OC health CARE AGENCY

Orange County

Mental Health Services Act

Plan Update
Fiscal Year 2024-25

A Message from the

Chief of Behavioral Health 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); invest in innovative workforce strategies that have been successful in other systems, to include creation of a countywide behavioral health workforce initiative; and create 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
Director

Table of Content

Table of Contents

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	$21,401,488	$31,401,488	$10,000,000
Total	**$377,224,235**	**$358,068,030**	**-$14,586,205**

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 rightsizing. 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 to 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.

TRANSLATED EXECUTIVE SUMMARY

رسالة من

رئيسة خدمات الصحة العقلية والتعافي

أشكركم

على اهتمامكم بتحديث الخطة السنوية لقانون خدمات الصحة السلوكية (Behavioral Health Services, BHS) وخدمات الصحة العقلية (Mental Health Services Act, MHSA) للسنة المالية 2024-25 في مقاطعة أورانج (Orange County, OC) (التحديث السنوي). أود اغتنام هذه الفرصة لأعرب مجددًا عن امتناني لأصحاب المصلحة على تعاونهم معنا في أثناء عملنا على تطوير عملية التخطيط المجتمعي المحدّثة والترحيب بإسهامات أعضاء المجتمع والتعبير عن أصحاب الخبرة العملية. لعدة عقود، كانت تمويلات MHSA مصدرًا رئيسيًا للإيرادات ووسيلة لتحسين شبكة أمان الصحة السلوكية العامة، فقد وسعت نظام الرعاية من نموذج يقوم على اكتشاف الأخطاء أولًا إلى سلسلة خدمات شاملة تمتد لتغطي خدمات الوقاية والتشخيص والتدخل في مرحلة مبكرة وتوسيع نطاق سلسلة الخدمات الشاملة للمرضى الخارجيين.

يُجرى هذا التحديث السنوي في توقيت حاسم. فنتيجة لموافقة الناخبين على المقترح 1 في الانتخابات المجراة بتاريخ 5 مارس 2024، سيستمر نظام الصحة السلوكية العامة في التطور والتكيف استجابة للتغييرات المهمة في السياسة. سنّ المقترح 1 تحديثًا لقانون MHSA يتضمن تغيير الاسم إلى قانون خدمات الصحة السلوكية (Behavioral Health Services Act, BHSA) وتغيير القطاعات الفئوية وطرق استخدام التمويل الفئوي وتحديث الفئات السكانية المستهدف خدمتها وإعادة توزيع الأموال المحلية لدعم تطبيق الولاية للأنشطة المتعلقة بالوقاية والقوى العاملة. ولكن يفتح التغيير آفاقًا لفرص جديدة. يوفر قانون BHSA فرصة لإعادة تصور نظام الرعاية وتوجيه أصحاب المصلحة خلال عملية تثري نظام الصحة السلوكية بالكامل من خلال تطوير خطة متكاملة للصحة السلوكية.

في الوقت ذاته، سيستمر نظام الصحة السلوكية بتطبيق الخطة الثلاثية الحالية لقانون MHSA حتى موعد انتهائها في 30 يونيو 2026. وبينما نقترب من هذه المرحلة الحاملة لعنوان الفرص وإعادة التصور، يصبح من الضروري أن نستعد للتغيير.
وبناء عليه، فإن أبرز ما يتضمنه هذا التحديث السنوي هو إدراج مفهوم شامل للابتكار يهدف إلى دعم إعادة تصميم إبداعية وشاملة لنظام خدمات الصحة السلوكية العامة في مقاطعة OC. يهدف مفهوم الابتكار المقترح إلى إعادة تصميم خدمات الصحة السلوكية العامة لتشمل تجديد برامج شراكة الخدمات الكاملة (Full Service Partnership)، وإنشاء البنية التحتية وبرامج الرعاية المُركَّبة للأفراد الذين تتطلب حالاتهم المرضية المصاحبة تنسيقًا معقدًا عبر أنظمة مختلفة، وبناء القدرات وتنفيذ خدمات العيادات الصحية النفسية المتخصصة بالتنسيق مع المنظمات المجتمعية المتنوعة التي تقدم خدمات الصحة النفسية للفئات السكانية ذات الخلفيات الثقافية المختلفة وتشمل الممارسات المستندة إلى أدلة مدعومة من المجتمع (Community-Defined Evidence-based Practices, CDEPs)، والاستثمار في استراتيجيات القوى العاملة المبتكرة التي نجحت في أنظمة أخرى بما يشمل إنشاء مبادرة على مستوى المقاطعة لتعزيز القوى العاملة في مجال الصحة السلوكية؛ وتنفيذ مشروع إعادة تصميم للبيئات السريرية يهدف لاختبار مدى تأثير نماذج مساحات تقديم الخدمات وأساليب تقديمها على طريقة تقديم الخدمات/النتائج.

لم يكن التقدم الذي أحرزناه حتى الآن ليصبح ممكنًا لولا دعم وتوجيهات أصحاب المصلحة المتعددين ومجلس المشرفين بمقاطعة أورانج (Orange County Board of Supervisors, BOS) والمجلس الاستشاري للصحة السلوكية (Behavioral Health Advisory Board, BHAB)، وممثلي السكان في جميع أنظمتنا ومنظمات تقديم خدمات الرعاية المتعاقد معها، وموظفي وكالة الرعاية الصحية (Health Care Agency, HCA) في مقاطعة OC، والعديد من المستهلكين وأفراد الأسر.

شكرًا لكم على الوقت الذي خصصتموه لمراجعة هذه الخطة وتقديم ملاحظاتكم بشأنها. تتطلع إدارة خدمات الصحة السلوكية في مقاطعة أورانج (Orange County Behavioral Health Services Department) إلى تلقي ملاحظاتكم عبر MHSA@ochca.com.

وتفضلوا بقبول فائق التقدير والاحترام،

Veronica Kelley, DSW, LCSW
رئيسة خدمات الصحة السلوكية بوكالة الرعاية الصحية في مقاطعة أورانج

لقد حققت برامج قطاع WET في مقاطعة OC نجاحًا كبيرًا على مدار الأعوام، الأمر الذي ساهم في تطوير قوى عاملة عالية المهارات. ولكن لا تزال هناك بعض العقبات المؤسسية التي تحول دون إنشاء مسارات متكاملة للتعيين في BHS. في خطة MHSA الثلاثية الأخيرة، أشارت BHS إلى ضرورة إنشاء برنامج تدريب داخلي مركزي يتضمن وظائف تدريب مدفوعة الأجر، وبرنامج 20/20 للموظفين وتبسيط وتحسين مسار الانتقال من التدريب إلى التوظيف. ورغم الجهود المبذولة، توجد عقبات تحد من نجاح البرنامج الموجود حاليًا، وتتضمن على سبيل المثال لا الحصر:

- التنافس بين الأنظمة. فعلى سبيل المثال تتنافس المستشفيات ومؤسسات التعليم والقضاء الجنائي وخطط الرعاية المُدارة جميعًا على نفس الفئة من الموظفين المؤهلين والمتدربين.
- القدرة المحدودة على تحديث الحد الأدنى من مؤهلات أطباء الصحة السلوكية المبتدئين، بما يشمل اشتراط أن يمتلك المتقدمون رقم تسجيل مجلس العلوم السلوكية (Board of Behavioral Sciences, BBS) قبل تاريخ البدء.
- وجود فترات تأخير بين مراحل التخرج والتعيين والقدرة على بدء العمل في BHS .
- عدم القدرة على تنفيذ برنامج 20/20.

علاوةً على ما سبق ذكره، لا يوجد طريق أو مسار منسق مُستخدم حاليًا لخدمات الصحة السلوكية على مستوى المقاطعة لدعم تطوير شبكة أوسع من مقدمي الرعاية.

الحل الذي صممته BHS للتغلب على جزء من هذه العقبات مشابه للنهج الموجود لدى أنظمة أخرى تستخدم برامج التدريب المهني. فبرامج التدريب المهني تجمع بين التدريب مدفوع الأجر في أثناء العمل والتعليم في الفصول الدراسية لإعداد العمال للمهن التي تتطلب مهارات عالية. وينتفع العمال من برامج التدريب المهني من خلال تلقي تعليم يُركز على المهارات التي تؤهلهم للالتحاق بوظائف جيدة الأجر. وبالإضافة إلى ذلك، تساعد برامج التدريب المهني أصحاب الأعمال في تعيين موظفي قوى عاملة ذوي مهارة عالية وصقل مهاراتهم والاحتفاظ بهم.

ستتبنى مبادرة القوى العاملة المبتكرة في BHS استراتيجيات ناجحة من برامج التدريب الداخلي وبرامج التدريب المهني وقد تستخدم موردًا من طرف آخر باعتباره "صاحب العمل المسجل" لدعم دفع الحوافز مقابل المشاركة في برنامج التدريب الداخلي.

نظرًا إلى أن التدريب المهني يستمر لفترة أطول من التدريب الداخلي المعتاد، فسيكون لدى الأفراد المشاركين في التدريب الداخلي في BHS خيار إطالة فترة التعلم مدفوع الأجر بما يتجاوز المتطلبات التعليمية اللازمة. وسيوضع معيار قياسي للرواتب بغرض تحفيز العاملين على الالتزام طويل الأجل ويستمر في تقديم الحوافز في الفترة الممتدة بين مرحلة التخرج وتلقي رقم تسجيل مجلس BBS المطلوب للتأهل لشغل وظائف المقاطعة العادية.

ستوضع التفاصيل الإضافية لهذا القطاع بشكل تعاوني من خلال عملية إشراك أصحاب المصلحة، وستُدرج هذه التفاصيل في تقرير خطة المشروع الذي سيُقدم إلى لجنة MHSOAC.

الملخص التنفيذي

معلومات أساسية عن قانون MHSA

في نوفمبر عام 2004، أقرّ الناخبون في ولاية كاليفورنيا المقترح 63، المعروف أيضًا باسم قانون خدمات الصحة العقلية (MHSA). ويفرض القانون ضريبة قدرها 1% خاصة بالولاية على الدخل الشخصي الذي يزيد عن مليون دولار، ويؤكد على ضرورة تغيير نظام الصحة العقلية في سبيل تحسين جودة حياة الأفراد المصابين بأمراض صحية سلوكية خطيرة، وكذلك حياة عائلاتهم. في ظل قانون MHSA، تضمن خطط الصحة العقلية إتاحة الفرصة لأصحاب المصلحة الرئيسيين في المجتمع لتقديم إسهاماتهم في تطوير البرامج وتنفيذها وتقييمها وتمويلها وصياغة سياستها، وهو ما أسفر عن برامج الصحة السلوكية العامة المصممة خصيصًا لتلبية احتياجات الأفراد والعائلات والمجتمعات المتنوعة في جميع أنحاء كاليفورنيا. ونتيجة لذلك، تنعم المجتمعات المحلية وسكانها بمزايا خدمات الصحة العقلية الموسعة والمحسنة.

منذ بدء العمل بقانون MHSA، استعانت خدمات الصحة السلوكية (BHS) التابعة لوكالة الرعاية الصحية في مقاطعة أورانج بعملية شاملة لإشراك أصحاب المصلحة، وذلك لوضع برامج MHSA محلية متنوعة بدءًا من الخدمات الوقائية وخدمات أوقات الأزمات مرورًا بسلسلة مُوسَّعة من خدمات المرضى الخارجيين وتمتد لتشمل رعاية إيواء المرضى في أوقات الأزمات. وأحد الأمور المحورية في تطوير وتنفيذ جميع البرامج هو التركيز على التعاون المجتمعي، والكفاءة الثقافية، والخدمات الموجهة لكل من المرضى والأسرة، وتكامل الخدمات للمرضى وأسرهم، وإيلاء الأولوية لخدمة الفئات المحرومة من الخدمات والفئات التي تعاني قلة الخدمات، والتركيز على أهمية الصحة العقلية والتعافي وسهولة التكيف. وقد طُوِّرت مجموعة الخدمات الحالية بصورة تدريجية، بدءًا بجهود التخطيط التي بذلها أصحاب المصلحة في عام 2005 واستمرارًا حتى يومنا هذا.

يحتوي هذا الملخص التنفيذي على موجز للتقدم المُحرز في السنة الأولى من الخطة الثلاثية لقانون MHSA للسنة المالية 2023-24 وحتى 2025-26، بالإضافة إلى التغييرات المخطط لها المقترحة في التحديث السنوي لقانون MHSA بمقاطعة أورانج للسنة المالية Fiscal Year, FY 2024-25 (التحديث السنوي). ويتضمن هذا التحديث السنوي لقانون MHSA نظرة عامة على عملية تخطيط البرامج المجتمعية (Community Program Planning, CPP) المستمرة، وأوصاف برامج القطاعات، بما يشمل الفئات السكانية المستهدفة وتوقعات الميزانية والبيانات والوثائق الداعمة التي ترد في الملاحق.

قطاعات MHSA والتمويل

لتحديد استخدام هذا التمويل الفئوي بشكل أفضل، يتم تقسيم قانون MHSA إلى ستة قطاعات، يمثل كل منها الفئة السكانية المستهدفة و/أو الاستخدام المسموح به. يوفر قطاع الوقاية والتدخل المبكر (Prevention and Early Intervention, PEI) وقطاع الخدمات وأدوات الدعم المجتمعية (Community Services and Supports, CSS) خدمات مباشرة. توفر الأوصاف الواردة أدناه أيضًا تقديرًا للعدد التراكمي للأفراد الذين سيتلقون الخدمات خلال إطار الخطة الزمني للخطة الذي تبلغ مدته ثلاث سنوات:

- **قطاع الوقاية والتدخل المبكر (PEI):** يهدف قطاع PEI إلى تقديم أدوات الدعم أو التدخلات في أقرب وقت ممكن لمنع تفاقم حالة الصحة العقلية وتسببها في إعاقة. ويجب توجيه أغلب خدمات قطاع PEI إلى الأطفال والشباب الذين تبلغ أعمارهم 25 عامًا فأقل وإلى أسرهم/القائمين على رعايتهم. يُتوقع أن يشارك 230000 شخص تقريبًا في إحدى خدمات قطاع PEI على مدار فترة الخطة الممتدة على ثلاث سنوات. ولكن لا يتضمن هذا الرقم الأعداد المتوقعة للأشخاص الذين قد يتصلون بمركز اتصال OC LINKS أو يستفيدون بخدمات الحملات واسعة النطاق.
- **قطاع الخدمات وأدوات الدعم المجتمعية (CSS):** يوفر هذا القطاع برامج وخدمات موجهة نحو الأفراد الذين يتعايشون مع مرض عقلي خطير، بما يشمل الحصول على بدل لخدمات الإسكان المقدمة بموجب قانون MHSA واشتراط توجيه نصف الأموال لدعم تقديم الخدمات المكثفة للمرضى الخارجيين التي تُسمى برامج شراكة الخدمات الكاملة. يُتوقع أن يستفيد ما يزيد عن 94000 شخص من أحد برامج CSS على مدار فترة الخطة الثلاثية الحالية.
- **الابتكار (Innovation, INN):** يهدف الابتكار إلى السماح باختبار وتقييم الممارسات أو الإستراتيجيات الجديدة و/أو المتغيرة في مجال الصحة العقلية. تسعى هذه المشروعات قصيرة المدى التي تركز على التعلم إلى تحسين جانب من جوانب نظام الصحة السلوكية العامة.
- **قطاع تعليم وتدريب القوى العاملة (Workforce Education and Training, WET):** الموظفون المؤهلون والأكفاء عنصر أساسي لنجاح MHSA. يدعم قطاع WET تعيين موظفي الصحة السلوكية العامة وتدريبهم وتطوير مهاراتهم والاحتفاظ بهم.
- **قطاع منشآت رأس المال والاحتياجات التكنولوجية (Capital Facilities and Technological Needs, CFTN):** يدعم قطاع CFTN البنية التحتية لنظام الصحة السلوكية العامة من خلال التمويل الذي يساعد على تحديث أنظمة البيانات والمعلومات وتوفير الأموال لبناء مساحة مخصصة لتقديم خدمات الصحة العقلية التي يقدمها قانون MHSA.
- **تخطيط البرامج المجتمعية (CPP):** يفرض قانون MHSA على خطط الصحة العقلية المتخصصة إشراك أصحاب المصلحة بطريقة هادفة في تطوير وتنفيذ وتحليل برامج MHSA. تتيح عملية إشراك أصحاب المصلحة مجالًا للتواصل المستمر بين وكالة HCA وأصحاب المصلحة للسماح بإجراء التعديلات وتحسين الجودة في الوقت الفعلي. يمكن مراجعة النظرة العامة الكاملة على أنشطة CPP التي حدثت من أجل تطوير هذه الخطة بالكامل في قسم "تخطيط البرامج المجتمعية" من هذه الخطة.

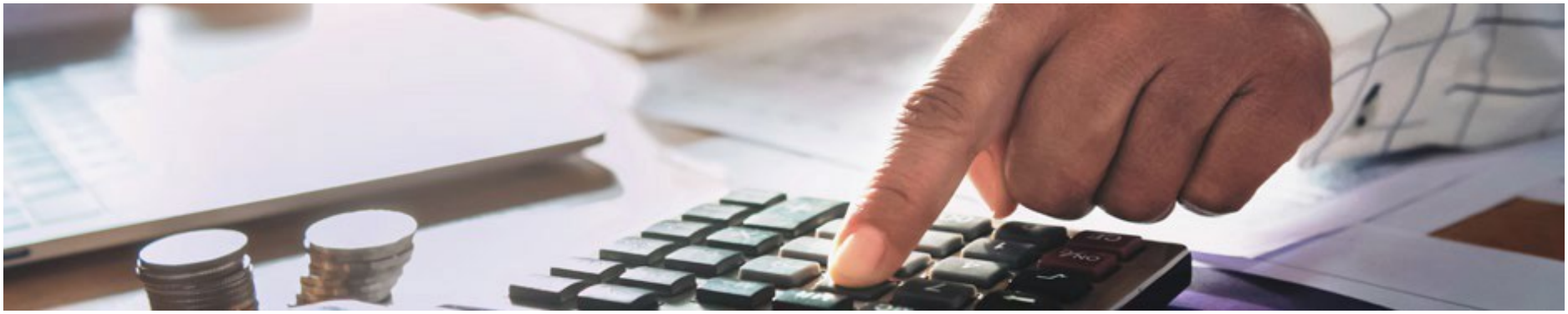
توفر اللوائح للمقاطعات الكبيرة ثلاث سنوات لإنفاق مخصصاتها السنوية بموجب MHSA. وبعد فترة الثلاث سنوات، تعود الأموال إلى الولاية لإعادة توزيعها. تُحدد القيم ومبالغ التمويل المتاحة المقترحة في التحديث السنوي لقانون MHSA من خلال عملية "تصحيح" الميزانية التي تساعد على تحديد الأموال المتاحة. تتضمن المراجعة المالية عملية مفصلة لمواءمة ميزانيات برامج القطاعات الحالية لتصبح أقرب إلى مبالغ نفقات البرامج الفعلية في السنوات المالية الأخيرة. وتتيح عملية "تصحيح" الميزانية السنوية لخدمات BHS تحديد وفورات التكاليف للبرامج التي يمكن استخدامها لتغطية تكاليف البرامج الأخرى ضمن قطاع MHSA ذاته. وتدعم أيضًا التعديلات اللازمة لتقليل الميزانيات في حالة عدم تلقي الإيرادات بالمستويات المتوقعة. بالإضافة إلى ذلك، يجتمع فريق MHSA الإداري وقسم الشؤون المالية في HCA وممثل من

مكتب الرئيس التنفيذي للمقاطعة كل ثلاثة أشهر مع أحد المستشارين الماليين التابعين للولاية لمراقبة توقعات MHSA عن كثب على مدى ثلاث سنوات، واستكشاف المبادرات الإضافية للولاية والتغييرات التشريعية التي من المحتمل أن تؤثر على تمويل MHSA. وكل ثلاثة أشهر، يتم تقديم ملخص للتوقعات في الاجتماعات المجتمعية للمجلس الاستشاري للصحة السلوكية في مقاطعة OC. وأخيرًا، اجتمع مديرو BHS والقيادة المالية وفريق MHSA الإداري بانتظام خلال السنة المالية 2023-24 لتنسيق وتقييم التقدم المحرز في تطوير البرنامج والميزانيات والنفقات والخطط المقترحة. يرد في الجدول أدناه نظرة عامة على مستوى التمويل المقترح للتحديث السنوي لكل قطاع.

ويلاحظ أن مُسوَّدة ميزانيات وقيم القطاعات هذه تستند إلى توقعات وليس إلى أموال فعلية مستلمة. وبالنظر إلى فترات ماضية، كانت أموال MHSA متقلبة وعرضة للتغيير. أما في الفترات الأقرب، فقد كانت إيرادات MHSA أقل مما كان متوقعًا عند وضع الخطة الثلاثية لقانون MHSA. واستنادًا إلى المعلومات المتاحة في وقت إعداد هذا التقرير، من المتوقع حدوث انخفاض إجمالي في التمويل خلال السنتين المتبقيتين من الخطة الثلاثية. ومن المتوقع أن تعكس الخطة تعديلات على القطاعات عبر كل قطاع.

نظرة عامة على التمويل المقترح لخدمة أكثر من 100000 فرد سنويًا

القطاع	الخطة الثلاثية FY 2023-24	الميزانية المقترحة FY 2024-25	الفرق
الوقاية والتدخل المبكر	82273482 دولارًا	72087856 دولارًا	-10185626 دولارًا
الخدمات وأدوات الدعم المجتمعية	257467229 دولارًا	198323313 دولارًا	-54593916 دولارًا
الابتكار	7323668 دولارًا	48383668 دولارًا	+41060000 دولار
قطاع WET	8758368 دولارًا	7871705 دولارات	-866663 دولارًا
منشآت رأس المال والاحتياجات التكنولوجية	21401488 دولارًا	31401488 دولارًا	10000000 دولار
الإجمالي	**377224235 دولارًا**	**358068030 دولارًا**	**-14586205 دولارات**



وُضِعت الخطة الثلاثية لقانون MHSA بناءً على إسهامات أصحاب المصلحة التي وردت من خلال عملية تخطيط البرامج المجتمعية والتغييرات التشريعية وتحديثات سياسة الولاية، مع مراعاة المبادرات المحلية لمقاطعة أورانج. جرى إعداد تحديث قانون MHSA السنوي (التحديث السنوي) للعام FY 2024-25 خلال فترة من التغييرات التشريعية غير المؤكدة.

يمكن أن يواجه سكان كاليفورنيا المصابون بالأمراض العقلية الخطيرة و/أو الإدمان عقبات عديدة في الحصول على كل من رعاية الصحة السلوكية والرعاية الطبية. ونتيجة لذلك، قد يموت هؤلاء الأفراد في وقت مبكر بعقود عن عامة الفئات السكانية. تشمل العوامل التي يمكن أن تُسهم في الصعوبات عقبات النقل والسن والعوامل الثقافية والمستفيدين الذين يحتاجون إلى التنقل بين أنظمة تقديم خدمات منفصلة للوصول إلى الرعاية والقيود المفروضة على مشاركة البيانات/تنسيق الرعاية.

بغرض معالجة بعضٍ من هذه العوامل، تُنفّذ ولاية كاليفورنيا، بتوجيه من إدارة خدمات الرعاية الصحية (Department of HealthCare Services, DHCS)، مبادرة كاليفورنيا لتطوير وتحديث برنامج California Advancing Medi-Cal and Innovating Medi-Cal, CalAIM). مبادرة CalAIM هي التزام طويل المدى للولاية بإعادة تشكيل برنامج Medi-Cal، بهدف تعزيز المساواة وخدمات التنسيق والتركيز على الاحتياجات الفردية لمساعدة مستفيدي برنامج Medi-Cal في تحسين صحتهم ومسار حياتهم بأقصى قدر ممكن. ويُعد الهدف من هذه المبادرة متعددة القطاعات هو إنشاء نظام للصحة السلوكية أكثر تكاملًا ومرونة، وهو ما يجري تنفيذه حاليًا من خلال إجراء تحسينات على سياسة الصحة السلوكية وإصلاح نظام الدفع. بجانب مبادرة CalAIM، يجري تنفيذ العديد من التغييرات الأخرى على مستوى السياسة مما أدى إلى إحداث تغييرات في طريقة تقديم رعاية الصحة السلوكية داخل نظام كان موجودًا دون تغيير تقريبًا منذ عقود، وحدثت هذه الأمور في فترة زمنية قصيرة نسبيًا. فيما يلي ملخص لبعض أحدث التغييرات التي تشمل:

- الاستجابة المتنقلة في حالات الأزمات – تغيير طريقة وتوقيت نشر فرق الاستجابة في حالات الأزمات لمساعدة أفراد المجتمع الذين يعانون أزمات صحية سلوكية.
- قانون المساعدة المجتمعية والتعافي والتمكين (Community Assistance, Recovery, and Empowerment, CARE) – تتأسس بموجبه برامج محاكم تعاونية للأفراد المصابين باضطرابات طيف الفصام غير المعالجة ممن يحتاجون إلى تعاون ومشاركة مكثفين في العلاج الطوعي.
- مشروع قانون مجلس الشيوخ رقم 43 - يُغير التعريف القانوني للإعاقة الشديدة ليشمل الأشخاص الذين يعانون اضطراب تعاطي المواد الشديد أو اضطرابات الصحة العقلية من دون إجراء أي استثمارات متزامنة أو استباقية في البنية التحتية.
- خدمات الأقران والتعافي – تُلزم دمج خدمات دعم الأقران بمجالات التخصص في برنامج Medi-Cal والاستجابة للأزمات والتعامل مع الإجراءات القضائية والإسكان والأدوار الإشرافية.
- إقرار مشروع قانون مجلس الشيوخ (Senate Bill, SB) رقم 326 – هو مشروع قانون مكون من عدة مئات من الصفحات يُجري تغييرات جوهرية على قانون خدمات الصحة العقلية رهنًا بموافقة الناخبين، ويُلزم بتطوير خطة متكاملة للصحة السلوكية تشمل جميع مصادر التمويل والبرامج المستخدمة لخدمات الصحة السلوكية العامة. والتحديثات تُجري تغييرات شاملة وجذرية على القانون الحالي. حتى تاريخ هذه الخطة، لم تُصدر إدارة خدمات الرعاية الصحية أي إخطارات معلومات أو خطابات بخصوص الخطة لتقديم توجيهات لتنفيذ هذه التغييرات.
- إقرار مشروع قانون الجمعية (Assembly Bill, AB) رقم 531 – في حال موافقة الناخبين، يتأسس بموجبه سند بقيمة 6.4 مليارات دولار لبناء منشآت علاجية وإسكان للمحاربين القدامى وإسكان دائم داعم للأفراد المشردين أو المعرضين لخطر التشرد الذين يعانون أمراضًا عقلية خطيرة و/أو اضطراب تعاطي المواد.

تأتي كل هذه التغييرات الجوهرية في وقت تعاني فيه الدولة نقصًا في القوى العاملة بمجال الصحة السلوكية، مما أثر في القدرة على تلبية احتياجات الصحة السلوكية للمجتمعات في جميع أنحاء البلاد.

والمبادرة المتعلقة بالسياسة ذات التأثير الأكبر هي الموافقة المتوقعة على المقترح رقم 1. فالمقترح رقم 1 يدمج أجزاء من مشروع القانون SB-326 ومشروع القانون AB-531 في مقترح واحد، وتشير التوقعات إلى أنه سيحصل على الموافقة استنادًا إلى النتائج الأولية لإجراء الاقتراع في كاليفورنيا بتاريخ 5 مارس 2024. يعيد الاقتراح صياغة قانون خدمات الصحة العقلية (MHSA) ويغير اسمه إلى قانون خدمات الصحة السلوكية (BHSA) ويقوم بتحديث الفئات السكانية ذات الأولوية وطرق استخدام التمويل.

يلغي قانون BHSA تمويل قطاع قانون MHSA المخصص للخدمات وأدوات الدعم المجتمعية (76%) من التمويل المستخدم لإتاحة تخصيص أموال تُنفق على تعليم وتدريب القوى العاملة ومنشآت رأس المال والاحتياجات التكنولوجية) والوقاية والتدخل المبكر (19%) والابتكار (5%). بدلًا من ذلك، يتطلب قانون BHSA توجيه 35% من الأموال إلى برامج شراكة الخدمات الكاملة (Full Service Partnerships, FSP) و30% من التمويل إلى الإجراءات التدخلية في نظام الإسكان و35% إلى خدمات ووسائل دعم الصحة السلوكية (Behavioral Health Services and Supports, BHSS).

يوسع قانون BHSA نطاق الفئات السكانية ذات الأولوية ليشمل الأفراد الذين يعانون اضطرابات تعاطي المواد، ويعطي الأولوية للأفراد المشردين أو المعرضين لخطر التشرد و/أو المتورطين في إجراءات قضائية و/أو المشاركين في نظام رعاية الأطفال و/أو المقيمين في مؤسسة رعاية/الخاضعين للوصاية. سيبدأ العمل بقانون BHSA في 1 يناير 2025 لبدء عملية تخطيط البرنامج المجتمعي المحدثة. من المتوقع أن ينتهي العمل بقانون MHSA في 30 يونيو 2026، ويتطلب ذلك أن تكون جميع المقاطعات قد حصلت على موافقة المجالس المحلية على الخطط المتكاملة الخاصة بقانون BHSA قبل 1 يوليو 2026. ومن الجدير بالذكر أن قانون BHSA لا يتضمن قطاعًا متخصصًا للابتكار. ومع ذلك، بناءً على الصياغة الحالية المتضمنة في مشروع القانون SB-326، يمكن الاستمرار في تنفيذ مشروعات قطاع الابتكار المعتمدة بعد تاريخ البدء المحدد في 1 يوليو 2026.

العديد من البرامج المتضمنة في التحديث السنوي يُقترح أن تخضع لعملية "تحديد التمويل المناسب". وعملية تحديد التمويل المناسب هي استراتيجية تُعدل ميزانيات البرامج بناءً على المبلغ الفعلي لتمويل MHSA المُستخدم في دعم كل برنامج خلال العام الماضي. وقد تساعد عملية تحديد التمويل المناسب في معرفة قيمة تمويلات MHSA غير المستخدمة حتى يمكن استثمارها في توسعة نطاق خدمات البرامج الموجودة أو تطوير برامج جديدة في نفس القطاع. ويمكن لهذه العملية أيضًا أن تتيح المجال لتقليل ميزانيات البرامج عندما تكون إيرادات الولاية أقل من المتوقع. ويعكس التحديث السنوي مبالغ التخفيض وفقًا لعملية تحديد التمويل المناسب. وإذا استمر تلقي الإيرادات بمبالغ أقل من المتوقعة، فقد تحدث تخفيضات أو إلغاءات إضافية لبرامج القطاعات من خلال تعديل الخطة.

القطاع الوحيد الذي شهد زيادة هو قطاع الابتكار. ويمكن استخدام تمويلات الابتكار وفقًا لاستخدامها الفئوي فقط كما هو مذكور أعلاه، ولا يمكن استخدامها لتعويض النقص في برامج القطاعات الأخرى.

أبرز النقاط عن مشروعات الابتكار المتضمنة في الخطة تشمل مشروعًا مقترحًا حديثًا لدعم القدرة على الاستجابة إلى التغييرات والقوانين التشريعية الشاملة وتوسعة نطاق خدمات البرامج الموجودة واحتمالية الاستثمار في الجزء الثاني من مشروع التوجيهات المسبقة المتعلقة بالأمراض النفسية على مستوى الولاية.

الابتكار

فيما يلي وصف لأفكار مشروع ابتكار مقترح حديثًا من المقرر تقديمه وتنفيذه في أثناء فترة تقديم التقارير الحالية. وعند تلقي الموافقة المحلية على هذه الخطة، سيتم العمل على زيادة تطوير مسودات مشروعات قطاع الابتكار من أجل الحصول على موافقة الولاية وستُقدم إلى لجنة الإشراف والمساءلة المختصة بخدمات الصحة العقلية (Mental Health Services Oversight and accountability Commission, MHSOAC).

التحسينات التدريجية في علاج المرضى الخارجيين الجوهري (Progressive Improvements of Valued Outpatient Treatment, PIVOT) – مشروع جديد

قد تؤدي المجموعة المتنوعة من مبادرات الولاية الحالية إلى تأثيرات غير معروفة على مستوى نظام الصحة السلوكية العام. فنظام الرعاية الحالي غير مصمم بوضعه الراهن ليتبنى هذه التغييرات بسهولة.

ولذلك يجب إجراءات تحديثات لتلبية الحاجة إلى تعديل طرق إدارة الأعمال وتقديم الخدمات في BHS بمقاطعة OC.

توضح المبادرات المتعددة أن الولاية تضع تصورًا لنموذج محدث لخدمات الصحة السلوكية العامة، وخاصة تلك الخدمات المقدمة من خلال خطة الصحة العقلية (Mental Health Plan, MHP) المتخصصة. ويجب على خطط الصحة العقلية المتخصصة في المقاطعة الاستجابة وإعادة تصور أنظمة الرعاية من أجل استيفاء المتطلبات. ويتم اقتراح "إعادة تصور" النظام بصورة عامة بالإضافة إلى اختبار العمليات الجديدة في إطار مشروع التحسينات **التدريجية في علاج المرضى الخارجيين الجوهري (PIVOT).**

يقترح قطاع الابتكار العام، والمتمثل في مشروع **التحسينات التدريجية في علاج المرضى الخارجيين الجوهري (PIVOT)**، إعادة تصميم نظام BHS في مقاطعة OC وإنشاء نماذج للخدمة واختبارها بهدف المواءمة بين تقديم الخدمة وتنسيق الرعاية ودفع تكاليف الرعاية، وبهذا سيحظى عملاء الصحة السلوكية بتجربة متكاملة وسلسة مما يؤدي إلى تحسين نتائج العملاء. ويسعى المشروع أيضًا إلى اختبار أساليب مبتكرة لتعيين القوى العاملة والاحتفاظ بها مستعينًا بنماذج أظهرت نجاحًا في أنظمة أخرى بهدف تعزيز طرق دعم الراغبين في أن يصبحوا مقدمي خدمات سريرية واتباع استراتيجيات تحفيزية للاحتفاظ بالموظفين ذوي المؤهلات العالية.

