partners, the Los Angeles baseball team, to select and edit a 30 second film submission that was played at a home game and aired on the television.

As a result of these efforts, 17 eligible Orange County schools submitted 95 entries to the Directing Change Program & Film Contest. Orange County students performed exceptionally well in the Statewide and Regional competitions; At the Statewide Woodbridge High School's entry "That's What Friends Are For" won first place for the Suicide Prevention Category and University High School's Sensory Overload won third place for the Mental Health Category. At the Regional levels Woodbridge High School's entry "That's What Friends Are For" won first place for the Suicide Prevention Category and University High School's Sensory Overload won First place, Irvine High School's "Always There" won second place and Canyon High School's "Nothing to be Ashamed of" won third place for the Mental Health Category. La Quinta High School's submission "I see You" won second place in the Through the Lens of Culture Category. University High School's "Their Room" won 5th place in the Animated Shorts category. For more information about Orange County Directing Change please visit DirectingChangeCA.org/OrangeCounty DirectingChangeCA.org/OrangeCounty.

LOCAL RESULTS	NUMBERS
Entries	95
Schools	17
Participants	285
Mini Grants	1
Total Estimated Reach	1,500

Stigma and Discrimination Reduction: These activities include implementation of best practices to develop policies, protocols and procedures that support help-seeking behavior and/ or build knowledge and change attitudes about mental illness. This initiative also provides informational and online resources, training and educational programs, and culturally responsive media and social marketing campaigns to engage and inform diverse communities about mental wellness.

The table below outlines the resources and materials expected to be distributed throughout the year in FY 2022-23:

CAMPAIGN MATERIALS DISTRIBUTED	EXPECTED QUANTITY FY 2022-23
Take Action Green Ribbons	35,370
Wristbands	32,522
SWAG pens (English +Spanish)	4,780
Keychains	6,345
Stress balls	16,017
Phone Wallets	4,795
Mental Health Support Guide Brochures English	2,000
Mental Health Support Guide Brochures Spanish	2,000
Know The Signs (KTS) Brochures and tent cards English	3,200
KTS Spanish	500
KTS brochure for parents (English and Spanish combined)	1,100
Mental Health Thrival kits	45
Be True and Be You - A Basic Guide for LGBTQ+ Youth Booklets (Eng)	450
Be True and Be You - A Basic Guide for LGBTQ+ Youth Booklets (Spanish)	780

OUTREACH FOR INCREASED RECOGNITION OF SIGNS OF MENTAL ILLNESS

BEHAVIORAL HEALTH TRAINING COLLABORATIVE

WIC § 3715 defines "Outreach" is a process of engaging, encouraging, educating, and/or training, and learning from potential responders about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness.

"Potential responders" include, but are not limited to, families, employers, primary health care providers, visiting nurses, school personnel, community service providers, peer providers, cultural brokers, law enforcement personnel, emergency medical service providers, people who provide services to individuals who are homeless, family law practitioners such as mediators, child protective services, leaders of faith-based organizations, and others in a position to identify early signs of potentially severe and disabling mental illness, provide support, and/or refer individuals who need treatment or other mental health services.

PROGRAM SUMMARY	
Program Serves	Children
	TAY (16-25)
	Adults (26-59)
	Older Adults
Location of Services	Virtual, Community-Based
Numbers of individuals to be Served	9,520
Annual Budget	$675,000
Avg. Est. Cost per Person	$70.93
Services Offered	Community Engagement
	Training

OVERVIEW OF THE PROGRAM

The Behavioral Health Training Collaborative (BHTC) is a partnership between Behavioral Health Services (BHS) and Western Youth Services (WYS). This project collaborates with a network of community partners to provide trainings related to increasing awareness of signs and symptoms of mental health and/or substance use issues. To meet the needs of community, the program offers educational sessions and resources in both virtual and in-person, community-based settings.

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

The goal of BHTC is to increase awareness and knowledge of signs and symptoms of mental health and/or substance use issues in the community. BHTC intends to provide a minimum of 548 trainings to 10,900 community members/attendees in FY 23/24 with minimum rating of 80% of service satisfaction from participants.

DESCRIPTION OF SERVICES

BHTC utilizes curricula based in best practices or evidenced-based practices to engage the community, school personnel, students, youth, parents, and the general community to increase knowledge and understanding of the information being provided. Subject matter

experts are utilized to train the community on behavioral health focused topics such as, but not limited to skills that improve mental health and support resilience in addressing future life challenges for both community members and providers. Additionally, BHTC provides education focused on prevention and early intervention (PEI), wellness promotion, building resilient communities to support those with mental illness, and ameliorating associated challenges.

TARGET POPULATION

There are 3 primary populations targeted to support through this program: Community at large, non-clinical providers, and clinical providers.

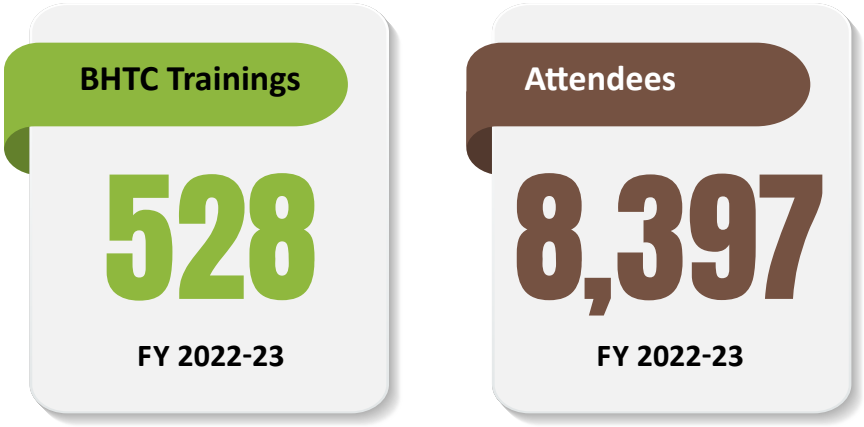
- Community at large (Tier 1): General public such as parents, family members, community centers, etc.
- Non-clinical provider (Tier 2): A person who interacts with or provides services to those who may experience a behavioral health condition. Examples would be staff at public or private schools, childcare sites, colleges/universities, veteran service agencies; law enforcement, probation/parole, homeless or housing providers, religious leaders, faith-based centers, business owners, etc.
- Clinical providers (Tier 3): A direct service provider who provides services to a potential or current behavioral health client who wants more information on behavioral health topics, continuing education, or needs skills or techniques to assist the client or their family member.

OUTCOMES

During FY 2022-23, 8,397 individuals participated in 528 BHTC trainings including:

POTENTIAL RESPONDERS TYPE	
Behavioral Health Providers	Child Welfare
Medical Co-Morbidities Providers	Cultural and Ethnic Communities
Individuals Working with Substance Use	Homeless/At risk of Homelessness
Individuals Working with Criminal-Justice	Families
First Responders	LGBTQI+
Parents/Students/Schools	Trauma Exposed Individuals

- Satisfaction surveys were collected from participants on all trainings conducted, with a goal of maintaining an overall course satisfaction rate of 80%.
- During FY 2022-2023, 98% of participants reported they were satisfied with these trainings.



CRISIS INTERVENTION AND TRAINING (CIT)

OVERVIEW OF THE PROGRAM

The contract is currently held by Western Youth Services (WYS) and they sub-contract with NAMI-OC to provide various Crisis Intervention Trainings to first responders across Orange County.

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

The primary goal of Crisis Intervention Training (CIT) is to provide a training and educational sessions to first responders to review of types of mental illnesses, basic intervention techniques to de-escalate mental health crisis and help identify signs and symptoms of behavioral health challenges.

CIT intends to provide a minimum of 516 trainings hours to 1,250 first responders in FY 23/24 with minimum rating of 80% of service satisfaction from participants.

DESCRIPTION OF SERVICES

Crisis Intervention Training (CIT) provides training and educational sessions to first responders to provide a review of types of mental illnesses, basic intervention techniques to de-escalate mental health crisis and help identify signs and symptoms of behavioral health challenges. CIT collaborates with law enforcement staff, County behavioral health staff, consumers, others with lived experience and subject matter experts to create and provide evidence-based trainings using a trauma-informed approach. Training topics cover competencies in but are not limited to: Effective crisis intervention skills working with diverse communities and responding to community members with behavioral health challenges, identifying and utilizing resources, recovery and resiliency, de-escalation, and conflict resolution, and supporting the mental health of the first responder community.

PROGRAM SUMMARY	
Program Serves: Diverse Cultural Communities	First Responders in Orange County
Location of Services	Virtual and/or community-based
Numbers of individuals to be Served	1,250
Annual Budget	$506,250.27
Avg. Est. Cost per Person	$405.00
Services Offered	Crisis Intervention Training to first responders

TARGET POPULATION

First responders including law enforcement, firefighters, emergency dispatchers, EMTs, paramedics, corrections officers, school campus safety officers, and any other first responder in OC.

OUTCOMES

During FY 2022-23, there were 367 hours of Crisis Intervention Training and 1,247 first responders were trained. Satisfaction surveys were collected from participants on all trainings conducted, with a goal of maintaining an overall course satisfaction rate of 80%. All (100%) of the participants reported they were satisfied with these trainings.

MENTAL HEALTH AND WELL BEING PROMOTION FOR DIVERSE COMMUNITIES

OVERVIEW OF THE PROGRAM

The Mental Health and Well Being Promotion for Diverse Communities program is a new program that utilizes a peer supported approach to promote mental health and wellness, reduce stigma, raise awareness regarding preventing behavioral health conditions (recognizing signs and symptoms), increase resilience and recovery by building on protective factors, address the risk factors and providing peer support. This is accomplished through outreach, information dissemination, community education and events, skill building, socialization group activities, and one-to-one interactions and relationships with families and individuals representing diverse populations. Appropriate referrals and linkages to community resources and support are also provided, as needed.

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

The goal of the Mental Health and Well Being Promotion for Diverse Communities program is to educate the community members regarding mental health, seek to improve mental health outcomes, increase help seeking behaviors and prevent the progression of untreated behavioral health conditions.

The following outcome measure goals are utilized to determine the effectiveness of the services provided:

- On average, participants will report an increased awareness of mental health needs pertaining to the target population.
- On average, participants will report an increase in knowledge of community mental health resources.
- On average, participants will report an increase in confidence to navigate the mental health system.
- On average, participants will report a decrease in stigma related to mental health conditions.
- On average, participants will report an increase in confidence to facilitate help seeking behaviors

PROGRAM SUMMARY	
Program Serves: Diverse Cultural Communities	Children
	TAY (16-25)
	Adults (26-59)
	Older Adults
Location of Services	Virtual, Community-Based
Numbers of individuals to be Served	1,722,654
Annual Budget	$6,226,752.00
Avg. Est. Cost per Person	$0.28
Services Offered	Community Outreach
	Educational Workshops
	Events, Development of Materials
	Peer Support

DESCRIPTION OF SERVICES

Outreach

Community outreach is used to engage diverse communities to raise awareness, increase recognitions of early signs of mental illness

and disseminate information regarding mental health and wellness. Community outreach also creates the opportunity to connect with individuals who may be experiencing or at an elevated risk of experiencing a mental health challenge. A combination of individualized and broad outreach strategies are utilized across traditional and nontraditional settings such as religious organizations, shelters, community gathering places, hospitals, health fairs, community centers, in homes, community businesses, or any other location from which mental health awareness may be promoted. Outreach is conducted by diverse peers who are trusted members of communities and are able to build rapport and trust within their communities.

Educational Workshops
Educational workshops are provided as part of these services. The workshops promote awareness of a wide variety of mental health topics, stigma reduction, suicide prevention, and help to increase help seeking behaviors. Workshops may include activities such as educational groups, socialization or skill building workshops which are designed to raise awareness about behavioral health conditions and develop protective factors. The educational content of the workshops and groups address specific perceptions and beliefs about stigma, mental illness, substance use disorders, and barriers to help seeking. The workshops are also designed to be culturally relevant and appropriate to the audience.

Educational Material Development and Information Dissemination
Culturally responsive mental health related educational, informational, and/or resource materials are developed and made available in print via podcasts or online, as applicable, and appropriate for the target audience. These informational materials may include items such as brochures, pamphlets, posters, and other resource materials published via various online outlets such as email, websites and social media.

Events
Community events are organized, in partnership with collaborating community organizations, to engage diverse and vulnerable communities. These culturally informed events focus on reducing mental health stigma and raising awareness around a variety of health and wellness topics. The events may range from activities such as art exhibits, community performances, conferences highlighting mental health topics, or pop-up events and community forums. Services also incorporate social marketing and media campaigns via print, radio, television and social media platforms to raise awareness of mental health and wellness topics, suicide prevention and information about resources available to the community.

Peer Support
Services also incorporate peers with lived experience to support the events, workshops, and community events. The peers also engage vulnerable and at-risk community members on an individual basis to provide mentoring, support, education, advocacy, leadership, coaching, and referral and linkage assistance. Peers are recruited directly from the communities in which the services are provided and trained to engage their communities in support of enhancing stigma reduction, increasing mental health awareness, facilitating help seeking behaviors, and improving the overall health and wellness of their communities.

TARGET POPULATION

Mental Health and Well-Being Promotion for Diverse Communities support Orange County residents who are at risk of developing or who are exhibiting early signs of behavioral health conditions including mental illness and substance use disorders due to their risk factors or environmental conditions. Services target individuals who are unserved, underserved especially individuals from racially and ethnically diverse communities including monolingual non-English speakers, recent immigrants and refugees in Orange County. The target populations also include veterans, LGBTQI+ individuals who have typically been underserved and disproportionately impacted by risk factors for mental illness.

OUTCOMES

The program was implemented on January 1, 2023. Outcomes will be reported in future Plan Updates.

MENTAL HEALTH AND WELL BEING FOR DIVERSE COMMUNITIES		
	Agree	**Strongly Agree**
I would be willing to talk about mental health with people I meet	17.2%	78.7%
I learned how to treat people who are living with a mental illness	33.9%	57.5%
I would not be friends with someone who is living with a mental health condition	5.2%	4.6%
I would avoid people who are living with a mental illness	32.8%	48.3%
I learned how to find help for people living with a mental illness	39.1%	45.4%
I believe people living with a mental illness can have similar problem as I do	29.9%	64.9%
I believe anyone can have a mental illness at some point in their lives	33.9%	58.0%

EARLY CHILDHOOD MENTAL HEALTH PROVIDERS TRAINING

OVERVIEW OF THE PROGRAM

The Early Childhood Mental Health Providers Training is a prevention based early childhood mental health consultation and training service with a goal to support the effective management of challenging behaviors in children up to 8 years of age and promote healthy social emotional development of young developing children in Early Childhood and Education (ECE) settings. This is accomplished by supporting and building the capacity of ECE providers, including site directors, owners and/or administrators and teachers, and the families they serve throughout Orange County through mental health consultation, education, coaching and support services utilizing evidence-based practices (EBP).

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

- On average, ECE providers will demonstrate a significant skill increase in management of challenging behaviors in young children and importance of their social-emotional development.
- On average, ECE providers will report fewer children who engage in ongoing, persistent challenging behaviors.
- On average, Target children will demonstrate an increase in prosocial behaviors, a decrease in challenging behaviors, and greater engagement in tasks/activities.

DESCRIPTION OF SERVICES

Consultation services educate and build capacity, increase knowledge and awareness of early childhood providers to provide appropriate behavior support for those children exhibiting ongoing challenging behaviors, and promote development of healthy identities in young children. Consultation services include consultation, practice-based coaching, direct observation and follow-up support.

Early Childhood Mental Health Consultation Services are provided to ECE providers in:

1) Areas of the county with the highest vulnerability in social and emotional development based on the Early Development Index (EDI),
2) ECE sites who have identified children with challenging behaviors and are at risk of expulsions, and
3) ECE providers who may not have access to other state or federal funding.

PROGRAM SUMMARY	
Program Serves	Children (0-8)
Location of Services	Virtual, ECE Settings, After School Programs, Schools
Numbers of individuals to be Served	5,000
Annual Budget	$1,000,000
Avg. Est. Cost per Person	$200
Services Offered	Consultation
	Training
	Practice-Based Coaching

TARGET POPULATION

Children 0-8 years of age exhibiting challenging behaviors and at risk of developing a severe emotional disturbance in Early Childhood and Education settings throughout Orange County, transitional kindergarten programs through third grade, and before and after school programs.

OUTCOMES

Based on survey responses provided by ECE providers, the program met its goals and ECMHC services were successful at enhancing social and emotional development and/or the mental health and wellness of young children.

- 63% of ECE site directors, owners and administrators reported fewer children with persistent challenging behaviors.
- 37% of teachers demonstrated an increase in ability and knowledge to manage children's challenging behaviors effectively.
- 100% of children demonstrated an increase in prosocial behaviors.
- 82% of children maintained good engagement in classroom activities.

ECMHC REFERRAL AND LINKAGE RATES
FY 2022-23

The program provides referrals to parent participants for clinical services and parent education support.

This program could be subject to decreases in funding or elimination based on available funding.

CHALLENGES/SOLUTIONS

Providers have had difficulties in survey completions. HCA implemented new data surveys and software this fiscal year, the provider has been proactive in requesting data support and managing surveys needing to be completed.

This program could be subject to decreases in funding or elimination based on available funding.

SERVICE FOR TRANSITIONAL AGE YOUTH (TAY) AND YOUNG ADULTS

OVERVIEW OF THE PROGRAM

The Services for Transitional Age Youth and Young Adults program services are designed to support, engage and empower TAY and young adults between the ages 16-24 years who may be at risk of developing behavioral health conditions or experiencing an increase in severity of an existing condition. The services are provided through community building and networking activities, outreach, and raising knowledge and awareness on mental health education and available resources. These services include three components:

1) TAY Mental Health Community Networking Services,
2) TAY Mental Health Outreach Services, and
3) TAY Mental Health Education Activities.

PROGRAM SUMMARY	
Program Serves	TAY (16-25)
Location of Services	School-Based, Online/Virtual Community-Based
Numbers of individuals to be Served	1,015,240
Annual Budget	$700,871
Avg. Est. Cost per Person	$1.45
Services Offered	Community Outreach
	Educational Workshops
	Coalition Building and Networking

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

A unifying goal of these three components is, through outreach to the TAY population, to raise awareness about mental health, increase youth connectedness, reduce behavioral health stigma, improve resource navigation, and increase access to behavioral health services and supports by increasing knowledge of available resources and improving help-seeking behaviors.

DESCRIPTION OF SERVICES

TAY Mental Health Community Networking Services

The TAY Mental Health Community Networking Services support active collaborations with Orange County colleges, universities, trade schools and community-based organizations serving TAY and young adults to increase coalition building through Connect OC, a peer-based Countywide Coalition (Coalition) for TAY individuals. Connect OC is comprised of TAY from the community, peer youth leaders from the college and university campuses, faculty/staff, and representatives from various organizations serving TAY and young adults throughout Orange County. The Coalition provides a space for youth to connect, learn and share their experiences. Through coalition meetings and activities, community mental health educational forums, social media promotion and website resources, Connect OC enhances community collaborations across Orange County and expands behavioral health knowledge and awareness of community resources, specific to TAY and young adults.

Connect OC promotes mental health educational events throughout Orange County and educates the community on a wide array of behavioral health topics impacting TAY and young adults including

anxiety, depression, stress, trauma, suicide prevention, substance use prevention, signs and symptoms of mental illness, coping skills and community resources. Furthermore, Connect OC ensures community efforts towards raising mental health awareness are further aligned and strategize to implement the most effective ways of disseminating information to TAY and young adults, their friends and family members and individuals who serve these populations.

TAY Mental Health Outreach Services

The TAY Mental Health Outreach provides Outreach Services to community organizations and local colleges utilizing creative performance arts as a mechanism to reach TAY and young adults. Services include professional theater productions by youth under the guidance of professional artists and program staff, that highlight a variety of mental health topics focusing on TAY and young adults. The partnering community organizations and the youth they serve are invited to view these theatre performances, which are followed by panel discussions facilitated by mental health professionals and includes information on behavioral health resources. In addition, TAY have an opportunity to participate in a 10-12 week evidence-based program called "Life Stories" designed for creative self-expression through the formation of original dramatic works where participants use their own life experiences as inspiration to others. The Life Stories program is designed to connect with the hardest to reach TAY and young adults who may be experiencing challenging life events and engage them in creative self-expression.

TAY Mental Health Educational Activities

The TAY Mental Health Educational Activities provides a variety of educational activities to raise awareness and increase knowledge about mental health. Services seek to improve help-seeking behaviors among TAY and young adults and increase access to resources and services as well as improve linkage to on and off-campus community mental health services. This is accomplished by organizing student-led activities, engaging

PROPORTION TO BE SERVED BY DEMOGRAPHIC CHARTERISTIC FOR FY 2022-23	
PARTICIPANTS SERVED	**272**
Age Group	
Children (0-15 years)	10%
Tay (16-25 years)	53%
Adults (26-59 years)	34%
Older Adults (60+ years)	3%
Gender	
Female	6%
Male	8%
Transgender	%
Questioning/Unsure	<0%
Another Not Listed	<0%
Decline to State/Not Reported	<0%
Race/Ethnicity	
American Indian / Native Alaskan	6%
Asian/Pacific Islander	8%
Black/African-American	5%
Hispanic/Latino	45%
White	35%

students to start on-campus clubs and host on-campus events, hosting educational presentations on campus and in the community, podcasts, and events.

TARGET POPULATION

TAY and young adults ages 16-25 years old including students in colleges and universities, and youth who are not enrolled in the educational institutions but may be at risk of behavioral health conditions developing or getting worse.

Services focus on youth who may be unserved and underserved including those who identify as lesbian, gay, bisexual, transgender, Intersex, Questioning (LGBTIQ), veterans, new immigrants, individuals from diverse ethnic communities and/or at-risk foster youth. Family and friends of these TAY and young adults and any individuals who support them are also included.

OUTCOMES AND RESULTS

In line with this program's goals, those who provided feedback following an event hosted by various providers consistently supported positive statements about mental health and people living with mental health conditions, and few agreed with a stigmatizing statement. Additionally, feedback from participants indicated that the events continue to increase a willingness to reach out to others about their own mental health. Few attendees completed a feedback survey, however, so it is unclear to what extent the events helped inform or shape the perspectives of the majority of attendees who did not share their feedback. See table below.

MENTAL HEALTH AWARENESS AND STIGMA REDUCTION SURVEY FY 2022-23	
	n=17,587 participants n=174 surveys returned
I would be willing to talk about mental health with people I meet.	96%
I learned how to treat people who are living with a mental illness.	91%
I would avoid people who are living with a mental illness.	81%
I learned how to find help for people living with a mental illness.	85%
I believe people living with a mental illness can have similar problems as I do.	95%
I believe anyone can have a mental illness at some point in their lives.	92%

CHALLENGES/SOLUTIONS

Student participation and ongoing engagement of students especially during the school year continues to be a challenge. After initial interest and enthusiasm, students are not very responsive. Conflicting class and work schedules, short-term timing of student leadership and commuter campus culture are some of the reasons cited. Programs continue to engage the students in in person programming and have created more opportunities and resources for students.

This program could be subject to decreases in funding or elimination based on available funding.

MENTAL WELLNESS CAMPAIGN

OVERVIEW OF THE PROGRAM

The Mental Wellness Campaign program was started as an extension of the PEI Statewide Projects Initiative. Orange County was able to leverage statewide efforts to maximize the local impact by implementing a targeted local campaign to start this program. This program covers large-scale, local mental health awareness campaigns and community educational activities. These efforts partner with and leverage the community reach and existing efforts of local professional sports teams (i.e., Angels Baseball, Anaheim Ducks hockey), County Agency partners, etc. Beginning in FY 2021-22, local campaigns focused on promotion of the OC Navigator, Orange County's self-guided, online resource navigation tool (see Behavioral Health System Transformation for more information on the OC Navigator).

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

The services provided address the limitations of HCA's existing mental health and well-being outreach efforts by strategically placing its messaging in a professional sports venue attended by families and fans of all ages. These activities considerably increase the total number of people reached through HCA's mental health awareness campaigns and reach Orange County residents who might not otherwise be exposed to these messages and information. By continuing this large-scale outreach effort, HCA has the opportunity to connect with a diverse Orange County audience not normally reached in its usual mental health campaigns, which supports efforts to promote upstream wellness strategies, awareness of available mental health resources, and to reduce mental health-related stigma.

PROGRAM SUMMARY	
Program Serves	All Ages
Location of Services	Community-Based; Online
Numbers of Impressions	800,000,000
Annual Budget	$6,647,523
Services Offered	Awareness Building
	Educational Outreach
	Education

DESCRIPTION OF SERVICES

- Mental health awareness branding and advertising for local fans attending an Angels Baseball or Anaheim Ducks hockey home game or hosted event
- In-person outreach events co-sponsored by the professional sports team
- Digital media support from the professional sports team
- Broadcast regional media support (sports league radio, Bally Sports West television)
- Wellness outreach incentives in partnership with the professional sports team

TARGET POPULATION

The target population includes all Orange County residents and individuals and families that may attend or watch professional sporting events.

OUTCOMES

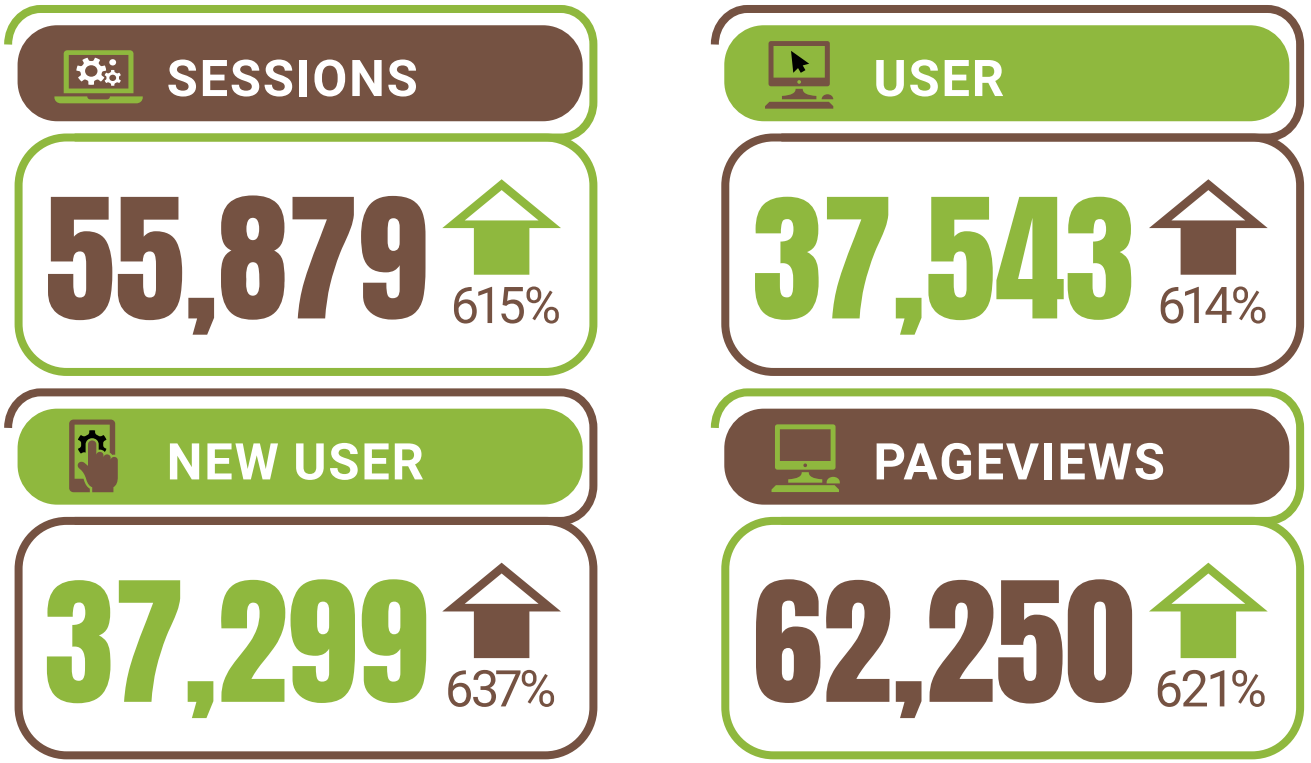
Metrics for this program are currently only available for the local mental health awareness campaign and outreach efforts conducted in partnership with Angels Baseball. The partnership with Anaheim Ducks hockey began in Winter 2022 and will be reported in future Plan Updates.

In FY 2021-22, the first season where baseball returned to regular play following the COVID pandemic, advertising assets resulted in nearly one billion impressions, reflecting the substantial reach of OC Navigator branding through the Angels Baseball campaign. During the 2022 regular baseball season, which is the first season where branding was focused on a single resource (OC Navigator), 16.8 thousand new and returning users visited OCNavigator.org and viewed 365.5 thousand resource pages on the OC Navigator platform.

Nearly twice as many users visited the OC Navigator platform during Angels Baseball home games compared to away games and collectively viewed more than twice the number of pages. This demonstrates the added value of in-person outreach and in-stadium signage on boosting website visits compared to digital and broadcast regional media alone.

ANGELS BASEBALL CAMPAIGN ASSET	SEASON 2023
Mental Health Awareness (In-stadium, external signage)	939,258,983 impressions
Digital Media (Angels website, social media)	■ 55 total social posts resulting in 11.900,000 impressions and 257,000 engagements; ■ 2,000,000 angels.com impressions, with 0.06% click through rate; ■ 274,000 impressions for three angels.com 24-hour home-page takeovers, with average click-through rates 0.05%
Broadcast Regional Media (i.e., Bally Sports West television, Angels radio)	■ Radio - 6,877,240 Impression ■ BSW - 150,400,000 Impression

Angels Landing Page Report



Current Date vs. Previous Date Comparison

MENTAL HEALTH COMMUNITY EDUCATION EVENTS FOR REDUCING STIGMA AND DISCRIMINATION

OVERVIEW OF THE PROGRAM

The Mental Health Community Education Events for Reducing Stigma and Discrimination program hosts mental health-related educational and artistic events that aim to reduce stigma and discrimination related to mental health. Collectively, the events are open to individuals of all ages living in Orange County, with specific events intended to reach identified unserved and underserved communities. Examples of events that have received funding include art workshops and exhibits, plays, conferences, multi-cultural musical and dance performances, and other related activities .

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

The program encourages participants and their family members to attend and participate in stigma reduction activities in their community. Recovery is promoted by tapping into participant's creative energy, encouraging their self-expression to reduce feelings of self-stigma, shame and/or isolation, and building connections with the larger community through interactive events open to all.

DESCRIPTION OF SERVICES

The program hosts events that are open to all Orange County residents and are sensitive and responsive to participant's backgrounds. Care is taken to host events in communities of underserved populations where stigma is particularly prevalent. The projects attempt to educate the surrounding community and dispel misperceptions regarding mental health. This strategy is employed because art transcends socioeconomic status, ethnicity, culture, language, mental health condition and other factors that are sometimes a source of discrimination. When art is appreciated, it can open the door to acceptance. Creating and sharing artwork also builds self-esteem and encourages people living with a mental health condition to define themselves by their abilities rather than their disabilities

Participants are invited to take part in activities designed to help them learn about and/or express their thoughts and feelings about mental health and stigma. Activities can include viewing or creating artwork, watching performances or presentations, creating videos, storytelling

PROGRAM SUMMARY	
Program Serves	Children
	TAY (16-25)
	Adults (26-59)
	Older Adults
Location of Services	Virtual, Community-Based
Annual Budget	$930,000
Avg. Est. Cost per Person	N/A
Services Offered	Community Outreach
	Educational Workshops
	Events, Development of Materials
	Peer Support

and other forms of self-expression and group-learning. While each event is different, they all provide messaging aimed at educating the public on mental health conditions, the stigma surrounding mental health conditions and the mental health resources available in their communities.

The events also seek to educate the public about the abilities and experiences of those living with a behavioral health issue and to instill self-confidence and hope in people living with a mental health condition and their family members.

TARGET POPULATION

The program is inclusive of those living with mental health conditions and their loved ones. Community partners who specialize in working with underserved cultural populations are involved to improve community members' access to the events. By having trusted cultural ambassadors host the activities, the program provides an opportunity for these partner agencies to interact with residents living with mental health conditions, thereby encouraging them to seek the Agency's services in the future.

OUTCOMES

In line with this program's goals, most participants provided feedback following an event hosted by various providers and consistently supported positive statements about mental health and people living with mental health conditions.

CHALLENGES/SOLUTIONS

Mental health stigma continues to be a challenge. Program staff attempts to provide very creative programming and events to reach out to the community and has seen success in attendance. One challenge seems to be the participants' unwillingness to complete

PROPORTION TO BE SERVED BY DEMOGRAPHIC CHARTERISTIC FOR FY 2022-23	
PARTICIPANTS SERVED	**272**
Age Group	
Children (0-15 years)	10%
Tay (16-25 years)	53%
Adults (26-59 years)	34%
Older Adults (60+ years)	3%
Gender	
Female	71%
Male	29%
Race/Ethnicity	
American Indian / Native Alaskan	6%
Asian/Pacific Islander	8%
Black/African-American	5%
Hispanic/Latino	45%
Native Native Hawaiian/Pacific Islander	1%
White	35%

RESULTS FY 2023-23	
Questions	n = 2,325 participants n = 1,029 surveys returned
I would be willing to talk about mental health with people I meet.	79%
I learned how to treat people who are living with a mental illness.	80%
I would avoid people who are living with a mental illness.	22%
I learned how to find help for people living with a mental illness.	77%
I believe people living with a mental illness can have similar problems as I do.	85%
I believe anyone can have a mental illness at some point in their lives.	92%
I am willing to talk with someone about my mental health.	83%

the survey to collect demographic and other data. One solution has been the addition of data collection through the web based data collection tool – Qualtrics, providing an additional means to capture the information.

This program could be subject to decreases in funding or elimination based on available funding.

PREVENTION

PREVENTION SERVICES AND SUPPORT FOR YOUTH

OVERVIEW OF THE PROGRAM

The Prevention Services and Supports for Youth program is the result of a consolidation of two previously approved Prevention Category programs: School-Based Behavioral Health Intervention and Support Services and School-Based Gang Prevention Services. These two prevention programs have been combined to streamline programming and service delivery. Services shall include specialized group education to address a spectrum of risk factors that may impact youth, including stress, trauma, exposure to violence/bullying, and substance use and education and supports for strengthening family relationships, involving the youth, their caregivers and siblings of the youth as appropriate.

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

The primary goal of these new services is to strengthen the coping skills, prosocial behaviors, personal empowerment, and resilience of youth to prevent and address distress and high-risk behaviors to positively impact youth attitudes and behaviors.

DESCRIPTION OF SERVICES

The program's design utilizes evidence-based, promising, and community defined practices as relevant to providing direct services to youth and families. Services include: Group educational services and activities for strengthening coping skills, pro-social behaviors, personal empowerment, and resiliency for vulnerable youth; Family intervention(s) for vulnerable youth to reduce multiple risk factors such as those for alcohol and drug use, mental health, and maladaptive behaviors through parent and youth life skill building activities, and; Assessment, case management, parent education, and referral(s) and linkages to community resources when appropriate. Outreach to the target population and promotion of these services are also completed to ensure services are provided throughout Orange County.

PROGRAM SUMMARY	
Program Serves	Children (0-15)
	TAY (16-25)
Location of Services	Virtual, Community-Based
Numbers of individuals to be Served	5,345
Annual Budget	$4892,086
Avg. Est. Cost per Person-	$915
Services Offered	Case Management
	Group Education
	Development of Materials
	Peer Support

TARGET POPULATION

Prevention Services and Supports for Youth shall be provided to youth ages 8-18 and their families in Orange County that are open to services with the highest need and risk factors as indicated by behavioral issues, substance use, challenging behaviors, or other signs of being at-risk.

OUTCOMES

The program was implemented on July 1, 2023. Outcomes collected in FY 2023-24 will be reported in future Plan Updates.

CHALLENGES/SOLUTIONS

Providers have experienced difficulties in retaining participants for small group series, to combat this they have increased staffing and made small groups even smaller to accommodate school staff requests. Additionally, providers have also had difficulties in survey completions as HCA implemented new data surveys and software this fiscal year, the providers have been proactive in requesting data support and manage the number of surveys needing to be completed.

This program could be subject to decreases in funding or elimination based on available funding.

PROPORTION TO BE SERVED BY DEMOGRAPHIC CHARTERISTIC FOR FY 2022-23 ,18	
PARTICIPANTS SERVED	**18,870**
Age Group	
Children (0-15 years)	95%
Tay (16-25 years)	5%
Adults (26-59 years)	0%
Older Adults (60+ years)	0%
Gender	
Female	55%
Male	45%
Race/Ethnicity	
American Indian / Native Alaskan	4%
Asian/Pacific Islander	9%
Black/African-American	2%
Hispanic/Latino	74%
White	11%

PREVENTION SERVICES AND SUPPORT FOR FAMILIES

OVERVIEW OF THE PROGRAM

The Prevention Services and Supports for Families is a comprehensive programmatic approach that provides a milieu of prevention services designed to be delivered in a culturally and linguistically congruent manner to diverse county residents. This program includes the consolidation of three existing/approved programs from the previous plan, along with an expansion of services for identified additional priority populations. The three previous programs that were combined into one program include the School Readiness program, Parent Education Services, and Family Support Services.

Services improve proactive parenting skills that enhance well-being in children, strengthen relationships with children, increase family cooperation, encourage healthy identities and further develop problem solving skills.

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

The primary goals of the program are to establish a unified family support system for families and caretakers of those who are challenged with behavioral health conditions and other stressful conditions putting the family at risk, to foster effective parenting skills and family communication; ensure healthy identities in children; child growth and social-emotional development; and self-esteem.

DESCRIPTION OF SERVICES

Services include general screening and assessment for the early identification of emotional and behavioral conditions in young children birth to age 8. Services include case management and referral/linkages to other community services and supports. Program services also include advocacy and ongoing support to families by developing a network of contacts and mutual support including a broad range of personalized and peer to peer social development services and educational courses designed to improve behavioral health and encourage improved parenting skills and prevent the development of behavioral health conditions. All services utilize evidence-based practices or curricula and are provided in a culturally and linguistically appropriate manner for the targeted populations.

Services are provided county wide and open to all residents with a focus on children and families who are underserved, isolated, difficult

PROGRAM SUMMARY	
Program Serves	Children
	TAY (16-25)
	Adults (26-59)
	Older Adults
Location of Services	Community Based, Field Based
Numbers of individuals to be Served	3,924
Annual Budget	$4,400,000
Avg. Est. Cost per Person	$1,121
Services Offered	Prevention Education
	Case Management
	Referral and Linkage

to engage, and at-greater risk, including but not limited to, parents of children with disabilities (cognitive, emotional, and/or physical), foster/ adoptive parents, single parents, individuals with partners or a loved one with a history of substance use disorder or co-occurring disorders, families experiencing homelessness, incarceration (including parents who are themselves in Juvenile Hall or parents with children in Juvenile Hall), reunification, military families, LGBTQI families and families who are victims of domestic/school violence or other trauma, monolingual speaking communities, new immigrants, and refugees.