سيؤدي هذا المشروع متعدد القطاعات إلى إعادة تصميم النظام بصورة عامة مع معالجة المجالات الرئيسية في نظام رعاية BH الحالي، وسيسمح بإنشاء مشروعات تجريبية تهدف إلى تحديد وتطوير مناهج الصحة السلوكية الناجحة التي يمكن دمجها على مستوى نظام الرعاية بأكمله. وتتضمن المشروعات التجريبية أو القطاعات:

- أساليب مبتكرة لتقديم الرعاية
- تجديد برامج شراكة الخدمات الكاملة: اختبار نهج تمويل اجتماعي لتحسين نتائج العملاء
- إدارة الرعاية المُركَّبة المتكاملة: اختبار أساليب الرعاية الفردية الشاملة لدى الفئة السكانية لكبار السن
- تعزيز القدرة على تقديم خدمات خطة الصحة العقلية المتخصصة في مجتمعات متنوعة
- إصدار مبادرة مبتكرة مخصصة للقوى العاملة على مستوى المقاطعة

الأساليب المبتكرة لتقديم الرعاية

في النظام الحالي، تعمل أنظمة الرعاية الأولية (الصحة البدنية) وأنظمة اضطرابات تعاطي المواد وأنظمة الصحة العقلية وفقًا لنظام كل منها فيما يتعلق بالسجلات والفوترة والمتطلبات التنظيمية. ورغم اتجاه الولاية إلى نموذج أكثر تكاملًا، فإن التغييرات والمبادرات المتزامنة لم تمنح أنظمة المقاطعة الوقت الكافي للاستجابة والتفكير بدقة في الطرق اللازمة لإعادة تصميم الأنظمة. فالهيكل الحالي يحد من معدلات الحصول على خدمات شاملة ومتكاملة ويجبر العملاء على البحث في أنظمة متشعبة لتلبية احتياجات رعايتهم الصحية. وحتى المساحات السريرية غالبًا ما يتم إعدادها وفقًا لنظام التمويل الأساسي للعيادة، وهو ما يحد من معدلات الحصول على أساليب الرعاية التي تركز على الشخص.

من أجل الاستجابة للتغييرات المتوقعة التي حددتها الولاية، تقترح خدمات الصحة السلوكية في مقاطعة أورانج (OC) مشروعًا شاملًا لإعادة تصميم الرعاية السريرية مع توفير فرصة للتركيز على مشروعات تجريبية متعددة ضمن عملية إعادة التصميم. ويركز كل قطاع على مجالات محددة من النظام تقرر أنها ستستفيد من الاهتمام المركّز في حل مشكلاتها المستمرة. وستُقيم المعرفة المُحصلة من كل مشروع تجريبي وتُدمج في نظام شامل جديد للرعاية، وستُحدث خدمات BHS في مقاطعة OC السياسات والإجراءات لدعم تحديثات النظام ودمجها.

تجديد برامج شراكة الخدمات الكاملة: اختبار نهج تمويل اجتماعي لتحسين رعاية العملاء النتائج التي يحصلون عليها

في الوقت الراهن، يفرض قانون خدمات الصحة العقلية (MHSA) توجيه أغلب مبالغ تمويل قطاع الخدمات وأدوات الدعم المجتمعية (CSS) مباشرة إلى برامج شراكة الخدمات الكاملة. فبرامج شراكة الخدمات الكاملة (FSP) تعمل على تقديم الخدمات المكثفة للمرضى الخارجيين وخدمات إدارة الحالات للأفراد الذين يعانون حالات صحية سلوكية خطيرة. ويقوم إطار عمل برامج شراكة الخدمات الكاملة على فلسفة "لا للفشل" و"فعل كل ما يلزم" لتلبية احتياجات العملاء واحتياجات أسرهم إذا دعت الحاجة، بما يشمل تقديم خدمات الدعم. ويُرسِي هذا الإطار اتصالًا راسخًا بالموارد المجتمعية ويقدم خدمات العلاج والتعافي الميدانية على مدار 24 ساعة في اليوم وخلال 7 أيام في الأسبوع (24/7). ويتمحور الهدف الرئيسي لبرامج FSP حول تحسين جودة الحياة وذلك بتطبيق ممارسات تؤدي باستمرار إلى حصول العملاء على نتائج جيدة.

يفرض المقترح 1، الذي صوت له ناخبو كاليفورنيا وأقروه بتاريخ 5 مارس 2024، توجيه 35% من إجمالي ميزانية MHSA إلى برامج FSP. وحاليًا تمول مقاطعة أورانج برامج FSP لجميع الفئات العمرية، وتُطبق هذه البرامج من خلال الشراكة بين وكالات تقديم خدمات الرعاية المتعاقد معها وعيادات المقاطعة. وعلى الرغم من تشابه إطار عمل جميع برامج FSP، فإن هناك اختلافات في تفاصيل العقود وتفاوت في التكاليف حسب متلقي الخدمة.

أضف إلى ذلك وجود اختلافات في أسلوب إدارة برامج FSP واختلافات في كفاءة/قدرة كل من مقدمي الخدمات المتعاقد معهم وفرق موظفي المقاطعة على تقديم الخدمات. ولكن حتى مع وجود هذه الاختلافات، تظل لدى برامج FSP أهداف شديدة التشابه في جميع أنحاء المقاطعة وإجمالًا تقدم هذه البرامج خدمة موحدة. وعلى الرغم من نجاح مبدأ "فعل كل ما يلزم" فإنه أيضًا متضارب مع توقعات الولاية بوجوب إصدار أكبر قدر ممكن من فواتير برنامج Medi-Cal لتحصيل الإيرادات مقابل تقديم هذه الخدمات. ولذلك فعلى الرغم من أن نهج "فعل كل ما يلزم" هو الذي يحرك إطار العمل، هناك تشجيع على اتباع مبدأ "كل ما يمكن إصدار فواتير له". وهذا يُوقع المقاطعات في مأزق لأن استدامة الخدمات تعتمد على توليد الإيرادات.

سيركز مبدأ تجديد برامج FSP في المقام الأول على أداء البرنامج وإدارة الأداء، ويُطبق هذا من خلال تقديم مساعدة تقنية فورية لكل من موظفي المقاطعة ومقدمي الخدمات المتعاقد معهم. وستجرب الخدمة المحسنة نُهُجًا مختلفة للعقود المعتمدة على الأداء وتحسين إدارة الأداء. وباعتبار هذا إجراءً مؤقتًا، تتضمن النُهُج الثلاثة المحتملة لتجريب العقود المعتمدة على الأداء:

- إنشاء عقد جديد إلى جانب برامج FSP لتحقيق نتائج تتوافق مع الأهداف؛
- تعديل عقود FSP لإنشاء برنامج متابعة؛
- عقود جديدة معتمدة على تحقيق نتائج في مواقع محددة (السجن و/أو مجتمع مخيمات).

قد يصبح تجديد برامج FSP مشروعًا ابتكاريًا على مستوى الولاية يوفر القدرة على استكشاف طرق بديلة للأداء والدفع من خلال اختبار نهج تمويل اجتماعي لرعاية العملاء. وفي وقت نشر هذه الخطة، تعمل مقاطعة OC على وضع تصور للمشروع ليُنفذ في هذه المقاطعة فقط.

ستوضع التفاصيل الإضافية لهذا القطاع بشكل تعاوني من خلال عملية إشراك أصحاب المصلحة، وستُدرج هذه التفاصيل في تقرير خطة المشروع الذي سيُقدم إلى لجنة MHSOAC.

إدارة الرعاية المُركَّبة المتكاملة: اختبار أساليب الرعاية الفردية الشاملة لدى الفئة السكانية لكبار السن

في عام 2023، حددت لجنة المجلس الاستشاري للصحة السلوكية (BHAB) المختصة كبار السن بمقاطعة أورانج وجود ضرورة إلى تحسين مستوى الرعاية المقدمة لكبار السن الذين يعانون أمراضًا معرفية عصبية وأمراضًا صحية سلوكية مصاحبة. وحددت المجموعة أن كبار السن يشكلون الفئة السكانية الأسرع نموًا في مقاطعة OC. وغالبًا ما يواجه كبار السن من المشردين أو المعرضين لخطر التشرد المصابين بخرف واضطرابات صحية عقلية متعددة عقبات مثل محدودية الحصول على خدمات الدعم والعلاج والإسكان المستقر على المدى الطويل، أو عدم كفاية هذه الخدمات، أو عدم توفرها. علاوة على ذلك، تنقسم رعاية هذه الفئة السكانية بين نظام الرعاية المُدارة وخطة الصحة العقلية المتخصصة، ويتولى كل نظام مسؤولية جوانب محددة من الرعاية. ويستخدم كل نظام أدوات فحص وتقييم مختلفة وينظر إلى علاج الحالة المرضية المصاحبة من منظوره الخاص.

يهدف هذا القطاع المقترح إلى البدء في تطوير وتخطيط نظام رعاية لكبار السن الذين يعانون مشكلات صحية سلوكية وجسدية/عصبية معرفية على حد سواء، وقد يشمل ذلك الأفراد المشردين أو المعرضين لخطر التشرد.

يُبنى هذا المشروع على ثلاثة محاور:

1. ***التوعية والمشاركة:*** تطوير عملية لرصد فئة كبار السن مع الأخذ في الاعتبار التحديات والعقبات التي تحول دون الوصول إلى هذه الفئة السكانية المحرومة من الخدمات/التي تعاني قلة الخدمات وإشراكهم.
2. ***التقييم:*** إشراك خبراء المجال في تصميم نموذج تقييم مختلف مقبول في جميع الأنظمة المتعددة.
3. ***خطة إدارة/توجيه الرعاية المُركَّبة:*** سيعمل الفريق متعدد التخصصات بشكل مشترك على تطوير هياكل تمويل واستراتيجيات رعاية تلبي الاحتياجات الشاملة لكبار السن.

يعقد حاليا كل من BHS ومقدمي الرعاية الصحية المُدارة المحليين اجتماعات للعمل على إيجاد حلول لحالات الرعاية المُركَّبة لكبار السن الذين يعانون أمراضًا معرفية عصبية وأمراضًا صحية سلوكية مصاحبة. يجتمع الموظفون للعمل معًا لتحديد مسار العلاج الأمثل لكل حالة على حدة نظرًا إلى عدم وجود نظام حالي لإدارة هذه الحالات بشكل فعال. تتسم نتائج هذه الحالات بتفاوت كبير بسبب عدم اتباع نهج موحد في التعامل معها، وذلك لغياب مصدر تمويل واضح أو هيكل واضح للإبلاغ، مما يضطر مقدمي الخدمات إلى تجميع خطط علاج فردية مجزأة.

تعزيز القدرات المتعلقة بخدمات خطة الصحة العقلية المتخصصة في المجتمعات المتنوعة

تعتبر مقاطعة أورانج (OC) موطنًا لحوالي 3.2 مليون شخص مما يجعلها ثالث أكبر المقاطعات كثافة سكانية في كاليفورنيا، وثاني أكبر المقاطعات كثافة سكانية في الولاية بعد سان فرانسيسكو، بالإضافة إلى أنها موطن لفئات سكانية متنوعة. تعمل BHS باعتبارها إحدى خطط الصحة العقلية (MHP) المتخصصة في مقاطعة OC وكمقدم لخدمات خطة الصحة العقلية المتخصصة، فهي تتولى تنسيق خدمات الصحة السلوكية المتخصصة وتقديمها للمشاركين في برنامج Medi-Cal والأفراد غير المؤمن عليهم الذين يستوفون معايير الرعاية الضرورية طبيًا بموجب خطة MHP.

تستفيد العديد من برامج CSS من برنامج Medi-Cal لتقديم خدمات قانون MHSA. يمكن أن تساعد مراجعة المعلومات الديموغرافية للمستفيدين من برنامج Medi-Cal في تحديد الفئات المحرومة من الخدمات والفئات التي تعاني قلة الخدمات. بشكل ملخص، كانت معدلات الانتشار في مقاطعة OC أقل من المعدلات التي تم رصدها على مستوى الولاية في جميع الفئات العرقية/الإثنية وجميع الفئات العمرية.

بناءً على عدد السكان المؤهلين لبرنامج Medi-Cal في السنة التقويمية (Calender Year, CY) 2021 وعدد المستفيدين الذين حصلوا على خدمة معتمدة، تم تحديد الفئات التالية باعتبارها غير ممثلة بشكل كافٍ:

- الآسيويون أو سكان جزر المحيط الهادئ
- السود أو الأمريكيون من أصل إفريقي
- صغار السن بعمر 5 أعوام فيما أقل
- البالغون الأكبر من 60 عامًا
- سكان أمريكا الأصليون
- السكان المتحدثون بلغة غير الإنجليزية

البيانات المتوفرة على مستوى الولاية محدودة ولا تسلط الضوء بشكل أكبر على الفروق الدقيقة في الاختلافات الثقافية العديدة بين سكان جزر آسيا والمحيط الهادئ، وسكان جنوب آسيا والشرق الأوسط وشمال إفريقيا (South Asia, Middle Eastern, North African, SAMENA) وما شابه. بالإضافة إلى ذلك، هناك نقص في البيانات المتعلقة بتقديم خدمات الصحة السلوكية للصم وضعاف السمع. يوجد حاليًا مقدمو خدمات صحة سلوكية غير تابعين لبرنامج Medi-Cal يقدمون خدماتهم للفئات السكانية التي تعاني قلة الخدمات.

يقيّم هذا القطاع الحد الأدنى من القدرات اللازم توفرها لدى المؤسسة المجتمعية لكي تصبح جهة تقديم خدمات مُتعاقد معها لخطة الرعاية الصحية النفسية المتخصصة، ويستعرض حجم المساعدة الفنية المطلوبة لدعم التطوير والتنفيذ، ويحدد ما إذا كان إدراج النهج المعتمدة على الثقافة في الرعاية الصحية العقلية المتخصصة يحسن من معدلات الانتشار ونتائج العملاء أم لا. بالإضافة إلى ذلك، يهدف المشروع إلى تحديد الممارسات المستندة إلى أدلة مدعومة من المجتمع (CDEPs) التي يمكن تصميمها لكي تحقق الإيرادات وربما الاعتراف بها من قِبل الولاية.

ستوضع التفاصيل الإضافية لهذا القطاع بشكل تعاوني من خلال عملية إشراك أصحاب المصلحة، وستُدرج هذه التفاصيل في تقرير خطة المشروع الذي سيُقدم إلى لجنة MHSOAC.

مبادرة مبتكرة مخصصة للقوى العاملة

شهد نظام الصحة السلوكية العامة في كاليفورنيا نقصًا في العاملين في مجال الصحة السلوكية وتغييرات في التصنيفات المهنية لاضطرابات الصحة العقلية ونقصًا في تمثيل الفئات المتنوعة للمهنيين ذوي الخبرة في مجال المستهلكين وأفراد الأسرة. وللتعامل مع التحديات التي تواجهها القوى العاملة في مجال الصحة السلوكية العامة، أضاف MHSA قطاعًا لبرامج تعليم وتدريب القوى العاملة في مجال الصحة العقلية (WET). WET هو برنامج يوفر فرص التدريب لموظفي BHS وموظفي الوكالات المتعاقدة معها، ويشجع توظيف وتعيين القوى العاملة المتنوعة ثقافيًا، ويقدم حوافز مالية، ويسهل إنشاء برامج التدريب السريري، ويدعم دمج وإلحاق المستهلكين وأفراد أسرهم ضمن القوى العاملة في مجال الصحة السلوكية، ويلتزم بمعالجة نقص القوى العاملة في مقاطعة أورانج من خلال استخدام استراتيجيات مختلفة لتعيين الموظفين المؤهلين في مجال الصحة السلوكية الاحتفاظ بهم. ينفذ WET رؤية MHSA المتمثلة في إنشاء نظام جديد كليًا ومختص ثقافيًا يعزز العافية والتعافي والمرونة طوال فترة الحياة لجميع الفئات العمرية وجميع الخلفيات الثقافية.

پیامی از

رئیس خدمات سلامت روان و بازیابی

از اینکه به‌روزرسانی طرح سالانه «قانون خدمات سلامت روان» (Mental Health Services Act, MHSA) «خدمات سلامت رفتاری» (Behavioral Health Services, BHS) کانتی Orange برای سال مالی 2024-25 (به‌روزرسانی سالانه) علاقه نشان دادید سپاس‌گزاریم. درعین حال که ما همچنان به ایجاد یک روند طرح‌ریزی اجتماعی به‌روز ادامه می‌دهیم، پذیرای نظرات جامعه هستیم و اجازه می‌دهیم افرادی با تجربهٔ زیسته نظراتشان را بیان کنند؛ مایلم این فرصت را غنیمت بشمارم تا همچنان سپاس‌گزار همکاری ذینفعان باشم.

تأمین بودجه MHSA برای چندین دهه منبع درآمد اصلی و واسطه‌ای برای بهبود شبکه ایمنی سلامت رفتاری عمومی بوده است و سیستم مراقبت را از یک مدل ناموفق اولیه به یک زنجیره جامع خدمات گسترش داده است که شامل پیشگیری، شناسایی زودهنگام و مداخله و گسترش زنجیره خدمات سرپایی می‌شود.

زمان‌بندی این به‌روزرسانی سالانه حیاتی است. درنتیجهٔ رضایت رأی‌دهندگان به طرح پیشنهادی 1 انتخابات مورخ 5 مارس 2024، سیستم سلامت رفتاری عمومی در پاسخ به تغییرات مهم در خطمشی به تغییر و سازگار شدن ادامه می‌دهد. طرح پیشنهادی 1 یک به‌روزرسانی برای MHSA تصویب می‌کند که نام قانون خدمات سلامت رفتاری (BHSA) را تغییر می‌دهد، مؤلفه‌های طبقه‌بندی‌شده و استفاده از بودجه‌ها را تغییر می‌دهد، جمعیت‌های هدفی که باید خدمت‌رسانی شوند را به‌روزرسانی می‌کند، و پول‌های محلی را برای حمایت از فعالیت‌های ایالت درجهت «پیشگیری و نیروی کار» مجدداً توزیع می‌کند. با ایجاد تغییر، فرصت حاصل می‌شود. BHSA یک فرصت فراهم می‌کند تا سیستم مراقبت را دوباره تصورسازی کند و ذینفع‌ها را از طریق فرایندی هدایت کند که به تمام سیستم سلامت رفتاری از طریق توسعه یک «طرح یکپارچه سلامت رفتاری» اطلاع‌رسانی می‌کند.

همزمان، سلامت رفتاری به اجرای طرح سه‌ساله کنونی MHSA تا زمان خاتمه آن در تاریخ 30 ژوئن 2026 ادامه خواهد داد. با نزدیک شدن به این فرصت و تصورسازی دوباره، حائز اهمیت است که ما برای این گذار آماده شویم.

بر این اساس، تأکید این به‌روزرسانی سالانه افزودن یک مفهوم نوآوری جامع به‌منظور حمایت از طراحی مجدد یک سیستم خلاق و جامع از «خدمات سلامت رفتاری» عمومی در کانتی Orange است. هدف از مفهوم نوآوری پیشنهادی طراحی مجدد خدمات سلامت رفتاری عمومی است که عبارت است از نسخه جدیدی از برنامه‌های مشارکت در خدمت‌رسانی کامل؛ ایجاد زیرساخت و برنامه‌ریزی برای خدمات مراقبتی پیچیده برای افرادی که بیماری چندگانه آنها نیاز به هماهنگی پیچیده‌ای بین سیستم‌های مختلف دارد؛ توسعه ظرفیت و اجرای خدمات بالینی و تخصصی سلامت روان با هماهنگی سازمان‌های جامعه‌محور متنوعی که خدمات سلامت روان برای جوامع فرهنگی فراهم می‌کنند و شامل اقدامات شواهدمحور و جامعه‌گرا (community-defined evidence-based practices, CDEP) می‌شود؛ سرمایه‌گذاری در راهبردهای نوآورانه نیروی کار که در سیستم‌های دیگر موفق بوده است، شامل ایجاد یک طرح نیروی کار سلامت روان سراسری در کانتی؛ و یک پروژه طراحی مجدد بالینی برای ارزیابی اینکه چگونه مدل‌های تحویل و فضا بر تحویل خدمات/نتایج تأثیر می‌گذارد.

پیشرفت ما تا به امروز بدون حمایت و راهنمایی ذینفعان متنوع، «هیئت ناظرین کانتی Orange» (Board of Supervisors, BOS)، «هیئت مشاوره سلامت رفتاری (Behavioral Health Advisory Board, BHAB)، نماینده‌ها درسراسر تمامی سیستم‌هایمان، سازمان‌های ارائه‌دهنده تحت قرارداد، کارکنان سازمان بهداشت و درمان (HCA) از کانتی Orange و جمعیت مشتریان و اعضای خانواده ممکن نمی‌شد.

از اینکه برای بررسی و ارائه نظر در مورد این پلان وقت گذاشتید سپاس‌گزاریم. «اداره خدمات سلامت رفتاری کانتی Orange مشتاق دریافت بازخورد شما در MHSA@ochca.com است.

با احترام،

Veronica Kelley, DSW, LCSW
رئیس خدمات سلامت رفتاری از سازمان بهداشت و درمان کانتی Orange

ی و انعطاف‌پذیری درسراسر طول عمر تمام گروه‌های سنی و تمام زمینه‌های فرهنگی است.

برنامه‌های مؤلفه OC WET شاهد موفقیت زیاد درطول ساله‌ها بوده که به‌دلیل توسعه نیروی کاری بسیار ماهر آن بوده است. با این حال برخی از موانع سازمانی هنوز وجود دارد، که موانعی در مسیرهای یکپارچه برای استخدام BHS است. در جدیدترین طرح سه‌ساله MHSA، BHS نیاز به راه‌اندازی یک برنامه کارورزی متمرکز را ضروری دید که شامل سِمت‌های کارورزی با حقوق یک برنامه 20/20 کارمندی و تسهیل مسیر از کارورزی تا استخدام بود. علیرغم تلاش‌ها، موانعی وجود دارد که موفقیت برنامه موجود را محدود می‌سازد ازجمله موارد زیر ولی به آنها محدود نمی‌شود:

- رقابت بین سیستم‌ها. برای مثال، بیمارستان‌ها، تحصیل، عدالت کیفری و طرح‌های مراقبت مدیریت‌شده همگی برای همان کارکنان و کارورزهای مجرب رقابت می‌کنند.
- قابلیت محدود در به‌روزرسانی حداقل مدارک برای سطوح ورود متخصصین بالینی سلامت روان، ازجمله ضرورت اینکه متقاضیان قبل از تاریخ شروع شماره ثبت BBS داشته باشند.
- تأخیرها بین فارغ‌التحصیلی، استخدام و توانایی شروع به کار در BHS.
- ناتوانی در تثبیت برنامه 20/20.

علاوه براین هیچ رابط سلامت رفتاری تثبیت‌شده هماهنگ، سراسری در کانتی و مسیری برای حمایت از توسعه شبکه بزرگتر ارائه‌دهنده وجود ندارد.

راهکاری که BHS طراحی کرده است که بر بخشی از این موانع غلبه کند در سایر سیستم‌هایی وجود دارد که از برنامه‌های کارورزی بهره می‌برند. کارآموزی دریافت حقوق در زمان کار را با دستورالعمل کلاسی ترکیب می‌کند تا مددکارها را برای حرفه‌های نیازمند به مهارت بالا آماده کند. مددکاران با دریافت آموزش مبتنی بر مهارت که آنها را برای مشاغل با درآمد خوب آماده می‌سازد از کارآموزی بهره می‌برند. علاوه براین، برنامه‌های کارآموزی به کارفرماها کمک می‌کند تا نیروی کار با مهارت بالا را جذب، ایجاد و حفظ کنند.

طرح نیروی کار نوآورانه BHS از استراتژی‌های موفق هر دو برنامه کارورزی و کارآموزی استفاده خواهد کرد و ممکن است از یک فروشنده شخص ثالث به‌عنوان «کارفرمای واسطه» برای حمایت از پرداخت مشوق‌ها برای مشارکت در برنامه کارآموزی بهره ببرد.

از آنجایی که کارآموزی‌ها طولانی‌تر از کارورزی معمول است، افرادی که در کارورزی‌های BHS شرکت می‌کنند از این انتخاب برخوردار خواهند بود تا فرصت یادگیری باحقوق خود را فراتر از الزام تحصیلی گسترش دهند. یک مقیاس پرداخت استاندارد توسعه داده خواهد شد که مشوق ادامه‌دار بودن است و همچنان مشوق‌هایی درطول دوره بین فارغ‌التحصیلی و دریافت شماره ثبت BBS فراهم می‌کند که برای واجد شرایط بودن برای سِمت‌های معمول کانتی لازم است.

جزئیات بیشتر برای این مؤلفه ازطریق روند ذینفع مشترکاً ایجاد می‌شود و در نوشتار طرح پروژه که به MHSOAC ارائه می‌شود ضمیمه می‌شود.

خلاصه اجرایی

پیشینه MHSA

در نوامبر 2004، رأی‌دهندگان کالیفرنیا طرح پیشنهادی 63 را که «قانون خدمات سلامت روان» (MHSA) نیز نامیده می‌شود، به تصویب رساندند. بر اساس این قانون، مالیات ایالتی 1% بر درآمد شخصی بالاتر از 1 میلیون وضع می‌شود و در آن بر متحول کردن سیستم سلامت روان تأکید می‌شود تا از این طریق کیفیت زندگی افراد مبتلا به بیماری‌های سلامت رفتاری جدی و خانواده آنها بهبود یابد. با MHSA، طرح‌های سلامت روان تضمین می‌کنند که ذینفعان کلیدی جامعه فرصتی برای نظر دادن در توسعه، اجرا، ارزیابی، تأمین مالی برنامه و خطمشی آن داشته باشند؛ این کار سبب ایجاد برنامه‌های سلامت رفتاری عمومی می‌شود که برای پاسخگویی نیازهای افراد، خانواده‌ها و جوامع متنوع در سراسر California متناسب‌سازی شده است. در نتیجه، انجمن‌های محلی و ساکنین آن‌ها از مزایای ناشی از گسترش و بهبود خدمات سلامت روان برخوردار شده‌اند.

از زمان شروع به کار MHSA، سازمان بهداشت و درمان کانتی Orange، «خدمات سلامت روان» (BHS) از یک روند مشارکت جامع ذینفع‌ها برای توسعه برنامه‌های محلی MHSA استفاده کرده است که گستره‌ای از خدمات پیشگیری و خدمات شرایط بحرانی را از طریق زنجیره‌ای گسترده‌ای از خدمات سرپایی تا مراقبت آسایشی شرایط بحرانی دربر می‌گیرد. تمرکز اصلی توسعه و اجرای همه برنامه‌ها بر مشارکت اجتماعی، شایستگی فرهنگی، خدمات مبتنی بر مشتری و خانواده، یکپارچگی خدمات برای مشتریان و خانواده‌ها، اولویت خدمات‌رسانی به افرادی که از خدمات برخوردار نیستند یا خدمات مناسبی دریافت نمی‌کنند، و همچنین تمرکز بر اهمیت سلامت روان، بهبود و انعطاف‌پذیری است. طیف فعلی خدمات از سال 2005 با تلاش‌های ذینفعان در زمینه طرح‌ریزی شروع شد و تا امروز به‌طور تدریجی توسعه یافته است.

این «خلاصه اجرایی» شامل چکیده‌ای از پیشرفت سال اول طرح سه‌ساله MHSA برای سال مالی 24-2023 تا 26-2025 و نیز تغییرات طرح‌ریزی‌شده پیشنهادی در به‌روزرسانی سالانه MHSA کانتی Orange برای سال مالی 25-2024 (به‌روزرسانی سالانه) است. این به‌روزرسانی سالانه MHSA شامل یک بازنگری از روند مستمر «طرح‌ریزی برنامه جامعه» (Community Program Planning, CPP)، شرح‌های مؤلفه برنامه ازجمله جمعیت‌های هدف، پیشنهادهای بودجه، داده‌ها، و اسناد مثبته در این ضمیمه‌ها می‌شود.

مؤلفه‌های MHSA و تأمین بودجه

برای تشریح دقیق‌تر استفاده از این بودجه طبقه‌بندی‌شده، MHSA به شش مؤلفه تقسیم شده است که هر کدام یک جامعه هدف و/یا مصرف مجاز را مشخص می‌کند. مؤلفه‌های «پیشگیری و مداخله زودهنگام» (Prevention and Early Intervention, PEI) و «خدمات و حمایت‌های جامعه‌محور» (Community Services and Supports, CSS) خدمات مستقیم را ارائه می‌دهند. شرح زیر همچنین تخمینی از تعداد فزاینده افرادی که در چارچوب زمانی سه‌ساله این طرح به آنها خدمت‌رسانی می‌شود ارائه می‌دهد:

- **پیشگیری و مداخله زودهنگام (Prevention and Early Intervention, PEI):** هدف PEI فراهم ساختن حمایت و مداخله‌ها در اسرع وقت برای پیشگیری از وخیم شدن مشکل سلامت روان و از پا افتادن ناشی از آن است. اکثر برنامه PEI باید برای کودکان و نوجوانان 25 ساله و جوانتر و خانواده‌ها/مراقبین آنها باشد. انتظار می‌رود تقریباً 230,000 نفر در یک سرویس PEI طی یک دوره طرح سه‌ساله مشارکت کنند. آن تعداد افراد پیش‌بینی‌شده‌ای که ممکن است با مرکز تماس OC LINKS تماس بگیرند یا در معرض کمپین‌های کلان‌مقیاس قرار بگیرند شامل این دسته از افراد نمی‌شود.
- **CSS:** این مؤلفه برنامه‌ها و خدماتی ارائه می‌دهد که برای افرادی با بیماری سلامت روان جدی زندگی متناسب‌سازی شده است، ازجمله کمک هزینه‌ای برای مسکن MHSA و ایجاد این الزام که نیمی از بودجه‌ها به حمایت از خدمات همه‌جانبهٔ فشرده سرپایی تخصیص می‌یابد که برنامه‌های «مشارکت با خدمات کامل» گفته می‌شود. انتظار می‌رود بیش از 94,000 نفر از برنامه CSS در دورهٔ سه‌ساله طرح کنونی منفعت ببرند.
- **نوآوری (Innovation, INN):** برنامه «نوآوری» به منظور آزمایش و ارزیابی رویه‌ها و راهکاری جدید و/یا تغییریافته در حوزه سلامت روان است. این پروژه‌های کوتاه‌مدت آموزش‌محور می‌کوشند که جنبه‌ای از سیستم سلامت رفتاری عمومی را بهبود بخشند.
- **آموزش و پرورش نیروی کار (Workforce Education and Training, WET):** کارکنان آموزش‌دیده و کارآمد جزء سازنده و ضروری موفقیت MHSA هستند. WET از جذب نیرو، آموزش، توسعه و نگهداری کارکنان سلامت رفتاری عمومی حمایت می‌کند.
- **امکانات کلان و نیازهای فناوری (Capital Facilities and Technological Needs, CFTN):** CFTN علاوه‌براین از زیرساخت سیستم سلامت رفتاری عمومی از طریق تأمین بودجه حمایت می‌کند که این کار به مدرن‌سازی سیستم‌های داده و اطلاعاتی کمک می‌کند و تأمین‌کننده بودجه برای ایجاد فضا در ارائه خدمات سلامت روان MHSA است.
- **طرح‌ریزی برنامه جامعه (Community Program Planning, CPP):** MHSA به طرح‌های تخصصی سلامت روان برای مشارکت هدفمند ذینفع در توسعه، اجرا و تجزیه و تحلیل برنامه‌های MHSA نیاز دارد. روند مشارکت ذینفعان ارتباط مداوم بین HCA و ذینفعان را هموار می‌کند تا تغییرات همزمان و بهبود باکیفیت ممکن شود. یک بازبینی کامل از فعالیت‌های CPP که برای توسعه این طرح رخ داده است را می‌توان به‌طور کامل در بخش طرح‌ریزی برنامه جامعه این طرح مرور کرد.

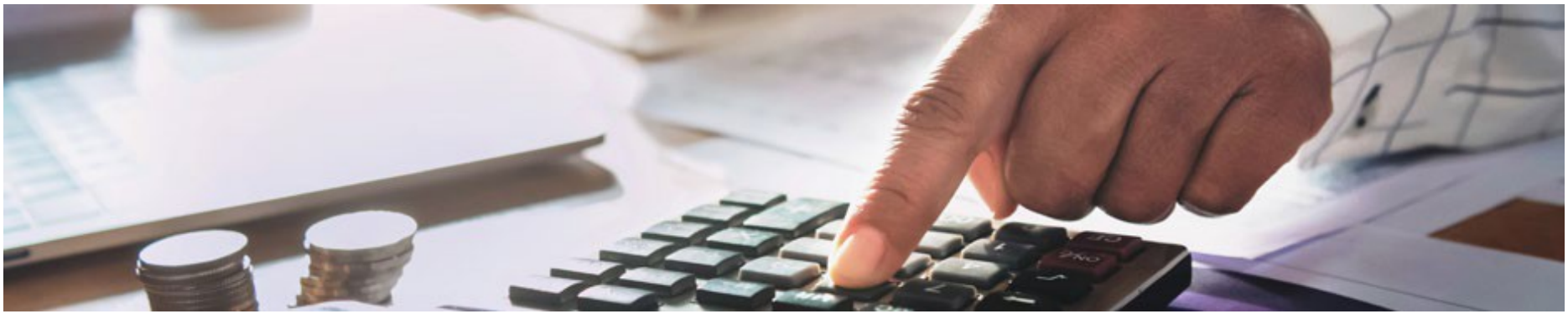
بنا بر مقررات، کانتی‌های بزرگ سه سال فرصت دارند مقرری سالانه MHSA را مصرف کنند. پس از یک دوره سه‌ساله، بودجه‌ها برای توزیع مجدد به ایالت بازمی‌گردد. مقادیر و مبالغ بودجه قابل دسترس پیشنهادی در به‌روزرسانی سالانه MHSA از طریق یک روند «تلفیق» بودجه تعیین می‌شود؛ این روند به مشخص کردن بودجه‌های قابل دسترس کمک می‌کند. بررسی مالی شامل روند دقیقی از تراز کردن دقیق‌تر بودجه‌های فعلی برنامه مؤلفه با هزینه‌های واقعی برنامه می‌شود که از آخرین سال‌های مالی برگرفته شده است. این «تلفیق بودجه» سالانه به BHS امکان می‌دهد روش‌های صرفه‌جویی در هزینه را برای برنامه‌ها شناسایی کنند که با آن می‌توان هزینه‌های برنامه‌های دیگر را در همان مؤلفه MHSA پوشش داد. همچنین هنگامی‌که درآمد در سطوح مورد انتظار دریافت نمی‌شود، از تغییرات ضروری برای کاهش بودجه‌ها حمایت می‌کند. علاوه براین، تیم سرپرستی MHSA، امور مالی HCA و نماینده‌ای

از دفتر مدیرعامل اجرایی کانتی هر سه ماه با مشاور مالی ایالتی ملاقات می‌کنند تا پیشنهادهای بودجه سه‌ساله MHSA را از نزدیک نظارت کنند و طرح‌های ایالتی بیشتر و تغییرات قانون‌گذاری را که می‌تواند به‌طور بالقوه بر تأمین بودجه MHSA اثرگذار باشد بررسی کنند. هر سه ماه، خلاصه‌ای از پیشنهادات بودجه در جلسات جامعه‌محور هیئت مشاوره سلامت رفتاری کانتی Orange ارائه می‌شود. و نهایتاً اینکه، مدیران BHS، واحد رهبری مالی و تیم سرپرستی MHSA مرتباً در سال مالی 24-2023 ملاقات کردند تا پیشرفت توسعه برنامه، بودجه‌ها، مخارج و طرح‌های پیشنهادی را هماهنگ و ارزیابی کنند. یک خلاصه اجمالی از به‌روزرسانی سالانه سطح بودجه پیشنهادی برای هر مؤلفه در جدول زیر ارائه شده است.