TARGET POPULATION

Orange County families and individuals in families challenged with behavioral health conditions or other stressful conditions placing the family at risk. Parents, grandparents, relatives, guardians or caregivers who have the responsibility for caring for children and youth birth to eighteen years of age, who are vulnerable to behavioral health problems. Families living with children birth to age 8 to identify children exhibiting challenging behaviors and early signs of emotional disturbance, putting them at increased risk of developing mental illness. Of special interest are those children and families that are underserved, isolated or difficult to engage due to cultural, linguistic, or other factors.

OUTCOMES

The program was implemented on July 1, 2023. Outcomes collected in FY 2023-24 will be reported in future Plan Updates.

CHALLENGES/SOLUTIONS

Several Providers of Prevention Services and Supports for Families are new to the County, the biggest challenge has been establishing relationships and increasing outreach and visibility in the community. To combat this, providers are regularly meeting with other service providers to promote services and outreaching through their communities to bring awareness to the services offered. HCA implemented new a data collection process this fiscal year, the providers have been proactive in requesting data support and managing the number and type of surveys needing to be completed."

This program could be subject to decreases in funding or elimination based on available funding.

PROPORTION TO BE SERVED BY DEMOGRAPHIC CHARTERISTIC FOR FY 2022-23	
PARTICIPANTS SERVED	**9,530**
Age Group	
Children (0-15 years)	13%
Tay (16-25 years)	8%
Adults (26-59 years)	75%
Older Adults (60+ years)	4%
Gender	
Female	66%
Male	34%
Race/Ethnicity	
American Indian / Native Alaskan	3%
Asian/Pacific Islander	19%
Black/African-American	4%
Hispanic/Latino	51%
White	24%

SUICIDE PREVENTION

SUICIDE PREVENTION SERVICES AND SUPPORT

OVERVIEW OF THE PROGRAM

The Suicide Prevention Services program is available to individuals of all ages who

1) are experiencing a behavioral health crisis and/or suicidal thoughts,
2) have attempted suicide and may be living with depression,
3) are concerned about a loved one possibly attempting suicide, and/or
4) are coping with the loss of a loved one who died by suicide.

The program serves a broad range of people of all ages, and individuals can be self-referred or referred by family members, providers or other partner agencies. This program is now supported by Office of Wellness and Suicide Prevention, which was established in the HCA's Behavioral Health Services area upon the direction of the Orange County Board of Supervisors in 2021.

PROGRAM GOALS

The goal of the Suicide Prevention and Support services is to help assess the risk of and prevent crises; prevent and reduce suicidal behavior and its impact; provide bereavement services and support to individuals whose lives are impacted by suicidal and provide a network of professional and peer support available round-the-clock for those at risk of suicide.

Crisis Prevention Lifeline (Hotline); On average, callers rating themselves at high or imminent risk will show a decrease in their self-rated intent by the end of the call. On average, callers rating themselves at medium risk will show a decrease in their self-rated intent by the end of the call. Survivor Support Services On average, Participants will increase their ability to manage grief based on the SSS survey. On average, Participants will show a reduction in depression based on the PHQ-9 scores. On average, Participants will show a decrease in depression severity.

PROGRAM SUMMARY	
Program Targets	All age groups
Location of Services	In person, Community locations, Online
Numbers of Individuals to be Served	35,500
Annual Budget	$4,200,000
Avg. Est. Cost per Person	$118
Services Offered	Crisis Support and Counseling

DESCRIPTION OF SERVICES

Suicide prevention services are available to anyone in crisis or experiencing suicidal thoughts or to someone who is concerned about a loved one attempting suicide.

Crisis Hotline Telephone/Chat Support:

- Crisis Prevention 988 lifeline (Hotline) Services include immediate 24/7 telephone support, referral and follow-up services and are available in English and Spanish. Korean services are available eight hours per day during peak evening hours between 4:30 p.m. - 12:30 a.m. Other language coverage is available through volunteers or translation services via the Lifeline Language Line, which has the capacity to translate over 240 languages, including Vietnamese. Trained counselors provide immediate, confidential, over-the phone/text/ chat assistance and initiate active rescues

when necessary. For callers who give their consent, counselors conduct follow-up calls to ensure continued safety and reduce the likelihood of attempts and emergency room visits. Callers who are not experiencing a crisis are triaged and offered access to the WarmLine or other appropriate resources. The Survivor Support Services are prevention, intervention and postvention services including crisis assessment and support, individual and group therapy, emergency interventions and bereavement support to any Orange County resident who may have either experienced the loss of someone to suicide or may have attempted suicide.

- Survivors After Suicide - Support Groups for all eligible Participants affected by suicide. After Participants finish the Support Groups, they can attend any of the monthly Drop-In Support Groups - designed to help individuals to continue the healing process in the months and years following their losses. Individual Counseling for survivors after suicide for individuals and a short-term counseling to a family who are coping with the loss of someone to suicide to improve their functioning.
- Survivors of Suicide Attempts (SOSA) Support Groups – designed to support the recovery for people who have survived a suicide attempt and provide them with coping skills. Postvention suicide prevention stepdown care services are designed for individuals who are discharged from higher level treatment settings including emergency departments, inpatient/outpatient programs, inpatient behavioral health units or other higher level of care services to Didi Hirsch's Survivor Support Services via a dedicated referral line. Individuals who are either assessed for suicidal ideation or at high risk for suicide, or who may have attempted a suicide are linked prior to being discharged, to Didi Hirsch's step-down therapeutic intervention, prevention and postvention services. Additionally, upon discharge from Didi Hirsch, two-month follow-up care by a therapist and up to 12 months of extended follow-up care is also available. Trainings in the community are designed to address prevention for family members, clinicians, first responders, and medical providers. Various types of OUTREACH activities are conducted to educate the community about suicide; signs and symptoms and inform them about available resources.

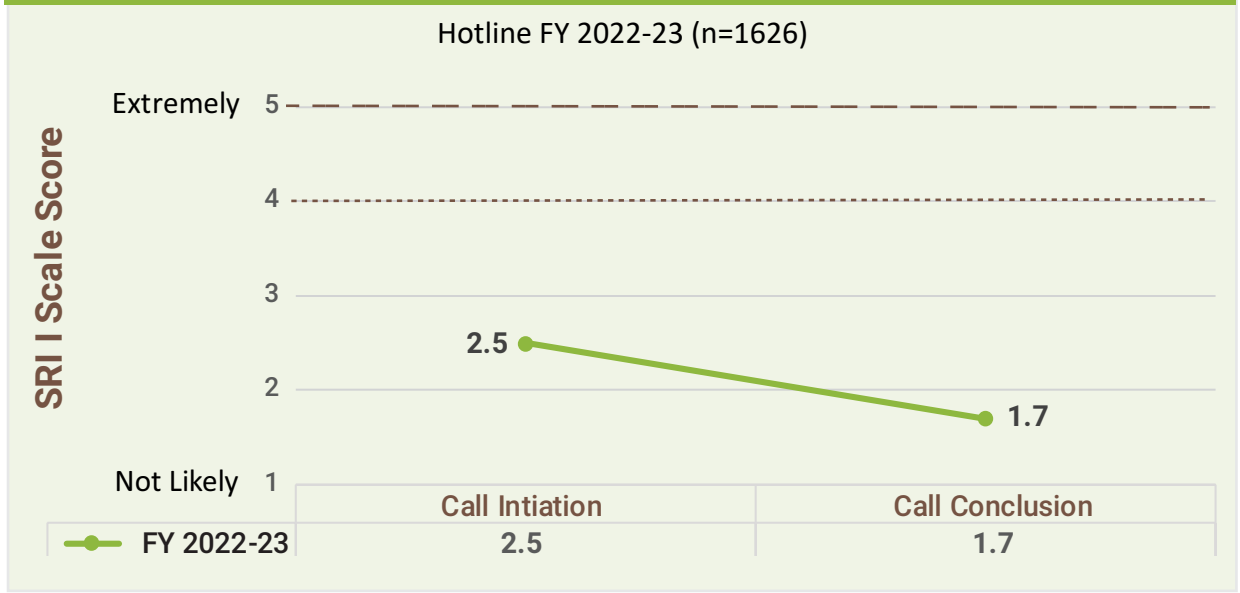
TARGET POPULATION

The services are available to all OC residents, regardless of their background, who are in crisis, experiencing suicidal thoughts or may have attempted suicide or who is concerned about a loved one who may have attempted suicide or lost a family member, friend, or loved one to suicide.

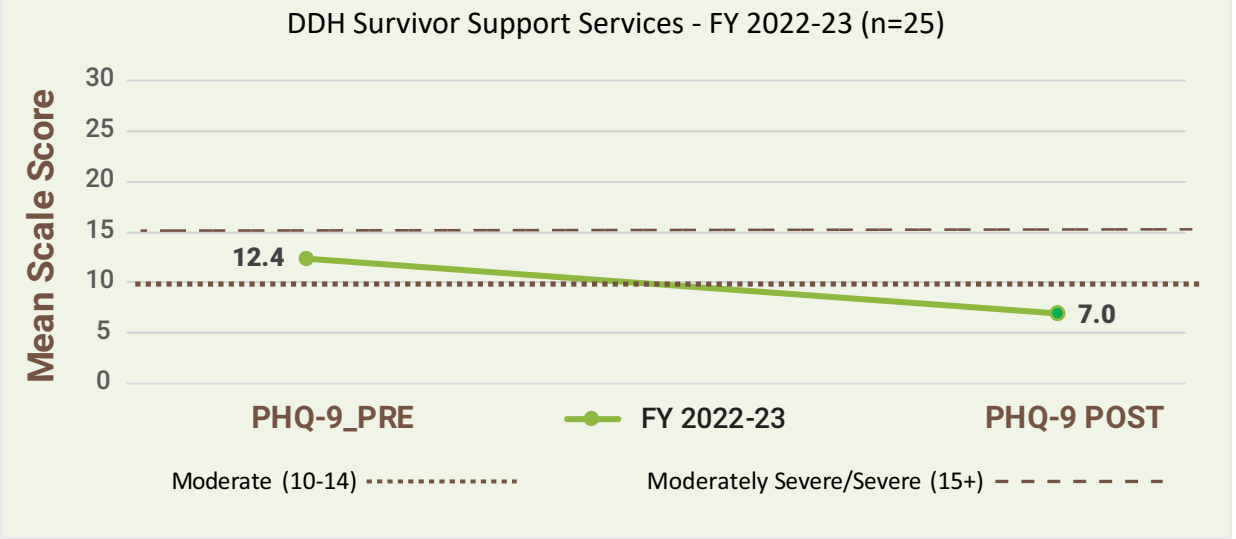
PROPORTION TO BE SERVED BY DEMOGRAPHIC CHARTERISTIC FOR FY 2022-23	
NUMBERS SERVED	**11,461**
Age Group	
Children (0-15 years)	8%
Tay (16-25 years)	34%
Adults (26-59 years)	49%
Older Adults (60+ years)	9%
Gender	
Female	45%
Male	47%
Transgender	1%
Questioning/Unsure	0%
Another Not Listed	2%
Decline to State/Not Reported	6%
Race/Ethnicity	
American Indian / Native Alaskan	0%
Asian/Pacific Islander	10%
Black/African-American	3%
Hispanic/Latino	21%
Middle Eastern/North African	0%
White	33%
Another Not Listed	6%
Decline to State/Not Reported	26%

OUTCOMES

SRI CHANGE IN SUICIDAL INTENT



PHQ-9 DEPRESSION SYMPTOMS



988- Suicide Intent
Callers typically expressed feeling a moderate level of suicidal intent when calling 988 and talking with Crisis Prevention Line (Hotline) staff reduced the likelihood they might act upon these thoughts or feelings.

Survivor Support Services
Survivors of suicide attempts reported reductions in the severity of their depression symptoms, with average scores falling from the moderate to mild range after enrolling in specialized services.

SAS
Individuals who experienced the loss of a loved one to suicide reported moderate decreases in their overall grief after attending specialized bereavement support groups.

Baseline: 133
Follow-up: 115
GEQ Scale Range: 55 to 275

CHALLENGES/SOLUTIONS

The challenges are mostly associated with the prevailing mental health stigma in the community, especially in ethnic communities. Thus, there could be difficulties with obtaining referrals for suicide bereavement counseling and support groups due to the cultural barriers and stigma. Mental health stigma, especially in ethnic communities, makes it difficult to heal. Another challenge is the ability of the program to hire qualified clinical staff.

Community Suicide Prevention Coalition is a community led coalition that serves to promote, support, and participate in suicide prevention activities in Orange County (CSPC). In January of 2024, the Community Suicide Prevention Initiative (CSPI), established in March 2019, became Orange County's Community Suicide Prevention Coalition (CSPC) and continues to to achieve the mission: to prevent suicide by promoting hope and purposeful life in the community, especially among survivors, those at risk and their loved ones". The CSPC is led by a co-chair from the OC Health Care Agency and the community. There are over 100 Coalition members who are represented from a variety of organizations including OCHCA, OC Sheriff's Coroner Department, public and private organizations, family members as well as community stakeholders to provide strategic guidance to CSPC planning activities. A smaller group of dedicated CSPC partners constitute the Advisory Work Groups. Each Advisory Work Group represents a particular community perspective/voice and/or priority population of interest. Currently there are five active works groups. 1) Community Resource sharing 2) Firearms Safety 3) Older Adults, 4) Building Hope and Connections 5) Suicide Death Review Team. The Advisory Workgroups convene at least twice every quarter to advance the priorities established in the Community's Suicide Prevention Action Plan. The CSPC co-chairs, with guidance from the CSPC members, are in the process of drafting a strategic Suicide Prevention Plan for Orange County.

This program could be subject to decreases in funding or elimination based on available funding.

ACCESS AND LINKAGE TO TREATMENT

OC LINKS

OVERVIEW OF THE PROGRAM

OC Links is the Behavioral Health Services (BHS) line that provides information and linkage to any of the OC Health Care Agency's BHS, including crisis services, via telephone and online chat. Because the navigators who staff the line are clinicians and mental health professionals, they can work with callers and chatters experiencing any level of behavioral health issue, ranging from prevention through crisis identification and response. Beginning January 2021, OC Links began operating 24 hours a day, 7 days a week.

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

Serving as an entry point for the HCA BHS System of Care, OC Links provides telephone and internet, chat-based support for any Orange County resident seeking HCA Behavioral Health services. OC Links operates 24 hours a day, 7 days a week, year-round. Callers receive assistance with navigating behavioral health services through a toll-free phone number (855-OC-Links or 855-625-4657) or a live chat option available on the OC Links webpage (www.ochealthinfo.com/oclinks). Individuals may also access information about BHS resources on the website at any time (OC Navigator).

DESCRIPTION OF SERVICES

During a call or live chat, trained navigators provide screening, information, and referral and linkage directly to BHS programs that best meet the needs of callers. Navigators make every attempt to connect callers directly to services while they are still on the line. Once the caller is linked to a service or offered resources, the navigator offers a follow-up call within the next 1-2 days to ensure a linkage has occurred. Beginning January 2021, when OC Links began operating 24/7, the staff also absorbed phone triage and dispatch duties for BHS' mobile crisis assessment teams and OC Outreach and Engagement. FY 2021- 22 also represents a full year of OC Links services being provided 24/7, compared to the previous fiscal year.

In addition, staff attends numerous community events each year where they provide outreach and education on mental health awareness and the availability of OC Links.

PROGRAM SUMMARY	
Program Targets	Children
	TAY (16-25)
	Adults (26-59)
	Older Adults
Location of Services	Virtual, Telephone, Online (Chat)
Estimated Number of Calls	50,000
Annual Budget	$5,000,000
Avg. Est. Cost per Person	$100
Services Offered	Crisis Services
	Referral and Linkage

TARGET POPULATION

OC LINKS is available to all age groups and populations.

ESTIMATED PROPORTION OF CALLERS TO BE SERVED BY CHARTERISTIC FOR FY 2022-23	
TOTAL CALLS ANSWERED	**44,678**
NUMBER CALLS IDENTIFIED AS CRISIS-RELATED	**10,255**
Age Group	**%**
Children (0-15 years)	1%
Tay (16-25 years)	5%
Adults (26-59 years)	21%
Older Adults (60+ years)	8%
Unknown/Declined to State	66%
Gender	**%**
Female	61%
Male	39%
Transgender	<1%
Another Not Listed	<1%
Decline to State/Not Reported	<1%
Race/Ethnicity	**%**
American Indian / Native Alaskan	<1%
Asian/Pacific Islander	2%
Black/African-American	1%
Hispanic/Latino	10%
Middle Eastern/North African	1%
White	8%
Another Not Listed	<1%
Decline to State/Not Reported	77%
Caller Demographic information (only available for about 10% of all calls)	

OUTCOMES

Call Volume

As a result of the expanded hours and duties of the OC Links staff call volume has nearly doubled each of the past two years.

Referrals

Consistent with the expanded hours of operation, the total number of referrals made by OC Links in FY 2021-22 increased by 163% compared to FY 2020-21 (from 16,077 to 42,346), with the number of referrals averaging about 3,529 per month. The main programs to which OC Links referred callers was to the Orange County children's and adults' mobile crisis assessment teams (CAT) or Psychiatric Evaluation and Response Teams and OC Outreach and Engagement services, reflecting that triage and dispatch duties for these programs had fully transitioned to OC Links in FY 2021-22.

The percent of referrals that resulted in warm handoffs will be reported in future Plan updates.

Of the 28,000 callers who agreed to rate their satisfaction with OC Links' staff and services, 99% agreed or strongly agreed that they received the help they needed, would use what they learned to access behavioral health resources available to them, and would recommend OC Links to others.

CHALLENGES/SOLUTIONS

Increasing community awareness about OC Links and the services available through the County of Orange is a constant challenge that must continually be addressed. To better educate the public about OC Links on an ongoing basis, the team participates in community events and offers presentations to service providers and community groups. The program also provides OC Links informational cards to locations throughout the community in the threshold languages to promote services. HCA will be launching a new media campaign called "Where

Wellness Begins," to get the word out there about what OC Links has to offer.

As utilization has increased, the program has noted an increasing need for bilingual speakers. Thus, OC Links continues its recruitment efforts to hire bilingual clinicians who are knowledgeable about the County BHS. Challenges that arose due to COVID-19 impacted the daily work shifts and the type of outreach OC Links was able to perform. In response to the pandemic, hours of operation were expanded to cover from 8 a.m. to 8 p.m., and then in January 2021 the program permanently shifted to operate 24/7. Community outreach in the form of tabling events were also suspended. There was a small impact felt by callers who identified specific issues relating to COVID-19 and these issues were addressed by shifting work schedules to cover the additional hours. Local organizations that requested presentations were able to be accommodated by using meeting software platforms.

This program could be subject to decreases in funding or elimination based on available funding.

TOP THREE REFERRAL CATEGORIES FY 2022-2023	# OF REFERRALS
Crisis Assessment Team (CAT) Adult Psychiatric Evaluation Teams (PERT)	9,982
Crisis Assessment Team (CAT) - Children and Youth Services (CYS)	4,330
Orange County Outreach and Engagement (OE)	3,817

OC OUTREACH AND ENGAGEMENT (O&E) FOR HOMELESS

OVERVIEW OF THE PROGRAM

OC Outreach and Engagement (OC O&E) facilitates field-based access and linkage to essential services, including mental health, substance use, physical health, housing, and other support services for individuals experiencing unsheltered homelessness in Orange County. Our staff identifies participants through street outreach and community referrals.

PROGRAM GOALS

To improve the health and well-being of the population by connecting with individuals experiencing unsheltered homelessness where they are at.

Collaborating in a cross-sector approach to link to services across the continuum of care.

Serving individuals, communities/neighborhoods, and the county to promote awareness of and increase referrals.

OC O&E performs outreach in the community, including locations and events likely to be frequented by individuals experiencing unsheltered homelessness and/ or the providers that work with the population in non-mental health capacities (i.e., street outreach, homeless service provider locations, food distribution sites, etc.).

DESCRIPTION OF SERVICES

OC Outreach & Engagement provides field-based services to individuals experiencing unsheltered homelessness in Orange County. Referrals may be received through the program's 800 number or through conducting street outreach in the community. OC O&E identifies the unique needs of each individual and provides case management, advocacy, psychoeducation, and support to address barriers to successful linkage to mental health, substance use, physical health, housing, and other supportive services. Staff utilizes motivational interviewing, trauma-informed, and strengths-based techniques when working with participants to achieve their goals. Outreach services are focused on making referrals and ensuring linkages to ongoing behavioral health and support services by assisting with scheduling appointments, providing transportation to services, addressing barriers, and offering ongoing follow-up.

PROGRAM SUMMARY	
Program Serves	Children
	TAY (16-25)
	Adults (26-59)
	Older Adults
Location of Services	Field; Community-Based
Numbers of Contacts	30,000
Annual Budget	$7,150,000
Avg. Est. Cost per Contact	$238
Services Offered	Community Outreach & Engagement
	Psychoeducation
	Access and Linkage

ESTIMATED PROPORTION SERVED BY CHARTERISTIC FOR FY 2022-23	
NUMBER SERVED	**23,289**
Age Group	
Children (0-15 years)	0%
Tay (18-25 years)	2%
Adults (26-59 years)	82%
Older Adults (60+ years)	19%
Gender	
Female	27%
Male	73%
Transgender	1%
Questioning/Unsure	Not Collected
Another Not Listed	Not Collected
Decline to State/Not Reported	Not Collected
Race/Ethnicity	
American Indian / Native Alaskan	Not Collected
Asian/Pacific Islander	6%
Black/African-American	9%
Hispanic/Latino	36%
Middle Eastern/North African	Not Collected
White	50%
Another Not Listed	1%
Decline to State/Not Reported	Not Collected

TARGET POPULATION

OC Outreach & Engagement serves individuals experiencing unsheltered homelessness in Orange County who need assistance linking to mental health, substance use, physical health, housing, and other supportive services.

OUTCOMES

Over the last three fiscal years, O&E staff increased the number of contacts with individuals experiencing unsheltered homelessness by 12.5%.

During FY 2021-22, OC O&E made 9,708 referrals to County or Contracted programs, with 2,366 individuals linking to 3,675 services (38% linkage rate). This linkage rate is an improvement from the 13% rate achieved in FY 2020-21, demonstrating the success of OC O&E's efforts in prioritizing following up with and supporting clients in connecting to services and confirming that clients successfully attended at least one appointment.

CHALLENGES/SOLUTIONS

The persistent issue of affordable housing scarcity and emergency shelter options to meet the diverse needs of the population, remains a significant obstacle for individuals facing homelessness. The program collaborates with various agencies to enhance access to affordable housing and serves as an access point to the Coordinated Entry System (CES), which matches individuals with suitable housing opportunities. Additionally, access to immediate resources has also been challenging. Participants that are ready for a service can find that there are processes or criteria that may prohibit them from receiving that service immediately, or the service might not be available in their area. To address this, the program was transparent with participants on processes and proactively partnered with trusted

community organizations to put together plans to achieve the individual's desired goals. These collaborations have underscored our commitment to meeting participants' needs and facilitating their access to necessary referrals. Building strong rapport has proven instrumental in our success, fostering participant engagement in ongoing services.

In recent years, the Outreach and Engagement (OC O&E) team has been instrumental in connecting with individuals experiencing homelessness in encampments throughout the county. This effort has been in collaboration with municipal governments, local law enforcement, and other county entities. The program's cultural competency has garnered requests from cities and law enforcement departments for OC O&E's assistance in both one-time and continuous community engagement initiatives.

The program now operates seven days a week, with extended hours Monday through Friday from 7:00 a.m. to 7:00 p.m., and on weekends from 8:00 a.m. to 5:30 p.m. This expansion enables the OC O&E to adopt a more comprehensive approach to addressing the needs of those experiencing unsheltered homelessness, ensuring a focus on behavioral health, housing stability, physical health, and additional supportive services.

Outreach response referrals can be made via the program's triage line at 800-364-2221, which is operational 24/7 through OC Links support. This ensures a continuous and accessible line of communication for those in need, reinforcing the program's dedication to facilitating access to essential services and support for our community's most vulnerable populations.

This program could be subject to decreases in funding or elimination based on available funding.

INTEGRATED JUSTICE INVOLVED SERVICES

OVERVIEW OF THE PROGRAM

Integrated Justice Involved Services is a collaboration between Behavioral Health Services (BHS) and Correctional Health Services (CHS) that serve adults ages 18 and older who are living with mental illness and detained in Orange County Jails. This program is a combination of two programs which include the Jail to Community ReEntry Program (JCRP) and a new program, the Re-Entry Adult Success Center. The Community Support and Recovery Center (CSRC) program, which was previously funded under Proposition 47 grant, transitioned to the Re-Entry Adult Success Center (RSC). The Re-Entry Success Center (RSC) is a contracted service that provides outreach to adults 18 and older, released from custody at the County's Main Jail or Theo Lacy that are experiencing mild to moderate mental health or substance use issues. Upon their release, they have access to needed resources such as clothing, access to a phone charging station, food, hygiene kits and to the RSC itself for resources, counseling services, transportation, and housing assistance.

PROGRAM SUMMARY	
Program Serves	Adults (18+)
Location of Services	Other (Jail)
Numbers of individuals to be Served	8,750
Annual Budget	$7,007,402
Avg. Est. Cost per Person	$801
Services Offered	Assessment
	Case Management
	Individual and Group Therapy
	Peer Supports

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

The Jail to Community Re-Entry Program (JCRP) program was developed in response to the high rates of recidivism observed among inmates living with mental illness and aims to decrease rates of people returning to jail by providing access and linkage to needed behavioral health and supportive services

- **Service Outcomes:** In 2022 over 3,600 discharge plans were created for patients released from Orange County Jails. Approximately 49% of the discharge plans included direct referrals to external programs and 10% further included scheduled appointments upon release. For 2023 JCRP seeks to increase the total number of direct referrals and scheduled appointments by 5%.
- **Staffing:** In 2022 JCRP experienced staffing challenges with hiring and retention. A total of 8 Behavioral Health Clinicians vacated the program and only one was hired within a two-year period. For 2023 JCRP seeks to hire 5 new staff to fill 10 vacant positions.
- **Collaboration:** Collaboration: In 2022 JCRP built relationships and collaborated with various external partners (i.e. BHS, county contracted and collaborative partner agencies) for the purpose of working together to link patients to treatment after their release. For 2023 JCRP plans on strengthening its partnership with the OC probation office by improving communication between agencies for the sole purpose of helping keep patients in treatment and reducing reincarceration. JCRP will also be increasing efforts and staffing allocated to the Multi-Disciplinary Team (MTD) Care Plus collaboration focusing on "high utilizers."

The Re-Entry Success Center (RSC) program was developed to reduction incarceration and recidivism among adults experiencing mental health and/or substance use issues is achieved by providing immediate access to treatment and supportive services. Outreach contacts are provided to a minimum of 1,500 individuals per fiscal year. Of these outreach contacts, a goal of 250 individuals will be enrolled for case management services in addition to receiving recovery support, individual counseling, housing assistance, employment assistance and transportation assistance.

Other performance outcomes for this program include the following:

- 75% of clients who require a higher level of care receive a warm handoff to HCA Behavioral Health Services
- 50% of clients who need housing receive housing assistance
- 30 % of client referrals will result in confirmed linkages
- 75% of clients receiving mental health counseling services will report improvement in well-being and quality of life as indicated by the Outcome Questionnaire (OQ)
- 80% of enrolled clients will report satisfaction with service

DESCRIPTION OF SERVICES

Jail to Community Re-Entry Program (JCRP) uses a comprehensive approach for discharge planning and re-entry linkage. Services are provided to inmates who experience mental illness and are housed in the Orange County jail facilities. Discharge planning is conducted while individuals remain in custody and involve a thorough risk assessment, comprehensive individualized case management and evidence-based re-entry groups including Moral Recognition Therapy (MRT) aimed at identifying possible barriers to successful re-entry and developing tailored discharge plans.

Case management and rehabilitative services also include facilitation of linkage to a range of services upon release, such as counseling, medication support, housing, Medi-Cal enrollment, and essential needs such as clothing and transportation. Connections with family and support systems such as peer support mentors is also facilitated. JCRP staff work in collaboration with other stakeholders, including the Orange County Probation Department, Orange County Public Defender, Social Services Agency, Orange County Housing Authority, and other ancillary agencies to identify gaps in service delivery and solidify linkage with external stakeholders for a smooth transition from jail to the community. JCRP has established a release process which provides face-to-face contact and re-entry resources for all inmates leaving the Central Jail Complex and the Theo Lacy Facility. Additionally, the JCRP makes direct referrals to the HCA Residential Treatment programs and assist with facilitating transitions for clients requiring residential in-treatment services.

The Re-Entry Success Center (RSC) uses a comprehensive approach to conduct in-reach, outreach and services to individuals being released from the Orange County jails that are experiencing mild to moderate mental health and substance use issues. The program utilizes In-reach Peer Navigators who will work in close collaboration with System Navigators located in the Intake and Release Center (IRC), Theo Lacy, Correctional Mental Health, and County Sheriff's Department to coordinate linkage to immediate and ongoing behavioral health services upon release from custody. The contractor is also stationed outside of the Orange County Main Jail and facilitates linkage to a range of services upon release, such as Medi-Cal enrollment and essential needs such as clothing and transportation. Connections with family and support systems such as peer support mentors is also provided. RSC enrolled clients are linked to mental health counseling, substance use counseling by certified drug and alcohol counselors, Recovery Circles, transportation, vocational and educational counseling, and housing assistance.

Short-term mental health and Substance use counseling is provided at the RSC. Those needing a higher level of care are linked to the County's Behavioral Health System of Care. Recovery Circle groups are open to enrolled and non-enrolled individuals. This intervention uses a modified 12-Step Model that incorporates Seeking Safety trauma-in-

formed modules to promote problem-solving, recognition of triggers, and supports community building for the individual. Housing assistance is defined as sessions that prepare the individual for housing, get needed documents for housing, provide transitional housing, and serve as an access point for the Coordinated Entry System. The program employs evidence-based models in the delivery of services including, but not limited to, the Assertive Community Treatment model, which embraces a "whatever it takes" approach to remove barriers for individuals to access the support needed to fully integrate into the community. Additionally, the program utilizes the Sanctuary Model, which is a nonhierarchical, highly participatory, "trauma-informed and evidence supported" operating system for human services organizations, which assists them in functioning in a humane, democratic, and socially responsible manner, thereby providing effective treatment for clients in a clinical setting. All enrolled clients are assigned a Peer Navigator upon enrollment in the RSC, who actively participates with the clinical team to work with the client in achieving established goals and to support and mentor individuals through knowledge and skills gained from their lived experiences.

TARGET POPULATION

The target population served by Jail to Community Re-Entry Program (JCRP) includes individuals incarcerated in Orange County Jails, ages 18 and older who are experiencing severe or persistent mental illness. Services provided by JCRP are only provided while the patient remains incarcerated and cease once they are released. Referrals and Linkage coordination with external partners is a crucial component for the JCRP.

The target population for the Re-Entry Success Center (RSC) program is individuals in the criminal justice system, ages 18 and older who are experiencing mild to moderate mental health and/or substance use issues. It is important to note that services being provided outside of the Main Jail are available to anyone who needs them. Once it is identified that they meet criteria for the RSC, they can be transported to the RSC where the provision of more in-depth services will be provided.

OUTCOMES AND RESULTS

In FY 2022-23, 5,057 clients were served by JCRP. There were 2,047 referrals made to behavioral health services. In the later portion of FY 2022-23, a new adult re-entry provider was added. Project Kinship served 1,192.

PROPORTION TO BE SERVED BY DEMOGRAPHIC CHARTERISTIC FOR FY 2022-23	
NUMBER SERVED	**6,249**
Age Group	
Children (0-15 years)	0%
Tay (16-25 years)	13%
Adults (26-59 years)	84%
Older Adults (60+ years)	3%
Gender	
Female	17%
Male	83%
Transgender	<0%
Questioning/Unsure	<0%
Another Not Listed	<0%
Decline to State/Not Reported	<0%
Race/Ethnicity	
American Indian / Native Alaskan	<0%
Asian/Pacific Islander	5%
Black/African-American	8%
Hispanic/Latino	49%
Middle Eastern/North African	<0%
White	36%
Another Not Listed	2%
Decline to State/Not Reported	1%

CHALLENGES/SOLUTIONS

Jail to Community Re-Entry Program (JCRP): The COVID-19 pandemic impacted in-reach in the jail facilities and supportive programs available for patients transitioning from incarceration. Although the JCRP operation tempo increased due to a higher-than-normal number of inmates released during the beginning of the pandemic (i.e. January, February and March), community provider service availability decreased and linkage outcomes were impacted. The quick decision to control the spread of COVID-19 by decreasing the jail population similarly impacted the ability of the JCRP staff to link and refer clients. The JCRP program has been faced with various challenges. Some challenges have involved the pandemic and others are associated with changing the traditional approach for assisting individuals who have been incarcerated and released. Challenges have included finding appropriate placement and transporting clients during this challenging time. Although some of these services have resumed, JCRP continues to work with programs to reintegrate the linkage process. The JCRP is also tasked with linking clients who have been released after serving only a short period of time in jail (0-7 days). This group involves 40% of inmates released from custody. Discharge planning can be a complex process depending on the client's needs. Time becomes extremely valuable when it's limited and JCRP staff must remain flexible and ready to coordinate transitions. JCRP has been working with Open Access North/South and Opportunity Knocks to close the gap in service accessibility. As relationships between programs are increased, coordination improves and outcomes are expected to increase. JCRP has been working with community programs to increase in-reach services and improve the warm hand-off process during the pandemic. Data suggests that programs which provide transportation and warm hand-offs from jail and conduct in-reach services, have a significantly higher likelihood of inmates linking once they are released.

EARLY INTERVENTION

SCHOOL AGED MENTAL HEALTH SERVICES

OVERVIEW OF THE PROGRAM

School Aged Mental Health Services (SAMHS) program provides early intervention services to Middle School students with mild to moderate symptoms of depression or anxiety due to a recent trauma.

Students are referred by school staff and screened by a PEI mental health specialist to determine early onset of a mental health condition and program eligibility.

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

SAMHS provides a range of services to develop protective factors and create resilience in youth to better meet new academic and social challenges.

This includes educating parents about these challenges and how they can assist their transitioning youth.

DESCRIPTION OF SERVICES

Services include assessment, individual counseling, group interventions, case management, and referral and linkage to community resources. It uses evidenced-based curricula such as Cognitive Behavioral Intervention for Trauma in Schools (C-BITS) and Coping Cat, as well as Eye Movement Desensitization and Reprocessing (EMDR) and Trauma Focused Cognitive Behavioral Therapy.

TARGET POPULATION

Services are provided to children and youth aged 11-15 years old who may have been exposed to trauma, or who may be experiencing first symptoms of behavioral health concerns.

PROGRAM SUMMARY	
Program Serves	Children Ages 11-15
Location of Services	Field
	Clinic
Numbers of individuals to be Served	750
Annual Budget	$2,272,712
Avg. Est. Cost per Person	$3,000
Services Offered	Screening and Assessment
	Counseling
	Group Intervention
	Case Management

OUTCOMES AND RESULTS

Enrollment for this program steadily declined coinciding with the start of the COVID-19 pandemic. Since that time, schools have been hiring behavioral health providers to deliver services on-site in the schools. Additionally, the program faced significant staff turnover and recruitment difficulties. In June of 2023 (FY2022-23) the program was discontinued due to these challenges.

EARLY IDENTIFICATION OF YOUTH AT CLINICAL HIGH RISK FOR PSYCHOSIS

OVERVIEW OF THE PROGRAM

Services include outreach, screening, and engagement of youth using social supports, comprehensive psychosocial assessment, symptom monitoring, psychoeducational training, peer support, case management, referrals and linkages to community-based care, and participant and family consultation.

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

Services aim to increase awareness and access to mental health services for youth at Clinical High Risk for Psychosis.

DESCRIPTION OF SERVICES

This program includes specialized health screening and assessments, providing care plan recommendations, case management, and referrals and linkages to other levels of treatment as needed. Training is offered to three (3) broad categories: the youth social network, the healthcare provider network, and law enforcement and aims to improve the knowledge and skills of those who are present within naturally existing social networks of youth, so they are better equipped with how to recognize youth who may be experiencing symptoms of Clinical High Risk for Psychosis (CHR-P).

TARGET POPULATION

Youth ages twelve to twenty-five (12 to 25) years who are identified as clinical high risk for psychosis, as well as educators, healthcare and other service providers who may work with or encounter youth at risk of developing psychosis symptoms.

PROGRAM SUMMARY	
Program Serves	Children
	TAY (12-25)
Location of Services	Provider Facilities
	Community/School/Childcare Location
	Virtual
Numbers of individuals to be Served	310
Annual Budget	$1,000,000
Avg. Est. Cost per Person	$3,205
Services Offered	Mental Health Screenings
	Case Management
	Referrals and Linkages

OUTCOMES AND RESULTS

The program effectively trained 1375 individuals in FY 2022-23 on various topics on clinical high risk for psychosis.

Percent of attendees who agreed/strongly agreed that the training covered learning objectives:

- 100% intersections between autism and CHR-P
- 100% promoting early intervention for psychosis
- 100% cognitive behavioral therapy for psychosis
- 92-100% dialectical behavior therapy for psychosis

In addition, 100% of attendees strongly agreed that the training

identified myths associated with psychosis and equipped them with destigmatizing strategies and 100% agreed/strongly agreed that training increased knowledge of how to identify and treat youth at CHR-P.

CHALLENGES/SOLUTIONS

Provider experienced significant recruitment difficulties and staffing vacancies. Contingency planning for short and/or long-term staff vacancies are being addressed by cross training staff to assist in needed areas of service to maintain continuity of care. In addition, utilizing resources such as university interns and/or graduate students who are looking for clinical placement are being more readily considered in order to meet service requests with minimal or no delay. Additionally, a more targeted approach with outreach and engagement is being implemented with new Outreach & Training roles and services and it is anticipated that a greater understanding of other community providers and resources will result.

This program could be subject to decreases in funding or elimination based on available funding

OC CENTER FOR RESILIENCY, EDUCATION, AND WELLNESS (OC CREW)

OVERVIEW OF THE PROGRAM

The First Onset of Psychiatric Illness program, also known as Orange County Center for Resiliency, Education and Wellness (OC CREW), serves youth ages 12 through 24 who are experiencing a first episode of psychotic illness with symptom onset within the past 24 months. The program also serves the families of eligible youth. To be eligible for services, the youths' symptoms cannot be caused by the effects of substance use, a known medical condition, depression, bipolar disorder or trauma. The program receives self-referrals and referrals from County-operated and County-contracted specialty mental health clinics and community providers

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

Clinicians seek to consistently observe reductions in the severity of participants' overall psychiatric symptoms while enrolled in services.