قابل ذکر است که این پیش‌نویس بودجه‌های مؤلفه و مقادیر آن برپایه پیش‌بینی‌ها است و نه بودجه‌های واقعی دریافتی. بودجه‌های MHSA پیشینه‌ای ناپایدار و محتمل به تغییر داشته است. درآمد MHSA اخیراً کمتر از میزان پیش‌بینی‌شده هنگام توسعه طرح سه‌ساله MHSA بوده است. براساس اطلاعات قابل دسترس در زمان این گزارش، یک کاهش کلی در بودجه برای دو سال مانده از طرح سه‌ساله انتظار می‌رود. براساس این پیش‌بینی‌ها، طرح بازتاب‌کننده تغییرات مؤلفه برای هر مؤلفه است.

نمای کلی از بودجه پیشنهادی برای خدمت‌دهی به بیش از 100,000 نفر در سال

مؤلفه	طرح سه‌ساله سال مالی 24-2023	بودجه پیشنهادی سال مالی 25-2024	تفاوت
پیشگیری و مداخله زودهنگام	82,273,482 دلار	72,087,856 دلار	-10,185,626 دلار
خدمات و پشتیبانی‌های جامعه	257,467,229 دلار	198,323,313 دلار	-54,593,916 دلار
نوآوری	7,323,668 دلار	48,383,668 دلار	+41,060,000 دلار
WET	8,758,368 دلار	7,871,705 دلار	-866,663 دلار
امکانات کلان و نیازهای فناوری	21,401,488 دلار	31,401,488 دلار	10,000,000 دلار
جمع	**377,224,235 دلار**	**358,068,030 دلار**	**-14,586,205 دلار**



طرح سه‌ساله MHSA براساس نظرات دریافتی از ذینفعان ازطریق روند طرح‌ریزی برنامه جامعه، تغییرات قانون‌گذاری، به‌روزرسانی‌های خطمشی ایالتی و با درنظر گرفتن طرح‌های محلی کانتی Orange توسعه یافت. این به‌روزرسانی سالانه MHSA (به‌روزرسانی سالانه) برای سال مالی 25-2024 درطول مقطعی از تحول نامعلوم در قانون‌گذاری توسعه یافت.

آن دسته از اهالی California که مشکلات جدی سلامت روان و/یا اعتیاد دارند ممکن است با مشکلات زیادی در دریافت خدمات درمانی و سلامت رفتاری مواجه باشند. درنتیجه، این افراد ممکن است چند دهه زودتر از جمعیت عادی فوت کنند. عواملی که ممکن است در این چالش دخیل باشد شامل موانع حمل و نقل، سن و عامل‌های فرهنگی است و ذینفعان لازم است از سیستم‌های مجزای ارائه خدمات برای دسترسی به خدمات مراقبتی استفاده کنند و محدودیت‌هایی در به‌اشتراک‌گذاری داده‌ها/هماهنگی برای خدمات مراقبتی وجود دارد.

به منظور رسیدگی به برخی از این عوامل، ایالت California، به‌دستور «اداره خدمات مراقبت‌های بهداشتی» (Department of HealthCare Services، DHCS) «طرح پیشبرد و نوآوری Medi-Cal در California» (California Advancing and Innovating Medi-Cal، CalAIM) را اجرا می‌کند. CalAIM تعهد بلندمدت ایالت به تغییر Medi-Cal به منظور منصفانه‌تر کردن، هماهنگ‌تر کردن و فردمحورتر کردن برنامه است تا به ذینفعان Medi-Cal کمک کند تجربه سلامت و زندگی خود را به حداکثر برسانند. هدف از این طرح چندمؤلفه‌ای یک سیستم سلامت رفتاری کامل‌تر و منعطف‌تر است که درحال حاضر ازطریق بهسازی‌هایی در خطمشی سلامت رفتاری و اصلاح پرداخت صورت می‌گیرد. علاوه بر CalAIM، بسیاری از تغییرات دیگر در خطمشی درحال انجام است که تغییرات را در مسیر ارائه مراقبت‌های سلامت رفتاری برای سیستمی هدایت می‌کند که برای دهه‌ها درطول دوره زمانی نسبتاً کوتاه اجرا می‌شده است. خلاصه‌ای از جدیدترین تغییرات عبارتند از:

- بحران سیار – نحوه و زمان اعزام تیم‌های پاسخ‌گویی به بحران را برای اعضایی از جامعه که دچار بحران سلامت رفتاری هستند تغییر می‌دهد.
- قانون CARE – یک دادگاه همکاری برای افرادی ایجاد می‌کند که با اختلالات طیف اسکیزوفرنی درمان‌نشده زندگی می‌کنند و نیاز به همکاری و مشارکت داوطلبانه دارند.
- لایه 43 مجلس سنا – تعریف حقوقی ناتوانی خطرناک را تغییر می‌دهد: افرادی که دچار اختلال شدید مصرف مواد مخدر یا چند اختلال همزمان سلامت روان هستند، بدون اینکه هیچ سرمایه‌گذاری‌های همزمان یا بازدارنده‌ای در زیرساخت وجود داشته باشد.
- خدمات همتا و بازیابی – افزوده شدن خدمات حمایت همتایان دارای تخصص در حیطه Medi-Cal، بحران، مشارکت در سیستم قضایی، مسکن و نقش‌های نظارتی را اجباری می‌کند.
- مصوبه SB-326 – یک لایحه چندصد صفحه‌ای که با تأییدیه رأی‌دهنده، تغییرات هدفمندی در قانون خدمات سلامت روان ایجاد می‌کند و برای توسعه یک «طرح یکپارچه سلامت رفتاری» حکم می‌دهد که شامل تک‌تک منابع تأمین بودجه و برنامهٔ مورد استفاده در ارائه خدمات سلامت رفتاری عمومی می‌شود. به‌روزرسانی‌ها تغییرات قابل توجهی در قانون موجود می‌دهند. اداره خدمات مراقبت‌های بهداشتی تا تاریخ این طرح هیچ «اطلاعیه اطلاعاتی» یا «نامه طرح» صادر نکرده است تا راهنمای اجرای این تغییرات باشد.
- مصوبه AB-531 – با تأیید رأی‌دهنده، یک تعهد 6.4 میلیارد دلاری برای ایجاد مراکز درمانی، مسکن کهنه‌سربازها و مسکن با حمایت دائمی برای افراد بی‌خانمان یا درخطر بی‌خانمان شدن و کسانی که دچار بیماری سلامت روان جدی و/یا اختلال مصرف مواد مخدر هستند تصویب می‌کند.

تمام این تغییرات قابل توجه درطول مقطعی از کمبود نیروی کار سلامت رفتاری در سطح ملی رخ می‌دهد که بر توان پاسخگویی به نیازهای سلامت رفتاری جوامع درسراسر کشور تأثیر گذاشته است.

تأثیرگذارترین طرح خطمشی عبارت است از تصویب طرح پیشنهادی 1 که پیش‌بینی می‌شده است. طرح پیشنهادی 1 بخش‌هایی از SB-326 و AB-531 را به‌عنوان یک طرح پیشنهادی تکی ادغام می‌کند که گرایش آن بر اساس نتایج اولیه لایحه رأی‌گیری California مورخ 5 مارس 2024 است. این طرح پیشنهادی هدف «قانون خدمات سلامت روان» (MHSA) را تغییر می‌دهد و نام آن را به «قانون خدمات سلامت رفتاری» (BHSA) عوض می‌کند و جمعیت‌های دارای اولویت را به‌همراه موارد استفاده از بودجه به‌روزرسانی می‌کند.

BHSA بودجه مؤلفه MHSA برای خدمات و پشتیبانی‌های جامعه را حذف می‌کند، (76% از بودجه که شامل توانایی تخصیص بودجه‌ها برای آموزش و پرورش نیروی کار و تحصیل و امکانات کلان و نیازهای فناوری می‌شود)، پیشگیری و مداخله زودهنگام، (19%) و نوآوری (5%). درعوض، BHSA به 35% بودجه نیاز دارد که در جهت «مشارکت‌ها در خدمات‌رسانی کامل» (Full Service Partnerships, FSP)، 30% بودجه برای مداخلات مسکن و 35% برای خدمات سلامت روان و پیشتیبان‌ها (Behavioral Health Services and Supports, BHSS) هدایت شود.

BHSA جمعیت دارای اولویت را با افزودن افراد دارای اختلالات مصرف مواد مخدر گسترش می‌دهد و افراد در خطر بی‌خانمانی یا افراد بی‌خانمان، دارای سابقه کیفری، دخیل در رفاه فرزند و/یا تحت بستری/سرپرست مالی را اولویت می‌بخشد. BHSA قرار است در تاریخ 1 ژانویه 2025 تصویب شود و روند طرح‌ریزی جدید را برای برنامه جامعه شروع کند. انتظار می‌رود که MHSA تا تاریخ 30 ژوئن 2026 به کار خود پایان دهد و لازم است تمام کانتی‌ها طرح‌های ادغامی BHSA تأییدشده توسط هیئت‌های محلی را قبل از 1 ژوئیه 2026 تأیید کنند. BHSA هیچ مؤلفه خاصی برای نوآوری نمی‌افزاید. براساس مفاد کنونی اضافه‌شده به SB-326، اجرای پروژه‌های تأییدشده «مؤلفه نوآوری» را می‌توان پس از تاریخ شروع 1 ژوئیه 2026 ادامه داد.

بسیاری از برنامه‌ها در به‌روزرسانی سالانه برای «بهینه‌سازی ساختار» پیشنهاد می‌شوند. «بهینه‌سازی ساختار» روندی است که بودجه‌های برنامه را براساس مبلغ واقعی بودجه MHSA تغییر می‌دهد، بودجه‌ای که برای حمایت از برنامه درطول سال گذشته استفاده می‌شد. «بهینه‌سازی ساختار» می‌تواند به شناسایی بودجه‌های خرج‌نشده MHSA کمک کند. این بودجه را بعداً می‌توان برای گسترش برنامه‌های موجود یا توسعه برنامه‌های جدید در همان مؤلفه توسعه داد. همچنین هنگامی‌که درآمدهای ایالتی کمتر از انتظار باشد، این روند اجازه می‌دهد که بودجه‌های برنامه کاهش یابد. به‌روزرسانی سالانه بازتاب‌کننده کاهش‌هایی مبتنی بر «بهینه‌سازی ساختار» است. اگر دریافت درآمد با مقادیر کمتر از انتظار ادامه یابد، ممکن است کاهش یا حذف بودجه بیشتری در برنامه مؤلفه ازطریق اصلاحیه‌ای در طرح صورت گیرد.

تنها مؤلفه‌ای که بازتاب‌کننده افزایشی در مؤلفه نوآوری است. بودجه‌های نوآوری ممکن است فقط مطابق با استفاده طبقه‌بندی‌شده مطابق با شرح فوق استفاده شود و ممکن است برای رفع کاستی‌های برنامه‌های مؤلفه دیگر استفاده نشود.

موارد برجسته در پروژه‌های نوآوری در طرح شامل یک پروژه پیشنهادی جدید برای حمایت از توانایی در پاسخگویی به الزامات و تغییرات گسترده قانون‌گذاری، گسترش پروژه‌های کنونی و احتمال سرمایه‌گذاری در بخش دوم پروژه وصیت‌نامه‌های پزشکی روان‌پزشکی ایالتی است.

نوآوری

در زیر شرحی از مفاهیم پیشنهادی پروژه نوآوری آمده است که به‌منظور معرفی و اجرا درطول این دوره گزارش‌دهی طرح‌ریزی شده است. پس از تأییدیه محلی در این طرح، پیش‌نویس پروژه‌های مؤلفه نوآوری برای تأییدیه ایالتی بیشتر توسعه می‌یابد و برای «کمیسیون مسئولیت‌پذیری و نظارت بر خدمات سلامت روان» (Mental Health Services Oversight and accountability Commission، MHSOAC) ارائه می‌شود.

بهبودهای پیش‌برنده درمان سرپایی ارزنده (Progressive Improvements of Valued Outpatient Treatment, PIVOT) – پروژه جدید

تعداد فعلی طرح‌های ایالتی تأثیرات نامشخصی بر سیستم سلامت رفتاری عمومی خواهد داشت. سیستم کنونی خدمات مراقبتی درحال حاضر برای ادغام آسان این تغییرات طراحی نشده است.

بنابراین، نیاز به اصلاح نحوه انجام کسب و کار OC BHS و نحوه خدمت‌رسانی آن باید به‌روزرسانی شود.

طرح‌های چندگانه مشخص می‌کند که ایالت یک الگوی به‌روزرسانی برای خدمات سلامت رفتاری عمومی درنظر دارد، به‌ویژه برای آن خدماتی که ازطریق طرح تخصصی سلامت روان (mental health plan, MHP) ارائه می‌شود. طرح‌های سلامت روان تخصصی کانتی باید به سیستم‌های مراقبتی خود پاسخگو باشند و آنها را تجدیدنظر کنند تا با الزامات همخوانی داشته باشند. «تجدیدنظر» کل سیستم و نیز آزمایش روندهای جدید براساس پروژه بهبودهای **پیش‌برنده** درمان سرپایی ارزنده (PIVOT) پیشنهاد می‌شود.

نوآوری کلی، پروژه **بهبودهای پیش‌برنده درمان سرپایی ارزنده (PIVOT)** پیشنهاد می‌دهد که ضمن اصلاح طراحی OC-BHS، مدل‌هایی از ارائه خدمات ایجاد و آزمایش شود که با هم‌تراز کردن ارائه، هماهنگی خدمات مراقبتی، و پرداخت هزینه خدمات مراقبتی، تجربه‌ای بی‌نقص و یکپارچه را برای مشتریان سلامت رفتاری رقم بزند تا به نتایجی بهتر برای مشتریان منجر شود. همچنین هدف این پروژه آزمایش رویکردهای خلاقانه برای جذب و نگهداری نیروی کار است، رویکردهایی که در سیستم‌های دیگر برای تقویت مسیرهای تبدیل شدن به یک ارائه‌دهنده خدمات بالینی و انگیزه دادن برای حفظ کارکنان مجرب عمل کرده است.

این پروژه چند مؤلفه‌ای منجر به طراحی مجدد یک سیستم کلی می‌شود و درعین حال به بخش‌های کلیدی در سیستم سلامت رفتاری کنونی مراقبت می‌پردازد و پروژه‌های آزمایشی را که هدفشان شناسایی و توسعه رویکردهای سلامت رفتاریِ موفق است ممکن می‌سازد تا بتوان آنها را در سیستم مراقبت یکپارچه‌سازی کرد. راهنمایی‌ها یا مؤلفه‌ها عبارت هستند از:

- رویکردهای نوآورانه برای ارائه خدمات مراقبتی
- نسخه جدید مشارکت در خدمت‌رسانی کامل: آزمایش یک رویکرد مالی اجتماعی برای بهبود نتایج مشتری
- مدیریت مراقبت پیچیده یکپارچه: آزمایش رویکردهای شخصی کامل برای مراقبت در جمعیت بزرگسال مسن
- توسعه ظرفیت برای ارائه خدمات طرح تخصصی سلامت روان در جوامع متنوع
- طرح نیروی کار نوآورانه و سراسری در کانتی

رویکردهای نوآورانه برای ارائه خدمات مراقبتی

در سیستم کنونی، مراقبت اولیه (سلامت فیزیکی)، اختلال مصرف مواد و سیستم‌های سلامت روان مطابق با الزامات نموداری، صورتحساب و مقرراتی هر سیستم عمل می‌کند. علیرغم گرایش ایالتی به مدلی یکپارچه‌تر، تغییرات و طرح‌های همزمان فرصتی به سیستم‌های کانتی اختصاص نداده است تا واکنش دهند و به روش‌های طراحی مجدد سیستم‌ها فکر کنند. ساختار کنونی دسترسی به خدمات کمال‌گرایانه و یکپارچه را محدود می‌کند و مشتری‌ها را مجبور می‌کند تا نیازهای مراقبت‌های بهداشتی‌درمانی خود را با پیمایش در سیستم‌های دوشاخه رفع کنند. حتی فضای کلینیک اغلب مطابق با سیستمی طراحی می‌شود که بودجه کلینیک را عمدتاً با محدود کردن دسترسی به رویکردهای فردمحور نسبت به خدمات مراقبتی تأمین می‌کند.

به‌منظور پاسخگویی به تغییراتی که ایالت درنظر گرفته است، «خدمات سلامت رفتاری» در کانتی Orange (OC) یک پروژه جامع پیشنهاد می‌دهد مراقبت بالینی مجدداً طراحی شود و ضمناً فرصتی برای تمرکز بر پروژه‌های آزمایشی چندگانه در چارچوب آن طراحی جدید فراهم شود. هر مؤلفه بر بخش‌هایی از سیستم تمرکز دارد که از تمرکز بر حل و فصل چالش‌های مستمر بهره می‌برد. یادگیری از هر راهنمایی ارزیابی می‌شود و در یک سیستم کلی مراقبت جدید ادغام خواهد شد و OC BHS خطمشی‌ها و روندهایی به‌منظور حمایت و ادغام به‌روزرسانی‌های سیستم به‌روزرسانی خواهد کرد.

نسخه جدید مشارکت در خدمت‌رسانی کامل: آزمایش یک رویکرد مالی اجتماعی برای بهبود مراقبت از مشتریان و نتایج حاصل

قانون خدمات سلامت روان (MHSA) درحال حاضر ملزم می‌دارد که بودجه اکثر «خدمات و حمایت‌های جامعه‌محور» (CSS) برای برنامه‌های مشارکت در خدمت‌رسانی کامل هدایت شود. برنامه‌های «مشارکت در خدمت‌رسانی کامل» (FSP) خدمات سرپایی گسترده و مدیریت پرونده برای افرادی ارائه می‌دهد که شرایط سلامت رفتاری جدی دارند. چارچوب مشارکت در خدمت‌رسانی کامل براساس فلسفه «عدم شکست» است و «هرآنچه می‌طلبد» را انجام می‌دهد تا پاسخگوی نیازهای مشتری‌ها و درصورت لزوم خانواده‌هایشان باشد، ازجمله اینکه خدمات حمایتی ارائه دهد. این چارچوب ارتباط‌های قوی به منابع اجتماعی ایجاد می‌کند، و درمان سیار و خدمات بهبود در 24 ساعت شبانه‌روز و 7 روز هفته (7/24) ارائه می‌دهد. هدف اصلی برنامه‌های FSP بهبود کیفیت زندگی با اجرای اقداماتی است که مروج دائمی نتایج خوب برای مشتری است.

در تاریخ 5 مارس 2024 برای طرح پیشنهادی 1 رأی‌گیری شد و رأی‌دهندگان California آن را تصویب کردند، لازم است 35% از بودجه کل MHSA برای برنامه‌های FSP هدایت شود. کانتی Orange درحال حاضر بودجه برنامه‌های FSP برای تمام گروه‌های سنی را تأمین می‌کند. این برنامه‌ها ازطریق ترکیبی از نهادهای ارائه‌دهنده و کلینیک‌های کانتی تحت قرارداد اجرا می‌شود. درحالی‌که چارچوب FSP در سراسر برنامه‌ها مشابه است، اما تفاوت‌هایی در جزئیات قراردادها و اختلافی در هزینه برای هر دریافت‌کننده سرویس وجود دارد.

علاوه براین، تفاوت‌هایی در نحوه مدیریت FSPها و در ظرفیت/توانایی هر دو ارائه‌دهندهٔ طرف قرارداد و تیم‌های با کارکنان کانتی وجود دارد. حتی با آن تفاوت‌ها، FSPها درسراسر کانتی اهداف بسیار مشابهی دارند و در کل یک سرویس همگن تشکیل می‌دهند. درحالی که این رویکردِ «هرآنچه می‌طلبد» موفق است، اما با این انتظار ایالت مغایرت دارد که باید تا حد امکان از Medi-Cal هزینه اخذ شود تا درآمدی بابت ارائه این خدمات حاصل شود. درحالی که «هرآنچه می‌طلبد» محرک این مدل است، «هرآنچه بتوان اخذ کرد» تبدیل به انگیزه می‌شود. این موضوع کانتی‌ها را سردرگم می‌کند، زیرا پایداری این خدمات متکی بر درآمدزایی است.

مفهوم جدید FSP در ابتدا بر عملکرد برنامه و مدیریت عملکرد تمرکز خواهد داشت که ازطریق کمک فنی همزمان با کارکنان کانتی و ارائه‌دهندگان تحت قرارداد اجرا می‌شود. این سرویس ارتقایافته رویکردهای مختلف قراردادهای عملکردمحور و بهبود مدیریت عملکرد را تست خواهد کرد. به‌عنوان جایگزین، سه رویکرد محتمل برای هدایت قراردادهای عملکردمحور عبارت هستند از:

- یک قرارداد جدید با نتایج هدفمند که همسو با FSPها اجرا می‌شود؛
- یک اصلاحیه در قراردادهای FSP برای ایجاد یک برنامه تداوم؛
- یک قرارداد جدید با نتایج با محوریت مکان (زندان و/یا جامعه اردوگاه).

FSP جدید ممکن است یک پروژه نوآوری ایالتی شود که توانایی کشف راه‌های جایگزین برای عملکرد و پرداخت از طریق آزمایش یک رویکرد مالی اجتماعی برای مراقبت از مشتری ارائه می‌دهد. در زمان آگهی این طرح، OC این پروژه را صرفاً برای اجرا در این کانتی متصور می‌شود.

جزئیات بیشتر برای این مؤلفه ازطریق روند ذینفع مشترکاً ایجاد می‌شود و در نوشتار طرح پروژه که به MHSOAC ارائه می‌شود ضمیمه می‌شود.

درحال حاضر BHS و ارائه‌دهندگان خدمات مراقبتی هماهنگ محلی با هم ملاقات می‌کنند تا راهکارهایی برای پرونده‌های پیچیده بزرگسالان مسن پیدا کنند که دچار شرایط بیماری عصب‌شناختی و سلامت رفتاری هستند. کارکنان دورهم جمع می‌شوند تا بهترین مسیر درمان برای پرونده‌های فردی را تعیین کنند، زیرا سیستمی که

مدیریت مراقبت پیچیده یکپارچه: آزمایش رویکردهای شخصی کامل برای مراقبت در جمعیت بزرگسال مسن

در سال 2023، کمیته «هیئت مشاوره سلامت رفتاری» (Behavioral Health BHAB ،Advisory Board) بزرگسال مسن کانتی Orange نیاز به بهبود خدمات مراقبتی برای بزرگسالان مسن که بیماری چندگانه عصبی‌شناختی و شرایط سلامت رفتاری دارند را تشخیص داد. این گروه تشخیص داد که بزرگسالان مسن سریع‌ترین رشد جمعیت OC هستند. در مورد بزرگسالان مسن که بی‌خانمان یا در خطر بی‌خانمان شدن و دچار هر دو شرایط سلامت روان و زوال عقل هستند، مسکن، درمان و خدمات پایدار بلندمدت اغلب برای آنها غیرقابل دسترس، ناکافی یا دسترس‌ناپذیر است. علاوه براین مراقبت برای این جمعیت بین سیستم مراقبت مدیریت‌شده و طرح تخصصی سلامت روان تقسیم شده است که هریک از سیستم‌ها مسئول بخشی خاصی از مراقبت هستند. هر سیستم از ابزارهای غربالگری و ارزیابی خاصی استفاده می‌کند و درمان شرایط بیماری چندگانه را از دیدگاه سیستم خودشان بررسی می‌کنند.

هدف از این مؤلفه پیشنهادی شروع به توسعه و طرح‌ریزی یک سیستم مراقبتی برای بزرگسالانی است که دچار هر دو بیماری سلامت رفتاری و شرایط فیزیکی/عصبی‌شناختی هستند که ممکن است شامل افراد بی‌خانمان یا درمعرض بی‌خانمانی شود.

این پروژه بر پایه سه هدف است:

1. ***کمک‌رسانی و مشارکت***: ایجاد یک روند برای شناسایی بزرگسالان مسن با درنظر گرفتن چالش‌ها و موانع رسیدن و مشارکت با جمعیت محروم از خدمات/کم‌برخوردار از خدمات.
2. ***ارزیابی***: مشارکت با متخصصین در این زمینه برای ایجاد یک مدل متفاوت برای ارزیابی که در سراسر سیستم‌های مختلف تشخیص داده می‌شود.
3. ***مدیریت خدمات مراقبتی پیچیده/طرح مدیریت***: تیم با تخصص چندگانه در تأمین بودجه ساختارها و استراتژی‌های مراقبتی همکاری خواهد کرد تا پاسخگوی نیازهای جامع بزرگسالان مسن باشد.

به‌طور مؤثر این موارد را مدیریت کند درحال حاضر وجود ندارد. نتایج این پرونده‌ها گرایش بسیار فردی دارد که این به‌خاطر رویکرد نامنسجمی است که برای این پرونده‌ها اعمال می‌شود و هیچ جریان تأمین بودجه واضح یا ساختار گزارشی آن را پیش‌بینی نکرده است و ارائه‌دهندگان را مجبور کرده است که طرح‌های درمانی فردی را گام به گام انجام دهند.

توسعه ظرفیت برای خدمات طرح سلامت روان در جوامع متنوع

کانتی Orange (OC) محل سکونت تقریباً 3.2 میلیون نفر است که آن را تبدیل به سومین کانتی پرجمعیت در California کرده است و دومین کانتی با بیشترین تراکم جمعیت در ایالت پس از San Francisco است و جمعیت‌های متنوعی در آن زندگی می‌کنند. BHS به‌عنوان طرح تخصصی سلامت روان (MHP) OC و به‌عنوان ارائه‌دهنده خدمات طرح تخصصی سلامت روان عمل می‌کند و هماهنگ‌کننده و ارائه‌دهنده خدمات تخصصی سلامت رفتاری برای دریافت‌کنندگان Medi-Cal و افراد بیمه‌نشده است که دارای معیارهای مراقبت با فوریت پزشکی مطابق MHP هستند.

بسیاری از برنامه‌های CSS به Medi-Cal در ارائه خدمات MHSA کمک می‌کنند. بازنگری آمار ذینفع Medi-Cal می‌تواند به تشخیص جمعیت‌های محروم و کم‌برخوردار از خدمات کمک کند. به‌طور خلاصه، نرخ‌های نفوذ OC کمتر از نرخ نفوذ درسراسر ایالت در تمام گروه‌های نژادی/قومی و در تمام گروه‌های سنی بوده است.

براساس تعداد ساکنین واجد شرایط در Medi-Cal در سال تقویمی 2021 و تعداد ذینفعان با سرویس تأییدشده، گروه‌های زیر به‌عنوان کم‌نماینده شناخته شدند:

- آسیایی یا بومی جزایر اقیانوس آرام
- سیاه‌پوست یا آمریکایی آفریقایی‌تبار
- بچه 5 ساله و کوچکتر
- بزرگسالان بالای 60 سال
- بومیان آمریکا
- ساکنینی که به زبانی غیرانگلیسی صحبت می‌کردند

داده‌ها قابل دسترس ایالت محدود است و جزئیات بیشتر بین تفاوت‌های فرهنگی متعدد بین جمعیت آسیایی/بومی جزایر اقیانوس آرام، آسیای جنوبی، خاورمیانه‌ای، آفریقای شمالی (SAMENA) و غیره را به تصویر نمی‌کشد. علاوه براین، داده‌ای در ارتباط با ارائه خدمات سلامت رفتاری به جمعیت ناشنوایان و کم‌شنوایان وجود ندارد. درحال حاضر، ارائه‌دهندگان خدمات غیر Medi-Cal وجود دارد که خدمات سلامت رفتار به این جمعیت کم‌برخوردار ارائه می‌دهند.

هدف این مؤلفه ارزیابی حداقل ظرفیت سازمان جامعه‌محور است تا بتوان یک ارائه‌دهنده تحت قرارداد طرح تخصصی سلامت روان شد، میزان کمک فنی لازم برای حمایت توسعه و اجرا را بازنگری کرد و تعیین کرد که آیا تثبیت رویکردهای مبتنی بر فرهنگ برای خدمات مراقبت تخصصی سلامت روان نرخ‌های نفوذ و نتایج مشتری را بهبود می‌بخشد یا خیر. علاوه براین، هدف پروژه شناسایی اقدامات مبتنی بر شهود و تعریف جامعه (CDEP) است که می‌توان برای درآمدزایی طراحی کرد و به‌طور بالقوه مورد توجه ایالت قرار گیرد.

جزئیات بیشتر برای این مؤلفه ازطریق روند ذینفع مشترکاً ایجاد می‌شود و در نوشتار طرح پروژه که به MHSOAC ارائه می‌شود ضمیمه می‌شود.

طرح نیروی کار نوآورانه

سیستم سلامت رفتاری عمومی California شاهد کمبود مددکار سلامت رفتاری، تغییرات در طبقه‌بندی شغلی سلامت روان و کم نماینده بودن تنوع متخصصین دارای تجربه با مشتری و عضو خانواده بوده است. برای رسیدگی به چالش‌هایی که نیروی کار سلامت رفتاری عمومی با آن مواجه هستند، MHSA یک مؤلفه برای برنامه‌های «آموزش و پرورش نیروی کار» (WET) سلامت روان افزود. WET برنامه‌ای است که فرصت‌های آموزش برای کارکنان BHS و کارکنان نهاد آژانس تحت قرارداد فراهم می‌کند، جذب نیرو و استخدام نیروی کار با تنوع فرهنگی را ترویج می‌کند، مشوق‌های مالی ارائه می‌دهد، برنامه‌های کارورزی کلینیکی را تسهیل می‌کند، از مشارکت و ادغام مصرف‌کننده‌های و اعضای خانواده آنها در نیروی کار سلامت رفتاری حمایت می‌کند و ازطریق بکارگیری راهکار

متنوع برای جذب و نگهداری کارکنان سلامت رفتاری مجرب، متعهد به رسیدگی به کاستی نیروی کار در کانتی Orange است. WET دیدگاه MHSA برای ایجاد یک سیستم توانمند تغییر شکل یافته فرهنگی را به انجام می‌رساند که مروج تندرستی، بازیاب

정신 건강 회복 서비스 책임자

2024~2025년 회계연도 (Fiscal Year, FY) 오렌지 카운티 (Orange County, OC) 행동 건강 서비스 (Behavioral Health Services, BHS) 정신 건강 서비스법(Mental Health Services Act, MHSA) 연간 플랜(연례 업데이트)에 관심을 가져주셔서 감사합니다. 이 기회를 빌어 우리가 새로워진 커뮤니티 플랜 수립 과정을 구축해 가고, 커뮤니티의 의견을 수렴하고, 실제 경험자들에게 목소리를 낼 기회를 제공하는 데 협조해 주신 이해관계자 여러분께 감사의 마음을 전하고 싶습니다. MHSA 자금은 수십 년간 공공 행동 건강 안전망을 개선하는 주요 수익원이자 도구로서 진료 시스템을 단계적 치료(Fail-First) 모델에서 예방, 조기 진단 및 개입, 연속 외래 서비스를 아우르는 종합 연속 서비스로 확장해 왔습니다.

이 연례 업데이트의 시기는 매우 중요합니다. 2024년 3월 5일 진행된 투표에서 유권자가 개정안 1(Proposition 1)을 통과시킴에 따라, 공공 행동 건강 시스템은 주요 정책 변경 사항에 따라 변화와 조정을 지속하고 있습니다. 개정안 1은 MHSA 의 명칭을 행동 건강 서비스법 (Behavioral Health Services Act, BHSA) 으로 바꾸고, 자금의 단정적 요소와 용도를 변경하고, 서비스 대상을 업데이트하고, 주정부가 예방 및 인력 관련 활동을 실행하는 데 지역 자금을 재분배하도록 새롭게 규정합니다. 변화에는 기회가 따릅니다. BHSA 는 행동 건강 통합 플랜 개발을 통해 진료 시스템을 재구상하고 이해관계자에게 전체적인 행동 건강 시스템을 안내할 기회를 제공합니다.

이와 동시에, 행동 건강 부서는 기존 MHSA 3 개년 플랜을 2026 년 6월 30일 종료 시까지 계속 적용합니다. 우리에게 중요한 것은 이 기회와 재구상 시기에 맞춰 전환을 준비하는 것입니다. 따라서, 이번 연례 업데이트의 핵심은 OC 공공 행동 건강 서비스 시스템의 창의적이고 종합적인 개편을 지원하기 위한 포괄적 혁신 개념을 도입하는 것입니다. 제안된 혁신 개념은 전체 서비스 파트너십 (Full Service Partnership) 프로그램을 Re-Boot(재활성화)하고, 여러 증상에 대한 복합적 관리가 필요한 합병증이 있는 개인의 복합 진료를 위한 인프라와 프로그램을 마련하고, 여러 문화 집단에 정신 건강 서비스를 제공하고 커뮤니티 정의 증거 기반 방식 (Community-Defined Evidence-based Practice, CDEP)을 시행하는 다양한 커뮤니티 기반 단체와 협력하여 역량을 개발하고 전문 정신 건강 진료소 서비스를 도입하면서, 카운티 전체의 행동 건강 인력 이니셔티브를 수립하기 위해 다른 시스템에서 효과가 있었던 혁신적인 인력 전략과 공간 및 제공 모델이 서비스 제공/결과에 미치는 영향을 테스트하는 임상 개편 프로젝트 투자하도록 공공 행동 건강 서비스를 개편합니다.

여러 이해관계자, 오렌지 카운티 감독 위원회 (Board of Supervisors, BOS), 행동 건강 자문 위원회 (Behavioral Health Advisory Board, BHAB), 시스템의 모든 담당자, 계약 서비스 제공 단체, OC 보건국 (Health Care Agency, HCA) 직원, 그리고 각계각층의 고객과 가족 여러분의 도움과 지도가 없었다면 지금까지의 진전은 이루어질 수 없었을 것입니다. 시간을 내어 이 플랜을 검토하고 피드백을 제공해 주셔서 감사합니다. 오렌지 카운티 행동 건강 서비스 부서는 MHSA@ochca.com 으로 여러분의 의견을 받고 있습니다.

감사합니다.

Veronica Kelley, DSW, LCSW
오렌지 카운티 보건국 행동 건강 서비스 부서 책임자

근로자 교육 및 트레이닝 (WET) 프로그램을 포함했습니다. WET 는 BHS 직원과 계약 업체 직원에게 트레이닝을 받을 기회를 제공하고, 문화적으로 다양한 인력의 채용과 고용을 촉진하고, 재정적 인센티브를 제공하고, 임상 인턴 프로그램을 활성화하고, 소비자와 그 가족을 행동 건강 인력에 포함하고 통합하는 일을 지원하는 프로그램으로, 자격을 갖춘 행동 건강 직원을 채용하고 유지하기 위한 다양한 전략을 통해 오렌지 카운티 내 인력 부족 문제에 대응하고 있습니다. WET 는 모든 연령대와 모든 문화적 배경을 가진 사람들의 안녕과 회복, 극복을 도모하는 혁신적이고 문화적으로 적절한 시스템을 만든다는 MHSA 의 비전을 실현합니다.

OC WET 구성 요소 프로그램은 수년간 많은 성과를 이루면서 우수한 인력을 개발하는 데 기여해왔습니다. 그러나 여전히 존재하는 일부 제도적 장벽은 통합된 BHS 고용 관행 구축에 걸림돌이 되고 있습니다. BHS는 최근 MHSA 3개년 플랜에서 유급 인턴십, 직원 20/20 프로그램, 인턴에서 고용까지의 순조로운 경로를 포함하는 중앙집중관리형 인턴십 프로그램을 마련해야 할 필요성을 확인했습니다. 다음은 많은 노력에도 불구하고 여전히 기존 프로그램의 성과를 제한하고 있는 장벽의 일부 예시입니다.

- 시스템 간의 경쟁. 예를 들어, 병원, 교육, 형사 사법 및 관리형 의료 플랜은 모두 같은 자격을 갖춘 직원과 인턴을 두고 경쟁합니다.
- 초보 행동 건강 임상의의 최소 자격 갱신 기능 제한(지원자가 시작일 이전에 BBS 등록 번호를 보유해야 하는 요건 포함).
- 졸업, 채용 및 BHS 시작 사이의 지연.
- 20/20 프로그램 창설 역량 부족

게다가 서비스 제공자의 대규모 네트워크 개발을 지원하는 체계적인 카운티 전체 행동 건강 절차와 경로가 마련되어 있지 않습니다.

이러한 장벽의 일부에 대응하기 위해 BHS 에서 고안한 해결책이 견습생 프로그램을 활용하는 다른 시스템에 존재합니다. 견습생 프로그램은 유급 직업 훈련에 강좌 교육을 결합하여 근로자가 고급 역량을 갖추도록 준비시킵니다. 근로자는 견습생 프로그램에서 기술 교육을 받고 보수가 좋은 직무로의 취업을 준비하는 데 도움을 받을 수 있습니다. 견습생 프로그램은 고용주가 우수한 인력을 채용, 양성 및 유지하는 데도 도움이 됩니다.

BHS 의 혁신적인 인력 이니셔티브는 인턴십 프로그램과 견습생 프로그램에서 성공적이었던 전략을 취하고 인턴십 프로그램 참여에 대한 인센티브 지급을 지원하기 위해 제3자 외부 업체를 "기록상의 고용주"로 활용할 수 있습니다.

일반적으로 견습생 기간이 인턴십보다 길기 때문에 BHS 인턴십에 참여하는 사람은 교육 요건 이외의 영역으로 유급 학습 기회를 확장할 수도 있습니다. 장기간 근무를 장려하고 졸업 시점부터 BBS 등록 번호(카운티 정규직 자격 요건) 수령일까지의 기간 동안 인센티브를 계속 제공하는 표준 급여 정책이 개발될 예정입니다.

이 구성 요소의 세부 사항은 이해관계자와 공동으로 작성한 후 MHSOAC 에 제출되는 프로젝트 계획안에 포함할 것입니다.

요약

MHSA 배경

2004년 11월, 캘리포니아 유권자들에 의해 정신 건강 서비스법 (MHSA) 이라고도 알려진 개정안 63 (Proposition 63) 이 통과되었습니다. 본 법률은 백만 달러 이상의 개인 소득에 1%의 주민세를 부과했으며, 심각한 행동 건강 문제가 있는 개인과 그 가족의 삶의 질을 향상시킬 수 있는 정신 건강 복지 시스템의 변화를 강조합니다. 정신 건강 플랜은 MHSA 와 함께 주요 커뮤니티 이해관계자가 프로그램 개발, 구현, 평가, 지원, 정책에 대한 정보를 제공하여 캘리포니아 전역의 다양한 개인, 가족, 커뮤니티의 요구에 따라 맞춤화된 공공 행동 건강 프로그램이 만들어지도록 보장합니다. 그 결과 지역 커뮤니티와 그 주민들은 더욱 확대되고 향상된 정신 건강 서비스 혜택을 받게 되었습니다.

MHSA 의 출범 시점부터 오렌지 카운티 보건국 행동 건강 서비스 (BHS) 는 종합적인 이해관계자 참여 활용하여 예방 및 위기 서비스부터 확장된 외래 환자 연속 서비스를 통한 위기 거주 관리를 아우르는 지역 MHSA 프로그램을 개발했습니다. 모든 프로그램 개발 및 실행의 핵심은 커뮤니티 협력, 문화적 역량, 고객 및 가족 주도의 서비스, 고객과 가족을 위한 서비스 통합, 서비스를 받지 못하거나 지원이 부족한 대상을 위한 우선 서비스 제공, 복지, 회복 및 쾌유의 중요성에 중점을 두고 있습니다. 현재 서비스의 구성은 2005 년 이해관계자들의 기획 노력을 시작으로 오늘날까지 점차 향상되었습니다.

본 요약은 2023~2024 년 회계연도부터 2025~2026년 회계연도까지 시행되는 MHSA 3개년 플랜의 첫해 진행 상황 개요와 오렌지 카운티의 2024~2025 FY MHSA 연례 업데이트에서 제안될 변경 사항을 포함하고 있습니다. 이번 MHSA 연례 업데이트에는 진행 중인 커뮤니티 프로그램 커뮤니티 프로그램 플랜 수립 과정 (Community Program Planning Process, CPP) 의 개요와 대상 집단, 예산 예측, 데이터, 부록의 증빙 자료를 포함하는 구성 요소 프로그램 설명이 포함됩니다.

MHSA 구성 요소 및 자금

이 단정적 자금의 사용을 더 자세히 정의하기 위해 MHSA 를 각 대상 집단 및/또는 허용되는 사용을 나타내는 6개의 구성 요소로 분류합니다. 예방 및 조기 개입(Prevention and Early Intervention, PEI) 및 커뮤니티 서비스 및 지원(Community Services and Supports, CSS) 구성 요소는 직접적인 서비스를 제공합니다. 아래 설명은 플랜에서 3년 동안 서비스를 받을 개인의 대략적인 누적 수를 제공합니다.

- **예방 및 조기 개입 (PEI)**: PEI는 최대한 초기에 지원하거나 개입하여 정신 건강 상태가 심각해져 장애가 되는 상황을 방지하는 것을 목적으로 합니다. 대부분의 PEI는 25세 이하의 아동과 청소년 및 그 가족/간병인의 대상으로 해야 합니다. 약 230,000 명이 3 개년 플랜 기간에 PEI 서비스에 참여할 것으로 예상됩니다. 이 수는 OC LINKS 콜센터에 연락할 수 있거나 대규모 캠페인에 노출될 것으로 예상될 수 있는 사람의 예상 수는 포함하지 않습니다.
- **커뮤니티 서비스 및 지원 (CSS)**: 이 구성 요소는 MHSA 주택 지원 수당 및 전체 서비스 파트너십 프로그램이라고 하는 집중 외래 환자 서비스를 지원하는 데 자금의 절반을 할애해야 하는 요구사항을 포함하여 중증 정신 질환 환자를 위한 프로그램과 서비스를 제공합니다. 현재의 3개년 플랜 기간 동안 94,000 명 이상이 CSS 프로그램 혜택을 받을 것으로 예상됩니다.
- **혁신 (Innovation, INN)**: 혁신은 정신 건강 분야에서 새로운 및/또는 변경된 관행 또는 전략을 검사하고 평가할 수 있도록 하기 위한 목적입니다. 이 단기 학습 중심 프로젝트는 공공 행동 건강 시스템의 한 측면을 개선하기 위해 노력합니다.
- **근로자 교육 및 트레이닝 (Workforce Education and Training, WET)**: 자격과 역량을 갖춘 직원은 MHSA 의 성공에 필수적인 요소입니다. WET는 공공 행동 건강 직원의 채용, 교육, 개발, 유지를 지원합니다.
- **자본 시설 및 기술적 지원 필요 (Capital Facilities and Technological Needs, CFTN)**: CFTN 은 데이터와 정보 시스템을 현대화하고 MHSA 정신 건강 서비스를 제공하는 공간을 구축하기 위한 지원금을 제공하기 위한 재정 지원을 통해 공공 행동 건강 시스템의 인프라를 추가적으로 지원합니다.
- **커뮤니티 프로그램 플랜 수립 (Community Program Planning, CPP)**: MHSA는 MHSA 프로그램의 개발, 구현, 분석에 대한 이해관계자의 의미 있는 참여를 위해 전문 정신 건강 플랜이 필요합니다. 이해관계자 프로세스는 HCA 와 이해관계자 간의 지속적인 소통을 가능하게 하여 실시간 조정과 품질 개선을 실현합니다. 본 플랜의 개발을 위한 CPP 활동의 통합 개요는 커뮤니티 프로그램 플랜 수립 섹션에서 전체적으로 검토할 수 있습니다.

대규모 카운티의 경우 규정에 따라 연간 MHSA 지원금 할당을 3년 동안 사용할 수 있습니다. 3 년 후에는 지원금이 재분배를 위해 주로 귀속됩니다. MHSA 연례 업데이트에 제안된 금액과 사용 가능한 지원금은 사용 가능한 자금을 파악하는 데 도움이 되는 "True Up (조정)" 절차를 통해 결정됩니다. 재정 검토는 가정 최근 회계 연도부터 기존 프로그램 예산을 실제 프로그램 세출에 더욱 근접하도록 조정하는 상세 절차를 포함합니다. BHS는 매년 진행하는 예산 "True Up" 절차를 통해 동일한 MHSA 구성 요소 내 여타 프로그램의 실행 비용으로 전환될 수 있는 프로그램의 비용 절감 상황을 파악할 수 있습니다. 또한 수입이 예상 수준에 미치지 못할 때 예산을 줄이는 필수 조정도 지원합니다. MHSA 행정팀, HCA 재무 담당자, 카운티 CEO 사무소 대표는

주의 재정 컨설턴트와 분기별로 만나 3년 동안의 MHSA 예측을 면밀하게 모니터링하고 MHSA 자금에 영향을 미칠 가능성이 있는 추가적인 주 이니셔티브와 법률 변경 사항을 파악합니다. 분기마다 예측의 요약이 OC 행동 건강 자문 위원회 커뮤니티 회의에서 발표됩니다. 마지막으로 BHS 관리자, 재무 리더십, MHSA 행정팀은 2023 년~2024 년 회계연도에 정기적으로 만나 프로그램 개발 진행 상황, 예산, 지출, 플랜 제안을 조정하고 평가했습니다. 각 구성 요소에 제안된 연례 업데이트 재정 지원 수준의 개요는 아래 표와 같습니다.

이 구성 요소 예산 초안과 금액은 실제 수령한 자금이 아닌 예측을 기반으로 합니다. 현재까지 MHSA 자금은 변동적이므로 변경될 수 있습니다. 최근 MHSA 수익은 3개년 MHSA 플랜을 수립할 때 예상했던 것보다 적었습니다. 본 보고서 작성 시점에 확인한 정보에 따르면, 3 개년 플랜 중 남은 2년 동안 전반적으로 자금이 감소할 것으로 예상됩니다. 본 플랜은 예측에 기반하여 각 구성 요소를 조정합니다.

연간 100,000명 이상에게 서비스를 제공하기 위해 제안된 자금 개요

구성 요소	3개년 플랜 FY 2023~2024 년	제안 예산 FY 2024~2025 년	차액
예방 및 조기 개입	$82,273,482	$72,087,856	-$10,185,626
커뮤니티 서비스 및 지원	$257,467,229	$198,323,313	-$54,593,916
혁신	$7,323,668	$48,383,668	+$41,060,000
WET	$8,758,368	$7,871,705	-$866,663
자본 시설 및 기술적 필요	$21,401,488	$31,401,488	$10,000,000
총비용	**$377,224,235**	**$358,068,030**	**-$14,586,205**

2024~2025 회계연도 MHSA 연례 업데이트

MHSA 3개년 플랜은 커뮤니티 프로그램 플랜 수립 과정에서 받은 이해관계자의 의견, 법률 변경 사항, 주 정책 업데이트를 기반으로 오렌지 카운티 지역 이니셔티브를 고려하여 수립되었습니다. 2024~2025 년 회계연도 MHSA 연례 업데이트(연례 업데이트)는 법률 변경 사항이 불확실한 시기에 이루어졌습니다.

중증 정신 질환 및/또는 중독 증세가 있는 캘리포니아 주민은 행동 건강 및 의료 진료를 받으려고 할 때 여러 난관에 부딪힐 수 있습니다. 그 결과로 이들은 일반 사람들보다 수십 년 더 일찍 사망할 수 있습니다. 어려움을 겪게 하는 요인에는 이동 수단의 장벽, 나이 및 문화적 요인, 수혜자가 진료를 받기 위해 별도의 서비스 제공 시스템을 찾아야 하는 번거로움, 데이터 공유/진료 배정의 제한 등이 있습니다.

캘리포니아주는 이러한 요인에 대응하기 위해 보건 서비스국 (Department of HealthCare Services, DHCS) 의 지시에 따라 '캘리포니아 Medi-Cal 발전 및 혁신 (California Advancing and Innovating Medi-Cal, CalAIM) 이니셔티브'를 시행하고 있습니다. CalAIM은 Medi-Cal 수혜자가 건강과 삶의 여정에서 최대의 진전을 이룰 수 있도록 더 공평하고, 체계적이고, 사람 중심적인 프로그램을 만들기 위해 Medi-Cal을 변화시키고자 하는 주정부의 장기적 약속입니다. 다양한 구성 요소로 이루어진 이 이니셔티브의 목적은 현재 행동 건강 정책 개선과 지급 개혁을 통해 시행되고 있는 보다 통합적이고 유연한 행동 건강 시스템을 갖추는 것입니다. CalAIM 외에도 다른 여러 정책 변화가 시행되면서 수십 년간 시행되어 온 시스템의 행동 건강 진료 제공 방식을 비교적 짧은 시간 안에 변화시키고 있습니다. 다음은 최근 있었던 변화의 일부입니다.

- 모바일 위기 대응 – 행동 건강 위기에 놓인 커뮤니티 구성원에게 위기 대응팀을 파견하는 방법과 시기를 변화시킵니다.
- CARE법 – 치료되지 않은 조현병 스펙트럼 장애가 있어 자발적 치료에 집중적인 협조와 참여가 필요한 개인을 위한 협조적 법원을 창설합니다.
- 상원 법안 43 – 중증 장애의 법적 정의에 인프라에 대한 동시적 혹은 예방적 투입이 없고 심각한 약물 남용이나 반복적 정신 건강 장애를 앓고 있는 사람을 포함하도록 합니다.
- 동료 및 회복 서비스 – Medi-Cal, 위기, 사법 관여, 주택 및 감독 역할에 특화된 동료 지원 서비스 제공을 의무화합니다.
- SB-326 통과 – 백여 장에 이르는 이 법안은 유권자의 승인에 따라 정신 건강 서비스법을 크게 바꾸고 공공 행동 건강 서비스에 사용되는 각각의 자금원과 프로그램을 포함하는 행동 건강 통합 플랜의 수립을 의무화합니다. 이번 업데이트로 기존 법이 대대적으로 바뀌었습니다. 이 플랜 날짜를 기준으로 보건 서비스국은 이러한 변화의 도입을 지시하는 정보 통지 혹은 계획 서신을 발행하지 않았습니다.
- AB-531 통과 – 유권자의 승인에 따라, 노숙 중이거나 노숙 위기에 놓여 있고 중증 정신 질환 및/또는 약물 남용 장애가 있는 개인을 위한 치료 시설, 재향군인 주택 또는 영구 지원 주택을 짓도록 64억 달러의 채권을 발행합니다.

이 모든 중대한 변화는 국가적 행동 건강 인력 부족 문제를 겪는 시기에 발생하여 카운티 내 전체 커뮤니티의 행동 건강 필요를 충족시키는 역량에 영향을 미칩니다.

가장 영향력 있는 정책구상은 통과될 것으로 예상되는 개정안 1입니다. 개정안 1은 SB-326 과 AB-531 의 부분을 단일 개정안으로 결합한 것으로, 2024 년 3월 5일에 진행된 캘리포니아 투표 사전 결과에 근거할 때 승인될 가능성이 높습니다. 이 개정안은 정신 건강 서비스법 (MHSA) 의 목적을 재정의하고, 그 명칭을 행동 건강 서비스법 (BHSA) 으로 바꾸고, 우선순위 대상과 자금의 사용을 업데이트합니다.

BHSA는 커뮤니티 서비스 및 지원(근로자 교육 및 트레이닝, 자본 시설 및 기술적 지원 필요를 위한 자금 확보 능력을 포함한 자금의 76%), 예방 및 조기 개입(19%), 혁신(5%)을 위한 MHSA 구성 요소 자금을 없앱니다. 대신에 BHSA는 자금의 35%를 전체 서비스 파트너십(Full Service Partnerships, FSP) 에, 30% 를 주택 개입 자금 지원에, 35%를 행동 건강 서비스 및 지원 (Behavioral Health Services and Supports, BHSS)에 할당하도록 요구합니다.

BHSA는 우선순위 대상에 약물 남용 장애가 있는 개인을 포함하도록 확장하고, 노숙, 사법 관여, 아동 복지 관여 및/또는 시설 수용/후견인 제도의 위기에 놓여 있거나 이를 겪고 있는 개인에게 우선순위를 부여합니다. BHSA 는 업데이트된 커뮤니티 프로그램 플랜 수립 과정에 착수하도록 2025 년 1 월 1 일에 발효될 예정입니다. MHSA는 2026 년 6 월 30 일 종료될 것으로 예상되며, 모든 카운티는 2026년 7월 1일까지 지역 위원회에서 승인한 BHSA 통합 플랜을 승인해야 합니다. BHSA 에는 혁신을 위한 구체적인 구성 요소가 포함되어 있지 않습니다. 현재 SB-326 에 포함된 표현에 따르면, 승인된 혁신 구성 요소 프로젝트는 2026 년 7월 1일 시작일 이후에도 계속 진행할 수 있습니다.

연례 업데이트에 포함된 많은 프로그램은 "적절한 규모 조정"을 위해 제안된 것입니다. 적절한 규모 조정은 전년도에 프로그램을 지원하는 데 사용되었던 실제 MHSA 지원 금액에 기반하여 프로그램 예산을 조정하는 절차입니다. 적절한 규모 조정은 사용되지 않은 MHSA 자금을 파악하여 기존 프로그램 확장이나 동일한 구성 요소의 새로운 프로그램 개발에 투자하는 데 도움이 됩니다. 이 절차로 주 수입이 예상보다 적을 때 프로그램 예산을 줄일 수도 있습니다. 연례 업데이트는 적절한 규모 조정에 따른 절감을 반영합니다. 수입이 예상보다 적은 상황이 지속되는 경우, 플랜 수정을 통해 추가적인 구성 프로그램 단축 또는 삭제가 이루어질 수 있습니다.

증가를 반영하는 유일한 구성 요소는 혁신 요소입니다. 혁신 자금은 상기된 단정적 용도에 따라서만 사용할 수 있으며, 다른 구성 프로그램의 부족한 자금을 보충하는 데 사용할 수 없습니다.

플랜에 속한 주요 혁신 프로젝트에는 강화된 법적 의무와 변경 사항에 대응하는 역량을 지원하기 위해 새로 제안된 프로젝트, 기존 프로그램의 확장, 그리고 주 전역의 제2차 정신과 사전 지시(Psychiatric Advanced Directives) 프로젝트에 대한 투자 가능성이 포함됩니다.

혁신

다음은 이 보고 기간에 도입 및 실행될 예정인 신규 제안 혁신 프로젝트의 콘셉트 설명입니다. 이 플랜이 지역 승인을 받으면 혁신 요소 프로젝트 초안을 작성해 주정부의 승인을 받고 정신 건강 서비스 감독 및 책임 위원회 (Mental Health Services Oversight and accountability Commission, MHSOAC)에 제출합니다.

중요 외래 환자 치료의 점진적 개선(Progressive Improvements of Valued Outpatient Treatment, PIVOT) – 신규 프로젝트

현행하는 다수의 주 이니셔티브는 공공 행동 건강 시스템 전반에 예측할 수 없는 영향을 미칠 것입니다. 현재의 진료 시스템은 이러한 변화를 쉽게 통합하도록 체계화되어 있지 않습니다.

따라서 OC BHS 의 업무 수행 방식과 서비스 제공 방식을 수정해야 할 필요성도 업데이트되어야 합니다.

많은 이니셔티브의 제정은 주정부가 공공 행동 건강 서비스, 특히 전문 정신 건강 플랜 (Mental Health Plan, MHP) 을 통해 제공되는 서비스에 대한 패러다임의 변화를 도모하고 있다는 사실을 명확하게 보여줍니다. 카운티의 전문 정신 건강 플랜은 이러한 요구사항을 충족하도록 대응하고 진료 시스템을 재구상해야 합니다. 시스템 전반의 "재구상"은 새로운 절차의 테스트와 함께 **중요 외래 환자 치료의 점진적 개선 (PIVOT)** 프로젝트'에서 제안되었습니다.

전체적 혁신인 **중요 외래 환자 치료의 점진적 개선 (PIVOT)** 프로젝트는 서비스 제공, 진료 배정, 진료 비용 결제가 행동 건강 진료 고객에게 원활하고 통합된 경험을 제공하여 고객 진료 결과를 개선한다는 의도에 부합하도록 OC-BHS 시스템을 개편하고 서비스 모델을 수립하여 테스트할 것을 제안합니다. 또한 이 프로젝트는 다른 시스템에서 효과가 있었던 인력 채용 및 유지를 위한 혁신적 접근 방식을 테스트하여 임상 서비스 제공자가 되는 길을 강화하고 우수한 직원의 잔류를 장려하도록 합니다.

이 다중 구성 요소 프로젝트는 전체 시스템을 개편하는 동시에 기존 BH 진료 시스템의 주요 영역을 관리하며, 진료 시스템 전반에 통합할 효과적인 행동 건강 접근 방식을 파악하고 개발하기 위한 파일럿 프로젝트를 진행하도록 합니다. 파일럿 또는 구성 요소에는 다음 항목이 포함됩니다.

- 진료 제공에 대한 혁신적인 접근 방식
- 전체 서비스 파트너십 Re-Boot: 고객 진료 개선을 위한 사회적 자금 지원 방식 테스트
- 통합 복합 진료 관리: 고령자 진료를 위한 전인적 접근 방식 테스트
- 다양한 커뮤니티에서 전문 정신 건강 플랜 서비스를 제공하기 위한 역량 개발
- 혁신적인 카운티 전체 인력 이니셔티브

진료 제공에 대한 혁신적인 접근 방식

현재 시스템에서 1차 진료(신체 건강), 약물 남용 장애 및 정신 건강 시스템은 각 시스템의 차트 기록, 청구 및 규정 요건에 따라 운영됩니다. 더욱 통합된 모델을 실현하려는 주정부의 움직임에도 불구하고, 동시다발적인 변화와 이니셔티브는 카운티 시스템이 대응하고 개편 방법을 강구하기에 충분한 시간을 허락하지 않았습니다. 현 구조는 전체적인 통합 서비스에 대한 접근성을 제한하기 때문에 고객은 필요한 진료를 받기 위해 시스템의 여러 경로를 탐색해야 합니다. 임상 공간조차 사람 중심 진료 방식에 대한 접근을 제한하는 진료소에 자금을 우선 지원하는 시스템인 경우가 많습니다.

주정부가 구상하는 변화에 대응하기 위해, 오렌지 카운티 (OC) 행동 건강 서비스 부서는 임상 진료의 개편을 다양한 파일럿 프로그램에 중점을 두는 기회로 삼기 위한 포괄적 프로젝트를 제안합니다. 각 구성 요소는 지속되는 문제를 해결하는 데 집중적인 관심을 기울임으로써 유익을 얻을 수 있는 것으로 확인된 시스템 영역에 중점을 둡니다. 각 파일럿에서 학습한 내용은 평가 후 새로운 진료 시스템 전반에 통합되며 OC BHS는 정책과 절차를 업데이트하여 시스템 업데이트를 지원하고 통합합니다.

전체 서비스 파트너십 Re-Boot: 고객 진료 및 개선을 위한 사회적 재무 방식 테스트

현재 정신 건강 서비스법 (MHSA) 은 커뮤니티 서비스 및 지원 (CSS) 자금의 대부분을 전체 서비스 파트너십 프로그램으로 전향하도록 요구합니다. 전체 서비스 파트너십 (FSP) 프로그램은 중증 행동 질환이 있는 사람들에게 집중 외래 환자 서비스와 진료 관리를 제공합니다. 전체 서비스 파트너십 체계는 "실패하지 않는다"는 철학에 기반을 두고 고객 (해당하는 경우 고객의 가족 포함)의 필요를 채우기 위해 지원 서비스 제공을 포함하여 "어떤 조치든" 시행합니다. 이 체계는 커뮤니티 리소스에 대한 강력한 접근성을 구축하고 주 7일

24시간(연중무휴) 운영에 기초한 치료 및 회복 서비스를 제공합니다. FSP 프로그램의 기본 목적은 고객을 위해 지속적으로 좋은 결과를 촉진하는 방식을 도입함으로써 삶의 질을 향상시키는 것입니다.

2024 년 3월 5일 캘리포니아 유권자가 투표로 통과시킨 개정안 1 은 MHSA 총예산의 35%를 FSP 프로그램에 사용하기를 요구합니다. 현재 오렌지 카운티는 계약 서비스 제공 기관과 카운티 진료소를 결합하여 시행되는 모든 연령대를 위한 FSP 프로그램에 자금을 지원하고 있습니다. FSP 체계는 모든 프로그램에서 유사하지만 계약의 세부 사항이나 서비스 수령인별 비용 변동에 차이가 있습니다.

또한, FSP 관리 방식과 계약 업체 및 카운티 직원 팀의 서비스 역량/기능에도 차이가 있습니다. 이러한 차이에도 불구하고 카운티 전역의 FSP는 매우 유사한 목표를 가지고 있으며 전반적으로 동일한 서비스를 구성합니다. "어떤 조치든" 시행한다는 접근 방식은 효과적이긴 하지만, 이러한 서비스 제공을 위한 수입을 줄이기 위해 가능한 한 많은 Medi-Cal 비용을 청구해야 한다는 주정부의 기대와 상충하기도 합니다. "어떤 조치든" 시행하는 모델을 추구하지만, "어떤 것이든 청구될 수 있다"는 원칙이 장려됩니다. 서비스의 지속가능성은 수익 창출에 달려 있기 때문에 이 방식은 카운티를 어려움에 처하게 합니다.

FSP Re-Boot 콘셉트는 주로 카운티 직원과 계약 업체의 실시간 기술 지원을 통해 구현되는 프로그램 성과와 성과 관리에 중점을 둡니다. 향상된 서비스는 성과 기반 계약과 개선된 성과 관리에 대한 다양한 접근 방식을 테스트합니다. 임시적으로 성과 기반 계약을 시험하기 위해 실행할 수 있는 3가지 접근 방식은 다음과 같습니다.

- FSP와 함께 새로운 목적 기반 결과 계약 진행
- 후속 프로그램을 만들기 위한 FSP 계약 수정
- 새로운 장소 기반 결과 계약(감옥 및/또는 야영지 커뮤니티)

FSP Reboot는 고객 진료를 위한 사회적 자금 지원 방식을 테스트하여 대안적 성과 및 지급 방법을 파악할 기회를 제공하는 주 전체 혁신 프로젝트가 될 수 있습니다. 이 플랜을 게시하는 시점에 OC는 오직 우리 카운티에서의 시행을 위해 프로젝트를 개념화합니다.

이 구성 요소의 세부 사항은 이해관계자와 공동으로 작성한 후 MHSOAC 에 제출되는 프로젝트 계획안에 포함할 것입니다.

통합 복합 진료 관리: 고령자 진료를 위한 전인적 접근 방식 테스트

2023년, 오렌지 카운티의 고령자 행동 건강 자문 위원회 (BHAB) 는 합병 신경 인지 및 행동 건강 질환이 있는 고령자의 진료를 개선해야 할 필요성을 확인했습니다. 위원회는 고령자가 OC에서 가장 빠르게 늘고 있는 인구 집단이라는 사실도 발견했습니다. 안정적인 장기 주택, 치료 및 서비스는 노숙 중이거나 노숙 위기에 놓여 있고 이중 정신 질환과 치매를 앓고 있는 고령자가 이용하기 어렵거나, 불충분하거나, 제공되지 않는 경우가 많습니다. 추가로, 고령자에 대한 진료는 관리형 진료 시스템과 전문 정신 건강 플랜으로 나뉘며 각 시스템이 특정 진료 영역을 담당합니다. 각 시스템은 다른 검진 및 평가 도구를 사용하고 합병증 치료를 자체 시스템의 관점에서 이해합니다.

이 제안된 구성 요소의 목적은 행동 건강 질환과 신체/신경 인지 질환이 있는 고령자(노숙 중이거나 노숙 위험이 있는 사람을 포함할 수 있음)를 위한 진료 시스템을 개발하고 계획하는 것입니다.

이 프로젝트는 다음 세 가지 목표를 기반으로 합니다.

1. ***봉사 활동 및 참여 장려***: 서비스를 전혀 또는 충분히 받지 못하는 사람들에게 도달하고 참여를 장려하는 데 존재하는 어려움과 난관을 고려하여 고령자를 파악하는 절차를 만듭니다.
2. ***평가***: 해당 분야의 전문가를 채용하여 여러 시스템에서 인정받는 다른 평가 모델을 만듭니다.

3. ***복합 진료 관리/탐색 플랜***: 여러 분야의 전문가로 구성된 팀이 협력하여 고령자의 종합적인 필요를 충족하는 자금 구조와 진료 전략을 수립합니다.

현재 BHS 와 지역 관리형 진료 제공자들이 모여 신경 인지 및 행동 건강 합병증이 있는 고령자의 복합적인 사례를 위한 해결책을 찾고 있습니다. 지금은 이러한 사례를 효과적으로 관리하는 시스템이 없기 때문에 담당자들이 모여 개별 사례에 가장 적절한 치료 방법을 강구하는 것입니다. 명확한 자금 흐름이나 보고 구조가 없어 일관적이지 않은 사례 접근 방식 때문에 이러한 사례의 결과는 매우 개별적인 특성을 가지며, 이로 인해 의료 서비스 제공자는 개인 치료 플랜을 그때그때 조정해야 합니다.

다양한 커뮤니티에서의 전문 정신 건강 플랜 서비스를 위한 역량 개발

약 320만 명이 거주하고 있는 오렌지 카운티(OC)는 캘리포니아에서 세 번째로 인구가 많은 카운티이자 샌프란시스코에 이어 주에서 두 번째로 인구 밀도가 높은 카운티이며, 인구 구성도 다양합니다. BHS는 OC 전문 정신 건강 플랜 (MHP)과 동시에 전문 정신 건강 플랜 서비스 제공자로서 운영되어 Medi-Cal 수혜자와 MHP의 의료적 진료 필요 기준을 충족하는 보험 미가입자에게 전문 행동 건강 서비스를 연결하고 제공합니다.

많은 CSS 프로그램에서 MHSA 서비스를 제공할 때 Medi-Cal 을 활용합니다. Medi-Cal 수혜자를 인구통계학적으로 검토하면 서비스를 전혀 혹은 충분히 받지 못하는 사람들을 파악하는 데 도움이 됩니다. 간단히 말하자면, 모든 인종/민족 집단과 모든 연령대에 대한 OC의 보급률은 주 전체에서 나타나는 보급률보다 낮습니다.

2021 CY의 Medi-Cal 자격이 있는 주민 수와 승인된 서비스 수혜자 수에 근거할 때, 다음의 집단은 소외된 것으로 확인되었습니다.

- 아시아계 또는 태평양 섬 주민
- 5세 이하 소아
- 아메리카 원주민
- 영어 이외의 언어를 사용하는 주민
- 흑인 또는 아프리카계 미국인
- 60세 이상 성인

주정부에서 제공하는 데이터는 제한적이며 아시아계/태평양 섬 주민 집단, 남아시아계, 중동계, 북아프리카계 (South Asia, Middle Eastern, North African, SAMENA) 등의 집단 간에 존재하는 다양하고 미묘한 문화적 차이를 자세히 명시하고 있지 않습니다. 또한 청각 장애나 난청 증상이 있는 사람을 위한 행동 건강 서비스 제공과 관련된 데이터가 부족합니다. 현재 이렇게 소외된 사람들에게 행동 건강 서비스를 제공하는 비 Medi-Cal 서비스 제공자가 있습니다.

이 구성 요소는 커뮤니티 기반 단체가 전문 정신 건강 플랜 계약업체가 되기 위한 최소한의 역량을 갖추고 있는지 평가하고, 개발 및 실행을 지원하는 데 필요한 기술적 도움의 정도를 검토하고, 문화에 기반한 전문 정신 건강 진료 방식의 도입이 보급률과 고객 진료 결과를 개선하는지를 확인합니다. 또한 이 프로젝트는 수익을 창출하고 주정부의 승인을 받도록 구성될 수 있는 성공적인 커뮤니티 정의 증거 기반 방식(CDEP)을 파악합니다.

이 구성 요소의 세부 사항은 이해관계자와 공동으로 작성한 후 MHSOAC 에 제출되는 프로젝트 계획안에 포함할 것입니다.

혁신적인 인력 이니셔티브

캘리포니아의 공공 행동 건강 시스템은 행동 건강 전문 인력의 부족, 정신 건강 직업 분류의 변화, 소비자 및 가족 경험이 있는 전문가의 다양성 과소평가와 같은 문제를 겪었습니다. MHSA 는 공공 행동 건강 인력이 직면한 문제를 해결하기 위해 정신 건강

MENSAJE DE LA

Jefa de Servicios de Salud Mental y Recuperación

Gracias por su interés en la Actualización del Plan Anual de la Mental Health Services Act (Ley de Servicios de Salud Mental, MHSA) de los Servicios de Salud Conductual (BHS) del Condado de Orange (OC) para el Año Fiscal 2024-25 (Actualización Anual). Quiero aprovechar esta oportunidad para seguir agradeciéndoles a las partes interesadas por su colaboración mientras seguimos ampliando el proceso actualizado de planificación comunitaria, aceptando las contribuciones de la comunidad y dando voz a quienes tienen experiencia. Durante varias décadas, el financiamiento de MHSA ha sido una fuente clave de ingresos y un vehículo para mejorar la red de seguridad de salud conductual pública, expandiendo el sistema de atención de un modelo de servicios graduales a un espectro integral de servicios que van desde la prevención, y la identificación e intervención precoz, hasta la expansión del espectro de servicios ambulatorios.

El momento en que llega esta Actualización Anual es fundamental. Gracias a que los votantes aprobaron la Proposición 1 en las elecciones del 5 de Marzo de 2024, el sistema público de salud conductual sigue cambiando y adaptándose en respuesta a cambios importantes en las políticas. La Proposición 1 representa una actualización de la MHSA, cambiándole el nombre a “Behavioral Health Services Act” (Ley de Servicios de Salud Conductual, BHSA), cambiando componentes y el uso de los fondos, actualizando las poblaciones objetivo a las que sirve y redistribuyendo el dinero local para apoyar la implementación estatal de las Actividades de Prevención y fuerza de Trabajo. Con el cambio, llega la oportunidad. La BHSA da la oportunidad de reimaginar el sistema de atención y guiar a las partes interesadas por un proceso que fundamenta todo el sistema de salud conductual por medio del desarrollo de un Plan Integrado de Salud Conductual.