DESCRIPTION OF SERVICES

OC CREW uses Early Detection and Intervention for the Prevention of Psychosis (EDIPP) and a Wellness Recovery Action Plan (WRAP) to guide service planning and delivery. The services offered include screening, assessment, individual therapy, case management, psychiatric care, psychoeducation, vocational and educational support, social wellness activities, substance use services, client and family consultation, and referral and linkage to community resources. In addition to collateral services and evidence-based practices, including Cognitive Behavioral Therapy for Psychosis, Assertive Community Treatment, medication services and Multi-Family Groups (MFG),

PROGRAM SUMMARY	
Program Serves	Children and TAY, Ages 12-24
Location of Services	Field; Clinic
Numbers of individuals to be Served	100
Annual Budget	$1,250,000
Avg. Est. Cost per Person	$12,500
Services Offered	Screening and Assessment
	Therapy
	Case Management
	Medication Management
	Psychoeducation

the program offers community and professional training on the First Onset of Psychosis.

TARGET POPULATION

OC CREW provides services to youth ages 12 through 24 who are experiencing a first episode of psychotic illness with symptom onset within the past 24 months.

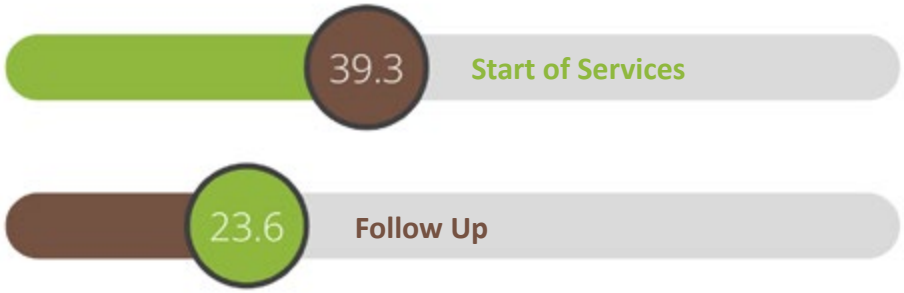
OUTCOMES

In FY 2022-23, clinicians reported reductions in the severity of overall psychiatric symptoms experienced by adults and adolescents (-43% and -40%, respectively) after they enrolled in services.

OVERALL SEVERITY REDUCTION

Adults

Adolescents



CHALLENGES/SOLUTIONS

In FY 2022-23 OC CREW experienced significant recruitment difficulties and staffing vacancies. Community outreach efforts were decreased during this period due to staffing shortages. The program continued to have difficulty recruiting for a psychiatrist and instead linked youth to outpatient clinics for psychiatric services. OC CREW successfully transitioned youth back to in-person services following the pandemic and were able to resume group services and Multi Family Groups.

This program could be subject to decreases in funding or elimination based on available funding.

PROPORTION TO BE SERVED BY DEMOGRAPHIC CHARTERISTIC FOR FY 2022-23

NUMBERS SERVED	**100**
Age Group	**%**
Children (0-15 years)	38%
Tay (16-25 years)	60%
Adults (26-59 years)	2%
Older Adults (60+ years)	0%
Gender	**%**
Female	47%
Male	51%
Transgender	1%
Declinet to State/Not Reported	1%
Race/Ethnicity	**%**
Asian/Pacific Islander	16%
Black/African-American	1%
Hispanic/Latino	62%
Middle Eastern/North African	1%
White	9%
Another Not Listed	4%
Decline to State/Not Reported	7%

OC PARENT WELLNESS PROGRAM

OVERVIEW OF THE PROGRAM

The Orange County Parent Wellness Program (OCPWP) offers specialized mental health services to expectant women with perinatal mood and/or anxiety disorders due to pregnancy or birth of a child within the past 12 months. Due to shortage of personnel, previous specialties within OCPWP that served families with young children (aged 0-8) exhibiting concerning behaviors and families at risk of child welfare involvement are currently on pause to allow OCPWP to continue to support the vulnerable perinatal population.

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

The program goal is to reduce perinatal mood and anxiety symptoms.

DESCRIPTION OF SERVICES

The OC Parent Wellness Program provides early intervention outpatient treatment that includes screening and needs assessment, clinical case management, individual counseling, psychoeducational support groups, referral and linkage to community resources, and community outreach and education. Clinicians utilize Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), Solution Focused Brief Therapy (SFBT), Emotional Freedom Technique (EFT), and Eye Movement Desensitization and Reprocessing (EMDR) when clinically indicated in their work with clients. Additionally, clinical staff are trained in the use of the evidenced-based curriculum, Mothers and Babies (MB), intended for pregnant individuals and new parents to help manage stress and prevent postpartum depression.

PROGRAM SUMMARY	
Program Serves	All Ages
Location of Services	Field; Clinic
Numbers of individuals to be Served	900
Annual Budget	$1,900,000
Avg. Est. Cost per Person	$2,111
Services Offered	Screening and Assessment
	Counseling
	Case Management
	Family Support

Clinical staff are also trained and/or certified as Perinatal Mental Health Professionals (PMH-C). Referrals come from a variety of sources including self-referrals, hospitals, schools, behavioral health outpatient facilities, community agencies servicing families, and medical offices.

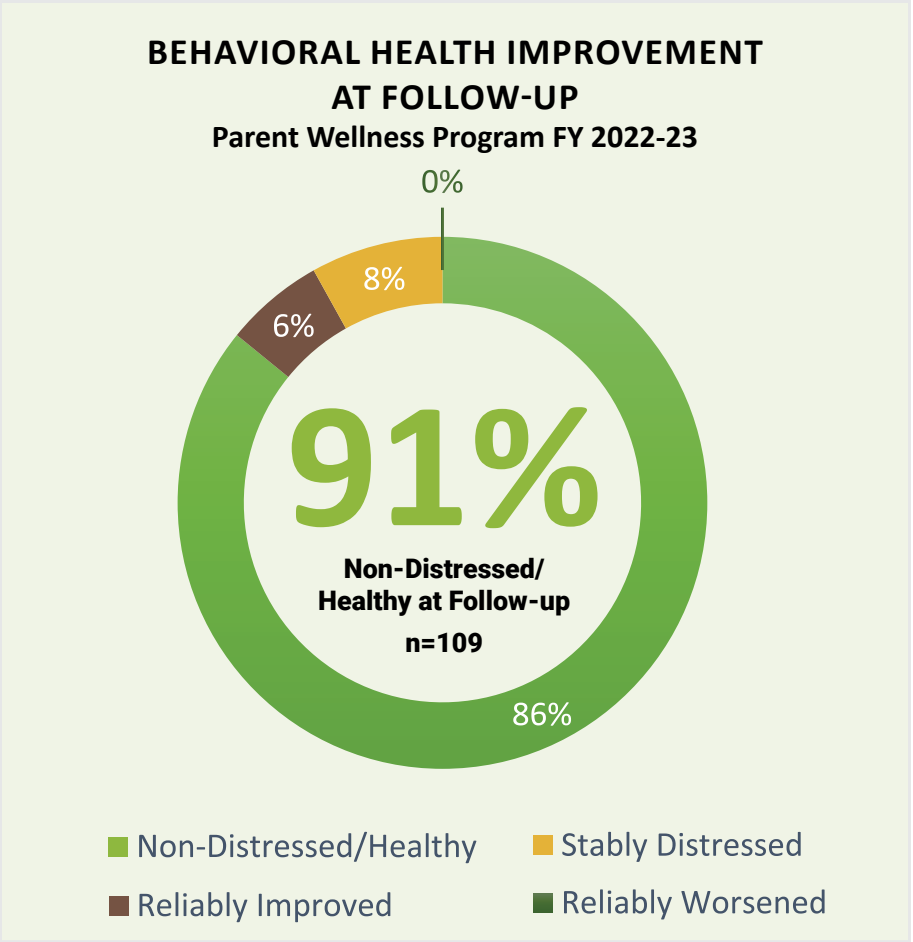
TARGET POPULATION

Program provides mental health services to women with perinatal mood and anxiety disorders due to pregnancy or birth of a child within the past 12 months.

OUTCOMES AND RESULTS

Over the past three fiscal years, the referral screening and scheduling of intake appointments for all early intervention programs was centralized with changes in the screening protocols. These new staff required on-going training and support to enhance their skill to engage participants for the various specialized program tracks, and the change to new system contributed to fewer enrollments during this period.

PROPORTION TO BE SERVED BY DEMOGRAPHIC CHARTERISTIC FOR FY 2022-23	
NUMBERS SERVED	**300**
Age Group	**%**
Children (0-15 years)	0%
Tay (16-25 years)	23%
Adults (26-59 years)	77%
Older Adults (60+ years)	0%
Gender	**%**
Female	91%
Male	8%
Race/Ethnicity	**%**
American Indian / Native Alaskan	0%
Asian/Pacific Islander	4%
Black/African-American	3%
Hispanic/Latino	79%
Middle Eastern/North African	0%
White	9%
Another Not Listed	3%
Decline to State/Not Reported	1%



Additionally, the CTT program shifted to enrolling the parent as the identified participant instead of enrolling the concerned child which led to some confusion with referring entities, and the shift to enrolling the parent as identified participant, caused some parents to decline services due to a reluctance to acknowledge they could benefit from additional support with addressing their child(ren)'s behaviors as the "focus" of treatment themselves. The COVID19 pandemic has disrupted or halted the community's likeliness to seek help. Staffing shortages resulted in temporary waiting lists and impacted the ability

for program to consistently conduct outreach efforts. As a result of these evolutions, there was a noticeable decrease in referral and enrollment trend. Individual receiving counseling services completed a measure of symptom distress (Outcome Questionnaire) while enrolled in services. Across the past three fiscal years, the overwhelming majority of parents served (i.e., 83% to 87%) reported healthy or reliably improved levels of distress after starting services. For the few parents who reported a significant worsening of their distress (1% to 4%), program staff have streamlined procedures so that they may identify these individuals earlier in the course of treatment, modify the treatment plan to include increased face-to-face time, or, when appropriate, refer them with warm handoffs to a higher level of care provided by behavioral health outpatient providers or psychiatrists. The Parent Wellness Program provides referrals to participants that need continuing services or a higher level of care. The linkage rates declined in FY 2020-21 and 2021-22 due to service closures related to the pandemic.

CHALLENGES/SOLUTIONS

In FY 2022-23, OC Parent Wellness Program experienced significant staffing vacancies with an inability to fill these vacancies due to recruitment difficulties. As a result of these staffing shortages, community outreach efforts were discontinued during this period. Staff delivered more services in-person at the clinic and in the community and shifted away from telehealth and telephone services that were initiated during the COVID-19 Pandemic.

This program could be subject to decreases in funding or elimination based on available funding.

COMMUNITY COUNSELING AND SUPPORTIVE SERVICES (CCSS)

OVERVIEW OF THE PROGRAM

Community Counseling and Supportive Services (CCSS) serves residents of all ages who have, or are at risk of developing, a mild to moderate behavioral health condition and have limited or no access to behavioral health services with face-to-face individual and collateral counseling, groups (i.e., psycho-educational, skill-building, insight oriented, etc.), clinical case management, and referral and linkage to community services.

PROGRAM SUMMARY	
Program Serves	All Ages
Location of Services	Online; Clinic
Numbers of individuals to be Served	700
Annual Budget	$2,036,136
Avg. Est. Cost per Person	$2,909
Services Offered	Counseling
	Case Management
	Referral and Linkage

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

As an early intervention program, the intended goal of the program is to improve wellbeing, reduce symptoms of mental health issues, and improve quality of life.

DESCRIPTION OF SERVICES

Participants are referred to the CCSS program by family resource centers, medical offices, community-based organizations, County-operated and County-contracted programs and self-referral. CCSS provides face-to-face individual and collateral counseling, groups (i.e., psycho-educational, skill-building, insight oriented, etc.), clinical case management, and referral and linkage to community services. Clinicians utilize evidence-based practices such as Eye Movement Desensitization and Reprocessing (EMDR), Motivational Interviewing (MI), Cognitive Behavioral Therapy (CBT) and Seeking Safety while working with program participants. Services are tailored to meet the age, developmental and cultural needs of each participant .

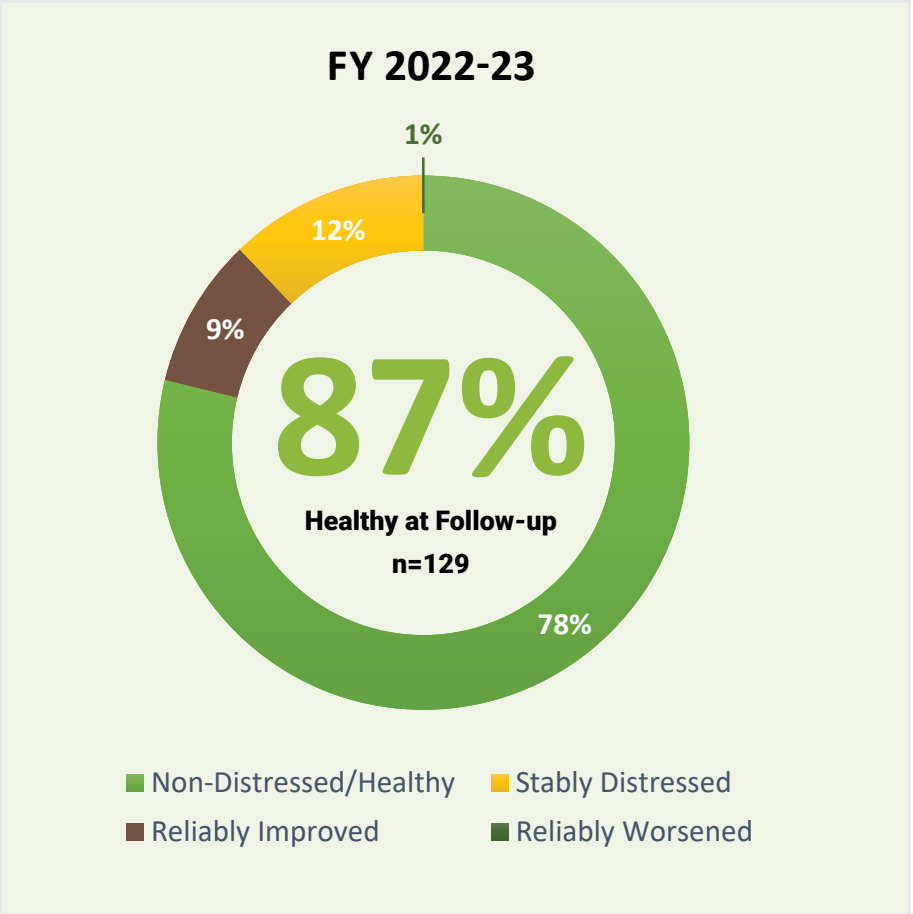
TARGET POPULATION

Community Counseling and Supportive Services (CCSS) serves residents of all ages who have, or are at risk of developing, a mild to moderate behavioral health condition and limited or no access to behavioral health services. The majority are uninsured or underinsured, speak a language other than English, and have a history of trauma. Beginning FY 2020-21, OC ACCEPT merged with CCSS and expanded its capacity to provide specialized expertise working with individuals identifying as Lesbian, Gay, Bisexual, Transgender, Intersex or Questioning (LGBTIQ), and the important people in their lives. CCSS is designed to help participants address the early symptoms of depression, anxiety, alcohol and/or drug use, suicidal thoughts, violence and Post Traumatic Stress Disorder (PTSD), as well as the confusion, isolation, grief and loss, high-risk behaviors, self-esteem challenges, victimization by bullying, trauma, homelessness and lack of familial support frequently experienced by individuals identifying as LGBTIQ.

PROPORTION TO BE SERVED BY DEMOGRAPHIC CHARTERISTIC FOR FY 2022-23	
NUMBERS SERVED	**525**
Age Group	**%**
Children (0-15 years)	22%
Tay (16-25 years)	20%
Adults (26-59 years)	56%
Older Adults (60+ years)	2%
Gender	**%**
Female	68%
Male	30%
Another Not Listed	1%
Declined to State/Not Reported	1%
Race/Ethnicity	**%**
Asian/Pacific Islander	6%
Black/African-American	2%
Hispanic/Latino	75%
White	11%
Another Not Listed	4%
Decline to State/Not Reported	2%

OUTCOMES AND RESULTS

In FY 2022-23, the majority of individuals receiving individual counseling served reported healthy or reliably improved levels of distress after starting services. For the few who experienced worsening symptoms, staff referred them to an appropriate level of care.



The program provides referrals to participants that need continuing services or a higher level of care. Insert 80 referrals and 12 linkages into table for FY22/23.

CCSS REFERRAL AND LINKAGE RATES
FY 2022-23

CHALLENGES/SOLUTION

In fiscal year 22-23, Community Counseling and Supportive Services (CCSS) faced challenges due to changes made when it was moved away from the Prevention and Early Intervention (PEI) division. The move to the Adult and Older Adult (AOA) Division has shifted the focus of CCSS to serve adults primarily, resulting in a decrease in children's participation. Previously, children between the ages of 0 and 15 made up 22% of CCSS participants. However, CCSS still provides screenings for the entire community, and minors are referred to Children and Youth Services to ensure that the community continues being served.

Moreover, with the move away from the PEI division, CCSS referrals are no longer screened by the universal Intake Coordinator (IC) system. Previously, the Universal Intake Coordination team screened all referrals for the PEI division. However, with the move to AOA, CCSS has resumed screening their referrals through internal screening by Behavioral Health Clinicians. Most clinicians at CCSS have been with the program for at least three years or longer. CCSS's seasoned clinicians know the program well and provide the community with better screening and care.

There are some areas for growth for CCSS over the upcoming year. Researching and developing partnerships with community-based organizations is an area for development that will help increase the number of community members CCSS serves—marketing to build new referral sources and raise community awareness of CCSS.

This program could be subject to decreases in funding or elimination based on available funding.

EARLY INTERVENTION SERVICES FOR OLDER ADULTS

OVERVIEW OF THE PROGRAM

The Early Intervention Services for Older Adults (EISOA) program serves diverse adults, 60 years of age and older, living in Orange County who are experiencing early onset of mental illness or those at risk of mental illness or behavioral health conditions due to being isolated, homebound or unserved/ underserved as a result of stigma related to behavioral health issues. These individuals become less physically active, isolated and often misuse or abuse prescription medications, drugs or alcohol, which increases their likelihood of developing behavioral health conditions. Designed to address these risk factors and build protective factors, services will include in-home assessment, an individualized service plan, case management, educational workshops and skills groups, peer support and peer mentor training, outreach, referral and linkage to support services, socialization activities in the community, transportation assistance and geropsychiatric services.

PROGRAM SUMMARY	
Program Serves	Ages 60+
Location of Services	Field; Community
Numbers of individuals to be Served	1,190
Annual Budget	$3,500,000
Avg. Est. Cost per Person	$2,941
Services Offered	Psychosocial Assessments
	Treatment Planning
	Support Groups
	Medication Supports

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

Early Intervention Services for Older Adults aims to prevent mental illness from becoming severe and disabling by providing individual, group, and community interventions. Services shall also increase supports for substance use disorders and behavioral health conditions in the diverse population of adults 60 years and older.

DESCRIPTION OF SERVICES

EISOA utilizes the evidence-based practice Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors) which employs an observation, systematic, team-based approach to identifying and reducing the severity of depressive symptoms in older adults via case management, community linkages and behavioral activation services. The program provides staff with comprehensive training on the Healthy IDEAS model, program goals and deliverables, evidence-based interventions, education on mental health and theories of aging, behavioral activation techniques, ethical and legal considerations, cultural competence and humility, field safety, assessment tools and outcome measures, care planning, and effective communication strategies when working with older adults. The program conducts staff development workshops and in-service trainings and will help those with mild to moderate conditions get linked to a managed care plan when appropriate services are available.

Program staff conducts a comprehensive in-home evaluation that includes psychosocial assessment, screening for depression, and

measurement of social functioning, well-being and cognitive impairment. Using these results, staff then connects older adults to case managers who develop individualized care plans and facilitate participant's involvement in support groups, educational training, physical activity, workshops and other activities. A gero-psychiatrist is also available to provide a psychiatric assessment of older adults who may have undiagnosed mental health conditions, as well as medication monitoring and management.

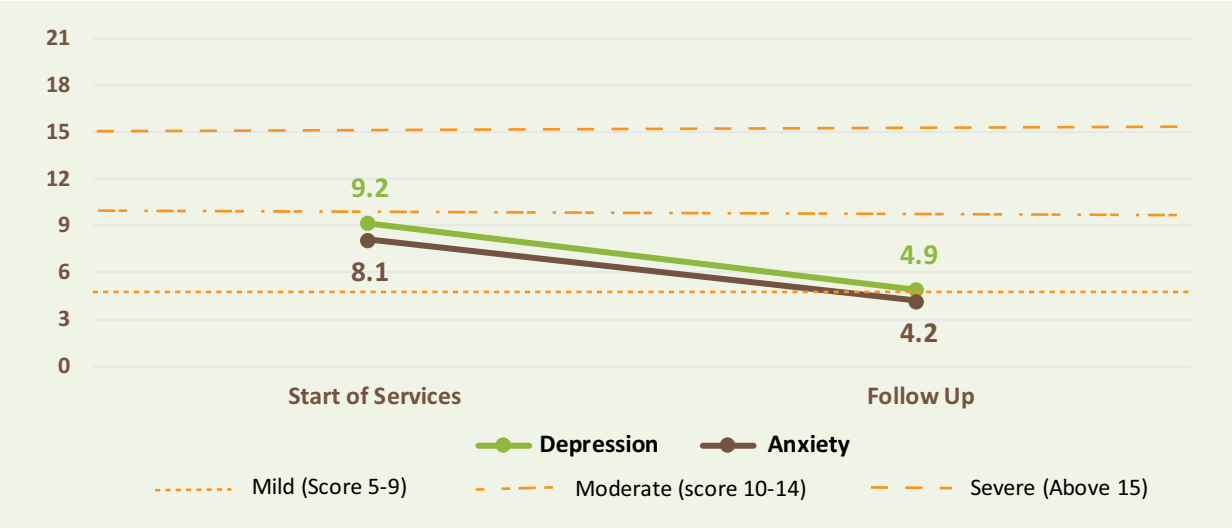
Peer support is an essential component of services and is structured to allow for ongoing recruitment and training of peers.

TARGET POPULATION

The target population is diverse adults, 60 years of age and older, living in Orange County who are experiencing early onset of mental illness and behavioral health conditions or those at risk of mental illness or behavioral health conditions due to being isolated, homebound or unserved/ underserved as a result of stigma related to behavioral health issues. Adults, aged 50 years will be considered on an as needed basis.

OUTCOMES

In FY 2022-23, participants who entered the program with clinically elevated depressive or anxiety symptoms consistently reported substantial declines in their symptoms while enrolled in services.



PROPORTION TO BE SERVED BY DEMOGRAPHIC CHARTERISTIC FOR FY 2022-23	
NUMBERS SERVED	**1,542**
Age Group	
Children (0-15 years)	0%
Tay (16-25 years)	0%
Adults (26-59 years)	1%
Older Adults (60+ years)	99%
Gender	
Female	72%
Male	27%
Declined to State/Not Reported	1%
Race/Ethnicity	
Asian/Pacific Islander	32%
Black/African-American	1%
Hispanic/Latino	18%
White	43%
Decline to State/Not Reported	6%

CHALLENGES/SOLUTIONS

The Older Adult population are not as technologically savvy and require more 1:1 assistance in computer technology and related activities. As such, the providers have offered additional computer and technology classes to address these barriers which includes the use of QR codes and other digital methods of providing feedback and accessing services. The subcontractor that provides services to the older adult LGBTQ+ population decided not to renew their subcontract; however, a new subcontractor was found and services to this target population were not impacted. Additionally, a new subcontractor was added to focus on services to older adult veterans. In the past, transportation had been identified as a barrier to accessing services. In FY 2022-23, EISOA services were expanded to provide services on-site at Leisure World Seal Beach and Laguna Woods Village the two largest retirement communities in Orange County.

This program could be subject to decreases in funding or elimination based on available funding.

OC4VETS

OVERVIEW OF THE PROGRAM

OC4Vets are veteran-focused early intervention programs that support targeted subpopulations within the Orange County veteran community: adult veterans and military connected individuals, veterans engaged with County Courts, veteran college students, and military connected families with children under the age of 18 (the latter of which used to be the standalone Innovation project, Behavioral Health Services for Military Families).

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

The OC4Vets, County- and contract-operated providers serve Orange County veterans and families who currently or previously served in the United States Armed Forces, regardless of the branch, component, era, location(s) or characterization of discharge from their service. Referrals into the programs come from established collaborative relationships with outside community programs supporting Orange County veterans, veteran groups within the county, the Veterans Affairs Administration, Veterans Resource Centers at local community colleges, the Veterans Service Office (VSO), and directly from the veterans and family members looking for support .

DESCRIPTION OF SERVICES

OC4Vets has five distinct service delivery options for the veteran community, each with a distinct referral path that offers a wide range of services and supports for veterans, military-connected individuals and their families. The array of services 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. Each referral path is described in more detail below:

- **Referral Path 1:** Adult veterans who have not yet integrated into the Department of Veterans Affairs (VA) system, do not have access to the VA system, are unaware of their need for behavioral health services, or are seeking alternative services to the VA system..
- **Referral Path 2:** Veterans and military connected adults who

PROGRAM SUMMARY	
Program Serves	All Ages
Location of Services	Field; Community
Numbers of individuals to be Served	750
Annual Budget	$2,600,000
Avg. Est. Cost per Person	$3,467
Services Offered	Screening and Assessments
	Counseling
	Case Management
	Peer Supports

would benefit from partnering with peer navigators. Peer navigators have an understanding of military culture and are veterans or immediate family members of veterans themselves who work with program participants to identify their behavioral health needs, overcome barriers that may limit access to care and connect to ongoing treatment.

- **Referral Path 3:** Veterans and military connected adults engaged with the Orange County Courts (i.e., Veterans Treatment, Military Diversion, Family), many of whom exhibit mental health symptoms related to trauma exposure.
- **Referral Path 4:** Military connected students in local community colleges who would benefit from a military connected behavioral health clinician located on campus. The clinician also provides outreach and engagement on Orange County campuses using veteran-specific events and support groups to encourage discussion of barriers to a successful transition to college and civilian life. Services are provided on campus, in areas that are comfortable and accessible to the veterans, such as the campus Veterans Resource Center and virtually for groups and individual services.
- **Referral Path 5:** Military connected families who would benefit from working with trained clinicians and peer navigators with experience and knowledge of military culture to address mental health concerns encountered by veterans that may affect the whole family, such as Post Traumatic Stress Disorder (PTSD), traumatic brain injury (TBI), substance use and other conditions. Services are inclusive of the entire family unit, which allows for more effective family communication, functioning and support. Services can be provided via telehealth.

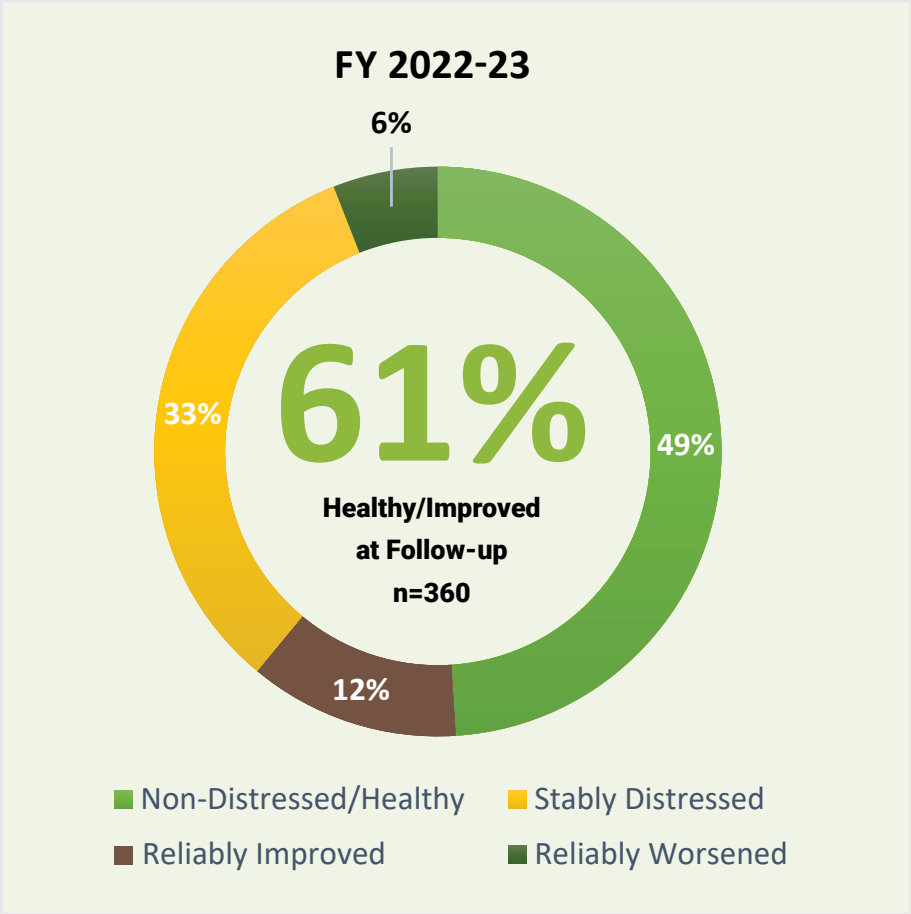
TARGET POPULATION

OC4VETS provides services to veterans and military connected veterans 18 years +.

ESTIMATED PROPORTION OF CALLERS TO BE SERVED BY DEMOGRAPHIC CHARTERISTIC FOR FY 2022-23	
NUMBERS SERVED	**771**
Age Group	**%**
Children (0-15 years)	22%
Tay (16-25 years)	15%
Adults (26-59 years)	56%
Older Adults (60+ years)	6%
Gender	**%**
Female	34%
Male	60%
Declined to State/Not Reported	5%
Race/Ethnicity	**%**
Asian/Pacific Islander	11%
Black/African-American	8%
Hispanic/Latino	28%
White	30%
Another Not Listed	2%
Decline to State/Not Reported	19%

OUTCOMES AND RESULTS

In FY 2022-23, 61% of OC4Vets participants receiving individual counseling reporting healthy or reliably improved levels of distress at follow up.



CHALLENGES/SOLUTIONS

The providers continue to work toward improving Outcome Questionnaire

(OQ) administration procedures and use as a clinical tool. OC Health Care Agency (HCA) staff continue to provide guidance and course corrective actions to providers to ensure data were collected reliably and consistently. Steps have been taken to encourage more timely completion of forms, including providing training on administration timing and procedures, how to incorporate the results into care planning, and continuous support and follow up. Due to the years of COVID restrictions, in-person services had been modified to accommodate the need, however, even with the restrictions being lifted, reaching and engaging veterans in-person continued to be a challenge. To improve efforts to increase engagement, changes were implemented utilizing creative ideas to continue to expand overall reach to veterans and increase in in-person services to serving larger numbers of veterans in Orange County. These ideas included holding resource events in strategic locations such as a college campus next to the craft room and incorporating creative activities as a part of the event as well as offering non-traditional mental health resources such as fishing, scuba diving and equine- assisted therapy. Providers continue to maintain relationships with, as well as develop new community partnerships, coordinating with Veterans Affairs services, and other veteran serving partners. They have increased outreach efforts to engage those who are more difficult to reach. The military culture can enhance the stigma associated with seeking support and cultural beliefs often deter veterans from asking for help. In many cases, veterans do not seek out help until their behavioral health conditions have severely affected their ability to function at work, school or within their relationships. To address these barriers, the program is designed to support timely access to services by co-locating services in non-mental health settings already frequented by veterans (i.e., college campuses, Veteran Services Organizations, Court).

Number Served

697

FY 2022-23

Enrolled in Clinical Services

360

FY 2022-23

It was identified that sole use of interns in the Outside the Wire program contributed to periods significant decrease in providing individual therapy services, as the cycled in and out with their internship. Since, they opened two full-time therapist positions to increase consistency of staff and year-round service. Being aware that staffing losses, overall impacted veterans provided with individual therapy, OC Health Care Agency (HCA) staff continued to provide guidance and support success in providers hiring staff to fill vacancies.

This program could be subject to decreases in funding or elimination based on available funding.

Community Services and Supports (CSS)

Under the Mental Health Services Act (MHSA), 76% of MHSA funding is directed toward the Community Services and Supports (CSS) component. The CSS component provides access to an expanded continuum of care for persons living with a serious mental illness (SMI) or serious emotional disturbance (SED). The CSS section is organized according to programs that operate with similar service responsibilities but may serve different target populations. Programs intended to provide interventions or supports during a mental health crisis are described in the Crisis System of Care section. There are seven Full Service Partnership (FSP) Programs contained in the FSP section and two FSP programs as part of Homeless Services, Long-Term Supports, and Transitional Care programs. FSP programs provide "whatever it takes" services. Peer Support Programs are consumer driven and feature a lived experience perspective. The goal of all CSS programs is providing the necessary services and supports that help consumers achieve mental health and wellness and recovery goals.

INTRODUCTION

The Community Services and Supports component is comprised of twenty-two programs designed to support a continuum of services that support the mental health needs of diverse children, TAY, Adults, and Older Adults according to need. In accordance with 9 CCR § 3650, 9 CA ADC §3650, each program was developed through the Community Program Planning process and includes a description of services, goals of the program, the targeted number of people to be served by age group, demographics of consumers, program outcomes, and includes a summary of challenges and solutions related to program implementation.

MHSA statute requires an assessment for CSS programs.

As part of program implementation, BHS is committed to ongoing review of community behavioral health needs, the capacity of staff, the public behavioral health system, and implementation of continuous improvement efforts based on qualitative and quantitative data and informatics. BHS collects, prepares, presents data, and information with its stakeholders. Stakeholders review the information, provide feedback related to affirming existing programs, services, populations, strategies, identifying additional populations, program improvement, design, priorities, as well as unmet need.

CRISIS SYSTEM OF CARE

MOBILE CRISIS ASSESSMENT TEAMS

OVERVIEW OF THE PROGRAM

The mobile **Crisis Assessment Team** (CAT) program serves individuals of all ages who are experiencing behavioral health crises. Clinicians respond to calls from anyone, anywhere in Orange County 24 hours a day, 7 days a week, 365 days a year-and dispatch to locations in the community where the crisis is occurring.o The CAT also includes the Psychiatric Emergency Response Teams (PERTs), which consist of CAT clinicians who are stationed at/ assigned to police departments to address mental health-related calls in their assigned cities or regionally.

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

The program is evaluated by the timeliness with which teams are able to respond to calls, with the goal of a dispatch-to-arrival time that is 30 minutes or less at least 70% of the time. Starting 12/31/2023 a new state mandated metric of, arrival within 60 minute or less from the point the need for a crisis evaluation has been determined.

DESCRIPTION OF SERVICES

The CAT program has a multi-disciplinary team that provides prompt response in the community when an individual is experiencing abehavioral health crisis. Clinicians receive specialized training and are designated to conduct evaluations and crisis risk assessments.

The evaluations include interviews with the individual, as well as parents, guardians, family members, and/or school personnel to assist with the evaluation process. CAT clinicians link individuals to an appropriate level of care to ensure safety, which involves linking to Crisis Stabilization Units,

PROGRAM SUMMARY	
Program Serves	All Ages
Symptom Severity	At-Risk
	Mild-Moderate
	Severe
Location of Services	Telephone
	Field-Based
Numbers of individuals to be Served	7000
Annual Budget	$10,300,000
Avg. Est. Cost per Person	$1,471
Typical Population Characteristic	BH Providers
	1st Responders
	Parents
	Families
	Medical Co-Morbidities
	Criminal Justice Involved
	Ethnic Communities
	Homeless/At Risk of
	Recovery from SUD
	LGBTIQ+
	Trauma Exposed
	Veterans/Miliary Connected

Crisis Residential or In Home Crisis Stabilization programs. CAT clinicians also conduct follow-up services with clients and/or parents/ guardians to provide information, referrals and linkage to ongoing mental health services that may help reduce the need for future crisis interventions and prevent recidivism. CAT also provides ongoing consultation and education to schools, school districts, hospitals, police departments and other community stakeholders. CAT clinicians educate police regarding mental health issues and work closely with Law Enforcement to determine when clinicians can respond and when law enforcement involvement is needed.. There are currently 72 licensed and/or licensed waivered clinician positions and 5 Mental Health Specialists on the CAT serving children & youth, TAY, Adults and Older Adult populations. The team is also in process of expanding the program by 47 positions to support the implementation of the Mobile Crisis Benefit which will add additional Mental Health Specialists, Certified Peer specialists, Parent partners and Service Chiefs. The Service Chiefs are responsible for overseeing the day-to-day operations of the program. In addition, the HCA currently has 17 PERT collaborations across Orange County, including the Orange County Sheriff's Department (OCSD)and police departments in the cities of Anaheim, Buena Park, Costa Mesa, Fullerton, Fountain Valley, Garden Grove, Huntington Beach, Irvine, Laguna Beach, Newport Beach, Orange, Santa Ana, Seal Beach, Tustin, University of California at Irvine and Westminster. The collaboration with OCSD includes PERT responses in the cities of Aliso Viejo, Dana Point, Laguna Hills, Laguna Niguel, Laguna Woods, Lake Forest, Mission Viejo, Rancho Santa Margarita, San Clemente, San Juan Capistrano, Stanton, Villa Park, Yorba Linda, John Wayne Airport, Harbor Patrol and OCTA.

TARGET POPULATION

The mobile Crisis Assessment Team (CAT) program serves individuals of all ages who are experiencing a behavioral health crisis within Orange County.

PROPORTION TO BE SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2022-23	
Number of Evaluations	**6,608**
Age Group	
Children (0-15 years)	24%
TAY (16-25 years)	24%
Adults (26-59 years)	42%
Older Adults (60+ years)	11%
Gender	
Female	51%
Male	48%
Transgender	<1%
Questioning or Unsure	0%
Another Not Listed	<1%
Decline to State/Not Reported	<1%
Race/Ethnicity	
American Indian/Alaska Native	1%
Asian/Pacific Islander	9%
Black/African-American	4%
Hispanic/Latino	28%
Middle Eastern/North African	1%
Caucasian/White	30%
Another Not Listed	1%
Decline to State/Not Reported	26%

OUTCOMES

The program evaluates its processes by monitoring the timeliness with which CAT is able to respond to calls, with the goal that the dispatch to-arrival time is 30 minutes or less at least 70% of the time. In large part due to the number of staffing vacancies, the CAT did not meet this target during 2022-23:

- Children's dispatched calls: 40%
- Adult dispatched calls: 67%

In FY 2022-23, half of adults (50%) and about one-third of children (37%) assessed were hospitalized.