A la vez, Salud Conductual seguirá implementando el Plan existente de MHSA a Tres Años hasta su finalización el 30 de Junio de 2026. A medida que nos acercamos a este período de oportunidad y reimaginación, es importante que nos preparemos para la transición. Como tal, lo más destacado de esta Actualización Anual es la inclusión de un concepto de Innovación integral, con el fin de apoyar un rediseño integral y creativo del sistema de servicios públicos de Salud Conductual

de OC. El concepto de Innovación propuesto pretende rediseñar los servicios públicos de salud conductual para incluir una nueva versión de los Programas de Colaboración de Servicios Completos (Full Service Partnership Programs); crear infraestructura y programas para la atención compleja de personas cuyas condiciones concomitantes requieran coordinación compleja en diferentes sistemas; desarrollar capacidad e implementar servicios especializados de clínica de salud mental en coordinación con organizaciones heterogéneas basadas en la comunidad que presten servicios de salud mental a poblaciones culturales e incluyan prácticas basadas en la evidencia y definidas por la comunidad (CDEP); invertir en estrategias innovadoras de fuerza de trabajo que hayan tenido éxito en otros sistemas, para incluir la creación de una iniciativa de fuerza de trabajo de salud conductual en todo el condado; y un proyecto de rediseño clínico para probar cómo los modelos de espacio y de prestación afectan a la prestación de servicios/resultados.

MENSAJE DE LA

Jefa de Servicios de Salud Mental y Recuperación

Nuestro progreso hasta la fecha no sería posible sin el apoyo y la orientación de las diversas partes interesadas, la Junta de Supervisores del Condado de Orange (BOS), la Junta Asesora de la Salud Conductual (BHAB), los representantes de todos nuestros sistemas, las organizaciones de proveedores contratados, el personal de la Agencia de Atención Médica de OC (HCA), y la multitud de consumidores y familiares.

Gracias por tomarse el tiempo para revisar y compartir sus comentarios sobre este plan. El Departamento de Servicios de Salud Conductual del Condado de Orange (Orange County Behavioral Health Services Department) espera recibir sus comentarios en MHSA@ochca.com.

Atentamente,

Veronica Kelley, DSW, LCSW
Jefa de Servicios de Salud Conductual de la Agencia de Atención Médica del Condado de Orange

Resumen Ejecutivo

INFORMACIÓN GENERAL DE LA MHSA

En Noviembre de 2004, los votantes de California aprobaron la Proposición 63, también llamada Ley de Servicios de Salud Mental, (MHSA). La Ley implementa un impuesto estatal del 1 % sobre los ingresos personales de más de $1 millón y resalta la transformación del sistema de salud mental para mejorar la calidad de vida de las personas con condiciones de salud conductual graves, y la de su familia. Con la MHSA, los Planes de Salud Mental (Mental Health Plans) aseguran que las partes interesadas clave de la comunidad tengan la oportunidad de contribuir al desarrollo, la implementación, la evaluación, el financiamiento y las políticas del programa, dando como resultado programas públicos de salud conductual que se hayan personalizado para cubrir las necesidades de personas, familias y comunidades heterogéneas de California. Como resultado, las comunidades locales y sus residentes están disfrutando de los beneficios de la ampliación y la mejora de los servicios de salud mental.

Desde el inicio de la MHSA, la Agencia de Atención Médica del Condado de Orange, Servicios de Salud Conductal (BHS) usan un proceso de participación integral de las partes interesadas para desarrollar programas de MHSA locales, que incluyen desde prevención y servicios para casos de crisis, hasta un espectro ampliado de servicios ambulatorios y atención residencial para caso de crisis. Un aspecto clave del desarrollo y la implementación de todos los programas es la concentración en la colaboración de la comunidad; la competencia cultural; los servicios orientados al consumidor y la familia; la integración de servicios para consumidores y familias; la priorización de la atención a las poblaciones desatendidas y marginadas; y la concentración en la importancia del bienestar mental, la recuperación y la resiliencia. La gama actual de servicios se desarrolló de manera gradual, que comenzó con las iniciativas de planificación de las partes interesadas en 2005 y continúa hasta hoy.

Este Resumen Ejecutivo contiene una sinopsis del progreso desde el primer año del Plan de MHSA a Tres Años para los Años Fiscales 2023-24 a 2025-26, y los cambios planificados que se proponen en la Actualización Anual de MHSA del Condado de Orange para el Año Fiscal 2024-25 (Actualización Anual). Esta Actualización Anual de MHSA incluye un resumen del proceso en curso de Planificación de Programas de la Comunidad (CPP), descripciones de los programas componentes, incluyendo las poblaciones objetivo, proyecciones de presupuesto, datos y documentos complementarios en los Apéndices.

COMPONENTES Y FINANCIAMIENTO DE LA MHSA

Para definir mejor el uso de esta financiación categórica, la MHSA se divide en seis componentes. Cada uno identifica a una población objetivo o un uso permitido. Los componentes "PEI" y "CSS" prestan servicios directos. Las descripciones de abajo también incluyen un cálculo de la cantidad total de personas a las que se servirá en el período de los tres años del plan:

- **Prevención e Intervención Temprana (PEI):** PEI pretende dar apoyo o intervenciones lo antes posible, para prevenir que una condición de la salud mental se vuelva grave y discapacitante. La mayoría de la PEI debe dirigirse a niños y jóvenes menores de 26 años y a sus familias/cuidadores. Se espera que aproximadamente 230,000 personas participen en un servicio de PEI durante el período de tres años del plan. Esta cifra no incluye las cantidades anticipadas de personas que podrían comunicarse con el call center OC LINKS o estar expuestas a campañas a gran escala.
- **Servicios y Apoyo a la comunidad (CSS):** Este componente da programas y servicios dirigidos a personas que vivan con enfermedades mentales graves, incluyendo una asignación para Vivienda de la MHSA y el requisito de que la mitad de los fondos se dirijan a servicios de apoyo intensivo para pacientes ambulatorios, denominados "Programas de Colaboración de Servicios Completos". Se espera que más de 94,000 personas se beneficien de **un programa de CSS en el transcurso de este plan a tres años.**
- **Innovación (INN):** La innovación pretende permitir que se prueben y evalúen prácticas o estrategias nuevas o modificadas, en el campo de la salud mental. Estos proyectos a corto plazo y centrados en el aprendizaje son un esfuerzo por mejorar un aspecto del sistema público de salud conductual.
- **Educación y Capacitación de la Fuerza de Trabajo (WET):** El personal calificado y competente es un ingrediente esencial para el éxito de la MHSA. WET apoya el reclutamiento, la capacitación, el desarrollo y la retención de los empleados públicos de la salud conductual.
- **Infraestructura y Necesidades Tecnológicas (CFTN):** CFTN apoya la infraestructura del sistema público de salud conductual mediante el financiamiento que ayuda a modernizar los sistemas de datos e información, y dan fondos para construir espacios para prestar servicios de salud mental según la MHSA.
- **Planificación de Programas de la Comunidad (CPP):** MHSA exige que los Planes Especializados de Salud Mental participen en un compromiso significativo de las partes interesadas en el desarrollo, la implementación y el análisis de los programas de la MHSA. El proceso de las partes interesadas permite la comunicación continua entre la HCA y las partes, para permitir ajustes en tiempo real y mejora de la calidad. En la sección "Planificación de Programas de la Comunidad" de este plan se puede leer un resumen completo de las actividades de CPP que ocurrieron para el desarrollo de este plan.

Las reglamentaciones les dan a los condados grandes tres años para gastar su asignación anual según la MHSA. Después del período de tres años, los fondos regresarán al estado para su redistribución. Las cantidades de financiamiento disponibles y los valores propuestos en la Actualización Anual de la MHSA se determinan mediante un proceso de "ajuste" de presupuesto que ayuda a identificar los fondos disponibles. La revisión fiscal incluye un proceso detallado para alinear los presupuestos de los programas componentes que ya hay más estrechamente con los gastos de los programas en los años fiscales más recientes. El "ajuste" anual del presupuesto permite que BHS identifique ahorros en algunos programas que podrían usarse para cubrir los costos de otros programas en el mismo componente de la MHSA. También apoya los ajustes

necesarios para disminuir el presupuesto cuando no se reciben ingresos a los niveles previstos. Además, el equipo Administrativo de la MHSA, de Finanzas de HCA y los representantes de la Oficina del CEO del Condado se reúnen trimestralmente con un Asesor Financiero del.

Estado para monitorear de cerca las proyecciones se la MHSA a tres años y explorar otras iniciativas del estado y los cambios en la legislación que, potencialmente, podrían impactar el financiamiento de la MHSA. Cada trimestre, se presenta un resumen de las proyecciones en las Reuniones de la Comunidad de la Junta Asesora de Salud Conductual de OC. Por último, los administradores de BHS, el equipo de liderazgo fiscal y el equipo Administrativo de la MHSA se reunieron regularmente durante el Año Fiscal 2023-24 para coordinar y evaluar el desarrollo, el progreso, los presupuestos, los gastos y los planes propuestos de los programas. En la tabla de abajo, hay un resumen del nivel de financiamiento propuesto para cada componente, para la Actualización anual.

Se debe tener en cuenta que estos presupuestos y valores calculados para los Componentes se basan en las proyecciones y no en los fondos recibidos. Los fondos de la MHSA son históricamente volátiles y están sujetos a cambios. Recientemente, los ingresos de la MHSA fueron menos de lo previsto al desarrollar el Plan de la MHSA a 3 Años. Según la información disponible en el momento de este reporte, se prevé una disminución general en el financiamiento para los dos años restantes del Plan a 3 Años. Según las proyecciones, el plan refleja ajustes en cada componente.

RESUMEN DEL FINANCIAMIENTO PROPUESTO PARA SERVIR A MÁS DE 100,000 PERSONAS AL AÑO

COMPONENTE	PLAN A 3 AÑOS	PROPOSED BUDGET FY 2024-25	DIFFERENCE
Prevención e Intervención Temprana	$82,273,482	$72,087,856	-$10,185,626
Servicios y Apoyo a la Comunidad	$257,467,229	$198,323,313	-$54,593,916
Innovación	$7,323,668	$48,383,668	+$41,060,000
WET	$8,758,368	$7,871,705	-$866,663
Infraestructura y Necesidades Tecnológicas	$21,401,488	$31,401,488	$10,000,000
Total	**$377,224,235**	**$358,068,030**	**-$14,586,205**

El Plan de la MHSA a Tres Años se desarrolló basado en las contribuciones de las partes interesadas, que se recibieron mediante el proceso de planificación comunitaria de programas, cambios en la legislación, actualizaciones de las políticas del estado y con la consideración de las iniciativas locales del Condado de Orange. Esta Actualización Anual de la MHSA (Actualización Anual) para el Año Fiscal 2024-25 se desarrolló en un momento de cambio legislativo incierto.

Californianos que viven con enfermedades mentales o adicciones graves pueden enfrentar muchos obstáculos para recibir atención de salud conductual y atención médica. Como resultado, es posible que estas personas mueran décadas antes que la población general. Los factores que pueden contribuir al reto incluyen obstáculos en cuanto al transporte, factores de edad y cultura, beneficiarios que necesitan usar distintos sistemas de prestación para acceder a la atención, y limitaciones en el intercambio de datos/coordinación de la atención.

Para tratar algunos de estos factores, el estado de California, bajo la dirección del Departamento de Servicios de Atención Médica (Department of Health Care Services, DHCS) implementará la iniciativa California Advancing and Innovating Medi-Cal (Avance e Innovación de Medi-Cal en California, CalAIM). CalAIM es el compromiso de largo plazo del estado para transformar Medi-Cal, con la intención de hacer que el programa sea más equitativo, coordinado y centrado en la persona, para ayudar a los beneficiarios de Medi-Cal a maximizar su salud y trayectoria de vida. La intención de esta iniciativa de varios componentes es un sistema de salud conductual más integrado y flexible, que actualmente se está implementando por medio de mejoras en las políticas de salud conductual y reformas en los pagos. Además de CalAIM, se están implementando muchos otros cambios en las políticas, impulsando cambios en cómo se da atención de salud conductual en un sistema que opera hace décadas, en un período relativamente corto. El resumen de algunos de los cambios más recientes incluye:

- Móvil para Casos de Crisis – Cambia cómo y cuándo los equipos de respuesta para casos de crisis llegan a los miembros de la comunidad que tengan crisis de salud conductual.
- Ley CARE – Crea un tribunal cooperativo para personas que viven con trastornos del espectro de esquizofrenia, sin tratamiento, y que necesitan colaboración intensiva y participación en tratamientos voluntarios.
- Proyecto de Ley 43 del Senado – Cambia la definición legal de “discapacidad grave” para incluir a las personas que viven con trastornos graves de consumo de sustancias o trastornos concomitantes de salud mental, sin inversiones simultáneas ni preventivas en infraestructura.
- Servicios entre pares y de recuperación – Exige la inclusión de servicios de apoyo entre pares con especialización en Medi-Cal, crisis, participación de la justicia, vivienda y roles de supervisión.
- Aprobación de SB-326 – Un proyecto de ley de varios cientos de páginas que hace cambios significativos en la Ley de Servicios de Salud Mental, tras la aprobación de los votantes, y exige el desarrollo de un Plan Integrado de Salud Conductual que incluya todas las fuentes de financiamiento y programas utilizados para servicios públicos de salud conductual. Las actualizaciones hacen cambios amplios al estatuto existente. A la fecha de este plan, el Departamento de Servicios de Atención Médica no ha publicado Avisos Informativos ni Cartas sobre el mismo para dar instrucciones para la implementación de estos cambios.

- Aprobación de AB-531 – Con aprobación de los votantes, establece un bono de $6.4 mil millones para construir centros de tratamiento, viviendas para Veteranos y viviendas permanentes de apoyo para personas sin hogar o en riesgo de quedarse sin hogar y que vivan con una enfermedad mental grave o un trastorno por consumo de sustancias.

Todos estos cambios significativos se producen en un momento de déficit nacional en la Fuerza de Trabajo de salud conductual, que ha afectado a la capacidad de cubrir las necesidades de Salud Conductual de las comunidades de todo el país.

La iniciativa de política más impactante es la aprobación prevista de la Proposición 1. La Proposición 1 combina partes de SB-326 y AB-531 en una única proposición que probablemente se aprobará, según resultados preliminares de una propuesta de votación del 5 de Marzo de 2024, del estado de California. La proposición reutiliza la Ley de Servicios de Salud Mental (MHSA), cambiando el nombre por el de Ley de Servicios de Salud Conductual (BHSA) y actualiza las poblaciones prioritarias y el uso del financiamiento.

LA BHSA Elimina el financiamiento de la MHSA para los componentes "Servicios y Apoyo a la Comunidad" (76 % del financiamiento que incluye la capacidad de apartar fondos para "Educación y Capacitación de la Fuerza de Trabajo" y "Infraestructura y Necesidades Tecnológicas"), "Prevención e Intervención Temprana" (19 %) e "Innovación" (5 %). En cambio, la BHSA exige que el 35 % de los fondos se dirijan a "Colaboraciones de Servicios Completos" (FSP), el 30 % a "Intervenciones de Vivienda" y el 35 % a "Servicios y Apoyo de Salud Conductual" (BHSS).

La BHSA expande la población prioritaria incluyendo a personas con trastornos por consumo de sustancias y prioriza a las personas sin hogar y en riesgo de quedarse sin hogar, la participación de la justicia, la participación de Bienestar de Menores y la institucionalización/tutela. La BHSA debería promulgarse el 1 de Enero de 2025 para comenzar el proceso actualizado de planificación de programas de la comunidad. Se prevé que la MHSA finalizará el 30 de Junio de 2026 y se exigirá que todos los condados tengan Planes Integrados según la BHSA aprobados por las Juntas locales antes del

1 de Julio de 2026. La BHSA no incluye un componente específico para Innovación. Según el texto actual incluido en SB-326, los proyectos aprobados del Componente "Innovación" pueden seguir implementándose después de la fecha de inicio del 1 de Julio de 2026.

Se propone la optimización de muchos programas de la Actualización Anual. La optimización es un proceso que ajusta los presupuestos de los programas según la cantidad real de financiamiento de la MHSA que se usó para apoyar un programa en el último año. La optimización puede ayudar a identificar fondos de la MHSA no utilizados que puedan invertirse para expandir los programas que ya hay o para desarrollar nuevos programas dentro del mismo componente. El proceso también puede permitir que los presupuestos de los programas se reduzcan cuando los ingresos estatales sean menores de lo previsto. La Actualización Anual refleja reducciones basadas en la optimización. Si se siguen recibiendo ingresos a valores menores de lo previsto, puede haber más reducciones o eliminaciones de programas de los componentes mediante una modificación del Plan.

El único componente que refleja un aumento en el de Innovación. Los fondos de Innovación solo pueden usarse según su uso para la categoría, según lo que se describe arriba y no para llenar déficits de los programas de otros componentes.

Los puntos destacados de los proyectos de Innovación, contenidos en el plan, incluyen un proyecto reciente para apoyar la capacidad de responder a mandatos y cambios legislativos rigurosos, expansión de proyectos existentes y posiblemente, inversión en la segunda parte del proyecto estatal de Directivas Anticipadas Psiquiátricas (Psychiatric Advanced Directives).

Innovación

Lo siguiente es una descripción de los conceptos del proyecto de Innovación recientemente propuesto, que se planea introducir e implementar durante este período de reporte. Cuando se aprueben a nivel local en este Plan, los Proyectos preliminares del Componente de Innovación se desarrollarán aún más para su aprobación a nivel estatal y se presentarán a la Mental Health Services Oversight and Accountability Commission (Comisión de Supervisión y Responsabilidad de los Servicios de Salud Mental, MHSOAC).

Mejoras Progresivas de Tratamientos Ambulatorios Valiosos (PIVOT) – Nuevo Proyecto

La gran cantidad de iniciativas estatales que hay en la actualidad tendrá impactos desconocidos en el sistema público de Salud Conductual. El sistema de atención actual no está diseñado para integrar fácilmente estos cambios.

Por lo tanto, la necesidad de modificar cómo BHS de OC opera y presta servicios debe actualizarse.

Las múltiples iniciativas dejan en claro que el estado prevé un paradigma actualizado para los servicios públicos de salud conductual, especialmente los servicios que se prestan por medio del plan de salud mental especializada (MHP). Los planes de salud mental especializada del condado deben responder y reimaginar sus sistemas de atención para cumplir los requisitos. En el proyecto de **Mejoras Progresivas de Tratamientos Ambulatorios Valiosos (PIVOT)** se propone "reimaginar" el sistema general y probar nuevos procesos.

El proyecto general de Innovación, **Mejoras Progresivas de Tratamientos Ambulatorios Valiosos (PIVOT)**, propone rediseñar el sistema de BHS de OC y crear y probar modelos de servicio donde la prestación, y la coordinación y el pago de la atención estén alineados para ofrecer una experiencia perfecta e integrada a los clientes de salud conductual, que dé lugar a mejores resultados para ellos. El proyecto también pretende probar métodos innovadores para el reclutamiento y la retención de personal, que hayan funcionado en otros sistemas, para fortalecer el camino para convertirse en un proveedor de servicios clínicos e incentivar la retención del personal altamente calificado.

Este proyecto de varios componentes dará lugar a un rediseño del sistema general y, al mismo tiempo, tratará áreas clave del sistema actual de atención de BH, y permite proyectos piloto diseñados para identificar y desarrollar maneras exitosas de tratar la salud conductual que se puedan integrar en todo el sistema de atención. Los pilotos,

o componentes, incluyen:

- Métodos Innovadores de Prestación de Asistencia
- Nueva versión de las Colaboraciones de Servicios Completos: Poner a Prueba el Método de Finanzas Sociales para Mejorar los Resultados de los Clientes
- Administración Integrada de Atención Compleja: Poner a Prueba Métodos Holísticos para Atender a la Población de Adultos Mayores
- Desarrollar la Capacidad de Prestar Servicios del Plan de Salud Mental Especializada en Comunidades Heterogéneas
- Iniciativa de Fuerza de Trabajo Innovadora, a Nivel del Condado

Métodos Innovadores para Dar Atención

En el sistema actual, los sistemas de Atención Primaria (Salud Física), para trastornos por consumo de sustancias y de salud mental operan según los requisitos de historias clínicas, facturación y regulación de cada uno. A pesar del movimiento del estado hacia un modelo más integrado, las iniciativas y los cambios simultáneos no han dado tiempo a los sistemas del condado para responder y pensar en maneras de rediseñarlos. La estructura actual limita el acceso a servicios holísticos e integrados, y los clientes se ven obligados a

usar sistemas separados para cubrir sus necesidades de atención médica. Incluso el espacio clínico suele estar configurado según el sistema principal de financiamiento de la clínica, limitando el acceso a métodos de atención centrados en la persona.
Para poder responder a los cambios que prevé el estado, Servicios de Salud Conductual del Condado de Orange (OC) propone un proyecto integral para rediseñar la atención clínica con la oportunidad de centrarse en múltiples proyectos piloto dentro del nuevo diseño. Cada componente se centra en áreas del sistema que se hayan identificado como áreas que se beneficiarán con la atención centrada para resolver retos en curso. El aprendizaje a partir de cada piloto se evaluará e integrará en un nuevo sistema general de atención, y BHS OC actualizará las políticas y los procesos para apoyar e integrar actualizaciones del sistema.

Nueva Versión de las Colaboraciones de Servicios Completos: Poner a Prueba el Método de Finanzas Sociales para Mejorar los Resultados de los Clientes

Actualmente, la Ley de Servicios de salud mental (MHSA) exige que la mayoría del financiamiento de Servicios y Apoyo a la Comunidad (CSS) vaya a los Programas de Colaboración de Servicios Completos Los Programas de Colaboración de Servicios Completos (FSP) prestan servicios ambulatorios intensivos y de administración de casos a personas con condiciones graves de salud conductual. El marco de la colaboración de servicios completos se basa en una filosofía "sin fallas" y se hace "lo necesario" para cubrir las necesidades de los clientes, y cuando sea apropiado, de las familias, incluyendo prestar servicios de apoyo. Este marco crea conexiones sólidas con recursos de la comunidad, y presta servicios de tratamiento y recuperación en campo, las 24 horas del día, los 7 días de la semana (24/7). El objetivo principal de los programas

FSP es mejorar la calidad de vida implementando prácticas que fomenten de manera constante los buenos resultados para el cliente.

La Proposición 1, que se votó en California y se aprobó el 5 de Marzo de 2024, exige que el 35 % del presupuesto total de MHSA vaya a programas de FSP. Actualmente, el Condado de Orange financia programas FSP para todos los grupos de edad, que se implementan por medio de una combinación de agencias de proveedores contratados y clínicas del Condado. Aunque el marco de FSP es similar en todos los programas, hay diferencias en los detalles de los contratos y variaciones en el costo por receptor de servicios.

Además, hay diferencias en cómo se administran las FSP y en la capacidad de servicio de los proveedores contratados y de los equipos con personal del Condado. Incluso con esas diferencias, las FSP de todo el Condado tienen objetivos muy similares y, en general, componen un servicio homogéneo. Aunque este método de "hacer lo que sea necesario" es exitoso, también contradice la expectativa del estado de que debe facturarse la mayor cantidad posible a Medi-Cal para agotar los ingresos por prestar estos servicios. Mientras que "hacer lo que sea necesario" impulsa el modelo, se incentiva "facturar lo que se pueda". Esto pone a los condados en un dilema, porque la sostenibilidad de los servicios se basa en generar ingresos.

El concepto de una Nueva Versión de las FSP se centrará principalmente en el Desempeño del Programa y la Gestión del Desempeño, que se implementa por medio de asistencia técnica en tiempo real con personal del Condado y proveedores contratados. El servicio mejorado probará distintas maneras de encarar los contratos basados en el desempeño y la mejora de la gestión del desempeño. Provisionalmente, los tres métodos posibles para el programa piloto de contratos basados en el desempeño incluyen:

- Un nuevo contrato de resultados guiados por objetivos, que opere junto con las FSP;
- Una modificación en los contratos de FSP para crear un programa de seguimiento;
- Nuevos contratos de resultados basados en el lugar (cárcel o campamento).

La Nueva Versión de las FSP puede convertirse en un proyecto de Innovación del estado que dé la capacidad de explorar formas alternativas de desempeño y pago, probando un método de finanzas sociales para la atención del cliente. En el momento en que este plan se publicó, el OC está conceptualizando el proyecto únicamente para implementarlo en este condado.

La información adicional para este componente se cocreará por medio de un proceso de partes interesadas y se incluirá en el reporte del plan de proyecto presentado a la MHSOAC.

Administración Integrada de Atención Compleja: Poner a Prueba Métodos Holísticos para Atender a la Población de Adultos Mayores

En 2023, el Comité de Orange County Older Adult Behavioral Health Advisory Board (Junta Asesora de Salud Conductual de Adultos Mayores del Condado de Orange, BHAB) identificó la necesidad de mejorar la atención de los adultos mayores que viven con condiciones neurocognitivas concomitantes y condiciones de salud conductual. El grupo identificó que los adultos mayores son la población de crecimiento más rápido en OC. La vivienda estable y de largo plazo, el tratamiento y los servicios suelen ser inaccesibles o inadecuados, o suelen no estar disponibles para los adultos mayores sin hogar o en riesgo de quedarse sin hogar y que viven con condiciones dobles de salud mental y demencia. Además, la atención para esta población se divide entre el sistema de atención administrada y el plan de salud mental especializada, y cada sistema es responsable de partes específicas de la atención. Cada sistema utiliza diferentes herramientas de detección y evaluación, y ve el tratamiento de la condición concomitante a través de la perspectiva de su propio sistema.

El objetivo de este componente propuesto es empezar a desarrollar y planificar un sistema de atención para adultos mayores que viven con problemas de salud conductual y condiciones físicas/neurocognitivas, lo que puede incluir a personas sin hogar o en riesgo de quedarse sin hogar.

El proyecto se basa en tres objetivos:

1. ***1. Extensión y Participación:*** Crear un proceso para identificar a adultos mayores, teniendo en cuenta los retos y obstáculos para llegar a esta población sin servicios o desatendida y conectarse con ellos.
2. ***Evaluación:*** Contactar a expertos en el campo para crear un modelo diferente para evaluación que se reconozca en los diversos sistemas.
3. ***Administración de atención compleja/Plan de uso:*** El equipo multidisciplinario colaborará en estructuras de financiamiento y estrategias de atención para cubrir las necesidades integrales de los adultos mayores.

Actualmente, BHS y los proveedores locales de atención administrada se reúnen para encontrar soluciones a casos complejos de adultos mayores que viven con condiciones neurocognitivas y de salud conductual concomitantes. El personal se reúne para determinar el mejor curso de tratamiento para casos individuales, porque, actualmente, no hay un sistema que administre eficazmente estos casos. Los resultados en estos casos tienden a ser altamente individualizados, porque no siempre se les da el mismo tratamiento, y están regidos por la falta de una corriente clara de financiamiento o por la falta de estructura de reporte, lo que obliga a los proveedores a usar planes fragmentados de tratamiento individualizado.

Desarrollar Capacidad para Servicios del Plan de Salud Mental Especializada en Comunidades Heterogéneas

En el Condado de Orange (OC) viven aproximadamente 3.2 millones de personas; esto lo convierte en el tercer Condado más poblado de

California y el segundo Condado con mayor densidad de población del estado, detrás de San Francisco. Además, sus poblaciones son heterogéneas. BHS opera como Plan de Salud Mental (MHP) Especializada de OC y como proveedor de servicios del plan de salud mental especializada, coordinando y prestando servicios de salud conductual especializadas a beneficiarios de Medi-Cal y personas sin seguro que cumplen los criterios para la atención médicamente necesaria según MHP.

Muchos programas de CSS aprovechan Medi-Cal para prestar servicios de MHSA. Una revisión de datos demográficos de beneficiarios de Medi-Cal puede ayudar a identificar a las poblaciones desatendidas o marginadas. En pocas palabras, los porcentajes de penetración de OC fueron menores que los que hay en el estado en todos los grupos raciales/étnicos y grupos de edad.

Según la cantidad de residentes elegibles para Medi-Cal en el CY 2021 y la cantidad de beneficiarios con servicio aprobado, se identificó a los siguientes grupos como subrepresentados:

- Asiáticos o Isleños del Pacífico
- Negros o Afroamericanos
- Niños menores de 6 años
- Adultos mayores de 60 años
- Nativos Americanos
- Residentes que hablan otro idioma distinto del Inglés

Los datos disponibles por medio del estado son limitados y no describen los matices entre la multitud de diferencias culturales entre las poblaciones de Asiáticos/Isleños del Pacífico; del Sudeste de Asia, del Medio Oriente y del Norte de África (SAMENA), etc. Además, hay una falta de datos sobre la prestación de servicios de salud conductual para poblaciones de personas sordas y con problemas de audición. Actualmente, hay proveedores de servicios que no son de Medi-Cal que prestan servicios de salud conductual a estas poblaciones desatendidas.

Este componente busca evaluar la capacidad mínima de una organización basada en la comunidad para poder ser proveedor contratado del plan de salud mental especializada, revisar la cantidad de asistencia técnica necesaria para apoyar el desarrollo y la implementación, y determinar si integrar métodos basados en la cultura para la atención de salud mental especializada mejora los porcentajes de penetración y los resultados de los clientes. Además, el proyecto pretende identificar prácticas exitosas basadas en evidencia definida por la comunidad (CDEP) que puedan diseñarse para generar ingresos y que potencialmente puedan tener reconocimiento del estado.

La información adicional para este componente se cocreará por medio de un proceso de partes interesadas y se incluirá en el reporte del plan de proyecto presentado a la MHSOAC.

Iniciativa de Fuerza de Trabajo Innovadora

El sistema público de salud conductual de California sufrió una escasez de trabajadores de salud conductual, cambios en las clasificaciones ocupacionales de salud mental, y subrepresentación de diversidad de profesionales con las mismas experiencias de los consumidores y las familias. Para tratar los retos de la fuerza de trabajo de salud conductual pública, MHSA incluyó un componente para los programas de Educación y Capacitación de la Fuerza de Trabajo (WET) de Salud mental. WET es un programa que da oportunidades de capacitación al personal y a los trabajadores contratados de BHS de la de agencia, fomenta el reclutamiento y la contratación de una fuerza de trabajo culturalmente heterogénea, ofrece incentivos económicos, facilita programas de internado profesional clínico, apoya la inclusión y la incorporación de los consumidores y sus familiares a la fuerza de trabajo de salud conductual, y está comprometido a tratar la escasez de fuerza de trabajo en el Condado de Orange usando diferentes estrategias para reclutar y retener a empleados calificados de salud conductual. WET implementa la visión de MHSA de crear un sistema transformado y culturalmente competente que fomente el bienestar, la recuperación y la resiliencia durante toda la

vida de todos los grupos de edad y los orígenes culturales.

Los programas componentes WET de OC han tenido mucho éxito con los años, contribuyendo al desarrollo de una fuerza de trabajo altamente capacitada. Sin embargo, todavía hay algunos obstáculos institucionales que crean impedimentos para establecer caminos integrados hacia el empleo en BHS. En el Plan de MHSA a 3 Años más reciente, BHS identificó la necesidad de establecer un programa centralizado de internados profesionales que incluyera puestos remunerados de internado, un programa 20/20 para empleados y agilización del proceso del internado al empleo. A pesar de los esfuerzos, hay obstáculos que limitan el éxito del programa existente, incluyendo, entre otros:

- Competencia entre sistemas. Por ejemplo, los hospitales, las áreas de educación y justicia penal y los planes de atención administrada compiten por el mismo personal calificado y los mismos internos.
- Capacidad limitada para actualizar las calificaciones mínimas para los Clínicos de nivel principiante de Salud Conductual, incluyendo la necesidad de que los aplicantes tengan número de registro de BBS antes de la fecha de inicio.
- Retrasos entre la graduación, la contratación y la capacidad de empezar en BHS.
- Imposibilidad de establecer el programa 20/20

Además, no hay estructura ni procesos de salud conductual coordinados y establecidos en todo el condado para apoyar el desarrollo de la red de proveedores.

La solución que ha diseñado BHS para superar una parte de estos obstáculos existe en otros sistemas que utilizan programas de pasantía. Las pasantías combinan capacitación pagada durante el empleo con instrucción en aulas para preparar a los trabajadores para carreras profesionales altamente competentes. Los trabajadores se benefician con las pasantías recibiendo educación basada en competencias, que los preparan para empleos bien remunerados. Además, los programas de pasantía ayudan a los empleadores a reclutar, crear y retener una fuerza de trabajo altamente capacitada.

La Iniciativa de Fuerza de Trabajo Innovadora de BHS tomará estrategias exitosas de los programas de internado profesional y pasantía, y podría utilizar un proveedor externo como "empleador de referencia" para apoyar el pago de incentivos por participar en programas de internado.

Como las pasantías son más largas que los internados profesionales típicos, las personas que participen en internados de BHS tendrán la opción de extender su oportunidad de aprendizaje remunerado más allá del requisito de educación. Se desarrollará una escala estándar de pago que incentive la longevidad y siga dando incentivos durante el período entre la graduación y la recepción del número de registro de BBS necesario para calificar para los puestos habituales del condado.

La información adicional para este componente se cocreará por medio de un proceso de partes interesadas y se incluirá en el reporte del plan de proyecto presentado a la MHSOAC.

THÔNG ĐIỆP TỪ

Trưởng Ban Dịch Vụ Phục Hồi và Sức Khỏe Tâm Thần

Cảm ơn quý vị đã quan tâm đến Bản Cập Nhật Kế Hoạch Thường Niên Đạo Luật Dịch Vụ Sức Khỏe Tâm Thần (Mental Health Services Act, MHSA) của Ban Dịch Vụ Sức Khỏe Hành Vi (Behavioral Health Services, BHS), Quận Cam (Orange County, OC) trong Năm Tài Khóa 2024-25 (Bản Cập Nhật Thường Niên). Nhân cơ hội này, tôi muốn tiếp tục cảm ơn sự hợp tác của các bên liên quan khi chúng tôi tiếp tục xây dựng bản cập nhật quy trình lập kế hoạch cộng đồng, tiếp thu ý kiến đóng góp của cộng đồng và đưa ra quan điểm của những người từng trải. Trong nhiều thập kỷ, nguồn ngân quỹ của MHSA là nguồn thu chính và là phương tiện để cải thiện mạng lưới an toàn sức khỏe hành vi công cộng, mở rộng hệ thống chăm sóc từ mô hình chăm sóc khẩn cấp sau khủng hoảng đến một loạt các dịch vụ toàn diện từ phòng ngừa, xác định và can thiệp sớm, cũng như mở rộng nhiều lựa chọn dịch vụ ngoại trú.

Thời điểm phát hành Bản Cập Nhật Thường Niên này rất quan trọng. Nhờ sự chấp thuận của cử tri đối với Dự Luật 1 trong cuộc bầu cử ngày 5 tháng 3 năm 2024, hệ thống sức khỏe hành vi công cộng tiếp tục thay đổi và thích ứng để đáp ứng những thay đổi quan trọng về chính sách. Dự luật 1 ban hành bản cập nhật MHSA, đổi tên thành Đạo Luật Dịch Vụ Sức Khỏe Hành Vi (Behavioral Health Services Act, BHSA), chuyển đổi các thành phần phân loại và cách sử dụng ngân quỹ, cập nhật các nhóm dân cư mục tiêu sẽ được phục vụ và phân bổ lại kinh phí địa phương để hỗ trợ tiểu bang thực hiện các hoạt động Phòng Ngừa và Lực Lượng Chuyên Môn. Sự thay đổi đi kèm với cơ hội. BHSA mang đến cơ hội thiết kế lại hệ thống chăm sóc và hướng dẫn các bên liên quan thông qua một quy trình cung cấp thông tin cho toàn bộ hệ thống sức khỏe hành vi thông qua việc xây dựng Kế Hoạch Tích Hợp Sức Khỏe Hành Vi.