SUCCESS STORY

The Medi-Cal Mobile Crisis Benefit is a result of Information Notice (IN) 22-064 (now IN 23-025) that requires Counties to submit an Implementation Plan to the State by October 31, 2023, which was reviewed and approved by the Department of Health Care Services (DHCS) prior to the implementation date of December 31, 2023. All CAT team members have completed the required trainings and the program began full Implementation of the plan on 12/31/2023.

CHALLENGES/SOLUTIONS

Over the last year, the HCA has engaged with collaborative partners including, OC Sheriff's Department and other police departments, first responders, EMS, Fire Departments, Family and Consumer Advocacy groups, local hospitals and treatment providers to start the development of a Regional Crisis Intervention Teams (CIT). The goals of a CIT are to improve the safety during law enforcement encounters with people experiencing a mental health crisis for everyone involved, to increase connections to effective and timely mental health services for people in mental health crisis, to use law enforcement strategically during crisis situations, such as when there is an imminent threat to safety or a criminal concern, increase the role mental health professionals, peer support specialists and other community supports and also to reduce the trauma that people experience during a mental health crisis and thus contribute to their long-term recovery. A CIT Steering Committee was created in April 2021, meets monthly and has worked to develop crisis intercept mapping to help individuals navigate through our mental health and criminal justice systems. It also provides a feedback loop and a place to provide feedback on best practices and identify gaps/needs. The CIT Steering Committee has submitted our CIT International Regional Application to CIT International and we are currently awaiting certification approval. The HCA has also been exploring options that include the addition of CAT vehicles, a peer/clinician co-responder model, and only using law enforcement under special, clearly delineated circumstances. The HCA will continue to meet with stakeholders to increase and develop a collaborative model of crisis response.

The demands of crisis work can take a toll on crisis services team members, leading to burnout and vicarious trauma. Challenges such as the 24/7 nature of crisis programs and a shortage of qualified mental health professionals exacerbate these difficulties. Despite these challenges, the HCA has addressed recruitment challenges by offering special assignment pay and a pay differential for bilingual staff and for those who work the night and late night shifts. The CAT has also implemented a 4-10 schedule as of 12/29/2023 for all clinical staff and Service Chiefs to improve work life balance while also ensuring consistent coverage and enhancing operational efficiency.

The CAT is also looking at ways to enhance response times for all ages by optimizing staffing levels, leveraging technology and improving dispatching systems. The CAT is currently utilizing the CHORUS platform and timestamps to improve response times by providing a clear record of when calls are received,when interventions are initiated and when calls are completed By leveraging time stamps updated by clinicians in the field, dispatchers can efficiently coordinate and dispatch

mobile teams on a real time availability, enabling a quicker community response. These efforts aim to streamline processes and ensure timely support for individuals in crisis. HCA is also working to purchase vehicles for the transport of clients in crisis to treatment destinations minimizing wait times for ambulances and expediting access to the appropriate level of care.

This program could be subject to decreases in funding or elimination based on available funding.

IN-HOME CRISIS STABILIZATION

OVERVIEW OF THE PROGRAM

The In-Home Crisis Stabilization (IHCS) program operates on a 24-hour, 7-days a week, 365 days a year basis,andconsists of crisis stabilization teams that provide short-term, intensive in-home services to individuals who have been assessed to be at imminent risk of psychiatric hospitalization or out-of-home placement but are capable of remaining safely in the community and out of the hospital with the appropriate support. The teams include clinicians, case managers and peers with lived experience who serve individuals ranging from youth, ages 5-17 years, TAY and adults and older adults.. Individuals are referred by County and County contracted behavioral health programs, including Crisis Stablization Unitss and Crisis Assessment Teams. Families can also self refer through OC Links to the adult program.

PROGRAM SUMMARY	
Program Serves	All Ages
Symptom Severity	At-Risk
	Mild-Moderate
	Severe
Location of Services	Community Based
	Field-Based
Numbers of individuals to be Served	1468
Annual Budget	$3,636,900
Avg. Est. Cost per Person	$2,477
Typical Population Characteristic	Students/Schools
	Parents
	Families
	Homeless/At-Risk of
	Trauma-Exposed

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

The goal of IHCS is to help individuals manage their mental health crisis and make gains in recovery by successfully linking to ongoing behavioral health resources, to reduce unnecessary psychiatric hospitalizations which is quantified as achieving a psychiatric hospitalization rate of 25% or less in the 60 days after discharging from the program.

DESCRIPTION OF SERVICES

Individuals and their families or identified support networks (i.e., “family”), are typically referred to IHCS after a clinician has evaluated an individual for possible hospitalization and determined that, while they may not meet criteria for hospitalization, they and their family would safely benefit from supportive services. When the referring party determines there is a need for an immediate response, the evaluator calls the crisis stabilization team to the site of the evaluation and the team is required to respond in person within 75 minutes, immediately working with the individual in crisis and their family or identified support network to develop rapport and increase chances of successful linkage. The stabilization team will also work on identifying triggers and creating an immediate safety plan, Additional

in-home appointments are scheduled over the next three weeks.

The IHCS teams provide crisis intervention strategies, assessment, short- term individual therapy, peer support services, collateral services and case management to help the individual and their family develop coping strategies and ultimately transition to appropriate ongoing supports. Length of stay in the program can be extended beyond the initial three weeks based on clinical need and the amount of time it takes before an individual is linked to long-term services. All IHCS services are mobile and provided in the home, at the identified residence or anywhere in the ccommunity where the individual or family feels comfortable.

TARGET POPULATION

Individuals from children ages 5 years and older and adults and older adults who have experienced a recent mental health crisis event that requires increased support for stabilization and tran- sition to ongoing services.

OUTCOMES

In FY 2022-23, the In-Home Crisis Stabilization program met its goal of maintaining a hospitalization rate* of 25% or less during the 60 days following discharge from services:

- Children: 3%
- TAY: 6%
- Adults: 7%
- Older Adults: 8%

*Calculated for Medi-Cal beneficiaries only.

SUCCESS STORY

The program collaborates with referring agencies, behavioral health programs, schools, emergency departments, crisis stabilization units

PROPORTION TO BE SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2022-23	
Number of Admissions	**1,015**
Age Group	
Children (0-15 years)	40%
TAY (16-25 years)	26%
Adults (26-59 years)	29%
Older Adults (60+ years)	5%
Gender	
Female	61%
Male	38%
Transgender	<1%
Questioning or Unsure	0%
Another Not Listed	0%
Decline to State/Not Reported	<1%
Race/Ethnicity	
American Indian/Alaska Native	1%
Asian/Pacific Islander	11%
Black/African-American	3%
Hispanic/Latino	49%
Middle Eastern/North African	1%
Caucasian/White	31%
Another Not Listed	2%
Decline to State/Not Reported	3%

and the mobile crisis assessment teams with a focus on assisting the county's most vulnerable clients and ensuring their linkage to ongoing services. Overall, the IHCS program strives to reduce admissions to local emergency departments and provide a strengths-based, in-home alternative to psychiatric hospitalization for individuals experiencing a behavioral health crisis and their families.

CHALLENGES/SOLUTIONS

The Children's team strives to stay within the three-week timeframe to address crisis events for children and youth. The program has made progress in maintaining the three-week structure of the program.

The program is continuing to focus on the discharge process and working to link children, and their families, as early as possible during the treatment period. Linking children with private insurance has continued to be a challenge for the Children's team. The program continues to address this by increasing outreach to private insurance providers to educate about its program services and increase collaboration for linkages to covered outpatient or other appropriate services. The adult team is always looking for ways to further enhance client engagement and participation in services during intake and also consolidating treatment gains following treatment. One way they have done this is by partnering with the Crisis Residential Services program to serve as a step down for

This program could be subject to decreases in funding or elimination based on available funding.

CRISIS STABILIZATION UNITS

OVERVIEW OF THE PROGRAM

Crisis Stabilization Units (CSUs) operate on a 24-hour, 7-days a week, 365 days a year basis and provide services for individuals who are experi- encing behavioral health crises requiring emergent stabiliza- tion that cannot wait until regularly scheduled appointments. One of the units serves individuals in Orange County ages 13 to 17 years and the other three units serve individuals ages 18 years and older, the majority of whom may be on a 72-hour civil detention for psychiatric evaluation due to danger to self, others or grave disability resulting from mental health disorders (i.e., Welfare and Institutions Code 5150/5585). The CSUs can be accessed directly by individuals expe- riencing crises who are walking in, as well as by family members, law enforcement and others in the community who believe an individual has an emergent mental health need.

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

The goals of CSU services are to provide timely and effective crisis intervention and stabilization for individuals experiencing behavioral health emergencies that cannot wait for their regularly scheduled appointments. Goals are achieved through: minimizing distress for the client and family resulting from lengthy waits in emergency depart- mentsand treating the client

in the least restrictive, most appropriate setting in lieu of inpatient settings. CSUs utilize alternative, less restrictive treatment options whenever possible to mitigate acute behav- ioral health episodes to the benefit of the client and the community.. Services are provided in compliance with Welfare & Institutions Codes and consistent with all Patients' Rights regulations, upholding the dignity and respect of all

PROGRAM SUMMARY	
Program Serves	Ages 13+
Symptom Severity	At-Risk
	Moderate
	Severe
Location of Services	Community Based
	Field-Based
Numbers of individuals to be Served	10,000
Annual Budget	$10,500,000
Avg. Est. Cost per Person	$1,050
Typical Population Characteristic	Students/Schools
	Parents
	Families
	Homeless/At-Risk of
	Trauma-Exposed

clients served. The CSUs utilize Trauma Informed Care and Recovery/ Resiliency based principles that focus on the person's strengths and are individualized to instill hope and the notion that recovery/resiliency is possible for all individuals. Services are tailored to the unique strengths of each client and use shared decision-making to encourage clients to manage their behavioral health treatment, set their own paths toward recovery and meet their treatment goals. The monthly performance outcome metrics of CSU services are:

PROPORTION TO BE SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2022-23	
Number of Admissions	**7,031**
Age Group	
Children (0-15 years)	6%
TAY (16-25 years)	27%
Adults (26-59 years)	62%
Older Adults (60+ years)	5%
Gender	
Female	46%
Male	54%
Transgender	<1%
Questioning or Unsure	0%
Another Not Listed	<1%
Decline to State/Not Reported	<1%
Race/Ethnicity	
American Indian/Alaska Native	<1%
Asian/Pacific Islander	11%
Black/African-American	7%
Hispanic/Latino	34%
Middle Eastern/North African	1%
Caucasian/White	40%
Another Not Listed	2%
Decline to State/Not Reported	5%

Ninety-five percent (95%) of clients will be seen by a doctor within one hour of admission.

TARGET POPULATION

At least fifty-five percent (55%) of individuals admitted shall be successfully stabilized and returned to the community.

DESCRIPTION OF SERVICES

Crisis Stabilization Services are designed to last no longer than 23 hours and 59 minutes, and include psychiatric evaluation, basic medical services, individual and group therapy as appropriate, nursing assessment, collateral services with significant others, individual and family education, medication services, crisis intervention, peer mentor services, referral and linkage to follow-up services and transfer to and acute psychiatric inpatient level of care as appropriate. Services also include support with linking to substance use treatment for individuals who have co-occurring substance use diagnoses.

OUTCOMES

The CSUs strive to provide the least restrictive options for care, and effective medication interventions for individuals admitted to their programs, with the goal of utilizing seclusion and restraints in 1.6% or fewer admissions per month. This target was met in FY 2022-23:

- Monthly rates ranged from 0.0% to the 1.3%

The CSUs also linked the majority of people* to county-operated or contracted services within 7 and 30 days of discharge:

- 65% within 7 days
- 92% within 30 days

*Calculated for Medi-Cal beneficiaries only.

CRISIS RESIDENTIAL SERVICES

OVERVIEW OF THE PROGRAM

The **Crisis Residential Program** (CRP) program provides highly structured, voluntary services in home-like environments for individuals who are experiencing behavioral health crises and meet eligibility requirements. Individuals who are experiencing considerable distress ages 12 and older can be referred after they have been assessed and determined to be able to participate safely in a less restrictive, lower level of care. Individuals are referred to the Childrens CRP by any MHP LPS designated staff and hospitals. Individuals 18 and older are referred by County CAT/PERT or Adult and Older Adult County or County-contracted Specialty Mental Health Plan programs. The Childrens CRP has a total of 16 beds across three locations and TAY CRP has 6 beds at 1 location. The Adult CRPs are currently managed by three contractors with a total of are 42 beds across four sites located throughout Orange County.

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

The goal of the program is to help individuals manage their behavioral health crises and make positive gains in recovery, which is quantified as achieving a psychiatric hospitalization rate of 25% or less in the 60 days following discharge from the program.

DESCRIPTION OF SERVICES

Crisis Residential Services has several sites across the county tailored to meet the needs of different age groups:

- Children ages 12 to 17 receive services at three sites (Laguna Beach, Huntington Beach, Tustin) with a total of 16 beds. Services generally last for three weeks.
- Transitional Age Youth (TAY) ages 18-25 receive services at a site (Tustin) operated by CYBHS with six beds. Services generally last for three weeks.
- Adults ages 18 and older receive services at four sites (2 locations in Orange, Anaheim,Mission Viejo) with a total of 42 beds, six of

PROGRAM SUMMARY	
Program Serves	Ages 12+
Symptom Severity	At-Risk
	Mild-Moderate
	Severe
Location of Services	Residential Based
Numbers of individuals to be Served	1,500
Annual Budget	$9,700,000
Avg. Est. Cost per Person	$6,467
Typical Population Characteristic	Foster Youth
	Parents
	Families
	Criminal Justice Involved
	Homeless/At Risk of
	Recovery from SUD
	LGBTIQ+
	Trauma-Exposed

which are Americans with Disabilities Act (ADA)-compliant. The location in Anaheim is exclusively for Older Adults ages 50 years and over. Services generally last for three weeks, with a current average stay of 14 to 21 days.

The residences emulate home-like environments. Intensive and structured psychosocial, trauma-informed and resiliency/recovery services are offered at each location. Depending on the individual's age and needs, services can include crisis intervention, individual, group and family counseling/therapy, group education and rehabilitation, assistance with self-administration of medications, training in skills of daily living, case management, development of a Wellness Recovery Action Plan (WRAP), prevention education, recreational activities, activities to build social skills, parent education and skill-building, mindfulness training, narrative therapy, and educational and didactic groups. In addition, there are services specific to older adults, including issues associated with aging, stigma associated with aging, safety issues, adaptive equipment, fragility issues, "silver" fitness groups, outings/activities, reminiscence groups and nursing assessments. Evidence-based practices utilizedinclude cognitive behavior therapy, Dialectical Behavioral Therapy (DBT) and trauma-informed care. Programs provide substance use disorder education and treatment services for people who have co-occurring disorders. Discharge planning starts upon admission to integrate individuals back into the community efficiently. Key aspects of discharge planning involves building resilience and promoting recovery through the cooperative development of an aftercare plan which links clients to appropriate community resources (i.e., FSPs and other ongoing mental health services; victim's assistance; local art, music, cooking, self-protection classes; animal therapy; activity groups designed to support the individual; etc.). Children also have the option to participate in a weekly graduate drop-in groups.

TARGET POPULATION

PROPORTION TO BE SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2022-23	
Number of Admissions	**7,031**
Age Group	
Children (0-15 years)	20%
TAY (16-25 years)	26%
Adults (26-59 years)	48%
Older Adults (60+ years)	6%
Gender	
Female	51%
Male	47%
Transgender	1%
Questioning or Unsure	0%
Another Not Listed	<1%
Decline to State/Not Reported	<1%
Race/Ethnicity	
American Indian/Alaska Native	1%
Asian/Pacific Islander	7%
Black/African-American	8%
Hispanic/Latino	40%
Middle Eastern/North African	<1%
Caucasian/White	39%
Another Not Listed	1%
Decline to State/Not Reported	5%

OUTCOMES

For all age groups, Crisis Residential Services met its goal of maintaining a hospitalization rate* of 25% or less during the 60 days following discharge from services:

- Children: 24%
- TAY: 12%
- Adults: 20%
- Older Adults: 13%

*Calculated for Medi-Cal beneficiaries only.

SUCCESS STORY

Since inception, the program has assisted thousands of children, TAY, adults and older adults with intensive services provided in a therapeutic, home-like environment. The program reduces admissions to local emergency departments and provides a strength-based, recovery-oriented alternative to psychiatric hospitals for those experiencing a behavioral health crisis.

CHALLENGES/SOLUTIONS

An ongoing, primary challenge has been the increased demand for Crisis Residential Services, with the community identifying a particular need for a facility specifically geared towards older adults. The HCA is addressing this service gap with the implementation of the Silver Treehouse on September 1, 2020, that exclusively addresses the needs of older adults in mental health crisis. This home has been at capacity and is well utilized by our community partners. TAY continue to face challenges with the lack of stable housing available when youth are ready for a lower level of care. The children's Crisis Residential Programs periodically showed an increased demand for services throughout the past two calendar years and, clients had be diverted to other crisis services such as in-home crisis. The HCA is examining these trends to deter- mine project- ed need for Children's Crisis Residential Services over the course of the next three year period. As part of this, the HCA is considering how the CCRP level of care fits into the continuum of crisis residential services for youth.

This program could be subject to decreases in funding or elimination based on available funding.

WARMLINE

OVERVIEW OF THE PROGRAM

The **WarmLine** is a peer-based, toll-free, 7 days a week (24/7) non-crisis, confidential telephone, live chat and texting service available to any Orange County resident needing behavioral health support. Trained peer mentors- individuals who have experienced a similar journey, either as a consumer of behavioral health services, or as a family member of an individual receiving these services, provide these services. Incoming calls/ chat and texts are screened for potential warning signs to determine the level of need. Those in crisis are immediately linked to the National Suicide Prevention Lifeline. Callers who do not indicate an imminent safety concern are provided emotional support and resources and referred to appropriate services as needed.

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

The goal of the Warmline is to provide timely emotional support to individuals who are experiencing grief, sadness, anxiety, anger, fear or loneliness and to reach those who are hesitant to seek behavioral health services due to stigma or other social factors.

DESCRIPTION OF SERVICES

The WarmLine plays an important role in Orange County's Crisis and Suicide Prevention continuum by providing non-crisis or crisis prevention support over the phone, text or through live chat, for anyone struggling with mental health and substance use issues. Upon connecting with the WarmLine, individuals are assessed for needed mental health information, support and resources. Staff draw upon their lived experience to connect with callers and provide them with emotional support and referrals to ongoing services as needed. Callers

PROGRAM SUMMARY	
Program Serves	All Ages
Symptom Severity	At-Risk
	Mild-Moderate
	Severe
Location of Services	Telephone Based
Numbers of individuals to be Served	226,000
Annual Budget	$8,000,000
Avg. Est. Cost per Person	$35
Typical Population Characteristic	BH Providers
	1st Responders
	Students/Schools
	Foster Youth
	Parents
	Families
	Medical Co-Mobidities
	Criminal Justice Invovled
	Ethnic Communities
	Homeless/At Risk of;
	LGBTIQ+
	Trauma Exposed
	Veterans/Military Connected

who are experiencing a mental crisis are immediately referred to the Crisis Prevention Hotline to another immediate service. Callers who do not indicate an imminent safety concern are provided emotional support and resources and referred to appropriate services as needed. Warmline staff work closely with the Hotline staff (see Crisis and Prevention Section) in providing a continuum of care. Active listening, a person-centered motivational interviewing skill, is effective in establishing rapport and demonstrating empathy, and can be especially useful with callers in the pre-contemplative or contemplative stages of change. The WarmLine also uses Positive Psychology, a resilience-based model that focuses on positive emotions, traits and institutions. This model trains mentors to focus on the positive influences in callers' lives such as character, optimism, emotions, relationships and resources in order to reduce risk factors and enhance protective ones.

PROPORTION TO BE SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2022-23	
Calls/Texts/Chats received	**127,428**
Age Group	
Children (0-15 years)	0%
TAY (16-25 years)	20%
Adults (26-59 years)	12%
Older Adults (60+ years)	1%
Unknown	68%
Gender	**Not Collected**
Race/Ethnicity	**Not Collected**

OUTCOMES

In FY 2022-23, 86% of callers reported improvement in feeling anxious, depressed, overwhelmed or other negative mood after calling the WarmLine. Another 13% who started out the call feeling calm remained feeling calm through the end of the call. Anecdotally, these individuals typically reached out to the WarmLine because they were lonely and seeking social connection rather than feeling actively distressed.

CHALLENGES AND SOLUTIONS

Stigma related to mental health conditions continues to be a challenge especially for individuals from the diverse ethnic communities. Program continues to do outreach in these communities.

This program could be subject to decreases in funding or elimination based on available funding.

OUTREACH, ENGAGEMENT, & ACCESS TO TREATMENT

MULTI-SERVICE CENTER FOR HOMELESS MENTALLY ILL ADULTS

OVERVIEW OF THE PROGRAM

The **Multi-Service Center for Homeless Mentally Ill Adults** (MSC) program in Santa Ana is to offer a safe facility for adults 18 years of age and older with serious mental illness who may have a co-occurring substance use disorder and are experiencing homelessness. The program provides an array of services to meet the most basic and immediate needs of adults including, but not limited to access to showers and laundry facilities, the provision of a mailing address, clothing assistance and access to phones and internet to contact family or conduct a job search and nutritious snacks and beverages. Clients also receive appropriate screening, assessment and linkage to behavioral health treatment and emergency housing, assistance with access to medical services, benefits acquisition and additional food resources. Permanent housing placement assistance and access to pre-vocational services and employment opportunities are available. The program operates Monday through Friday, with the ability to serve 80 clients per day.

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

The goal is to provide basic needs, and referrals/linkages to various resources in the community.

DESCRIPTION OF SERVICES

The MSC outreach workers assess residents' strengths and resources to determine their level of psychosocial impairment, substance use, physical health problems, support network, adequacy of living arrangements, financial status, employment status and basic needs. They facilitate linking participants to the most appropriate services for each individual (i.e., case management, outpatient mental health, medical appointments, housing, employment, SSI/SSDI and additional services such as obtaining identification or other personal documents, etc.). The team can transport, or facilitate the transportation of, residents to those services as needed.

Additional funding has been identified to site and open a second

PROGRAM SUMMARY	
Program Serves	Ages 18+
Symptom Severity	Severe
Location of Services	Community Based
	Field Based
Numbers of individuals to be Served	1,500
Annual Budget	$9,700,000
Avg. Est. Cost per Person	$6,467
Typical Population Characteristic	Parents
	Families
	Medical Co-Morbidities
	Ethnic Communities
	Homeless/At Risk of
	Recovery from SUD
	LGBTIQ+
	Trauma-Exposed
	Veterans/Military Connected

MHSA funded multi-service center to be located in North Orange County in FY 2022-23. Services at the new location will be similar to those at the existing central location. Outcomes for the new site will be available in the annual update to the MHSA 3-Year Plan FY 2023-24 to FY 2025-26.

TARGET POPULATION

Orange County adults aged 18+ who are experiencing homelessness and have a serious mental illness.

PROPORTION TO BE SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2022-23	
Total Clients Served	**678**
Total Visits	**14,783**
Average Served Per Day	**80**
Age Group	
Children (0-15 years)	0%
TAY (16-25 years)	4%
Adults (26-59 years)	78%
Older Adults (60+ years)	18%
Gender	
Female	25%
Male	75%
Transgender	1%
Another Not Listed	<1%
Race/Ethnicity	**Not Collected**

OUTCOMES

The MSC provided basic needs such as snacks, showers, clothing and laundry services to clients during their visits. MSC staff also provided multiple referrals for different services and supports to the clients they served. Clients received multiple referrals to various agencies and organizations that offer primary health care, dental care, income assistance, acquisition of medical benefits or identification documents, temporary shelter and other supportive services, and the MSC successfully linked clients to 83% of these referrals. The MSC also linked 95%, 48% and 41% of clients referred to vocational services, mental health services and substance use treatment, respectively. The MSC was only about to link about 1 out of every 5 people referred to housing, largely due to limits on the availability of housing.

CATEGORY	#REFERRALS	LINKAGE RATE
Mental Health Services	378	48%
Substance Use Services	142	41%
Vocational Services	243	95%
Supportive Services	3,875	83%
Housing Placements	787	26%

OPEN ACCESS

OVERVIEW OF THE PROGRAM

Recovery Open Access serves individuals ages 18 and older living with serious mental illness and a possible co-occurring disorder who are in need of accessing urgent outpatient behavioral health services. The target population includes adults looking to gain access to the county mental health system who may have been discharged from psychiatric hospitals, released from jail or are currently enrolled in outpatient BHS services and have an urgent medication need that cannot wait until their next scheduled appointment. These individuals are at risk of further hospitalization or incarceration if not linked to behavioral health services quickly.

PROGRAM SUMMARY	
Program Serves	Ages 18+
Symptom Severity	Severe
Location of Services	Clinic Based
Numbers of individuals to be Served	2,000
Annual Budget	$3,000,000
Avg. Est. Cost per Person	$1,500
Typical Population Characteristic	Criminal Justice Involved
	Recovery from SUD

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

Provide adults in need of urgent medication services within 3 business days. Link adults referred by open access to ongoing care within 30 days.

DESCRIPTION OF SERVICES

Recovery Open Access serves two key functions:

(1) linking adults living with serious mental illness to ongoing, appropriate behavioral health services and

(2) providing access to short-term integrated behavioral health services (i.e., brief assessments, case management, crisis counseling and interventions, SUD services, temporary medication support) while an individual is waiting to be linked to their (first) appointment.

In order to decrease the risk of re-hospitalization or recidivism, staff try to see participants within 24 hours of the time of discharge from the hospital or jail and to keep them engaged in services until they link to ongoing care.

TARGET POPULATION

Orange County adults aged 18+ with a serious mental illness in need of accessing urgent outpatient behavioral health services.

OUTCOMES

Open Access was able to meet its target goal of linking individuals to medication services within three days of discharging from jail but fell short of the goal for those discharging from a hospital. Open Access also struggled to meet their target for linking individuals to on-going care within 30 days, although it should be noted that the average number of days to linkage was 31. Nevertheless, these performance outcomes reflect the impact of on-going staffing vacancies combined with a 20% increase in individuals served in FY 2022-23.

PROPORTION TO BE SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2022-23	
Client Served	**2,543**
Age Group	
Children (0-15 years)	0%
TAY (16-25 years)	26%
Adults (26-59 years)	73%
Older Adults (60+ years)	1%
Gender	
Female	46%
Male	53%
Transgender	1%
Race/Ethnicity	
American Indian/Alaska Native	1%
Asian/Pacific Islander	1%
Black/African-American	6%
Hispanic/Latino	41%
Middle Eastern/North African	2%
Caucasian/White	32%
Another Not Listed	7%

INDICATOR	GOAL	FY 2022-23 RATE	N
Linkage to medication services within 3 business days after discharge from a hospital	≥ 80%	73%	n = 328
Linkage to medication services within 3 business days of release from jail	≥ 80%	2,000	n = 55
Linkage to Ongoing Care within 30 Days	≥ 80%	2,000	n = 1123

CHALLENGES\SOLUTIONS

The doctor vacancies have led to an increased time to link clients at open access. The doctors have been called to cover multiple programs, which has caused the program to not reach its goal of seeing clients within 3 days in open access.

This program could be subject to decreases in funding or elimination based on available funding.

PEER AND FAMILY SUPPORT

PEER MENTOR AND PARENT PARTNER SUPPORT

OVERVIEW OF THE PROGRAM

The **Peer Mentor and Parent Partner Support** program serves individuals who are living with a serious emotional disturbance (SED) or serious mental illness (SMI), may also have a co-occurring substance use disorder, and would benefit from the supportive services of a Peer Specialist. Peer Specialists may include peer or youth mentors and/or parent partners who work with participant's family members who would benefit from the supportive services of a parent mentor. Individuals referred to this program can receive support with linkage to services and/or with achieving one or more recovery goals.

Peer Support programs are staffed with individuals who have lived experience with mental health and/or substance use recovery, and their family members (i.e., parent partners of child/youth participants). While Orange County includes peers and parent partners as part of the service delivery teams of many of its behavioral health programs (i.e., FSPs, PACT, Veteran-Focused Early Intervention Outpatient, Suicide Prevention Services, etc.) the programs described here are different in that the full scope of services they offer are provided exclusively by peers and their family members. By sharing their lived experience, peers and parent partners are able to help support and encourage participants in their own recovery journeys.

PROGRAM SUMMARY	
Program Serves	All Ages
Symptom Severity	Mild-Moderate
	Severe
Location of Services	Clinic Based
	Field Based
Numbers of individuals to be Served	1,000
Annual Budget	$4,000,000
Avg. Est. Cost per Person	$4,000
Typical Population Characteristic	Foster Youth
	Parents
	Families
	Medical Co-Morbidities
	Criminal Justice Involved
	Ethnic Communities
	Homeless/At Risk of
	Recovery from SUD
	LGBTIQ+
	Veterans/Miliatry Connected

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

The program goals are for adults/older adults, engaged in outpatient care to successfully achieve skill-building goals with the support of their peer. Goals most often associated include navigating public transportation system, obtaining identification cards/drivers licenses, completing housing applications and increase socialization skills/activities.

Additional goals for clients who are coming out of a crisis program is to ensure Linkage is obtained for ongoing behavioral health treatment.

The program goals for children and youth clients are to increase referral and linkage to ongoing care and supports and maintain client and family engagement for children, youth and their families.

DESCRIPTION OF SERVICES

Through this program, Peer Specialists work with participants to help them achieve identified goals. By sharing their lived experience, Peer Specialists are often able to provide the encouragement and support a person needs to engage in ongoing services and achieve their personal goals. The support provided is customized depending on the individuals' needs and personal recovery goals, and can include the following:

Support in linking to services that may involve activities such as:

- Accessing mental health or medical appointments
- Accessing community-based services such as food pantries or emergency overnight shelters as needed
- Re-integrating into the community following discharge from inpatient care, hospitalization, emergency department visits and/ or incarceration/in-custody stays.

Support in building skills that may involve activities such as:

- Learning independent living skills, such as how to use and navigate the public transportation system
- Increasing socialization activities such as attending groups or activities at the Wellness Centers and/or facilitating or assisting with groups
- Managing and preventing mental health crises
- Obtaining identification cards or driver's licenses
- Learning skills to find, obtain and/or sustain housing placements, which may include landlord negotiations, housekeeping, food shopping and preparation, financial management, medication management, transportation, medical care, arranging utilities, phone, insurance and access to community supports and services.

Peers assist with linkage to services for referrals made by:

1) Therapists working with individuals who need additional support when transitioning between mental health services and/or levels of care;
2) Staff in a Crisis Stabilization Unit (CSU), Royale Therapeutic Residential Center or crisis services program connecting individuals into ongoing outpatient care; and/or
3) Therapists or Personal Service Coordinators working with an individual as they reintegrate into their community following a recent hospitalization, incarceration/ juvenile detention, or shelter stay (i.e., Orangewood, etc.),
4) BHS Outreach & Engagement (O&E) team and
5) Housing Navigators working with individuals in need of housing sustainability assistance after being placed as part of Orange County's Whole Person Care plan.

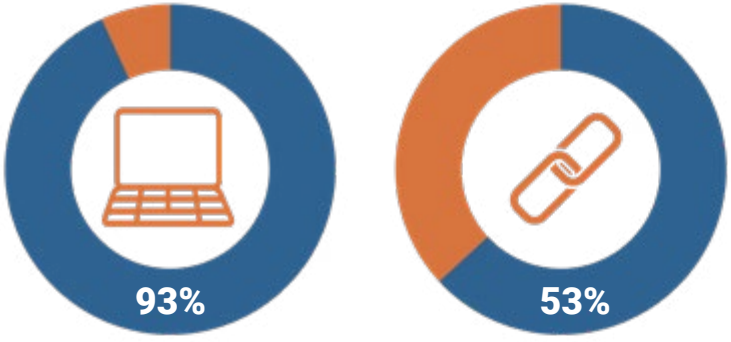
TARGET POPULATION

Orange County residents living with SED or SMI who would benefit from having a peer specialist as a part of their recovery.

OUTCOMES

In FY 2022-23, Peer Mentors and Parent Partners provided servics to 380 youth. Outcome data are collected for these services.

% PARTICIPANTS ACHIEVING TARGET GOALS



PROPORTION TO BE SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2022-23			
	Adult Track 1	**Adult Track 2**	**Youth Services**
Participant Served	**247**	**372**	**159**
Age Group			
Children (0-15 years)	0%	0%	38%
TAY (16-25 years)	10%	10%	60%
Adults (26-59 years)	66%	44%	0%
Older Adults (60+ years)	23%	7%	0%
Decline to State/Not Reported	0%	33%	0%
Gender			
Female	49%	38%	36%
Male	47%	43%	64%
Transgender	0%	2%	0%
Another Not Listed	1%	1%	0%
Decline to State/Not Reported	3%	16%	0%
Race/Ethnicity			
American Indian/Alaska Native	4%	2%	0%
Asian/Pacific Islander	8%	19%	4%
Black/African-American	6%	3%	4%
Hispanic/Latino	26%	26%	72%
Middle Eastern/North African	0%	1%	1%
Caucasian/White	40%	32%	13%
Another Not Listed	4%	1%	0%
Decline to State/Not Reported	12%	16%	7%

CHALLENGES AND SOLUTIONS

In Children and Youth Services, peers serve in the role of youth partner or parent partner. During Fiscal Year 2022-23, we experienced difficulties engaging parents in clinic services. Parent partners met with caregivers to problem solve barriers to treatment, link them to resources, and engage them in services. In addition, youth discharging from stays in Probation facilities were not consistently linking to a substance use treatment provider when needed, especially for Medicated Assisted Treatment. Youth partners assisted youth by discussing treatment services in the community before discharge and, when needed, drove them to treatment appointments. Youth partners also updated the treatment team on youth's progress with linking to community treatment prior to and after discharge.

This program could be subject to decreases in funding or elimination based on available funding.

WELLNESS CENTERS

OVERVIEW OF THE PROGRAM

Orange County funds three Wellness Center locations that serve adults 18 and older who are living with a serious mental illness and may have a co-occurring disorder. Members are relatively stable in, and actively working on their recovery, which allows them to maximize the benefits of participating in Wellness Center groups, classes and activities. The Centers serve a diverse member base and Wellness Center West has a unique dual track program that provides groups, classes and activities in English and monolingual threshold languages that meet the cultural and language needs of the population located in the city of Garden Grove. The predominant threshold language in the monolingual track is Vietnamese.

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

Wellness Centers monitor their success in supporting recovery through social inclusion and self-reliance.

PROGRAM SUMMARY	
Program Serves	Ages 18+
Symptom Severity	At Risk
	Mild-Moderate
	Severe
Location of Services	Community Based
	Field Based
Numbers of individuals to be Served	1,500
Annual Budget	$4,300,000
Avg. Est. Cost per Person	$2,867
Typical Population Characteristic	Recovery from SUD
	LGBTIQ+
	Tramua Exposed
	Veterans/Military Connected

DESCRIPTION OF SERVICES

Wellness Centers are grounded in the Recovery Model and provide a support system of peers to assist members in maintaining their stability while continuing to progress in their personal growth and development. The programs are culturally and linguistically appropriate while focusing on personalized socialization, relationship building, assistance with maintaining benefits, setting educational and employment goals, and giving back to the community via volunteer opportunities.

Recovery interventions are member-directed and embedded within the following array of services: individualized wellness recovery action plans, peer supports, social outings, recreational activities, and linkage to community services and supports. Services are provided by individuals with lived experience and are based upon a model of peer-to-peer support in a non-judgmental environment. A wide variety of weekend, evening and holiday social activities are provided for members to increase socialization and encourage (re)integration into the community. The ultimate goal is to reduce reliance on the mental health system and to increase self-reliance by building a healthy network of support which may involve the members' family, friends or significant others.

The Wellness Centers utilize Member Advisory Boards (MABs) composed of members who develop or modify programming and

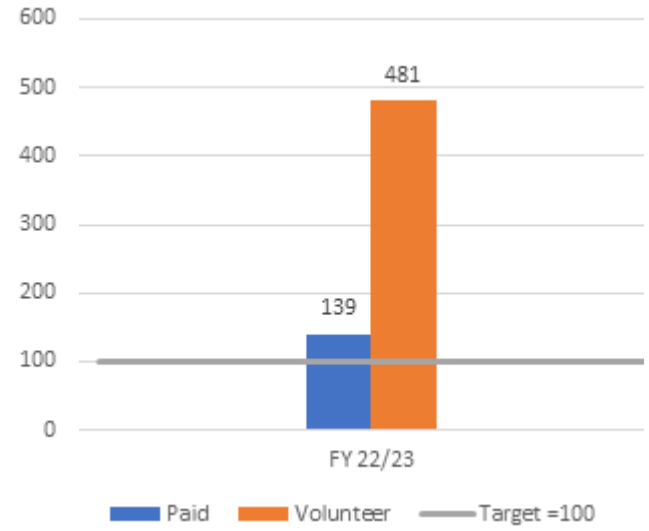
evaluate the successes or failures of groups, activities and classes. They also use a community townhall model and member Satisfaction and Quality of Life surveys to make decisions about programming and activities.

TARGET POPULATION

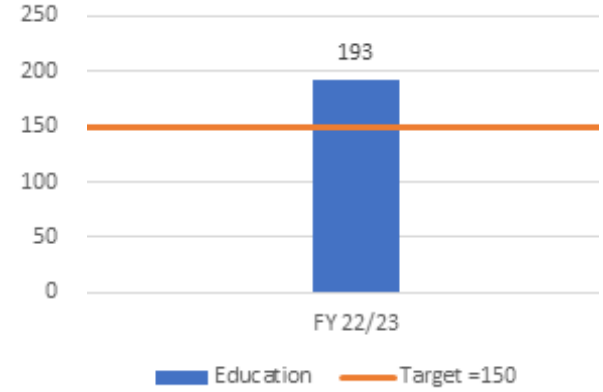
Adults aged 18+ who are living with a serious mental illness. The current Wellness Center located in Garden Grove has a monolingual track for Vietnamese speakers.

OUTCOME

EMPLOYMENT

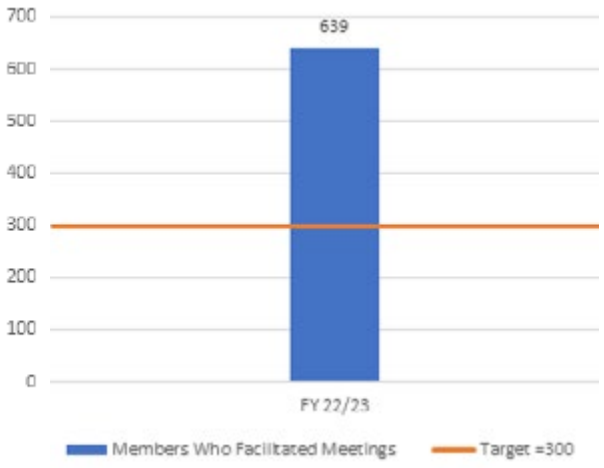


EDUCATION

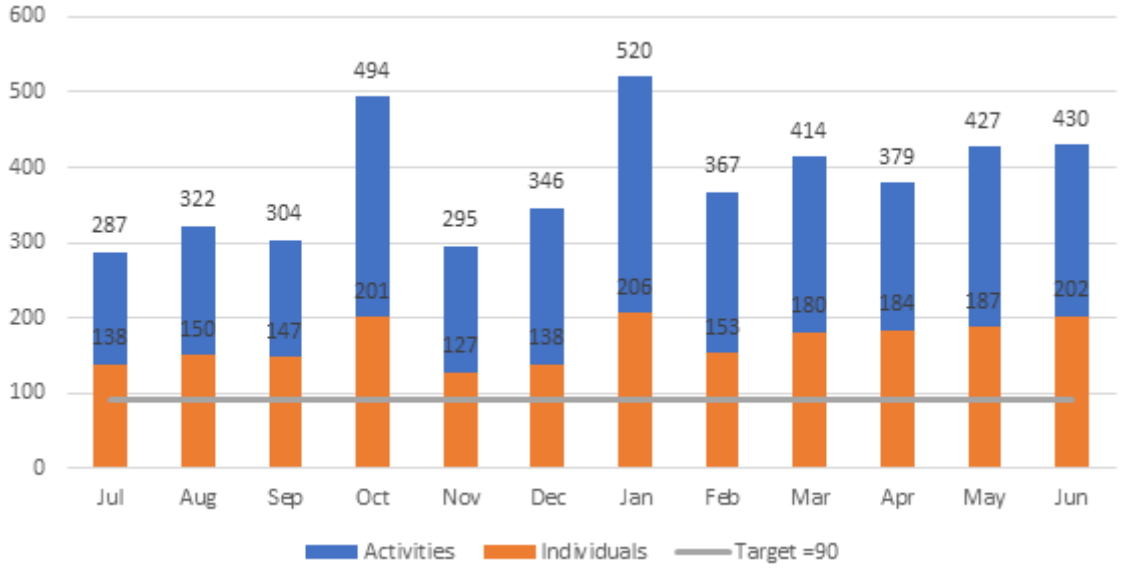


PROPORTION TO BE SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2022-23	
Participant Served	**000**
Age Group	
Children (0-15 years)	20%
TAY (16-25 years)	26%
Adults (26-59 years)	48%
Older Adults (60+ years)	6%
Gender	
Female	43%
Male	45%
Transgender	1%
Decline to State/Not Reported	11%
Race/Ethnicity	
American Indian/Alaska Native	1%
Asian/Pacific Islander	7%
Black/African-American	8%
Hispanic/Latino	40%
Middle Eastern/North African	<1%
Caucasian/White	39%
Another Not Listed	1%
Decline to State/Not Reported	5%

MEETING FACILITATION



MONTHLY COMMUNITY INTEGRATION PARTICIPATION

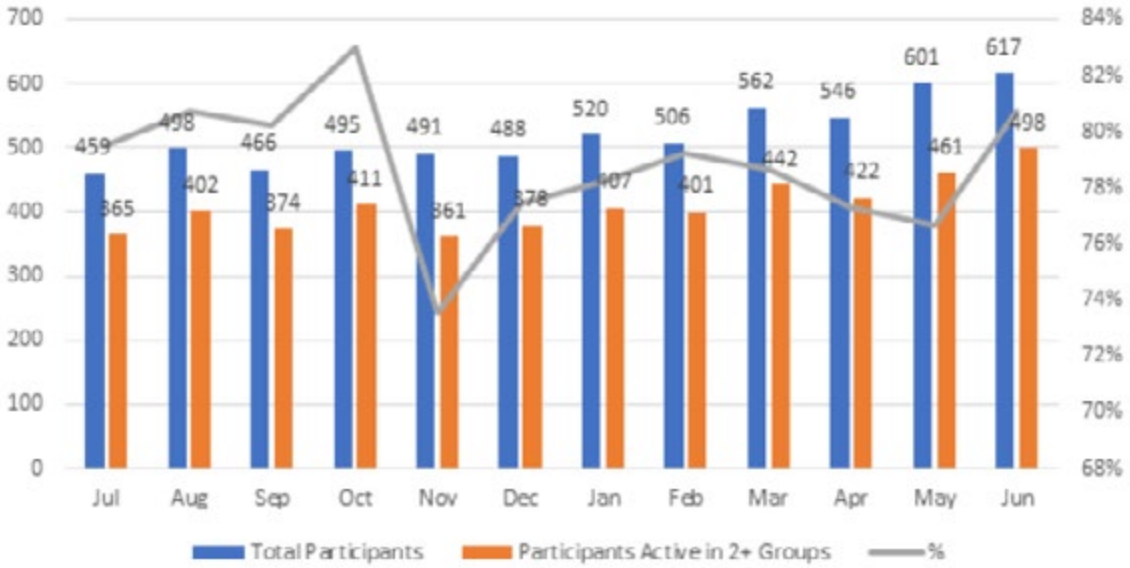


CHALLENGES AND SOLUTIONS

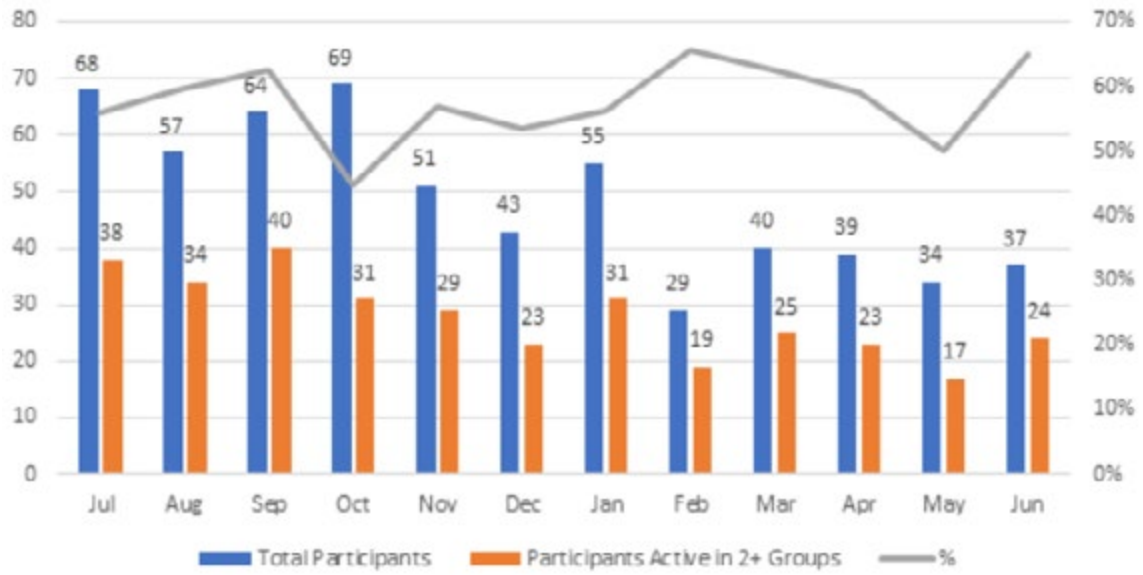
During FY 2022-23, transportation support was offered to the members at all three centers who have identify transportation as a barrier. Transportation support is offered through California Yellow Cab (CYC) offering limited transportation to and from the center. Additionally, many members are still reluctant, hesitant to participate in in-person groups due to fear of possible exposure to communicable diseases; therefore, all three centers continue to offer hybrid groups in which members can join virtually. Staff at all three centers are continuously reaching out to members to check in on their well-being and encourage them to return to the center.

This program could be subject to decreases in funding or elimination based on available funding.

MONTHLY CONSUMER PARTICIPATION IN GROUPS



MONTHLY CONSUMER PARTICIPATION IN TELE-GROUPS



SUPPORTED EMPLOYMENT

OVERVIEW OF THE PROGRAM

The Adult Supported Employment (ASE) program serves seriously and persistently mentally ill adults eighteen (18) years and older who are legally residing in Orange County and who require job assistance to obtain competitive or volunteer employment. Direct referrals shall be made to the Supported Employment Program from County and contracted Outpatient and Recovery programs, Full Service Partnerships, select Prevention and Intervention and Innovations programs and the Wellness Centers. Clients referred to and enrolled in the Supported Employment program must be engaged in mental health services during their entire enrollment in the program and must have an assigned Plan Coordinator or Personal Services Coordinator who will collaborate with the Supported Employment staff to assist with mental or treatment issues that may arise with their clients.

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

The goal includes tracking of participants who graduate after achieving State of California job retention benchmark of 90 days in paid employment or 90 days of volunteer placement.

DESCRIPTION OF SERVICES

The Supported Employment Program Individual Employment Plans are developed by the employment team with the participant and closely follow the evidence-based Individual Placement & Support employment model to provide services such as volunteer or competitive job placement, ongoing work-based vocational assessment, benefits planning, individualized program planning, time-unlimited job coaching, counseling and peer support services. Employment Specialists (ES) and Peer Support Specialists (PSS) work together as an Employment Team. The ES assists participants with employment preparation including, but not limited to, locating job leads, assisting with application submissions and assessments, interviewing, image consultation and transportation issues. The ES also provides one-on-one job support, either by telephone or at the participant's workplace, to ensure successful job retention. The PSS are individuals with lived experience with mental health and substance use challenges, and who possess skills learned in formal training, and/or profession- al roles, to deliver services in a mental health setting to promote mind-body recovery and resiliency. The PSS work with participants to develop job skills and assist the ES in helping the participant identify areas of need for development, and may use techniques such as role modeling, field mentoring, mutual support, and others that

PROGRAM SUMMARY	
Program Serves	Ages 18+
Symptom Severity	Severe
Location of Services	Community Based
	Field Based
Numbers of individuals to be Served	360
Annual Budget	$1,520,538
Avg. Est. Cost per Person	$4,224
Typical Population Characteristic	Homeless/At Risk of
	Recovery from SUD
	LGBTIQ+
	Trauma-Exposed
	Vetarns/Miliary Connected

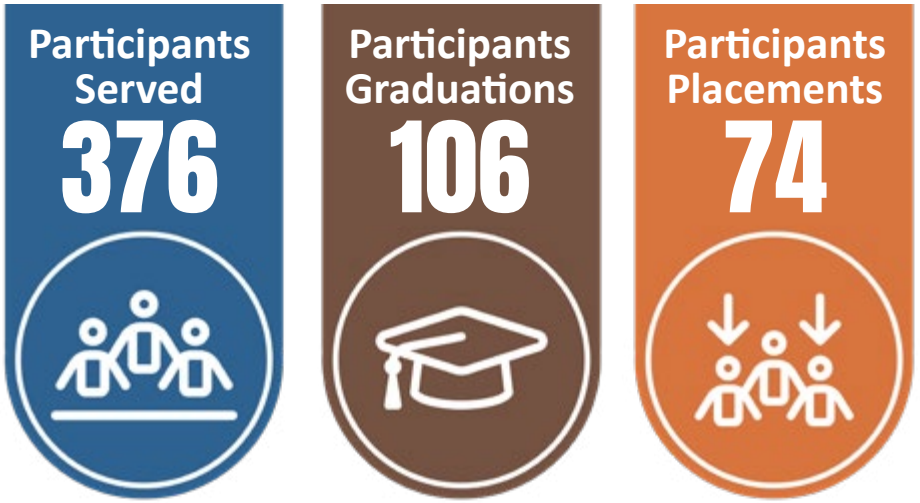
foster independence and promote recovery. For those who may not yet be ready for competitive employment, the program offers volunteer opportunities at places of business around the county as a way for them to gain work-related skills and confidence.

TARGET POPULATION

Adults aged 18+ who are receiving mental health services and require job assistance.

OUTCOMES

During FY 2022-23, there were 286 particiapnts enrolled in services. Tracking of participants who graduate after achieving State of California job retention benchmark of 90 days in paid employment or 90 days of volunteer placement.



CHALLENGES/SOLUTIONS

Adult Supported Employment (ASE) is dependent on referrals. During FY 2022-23, all three Wellness Centers were added as approved referring parties to the ASE program. The program continues to coordinate monthly presentations to educate referral sources on what services are offered through the ASE program. ASE implemented virtual monthly Job Club presentations to make community partners aware of valuable services the program has to offer allowing members and non-members to participate in job development skills virtually. Through a strong collaboration with the Wellness Centers, viewing parties are hosted at all three centers.

This program could be subject to decreases in funding or elimination based on available funding.

DEMOGRAPHIC INFORMATION

PROPORTION TO BE SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2022-23	
Participant Served	**286**
Age Group	
Children (0-15 years)	0%
TAY (16-25 years)	11%
Adults (26-59 years)	79%
Older Adults (60+ years)	10%
Gender	
Female	39%
Male	61%
Race/Ethnicity	
American Indian/Alaska Native	2%
Asian/Pacific Islander	10%
Black/African-American	5%
Hispanic/Latino	37%
Middle Eastern/North African	2%
Caucasian/White	39%
Another Not Listed	3%
Decline to State/Not Reported	1%

OUTPATIENT CLINIC EXPANSION

CHILDREN AND YOUTH EXPANSION

OVERVIEW OF THE PROGRAM

The Children and Youth Outpatient Services program serves youth under age 21 who meet the following eligibility criteria:

Living with serious emotional disturbance (SED) or serious mental illness (SMI) and a) qualifies for Early and Periodic Screening, Diagnosis, and Treatment as part of having full-scope Medi-Cal; b) has a condition placing the child/youth at high risk for a mental health disorder due to the experience of trauma evidenced by scoring in the high-risk range under a trauma screening tool, child welfare or juvenile justice system involvement, or experiencing homelessness; c) requires medically necessary treatment services to address the child's mental health condition. Youth can be referred by community agencies, other mental health providers, pediatricians, SSA, probation, school personnel, general community, families, etc.

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

The program looks to reduce clinical symptoms and distress over time.

DESCRIPTION OF SERVICES

Outpatient services provided through this program are tailored to meet the needs of the youth and their family, and can include: peer/ parent support services, screening/ assessment, individual and family outpatient therapy, group therapy, crisis intervention and support, case management, referral and linkage to supportive services, and/ or medication management, if needed. Services are linguistically matched to the needs of the client and provided in a culturally competent manner in the clinic, in the community or at a school (with permission) depending on what the youth/family prefers or is clinically appropriate. For foster and probation youth who qualify under Pathways to Well-Being, services will comply with program requirements, including those for Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS) and Child and Family Teams.

PROGRAM SUMMARY	
Program Serves	Ages 0-21
Symptom Severity	Moderate – Severe
	Severe
Location of Services	Clinic Based
	Community Based
	Field Based
	Home Based
Numbers of individuals to be Served	2,400
Annual Budget	$13,000,000
Avg. Est. Cost per Person	$5,417
Typical Population Characteristic	Students/Schools
	Foster Youth, Justice Involved Youth
	Parents
	Families
	Ethnic Communities
	Trauma Exposed

PROPORTION TO BE SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2022-23	
Number Served	**7,660**
Age Group	
Children (0-15 years)	72%
TAY (16-25 years)	28%
Adults (26-59 years)	0%
Older Adults (60+ years)	0%
Gender	
Female	58%
Male	42%
Transgender	<1%
Questioning/Unsure	<1%
Another Not Listed	<1%
Decline to State/Not Reported	<1%
Race/Ethnicity	
Asian/Pacific Islander	6%
Black/African-American	3%
Hispanic/Latino	70%
Middle Eastern/North African	1%
Caucasian/White	15%
Another Not Listed	1%
Decline to State/Not Reported	4%

Clinic Expansion - The OC Health Care Agency offers the overwhelming majority of its outpatient clinic services through non-Mental Health Services Act County-operated and County-contracted facilities located across Orange County. Because demand for services exceeds the clinics' capacity, the outpatient clinic programs have been able to increase services through the MHSA to address gaps in care, specifically in County-contracted outpatient clinics.

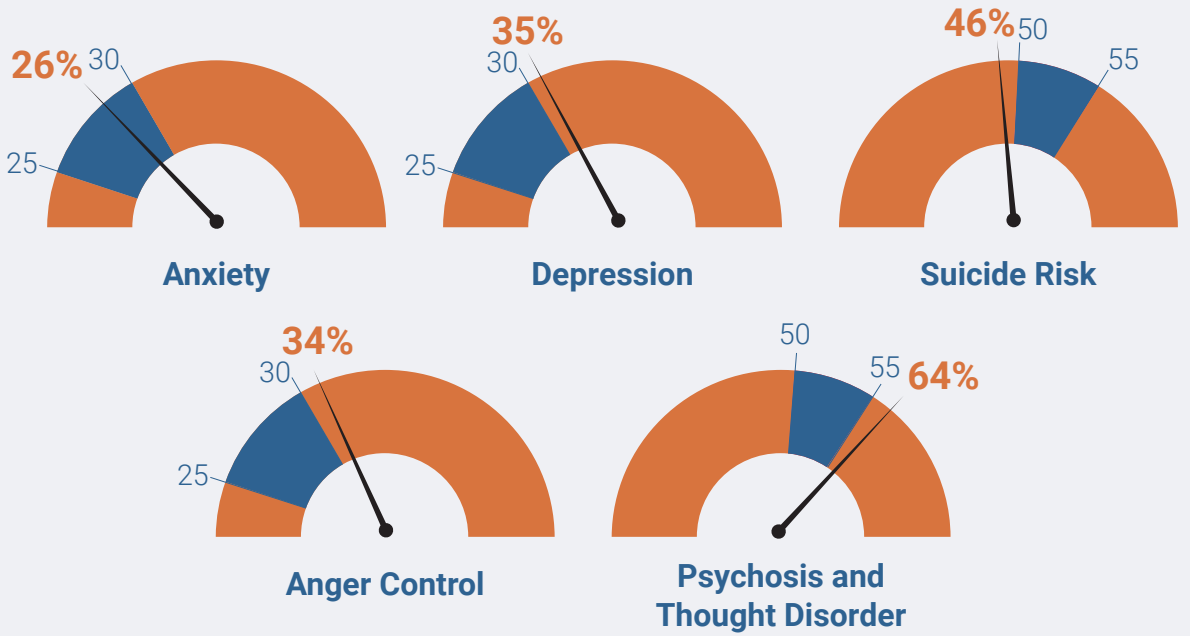
TARGET POPULATION

Children and adolescents under the age of 21 with serious emotional disturbance or serious mental illness.

OUTCOMES

In FY 2022-23, the proportion of children and youth who required active intervention for various symptoms reduced after receiving services in the outpatient expansion program.

Reduction in Youth Experiencing Clinical Distress FY 2022-23



Blue Colored Range = Target Goal for Improvement

Reductions as measured by the Child and Adolescent Needs and Strengths (CANS) were within or exceeded the established target ranges for all but suicide risk.

SUCCESS STORY

Where possible, MHSA funds will act as a match to draw down Federal Financial Participation (FFP) funds and increase the number of youth who can be served through this program. Similarly, the HCA will work with the Orange County Superintendent of Schools (formerly Orange County Department of Education) and local school districts to identify Local Control and Accountability Plan (LCAP) funds that can be used to leverage FFP and increase the number of students who can be served from school districts that contribute dollars. Be- cause this partnership is new, planning for expansion of student-focused services will include development of MOUs, data metrics and data-sharing agreements, referral procedures, etc., with the goal of launching services as soon as practicable in FY 2021- 22, depending on the impact of COVID-19. The program, while operating as the Youth Core Services Field-Based track, provided services to more than 1,700 youth since its inception in March 2016.

CHALLENGES/SOLUTIONS

The Children and Youth Expansion Services program faced a variety of challenges in FY 2021-22. Increased incidents of depression and anxiety are being identified by providers at all the clinics throughout Orange County. As children and youth deal with the adverse impact of the COVID-19 pandemic, providers are seeing more mental health problems with high acuity requiring more intensive levels of intervention. Overcoming barriers to access that children and their parents faced such as childcare, public transportation, unemployment, and hybrid school schedules were of paramount importance to the program. Some of the solutions providers have developed include implementation of audio/video technology to provide tele-health services for children and their families who can- not, or who do not yet feel safe to receive services in the clinics. Another solution providers are using is to make changes to both clinic procedures and the physical environment that allows for adequate social distancing, screening for health symptoms, and increased outreach to clients by providing resource information on children's mental health and daily living needs such as where and how to obtain vaccinations, transportation, housing and food. As COVID-19 restrictions begin to relax, an increasing number of children and youth have begun to return to the clinics for in-person services. Outpatient clinic staff will continue to shift accordingly to meet this need.

The increase in demand for services created challenges for providers who tried scheduling initial intake appointments within the mandated timeframe of 10 days. As a result beneficiaries, were not able to access appointments, or could not be given an appointments when they called a contract provider clinic. To address this issue, contract providers were given access to the County's IRIS SCHED system which allowed contract providers to schedule intakes directly into other provider clinics without having to call each clinic to inquire about appointment availability. This helped to eliminate the unnecessary delays of searching for the entire provider network for available intake appointment slots. Although beneficiaries still encountered long wait times, implementation of IRIS SCHED for contract providers reduced the delays in accessing appointments.

This program could be subject to decreases in funding or elimination based on available funding.

SERVICES FOR SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAMS

OVERVIEW OF THE PROGRAM

Starting in FY 2017-18, **Services for the Short-Term Residential Therapeutic Program** (S-STRTP; previously a track in the former Youth Core Services program called STRTP) was established to serve Wards and Dependents of the Court ages six to 17 and Non-Minor Dependents (NMD) ages 18 up to 21 who need intensive mental health care in a trauma-informed residential setting. Residential costs are paid through the foster care system, and the HCA contracts with the STRTP facilities to provide Medi-Cal Specialty Mental Health Services (SMHS) to eligible youth and NMDs placed under the Assembly Bill 403 mandate. All referrals to the program are made by Child Welfare or Probation with approval from the Interagency Placement Committee (IPC), which includes staff from Child Welfare, Probation and the HCA. The HCA is contracted for 121 beds with six STRTP providers who have 18 facilities across the county.

PROGRAM SUMMARY	
Program Serves	Ages 6-20
Symptom Severity	Severe
Location of Services	Residential Based
Numbers of individuals to be Served	200
Annual Budget	$6,000,000
Avg. Est. Cost per Person	$30,000
Typical Population Characteristic	Foster Youth
	Criminal Justice Involved
	Trauma Exposed

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

The goal of the program is to reduce clinical symptoms and distress in order to stabilize the mental health of the youth for transition to lower levels of care.

DESCRIPTION OF SERVICES

Per State legislation, youth who meet eligibility criteria may be placed in an STRTP facility up to six months, with an option for a six-month extension, as needed, before transitioning to a less restrictive, more family-like setting. While in the placement, the STRTP will provide an integrated program of specialized and intensive mental health services that may include the following: individual, collateral, group, and family therapy; collateral services; medication support services; intensive home-based services/mental health rehabilitation services; intensive care coordination/case management; and crisis intervention. Per the regulations, STRTP facilities are required to provide evidence-based practices (EBPs) that meet the needs of its targeted population. Thus, the specific treatment interventions may vary among the providers. In addition, the legislation requires that all providers must deliver trauma-informed and culturally relevant core services that include:

- Specialty Mental Health Services under the Medi-Cal Early and Periodic Screening, Diagnosis and Treatment program
- Transition services to support children, youth and their families during changes in placement
- Educational and physical, mental health supports, including extra-curricular activities and social supports
- Activities designed to support transitional-age youth and nonminor dependents in achieving a successful adulthood, and
- Services to achieve permanency, including supporting efforts

PROPORTION TO BE SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2022-23	
Number Served	**211**
Age Group	
Children (0-15 years)	52%
TAY (16-25 years)	48%
Adults (26-59 years)	0%
Older Adults (60+ years)	0%
Gender	
Female	51%
Male	49%
Another Not Listed	<1%
Race/Ethnicity	
Asian/Pacific Islander	4%
Black/African-American	17%
Hispanic/Latino	38%
Caucasian/White	24%
Another Not Listed	1%
Decline to State/Not Reported	15%

for adoption, reunification, or guardianship and efforts to maintain or establish relationships with family members, tribes, or others important to the child or youth, as appropriate

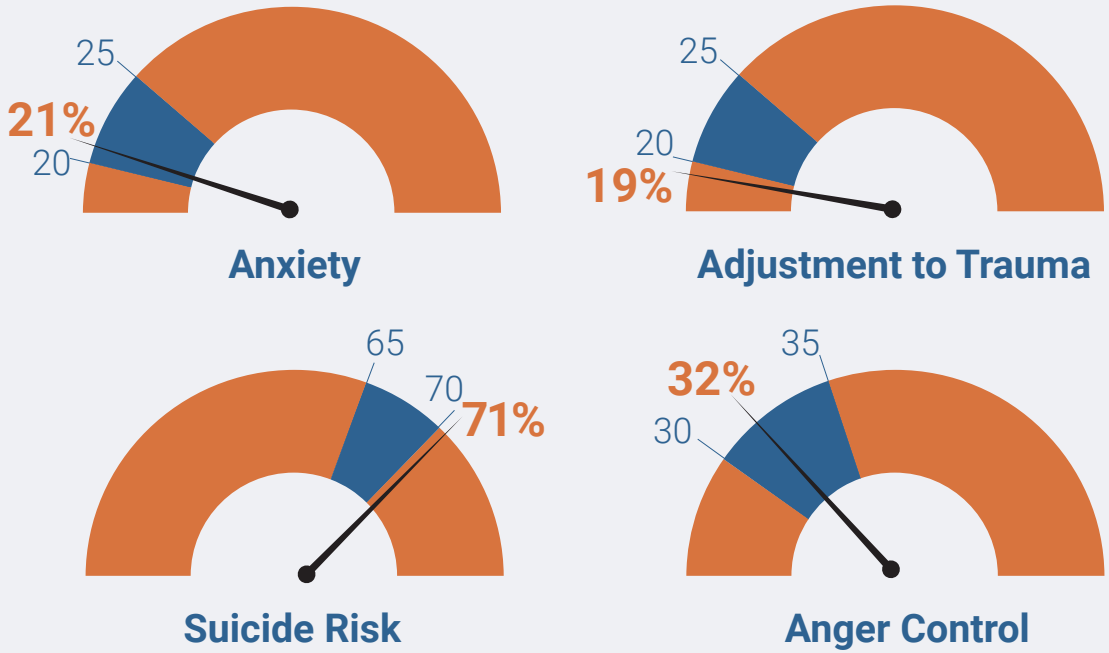
TARGET POPULATION

Children and youth ages 6-17 and non-minor dependents 18-21, in need of high level of mental health care, who are Wards and Dependents of the Court.

OUTCOMES

In FY 2022-23, the proportion of youth who required active intervention for various symptoms reduced after receiving services in the STRTPs. Reductions as measured by the CANS were within the established target ranges for two symptom domains and just outside of the established range by one percentage point for the remaining two.

Reduction in Youth Experiencing Clinical Distress FY 2022-23



Blue Colored Range = Target Goal for Improvement

OUTPATIENT RECOVERY

OVERVIEW OF THE PROGRAM

The Outpatient Recovery program is designed for adults ages 18 and older who are living with a serious mental illness and possible co-occurring substance use disorder. The program is operated at multiple locations throughout the county, with County-contracted locations referred to as Recovery Centers. Individuals are referred to the program by Plan Coordinators in the Adult and Older Adult Behavioral Health Services (AOABHS) Outpatient Clinics after all emergent mental health issues have resolved. This typically occurs within the first 3 to 6 months of being opened in an AOABH clinic. Individuals are referred to the contracted Recovery Centers after they have been in the AOABH outpatient system of care for one year and have remained out of the hospital or jail, are stable on their medication regimen and have consistently attended their appointments.

PROGRAM SUMMARY	
Program Serves	Ages 18+
Symptom Severity	Severe
Location of Services	Clinic Based
	Field Based
Numbers of individuals to be Served	1,050
Annual Budget	$6,400,00
Avg. Est. Cost per Person	$6,095
Typical Population Characteristic	Ethnic Communities
	Recovery from SUD
	Trauma Exposed

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

There are three goals of the Outpatient Recovery program:

1. Have psychiatric hospitalization rate of less than 1% whole participants are enrolled
2. Discharging at least 60% of those with known discharge dispositions into a lower level of care.
3. 30% of clients will engage in employment or volunteer work.

DESCRIPTION OF SERVICES

The Recovery Centers provide case management, medication services and individual and group counseling, crisis intervention, educational and vocational services, and peer support activities. The primary objectives of the programs are to help adults improve engagement in the community, build a social support network, increase employment and/or volunteer activity, and link to lower levels of care. As participants achieve their care plan goals and maintain psychiatric stability, they are transitioned to a lower level of care where they can continue their recovery journey.

OUTCOMES

In FY 2022-23, the Recovery Centers were successful in meeting their target rate of hospitalization at less than 1% when discharging clients from the program, reflecting their success in helping individuals

PROPORTION TO BE SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2022-23	
Number Served	**1,740**
Age Group	
Children (0-15 years)	0%
TAY (16-25 years)	4.4%
Adults (26-59 years)	78%
Older Adults (60+ years)	16.9%
Gender	
Female	51.9%
Male	47.9%
Transgender	<1%
Another Not Listed	<1%
Decline to State/Not Reported	<1%
Race/Ethnicity	
Asian/Pacific Islander	11.6%
Black/African-American	4.3%
Hispanic/Latino	45.6%
Middle Eastern/North African	2.4%
Caucasian/White	29.8%
Another Not Listed	5.2%
Decline to State/Not Reported	<1%

maintain recovery and remain within their communities.

- Hospitalization rate: 0.58%

The Recovery Centers made gains in helping link clients to community-based mental health care after discharging from the program, and fell just short of the 60% target rate:

- Linkage to community-based care: 58.2%

SUCCESS STORY

The needs of the individuals accessing the Recovery Centers and Clinics are uniquely met through services focused on reintegration into the community and overall independence. Individuals and their families are educated about the system of care, exposed to community resources and encouraged to set and meet new goals beyond those achieved at the program. Through obtaining employment, pursuing education and/or participating in meaningful activities, individuals who graduate have a better understanding of the tools they can use to support and maintain their recovery after discharge.

CHALLENGES/SOLUTIONS

After reviewing program data, the HCA modified how it calculated the rate of discharge to a lower level of care by removing from the calculation participants who dropped out of treatment for unidentified reasons (i.e., n=55 at Recovery Centers and 15 at Recovery Clinics in FY 2018- 19). Because these participants have left unexpectedly, a level of care determination cannot be made. In FY 2019-20, the HCA began tracking the progress a participant was making towards their goals (i.e., satisfactory, unsatisfactory), and goal progress at the time a participant leaves treatment for unknown reasons will be reported in future Plan Updates. Nevertheless, the program recognizes that individuals can struggle with staying engaged in services when they experience changes in their treatment team or uncertainty over graduating from the program. Therefore, the program has taken steps to minimize premature discontinuation of services, such as providing peer support, planning social activities to help create a home-away-from-home environment for participants, offering to attend the first appointment with the new provider prior to discharge, and linking participants to community-based programs for continued social support prior to graduation. Programs have also identified graduates who are willing to return to speak with participants at the graduation ceremonies. This helps to encourage participants and allay concerns associated with obtaining treatment in the community and leaving the program where they have become comfortable.

Due to challenges with receiving appropriate referrals, the HCA has diligently worked on collaborating with referral sources and providing them with education on when, in the individual's recovery journey, it is most appropriate to refer clients to the program. In addition, the HCA has increased peer support provided in this program and hired 17 peers whose main focus is to assist individuals with transitions to different levels of care.

This program could be subject to decreases in funding or elimination based on available funding.

OLDER ADULT SERVICES

OVERVIEW OF THE PROGRAM

Older Adult Services (OAS) serves individuals ages 60 years and older who are living with serious mental illness (SMI), experience multiple functional impairments and may also have a cooccurring substance use disorder. Many of the older adults served in this program are homebound due to physical, mental, financial or other impairments. They are diverse and come from African-American, Latino, Vietnamese, Korean and Iranian communities. OAS accepts referrals from all sources.

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

There are two goals of the Outpatient Recovery program:

1. Have psychiatric hospitalization rate of less than 1% whole participants are enrolled
2. Discharging at least 60% of those with known discharge dispositions into a lower level of care.

DESCRIPTION OF SERVICES

OAS provides case management, referral and linkages to various community resources, geriatric psychiatry, vocational and educational support, substance use services, nursing services, crisis intervention, medication monitoring, pharmacist consultation, peer counseling, therapy services (individual, group, and family), and psychoeducation for participants, family members and caregivers. Evidence-based practices include Cognitive Behavioral Therapy, Motivational Interviewing, Eye Movement Desensitization and Reprocessing (EMDR), Dialectical Behavioral Therapy (DBT), problem-solving therapy, solution focused therapy, harm reduction, Seeking Safety and trauma-informed care.

PROGRAM SUMMARY	
Program Serves	Ages 60+
Symptom Severity	Severe
Location of Services	Community Based
	Field Based
Numbers of individuals to be Served	530
Annual Budget	$2,600,000
Avg. Est. Cost per Person	$4,906
Typical Population Characteristic	Medical Co-Morbidities
	Criminal Justice Involved
	Homeless/At Risk of
	Recovery from SUD
	Trauma Exposed

TARGET POPULATION

Orange County residents 60+ with SPMI.

OUTCOMES

In FY 2022-23, Older Adult Services hospitalized 0.4% of clients served, thus meeting their target of discharging older adults to the hospital less than 1% of the time:

- Hospitalization rate: 0.4%

The program also continued to struggle with linking clients to community-based mental health and did not meet the target of 60%:

- Linkage to community-based care: 35%

PROPORTION TO BE SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2022-23	
Number Served	**403**
Age Group	
Children (0-15 years)	0%
TAY (16-25 years)	0%
Adults (26-59 years)	6%
Older Adults (60+ years)	94%
Gender	
Female	50%
Male	49%
Transgender	<1%
Questioning/Unsure	<1%
Another Not Listed	<1%
Decline to State/Not Reported	<1%
Race/Ethnicity	
Asian/Pacific Islander	15%
Black/African-American	4%
Hispanic/Latino	17%
Middle Eastern/North African	1%
Caucasian/White	41%
Another Not Listed	1%
Decline to State/Not Reported	21%

SUCCESS STORY

OAS collaborates with the Public Health Services Senior Health Outreach and Prevention Program (SHOPP), Council on Aging, Social Services Agency (Adult Protective Services), community senior centers, adult day health care, Alzheimer's Association, Ageless Alliance, local police departments, OC Probation Department, hospitals and residential programs, etc. These relationships are important to address the many complicated issues that Orange County older adults face, which can include ensuring the safety of seniors, reaching out to homebound seniors in need of mental health services, coordinating joint home visits with the HCA Public Health nurses to ensure that participant's mental and physical health needs are addressed, and providing educational events for older adults and professionals on issues relevant to seniors, such as medication management, health- and mental health-related matters and community services.

CHALLENGES/SOLUTIONS

OAS continues to encounter ongoing issues collecting outcome measures that evaluate the program's performance (i.e., selection of a feasible measure of symptom reduction, adequate completion rates, etc.). Program staff has continued meeting to identify metrics appropriate for the target population being served such as implementing the PHQ-9 every six months. Future Plan Updates will report these outcomes once implemented. With the move to a new location, OAS staff can now offer evidence-based practice groups and education for participants and their family members in a clubhouse atmosphere. During COVID-19, older adults became even more vulnerable since they were sheltering at home. OAS was able to obtain a small amount of CARES ACT funding to provide participants with sanitation packages, hygiene items, nutrition drinks, home delivered healthy meals, needed food items for companion animals and other essential items. Because of their co-morbid medical issues and mental health symptoms, they were not able to stand in line at food banks or go to multiple grocery stores for essential items. OAS staff were able to deliver items and simultaneously provide mental health services while practicing social distancing.

This program could be subject to decreases in funding or elimination based on available funding.

FULL SERVICE PARTNERSHIPS (FSP)

CHILDREN FULL SERVICE PARTNERSHIP

OVERVIEW OF THE PROGRAM

The Children's Full Service Partnership/Wraparound programs provide intensive, community-based services to promote wellness and resilience in children living with serious emotional disturbance and their families. Services include case management; crisis intervention; education support; transportation; housing; and socialization and recreational activities. FSPs employ a "whatever it takes" team approach, are available 24/7, and provide flex funding. There are currently six distinct programs within the Children's Full Service Partnership (FSP)/ Wraparound category, and each program focuses on a specific target population as described below.

- **Project Reaching Everyone Needing Effective Wrap (RENEW) FSP** provides services to children from birth to age 18 who are living with Serious Emotional Disturbance (SED). The program accepts referrals from the Outreach and Engagement teams, Crisis Assessment Team, schools, hospitals, general public, and County and contract clinics. Prominent among these referrals are children and youth who are homeless or at risk of homelessness. In addition to the treatment services provided to the children and youth, the parents frequently receive job assistance, especially when the needs of their child or youth with SED impact their ability to maintain employment.
- **Project For Our Children's Ultimate Success (FOCUS) FSP** specializes in serving culturally- and/or linguistically-isolated Asian-Pacific Islander youth living with SED or Serious Mental Illness (SMI), with a particular focus on the Korean and Vietnamese communities in the County. The program serves children and youth ages 0-25 and their families.

PROGRAM SUMMARY	
Program Serves	0-26
Symptom Severity	Severe
Location of Services	Community Based
	Field Based
Numbers of individuals to be Served	1,500
Annual Budget	$10,000,000
Avg. Est. Cost per Person	$6,667
Typical Population Characteristic	Students/Schools
	Parents
	Families
	Medical Co-Morbidities
	Criminal Justice Involved
	Ethnic Communities
	Homeless/At Risk-of
	Recovery from SUD
	Trauma Exposed

- **Youthful Offender Wraparound (YOW) FSP** serves children and youth through age 25 who are experiencing SED/SMI, co-occurring disorders and involved with the juvenile justice system. The program focuses on maintaining the gains the youth made while receiving services in custody and reintegrating the youth into the

community. Learning how to obtain and maintain employment despite significant mental health issues is a particular focus of this FSP.