Đồng thời, Ban Dịch Vụ Sức Khỏe Hành Vi sẽ tiếp tục thực hiện Kế Hoạch Ba Năm MHSA hiện tại cho đến khi kết thúc vào ngày 30 tháng 6 năm 2026. Khi tiếp cận giai đoạn cơ hội và thiết kế lại này, điều quan trọng là chúng ta phải chuẩn bị cho quá trình chuyển tiếp.

Do đó, điểm nổi bật của Bản Cập Nhật Thường Niên này là việc đưa vào khái niệm Đổi Mới toàn diện nhằm hỗ trợ thiết kế lại hệ thống Dịch Vụ Sức Khỏe Hành Vi công cộng của Quận Cam theo hướng toàn diện, sáng tạo. Khái niệm Đổi Mới được đề xuất nhằm mục đích thiết kế lại các dịch vụ sức khỏe hành vi công cộng để bao hàm việc khởi động lại các chương trình Đối Tác Dịch Vụ Toàn Diện (Full Service Partnership, FSP); tạo lập cơ sở hạ tầng và lập chương trình đối với dịch vụ chăm sóc phức tạp cho những người có tình trạng bệnh đồng mắc, đòi hỏi sự phối hợp phức tạp giữa các hệ thống khác nhau; phát triển năng lực và triển khai các dịch vụ phòng khám sức khỏe tâm thần chuyên khoa với sự phối hợp của các tổ chức đa dạng tại cộng đồng nhằm cung cấp dịch vụ sức khỏe tâm thần cho các cộng đồng văn hóa và đưa vào các phương pháp thực hành dựa trên bằng chứng do cộng đồng xác định (community-defined evidence-based, CDEP); đầu tư vào các chiến lược lực lượng chuyên môn đổi mới đã thành công trong các hệ thống khác, bao gồm việc tạo ra sáng kiến lực lượng chuyên môn về sức khỏe hành vi trên toàn quận; và một dự án thiết kế lại lâm sàng để kiểm tra xem các mô hình không gian và phân phối tác động như thế nào đến việc cung cấp/kết quả dịch vụ.

Cho đến nay, tiến trình của chúng tôi sẽ không thể thực hiện được nếu không có sự hỗ trợ và hướng dẫn của nhiều bên liên quan, Hội Đồng Giám Sát Quận Cam (Orange County Board of Supervisors, BOS), Hội Đồng Cố Vấn Sức Khỏe Hành Vi (Behavioral Health Advisory Board, BHAB), người đại diện trên tất cả các hệ thống của chúng tôi, các tổ chức cung cấp dịch vụ theo hợp đồng, đội ngũ nhân viên của Cơ Quan Chăm Sóc Sức Khỏe (Health Care Agency, HCA) Quận Cam cùng đông đảo người tiêu dùng và người thân trong gia đình.

Cảm ơn quý vị đã dành thời gian xem xét và đưa ra ý kiến phản hồi về kế hoạch này. Ban Dịch Vụ Sức Khỏe Hành Vi Quận Cam mong nhận được ý kiến phản hồi của quý vị theo địa chỉ MHSA@ochca.com.

Trân trọng!

Veronica Kelley, DSW, LCSW
Cơ Quan Chăm Sóc Sức Khỏe Quận Cam
Trưởng Ban Dịch Vụ Sức Khỏe Hành Vi

Sáng Kiến Lực Lượng Chuyên Môn Đổi Mới

Hệ thống sức khỏe hành vi công cộng của California đã và đang gặp phải tình trạng thiếu nhân viên chăm sóc sức khỏe hành vi, những thay đổi trong phân loại nghề nghiệp sức khỏe tâm thần và các chuyên gia có kinh nghiệm với người tiêu dùng và người thân trong gia đình thiếu sự đa dạng. Để giải quyết những thách thức mà lực lượng chuyên môn sức khỏe hành vi công cộng phải đối mặt, MHSA đã đưa vào một thành phần dành cho các chương trình Huấn Luyện và Đào Tạo Lực Lượng Chuyên Môn (WET). WET là một chương trình cung cấp cơ hội đào tạo cho nhân viên của BHS và nhân viên của các cơ quan theo hợp đồng, thúc đẩy quá trình tuyển dụng và thuê tuyển nguồn nhân lực đa dạng về văn hóa, đưa ra các chính sách ưu đãi về tài chính, tạo điều kiện cho các chương trình thực tập lâm sàng, hỗ trợ sự hòa nhập và gắn kết của người tiêu dùng và người thân trong gia đình họ vào lực lượng chuyên môn sức khỏe hành vi, đồng thời cam kết giải quyết tình trạng thiếu lực lượng chuyên môn trong Quận Cam thông qua việc sử dụng nhiều chiến lược khác nhau để tuyển dụng và giữ chân nhân viên sức khỏe hành vi có trình độ. WET thực hiện tầm nhìn của MHSA nhằm tạo ra một hệ thống chuyển đổi, phù hợp về mặt văn hóa nhằm tăng cường sức khỏe, sự bình phục và khả năng mau hồi phục trong suốt cuộc đời của mọi nhóm tuổi và mọi nền văn hóa.

Các chương trình trong thành phần WET Quận Cam đã đạt được nhiều thành công trong nhiều năm qua, góp phần phát triển lực lượng chuyên môn có tay nghề cao. Tuy nhiên, một số rào cản về thể chế vẫn tồn tại, tạo ra rào cản trong việc thiết lập các lộ trình tích hợp để làm việc chính thức trong BHS. Trong Kế Hoạch 3 Năm gần đây nhất của MHSA, BHS đã xác định sự cần thiết phải thiết lập một chương trình thực tập tập trung, bao gồm các vị trí thực tập được trả lương, chương trình nhân viên 20/20 và hợp lý hóa lộ trình từ thực tập đến làm việc chính thức. Bất chấp những nỗ lực, vẫn tồn tại những rào cản hạn chế sự thành công của chương trình hiện tại, bao gồm nhưng không giới hạn ở:

- Cạnh tranh giữa các hệ thống. Ví dụ: bệnh viện, giáo dục, tư pháp hình sự và các chương trình chăm sóc có quản lý đều cạnh tranh để có được nhân viên và thực tập sinh có trình độ như nhau.
- Khả năng cập nhật trình độ chuyên môn tối thiểu cho các Bác Sĩ Lâm Sàng Sức Khỏe Hành Vi ở trình độ sơ cấp bị hạn chế, bao gồm cả việc yêu cầu ứng viên phải có số đăng ký của Hội Đồng Khoa Học Hành Vi (Board of Behavioral Sciences, BBS) trước ngày bắt đầu.
- Sự chậm trễ từ tốt nghiệp, thuê tuyển cho đến khả năng bắt đầu làm việc ở BHS.
- Không có khả năng thiết lập chương trình 20/20.

Ngoài ra, không có một lộ trình và quy trình về sức khỏe hành vi nào được thiết lập và điều phối trên toàn quận để hỗ trợ sự phát triển của mạng lưới nhà cung cấp lớn hơn.

Giải pháp mà BHS đã thiết kế để khắc phục một phần những rào cản này đã có trong các hệ thống khác sử dụng chương trình học nghề. Chương trình học nghề kết hợp đào tạo tại chỗ được trả lương với giảng dạy trên lớp nhằm chuẩn bị cho người lao động những nghề nghiệp có tay nghề cao. Người lao động được hưởng lợi từ các chương trình học nghề khi được giáo dục dựa trên kỹ năng để chuẩn bị hành trang làm những công việc được trả lương cao. Ngoài ra, các chương trình học nghề còn giúp người sử dụng lao động tuyển dụng, xây dựng và giữ chân lực lượng chuyên môn có tay nghề cao.

Sáng Kiến Lực Lượng Chuyên Môn Đổi Mới của BHS sẽ áp dụng các chiến lược thành công từ cả chương trình thực tập và chương trình học nghề, đồng thời có thể sử dụng nhà cung cấp bên thứ ba làm "đơn vị quản lý nhân sự" để hỗ trợ thanh toán các ưu đãi khi tham gia chương trình thực tập.

Vì thời gian học nghề dài hơn thời gian thực tập thông thường nên người tham gia thực tập tại BHS sẽ có lựa chọn kéo dài cơ hội học tập được trả lương ngoài yêu cầu về học vấn của họ. Một thang lương tiêu chuẩn sẽ được xây dựng để kéo dài ưu đãi và tiếp tục cung cấp các ưu đãi trong khoảng thời gian từ khi tốt nghiệp đến khi nhận được số đăng ký BBS cần có để đủ điều kiện ứng tuyển vào các vị trí biên chế của quận.

Các chi tiết bổ sung cho thành phần này sẽ được cùng tạo ra thông qua quá trình tham gia của các bên liên quan và được đưa vào bản kế hoạch dự án để trình lên MHSOAC.

Tóm Tắt Chung

THÔNG TIN CƠ BẢN VỀ MHSA

Vào tháng 11 năm 2004, cử tri tiểu bang California đã thông qua Dự Luật 63, còn được gọi là Đạo Luật Dịch Vụ Sức Khỏe Tâm Thần (Mental Health Services Act, MHSA). Đạo Luật sẽ áp đặt mức thuế tiểu bang 1% đối với thu nhập cá nhân trên $1 triệu và chú trọng vào việc chuyển đổi hệ thống chăm sóc sức khỏe tâm thần để nâng cao chất lượng cuộc sống cho những người gặp phải tình trạng sức khỏe hành vi nghiêm trọng và gia đình của họ. Với MHSA, Chương Trình Sức Khỏe Tâm Thần sẽ đảm bảo rằng những bên liên quan chính trong cộng đồng có cơ hội đóng góp ý kiến vào sự phát triển, triển khai, đánh giá, cung cấp tài chính và chính sách của chương trình khiến các chương trình chăm sóc sức khỏe hành vi công cộng được điều chỉnh nhằm đáp ứng nhu cầu đa dạng của các cá nhân, gia đình và cộng đồng tại khắp California. Nhờ đó, các cộng đồng địa phương và cư dân ở đó đang được hưởng những lợi ích của các dịch vụ chăm sóc sức khỏe tâm thần mở rộng và cải thiện.

Kể từ khi bắt đầu MHSA, Ban Dịch Vụ Sức Khỏe Tâm Thần (BHS), Cơ Quan Chăm Sóc Sức Khỏe của Quận Cam đã dụng quy trình tương tác toàn diện giữa các bên liên quan để phát triển các chương trình MHSA tại địa phương từ dịch phòng ngừa và xử lý khủng hoảng, thông qua quá trình mở rộng một loạt dịch vụ ngoại trú, cho đến chăm sóc cư dân trong thời kỳ khủng hoảng. Điều cốt yếu để phát triển và thực hiện tất cả các chương trình là tập trung vào sự cộng tác của cộng đồng; am tường về văn hóa; dịch vụ do bệnh nhân và gia đình chủ động; tích hợp dịch vụ cho bệnh nhân và gia đình; ưu tiên phục vụ những người chưa được phục vụ và phục vụ chưa đầy đủ; và tập trung vào tầm quan trọng của sức khỏe tâm thần, sự bình phục và khả năng mau hồi phục. Một loạt dịch vụ hiện tại đã được triển khai từng bước, bắt đầu từ những nỗ lực lập kế hoạch của các bên liên quan trong năm 2005 và tiếp tục đến ngày nay.

Bản Tóm Tắt Chung này bao gồm tóm tắt tiến trình từ năm đầu tiên thực hiện Kế Hoạch Ba Năm MHSA trong năm tài khóa 2023-24 cho đến 2025-26, cũng như những thay đổi theo kế hoạch được đề xuất trong Bản Cập Nhật Thường Niên MHSA của Quận Cam cho Năm Tài Khóa (Fiscal Year, FY) 2024-25 (Bản Cập Nhật Thường Niên). Bản Cập Nhật Thường Niên MHSA này bao gồm thông tin tổng quan về quy trình Lập Kế Hoạch Chương Trình Cộng Đồng (Community Program Planning, CPP) đang diễn ra, thông tin mô tả chương trình thành phần gồm các nhóm dân số mục tiêu, dự toán ngân sách, dữ liệu và tài liệu chứng minh trong các Phụ Lục.

THÀNH PHẦN VÀ NGUỒN NGÂN QUỸ CỦA MHSA

Để làm rõ thêm việc sử dụng hạng mục tài trợ này, MHSA được chia nhỏ làm sáu thành phần, mỗi thành phần xác định một nhóm dân số được nhắm mục tiêu và/hoặc việc sử dụng được chấp nhận. Các thành phần Phòng Ngừa và Can Thiệp Sớm (Prevention and Early Intervention, PEI) vàDịch Vụ và Hỗ Trợ Cộng Đồng (Community Services and Supports, CSS) cung cấp các dịch vụ trực tiếp. Phần mô tả bên dưới cũng đưa ra con số ước tính về số lượng tích lũy các cá nhân được phục vụ trong khung thời gian ba năm của kế hoạch:

- **Phòng Ngừa và Can Thiệp Sớm (PEI)**: PEI nhằm mục đích cung cấp sự hỗ trợ hoặc can thiệp càng sớm càng tốt nhằm phòng ngừa tình trạng sức khỏe tâm thần trở nên nghiêm trọng và tàn tật. Phần lớn ngân sách của PEI phải được hướng đến trẻ em và thanh thiếu niên tuổi từ 25 trở xuống cũng như gia đình/người chăm sóc của họ. Khoảng 230.000 cá nhân dự kiến tham gia dịch vụ PEI trong khoảng thời gian kế hoạch ba năm. Con số này không bao gồm số người dự kiến có thể liên lạc với tổng đài OC LINKS hoặc đã tiếp xúc với các chiến dịch có quy mô lớn.
- **Dịch Vụ và Hỗ Trợ Cộng Đồng (CSS)**: Thành phần này cung cấp các chương trình và dịch vụ hướng đến những người mắc bệnh tâm thần nghiêm trọng, bao gồm trợ cấp cho Nhà Lưu Trú MHSA và yêu cầu một nửa ngân quỹ được hướng đến dịch vụ ngoại trú chuyên sâu hỗ trợ qua các chương trình được gọi là Đối Tác Dịch Vụ Toàn Diện. Dự kiến hơn 94.000 người sẽ hưởng lợi từ chương trình CSS trong khoảng thời gian kế hoạch ba năm này.
- **Đổi Mới (Innovation, INN)**: Thành phần Đổi Mới nhằm cho phép thử nghiệm và đánh giá các chiến lược hoặc thực tiễn mới và/hoặc đã thay đổi trong lĩnh vực sức khỏe tâm thần. Dự án tập trung vào việc nghiên cứu, ngắn hạn này nhằm cải thiện khía cạnh của hệ thống chăm sóc sức khỏe hành vi công cộng.
- **Huấn Luyện và Đào Tạo Lực Lượng Chuyên Môn (Workforce Education and Training, WET)**: Nhân viên có trình độ chuyên môn và thành thạo là nhân tố cần thiết đối với sự thành công của MHSA. WET hỗ trợ việc tuyển dụng, huấn luyện, phát triển và giữ chân những nhân viên chăm sóc sức khỏe hành vi cộng đồng.
- **Vốn Cố Định và Nhu Cầu Kỹ Thuật (Capital Facilities and Technological Needs, CFTN)**: CFTN hỗ trợ hơn nữa cơ sở hạ tầng của hệ thống chăm sóc sức khỏe hành vi cộng đồng thông qua việc cấp quỹ giúp hiện đại hóa các hệ thống thông tin và dữ liệu cũng như cấp tiền nhằm tạo dựng không gian để cung cấp các dịch vụ chăm sóc sức khỏe tâm thần của MHSA.
- **Lập Kế Hoạch Chương Trình Cộng Đồng (CPP)**: MHSA yêu cầu Chương Trình Sức Khỏe Tâm Thần Chuyên Khoa tham gia vào tương tác của các bên liên quan chính trong việc phát triển, triển khai và phân tích các chương trình MHSA. Quy trình các bên liên quan tạo điều kiện cho trao đổi liên tục giữa HCA và các bên liên quan nhằm cho phép cải thiện chất lượng và điều chỉnh trong thời gian thực. Quý vị có thể xem toàn bộ thông tin tổng quan về các hoạt động CPP đã diễn ra trong quá trình xây dựng kế hoạch trong Phần Lập Kế Hoạch Chương Trình Cộng Đồng của Kế Hoạch này.

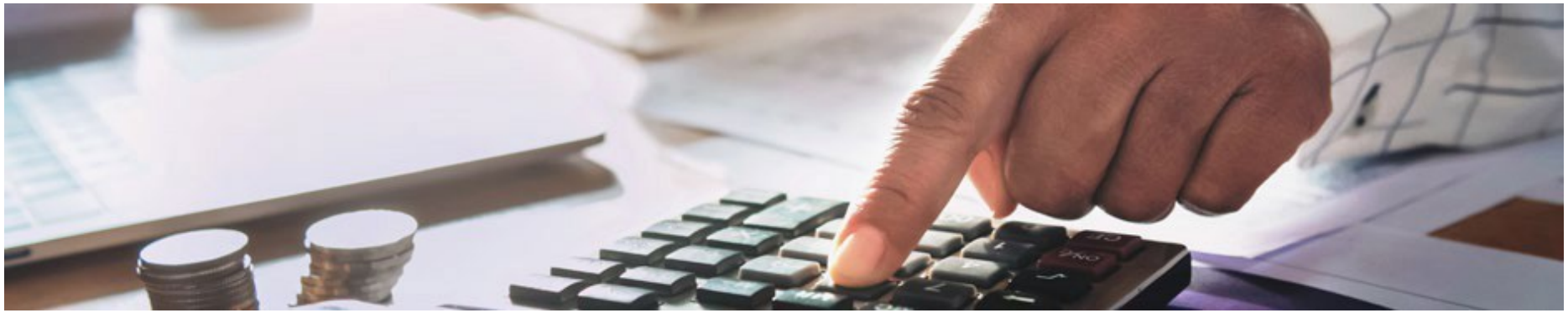
Các quy định cung cấp cho các quận lớn ba năm để chi tiêu khoản phân bổ MHSA hàng năm của họ. Sau khoảng thời gian ba năm, ngân quỹ được hoàn trả lại cho tiểu bang để phân bổ lại. Giá trị và số tiền tài trợ có thể chi tiêu được đề xuất trong Bản Cập Nhật Thường Niên MHSA được xác định qua quy trình “so khớp và đối chiếu” ngân sách, giúp xác định số tiền có thể chi tiêu. Đánh giá tài khóa bao gồm một quy trình chi tiết để sắp xếp ngân sách chương trình thành phần hiện có cho phù hợp hơn với chi tiêu thực tế của chương trình trong năm tài khóa gần nhất. Quy trình “so khớp và đối chiếu” ngân sách hàng năm này cho phép BHS xác định được các khoản tiết kiệm chi phí cho các chương trình, có thể được sử dụng để trang trải chi phí thực hiện các chương trình khác trong cùng một thành phần MHSA. Quy trình này cũng hỗ trợ các điều chỉnh cần thiết để giảm ngân sách khi doanh thu không đạt được mức dự kiến. Ngoài ra, nhóm Quản Trị MHSA, bộ phận Tài Chính của HCA và đại diện từ

Văn phòng Giám đốc điều hành (Chief Executive Officer, CEO) của Quận, họp hàng quý với Chuyên Viên Tư Vấn Tài Chính của Tiểu Bang để giám sát chặt chẽ các dự toán MHSA trong ba năm và tìm ra các sáng kiến bổ sung của tiểu bang cũng như những thay đổi về luật pháp có thể ảnh hưởng đến nguồn ngân quỹ của MHSA. Mỗi quý, một bản tóm tắt dự toán được trình bày tại Cuộc Họp Cộng Đồng của Hội Đồng Cố Vấn Sức Khỏe Hành Vi Quận Cam. Cuối cùng, các nhà quản lý BHS, lãnh đạo tài khóa và nhóm Quản Trị MHSA họp định kỳ trong suốt Năm Tài Khóa 2023-24 để phối hợp và đánh giá công tác xây dựng chương trình, ngân sách, chi tiêu cũng như các kế hoạch được đề xuất. Tổng quan về mức ngân quỹ trong Bản Cập Nhật Thường Niên được đề xuất cho từng thành phần được trình bày trong bảng bên dưới.

Xin lưu ý rằng giá trị và bản dự thảo ngân sách Thành Phần này được dựa trên dự toán và không phải là số tiền thực tế nhận được. Trong lịch sử, ngân quỹ của MHSA đã trải qua nhiều biến động và có thể thay đổi. Gần đây, doanh thu của MHSA thấp hơn mức dự đoán ở thời điểm xây dựng Kế Hoạch 3 Năm MHSA. Dựa vào thông tin sẵn có tại thời điểm đưa ra báo cáo này, mức giảm ngân quỹ tổng thể được dự kiến cho hai năm còn lại của Kế Hoạch 3 Năm. Dựa trên dự toán, kế hoạch phản ánh các điều chỉnh thành phần trên mỗi thành phần.

TỔNG QUAN VỀ NGÂN QUỸ ĐỀ XUẤT NHẰM PHỤC VỤ HƠN 100.000 NGƯỜI/NĂM

THÀNH PHẦN	KẾ HOẠCH 3 NĂM NĂM TÀI KHÓA 2023-24	NGÂN SÁCH ĐỀ XUẤT NĂM TÀI KHÓA 2024-25	CHÊNH LỆCH
Phòng Ngừa & Can Thiệp Sớm	$82.273.482	$72.087.856	-$10.185.626
Dịch Vụ & Hỗ Trợ Cộng Đồng	$257.467.229	$198.323.313	-$54.593.916
Đổi Mới	$7.323.668	$48.383.668	+$41.060.000
WET	$8.758.368	$7.871.705	-$866.663
Vốn Cố Định & Nhu Cầu Kỹ Thuật	$21.401.488	$31.401.488	$10.000.000
Tổng Cộng	**$377.224.235**	**$358.068.030**	**-$14.586.205**



Bản Cập Nhật Thường Niên MHSA cho Năm Tài Khóa 2024-25

Kế Hoạch Ba Năm MHSA được xây dựng dựa trên ý kiến đóng góp của các bên liên quan nhận được thông qua quy trình lập kế hoạch chương trình cộng đồng, các thay đổi về luật pháp, những cập nhật chính sách của tiểu bang và xem xét các sáng kiến địa phương của Quận Cam. Bản Cập Nhật Thường Niên MHSA này (Bản Cập Nhật Thường Niên) trong Năm Tài Khóa 2024-25 được xây dựng trong thời gian có những thay đổi không chắc chắn về luật pháp.

Người dân California đang mắc bệnh tâm thần nghiêm trọng và/hoặc chứng nghiện có thể gặp nhiều trở ngại trong việc nhận được cả dịch vụ chăm sóc sức khỏe hành vi và chăm sóc y tế. Do đó, những người này có thể tử vong sớm hơn nhóm dân số bình thường hàng chục năm. Các yếu tố góp phần tạo ra thách thức này bao gồm các rào cản về giao thông, yếu tố tuổi tác và văn hóa, người thụ hưởng có nhu cầu điều hướng các hệ thống phân phối riêng biệt để tiếp cận dịch vụ chăm sóc và những hạn chế trong việc chia sẻ dữ liệu/điều phối chăm sóc.

Để giải quyết một số yếu tố này, dưới sự chỉ đạo của Sở Dịch Vụ Chăm Sóc Sức Khỏe (Department of HealthCare Services, DHCS), tiểu bang California đang triển khai sáng kiến Medi-Cal Tiến Bộ và Đổi Mới của California (California Advancing and Innovating Medi-Cal, CalAIM). CalAIM là cam kết lâu dài của tiểu bang nhằm chuyển đổi Medi-Cal, với mục đích cải thiện chương trình nhằm tăng cường tính công bằng, phối hợp và lấy con người làm trung tâm, giúp người thụ hưởng Medi-Cal tối đa hóa hành trình sức khỏe và nâng cao tuổi thọ. Mục đích của sáng kiến nhiều thành phần này là một hệ thống sức khỏe hành vi tích hợp và linh hoạt hơn hiện đang được triển khai thông qua cải tiến chính sách sức khỏe hành vi và cải cách thanh toán. Ngoài CalAIM, nhiều thay đổi khác về chính sách đang được thực hiện, thúc đẩy những thay đổi trong quá trình cung cấp dịch vụ chăm sóc sức khỏe hành vi trong một hệ thống đã tồn tại trong nhiều thập kỷ chỉ trong một khoảng thời gian tương đối ngắn. Tóm tắt một số thay đổi gần đây nhất bao gồm:

- Ứng Phó Khủng Hoảng Lưu Động – thay đổi cách thức và thời điểm triển khai các nhóm ứng phó khủng hoảng cho các thành viên cộng đồng đang gặp khủng hoảng về sức khỏe hành vi.
- Đạo Luật CARE – tạo ra một tòa án cộng tác dành cho người mắc chứng rối loạn phổ tâm thần phân liệt không được điều trị, những người cần sự cộng tác và tham gia tích cực vào quá trình điều trị tự nguyện.
- Dự Luật Thượng Viện 43 – thay đổi định nghĩa pháp lý về tình trạng khuyết tật nghiêm trọng để bao gồm cả những người mắc chứng rối loạn sử dụng chất gây nghiện nghiêm trọng hoặc chứng rối loạn sức khỏe tâm thần đồng thời mà không yêu cầu bất kỳ khoản đầu tư đồng thời hoặc ưu tiên nào vào cơ sở hạ tầng.
- Dịch Vụ Đồng Đẳng và Phục Hồi – bắt buộc phải đưa vào các dịch vụ hỗ trợ đồng đẳng có chuyên môn trong các vai trò về Medi-Cal, khủng hoảng, liên quan đến tư pháp, nhà ở và giám sát.
- Thông qua SB-326 – Sau khi được cử tri chấp thuận, dự luật dài hàng trăm trang đưa ra những thay đổi quan trọng đối với Đạo Luật Dịch Vụ Sức Khỏe Tâm Thần và yêu cầu xây dựng Kế Hoạch Tích Hợp Sức Khỏe Hành Vi, bao gồm mọi nguồn tài trợ và chương trình được sử dụng cho dịch vụ sức khỏe hành vi công cộng. Các bản cập nhật đưa ra những thay đổi sâu rộng đối với quy chế hiện hành. Tính đến ngày ban bành Kế Hoạch này, không có Thông Báo hoặc Thư Thông Báo về Kế Hoạch nào được Sở Dịch Vụ Chăm Sóc Sức Khỏe ban hành để đưa ra hướng thực hiện những thay đổi này.
- Thông qua AB-531 – Sau khi được cử tri chấp thuận, thiết lập một trái phiếu trị giá $6,4 tỷ để xây dựng các cơ sở điều trị, nhà ở cho Cựu Chiến Binh và nhà ở hỗ trợ lâu dài cho những người đang gặp phải hoặc có nguy cơ vô gia cư và đang mắc bệnh tâm thần nghiêm trọng và/hoặc chứng rối loạn sử dụng chất gây nghiện.

Tất cả những thay đổi quan trọng này đang diễn ra trong thời điểm quốc gia thiếu hụt Lực Lượng Chuyên Môn về Sức Khỏe Hành Vi. Điều này đã ảnh hưởng đến khả năng đáp ứng nhu cầu sức khỏe hành vi của các cộng đồng trên toàn quốc.

Sáng kiến chính sách có tác động mạnh nhất là việc dự kiến thông qua Dự Luật 1. Dự Luật 1 kết hợp các phần của SB-326 và AB-531 vào một dự luật duy nhất, có xu hướng được chấp thuận dựa trên kết quả sơ bộ của một cuộc bỏ phiếu ở California diễn ra vào ngày 5 tháng 3 năm 2024. Đề xuất này sửa đổi Đạo Luật Dịch Vụ Sức Khỏe Tâm Thần (MHSA), đổi tên thành Đạo Luật Dịch Vụ Sức Khỏe Hành Vi (BHSA) và cập nhật các nhóm dân số ưu tiên cũng như cách sử dụng nguồn ngân quỹ.

BHSA loại bỏ ngân quỹ thành phần MHSA cho Dịch Vụ và Hỗ Trợ Cộng Đồng, (76% ngân quỹ có khả năng để dành quỹ cho Huấn Luyện và Đào Tạo Lực Lượng Chuyên Môn cũng như Vốn Cố Định và Nhu Cầu Kỹ Thuật), Phòng Ngừa và Can Thiệp Sớm (19%), và Đổi Mới (5%). Thay vào đó, BHSA yêu cầu 35% ngân quỹ được hướng tới Đối Tác Dịch Vụ Toàn Diện (FSP), 30% ngân quỹ dành cho Can Thiệp Nhà Ở và 35% dành cho Dịch Vụ và Hỗ Trợ Sức Khỏe Hành Vi (Behavioral Health Services and Supports, BHSS).

BHSA mở rộng nhóm dân số ưu tiên bằng cách đưa vào những cá nhân mắc chứng rối loạn sử dụng chất gây nghiện và ưu tiên những người có nguy cơ hoặc trong tình trạng vô gia cư, liên quan đến tư pháp, liên quan đến phúc lợi trẻ em và/hoặc đưa vào cơ sở chăm sóc/quyền giám hộ. BHSA dự kiến được ban hành vào ngày 1 tháng 1 năm 2025 để bắt đầu quy trình lập kế hoạch chương trình cộng đồng cập nhật. MHSA dự kiến sẽ kết thúc vào ngày 30 tháng 6 năm 2026 và yêu cầu tất cả các quận phê chuẩn Kế Hoạch Tích Hợp BHSA được Hội Đồng địa phương phê chuẩn trước ngày 1 tháng 7 năm 2026. BHSA không bao gồm một thành phần riêng cho Đổi Mới. Dựa trên nội dung hiện tại được nêu trong SB-326, các dự án Thành Phần Đổi Mới đã phê chuẩn có thể tiếp tục triển khai sau ngày bắt đầu là ngày 1 tháng 7 năm 2026.

Nhiều chương trình có trong Bản Cập Nhật Thường Niên được đề xuất để "điều chỉnh quy mô phù hợp". Điều chỉnh quy mô phù hợp là quá trình điều chỉnh ngân sách chương trình dựa trên số tiền tài trợ thực tế của MHSA đã được sử dụng để hỗ trợ một chương trình trong năm ngoái. Điều chỉnh quy mô phù hợp có thể giúp xác định ngân quỹ MHSA chưa chi tiêu, sau đó ngân quỹ này có thể được đầu tư để mở rộng các chương trình hiện tại hoặc xây dựng chương trình mới trong cùng thành phần. Quá trình này cũng cho phép giảm ngân sách chương trình khi doanh thu của tiểu bang thấp hơn dự kiến. Bản Cập Nhật Thường Niên phản ánh các khoản cắt giảm dựa trên điều chỉnh quy mô phù hợp. Nếu doanh thu tiếp tục nhận được với giá trị thấp hơn dự kiến, việc tiếp tục cắt giảm hoặc loại bỏ chương trình trong thành phần có thể diễn ra thông qua việc sửa đổi Kế Hoạch.

Thành phần duy nhất phản ánh sự gia tăng trong thành phần Đổi Mới. Quỹ Đổi Mới chỉ được sử dụng theo cách sử dụng theo hạng mục như được mô tả ở trên và không được sử dụng để bù đắp thiếu hụt cho các chương trình thành phần khác.

Điểm nổi bật của các dự án Đổi Mới trong kế hoạch bao gồm một dự án mới được đề xuất nhằm hỗ trợ khả năng đáp ứng các nhiệm vụ và thay đổi về luật pháp chuyên sâu, mở rộng các dự án hiện tại và có thể đầu tư vào phần thứ hai của dự án Chỉ Thị Trước về Sức Khỏe Tâm Thần (Psychiatric Advanced Directives) trên toàn tiểu bang.

Đổi Mới

Sau đây là phần mô tả về các ý tưởng của dự án Đổi Mới được đề xuất mới đây, dự kiến sẽ được giới thiệu và triển khai trong kỳ báo cáo này. Sau khi được địa phương phê chuẩn trong Kế hoạch này, bản dự thảo Dự Án Thành Phần Đổi Mới sẽ được phát triển thêm để tiểu bang phê chuẩn và trình lên Ủy Ban Giám Sát và Phụ Trách Dịch Vụ Sức Khỏe Tâm Thần (Mental Health Services Oversight and Accountability Commission, MHSOAC).

Những Cải Tiến Tiến Bộ về Điều Trị Ngoại Trú Có Giá Trị (Progressive Improvements of Valued Outpatient Treatment, PIVOT) – Dự Án Mới

Nhiều sáng kiến hiện tại của tiểu bang sẽ có những tác động chưa xác định đối với hệ thống Sức Khỏe Hành Vi công cộng. Hệ thống chăm sóc hiện không được thiết kế để dễ dàng tích hợp những thay đổi này.

Do đó, nhu cầu sửa đổi cách BHS Quận Cam tiến hành công việc và cung cấp dịch vụ phải được cập nhật.

Nhiều sáng kiến cho thấy rõ rằng tiểu bang đang hình dung một mô hình cập nhật cho dịch vụ sức khỏe hành vi công cộng, đặc biệt là những dịch vụ được cung cấp thông qua chương trình sức khỏe tâm

thần (mental health plan, MHP) chuyên khoa. Các chương trình sức khỏe tâm thần chuyên khoa của quận cần đáp ứng và thiết kế lại hệ thống chăm sóc của họ để đáp ứng các yêu cầu. Việc "thiết kế lại" hệ thống tổng thể, cùng với việc thử nghiệm các quy trình mới được đề xuất trong dự án **Những Cải Tiến Tiến Bộ về Điều Trị Ngoại Trú Có Giá Trị (PIVOT)**.

Dự án Đổi Mới tổng thể, **Những Cải Tiến Tiến Bộ về Điều Trị Ngoại Trú Có Giá Trị (PIVOT)**, đề xuất thiết kế lại hệ thống BHS Quận Cam, đồng thời tạo và thử nghiệm các mô hình dịch vụ trong đó việc cung cấp, điều phối chăm sóc và thanh toán dịch vụ chăm sóc được điều chỉnh để tạo ra trải nghiệm liền mạch và tích hợp cho khách hàng của dịch vụ sức khỏe hành vi giúp cải thiện kết quả khách hàng nhận được. Dự án cũng có ý định thử nghiệm các phương pháp đổi mới trong tuyển dụng và giữ chân lực lượng chuyên môn đã làm việctrong các hệ thống khác nhằm củng cố lộ trình trở thành nhà cung cấp dịch vụ lâm sàng và khuyến khích giữ chân nhân viên có trình độ cao.