- **Collaborative Courts FSP** program primarily works with the Juvenile Court, including Juvenile Recovery Court (JRC), Teen Court and Truancy Court, to support youth through age 2 with SED/SMI and co-occurring disorders. This program provides mental health and recovery services to youth and families in coordination with Probation, Social Services and attorneys representing youth and their families. Many of these youth are or were in the foster care system and have experienced multiple placement failures. These youth face a considerable number of problems and stressors and may require services well into early adulthood. The goal of the program is to assist with alternative coping skills, educational opportunities and job training . This FSP also supports the Juvenile Court's Truancy Response Program, providing services to youth with SED/SMI. Many of these youth face multiple problems and stressors. This is often the first time they have come to the attention of the "helping system." Both parts of this FSP program serve children and youth up through age 25.
- **The Children and Youth Services Program of Assertive Community Treatment (CYS PACT)** is an individualized treatment approach that offers intensive services in the community. The children and transitional age youth served in this program struggle with the onset of acute and chronic symptoms of mental illness and often present with co-occurring diagnoses and multiple functional impairments. This diverse population needs frequent and consistent contact to engage and remain in treatment, and typically requires intensive family involvement. The target population is children and youth ages 14-21 with Serious Emotional Disturbance (SED) or Serious Mental Illness (SMI) who have had a previous hospitalization or incarceration or are in need of more intensive mental health services than those provided in a traditional outpatient program.
- **Harnessing Every Ability for Lifelong Total Health (Project Health) FSP** serves children and youth with physical illness complicated by their mental health issues. These children's and youths' physical recovery is complicated by their mental health issues, and their reactions to physical health issues may exacerbate their mental health issues. Also included in this group are children and youth with severe eating disorders. The target population for this program is youth through age 18 who are being seen primarily by Oncology, Endocrinology and Neurology services at a local hospital. Parents and siblings are an integral part of the treatment process, given the disruption to the family structure when the survival of one family member becomes the family's main focus. Many of these children and youth are Medi-Cal beneficiaries and MHSA funds serve as a match to the drawdown of federal funds.

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

The goals of the Children FSP Program, as well as all FSP programs, are related to youth remaining safely in the community and not requiring psychiatric hospitalization, remaining out of custody, and are not arrested and/or remain in shelter/housing (e.g., do not experience unsheltered homelessness).

DESCRIPTION OF SERVICES

The FSP programs use a coordinated team approach to provide "whatever it takes," including 24/7 crisis intervention and flexible funding to support people on their recovery journeys. FSP programs follow the Assertive Community Treatment (ACT) model and the Wraparound model of providing comprehensive, community-based interventions, linguistically and culturally congruent services, and around-the-clock crisis intervention and support by coordinated, multidisciplinary teams. The teams can include Marriage and Family Therapists,

Clinical Social Workers, Personal Services Coordinators, Peer Mentors, Youth Mentors, Parent Partners, Housing Coordinators, Employment Coordinators, Clinical Dietitians, Licensed Clinical Supervisors, Psychiatrists and/or Nurses who are committed to the recovery model and the success of their participants. Working together, the teams provide intensive services that include counseling, case management and peer support, which are described in more detail below.

With regard to clinical interventions, the FSP provides individual, family and group therapy to help individuals reduce and manage their symptoms, improve functional impairments and assist with family/caregiver dynamics. A wide array of evidence-based practices are available and, depending on the age and needs of the individual, can include Motivational Interviewing, Cognitive Behavioral Therapy (CBT), Trauma-Focused CBT, Eye Movement Desensitization and Reprocessing (EMDR), Dialectical Behavior Therapy, Integrated Treatment for Co-Occurring Disorders, Parent Child Interaction Therapy (PCIT), Seeking Safety, Illness Management and Recovery, behavioral modification and others. Individuals enrolled in an FSP program also receive psychiatric care, medication management, psychoeducation, co-occurring substance use disorder services, mindfulness training, crisis intervention and/or 24/7 support as needed.

Personal Services Coordinators (PSCs) provide intensive case management to help individuals access crucial medical care, educational support, social and recreational opportunities, mental health rehabilitation, benefits and entitlements, transportation resources, basic needs and other resources available in the community. PSCs and/or other FSP staff also help individuals develop skills to manage challenging symptoms, behaviors or impairments and work with significant others and caregivers, when available, to support client learning and practicing new skills.

Peer Recovery Specialists/Coaches and Parent Partners are key members of the FSP teams and play an integral role in promoting wellness and resilience. By sharing their lived experience and learned skills, peer staff support recovery, empowerment and community integration. In addition, Parent/Family Partners work closely with parents, legal guardians, caregivers, significant others and other family members to provide suggestions on how they can best support the participant. Parent Partners also assist with the psychoeducational process to close the generational gap and shift how parents and caregivers view mental health, as well as provide respite care.

Family involvement in treatment and services can be critical to supporting and maintaining an individual's recovery and has been central to the Children FSP programs approach to service and care planning. FSP programs offer family support groups, to provide families with information, education, guidance and support for their own needs, as well as to enable them to assist their family member's recovery.

TARGET POPULATION

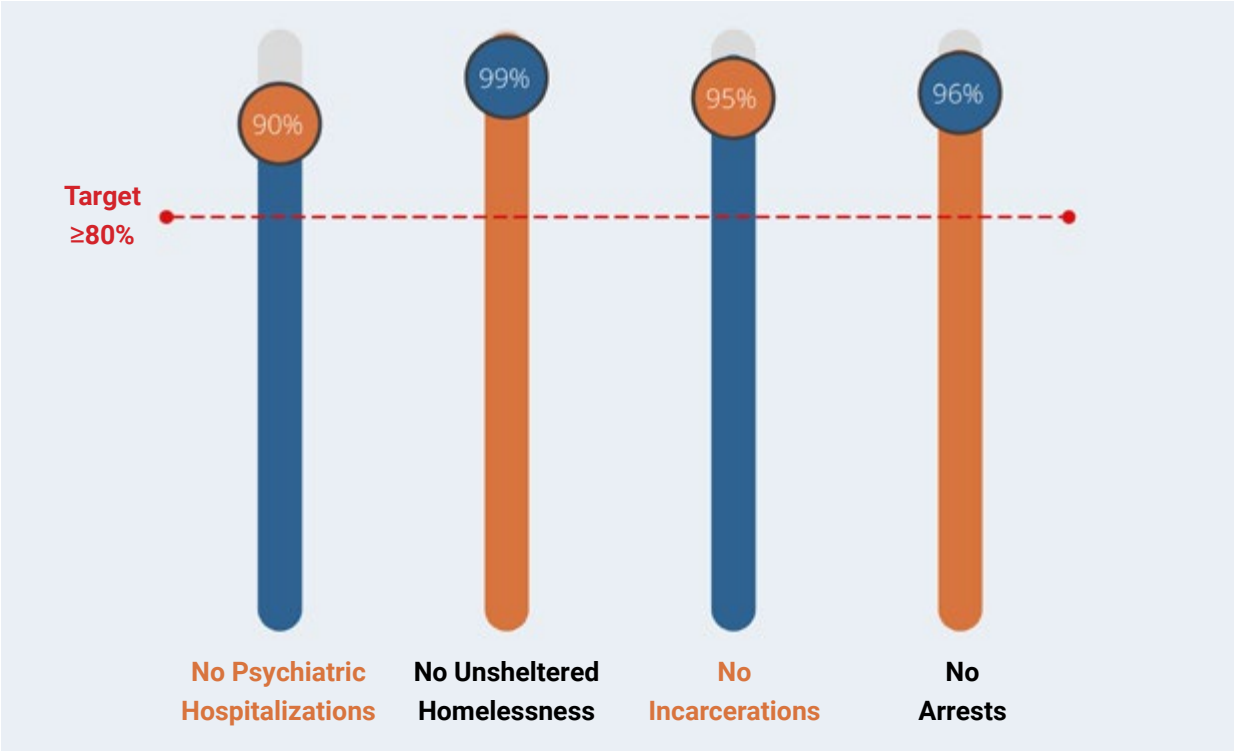
Children/ adolescents, Transitional –Age Youth (TAY) who meet the following criteria: homeless/risk of homelessness; history of multiple psychiatric hospitalizations; experiencing first psychotic episode; exiting Social Services or Probation system; child of parent with SMI; age 0-5 who are unable to function in mainstream education setting due to emotional/behavioral problems; resident of Orange County.

OUTCOMES

FSP programs do "whatever it takes" to support the wellness, recovery and safety of its members, with the goal that at least 80% of members remain safely in the community and do not require psychiatric hospitalization, remain out of custody, avoid arrest and/or do not experience unsheltered homelessness while enrolled in FSP services.

PROPORTION TO BE SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2022-23	
Number Served	**599**
Age Group	
Children (0-15 years)	100%
TAY (16-25 years)	0%
Adults (26-59 years)	0%
Older Adults (60+ years)	0%
Gender	
Female	54%
Male	44%
Transgender	<1%
Another Not Listed	<1%
Decline to State/Not Reported	1%
Race/Ethnicity	
American Indian/Alaskan Native	<1%
Asian/Pacific Islander	16%
Black/African-American	7%
Hispanic/Latino	53%
Middle Eastern/North African	<1%
Caucasian/White	17%
Another Not Listed	2%
Decline to State/Not Reported	5%

Children (based on their age at the start of FY 2022-23) met all targets during FY 2022-23 (n=588 with outcomes data):



The 80% benchmarks, established in 2022, will be refined as additional years of data are analyzed, with particular attention paid to whether separate benchmarks should be established for programs that specialize in serving those who are justice-involved or experiencing unsheltered homelessness.

SUCCESS STORY

The FSP programs provide a strong base in participant-driven services that build on individual strengths using a "whatever it takes" approach and field-based services that break down barriers to accessing treatment. With the continued implementation of co-occurring services,

the programs have increased their collaboration with community substance use programs, residential substance use treatment programs and/or detoxification centers. In addition, providers that work collaboratively with the Courts, Probation Department, Public Defender's Office, District Attorney's Office, and/or County Counsel continue to prioritize developing treatment approaches that reduce recidivism in the criminal justice system.

The FSP programs also work closely with various providers and other community groups to support participants on their recovery journeys. This includes the Social Security Administration, Social Services Agency, primary care physicians and other medical providers, hospitals, board and care homes, room and boards, recovery residences, housing providers, shelters, Family Resource Centers, legal resources, food banks, vocational trade programs, LGBTIQ centers, Salvation Army, Goodwill, Wellness Centers, NAMI, immigration services, thrift shops, faith-based leaders, school districts, policymakers, community based organizations and community clinics. By establishing such depth and breadth to their network of collaborators, the FSPs continue to be a leading force for mental health recovery in the community.

CHALLENGES/SOLUTIONS

In FY2022-23, all Children's FSP programs experienced significant staff turnover and an increased demand for services. Programs increased targeted recruitment efforts to meet the demand for services. CYS PACT successfully implemented Positive Parenting Program (Triple P) groups, which supported parents/caregivers in the development and implementation of more effective parenting strategies with their teen children.

This program could be subject to decreases in funding or elimination based on available funding.

TRANSITIONAL AGED YOUTH FULL SERVICE PARTNERSHIP

OVERVIEW OF THE PROGRAM

The Transitional Aged Youth (TAY) Full Service Partnership (FSP) serves youth aged 16-25 who are homeless or at risk of homelessness, who are culturally or linguistically isolated, and/or who are at risk of incarceration or psychiatric hospitalization due to Serious Emotional Disturbance (SED) or Serious Mental Illness (SMI), frequently complicated by substance use. There are currently five programs within the Transitional Age Youth FSP category, which serve particular target populations. Younger TAY may also be served in the children's RENEW FSP and older TAY may also be served in the Adult FSP programs depending on their age and needs.

- **Support Transitional Age Youth (STAY) Process FSP** serves TAY who are living with SED or Serious Mental Illness (SMI) that is frequently complicated by substance use, almost all of whom are at some risk of homelessness. TAY are provided support and guidance to help them increase their abilities and skills essential to being self-sufficient adults.
- **Project For Our Children's Ultimate Success (FOCUS) FSP** specializes in serving culturally and/or linguistically-isolated Asian-Pacific Islander youth living with SED or SMI, with a particular focus on the Korean and Vietnamese communities in the County. The program serves youth through age 25 and their families.
- **Youthful Offender Wraparound (YOW) FSP** serves youth through age 2 who are experiencing SED/SMI, and involved with the juvenile justice system. The program focuses on maintaining the gains the youth made while receiving services in custody and reintegrating the youth into the community, assessing and providing any housing and social rehabilitation needs. Learning how to obtain and maintain employment despite significant mental health issues is a particular focus of this FSP.

PROGRAM SUMMARY	
Program Serves	16-25
Symptom Severity	Severe
Location of Services	Community Based
	Field Based
Numbers of individuals to be Served	1,100
Annual Budget	$12,500,000
Avg. Est. Cost per Person	$11,364
Typical Population Characteristic	Students/Schools
	Parents
	Families
	Medical Co-Morbidities
	Criminal Justice Involved
	Ethnic Communities
	Homeless/At Risk-of
	Recovery from SUD
	Trauma Exposed
	Foster Youth

- **Collaborative Courts FSP** program primarily works with the Juvenile Court, including Juvenile Recovery Court (JRC), Teen Court and Truancy Court, to support youth through age 2 with SED/SMI and co-occurring disorders. This program provides mental health and recovery services to youth and families in coordination with

Probation, Social Services and attorneys representing youth and their families. Many of these youthare or were in the foster care system and have experienced multiple placement failures. These youth face a considerable number of problems and stressors and may require services well into early adulthood. The goal of the program is to assist with alternative coping skills, educational opportunities and job training.

- **The Program of Assertive Community Treatment (PACT)** is the County-operated version of a Full-Service Partnership program. PACT utilizes the evidence-based Assertive Community Treatment model to provide comprehensive, "whatever it takes," field-based outpatient services to persons ages 16-25 who are living with serious emotional disturbance (SED) or serious mental illness (SMI). Individuals enrolled in the PACT may also have a co-occurring substance use disorder, experience social, cultural and/or linguistic isolation, and have had difficulty engaging with more traditional outpatient mental health services.

PROGRAM GOAL(S) AND INTENDED OUTCOMES

The goals of the TAY FSP Program, as well as all FSP programs, are related to youth remaining safely in the community and not requiring psychiatric hospitalization, remaining out of custody, and are not arrested and/or remain in shelter/housing (e.g., do not experience unsheltered homelessness).

DESCRIPTION OF SERVICES

The FSP programs use a coordinated team approach to provide "whatever it takes," including 24/7 crisis intervention and flexible funding to support people on their recovery journeys. FSP programs follow the Assertive Community Treatment (ACT) model of providing comprehensive, community-based interventions, linguistically and culturally congruent services, and around-the-clock crisis intervention and support by coordinated, multidisciplinary teams. The teams can include a combination of clinical and non-clinical staff, including peers, to address mental health, substance use, housing, case management, and employment needs of the consumer. All team members are committed to the recovery model and the success of their participants. Working together, the teams provide intensive services that include counseling, case management and peer support, which are described in more detail below.

FSPs provides individual, family and group therapy to help individuals reduce and manage their symptoms, improve functional impairments and assist with family/caregiver dynamics. A wide array of evidence-based practices are available and, depending on the needs of the TAY, can include Motivational Interviewing, Cognitive Behavioral Therapy (CBT), Trauma-Focused CBT, Eye Movement Desensitization and Reprocessing (EMDR), Dialectical Behavior Therapy, Integrated Treatment for Co-Occurring Disorders, Seeking Safety, behavioral modification and others.

Individuals enrolled in an FSP program also receive psychiatric care, medication management, psychoeducation, co-occurring substance use disorder services, mindfulness training, crisis intervention and/or 24/7 support as needed.

Personal Services Coordinators (PSCs) provide intensive case management to help individuals access crucial medical care, educational support, social and recreational opportunities, mental health rehabilitation, benefits and entitlements, transportation resources, basic needs and other resources available in the community. PSCs and/or other FSP staff also help individuals develop skills to manage challenging symptoms, behaviors or impairments and work with significant others and caregivers, when available, to support client learning and practicing new skills.

Employment and/or housing support and coordination services are provided to assist and support participants in these essential elements of recovery. Numerous workshops and classes to teach

and hone prevocational and vocational skills such as resume writing, interviewing skills, computer skills, etc. are offered. Housing coordination services are provided to assist individuals with finding and maintaining safe, suitable housing, as reducing homelessness is one of the target outcomes for the FSPs.

Peer Recovery Specialists/Coaches are key members of the FSP teams and play an integral role in promoting wellness and resilience. By sharing their lived experience and learned skills, peer staff support recovery, empowerment, and community integration.

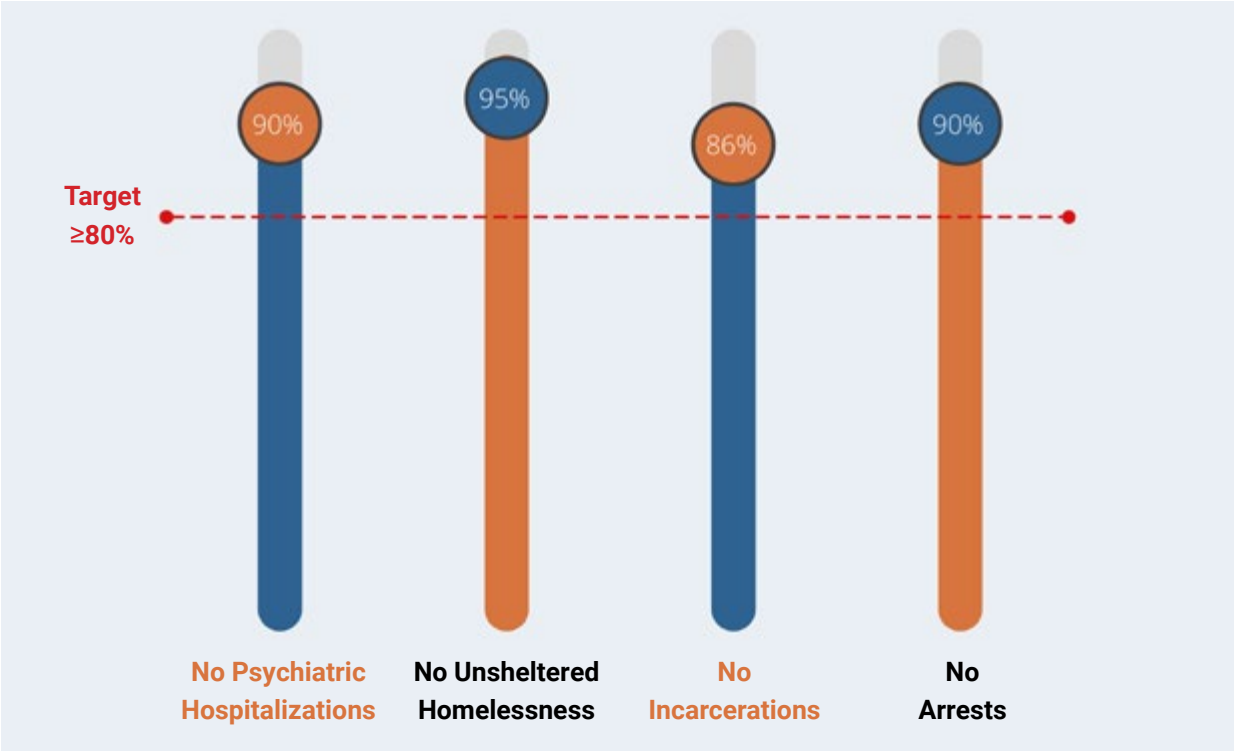
Family involvement in treatment and services can be critical to supporting and maintaining an individual's recovery and has been central to the TAY FSP program providers' approach to service and care planning.

TARGET POPULATION

Children/ adolescents, Transitional – Age Youth (TAY) who meet the following criteria: homeless/risk of homelessness; history of multiple psychiatric hospitalizations; experiencing first psychotic episode; exiting Social Services or Probation system; child of parent with SMI; age 0-5 who are unable to function in mainstream education setting due to emotional/behavioral problems; resident of Orange County.

OUTCOMES

FSP programs do "whatever it takes" to support the wellness, recovery and safety of its members, with the goal that at least 80% of members remain safely in the community and do not require psychiatric hospitalization, remain out of custody, avoid arrest and/or do not experience unsheltered homelessness while enrolled in FSP services. TAY (based on their age at the start of FY 2022-23) met all targets during FY 2022-23 (n=1,087 with outcomes data):



The 80% benchmarks, established in 2022, will be refined as additional years of data are analyzed, with particular attention paid to whether separate benchmarks should be established for different age groups and/or programs that specialize in serving those who are justice-involved or experiencing unsheltered homelessness.

PROPORTION TO BE SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2022-23	
Number Served	**599**
Age Group	
Children (0-15 years)	0%
TAY (16-25 years)	100%
Adults (26-59 years)	0%
Older Adults (60+ years)	0%
Gender	
Female	44%
Male	52%
Transgender	<1%
Another Not Listed	<1%
Decline to State/Not Reported	4%
Race/Ethnicity	
American Indian/Alaskan Native	<1%
Asian/Pacific Islander	9%
Black/African-American	6%
Hispanic/Latino	52%
Middle Eastern/North African	1%
Caucasian/White	19%
Another Not Listed	1%
Decline to State/Not Reported	11%

SUCCESS STORY

The FSP programs provide a strong base in participant-driven services that build on individual strengths using a "whatever it takes" approach and field-based services that break down barriers to accessing treatment. With the continued implementation of co-occurring services, the programs have increased their collaboration with community substance use programs, residential substance use treatment programs and/or detoxification centers. In addition, providers that work collaboratively with the Courts, Probation Department, Public Defender's Office, District Attorney's Office, and/or County Counsel continue to prioritize developing treatment approaches that reduce recidivism in the criminal justice system.

The FSP programs also work closely with various providers and other community groups to support participants on their recovery journeys. This includes the Social Security Administration, Social Services Agency, primary care physicians and other medical providers, hospitals, board and care homes, room and boards, recovery residences, housing providers, shelters, Family Resource Centers, legal resources, food banks, vocational trade programs, LGBTIQ centers, Salvation Army, Goodwill, Wellness Centers, NAMI, immigration services, thrift shops, faith-based leaders, school districts, policymakers, community-based organizations and community clinics. By establishing such depth and breadth to their network of collaborators, the FSPs continue to be a leading force for mental health recovery in the community.

CHALLENGES/SOLUTIONS

Finding safe, affordable and permanent housing in the neighborhoods in which the TAY have support networks has continued to be challenging. To address immediate concerns with supply, FSP housing specialists work to build relationships in the community and develop housing resources for their participants. Once participants have been

placed in housing, FSPs utilize a housing assistance strategy in which the individual TAY becomes increasingly responsible for housing costs so that, when clinical goals are met, the individual is able to maintain housing independently. This strategy creates stability so that clinical advances can be maintained upon discharge from the program.

Employment has also continued to be an ongoing and significant challenge despite the recovering job market. FSP programs can encounter difficulties identifying employers who are flexible enough to employ individuals who may need a flexible schedule, or time away form work to support their recovery. Yet employment serves as a critical component of recovery by helping increase people's connection with their community, providing a sense of purpose and increasing self-sufficiency. Drawing upon these principles, as well as an expanded definition of employment, the programs are working to increase individuals' participation in meaningful, employment-related activities such as volunteer work and enrollment in educational/training courses as a way to enhance vocation skills, gain experience, and increase their confidence in being able to succeed in the workforce.

Addressing co-occurring substance use issues among TAY participants continues to be a challenge. FSP programs continue to focus efforts supporting co-occurring treatment by offering co-occurring groups, working to partner with community substance use treatment programs to expand resources, including residential programs that specialize in co-occurring treatment; and creating their own co-occurring supports and interventions to fill identified services gaps. FSP staff also work collaboratively with Housing and Supportive Services staff to help individuals with co-occurring issues maintain their housing.

In FY2022-23, the TAY FSP (STAY and Project Focus) programs experienced significant staff turnover, an increased demand for services, and challenges in recruiting/retaining bicultural and bilingual Asian and Pacific Islander staff. Both programs increased targeted recruitment efforts to meet the demand for services.

This program could be subject to decreases in funding or elimination based on available funding.

ADULT FULL SERVICE PARTNERSHIP

OVERVIEW OF THE PROGRAM

The Adult Full Service Partnership (FSP) programs provide intensive, community-based outpatient services which include peer support, supportive education/employment services, transportation services, housing support, benefits acquisition, counseling and therapy, integration and linkage with primary care, intensive case management, 24/7 on-call response, crisis intervention and co-occurring disorder treatment. These programs strive to reduce barriers to accessing treatment by bringing treatment into the community. Adult FSP programs provide services in a linguistically and culturally competent manner to diverse populations in Orange County, which includes individuals living with serious mental illness (SMI) who may have co-occurring substance use disorders.

The adult FSP programs operating in Orange County each target unique populations:

- **Criminal Justice FSP** program serves adults with SMI who have current legal issues or experience recidivism with the criminal justice system.
- **General Population FSP** serves adults with SMI who are homeless or at risk of homelessness. These individuals typically have not been able to access or benefit from traditional models of treatment.
- **Enhanced Recovery FSP** is a program that targets adults who are on LPS conservatorship and returning to the community from long-term care placements such as Institutions for Mental Disease (IMDs), and adults who have offenses and are referred by the Public Defender's Office to the Mental Health Court (Assisted Intervention Court).

PROGRAM SUMMARY	
Program Serves	18-59
Symptom Severity	Severe
Location of Services	Community Based
	Field Based
Numbers of individuals to be Served	2,758
Annual Budget	$32,715,841
Avg. Est. Cost per Person	$11,862
Typical Population Characteristic	Parents
	Families
	Medical Co-Morbidities
	Criminal Justice Involved
	Ethnic Communities
	Homeless/At Risk-of
	Recovery from SUD
	Trauma Exposed

- **Collaborative Court FSP** is a voluntary program for offenders who are referred through the Collaborative Court. The program works in collaboration with probation, the court team and judge, District Attorney's Office, the Public Defender's Office, and the HCA Mental Health Collaborative Court liaisons to provide treatment that re-integrates members into the community and reduces recidivism.

- **Assisted Outpatient Treatment (AOT) FSP** serves adults who have been court-ordered to participate in assisted outpatient treatment and individuals who have voluntarily agreed to participate in treatment and are referred by the county HCA Assisted Outpatient Treatment Assessment and Linkage Team. In addition, AOT FSP also serves individuals who are participating in CARE Court and referred by the HCA CARE team.
- **Housing FSP** serves individuals who are living in permanent housing but struggling to maintain their housing and are at risk of becoming homeless.
- **Vietnamese Speaking FSP** provides culturally congruent services for Vietnamese adults with SMI who may be homeless or at risk of homelessness. These individuals typically have not been able to access treatment.
- **The Program of Assertive Community Treatment (PACT)** is the County-operated version of a Full Service Partnership program. PACT utilizes the evidence-based Assertive Community Treatment model to provide comprehensive, "whatever it takes," field-based outpatient services to adults who are living with SMI. Individuals enrolled in the PACT may also have a co-occurring substance use disorder, experience social, cultural and/or linguistic isolation, and have had difficulty engaging with more traditional outpatient mental health services.

PROGRAM GOAL(S) AND INTENDED OUTCOMES

The goals of the Adult FSP Program, as well as all FSP programs, are related to participants remaining safely in the community and not requiring psychiatric hospitalization, remaining out of custody, and are not arrested and/or remain in shelter/housing (e.g., do not experience unsheltered homelessness).

DESCRIPTION OF SERVICES

The FSP programs provide personalized services through a coordinated team approach that operates from a "no fail" and "whatever it takes" philosophy, to meet the needs of consumers. This approach included 24/7 access and crisis intervention, along with flexible funding to support individuals in meeting their recovery goals. FSP programs are grounded in the Assertive Community Treatment (ACT) model of providing comprehensive, community-based interventions, linguistically and culturally congruent services, and around-the-clock crisis intervention and support through a coordinated, multidisciplinary teams. The teams can include a combination of clinical and non-clinical staff, including peers, to support mental health, co-occurring substance use disorder services, housing support, case management, and employment needs of the consumer. All team members are committed to the recovery model and the success of their participants. Peer Recovery Specialists/Coaches are key members of the FSP teams and play an integral role in promoting wellness and resilience. By sharing their lived experience and learned skills, peer staff support recovery, empowerment, and community integration.

Services include individual, family and group counseling and therapy to help individuals reduce and manage their behavioral health symptoms, improve daily functioning, and assist with self-defined family/caregiver dynamics. Participants enrolled in an FSP programs also receive psychiatric care, medication management, psychoeducation, co-occurring substance use disorder services, mindfulness training, crisis intervention and/or 24/7 support as needed.

To maintain high quality delivery of services, FSP teams are trained in a wide array of evidence-based practices (EBPs) that may utilized based on individual's needs. EBPs can include Motivational Interviewing, Cognitive Behavioral Therapy (CBT), Trauma-Focused

CBT, Eye Movement Desensitization and Reprocessing (EMDR), Dialectical Behavior Therapy, Integrated Treatment for Co-Occurring Disorders, Seeking Safety, Illness Management and Recovery, Moral Reconation Therapy (MRT), behavioral modification and others.

Personal Services Coordinators (PSCs) provide intensive case management to help consumers access crucial medical care, educational support, social and recreational opportunities, mental health rehabilitation, benefits and entitlements, transportation resources, basic needs and other resources available in the community. PSCs and/or other FSP staff also help individuals develop skills to manage challenging symptoms, behaviors or impairments and work with significant others and caregivers, when available, to support client learning and practicing new skills.

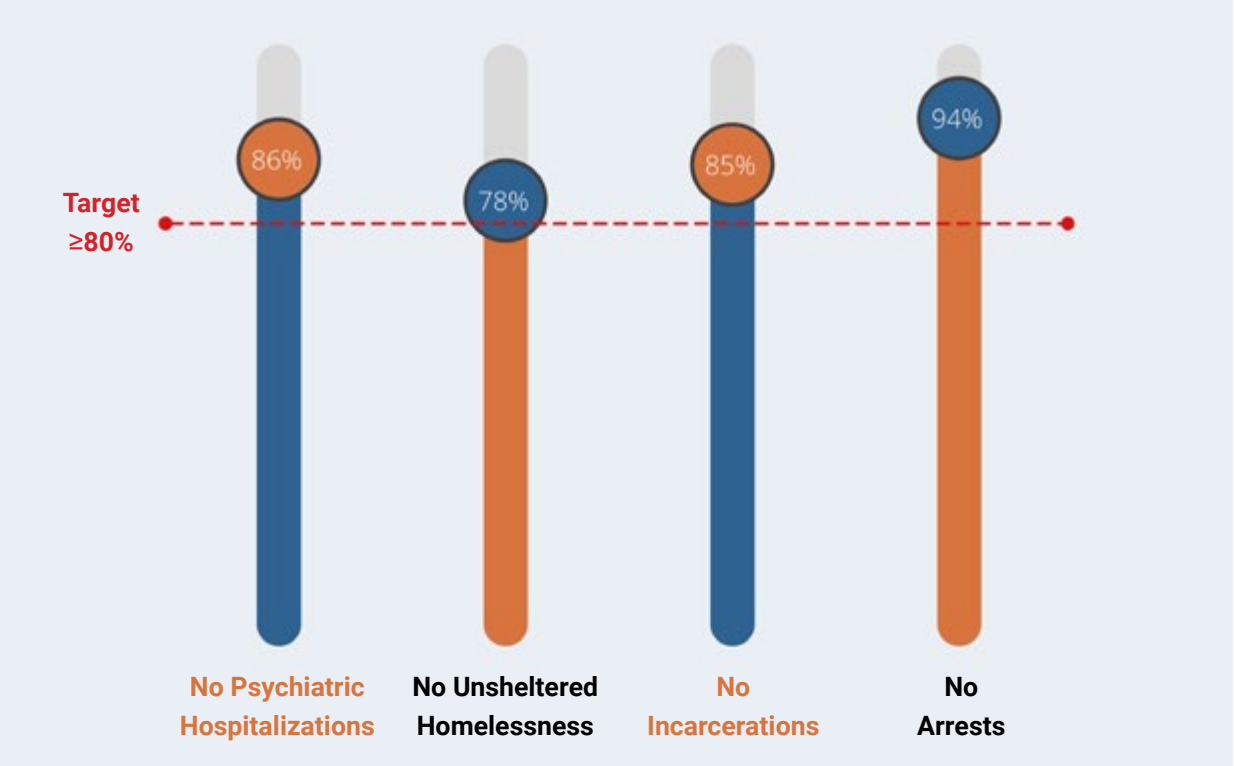
Employment and/or housing support and coordination services are provided to assist and support consumers in these essential elements of recovery. Numerous workshops and classes to teach and hone prevocational and vocational skills such as resume writing, interviewing skills, computer skills, etc are offered. Housing coordination services are provided to assist individuals with finding and maintaining safe, suitable housing, as reducing homelessness is one of the target outcomes for the FSPs.

TARGET POPULATION

Adults who are living with serious mental illness who may be homeless or at risk of homelessness, involved in the criminal justice system, or are frequent users of inpatient psychiatric treatment.

OUTCOMES

FSP programs do "whatever it takes" to support the wellness, recovery and safety of its members, with the goal that at least 80% of members remain safely in the community and do not require psychiatric hospitalization, remain out of custody, avoid arrest and/or do not experience unsheltered homelessness while enrolled in FSP services. Adults (based on their age at the start of FY 2022-23) met three targets and narrowly missed the target for unsheltered homelessness during FY 2022-23 (n=1,638 with outcomes data):



PROPORTION TO BE SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2022-23	
Number Served	**1,908**
Age Group	
Children (0-15 years)	0%
TAY (16-25 years)	0%
Adults (26-59 years)	100%
Older Adults (60+ years)	0%
Gender	
Female	31%
Male	57%
Another Not Listed	<1%
Decline to State/Not Reported	12%
Race/Ethnicity	
American Indian/Alaskan Native	2%
Asian/Pacific Islander	9%
Black/African-American	8%
Hispanic/Latino	24%
Middle Eastern/North African	1%
Caucasian/White	37%
Another Not Listed	2%
Decline to State/Not Reported	17%

The 80% benchmarks, established in 2022, will be refined as additional years of data are analyzed, with particular attention paid to whether separate benchmarks should be established for different age groups and/or programs that specialize in serving those who are justice-involved or experiencing unsheltered homelessness.

SUCCESS STORY

FSP programs provide a strong base in participant-driven services that build on individual strengths using a "whatever it takes" approach and field-based services that break down barriers to accessing treatment. The FSP programs have been successful at working with various providers and other community groups to support participants on their recovery journeys. This includes the Social Security Administration, Social Services Agency, primary care physicians and other medical providers, hospitals, board and care homes, room and boards, recovery residences, housing providers, shelters, Family Resource Centers, legal resources, food banks, vocational trade programs, LGBTIQ centers, Wellness Centers, NAMI, immigration services, faith-based organizations, other community-based organizations and community clinics. By establishing such depth and breadth to their network of collaborators, the FSPs continue to be a leading force for mental health recovery in the community. In recent years, the FSP programs have also increased collaboration with other HCA departments such as Housing and Supportive Services, Correctional Health Services, and Outreach and Engagement to increase access and coordinate services for individuals who are homeless and/ or involved with the justice system. Additionally, the FSP programs have increased collaboration with other agencies including the Orange County Superior Court, Probation Department, Public Defender's Office, and District Attorney's Office, expanded their capacity to serve the justice involved population and developed treatment strategies to support the collaboration and increase individuals' chances of successful completion of court program.

In September 2023, the Housing FSP program expanded its access and

capacity by adding a new location in the North region to be able to serve an average daily census of 180. The new Vietnamese Speaking FSP successfully launched in September 2023 and will be able to serve an average daily census of 100. The program has been actively outreaching at churches, temples, health care centers and community events and was able to enroll 55 Vietnamese individuals in the first five months of program implementation.

CHALLENGES/SOLUTIONS

Finding safe, affordable and permanent housing in the neighborhoods in which the individuals/families have support networks has continued to be challenging. To address immediate concerns with supply, FSP housing specialists work to build relationships in the community and develop housing resources for their participants. To increase participants' chances for placement in permanent supportive housing, FSP housing specialists work to submit housing applications quickly upon enrollment. Once participants have been placed in housing, FSPs utilize a housing assistance strategy in which the individual/family becomes increasingly responsible for housing costs so that, when clinical goals are met, the individual/family is able to maintain housing independently. This strategy creates stability so that clinical advances can be maintained upon discharge from the program. To address the shortage of permanent supportive housing, the HCA along with the support of the Orange County Board of Supervisors, is continuing to identify and fund new housing development opportunities.

Addressing co-occurring substance use issues among adult participants continues to be a challenge. The FSP programs are offering more co-occurring groups, supporting participants to attend 12-step groups, working to partner with community substance use treatment programs to expand resources, and developing co-occurring interventions and supports to fill identified service gaps. In addition, the FSP programs have hired more co-occurring specialists that are trained and capable of addressing co-occurring substance use issues, which has increased education and supports for individuals served.

Hiring remains a challenge for the adult FSP programs. The FSPs are actively working to address this by outreaching to colleges, increasing staff wages and collaborating with the hiring departments to streamline the hiring process. This includes coordinating for hiring fairs, having joint team interviews and making job offers on site at these fairs. Additionally, the FSPs are also actively working on staff retention by providing supports to reduce burnouts and cultivating a positive workplace culture to improve engagement, increase staff morale and build teamwork. These efforts will allow the adult FSP programs to increase services to individuals served and improve the quality of services they provide.

This program could be subject to decreases in funding or elimination based on available funding.

OLDER ADULT FULL SERVICE PARTNERSHIP

OVERVIEW OF THE PROGRAM

The Older Adult Full Service Partnership (FSP) includes both County operated Program of Assertive Community Treatment (PACT) and contracted Older Adult FSP program services. The FSP program provides intensive, community-based outpatient mental health services. The program strives to reduce barriers to access by bringing treatment out into the community. The team provides many services in the field, seeing the individuals at home, in hospitals, or in jail in order to reduce barriers to access treatment. Services are provided in a linguistically and culturally congruent manner to the diverse, underserved older adult population in Orange County. FSP programs utilize multidisciplinary teams which include mental health specialists, clinical social workers, marriage family therapists, life coaches and psychiatrists.

The target population for the Older Adult FSP program is unserved adults ages 60 and older living with a mental illness and who may be homeless or at risk of homelessness, involved in the criminal justice system, frequent users of inpatient psychiatric treatment or emergency rooms, and/or experiencing a reduction in personal and/or community functioning. In addition, those who have repeated emergency room visits or excessive 911 calls due to behavioral health issues are also appropriate for PACT.

PROGRAM GOAL(S) AND INTENDED OUTCOMES

The program's overarching goals include engaging individuals into voluntary treatment and assisting them in reintegrating into the community through stable housing, education, employment, and linking to community-based support.

PROGRAM SUMMARY	
Program Serves	60+
Symptom Severity	Severe
Location of Services	Community Based
	Field Based
Numbers of individuals to be Served	350
Annual Budget	$4,000,000
Avg. Est. Cost per Person	$11,429
Typical Population Characteristic	Families
	Medical Co-Morbidities
	Criminal Justice Involved
	Ethnic Communities
	Homeless/At Risk-of
	Recovery from SUD
	Trauma Exposed

DESCRIPTION OF SERVICES

The FSP programs provide personalized services through a coordinated team approach that operates from a "no fail" and "whatever it takes" philosophy, to meet the needs of consumers. This approach included 24/7 access and crisis intervention, along with flexible funding to support individuals in meeting their recovery goals. FSP programs are grounded in the Assertive Community Treatment (ACT)

model of providing comprehensive, community-based interventions, linguistically and culturally congruent services, and around-the-clock crisis intervention and support through a coordinated, multidisciplinary teams. The teams can include a combination of clinical and non-clinical staff, including peers, to support mental health, co-occurring substance use disorder services, housing support, case management, and employment needs of the consumer. All team members are committed to the recovery model and the success of their participants. Peer Recovery Specialists/Coaches are key members of the FSP teams and play an integral role in promoting wellness and resilience. By sharing their lived experience and learned skills, peer staff support recovery, empowerment, and community integration.

Services include individual, family and group counseling and therapy to help individuals reduce and manage their behavioral health symptoms, improve daily functioning, and assist with self-defined family/caregiver dynamics. Participants enrolled in an FSP programs also receive psychiatric care, medication management, psychoeducation, co-occurring substance use disorder services, mindfulness training, crisis intervention and/or 24/7 support as needed. To maintain high quality delivery of services, FSP teams are trained in a wide array of evidence-based practices (EBPs) that may utilized based on individual's needs. EBPs can include Motivational Interviewing, Cognitive Behavioral Therapy (CBT), Trauma-Focused CBT, Eye Movement Desensitization and Reprocessing (EMDR), Dialectical Behavior Therapy, Integrated Treatment for Co-Occurring Disorders, Seeking Safety, Illness Management and Recovery, behavioral modification and others. Personal Services Coordinators (PSCs) provide intensive case management to help consumers access crucial medical care, educational support, social and recreational opportunities, mental health rehabilitation, benefits and entitlements, transportation resources, basic needs and other resources available in the community. PSCs and/or other FSP staff also help individuals develop skills to manage challenging symptoms, behaviors or impairments and work with significant others and caregivers, when available, to support client learning and practicing new skills.

Housing coordination services are provided to assist individuals with finding and maintaining safe, suitable housing, as reducing homelessness is one of the target outcomes for the FSPs.

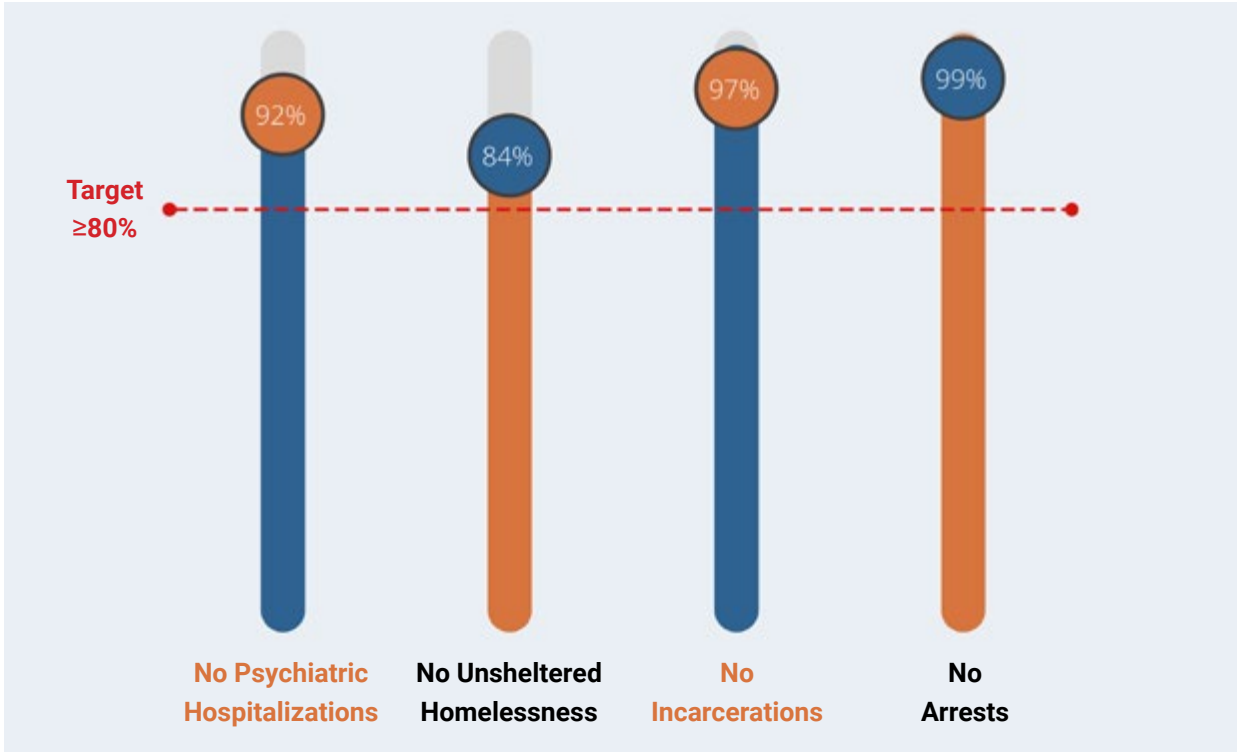
TARGET POPULATION

Adults 60 and above.

PROPORTION TO BE SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2022-23	
Number Served	**1,908**
Age Group	
Children (0-15 years)	0%
TAY (16-25 years)	0%
Adults (26-59 years)	0%
Older Adults (60+ years)	100%
Gender	
Female	31%
Male	57%
Another Not Listed	<1%
Decline to State/Not Reported	12%
Race/Ethnicity	
American Indian/Alaskan Native	2%
Asian/Pacific Islander	9%
Black/African-American	8%
Hispanic/Latino	24%
Middle Eastern/North African	1%
Caucasian/White	37%
Another Not Listed	2%
Decline to State/Not Reported	17%

OUTCOMES

FSP programs do "whatever it takes" to support the wellness, recovery and safety of its members, with the goal that at least 80% of members remain safely in the community and do not require psychiatric hospitalization, remain out of custody, avoid arrest and/or do not experience unsheltered homelessness while enrolled in FSP services. Older adults (based on their age at the start of FY 2022-23) met all targets during FY 2022-23 (n=347 with outcomes data):



The 80% benchmarks, established in 2022, will be refined as additional years of data are analyzed, with particular attention paid to whether separate benchmarks should be established for different age groups and/or programs that specialize in serving those who are justice-involved or experiencing unsheltered homelessness.

CHALLENGES/SOLUTIONS

A significant challenge with the Older Adult population has been the increased number of individuals with mental health needs and complex medical issues. Many of the older adult population are home bound and have difficulty getting their complex medical issues met, because primary care physician services are typically not delivered in home.

This program could be subject to decreases in funding or elimination based on available funding.

HOUSING AND HOMELESS

HOUSING AND YEAR ROUND EMERGENCY SHELTER

OVERVIEW OF THE PROGRAM

Year-Round Emergency Shelter (formerly called Short-Term Housing) serves adults living with a serious mental illness who may have a co-occurring substance use disorder, are experiencing homelessness and in need of immediate shelter. Individuals referred to the program are actively participating in services at Behavioral Health Services Adult and Older Adult County clinics including PACT or County-contracted outpatient clinic.

PROGRAM GOAL(S) AND INTENDED OUTCOMES

Providers are expected to have the following outcomes

- The average length of stay will be 180 days or less
- Twenty-five percent (25%) of the participants will find transitional or permanent housing within 180 days.

DESCRIPTION OF SERVICES

This program has MHSA-dedicated beds within four existing shelters. In addition to daily shelter, the program provides basic needs items such as food, clothing and hygiene goods. The individuals are also receiving case management and linkage to services designed to assist them in their transition from shelter and into a permanent housing situation. The estimated length of stay for each episode of shelter housing is 180 days. Extensions are considered on a case-by-case basis.

TARGET POPULATION

Individuals eighteen years and older that are experiencing homelessness and need of immediate shelter that are living with a serious mental illness and may have a co-occurring substance use disorder and are actively participating in Behavioral Health Services Adult and Older Adult clinic services.

PROGRAM SUMMARY	
Program Serves	Ages 18+
Symptom Severity	At Risk
	Severe
Location of Services	Residential Based
Numbers of individuals to be Served	90
Annual Budget	$1,550,000
Avg. Est. Cost per Person	$17,222
Typical Population Characteristic	Criminal Justice Involved
	Homeless/At Risk of
	Trauma Exposed

POSITIVE RESULTS/OUTCOMES

During Fiscal Year 2022/23, a total of 90 clients were served by the Year-Round Emergency Shelter program. 40% of participants obtained transitional, or permanent housing within 180 days and the average length of stay was 77 days. For FY 2023/24, as of February 2024, 27 individuals have been served.

CHALLENGES/SOLUTIONS

The Year-Round Emergency Shelter program plays a critical role in providing and support for individuals experiencing homelessness.

However, ensuring effective staffing presents several challenges that can impact the shelter's ability to deliver services efficiently.

Some key staffing challenges encountered are Recruitment and Retention, Training and Development, Compassion Fatigue and Burnout, Safety and Security Concerns, Staff Diversity and Cultural Competence. Addressing these staffing challenges requires a multi-faceted approach that encompasses recruitment strategies, professional development, and employee support. The County recognizes the unique demands of working in emergency shelters and supports and collaborates with each provider in prioritizing the well-being and training of staff members, so each provider can better fulfill their mission of providing refuge and support to those in need.

This program could be subject to decreases in funding or elimination based on available funding.

BRIDGE HOUSING FOR HOMELESS

OVERVIEW OF THE PROGRAM

Homeless Bridge Housing offers interim housing for adults who have been matched to a permanent housing opportunity. The program also serves adults experiencing homelessness who are in the beginning stages of obtaining permanent housing. Adults (including women with children) are eligible if they are experiencing homeless, are living with a serious mental illness, and may have a co-occurring substance use disorder. Referrals for the Homeless Bridge Housing Services are accepted on an ongoing basis by Behavioral Health Services, Adult and Older Adult Services, Housing and Supportive Services. Participants can only be referred to the Homeless Bridge Housing Services if they are actively participating in treatment at an BHS outpatient clinic or a County contracted Full Service Partnership (FSP). The Bridge Re-Entry program serves individuals exiting jail that are in need of shelter and permanent housin

PROGRAM SUMMARY	
Program Serves	Ages 18+
Symptom Severity	At Risk
	Severe
Location of Services	Residential Based
Numbers of individuals to be Served	80
Annual Budget	$1,500,000
Avg. Est. Cost per Person	$18,750
Typical Population Characteristic	Criminal Justice Involved
	Homeless/At Risk of
	Trauma Exposed

PROGRAM GOAL(S) AND INTENDED OUTCOMES

- 90% of Participants will have an Individualized Housing and Service Plan within 60 calendar days of program enrollment.
- 90% of Participants will be connected to the CES within 60 calendar days of program enrollment.
- 50% of Participants will transition to a permanent housing destination within two years of program enrollment.
- 90% of Participants will report an increase in life well-being and life satisfaction within 12 months of program enrollment.
- 90% of Participants will increase independent living skills within 12 months of program enrollment.

DESCRIPTION OF SERVICES

The program provides interim shelter, along with housing coordination and navigation to assist participants in acquiring permanent housing. The provider also provides life skills and independent living skills training to support the participant's transition to independent living. The provider assists participants in obtaining housing opportunities that include Continuum of Care certificates, housing vouchers, locating rental units, negotiating leases and securing other housing options. The estimated length of stay is 18 months. Participants who are not able to find housing within the 18-month period are able to stay in Bridge Housing Services and continue to look for permanent housing as long as they are actively working towards their housing goals.

TARGET POPULATION

ocating rental units, negotiating leases and securing other housing options. The estimated length of stay is 18 months. Participants who are not able to find housing within the 18-month period are able to stay in Bridge Housing Services and continue to look for permanent housing as long as th

Adults eighteen years or older that are experiencing homelessness in Orange County that are living with a serious mental illness and their income does not exceed 30% Area Median Income (typically around the SSI/SSDI rate or lower). Individuals also need to be actively participating in treatment at an BHS outpatient clinic or a County contracted Full Service Partnership (FSP).

POSITIVE RESULTS/OUTCOMES

During Fiscal Year 2022/23, a total of 125 individuals were served by the Homeless Bridge Housing program. 63% of clients with a housing subsidy moved into permanent housing within 6 months of enrollment. 31% of clients without a housing subsidy moved into permanent housing within 18 months, and 56% of clients secured work or entitlements within 6 months of intake.

CHALLENGES/SOLUTIONS

The Bridge Housing program plays a critical role in providing and support for individuals experiencing homelessness and transitioning to permanent housing. However, ensuring effective staffing presents several challenges that can impact the shelter's ability to deliver services efficiently. Some key staffing challenges encountered are Recruitment and Retention, Training and Development, Compassion Fatigue and Burnout, Safety and Security Concerns, Staff Diversity and Cultural Competence. Addressing these staffing challenges requires a multi-faceted approach that encompasses recruitment strategies, professional development, and employee support. The County recognizes the unique demands of working in interim housing and supports and collaborates with each provider in prioritizing the well-being and training of staff members, so each provider can better fulfill their mission of providing refuge and support to those in need.

This program could be subject to decreases in funding or elimination based on available funding.

CSS HOUSING

OVERVIEW OF THE PROGRAM

In contrast to the programs described that provide time-limited shelter in combination with behavioral health services and supports, the MHSA/CSS Housing Program facilitates the creation of long-term, independent supportive housing for transitional aged youth, adults and older adults living with serious mental illness who may have a co-occurring substance use disorder and are experiencing homelessness or risk of homelessness. Additional eligibility requirements can vary at each location due to requirements of other funding partners. The program funds development costs and Capitalized Operating Subsidy Reserves (COSR). Development costs are used for the acquisition, construction and/or rehabilitation of permanent supportive housing. COSR primarily helps cover the difference between what a resident is able to pay and the cost of operating the unit during the time the resident is working on obtaining entitlement and/or employment income. Behavioral health and other supportive services are located on- and off-site to ensure access to a continuum of services that help residents adjust to and maintain their independent housing.

PROGRAM GOAL(S) AND INTENDED OUTCOMES

A one-time State allocation of $8 million in FY 2006-07 to develop permanent supportive housing for individuals living with serious mental illness who were receiving services in the Full Service Partnership programs. Funds were used to develop 34 housing units in two developments.

- A one-time State allocation of $33 million in FY 2007-08 carved out of the CSS allocation (i.e., MHSA Housing Program) and used for 10 housing developments that created an additional 194 new units of PSH in Orange County.

PROGRAM SUMMARY	
Program Serves	Ages 18+
Symptom Severity	Severe
Location of Services	Residential Based
Numbers of individuals to be Served	N/A
Annual Budget	$20,842,016
Avg. Est. Cost per Person	N/A
Typical Population Characteristic	Criminal Justice Involved
	Homeless/At Risk of
	Trauma Exposed

- FY 2020/21 – FY 2022/23 CSS allocation (SNHP) has created 12 additional housing developments (228 new units). Creating a total of 25 MHSA housing developments totaling 452 MHSA units.

DESCRIPTION OF SERVICES

When the MHSA Housing Program concluded in May 2016, the state created the Local Government Special Needs Housing Program (SNHP). Local stakeholders identified an ongoing and persistent need for housing for individuals living with serious mental illness and who are experiencing homeless or at risk of homelessness. As such, multiple CSS funds were transferred to the SNHP, operated by the California Housing Finance Agency's (CalHFA) occurred over several years totaling $95.5 million:

- $5 million in FY 2016-17 following local community planning input
- 35 million total in FY 2017-18 upon directive by the Board of

Supervisors

- $25 million total in FY 2018-19
- $30.5 million total in FY 2019-20 On May 19, 2020, the Board approved allocating $15.5 million to the 2020 Supportive Housing Notice of Funding Availability (OCCR 2020 NOFA) and $20.5 million to the Orange County Housing Finance Trust (Trust).
- $40 million total in FY 22-23. On June 28,2022, the Board approved allocating $30 million to the OCCR 2023 NOFA and $10 million to the Trust Each MHSA funded housing development provides onsite support services to all residents. Services are focused on housing sustainability and helping residents meet life goals. Some examples of services include groups that focus on life skills and promote wellness, therapeutic interventions and assessments, linkage to treatment, monthly events calendars, advocacy and open office hours.

POSITIVE RESULTS/OUTCOMES

COMPLETED MHSA HOUSING PROJECTS

Name	City	Total MHSA Units	Total Units	Opened
Diamond Apartments	Anaheim	24	25	2008
Doria I Apartment Homes	Irvine	10		9/2011
Doria II Apartment Homes	Irvine	10	134	12/2013
Avenida Villas	Anaheim	28	29	3/2013
Cotton's Point	San Clemente	15	76	11/2014
Capestone Family Apartments	Anaheim	19	60	12/2014
Alegre	Irvine	11	104	8/2015
Henderson House	San Clemente	14	14	3/2016
Rockwood Apartments	Anaheim	15	70	10/2016
Depot at Santiago	Santa Ana	10	70	4/2018
Fullerton Heights	Fullerton	24	36	8/2018
Oakcrest Heights	Yorba Linda	14	54	2018
Santa Ana Arts Collective	Santa Ana	15	58	7/2020
Hero's Landing	Santa Ana	20	76	06/2020
Casa Querencia	Santa Ana	28	57	1/2021
Buena Esperanza	Anaheim	35	70	12/2021
Westmnister Crossing	Westminster	20	65	9/2021
Altrudy Lane Seniors	Yorba Linda	10	48	7/2022
The Grove Senior Apt.	San Juan Capistrano	10	75	10/2022
Airport Inn Apartments (Asent)	Buena Park	28	58	1/2023
Casa Paloma	Midway City	24	71	10/2023
Legacy Square	Santa Ana	16	93	5/2023
Center of Hope	Anaheim	34	72	11/2023
Iluma (Stanton Inn)	Stanton	10	71	11/2023
Mountain View	Lake Forest	8	71	12/2023
Total		**452**	**1557**	

MHSA HOUSING PROJECTS 2023-2025 PIPELINE PROJECTS*					
Project Name	**City**	**SNHP Units**	**Total MHSA Unit**	**Total Units**	**Estimated Completion**
Francis Xavier	Santa Ana	12	16	17	6/2024
Estrella Springs/North Harbor Village	Santa Ana		14	91	1/2024
Lincoln Avenue Apartments	Buena Park	10	13	55	10/2026
Villa St. Joseph	Orange	18	18	50	5/2024
Cartwright Family Apartments	Irvine	10	10	60	2/2025
Orchard View Gardens	Buena Park	8	13	66	10/2024
Huntington Beach Senior Housing/ Pelican Harbor	Huntington Beach		21	43	7/2024
Westview/Archways	Santa Ana		26	85	3/2024
Santa Angelina Senior Community	Placentia	16	21	65	1/2024
Paseo Adelanto/Silo	San Juan Capistrano		24	50	10/2024
Meadows Senior Apartments	Lake Forest	7	7	65	8/2025
Crossroads at Washington	Santa Ana		20	86	3/2024
Anaheim Midway/MiraFlores	Anaheim		8	86	5/2024
Riviera (Auroroa Vista)	Stanton		9	21	7/2024
WisePlace	Santa Ana		14	48	10/2024
Mesa Vista/Motel 6	Costa Mesa		10	85	3/2024
Placentia Baker Street	Placentia		17	68	12/2024
St. Anselm	Garden Grove		31	105	12/2025
15081 Jackson	Midway City		20	71	
Travel Lodge/1400 Bristol	Costa Mesa		24	78	1/2025
Goldenwest Apartments	Westminster		14	29	
Marks Way	Orange		13	51	12/2026
Orion	Orange		8	166	12/2025
Total		**81**	**373**	**1,630**	

For a complete breakdown of Housing Projects funded by SNHP/NPLH/Trust/NOFA please see page 276 of the MHSA FY 2022-23 Plan Update

Innovation

The MHSA Innovation (INN) component is designed to evaluate the effectiveness of new and/or changed practices or strategies in the field of mental health, with a primary focus on learning and process change, rather than filling a program need or gap. As such, INN strives to change some aspect of the public behavioral health system that may include system or administrative modifications. According to the MHSA INN Project Regulations, each project must focus on mental health, identify an innovative element and clearly state the learning objectives.

An INN project is required to contribute to learning in one or more of the following ways:

- Introduce a mental health practice or approach that is new to the overall mental health system, including, but not limited to, prevention and early intervention.
- Make a change to an existing practice in the field of mental health, including, but not limited to, application to a different population.
- Apply to the mental health system a promising community-driven practice or approach that has been successful in non-mental health contexts or settings.

In addition, an INN project must serve one or more of the following purposes:

- Increase access to mental health services to underserved groups.
- Increase the quality of mental health services, including measurable outcomes.
- Promote interagency and community collaboration related to mental health services or supports or outcomes.
- Increase access to mental health services.

Each project must be approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC). Projects are time-limited to a maximum of five years, after which successful approaches, strategies or elements may be integrated into existing programs or continued through an alternative source of funding. INN funds are subject to reversion if not spent within three years of allocation or encumbered under an approved INN project.

HELP@HAND

OVERVIEW OF THE PROGRAM

Help@Hand was a statewide project comprised of multiple counties that leveraged interactive technology-based mental health solutions (i.e., internet-based and/or mobile applications) to improve access to behavioral health care and outcomes for people across the state. The primary purpose of this project was to increase access to mental health services to underserved groups, with the goal of introducing a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention.

Orange County was approved to join Help@Hand in April 2018. The project began on April 27, 2018 and ended on April 26, 2023.

PROGRAM GOAL(S) AND INTENDED OUTCOMES

The Help@Hand Project aimed at understanding how technology is introduced and works within the public behavioral health system of care and examined the following learning objectives:

1. Detect and acknowledge mental health symptoms sooner.
2. Reduce stigma associated with mental illness by promoting wellness.
3. Increase access to the appropriate level of support and care.
4. Increase purpose, belonging and social connectedness of individuals served.
5. Analyze and collect data to improve mental health needs assessment and service delivery.

DESCRIPTION OF SERVICES

Help@Hand consisted of several main components of which participating counties had the choice to opt in or out, based on their local needs. Orange County was approved to implement all project components, which included:

- Technology Apps (3):
  - 24/7 Peer chat, offering around-the-clock, anonymous peer chat support to an individual.
  - Therapy Avatar, offering virtual manualized evidence-based interventions delivered via an avatar in a simple, intuitive fashion (e.g., mindfulness exercises, cognitive behavioral or dialectical behavior interventions).
  - Customized Wellness Coach, utilizing passive sensory data to engage, educate and suggest behavioral activation strategies to users.
- Marketing and Outreach
- Evaluation

The involvement of Peers was integral to Help@Hand. The vision of the peer role was to incorporate their input, expertise, knowledge and lived experience at all levels of the project, and support the use of

PROGRAM SUMMARY	
Program Serves	Adults 18+
Symptom Severity	Mild
	Moderate
	Severe
Location of Services	Telehealth
Typical Population Characteristic	N/A

identified apps through outreach and training. The peer component of the project held significant importance as it:

- Created transparency around basic cautions, clarity about user choice, and highlighted that technology does not replace in-person mental health services.
- Provided clarity on the project definition of peers and their roles.
- Supported collaboration of peer leads across the state to facilitate shared learning, connection, and problem-solving.
- Responded to county/community stakeholder specific needs by developing digital mental health literacy curriculum that supported project learning and stakeholders' ability to make informed choices.
- Trained the peer workforce to facilitate digital mental health literacy sessions to keep learning at the local level and sustainable.
- Trained project partners on peer culture, experience, and history to support project integration.
- Integrated consumer expertise and voice in evaluation, thus, enhancing the work.
- Incorporated lived experience and perspective on how possible future technology can help the project be responsive to consumer needs.

In April 2020, Orange County launched Mindstrong, a technology app that fit within the Customized Wellness Coach component. Mindstrong was a digital mental health app through which licensed therapists, psychiatrists and/or care partners (i.e., Care Team) provided access to telehealth services via phone, or in-app texting, and virtual 24-hour crisis support. The secure smartphone app also used innovative and proprietary algorithms to anticipate when a person may benefit from additional support, prompting someone from the Care Team to reach out proactively and provide additional, unscheduled support before the person experienced a mental health emergency. While telehealth services are an established behavioral health practice, the Mindstrong automatic notifications (i.e., biomarkers) were a new and emerging approach to care and derived from the touches, scrolls and taps a person makes throughout the day as they use their phone. These notifications may provide an early indication of changes in the moods and symptoms associated with an individual's condition that may help facilitate earlier access to care and support. The Mindstrong app and services were only available to eligible participants within specific partnered programs within Orange County. Services included telehealth, such as therapy, psychiatry and medication management; access to virtual urgent/crisis support 24 hours a day, seven days a week; secure in-app text messaging for on-demand support; proactive clinician outreach; and access to psychoeducation materials, including a personalized in-app dashboard graphing the participant's Mindstrong algorithm results.

TARGET POPULATION

Adults (18+)

OUTCOMES

Information about project outcomes will be available in the Help@Hand Evaluation Report.

STATEWIDE EARLY PSYCHOSIS LEARNING HEALTH CARE COLLABORATIVE NETWORK

OVERVIEW OF THE PROGRAM

The **Early Psychosis Learning Health Care Network (EP LHCN)** is a multi-county INN project that seeks to evaluate early psychosis (EP) programs across the state. The primary purpose is to increase the quality of mental health services, including measurable outcomes with the goal of introducing a mental health practice or approach that is new to the overall mental health system, including, but not limited to, prevention and early intervention.

Orange County was approved by the MHSOAC to participate in EP LHCN in December 2018. The project began on January 30, 2020, and will end on December 31, 2024.

PROGRAM GOAL(S) AND INTENDED OUTCOMES

The aim of the EP LHCN project is to standardize the evaluation of EP programs across participating counties; establish shared learning; and provide an opportunity to improve OC CREW outcomes, program impact and cost-effectiveness.

Details on project activities, lessons learned from implementation and evaluation activities within OC CREW and other first onset programs in participating counties can be found in the FY 2022-23 EP LHCN Annual Report.

DESCRIPTION OF SERVICES

The EP LHCN INN project does not provide direct services. Orange County is implementing this project in partnership with its First Onset of Psychiatric Illness program (i.e., OC CREW). OC CREW participants and their families will have the option of participating in the INN project while they are enrolled in OC CREW and/or for the length of this INN project, whichever is shorter. This project will not require OC CREW to change the clinical services that it provides. To further support this INN project, Orange County also partnered with PEI to develop Thrive Together OC (TTOC) to provide screening and assessment to youth up to 25 years and their families, who are at clinical high risk of experiencing an early psychosis spectrum condition. TTOC also provides consultation and training to County and community behavioral health providers seeking support in serving this target population. In FY 2022-23, TTOC continued implementing activities, including staff recruitment, training development, the development of assessment/consultation workflow and conducting outreach and engagement activities to promote the program and recruit potential clients. They also began conducting trainings, screenings, assessments and consultations. The TTOC program transitioned to PEI on July 1, 2023 to continue their screening, assessment, consultation and training services.

TARGET POPULATION

The target population for the EP LHCN project includes participants of the OC CREW program.

BEHAVIORAL HEALTH SYSTEM TRANSFORMATION

OVERVIEW OF THE PROGRAM

The **Behavioral Health System Transformation** (BHST) project is a project designed to create a system that can serve all Orange County residents, regardless of insurance status, type, or level of clinical need. Its primary purpose is to promote interagency and community collaboration related to mental health services, supports or outcomes, with the goal of introducing a new practice or approach to the overall mental health system, including, prevention and early intervention.

Orange County's BHST project proposal was approved by the MHSOAC in May 2019. The project began on October 15, 2019, and will end on October 14, 2024.

PROGRAM GOAL(S) AND INTENDED OUTCOMES

Due to its focus on identifying methods to change processes and integrate policies across the public and private sectors, BHST utilizes a formative evaluation to identify influences 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 feed-back loop to improve the ultimate likelihood of successful project implementation. The evaluation will allow Orange County to identify successful and unsuccessful strategies employed throughout the various project activities, including interagency and inter-depart-mental meetings and workgroups. Similarly, the formative evaluation will determine whether Orange County is able to identify ways to engage a diverse group of community stakeholders successfully and elicit meaningful participation, guidance and feedback.

DESCRIPTION OF SERVICES

The BHST project is a planning proposal and does not provide direct services. The project includes two components: Performance and Value Based contracting and development of a Digital Resource Navigation tool.

PROGRAM SUMMARY	
Program Serves	Adults 18+
Symptom Severity	Mild
	Moderate
	Severe
Location of Services	Online
Typical Population Characteristic	BH Providers
	1st Responders
	Parents
	Families
	Medical Co-Mobidities
	Criminal Justice Invovled
	Ethnic Communities
	Homeless/At Risk of
	LGBTIQ+
	Trauma Exposed
	Veterans/Military Connected

The Performance and Value-Based Contracting component involved:

- Establishing community-defined values and metrics
- Identifying braiding strategies for public and private funding
- Aligning community-defined outcomes with legal, fiscal and

regulatory requirements

- Developing new provider contract templates
- Providing technical assistance to assist providers

The performance and value based contracting component of this project ended June 30, 2023.

The second component involves the development of a digital navigation tool (i.e., OC Navigator) to guide individuals to resources that support their behavioral health and wellbeing. The development of the OC Navigator, such as features, functionality and resources to include, involves a participatory engagement process with consumers, family members and behavioral health providers throughout Orange County. The OC Navigator launched in April 2022, enabling Orange County residents to search for needed behavioral health and support resources. Core features of the OC Navigator include an optional wellness check-in survey, a curated list of resources across various categories of health and wellbeing, translation in the County's threshold languages, and ability to update resource information in real-time.

Additional details about the BHST project activities during FY 2022-2023 are available in the FY 2022-23 BHST Annual Report.

PSYCHIATRIC ADVANCE DIRECTIVES

OVERVIEW OF THE PROGRAM

The **Psychiatric Advance Directives (PADs)** project is a multi-county INN project designed to educate the community about the purpose and use of PADs, develop a standardized template, and create a technology platform where the document can be created, stored, shared, and accessed by individuals and providers. Participating counties will pilot PADs with adults (ages 18+) from a specific population to identify learnings across diverse groups. The project is led by a Multi-County Project Manager and supported by subject matter experts with experience and knowledge in the development, implementation and evaluation of PADs.

Orange County was approved by the MHSOAC to participate in the PADs project in June 2021. The project began on May 5, 2022, and will end on May 4, 2026.

PROGRAM SUMMARY	
Program Serves	Adults 18+
Symptom Severity	Mild
	Moderate
	Severe
Location of Services	Online
Typical Population Characteristic	Consumers of Behavioral Health
	First Responders
	Behavioral Health Providers
	Parents/ Families of Consumers
	Criminal Justice Involved

PROGRAM GOAL(S) AND INTENDED OUTCOMES

The PADs INN project seeks to pilot and evaluate the use of PADs across participating counties. Orange County will pilot PADs with participants from the Program for Assertive Community Treatment (PACT), Community Assistance, Recovery and Empowerment (CARE) and Assisted Outpatient Treatment (AOT) programs. The intended outcomes in this initial phase of the project are focused on evaluating participant awareness, acceptance and adoption of PADs within these pilot sites. Additional programs may be added in later phases of the project.

DESCRIPTION OF SERVICES

The PADs project activities include but are not limited to the following:

- Provide trainings to community members and stakeholders to increase understanding about the use and benefits of PADs.
- Develop and implement a standardized digital PAD template, ensuring that individuals have autonomy and are the leading "voice" in their care, especially during a mental health crisis.
- Develop and implement a standardized training "tool-kit" to enable PAD education, policy, and practice fidelity from county to county. Utilize a technology platform for easy access to training, materials, creation, storage, and review of PADs.
- Create a fully functioning cloud-based PADs Technology Platform, for ease of use by consumers, law enforcement, or hospitals for in the-moment use.
- Utilize peers to facilitate the creation of PADs with clients so that shared lived experience and understanding will lead to more open dialogue, trust, and improved outcomes.

- Develop branding and marketing materials to promote the PADs.
- Use legislative and policy advocacy, with consumer voices in the lead, to create a legal structure to recognize and enforce PADs, so that consumer choice and self-determination are recognized and respected throughout California.
- Evaluate (a) the effectiveness of this project; (b) the ease of use and recognition of PADs; (c) the impact of PADs on the quality of mental health supports and services; and (d) most importantly, the impact of PADs on the quality of life of consumers.
- Evaluate the PADs technology platform to determine whether it is accessible, useable, and responsive to the needs of consumers, peers and key stakeholders.

During FY 2022-2023, project activities included establishing contracts with various project partners to support multi-county administrative management, marketing, technology development, template standardization, and evaluation services. Orange County also began preliminary discussions with PACT, CARE and AOT programs to identify an implementation plan. Specific details about multi-county efforts and project activities can be found in the FY 2022-23 PADs Annual Report.

YOUNG ADULT COURT

OVERVIEW OF THE PROGRAM

The **Young Adult Court (YAC)** is a five-year INN Project that expands and extends an existing program within the Orange County pilot Young Adult Court. There are two primary innovation purposes or goals within this project; **1.** increase access to mental health services to underserved groups, **2.** and promote interagency and community collaboration related to mental health service or supports or outcomes. Orange County's project proposal was approved by the MHSOAC in May 2022. The project began on October 6, 2022, and will end on October 5, 2027.

PROGRAM SUMMARY	
Program Serves	Tranistional Aged Youth (ages 18-25)
Symptom Severity	Mild
	Moderate
	Severe
Location of Services	Clinic and Field Based
Typical Population Characteristic	Justice Involved

PROGRAM GOAL(S) AND INTENDED OUTCOMES

The overall goal is to make a change to an existing practice in the field of mental health, including, but not limited to, application of a practice for a different population.

The program goal is to determine the extent to which the YAC, compared to traditional court proceedings, reduces recidivism, prevents the onset of serious mental illness and/or promotes other positive outcomes such as improved educational and employment attainment and whether positive outcomes, if any, are sustained long-term.

DESCRIPTION OF SERVICES

This project uses a randomized controlled trial (RCT) research design to evaluate whether an inter-agency collaboration integrating early intervention services within the YAC effectively reduces recidivism and promotes positive life outcomes for eligible YAC young men ages 18-25. This collaboration includes the Superior Court, District Attorney's Office, Public Defender's Office, Orange County Health Care Agency, Probation Department, community service providers and University of California, Irvine. This pilot court addresses the multiple needs of the court participants while holding them accountable in a developmentally appropriate way. The program consists of two components. The first component integrates a broad range of resources and supports including employment, educational and behavioral health support, directly into the court to prevent the worsening of mental health and substance use conditions. The second component leverages the existing RCT design to evaluate those in the YAC compared to those youth participating in a traditional court.

TARGET POPULATION

Adults 18 + with Mild, Moderate, Severe symptoms. Men, ages 18 to 25 years old, who live in Orange County, and are charged with an eligible felony offense. Eligibility criteria were determined by the Court and District Attorney's Office and cannot be adjusted for this project.

OUTCOMES

To protect the rigor of the RCT design, outcomes centered on recidivism justice involvement rates, survey scores, etc. will not be reported until after a large enough sample of data have been collected and/or the five-year project has been concluded. However, process outcomes will be shared on an annual basis.

During FY 2022-23, approximately 37 young men were enrolled in YAC. Based on preliminary data collected thus far, the young men enrolled in the research study have significant histories of trauma, mental health need, and other serious risk factors. For example, approximately three-fourths of the sample have witnessed or experienced a serious violent event prior to the study, with 23% reporting that they have seen someone get killed as a result of violence and 35% reporting that they have been shot or shot at in their lifetime. Approximately 35% report having symptoms consistent with moderate or serious anxiety or depression.

Therapy services have consistently been used by over half of the active clients of the court since the start of 2023, with the highest rate being 71% of youth being actively engaged in therapy. In addition to therapy, three workshops were offered to court participants in FY 2022-23. These included a financial literacy workshop in February 2023, a housing essentials workshop in March 2023, and a law workshop in June 2023.

Participants in YAC received a total of 49 referrals, with 26 linkages to services during the first year. Education, substance use treatment, and housing have been the most needed services and made up the top three referrals to services. The top three linkages were in the domains of substance use treatment, education, and housing.

As of June 30, 2023, 27 young men completed all programming and successfully graduated from the YAC.