Dự án nhiều thành phần này sẽ dẫn đến việc thiết kế lại hệ thống tổng thể đồng thời đề cập đến các lĩnh vực chính trong hệ thống chăm sóc Sức Khỏe Hành Vi hiện tại và cho phép các dự án thí điểm nhằm xác định và phát triển các phương pháp tiếp cận sức khỏe hành vi thành công để có thể tích hợp trên toàn hệ thống chăm sóc. Các dự án thí điểm hoặc thành phần bao gồm:

- Phương Pháp Tiếp Cận Đổi Mới Khi Cung Cấp Dịch Vụ Chăm Sóc
- Khởi Động Lại Chương Trình Đối Tác Dịch Vụ Toàn Diện: Thử Nghiệm Phương Pháp Tiếp Cận Tài Chính Xã Hội Để Cải Thiện Kết Quả Khách Hàng Nhận Được
- Quản Lý Chăm Sóc Phức Tạp Tích Hợp: Thử Nghiệm Các Phương Pháp Tiếp Cận Chăm Sóc Toàn Diện Ở Nhóm Người Lớn Tuổi
- Phát Triển Năng Lực Cung Cấp Các Dịch Vụ Của Chương Trình Sức Khỏe Tâm Thần Chuyên Khoa trong Cộng Đồng Đa Dạng
- Sáng Kiến Lực Lượng Chuyên Môn Toàn Quận Đổi Mới

Phương Pháp Tiếp Cận Đổi Mới Khi Cung Cấp Dịch Vụ Chăm Sóc

Trong hệ thống hiện tại, hệ thống Chăm Sóc Chính (sức khỏe thể chất), rối loạn sử dụng chất gây nghiện và sức khỏe tâm thần hoạt động theo các yêu cầu về lập biểu đồ, thanh toán và theo quy định của từng hệ thống. Bất chấp động thái của tiểu bang hướng tới một mô hình tích hợp hơn, những thay đổi và sáng kiến đồng thời đã không cho các hệ thống của Quận đủ thời gian để đáp ứng và cân nhắc về những cách cần thiết để thiết kế lại hệ thống. Cấu trúc hiện tại giới hạn quyền truy cập vào các dịch vụ tích hợp, toàn diện, do đó buộc khách hàng phải chuyển hướng sang các hệ thống phân nhánh để đáp ứng nhu cầu chăm sóc sức khỏe của họ. Ngay cả không gian lâm sàng cũng thường được thiết lập theo hệ thống chủ yếu cấp ngân quỹ cho phòng khám nhằm hạn chế khả năng tiếp cận các phương pháp chăm sóc lấy con người làm trung tâm.

Để đáp ứng những thay đổi theo định hướng của tiểu bang, Ban Dịch Vụ Sức Khỏe Hành Vi Quận Cam (OC) đang đề xuất một dự án toàn diện nhằm thiết kế lại dịch vụ chăm sóc lâm sàng với cơ hội tập trung vào nhiều dự án thí điểm trong quá trình thiết kế lại. Mỗi thành phần tập trung vào các lĩnh vực của hệ thống, các lĩnh vực này đã được nhận định là sẽ hưởng lợi từ sự tập trung chú ý nhằm giải quyết các thách thức đang tồn tại. Bài học từ mỗi dự án thí điểm sẽ được đánh giá và tích hợp vào một hệ thống chăm sóc tổng thể mới và BHS Quận Cam sẽ cập nhật các chính sách và quy trình để hỗ trợ và tích hợp bản cập nhật hệ thống.

Khởi Động Lại Chương Trình Đối Tác Dịch Vụ Toàn Diện: Thử Nghiệm Phương Pháp Tiếp Cận Tài Chính Xã Hội Để Cải Thiện Dịch Vụ Chăm Sóc Và Kết Quả Khách Hàng Nhận Được

Đạo Luật Dịch Vụ Sức Khỏe Tâm Thần (MHSA) hiện yêu cầu hướng phần lớn nguồn ngân quỹ của Dịch Vụ và Hỗ Trợ Cộng Đồng (CSS) đến Chương Trình Đối Tác Dịch Vụ Toàn Diện. Chương trình Đối Tác Dịch Vụ Toàn Diện (FSP) cung cấp các dịch vụ ngoại trú chuyên sâu và quản lý ca bệnh cho những người mắc các tình trạng bệnh lý nghiêm trọng về sức khỏe hành vi. Khung đối tác dịch vụ toàn diện dựa trên triết lý "không thất bại" và thực hiện "bất cứ điều gì cần thiết" để đáp ứng nhu cầu của khách hàng, và với gia đình họ khi thích hợp, bao gồm cả việc cung cấp các dịch vụ hỗ trợ. Khung này xây dựng mối liên kết chặt chẽ với các nguồn lực cộng đồng và cung cấp các dịch vụ điều trị và phục hồi tại chỗ 24 giờ mỗi ngày, 7 ngày mỗi tuần (24/7). Mục tiêu chính của các chương trình FSP là cải thiện chất lượng cuộc sống bằng cách thực hiện các phương pháp nhằm mang lại kết quả tốt cho khách hàng một cách nhất quán.

Dự Luật 1, được cử tri California bỏ phiếu và thông qua vào ngày 5 tháng 3 năm 2024, yêu cầu chuyển 35% tổng ngân sách MHSA cho các chương trình FSP. Quận Cam hiện cấp ngân quỹ cho các chương trình FSP dành cho mọi nhóm tuổi được thực hiện thông qua sự kết hợp giữa các cơ quan cung cấp dịch vụ theo hợp đồng và các phòng khám của Quận. Mặc dù tất cả các chương trình đều có khung FSP giống nhau, nhưng có sự khác biệt về chi tiết hợp đồng và sự khác biệt về chi phí cho mỗi người nhận dịch vụ.

Ngoài ra, còn có những khác biệt trong cách quản lý FSP và năng lực/khả năng cung cấp dịch vụ của cả nhà cung cấp theo hợp đồng và đội ngũ nhân viên biên chế của Quận. Ngay cả với những khác biệt đó, FSP trên toàn Quận đều có các mục tiêu rất tương đồng và nhìn chung tạo nên một dịch vụ đồng đều. Tuy cách tiếp cận "bất cứ điều gì cần thiết" này thành công nhưng cũng mâu thuẫn với kỳ vọng của tiểu bang rằng Medi-Cal cần được lập hóa đơn càng nhiều càng tốt để giảm doanh thu cung cấp các dịch vụ này. Trong khi cách tiếp cận "bất cứ điều gì cần thiết" thúc đẩy mô hình, thì cách tiếp cận "bất cứ mục nào có thể được lập hóa đơn" lại được khuyến khích. Điều này đặt các quận vào tình thế khó khăn vì tính bền vững của dịch vụ dựa vào việc tạo ra doanh thu.

Ý tưởng Khởi Động Lại FSP sẽ tập trung chủ yếu vào Hiệu Quả Hoạt Động của Chương Trình và Quản Lý Hiệu Quả Hoạt Động được triển khai thông qua hỗ trợ kỹ thuật theo thời gian thực với nhân viên của Quận và các nhà cung cấp theo hợp đồng. Dịch vụ nâng cao sẽ thử nghiệm các phương pháp tiếp cận khác nhau đối với các hợp đồng dựa trên hiệu quả hoạt động và tăng cường quản lý hiệu quả hoạt động. Với tư cách là người nắm giữ địa điểm, ba phương pháp tiếp cận khả thi để thí điểm các hợp đồng dựa trên hiệu quả hoạt động bao gồm:

- Một hợp đồng kết quả mới, có mục đích nhất định, hoạt động cùng với FSP;
- Một bản sửa đổi hợp đồng FSP để tạo chương trình Tiếp Theo;
- Một hợp đồng kết quả mới, dựa trên địa điểm (cộng đồng nhà tù và/hoặc trại giam).

Khởi Động Lại FSP có thể trở thành một dự án Đổi Mới trên toàn tiểu bang, mang lại khả năng tìm ra các cách thay thế để đạt được hiệu quả hoạt động và thanh toán thông qua thử nghiệm phương pháp tiếp cận tài chính xã hội đối với dịch vụ chăm sóc dành cho khách hàng. Vào thời điểm đăng kế hoạch này, Quận Cam chỉ lên ý tưởng để thực hiện dự án trong địa bàn Quận Cam.

Các chi tiết bổ sung cho thành phần này sẽ được cùng tạo ra thông qua quá trình tham gia của các bên liên quan và được đưa vào bản kế hoạch dự án để trình lên MHSOAC.

Quản Lý Chăm Sóc Phức Tạp Tích Hợp: Thử Nghiệm Các Phương Pháp Tiếp Cận Chăm Sóc Toàn Diện Ở Nhóm Người Lớn Tuổi

Vào năm 2023, Ủy Ban Cố Vấn Sức Khỏe Hành Vi Cho Người Cao Niên (BHAB) Quận Cam đã xác định nhu cầu cải thiện dịch vụ chăm sóc cho người lớn tuổi đang mắc các bệnh đồng mắc về sức khỏe hành vi và thần kinh nhận thức. Nhóm xác định rằng người lớn tuổi là nhóm dân số tăng nhanh nhất ở Quận Cam. Nhà ở, phương pháp điều trị và dịch vụ ổn định lâu dài thường khó tiếp cận, không đầy đủ hoặc không sẵn có đối với người lớn tuổi vô gia cư hoặc có nguy cơ vô gia cư và đang mắc các tình trạng bệnh lý tâm thần kép và chứng mất trí nhớ. Ngoài ra, dịch vụ chăm sóc dành cho nhóm dân số này được phân chia giữa hệ thống chăm sóc có quản lý và chương trình sức khỏe tâm thần chuyên khoa, trong đó mỗi hệ thống phụ trách các phần chăm sóc cụ thể. Mỗi hệ thống sử dụng các công cụ kiểm tra sàng lọc và đánh giá khác nhau, đồng thời có cách nhìn về điều trị tình trạng bệnh đồng mắc qua lăng kính hệ thống của họ.

Mục đích của thành phần đề xuất này là bắt đầu phát triển và lên kế hoạch cho một hệ thống chăm sóc cho người lớn tuổi đang mắc các tình trạng bệnh lý cả về sức khỏe hành vi và thể chất/thần kinh nhận thức, hệ thống chăm sóc này có thể bao gồm những người vô gia cư hoặc có nguy cơ vô gia cư.

Dự án được thực hiện dựa trên ba mục tiêu:

1. ***Tiếp Cận và Gắn Kết***: Tạo lập một quy trình xác định người lớn tuổi, xem xét những thách thức và rào cản trong việc tiếp cận và gắn kết nhóm dân số chưa được phục vụ/phục vụ chưa đầy đủ này.

2. ***Đánh Giá***: Gắn kết các chuyên gia trong lĩnh vực này để tạo ra một mô hình đánh giá khác được công nhận trên nhiều hệ thống khác nhau.
3. ***Kế Hoạch Điều Hướng/Quản Lý Chăm Sóc Phức Tạp***: Nhóm đa ngành sẽ cộng tác về cơ cấu tài trợ và chiến lược chăm sóc để đáp ứng nhu cầu toàn diện của người lớn tuổi.

Hiện tại, BHS và các nhà cung cấp dịch vụ chăm sóc có quản lý tại địa phương họp bàn để tìm giải pháp cho các trường hợp phức tạp dành cho người lớn tuổi mắc các bệnh đồng mắc về sức khỏe hành vi và thần kinh nhận thức. Các nhân viên cùng nhau xác định phương pháp điều trị tốt nhất cho từng trường hợp riêng lẻ vì hiện chưa có hệ thống quản lý hiệu quả những trường hợp này. Kết quả của những trường hợp này có xu hướng mang tính cá nhân hóa cao do cách tiếp cận các trường hợp không nhất quán, không được xác định bằng dòng tài trợ hoặc cấu trúc báo cáo rõ ràng, buộc các nhà cung cấp phải chia nhỏ các kế hoạch điều trị được cá nhân hóa theo bữa ăn.

Phát Triển Năng Lực Cung Cấp Các Dịch Vụ Của Chương Trình Sức Khỏe Tâm Thần Chuyên Khoa Với Cộng Đồng Đa Dạng

Quận Cam (OC) là nơi sinh sống của khoảng 3,2 triệu người, là Quận đông dân thứ ba ở California và là Quận có mật độ dân số cao thứ hai trong tiểu bang, chỉ sau San Francisco, và là nơi có dân số đa dạng. BHS hoạt động cả với tư cách là Chương Trình Sức Khỏe Tâm Thần Chuyên Khoa (MHP) Quận Cam và nhà cung cấp dịch vụ của chương trình sức khỏe tâm thần chuyên khoa, điều phối và cung cấp các dịch vụ sức khỏe hành vi chuyên môn cho người nhận Medi-Cal và những người không có bảo hiểm, đáp ứng các tiêu chí chăm sóc cần thiết về mặt y tế theo MHP.

Nhiều chương trình CSS tận dụng Medi-Cal trong việc cung cấp các dịch vụ MHSA. Việc xem xét nhân khẩu học của người thụ hưởng Medi-Cal có thể giúp xác định các nhóm dân số chưa được phục vụ và phục vụ chưa đầy đủ. Tóm lại, tỷ lệ thâm nhập của Quận Cam thấp hơn so với tỷ lệ được ghi nhận trên toàn tiểu bang ở tất cả các nhóm chủng tộc/sắc tộc và mọi nhóm tuổi.

Dựa trên số lượng cư dân đủ điều kiện tham gia Medi-Cal trong Năm Dương Lịch (Calendar Year, CY) 2021 và số lượng người thụ hưởng dịch vụ được chấp thuận, các nhóm sau được xác định là chưa được phục vụ đầy đủ:

- Người Châu Á hoặc Người Dân Đảo Thái Bình Dương
- Người Mỹ Da Đen hoặc Người Mỹ Gốc Phi
- Trẻ Nhỏ từ 5 tuổi trở xuống
- Người lớn trên 60 tuổi
- Người Mỹ Bản Địa
- Những cư dân nói ngôn ngữ không phải tiếng Anh

Dữ liệu sẵn có thông qua tiểu bang còn hạn chế và không phân định rõ thêm các sắc thái giữa vô số khác biệt về văn hóa giữa các nhóm dân số Châu Á/Người Dân Đảo Thái Bình Dương, nhóm dân số Nam Á, Trung Đông, Bắc Phi (South Asia, Middle Eastern, North African, SAMENA), v.v. Ngoài ra, còn thiếu dữ liệu liên quan đến các dịch vụ xung quanh việc cung cấp dịch vụ sức khỏe hành vi cho nhóm dân số khiếm thính và nghe kém. Hiện tại, có những nhà cung cấp dịch vụ không thuộc Medi-Cal cung cấp dịch vụ sức khỏe hành vi cho những nhóm dân số chưa được phục vụ đầy đủ này.

Thành phần này tìm cách đánh giá năng lực tối thiểu của một tổ chức tại cộng đồng để có thể trở thành nhà cung cấp theo hợp đồng của chương trình sức khỏe tâm thần chuyên khoa, xem xét số tiền hỗ trợ kỹ thuật cần thiết để hỗ trợ phát triển và thực hiện, đồng thời xác định xem áp dụng các phương pháp tiếp cận dựa trên văn hóa trong chăm sóc sức khỏe tâm thần chuyên khoa có cải thiện cả tỷ lệ thâm nhập và kết quả khách hàng nhận được hay không. Ngoài ra, dự án còn tìm cách xác định các phương pháp thực hành dựa trên bằng chứng do cộng đồng xác định (CDEP) thành công, có thể được thiết kế để tạo ra doanh thu và có khả năng được tiểu bang công nhận.

Các chi tiết bổ sung cho thành phần này sẽ được cùng tạo ra thông qua quá trình tham gia của các bên liên quan và được đưa vào bản kế hoạch dự án để trình lên 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

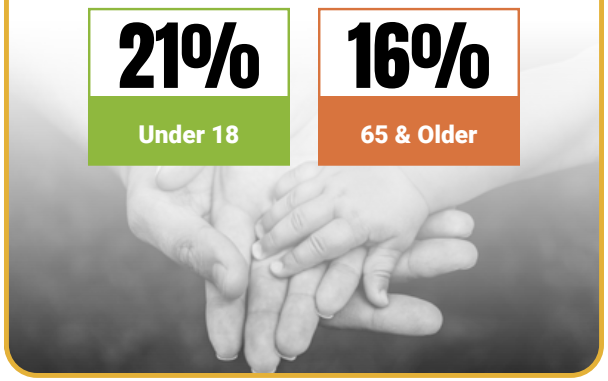
About **3.1 million**

Veterans: **3.5%**

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

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

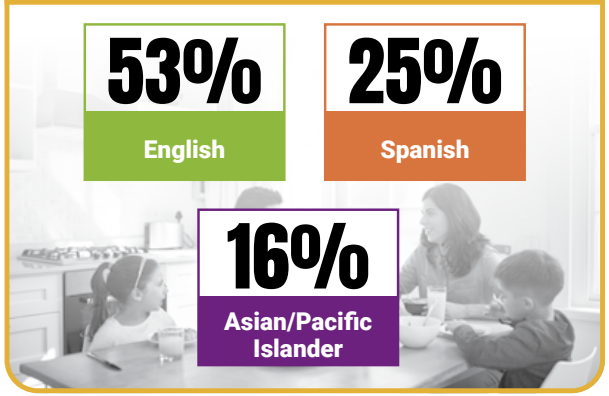
OC Age Groups



21%
Under 18

16%
65 & Older

Language Spoken at Home (18+)



53%
English

25%
Spanish

16%
Asian/Pacific Islander

Highest Cost of Living

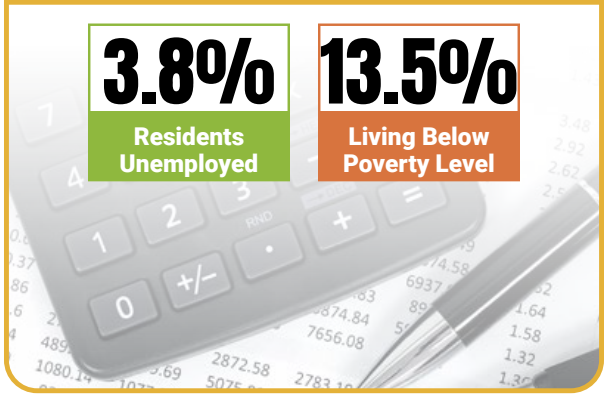
Compared to neighboring counties, driven by high housing costs

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

DEMOGRAPHIC 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.

Michelle Smith hosting the Planning Advisory Committee meeting on May 16, 2024.

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.

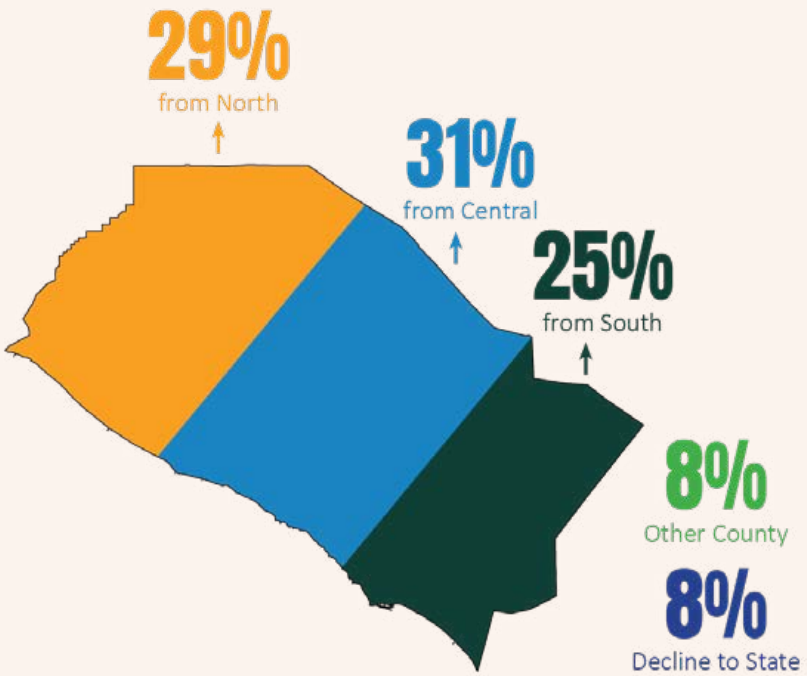
Taking the community feedback collected to heart, MHSA Program Planning and Administration (MHSA Office) began holding monthly community planning meetings with representatives from stakeholder groups on the third Thursday of each month to form the Planning Advisory Committee (PAC). Stakeholders identified 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,

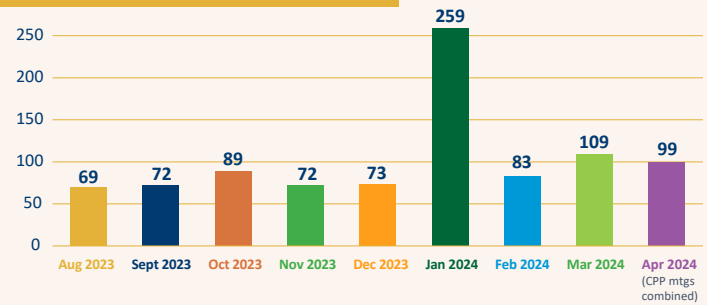
the virtual meetings were not as well attended. To support inclusion, MHSA Office staff deploy to each of the CSS funded Wellness Centers to support consumer participation in virtual PAC meetings, ensuring voice and choice are part of every MHSA conversation.

STAKEHOLDER DEMOGRAPHICS FROM JULY 2023 TO FEBRUARY 2024*

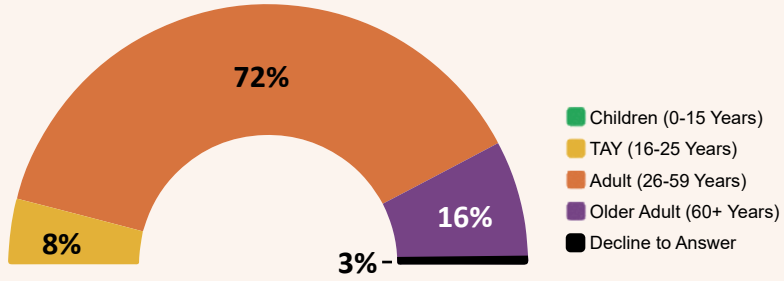
REGIONS REPRESENTED



MONTHLY ATTENDANCE



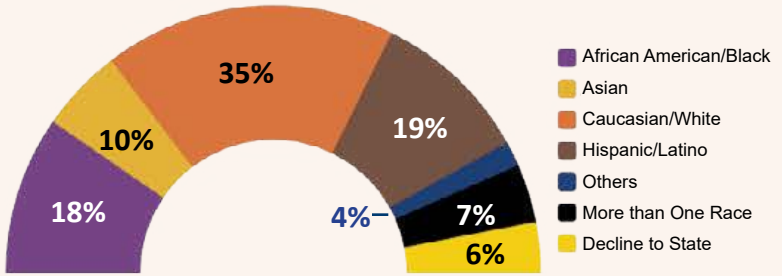
AGE



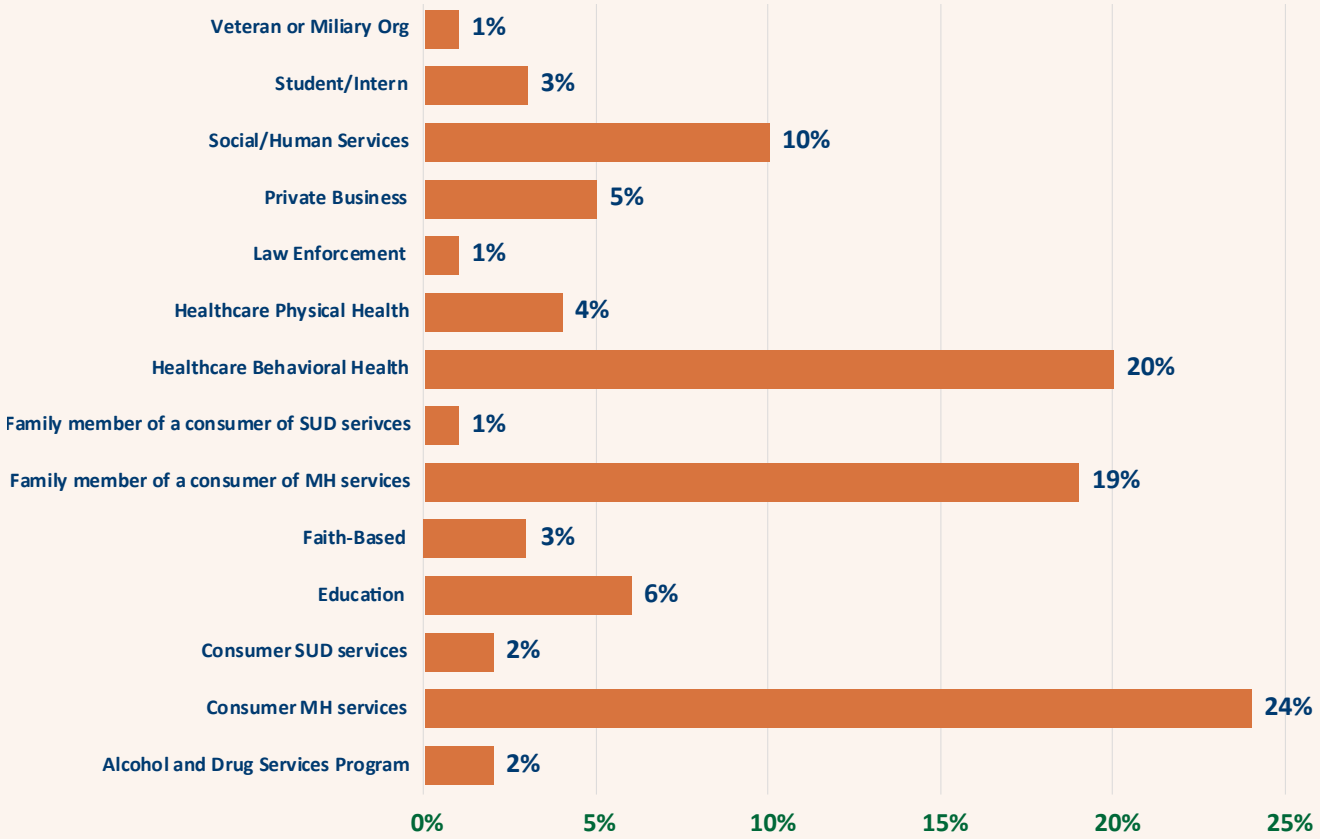
GENDER

32%	63%	1%	1%
Male	Female	Transgender	Nonbinary

ETHNICITY

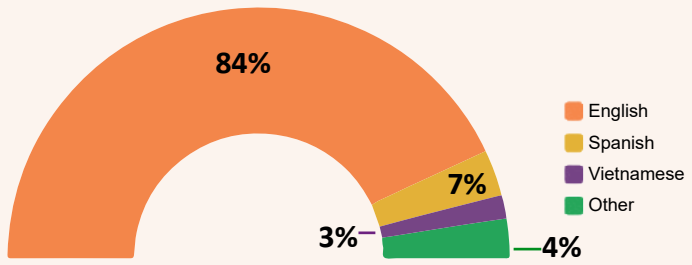


WORK IN OR REPRESENT ANY OF THE FOLLOWING AREAS/FIELDS

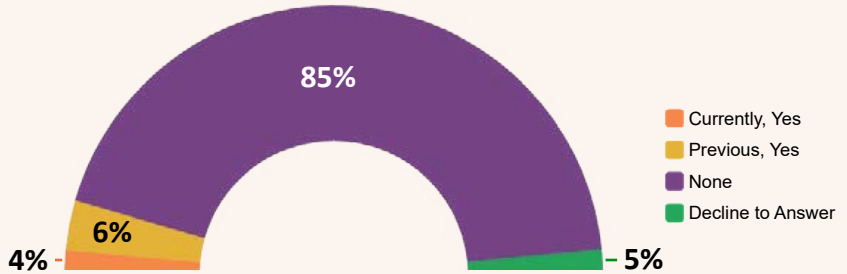


Note: Individuals were able to select more than one group

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

Teaching Artist, Emily Eason paints a mural from the attendees emotions at May 16, 2024 Planning Advisory Committee meeting on colors associated with positive and negative thoughts and an environment that brings feeling of calmness.

OVERVIEW OF 30 DAY PUBLIC POSTING AND COMMENT PERIOD

Cal. Code Regs. Title 9 §3315 states:

(a) Prior to submitting the Three-Year Program and Expenditure Plans or annual updates to the Department, the County shall conduct a local review process that includes:(1) A 30-day public comment period.(A) The County shall submit documentation, including a description of the methods used to circulate, for the purpose of public comment, a copy of the draft Three-Year Program and Expenditure Plan, or annual update, to representatives of stakeholders' interests and any other interested parties who request the draft.(2) Documentation that a public hearing was held by the local mental health board/commission, including the date of the hearing.(3) A summary and analysis of any substantive recommendations.(4) A description of any substantive changes made to the proposed Three-Year Program and Expenditure Plan or annual update that was circulated.(b) For updates, other than the annual update required in Section 3310(c), the County shall conduct a local review process that includes:(1) A 30-day public comment period.(A) The County shall submit documentation, including a description of the methods used to circulate, for the purpose of public comment, a copy of the update, to representatives of stakeholders' interests and any other interested parties who request the draft.(2) A summary and analysis of any substantive recommendations.(3) A description of any substantive changes made to the proposed update that was circulated.

PUBLIC REVIEW

The MHSA Annual Update was posted on HCA's website for stakeholder review and comment from March 11, 2024 through April 15, 2024 at noon at MHSA Three-Year Plan and Plan Updates | Orange County California - Health Care Agency (ochealthinfo.com). The Public Hearing to affirm the stakeholder process took place at the regularly scheduled Behavioral Health Advisory Board meeting was held at Westminster Community Center from 10:00 a.m. until 12:00 p.m. on April 24, 2024.

SUMMARY AND ANALYSIS OF SUBSTANTIVE CHANGES

An analysis of substantive recommendations received during the 30-day posting process is required for each MHSA Three-Year and Annual Update Plan.

BHS is open to ongoing stakeholder feedback, outside of the formal Community Program Planning structure. Comments/recommendations can be submitted via email to the MHSA email box at MHSA@ochca.gov. During the time the MHSA Annual Update draft is posted for public comment, stakeholders are informed that comments can be received anytime through the year but will not be included in the final MHSA Annual Update unless written comment is provided during the 30-day comment period.

The MHSA Annual Update is required to be posted for 30-days, per Welfare and Institutions Code 5848. BHS exceeded that standard by making the Plan available for 35 days between March 11, 2024, and April 15, 2024. If you would like to provide comments/recommendations after the close of the 30-day posting period, you may request a comment form be sent to you by contacting MHSA Program Planning

and Administration at MHSA@ochca.gov or calling (714) 834-3104.

During stakeholder meetings, community members asked how they might get additional information on what behavioral health services are available in the County. The County has a Beneficiary Access line that can be called for assistance in locating services and can be reached at 800-723-8641. The OCLINKS phone number can be accessed at 855-625-4657. Service directories are also available online at https://www.ochealthcareagency.com/mhp/.

During stakeholder meetings, it was noted that community members would like information about how to access funds related with MHSA programs and housing for their areas. HCA releases several Requests for Proposals (RFPs) every year through a procurement process. MHSA funds can be accessed by successful applicants who participate in the procurement process and are determined to meet criteria for program services through the competitive RFPs. Information about open procurements can be access at Open Bids | County Procurement Office - Orange County California (ocgov.com).

The Orange County Behavioral Health Advisory Board (BHAB) hosts regular meetings open to stakeholders. Meeting dates can be accessed at the following link https://www.ochealth-info.com/providers-partners/county-partnerships/medical/mental-health-plan-and-provider-information/orange.

Community members do not have to wait for a meeting to provide feedback to BHS. Feedback can be provided at any time via email at MHSA@ochca.com or phone by calling 714-834-3104. As program data, outcomes, statistics, and ongoing operations are discussed on a regular basis, regular attendance at one or more of the meetings listed above is encouraged. The Planning Advisory Committee (PAC) specifically addresses MHSA programs and occurs monthly. If you would like to be added to the invite list for PAC meetings, please email MHSA@ochca.com.

BEHAVIORAL HEALTH ADVISORY BOARD RECOMMENDATIONS

At the conclusion of last year's MHSA Three Year Plan process, the OC BHAB submitted a letter of recommended actions for the MHSA Program Planning and Administration office based on their May 23, 2023, General Meeting. The following provides an overview of the recommendations and the action taken in response.

Recommendation 1:

Create a standing Mental Health Services Act (MHSA) community forum comprised of local stakeholders, including adults (including transitional-age youth) and seniors with SMI and/or SUD; families of children, adults, and seniors with SMI and/or SUD; providers of services, law enforcement agencies, education, social services agencies, veterans, representatives from veterans' organizations, providers of alcohol and drug services, health care organizations, and other important interests.

The primary functions of the standing community forum, at a minimum, would include the following:

- Meet regularly to assist the County to identify challenges and barriers in the development and delivery of MHSA-funded services and make recommendations for strategies to address these challenges.
- Remain informed about current stakeholder meetings and the funding and program recommendations made by members of these groups.
- Review all MHSA funding proposals and provide critical feedback to ensure that funding is allocated to services for identified needs and priorities.

Response:

During fiscal year 2023-24, BHS formed the MHSA Planning Advisory Committee (PAC). The PAC is a regular open meeting that allows

diverse stakeholders to learn about existing MHSA funded programs, provides opportunities to identify program improvements and priorities, and allows open communication with BHS concerning public behavioral health policy, funding, quality improvement, and needs.

The MHSA PAC is a structured way for individual stakeholders to share their opinions and perspectives, study programs, services, and issues, and develop recommendations in a focused, group structure. The recommendations accumulate over time and are kept as part of BHS' record, as recommendations cannot always result in immediate or future action.

The primary purpose of the PAC is to provide thoughtful recommendations or observations, from a diverse stakeholder perspective to BHS as related to MHSA programs, implementation, evaluation, quality improvement, finance, and policy. PAC activities are dynamic and may include study of issues, policy changes, or review of current programs, overviews of research or program/service evaluation, and review of staff reports and recommendations - all of which are intended to enable the PAC to discuss and formulate thoughtful recommendations to BHS in a timely manner.

In making MHSA related decisions, the BHS considers stakeholder comment, MHSA PAC recommendations, staff recommendations, BOS and CEO priorities and goals, DHCS directives, laws, statute, and local policies, research and background information, and other subject matter expert perspectives.

BHS expects to receive recommendations from the PAC that reflect the varied individual and collective knowledge and thinking of the committee, particularly from a diverse stakeholder perspective. Recommendations may be transmitted as part of verbal or written staff reports, presentations, or as a distinct memorandum transmitted separately to BHS Leadership. The MHSA Coordinator is the liaison for the PAC and holds responsibility for this effort.

There may be times when the advisory committee's recommendations will not prevail or will be modified by BHS, the CEO, or the BOS. It is important to recognize that this is not a rejection of the integrity of the recommendation but is an inevitable part of the process of decision making where a variety of diverse views, perspectives, and recommendations are considered.

With the passage of Proposition 1, the Community Program Planning process will be updated to align with changes in statute.