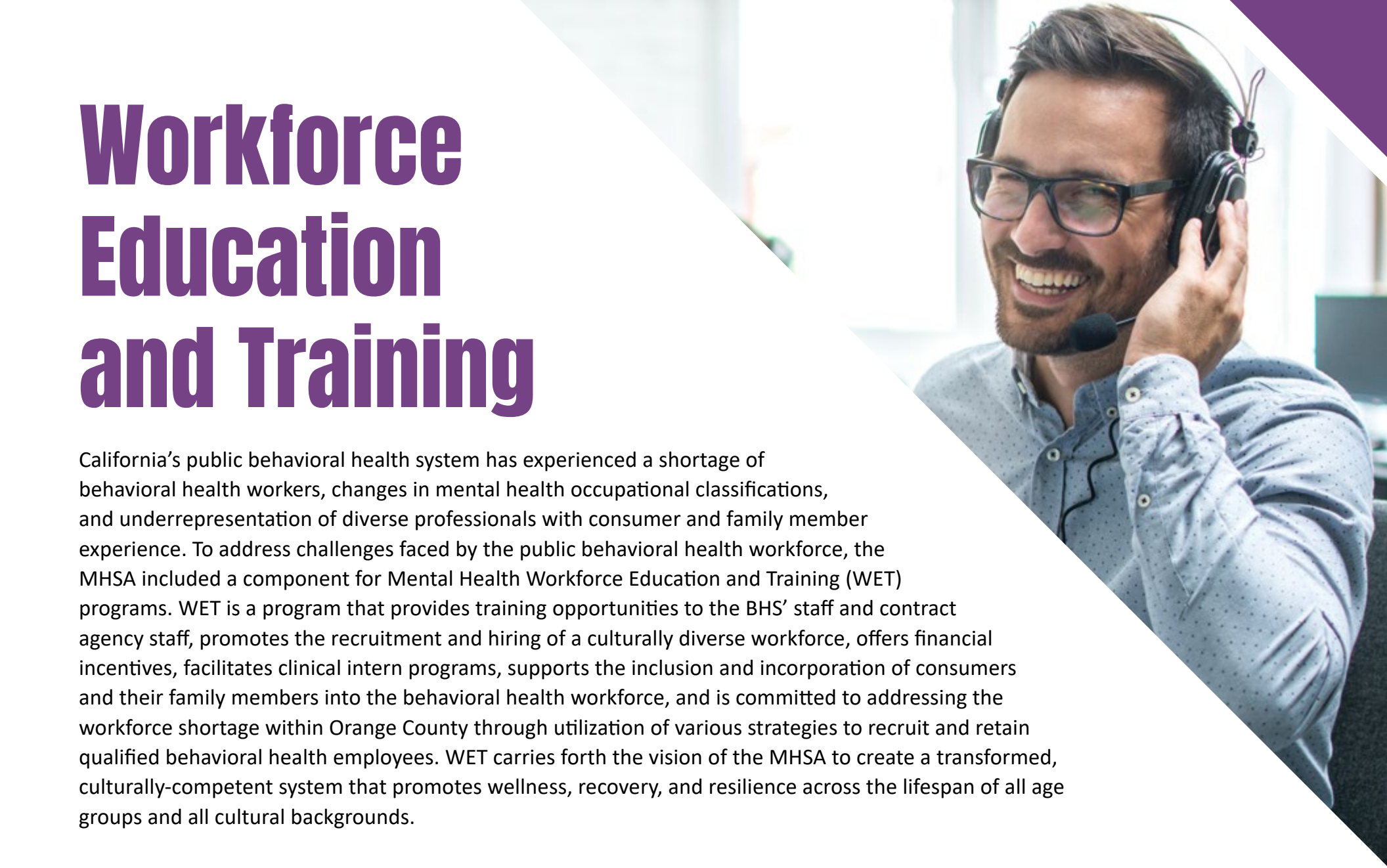
INN COMMUNITY PROGRAM PLANNING PROPOSAL

OVERVIEW OF THE PROGRAM

The MHSOAC approved the **INN Community Program Planning** proposal on May 25, 2022. This proposal will utilize INN funds toward community planning and related activities for new and/or ongoing INN Plans over five years. Activities will include, but not be limited to:

- INN staff time, such as researching concepts, developing materials, coordinating and/or facilitating meetings, drafting proposals, etc.
- Translation and interpretation services to support Orange County's diverse community. Orange County's threshold languages currently include Arabic, Chinese, Farsi, Korean, Spanish, and Vietnamese. Materials will also be translated in Khmer and Tagalog to support these sub-threshold communities that are highly active and engaged in community planning meetings.
- Consultants/Subject Matter Experts to support and/or facilitate meetings. These may include individuals with expertise in a specific field, consultants with lived experience (i.e., Peers, family members) or individuals from diverse groups (e.g., Veterans and/or military-connected families, LGBTQ, older adults, deaf and hard of hearing, young adults/transitional age youth, etc.). This effort will also support more culturally responsive INN projects by engaging Orange County's diverse communities and incorporating varying cultural views and perspectives into proposals.
- Marketing strategies and materials to reach the broader community (i.e., flyers/announcements, online surveys, etc.).
- Program supplies (i.e., Stipends for consumers and family members; transportation costs for consumers and family members to attend in-person meetings, as appropriate; presentation/discussion materials; printing costs, etc.).

Workforce Education and Training



California's public behavioral health system has experienced a shortage of behavioral health workers, changes in mental health occupational classifications, and underrepresentation of diverse professionals with consumer and family member experience. To address challenges faced by the public behavioral health workforce, the MHSA included a component for Mental Health Workforce Education and Training (WET) programs. WET is a program that provides training opportunities to the BHS' staff and contract agency staff, promotes the recruitment and hiring of a culturally diverse workforce, offers financial incentives, facilitates clinical intern programs, supports the inclusion and incorporation of consumers and their family members into the behavioral health workforce, and is committed to addressing the workforce shortage within Orange County through utilization of various strategies to recruit and retain qualified behavioral health employees. WET carries forth the vision of the MHSA to create a transformed, culturally-competent system that promotes wellness, recovery, and resilience across the lifespan of all age groups and all cultural backgrounds.

WORKFORCE STAFFING SUPPORT

PROGRAM DESCRIPTION

The Workforce Staffing Support (WSS) program performs three functions: (1) Workforce Education and Training Coordination; (2) Consumer Employment Specialist Trainings and One-on-One Consultations; and (3) the Liaison to the Regional Workforce Education and Training Partnership. WSS services are provided for the OC behavioral health workforce, consumers, family members and the wider OC community.

(1) Workforce Education and Training Coordination

Orange County regards coordination of workforce education and training as a key strategy to promoting recovery, resilience, and culturally competent services. Multidisciplinary staff members design and monitor WET programs, research pertinent training topics and content, and provide and coordinate trainings.

(2) Consumer Employment Specialist Trainings and One-on-One Consultations

As part of WSS, Consumer Employment Support (CES) Specialists work with Behavioral Health Services, contract providers and community partners to educate consumers on disability benefits. The specialists provided training on topics such as Ticket to Work, Reporting Overpayment, and Supplemental Security Income/ Social Security Disability Insurance (SSI/SSDI). One-on-one SSI/ SSDI Work Incentive consultation was also provided to consumers who requested more in-depth guidance. Additional services for those who are deaf and hard of hearing include advocacy/education, group or individual consultations, and information/referral to resources.

(3) Liaison to the Regional Workforce Education and Training Partnership

The Liaison to the Regional Partnership is the designated WET Coordinator who represents OC by coordinating regional educational programs; disseminating information and strategies about consumer and family member employment throughout the region; and sharing strategies that increase diversity in the public mental health system workforce. They are also responsible for disseminating OC program information to other programs counties in the region; and coordinating regional actions that take place in OC such as Trauma-Informed trainings, cultural humility trainings, and support for building our Mental Health First Aid trainer capacity. Furthermore, through the SCRP, the Health Care Access and Information (HCAI) WET grant components will be implemented. The focus areas are Staff Retention, Workforce Recruitment and Workforce Development/Pipeline programs.

PROGRAM GOALS

(1) Coordinate and support trainings as needed and requested by BHS departments

(2) Provide trainings and consultations on benefits and pathways to employment

(3) Represent HCA BHS at the SCRP meetings to decide on workforce retention strategies, recruitment of bi-lingual/ bi-cultural staff and pipeline projects

TARGET POPULATION

(1) BHS staff and contract providers

(2) Behavioral health consumers, providers and community

(3) Staff

OUTCOMES

In FY 22/23, WET offered 91 trainings to Staff and contract providers of Orange County either virtually or in-person. The Consumer Employment Support Specialist has been able to offer trainings and consultations either virtually or in-person which has helped consumers and community providers receive valuable information on returning to work and their benefits. The CES provided 75 trainings and consultations in FY 22/23.

Through the SCRP funded loan repayment program to address staff retention, Orange County approved 34 BHS staff or contract providers with the loan repayment award. Furthermore, Orange County also participated in the graduate student stipend program which provided a stipend to graduate student interns placed in an eligible public mental health setting for one academic year, with 22 student interns receiving this award of $6,000.

BUDGET

$1,694,758

FY 2024-25

TRAINING AND TECHNICAL ASSISTANCE

PROGRAM DESCRIPTION

The Training and Technical Assistance (TTA) component of WET offers trainings on evidence-based practices, consumer and family member perspectives, and multicultural competency trainings and support for behavioral health providers. The number of trainings offered in this area fluctuates from year to year depending on the number of professional development requests from HCA staff and community members. Additionally, the TTA program not only hosts several behavioral health trainings each year but also provides Continuing Education (CE) units and/or Continuing Medical Education (CME) to BHS staff and other departments across the HCA and partners in Orange County requesting trainings for their clinical or medical staff.

PROGRAM GOALS

- To provide evidenced based trainings to staff as needed
- To offer trainings that meet eligibility for Cultural Competence
- To provide CE and/or CME credits to staff and contract providers whenever possible

TARGET POPULATION

BHS Staff and contract providers.

OUTCOMES

In FY 2022-23, TTA provided a total of 206 trainings to 8,059 attendees. Of these, 25 trainings were focused on specific evidenced-based practices and 84 trainings were offered CE or CME credits. Training topics included a Law and Ethics series that covered Legal and Ethical Considerations when Working with Multi-Client and Subpoenas, When Therapists and Client Values Conflict, and Legal and Ethical Issues in Times of COVID. Additional training topics included Cultivating Competency-Based Clinical Supervision, Making Recovery Practice Training Series; Meeting of the Minds Conference; Understanding and Responding to Childhood Trauma and ACEs; and Veterans Conference.

During FY 2022-23, there was a continued need for interpretation services provided in Spanish, Vietnamese, Arabic, Farsi and ASL both onsite and over the phone. Program staff translated, reviewed and field-tested a total of 390 documents into the threshold languages of Spanish, Vietnamese, Farsi, Korean, Arabic, and Simplified Chinese in FY 2022-23, which was more than the previous fiscal years. In addition, a Licensed Marriage Family Therapist serves in the MDP as a Deaf and Hard-of- Hearing Coordinator to ensure that American Sign Language interpretation support is provided at trainings and community meetings.

In FY22-23, the Behavioral Health Equity Committee (BHEC) continued to meet regularly, transition from Zoom to in-person meetings at the Behavioral Health Training Center in 2023.The BHEC consists of multi-ethnic partners and multi-cultural experts in OC who meet to provide input on how to incorporate cultural sensitivity and awareness into the Behavioral Health Services (BHS) system of care and how to provide linguistically and culturally appropriate (CLAS) behavioral health information, resources and trainings to underserved consumers and family members.

The BHEC efforts are focused on the promotion of behavioral health equity for unserved and underserved racial and ethnic communities, as well as lesbian, gay, bisexual, transgender, questioning/queer and intersex (LGBTQI), Veterans, deaf and hard of hearing and other cultural groups. The BHEC consists of the steering committee, along with members from multiple workgroups/subcommittees:

- Deaf and Hard of Hearing,
- Community Relations & Education,
- Spirituality,
- Outreach to the Black/African American Communities,
- LGBTQ+.

More subcommittees are being developed, including the Asian/ Pacific Islander (API) and the LatinX subcommittees.

During FY 2022-23, BHEC held quarterly public meetings, bringing together steering committee members, workgroup/subcommittee members, and the public, and provided opportunities for direct feedback and input on how to operationalize the CLAS standards' implementation at program/clinic levels; continue to deepen relationships with the communities that we serve; continue to develop diversity, equity, and inclusion in the County's work; and continue to address racism as a public health crisis Some of the accomplishments include:

- Increasing community participation
- Participating in the MHSA Plan review and providing input into the 3-year plan
- Exploring ways to reach the spiritual/faith communities and collaborate on ways to increase mental health awareness and access to resources and information
- Conducting multiple presentations about resources available through HCA at community events to raise awareness and reduce stigma around mental health and recovery practices

BUDGET

$2,973,329

FY 2024-25

MENTAL HEALTH CAREER PATHWAYS

INTRODUCTION

The Mental Health Career pathways component seeks to engage individuals in the community to enter the behavioral health field through a variety of pathways. One of the primary strategies has been to assist consumers and family members of consumers with higher education to seek gainful employment in the behavioral health field (or public mental health system).

PROGRAM DESCRIPTION

The Recovery Education Institute's (REI) primary goal is to provide training services to diverse individuals on basic life and career management skills, academic preparedness and provide certificate programs to solidify the personal and academic skills necessary to prepare them for employment and promotional opportunities in the behavioral health workforce. Students enrolled in the program must be consumers or family members of consumers within the public behavioral health system of County of Orange. Services provided at the Recovery Education Institute include four (4) basic components: Workshop Courses that include Peer Support Specialist (PSS) training; Pre-Vocational Courses; College Credit Courses; and Extended Education Courses. College credit courses are offered by regionally accredited post-secondary educational institutions, and all courses are culturally appropriate for the behavioral health population(s) served. The Peer Support Specialist training is eighty (80) hours cohort training which prepares students and current peers working in the behavioral health field for the PSS CalMHSA certification. Student advisement sessions support academic counseling, student code of conduct, a student grievance process and student disciplinary procedures, and success coaches provide students with additional academic support, such as tutoring sessions, career coaching, and much more.

In partnership with Cal State Fullerton, BHS has helped to support Health Education Pathways Program (HEPP) which aims to increase interest and awareness of high school and early college students to enter the behavioral health workforce.

A Leadership Development Program is being developed to support existing BHS staff with mentorship and training to prepare them for leadership roles

The Behavioral Health and Wellness Coaching program will train BHS staff and community based contracted program staff in coaching techniques and strategies.

PROGRAM GOALS

The Mental Health Career pathways component seeks to engage individuals in the community to enter the behavioral health field through a variety of pathways.

- To develop leaders within BHS for future promotional opportunities
- To better equip staff to work with diverse populations in a more holistic and integrative approach

TARGET POPULATION

- Behavioral health consumers and their family members
- High school and early college students
- BHS staff
- BHS Staff and contract providers

OUTCOMES

In FY 2022-23, REI offered 1,751 academic advisement sessions, 431 success coach sessions, and 227 employment specialist support sessions. In addition, 98 workshops were offered, 83 pre-vocational courses, 10 extended education courses, 24 college courses, and 3 peer support specialist trainings were offered. 23 students (44%) elected to take the Peer Certification exam through the State of California (CalMHSA) and 100% of those students passed. During each course and workshop, students were asked to rate their satisfaction with REI's program, staff, and services. 97% of those surveyed were satisfied with the trainings, and 88% of those surveyed had increase in student's knowledge upon completion of courses.

In May 2023, BHTS supported the HEPP through a Professions and Majors Fair hosted by Cal State Fullerton University. 176 high school and early college students attended to learn more about different professions, careers, and majors in the behavioral health and allied health fields.

BHTS engaged in discussion with a potential consultant to support the development of the Leadership Development program. It is expected to begin the contract for a needs assessment and program development in FY 23/24

FISCAL YEAR 2024-25

$1,700,000	500	$3,400
BUDGET	NUMBER TO BE SERVED	COST PER CLIENT

RESIDENCIES AND INTERNSHIP PROGRAMS

PROGRAM DESCRIPTION

The Residencies and Internships program trains and supports individuals who aspire to work in the public mental health system. Through agreements with various colleges and universities across Orange County, residents, fellows and interns are placed in BHS programs. These interns/residents are provided with trainings that teach the recovery philosophy; enhance cultural humility and understanding from the consumer and family perspectives; and recruit talented mental health workers into the public mental health system. In addition, the centralized clinical supervision and internship program, is being expanded to provide a more streamlined on-boarding of interns, tracking of clinical supervision, provide better support to the clinical supervisors, ensure compliance with state mandates, improve clinical training, and strengthen the formation of new clinicians.

PROGRAM GOALS

To recruit highly trained and experienced mental health professionals and MD's into BHS

TARGET POPULATION

Graduate student interns, psychiatry residents and fellows.

OUTCOMES

Since beginning implementation, the Clinical Supervision program has provided in-house clinical supervision trainings including five (5) 6-hour clinical supervision update trainings for current supervisors, and two (2) nine-hour clinical supervision training for potential new clinical supervisors. The program trained 66 new clinical supervisors over a two-year period, of those 44 were HCA BHS employees. The Clinical Supervision program has created 3 bi-monthly consultation groups for current clinical supervisors. These groups provide updates on new information promulgated by the Board of Behavioral Sciences and the Board of Psychology as well as provide training in clinical supervision models to assist supervisors in strengthening their skills. Additionally, the consultation groups seek to provide on-going support and assistance to clinical supervisors as they manage the work of their supervisees. Based upon the need, another approximately 3-4 groups will be added to this program in FY 2023-24 with goal of having all HCA BHS clinical supervisors participating in consultation groups. The Clinical Supervision Team also acts as clinical supervision consultants by regularly fielding questions from clinical supervisors and management about any question related to the provision of clinical supervision. The Team Lead spends on average 1 hour per week handling questions from various HCA BHS programs related to clinical supervision.

A training program was developed for student interns from local universities who spend an internship year at the Health Care Agency. The team interviewed and placed approximately 30 master's and doctoral level interns from local universities in challenging and important placements across HCA BHS.

The team provided or facilitated 11 trainings and networking events for the interns including the following:

- Intern Orientation and Overview of BHS
- Therapeutic Modalities

WET: FELLOW AND RESIDENCY SUPPORT

BUDGET

$500,000

FY 2024-25

- Psychological Testing
- Holiday Potluck and Networking Event
- Trauma-Informed Care
- SUD/MAT Services
- Developmental Psychopathology
- Play Therapy
- Affirmative Therapy
- 2 Graduation Parties (MSW, and MA/Psy.D./Ph.D.)

The team had current staff members speak to the interns about the road to clinical licensure and also the road to full-time employment with HCA BHS. During the final meeting, an HR representative provided an overview of how to complete a formal application to the County including the application and interview process. The team also had three recently hired staff from different disciplines speak to the interns about the hiring process and their current roles with HCA BHS.

FINANCIAL INCENTIVE PROGRAMS

PROGRAM DESCRIPTION

The Financial Incentive Program (FIP) is designed to assist with retention of existing BHS staff. The original FIP was a program to expand a diverse bilingual and bicultural workforce by providing tuition coverage through a scholarship to existing BHS County employees seeking bachelor's (BA/BS) and master's (MA/MS) degrees, and to address the community psychiatrist shortage by offering loan repayment for psychiatrists working in the OC public mental health system. Recently, this program has expanded to include the Southern Counties Regional Partnership (SCRP) funded Loan Repayment program for existing BHS and contract provider staff. This program is a loan forgiveness program to those that qualify and commit to serving the public mental health system (BHS) for one year.

PROGRAM GOALS

To retain existing BHS and contract providers.

TARGET POPULATION

hard-to-fill workforce such as psychiatrists and clinicians.

FISCAL YEAR 2024-25

$418,468	71	$5,894
BUDGET	NUMBER TO BE SERVED	COST PER CLIENT

OUTCOMES

In FY 22/23, 34 BHS staff or contract providers were awarded up to $10,000 towards their school loan with the commitment of working in BHS (or one of its contracted programs) for an additional year. Additionally, 7 psychiatrists utilized the loan forgiveness program for a total of $270,000 spent towards paying down their loans.

In FY 2022-23, no individuals were enrolled in the FIP since the loan repayment program supports this retention goal.

CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS (CFTN)

The Capital Facilities and Technological Needs (CFTN) component must support the goals of the Mental Health Services Act (MHSA) and the provision of MHSA services. The planned use of CFTN funds produce long-term impacts with lasting benefits to include the development of a variety of technological advancements, strategies, and/or community-based facilities to house MHSA and public behavioral health services that support culturally and linguistically appropriate integrated service experiences. Funds may also be used to support an increase in:

- Peer-support and consumer-run facilities,
- Development of community-based, least restrictive settings that will reduce the need for incarceration or institutionalization, and
- The development of technological infrastructure for the public behavioral health system to facilitate high quality, cost-effective services and supports for consumers and their families

FINANCIAL INCENTIVE PROGRAMS

OVERVIEW OF THE PROGRAM

The Capital Facilities and Technological Needs (CFTN) component of the Mental Health Services Act (MHSA) was designed to enhance the existing public mental health services infrastructure. It provides resources for two types of infrastructure:

1. Capital facilities funding may be used to purchase, build or renovate land and/or facilities for the delivery of MHSA programs and services to consumers and their families or used for MHSA administrative offices.
2. Technology funding may be used to modernize and transform clinical and administrative information systems and increase consumer and family empowerment by providing the tools for secure consumer and family access to health information. CFTN projects are now funded through transfers from CSS as allowed by the Act and accompanying regulations.

PROGRAM DESCRIPTION

Requirements for Capital Facilities Funds: A county may use MHSA Capital Facility funds for the following types of projects:

- Acquire and build upon land that will be County-owned.
- Acquire buildings that will be County-owned.
- Construct buildings that will be County-owned.
- Renovate buildings that are County-owned.
- Renovate buildings that are privately-owned, dedicated, and used to provide MHSA services if certain provisions are met (i.e., renovations to benefit MHSA participants or MHSA administration's ability to provide services/programs in County's Three-Year Plan, costs are reasonable and consistent with what a prudent buyer would incur, a method for protecting the capital interest in the renovation is in place).
- Establish a capitalized repair and replacement reserve for buildings acquired or constructed with CF funds and/or the personnel cost directly associated with a CF project (i.e., project manager, with the reserve controlled, managed and disbursed by the County). The former California Department of Mental Health (now Department of Health Care Services) outlined the following requirements for Capital Facilities funds:
- CF funds can only be used for those portions of land and buildings where MHSA programs, services and administrative supports are provided and must be consistent with the goals identified in the CSS and PEI components of the County's Three-Year Plan.
- Land acquired and built upon or construction/renovation of buildings using CF funds shall be used to provide MHSA programs, services and/or supports for a minimum of 20 years.
- All buildings through CF must comply with federal, state, and local laws and regulations, including zoning and building codes and requirements; licensing requirements, where applicable; fire safety requirements; environmental reporting and requirements; hazardous materials requirements; the Americans with Disabilities Act (ADA), California Government Code Section 11135 and other applicable requirements.
- The County shall ensure that the property is updated to comply with applicable requirements, and maintained as necessary, and that appropriate fire, disaster and liability insurance coverage is maintained.
- Under limited circumstances counties may "lease (rent) to own"

a building. The County must provide justification why "lease (rent) to own" is preferable to the outright purchase of the building and why the purchase of such property with MHSA CF funds is not feasible.

Requirements for use of Technology Needs funds: Any MHSA-funded technology project must meet certain requirements to be considered appropriate for this funding category:

- It must fit in with the state's long-term goal to develop an Integrated Information Systems Infrastructure where all counties have integrated information systems that can securely access and exchange information.
- It must be part of and support the County's overall plan to achieve an Integrated Information Systems Infrastructure through the implementation of an Electronic Health Record (EHR).

PROGRAM UPDATES

In the MHSA Three Year Plan for FY 2023-24 through FY 2025-26, $20 million dollars was approved for the use of a planned Wellness Campus in Irvine. The projections were to spend $10 in FY 2023-24 and the remaining $10 in FY 2024-25. The FY 2023-24 transfer for the campus did not occur. Therefore, the transfer will occur during the 2024-25 reporting period.

HCA Electronic Health Record (EHR): The county Behavioral Health Services (BHS) continues to make progress on its planned trajectory of increased deployment and utilization of the Cerner based electronic health record system (EHR), and efforts at promoting increased adoption and effective use to allow better coordination of care with access to more comprehensive data, and realize improvements in outcomes and quality. The goals and objectives of this effort support the goals of MHSA to promote well-being, recovery, and resilience. There is an ongoing effort to continue to expand to include all areas of BHS, and to continue to implement additional functionality that supports operational efficiency, the planning and delivery of care, and to comply with all emerging laws and regulations, security, and privacy guidelines. The scope of work includes a combination of software, technology infrastructure, and services to develop and enhance the overall system. BHS continues to plan and develop implementation strategies on supporting compliance with goals and objectives of current and emerging complex and large mandated state initiatives.

For a more comprehensive look at the details for the Electronic Health Record, please refer to pages 256-257 in the Three Year Plan for FY 2023-24 through FY 2025-26.

CAPITAL FACILITIES PROJECT
FY 2024-25

WELLNESS CAMPUS

$10,000,000

FY 2024-25

BH TRAINING FACILITY

$25,000

FY 2024-25

TECHNOLOGICAL NEEDS PROJECT
FY 2024-25

ELECTRONIC HEALTH RECORD

$21,108,448

FY 2024-25

Fiscal

As part of continued fiscal accountability, management, and transparency in the use of MHSA funds, BHS continues the reporting of program expenditures and revenues for for this MHSA Three-Year Plan to be in-line with anticipated utilization values that are based on historical trends, as well as anticipated growth and/or decreases in MHSA funding.

This method of tracking and planning support more accurate reporting of usage and availability of the MHSA funds received from the State. Should the anticipated revenues not be realized, the Plan will be adjusted, in accordance with related statute. In addition, MHSA funds may be used in support of CalAIM implementation requirements.

MENTAL HEALTH SERVICES ACT EXPENDITURE PLAN - FY 2024/2025 ANNUAL PLAN UPDATE
EXHIBIT SUMMARY

County: Orange | Date: 03/13/2024

		MHSA Funding					
		A	B	C	D	E	F
		Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2023-24 Funding							
1.	Estimated Unspent Funds from Prior Fiscal Years	792,228	11,047,251	25,550,726	-	33,953,419	33,258,769
2.	Estimated New FY 2023-24 Funding	227,862,845	59,653,376	16,506,694	-	1,110,822	
3.	Transfer in FY 2023-24	(6,652,511)	-	-	6,652,511	-	-
4.	Access Local Prudent Reserve in FY 2023-24	-	-				-
5.	Estimated Available Funding for FY 2023-24	222,002,562	70,700,627	42,057,420	6,652,511	35,064,241	33,258,769
B. Estimated FY2023-24 Expenditures		(175,789,462)	(64,063,336)	(7,615,987)	(6,652,511)	(21,984,167)	
Estimated FY 2024-25 Funding							
1.	Estimated Unspent Funds from Prior Fiscal Years	46,213,100	6,637,291	34,441,433	-	13,080,074	33,258,769
2.	Estimated New FY 2024-25 Funding	167,020,000	39,250,000	10,330,000	-	-	-
3.	Transfer in FY 2024-25	(26,193,119)	-		7,871,705	18,321,414	-
4.	Access Local Prudent Reserve in FY 2024-25	-	-				-
5.	Estimated Available Funding for FY 2024-25	187,039,981	45,887,291	44,771,433	7,871,705	31,401,488	33,258,769
	Estimated FY 2024-25 Expenditures	(187,039,981)	(45,887,291)	(44,771,433)	(7,871,705)	(31,401,488)	
	Estimated FY 2024-25 Unspent Fund Balance	**-**	**-**	**-**	**-**	**-**	**$33,258,769**

Estimated Local Prudent Reserve Balance	
4. Estimated Local Prudent Reserve Balance on June 30, 2024	$33,258,769
5. Contributions to the Local Prudent Reserve in FY 2024-25	-
6. Distributions from the Local Prudent Reserve in FY 2024-25	-
Estimated Local Prudent Reserve Balance on June 30, 2025	**$33,258,769**

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the average amount of total MHSA funds allocated to that County for the previous five years.

b/ Per MHSUDS Info Notice No. 19-017 dated March 20, 2019, each county is now required to establish a Prudent Reserve that does not exceed 33 percent of the average Community Services and Supports (CSS) revenue received for the Local Mental Health Serices Fund in the preceding five years. Maximum Prudent Reserve amount for FY 2020-21 is capped at the average of 33% of the previous 5 FY's CSS allocation. Orange County's current Prudent Reserve amount is $33,258,769 and this same amount is budgeted for FY 2023-24 through FY 2025-26. Orange County's Prudent Reserve will be re-assessed in FY 2023-24 by using the actuals from FY 2018-19 through FY 2022-23.

c/ Estimated Unspent Fund Balances in CSS and PEI are allocated to support the Strategic Priorities identified in the three-year plan.

MENTAL HEALTH SERVICES ACT EXPENDITURE PLAN - FY 2024/2025 ANNUAL PLAN UPDATE PREVENTION AND EARLY INTERVENTION (PEI) EXHIBIT							
County: Orange							Date: 03/13/2024
Program Description		Fiscal Year 2024/2025					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PREVENTION: CHILD, YOUTH AND PARENT PROGRAMS							
1.	**Prevention Services and Supports for Families**	**4,400,000**	**4,400,000**				
2.	**Prevention Services and Support for Youth**	**5,634,172**	**4,892,086**				**742,086**
3.	**Infant and Early Childhood Continuum**	**1,000,000**	**1,000,000**				
MENTAL HEALTH AWARENESS & STIGMA REDUCTION CAMPAIGNS & EDUCATION							
4.	**Mental Health Community Educ. Events for Reducing Stigma & Discrimination**	**930,000**	**930,000**				
5.	**Outreach for Increasing Recognition of Early Signs of Mental Illness**	**16,132,232**	**16,122,232**	**-**	**-**	**-**	**10,000**
	Behavioral Health Training Services	1,547,086	1,547,086				
	Early Childhood Mental Health Providers Training	1,000,000	1,000,000				
	Mental Health & Well-Being Promotion for Diverse Communities	6,236,752	6,226,752				10,000
	K-12 School-Based Mental Health Services Expansion	-	-				
	Services for TAY and Young Adults	700,871	700,871				
	Statewide Projects	6,647,523	6,647,523				
CRISIS PREVENTION & SUPPORT							
6.	**Suicide Prevention Services**	**4,200,000**	**4,200,000**				**0**
SUPPORTIVE SERVICES							
7.	**Transportation Assistance**	**-**	**-**				

MENTAL HEALTH SERVICES ACT EXPENDITURE PLAN - FY 2024/2025 ANNUAL PLAN UPDATE
PREVENTION AND EARLY INTERVENTION (PEI) EXHIBIT

County: Orange | Date: 03/13/2024

Program Description		Fiscal Year 2024/2025					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
ACCESS & LINKAGE TO TREATMENT (TX)							
8.	**OCLinks**	5,000,000	5,000,000				
9.	**BHS Outreach & Engagement (O&E)**	7,150,000	7,150,000				0
10.	**Integrated Justice Involved Services**	7,007,402	7,007,402				
OUTPATIENT TREATMENT - EARLY INTERVENTION							
11.	**School-Based Mental Health Services**	670,000	600,000	30,000			40,000
12.	**Clinical High Risk for Psychosis**	1,000,000	1,000,000				
13.	**1st Onset of Psychiatric Illness**	1,525,000	1,250,000	250,000			25,000
14.	**OC Parent Wellness Program**	1,900,000	1,900,000				
15.	**Community Counseling & Supportive Services**	2,036,136	2,036,136				
16.	**Early Intervention Services for Older Adults**	3,000,000	3,000,000				
17.	**OC4VETS**	2,615,000	2,600,000				15,000
	PEI Administration	9,000,000	9,000,000				
	Total PEI Program Estimated Expenditures	**$73,215,514**	**$72,087,856**	**$280,000**	-	-	**$847,658**

MENTAL HEALTH SERVICES ACT EXPENDITURE PLAN - FY 2024/2025 ANNUAL PLAN UPDATE COMMUNITY SERVICES AND SUPPORTS (CSS) EXHIBIT							
County: Orange							Date: 03/13/2024
Program Description		**Fiscal Year 2024/2025**					
		A	**B**	**C**	**D**	**E**	**F**
		Estimated Total Mental Health Expenditures	**Estimated CSS Funding**	**Estimated Medi-Cal FFP**	**Estimated 1991 Realignment**	**Estimated Behavioral Health Subaccount**	**Estimated Other Funding**
FULL SERVICE PARTNERSHIP (FSP PROGRAMS)							
1.	**Children's Full Service Partnership**	14,350,000	10,000,000	4,000,000	-	-	350,000
2.	**Transitional Age Youth (TAY) Full Service Partnership**	17,850,000	12,500,000	5,000,000	-	-	350,000
3.	**Adult Full Service Partnership**	45,969,801	32,715,841	12,178,960	-	-	1,075,000
	Adults	28,950,000	20,000,000	8,000,000	-	-	950,000
	Assisted Outpatient Treatment Assessment & Linkage	5,969,801	4,715,841	1,178,960	-	-	75,000
	CARE Court	2,600,000	2,000,000	600,000	-	-	-
	Supportive services for clients in permanent housing	8,450,000	6,000,000	2,400,000	-	-	50,000
4.	**Older Adult Full Service Partnership**	5,035,000	4,000,000	1,000,000	-	-	35,000
5.	**Program for Assertive Community Treatment**	14,838,523	11,438,018	3,200,505	-	-	200,000
NON-FSP PROGRAMS PARTIALLY CATEGORIZED AS FSP:							
Access and Linkage to Treatment Section:							
1.	**Multi-Service Center for Homeless Mentally Illness Adults**	15,000	15,000	-	-	-	-
2.	**Open Access**	2,070,000	1,500,000	525,000	-	-	45,000
Crisis & Crisis Prevention Section:							
3.	**Mobile Crisis Assessment Team**	5,754,900	3,970,000	1,588,000	-	-	196,900
4.	**Crisis Stabilization Units (CSUs)**	2,519,250	1,575,000	866,250	-	-	78,000
5.	**In-Home Crisis Stabilization**	2,502,329	1,693,330	785,249	-	-	23,750
6.	**Crisis Residential Services**	6,353,500	4,490,000	1,715,000	-	-	148,500
Outpatient Treatment: Clinic Expansion							
7.	**Outpatient Recovery**	191,600	128,000	57,600	-	-	6,000
8.	**Older Adult Services**	228,600	156,000	70,200	-	-	2,400

MENTAL HEALTH SERVICES ACT EXPENDITURE PLAN - FY 2024/2025 ANNUAL PLAN UPDATE
COMMUNITY SERVICES AND SUPPORTS (CSS) EXHIBIT

County: Orange | Date: 03/13/2024

Program Description		Fiscal Year 2024/2025					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Supportive Services Section:							
9.	Wellness Centers	320,000	320,000	-	-	-	-
10.	Wellness Centers	473,825	473,000	-	-	-	825
11.	Supported Employment	309,108	304,108	-	-	-	5,000
Supportive Housing/Homelessness Section:							
12.	Housing & Year Round Emergency Shelter	465,000	465,000	-	-	-	-
13.	Bridge Housing for the Homeless	984,750	975,000	-	-	-	9,750
14.	CSS Housing	15,631,512	15,631,512	-	-	-	-
	FSP Sub-Total	$135,862,697	102,349,809	$30,986,763	-	-	$2,526,125
NON-FSP PROGRAMS NOT CATEGORIZED AS FSP:							
Access and Linkage to Treatment Section:							
1.	Multi-Service Center for Homeless Mentally Illness Adults	285,000	285,000	-	-	-	-
2.	Open Access	2,070,000	1,500,000	525,000	-	-	45,000
Crisis & Crisis Prevention Section:							
3.	Warmline	8,000,000	8,000,000	-	-	-	-
4.	Mobile Crisis Assessment Team	9,030,100	6,330,000	2,532,000	-	-	168,100
5.	Crisis Stabilization Units (CSUs)	14,275,750	8,925,000	4,908,750	-	-	442,000
6.	In-Home Crisis Stabilization	3,011,177	1,943,570	1,006,357	-	-	61,250
7.	Crisis Residential Services	8,701,500	5,210,000	3,035,000	-	-	456,500

MENTAL HEALTH SERVICES ACT EXPENDITURE PLAN - FY 2024/2025 ANNUAL PLAN UPDATE COMMUNITY SERVICES AND SUPPORTS (CSS) EXHIBIT							
County: Orange							Date: 03/13/2024
Program Description		Fiscal Year 2024/2025					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
OUTPATIENT TREATMENT: Clinic Expansion							
8.	Children & Youth Expansion	18,925,000	13,000,000	5,850,000	-	-	75,000
9.	Outpatient Recovery	9,388,400	6,272,000	2,822,400	-	-	294,000
10.	Older Adult Services	3,581,400	2,444,000	1,099,800	-	-	37,600
11.	Services for the Short-Term Residential Therapeutic Program	8,475,000	6,000,000	2,400,000	-	-	75,000
Supportive Services Section:							
12.	Peer Mentor and Parent Partner Support	3,680,000	3,680,000	-	-	-	-
13.	Wellness Centers	3,833,675	3,827,000	-	-	-	6,675
14.	Supported Employment	1,236,430	1,216,430	-	-	-	20,000
15.	Transportation	1,070,000	1,070,000	-	-	-	-
Supportive Housing/Homelessness Section:							
16.	Housing & Year Round Emergency Shelter	1,085,000	1,085,000	-	-	-	-
17.	Bridge Housing for the Homeless	530,250	525,000	-	-	-	5,250
18.	CSS Housing	5,210,504	5,210,504	-	-	-	-
	Sub-Total	**$102,389,186**	**$76,523,504**	**$24,179,307**	**-**	**-**	**$1,686,375**
	CSS Administration	**20,000,000**	**20,000,000**	**-**	**-**	**-**	
	Total CSS Program Estimated Expenditures	**$258,251,883**	**198,873,313**	**$55,166,070**	**-**	**-**	**$4,212,500**
	FSP Programs as Percent of Total	**53%**					

MENTAL HEALTH SERVICES ACT EXPENDITURE PLAN - FY 2024/2025 ANNUAL PLAN UPDATE
INNOVATIONS (INN) EXHIBIT

County: Orange | Date: 03/13/2024

Program Description	Fiscal Year 2024/2025					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Statewide Early Psychosis Learning Health Care Collaborative Network	10,000	10,000	-	-	-	-
Psychiatric Advance Directives (PADS)	3,135,606	3,135,606	-	-	-	-
Young Adult Court	2,567,225	2,567,225	-	-	-	-
Community Planning	1,190,000	1,190,000				
Progressive Improvements of Valued Treatment (PIVOT): Comprehensive System Redesign Project	35,000,000	35,000,000				
Psychiatric Advance Directives (PADS) - Part II	5,000,000	5,000,000				
Subtotal Of All INN Programs	**46,902,831**	**46,902,831**	**-**	**-**	**-**	**-**
INN Administration	**1,480,837**	**1,480,837**	**-**	**-**	**-**	**-**
Total INN Program Estimated Expenditures	**$48,383,668**	**$48,383,668**	**-**	**-**	**-**	**-**

MENTAL HEALTH SERVICES ACT EXPENDITURE PLAN - FY 2024/2025 ANNUAL PLAN UPDATE
WORKFORCE, EDUCATION AND TRAINING (WET) EXHIBIT

County: Orange

Date: 03/13/2024

Program Description	Fiscal Year 2024/2025					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Workforce Staffing Support	1,694,758	1,694,758	-	-	-	-
Training and Technical Assistance	2,973,329	2,973,329	-	-	-	-
Mental Health Career Pathways	1,700,000	1,700,000	-	-	-	-
Residencies and Internships	500,000	500,000	-	-	-	-
Financial Incentives Programs	418,468	418,468	-	-	-	-
Subtotal Of All WET Programs	**7,286,555**	**7,286,555**	**-**	**-**	**-**	**-**
WET Administration	**585,150**	**585,150**	**-**	**-**	**-**	**-**
Total WET Program Estimated Expenditures	**$7,871,705**	**$7,871,705**	**-**	**-**	**-**	**-**

MENTAL HEALTH SERVICES ACT EXPENDITURE PLAN - FY 2024/2025 ANNUAL PLAN UPDATE
CAPITAL FACILITIES/TECHNOLOGICAL NEEDS (CFTN) EXHIBIT

County: Orange | Date: 03/13/2024

Program Description	Fiscal Year 2024/2025					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Capital Facilities Projects			-	-	-	-
Wellness Campus	10,000,000	10,000,000				
Behavioral Health Training Facility	25,000	25,000	-	-	-	-
Technological Needs Projects			-	-	-	-
Electronic Health Record (E.H.R)	21,108,448	21,108,448	-	-	-	-
CFTN Administration	**268,040**	**268,040**	**-**	**-**	**-**	**-**
Total CFTN Program Estimated Expenditures	**$31,401,488**	**$31,401,488**	**-**	**-**	**-**	**-**