Recommendation 2:

Ensure Orange County and its contractors meet and exceed goals and expectations relative to the recruitment and retention of MHSA funded program staff by:

- Incorporating streamlined onboarding processes to reduce the time staff vacancies remain unfilled.
- Ensuring that the salaries and wages for individuals employed by the County and its contractors are consistent with current living wage standards.
- Forming collaborative relationships with local high schools, colleges, and universities to promote and facilitate opportunities for students to seek employment in the public behavioral health sector.

Response:

The Orange County Health Care Agency, Behavioral Health Services continues to work collaboratively with Human Resources to address vacancies, work with contracted providers, and establish and continue to work with education partners.

Salaries and hourly wages for County of Orange staff are established via a process conducted by the OC Human Resources. BHS reviews and discusses positions and salaries as part of all contracted negotiations and has approved contract modifications to support providers in adjusting salaries and wages. As an incentive, BHS programs that have experienced difficulty in filling positions have been able to offer premium pay in some programs. In addition, BHS has partnered with human resources to host several hiring events that have reduced the

overall vacancy of BHS.

BHS continues to partner with universities, colleges, and high schools to strengthen career pathways and streamline internship opportunities. During this next year, upon approval of the Innovation PIVOT project, BHS plans to strengthen behavioral health workforce initiatives.

Recommendation #3

Dedicate additional funding and resources to the development and dissemination of public-facing information specific to MHSA plans, resources, and access to services in a manner that is:

- User-friendly
- Reflective of the cultural/linguistic diversity and demographics of the county
- Readily and routinely updated, and publicly available.

Response:

More recently, BHS-MHSA Office was able to update the MHSA page of the HCA website and has started to utilize a platform for maintaining contact with the over 1,500 MHSA listserv members. BHS is dedicated to an inclusive process, making translation services available at meetings and providing services in threshold languages when possible.

OVERVIEW OF PUBLIC POSTING AND COMMENT PERIOD

Behavioral Health Services would like to thank those who participated in the public review and comment portion of the stakeholder comment process. During the 30 day public posting of the MHSA Plan Update for Fiscal Year 2024-25, that occurred from March 11, 2024, through April 15, 2024, BHS continued to promote the 30 day posting and provided overviews and information related to the MHSA Plan. All BHS clinics, community providers, Behavioral Health Equity and Planning Advisory Committee members, and contract agency stakeholders received a notice of the posting and public comment forms. An executive Summary was posted with translations made available in threshold languages as they became available. Hard copies of the Plan were provided upon request to one person. A press release notifying the public of the posting and upcoming Public Hearing was sent to 2,669 media contacts. A series of email blasts were released to the Planning Advisory Committee, the Behavioral Health Equity Committee, and all associated cultural sub-committees, the contracted providers, and the Behavioral Health Advisory Board. This information was also advertised on all HCA sponsored social media sites, including Facebook, Instagram, and Twitter and it was posted on the HCA website. As a result, 218 individual stakeholder forms were received during the 30 day public posting and comment period. 20 stakeholder forms contained general and specific comments to the plan.

SUMMARY AND ANALYSIS OF SUBSTANTIVE COMMENTS

BHS would like to thank everyone who reviewed the plan and/or submitted a comment. BHS encourages and supports community collaboration, particularly the involvement of stakeholders, in all aspects of the MHSA program provided.

For the purposes of this plan, a substantive comment is defined as a comment that provides new information about the proposed action, an alternative, or the analysis; identifies a different way to meet the

need; points out a specific flaw in the analysis; suggests alternate methodologies and the reason(s) why they should be used; makes factual corrections, or identifies a different source of credible research which, if used in the analysis, could result in different effects.

Comments that are not considered substantive include the following:

- Comments in favor of or against the proposed action or alternatives without reasoning.
- Comments based on perception and personal opinions as opposed to having a firm basis in and based on facts.
- Comments outside of the item being presented and discussed.

The following contains a summary and analysis of a sample of the 20 comments received during the 30 day public posting period, along with responses.

Comments:
Concerns expressed around reduced funding available for Prevention and Early Intervention component programs.

Response:
Included in the Annual Update process was an overview of changes related to Proposition 1. Proposition 1 eliminates a stand-alone PEI component, prioritizes early intervention for serious behavioral health conditions, and redirects local funds to administer prevention through the California Department of Public Health. In future years, BHS must follow the law in the implementation of future BHSA funding. In addition, programs across service components were "right sized" based on current utilization rates and available funding, resulting in reductions across components. Should additional MHSA funding become available, the funds will be utilized to maintain MHSA approved programs and services.

Comments:
Dissatisfaction with the public system focusing on serious mental illness and substance use disorder treatment in the future instead of population health.

Response:
Included in the Annual Update process was an overview of changes related to Proposition 1. Proposition 1 updates the MHSA to the Behavioral Health Services Act (BHSA) and updates the target populations to include individuals living with a serious mental illness or substance use disorder who are at risk of or experiencing homelessness, justice/system involvement, or institutionalization. Early intervention efforts will focus on individuals experiencing symptoms of a serious behavioral health condition, and funds will also be directed toward system supports, intensive outpatient behavioral health programs, and housing interventions. Managed Care Organizations are responsible for serving Medi-Cal beneficiaries experiencing mild to moderate behavioral health conditions. As MHSA transitions to BHSA, BHS will no longer be able to utilize BHSA funds to support broad population health/prevention efforts.

Comments:
Support was expressed for specific programs such as Wellness Centers and Health and Wellness Coaching under the WET component.

Response:
Thank you for your support of these important programs. We look forward to continuing to invest in the individual recovery and overall health of thousands of OC residents.

PUBLIC HEARING

The Public Hearing was hosted by the Orange County Behavioral Health Advisory Board (BHAB) was conducted April 24, 2024. Each attendee was offered an agenda, a public comment form, and a copy of the MHSA public hearing PowerPoint presentation. The presentation reviewing the CPP process and summary of stakeholder feedback was presented by the MHSA Senior Manager. At the conclusion of the presentation, the BHAB opened the meeting for public comment. As with all public meetings, interpretive services and materials were available upon request. Approximately 30 stakeholders attended the Public Hearing.

There were four public comments received during the Public Hearing and discussion from the BHAB:

Public Comment:

- Mr. Arnot expressed his appreciation for what MHSA has done for housing. He asked to continue to change structures to reduce disparities and include in the BHSA planning process.
- Mr. Sang expressed his appreciation for the MHSA video, it was very helpful to educate the community. He also provided two (2) public comments for local members advocating for continued support of funding and services for The Cambodian Family services as well as community providing culturally competent programs for the community.
- Ms. Mak shared she helps support older adults within the Cambodian Family in OC and thanked MHSA for program funding support. She advocated for further service and to continue to fill gaps in the underserved culturally communities.

BHAB Discussion:

The BHAB provided some closing remarks before taking the vote, some of those comments included the following:

- Susan Emerson suggested having an easy navigation once services are shifted, this way it is easy to follow by the community.
- Steve McNally expressed concern for lack of communication in the community and would like the community to be better informed and advised about the MHSA plan.
- Supervisor Sarmiento urged BHS to take the public comments as constructive advice. He suggested utilizing the BHAB to help with the strategizing of services and community planning in preparation for BHSA.

The Behavioral Health Advisory Board affirmed that BHS adhered to the MHSA CPP process and supported the submission of the MHSA Plan Update for Fiscal Year 2024-25 to the Orange County Board of Supervisors for approval at the June 5, 2024, meeting and the subsequent submission to the Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission. No substantive comments were received from the Behavioral Health Advisory Board.

The summary of the results and feedback resulted in no substantive changes to the Plan.

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.

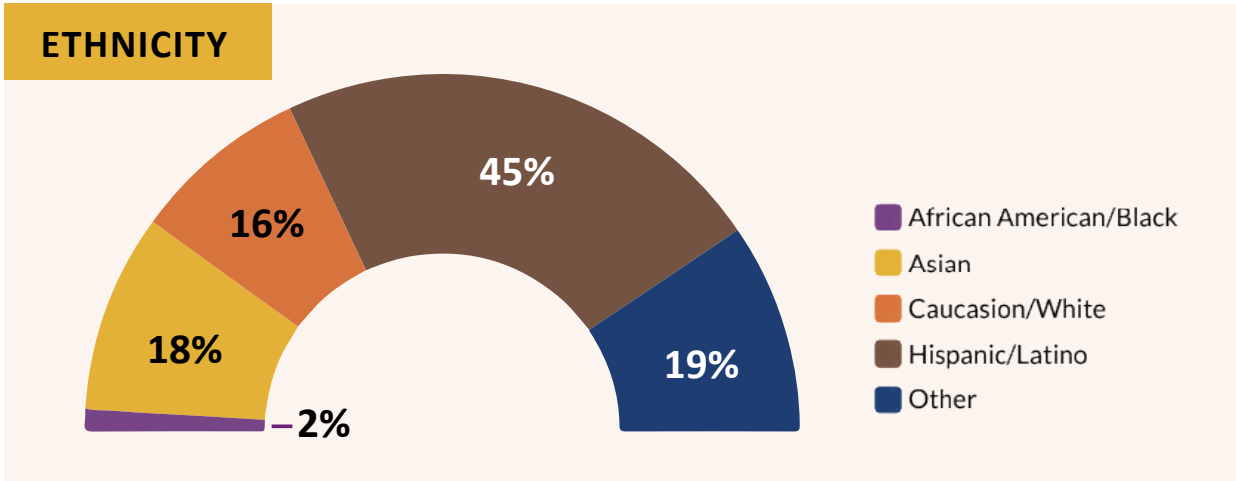
Through this component, OC BHS will create a care model that participates in population health management, enhances care coordination based on patient needs, including social determinants of health and social service needs. By partnering with the MCPs, the MHP/OC-BHS will benefit from the MCP's ability 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:

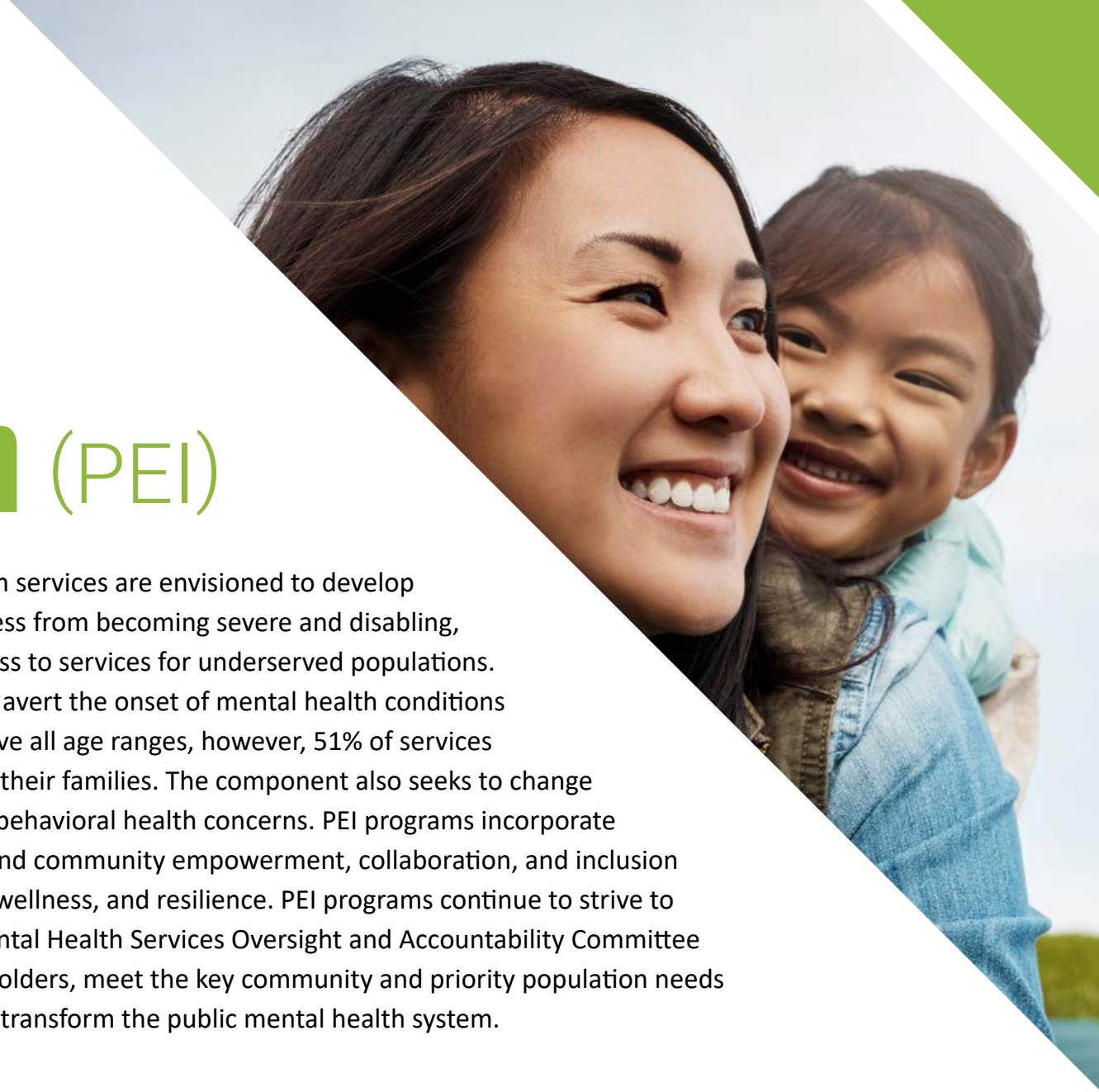
1. Length of Time: Internships are usually short term (1-3 months) and apprenticeships are longer term (1-3 years).
2. Structure: Apprenticeships include a structured training plan, with a focus on mastering specific skills an employer needs to fill an occupation within their organization. Internships 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
- High Clinical Risk for Psychosis
- 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" as 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 2023-24 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.

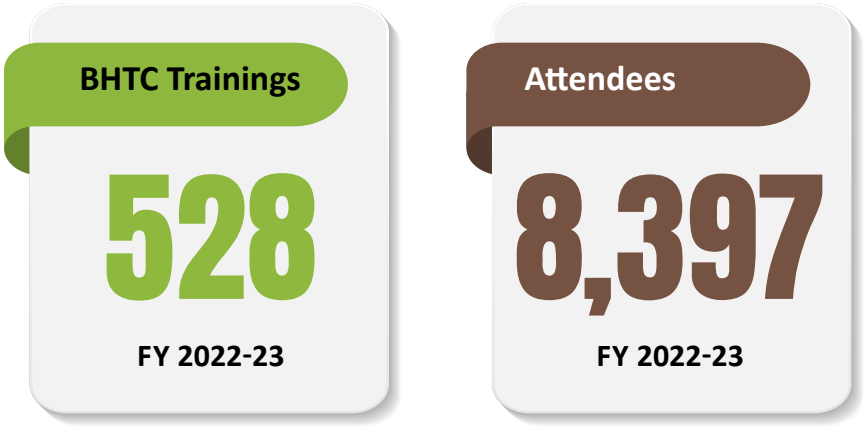
- Community at large (Tier 1): General public such as parents, family members, community centers, etc.
- Non-clinical provider (Tier 2): A person who interacts with or provides services to those who may experience a behavioral health condition. Examples would be staff at public or private schools, childcare 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 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 reviewing 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 2023-24 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 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

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.

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 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

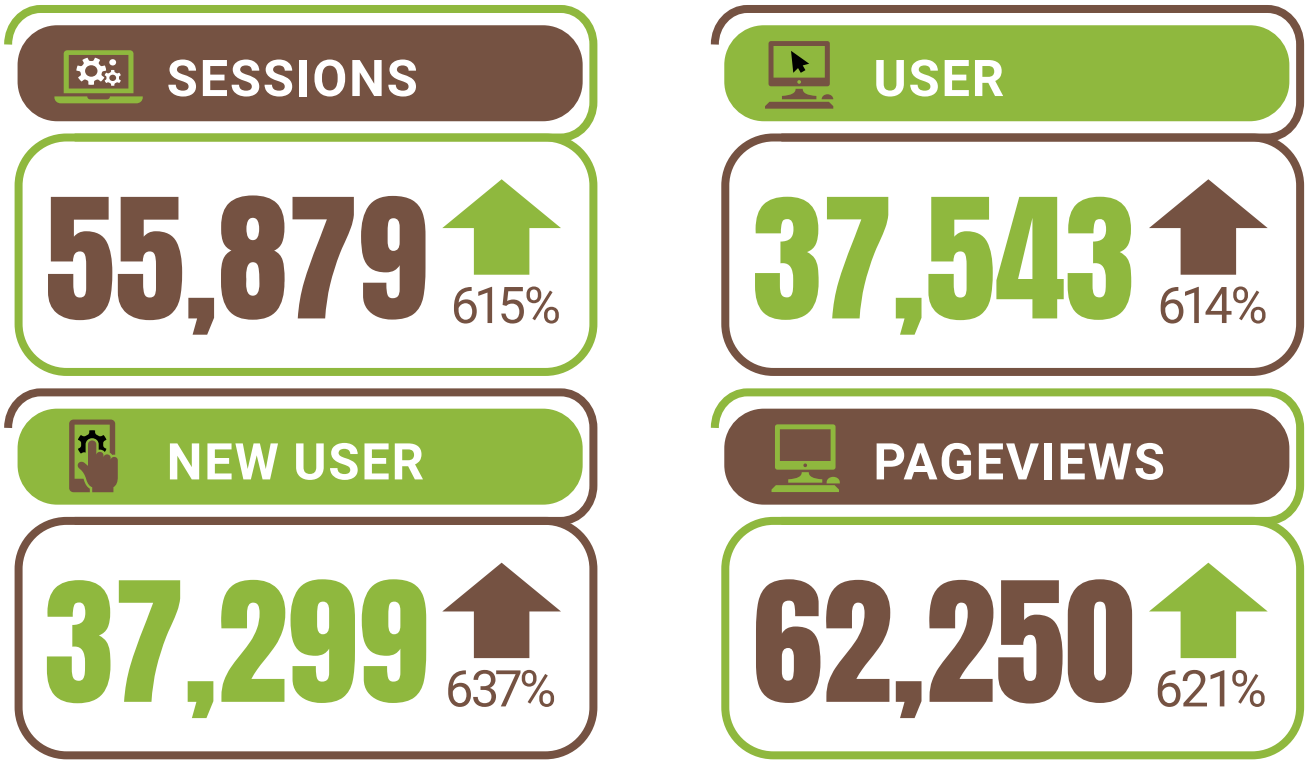
Metrics for this program are currently only available for the local mental health awareness campaign and outreach efforts conducted in partnership with Angels Baseball. The partnership with Anaheim Ducks hockey began in Winter 2022 and will be reported in future Plan Updates.

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.

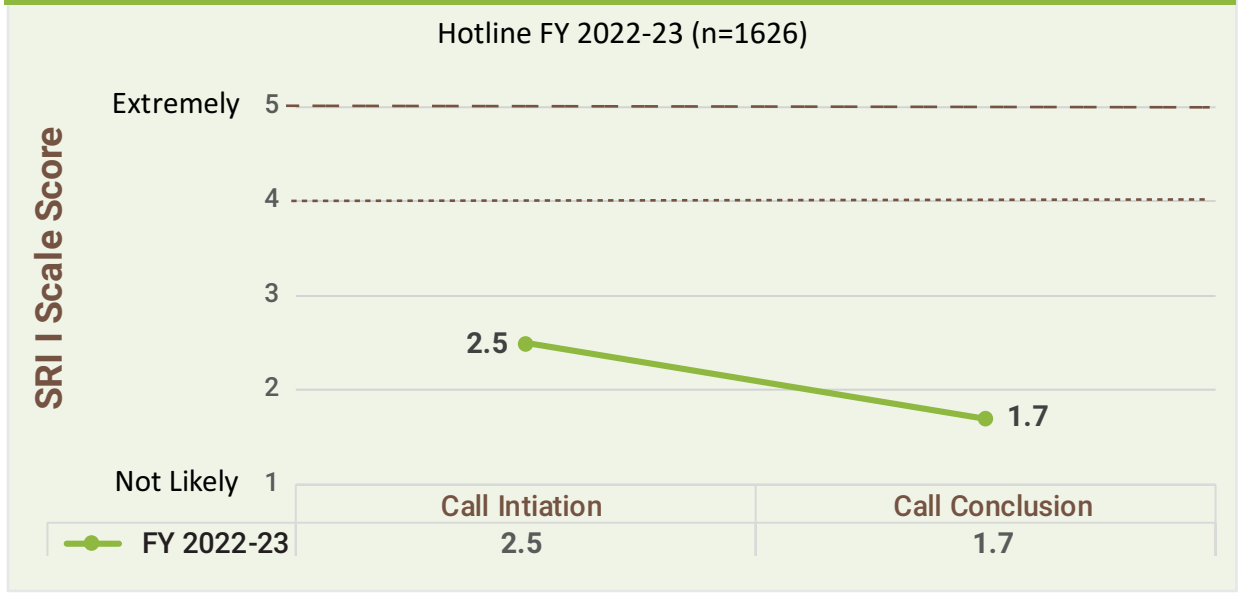
TARGET POPULATION

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.

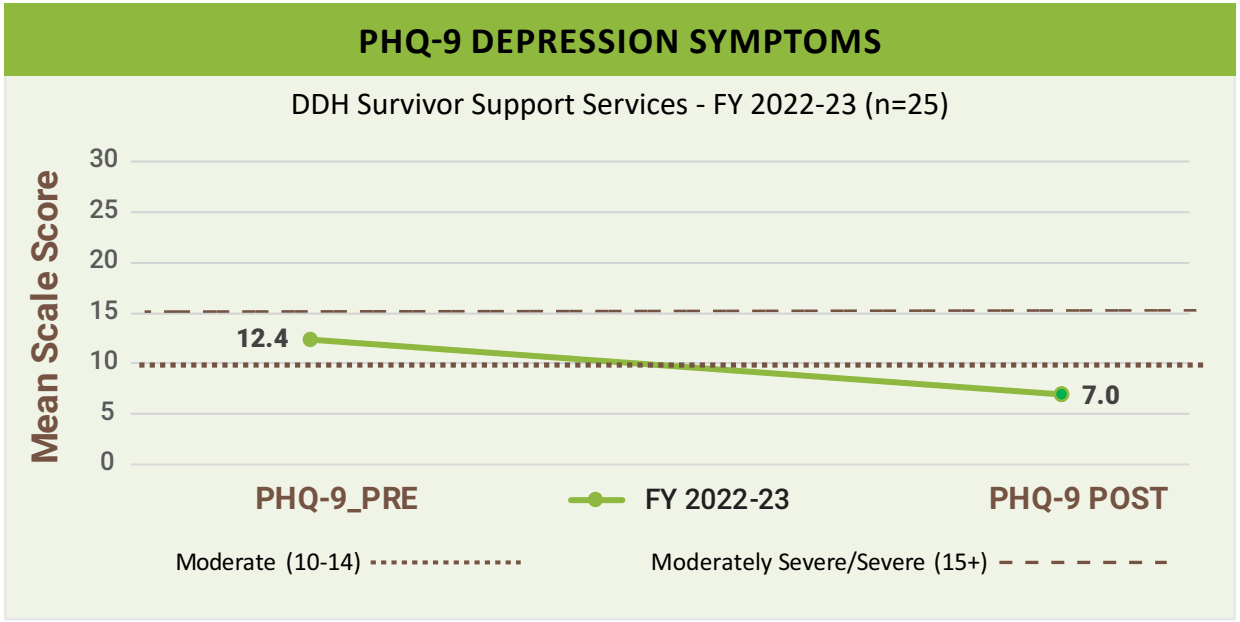
PROPORTION TO BE SERVED BY DEMOGRAPHIC CHARTERISTIC FOR FY 2022-23	
NUMBERS SERVED	**11,461**
Age Group	
Children (0-15 years)	8%
Tay (16-25 years)	34%
Adults (26-59 years)	49%
Older Adults (60+ years)	9%
Gender	
Female	45%
Male	47%
Transgender	1%
Questioning/Unsure	0%
Another Not Listed	2%
Decline to 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:** 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.

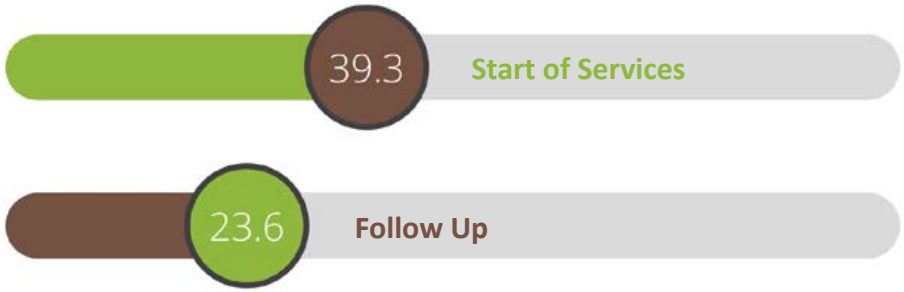
OUTCOMES

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.

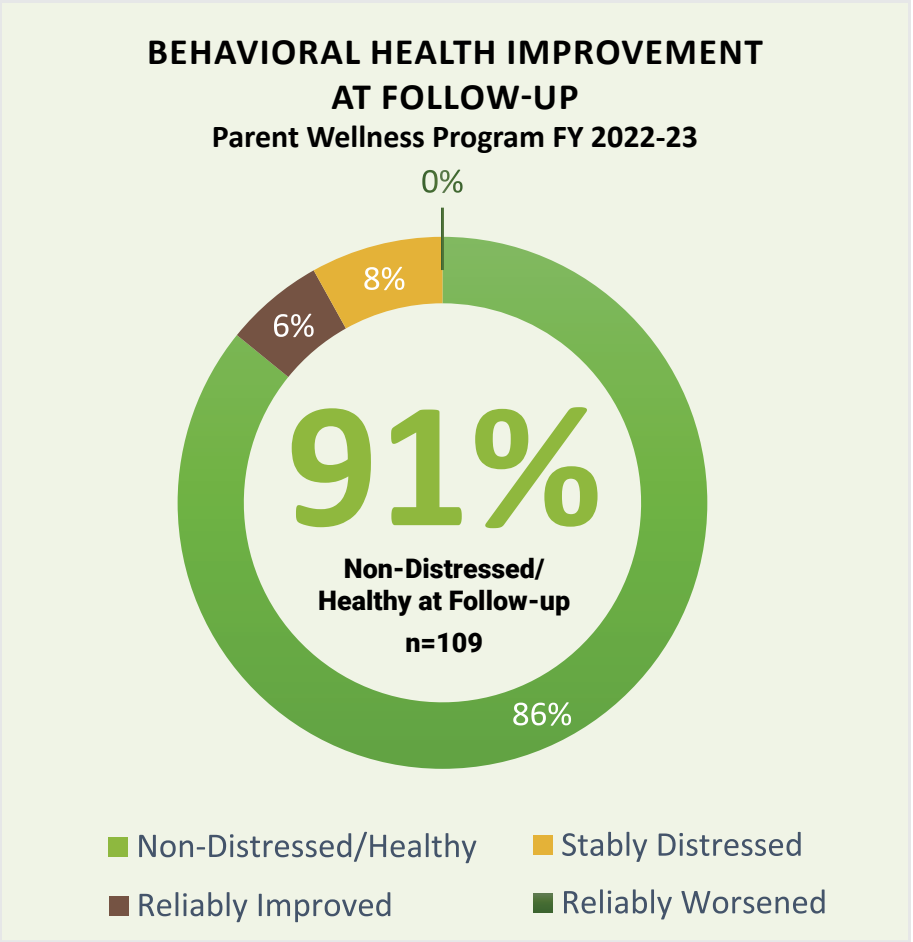
TARGET POPULATION

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 likelihood 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 .

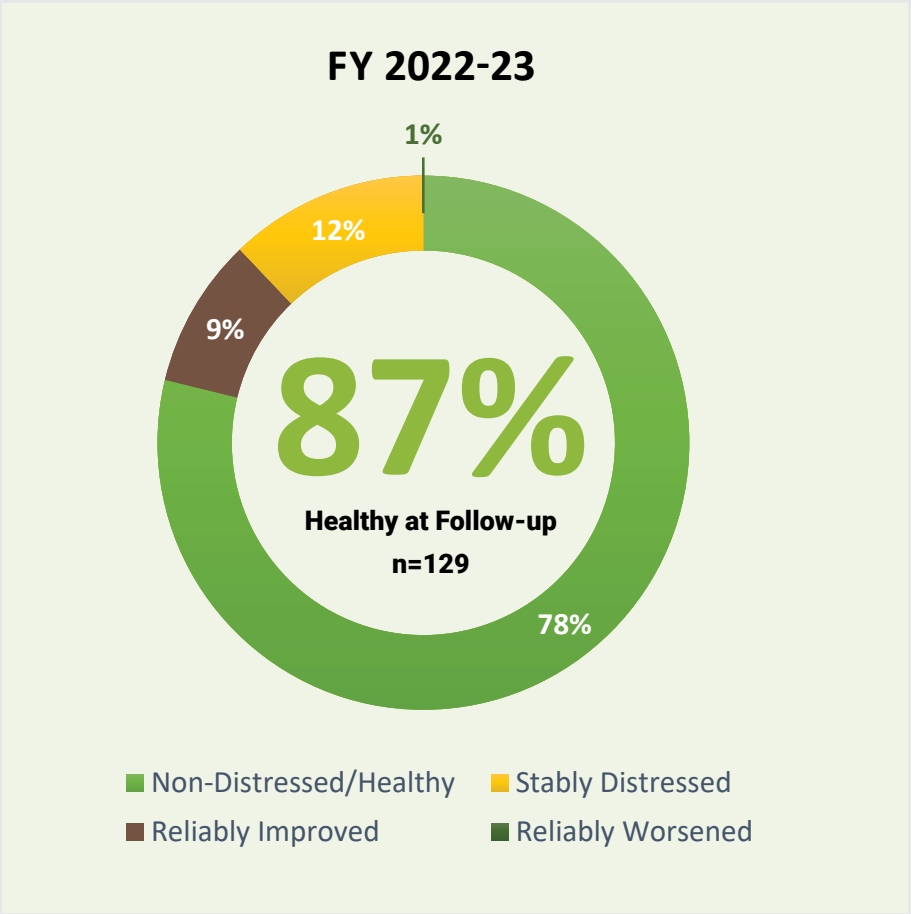
TARGET POPULATION

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.

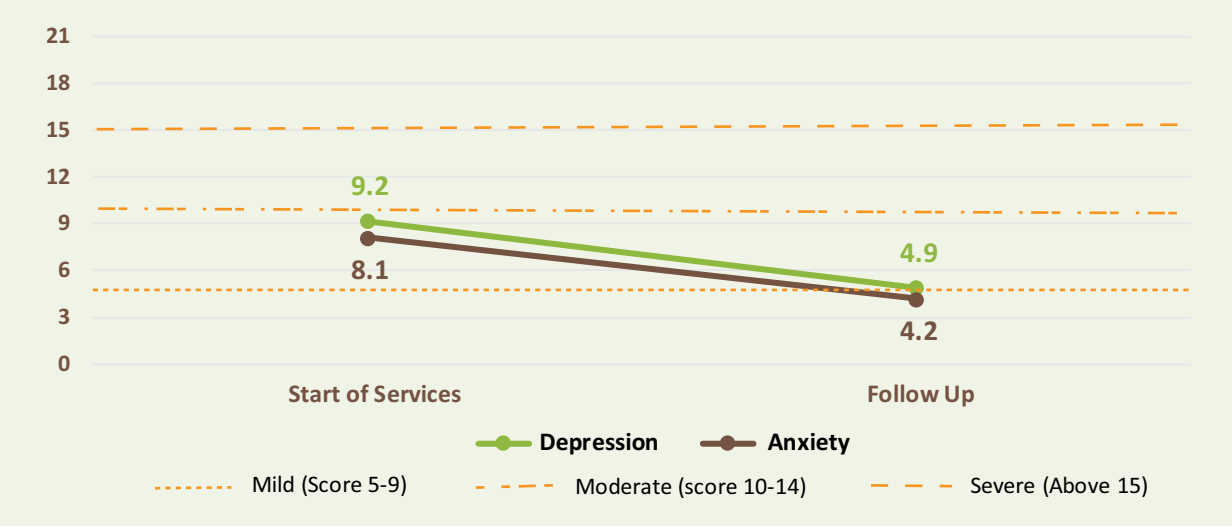
Peer support is an essential component of services and is structured to allow for ongoing recruitment and training of peers.

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.

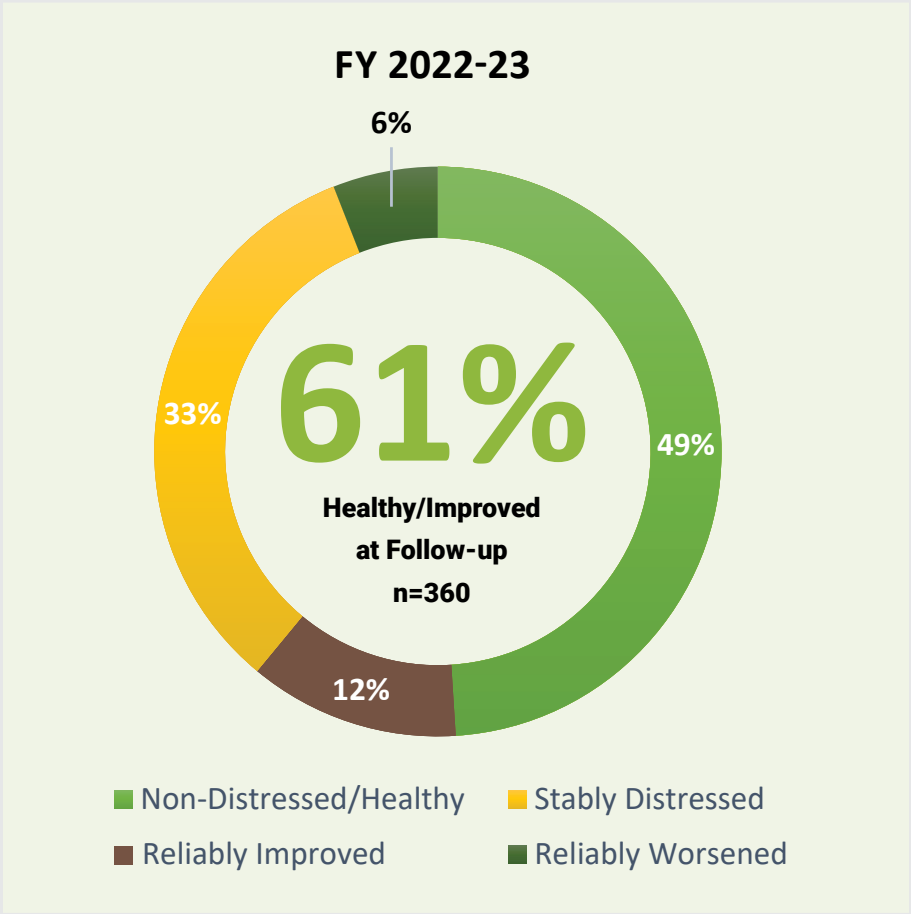
TARGET POPULATION

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

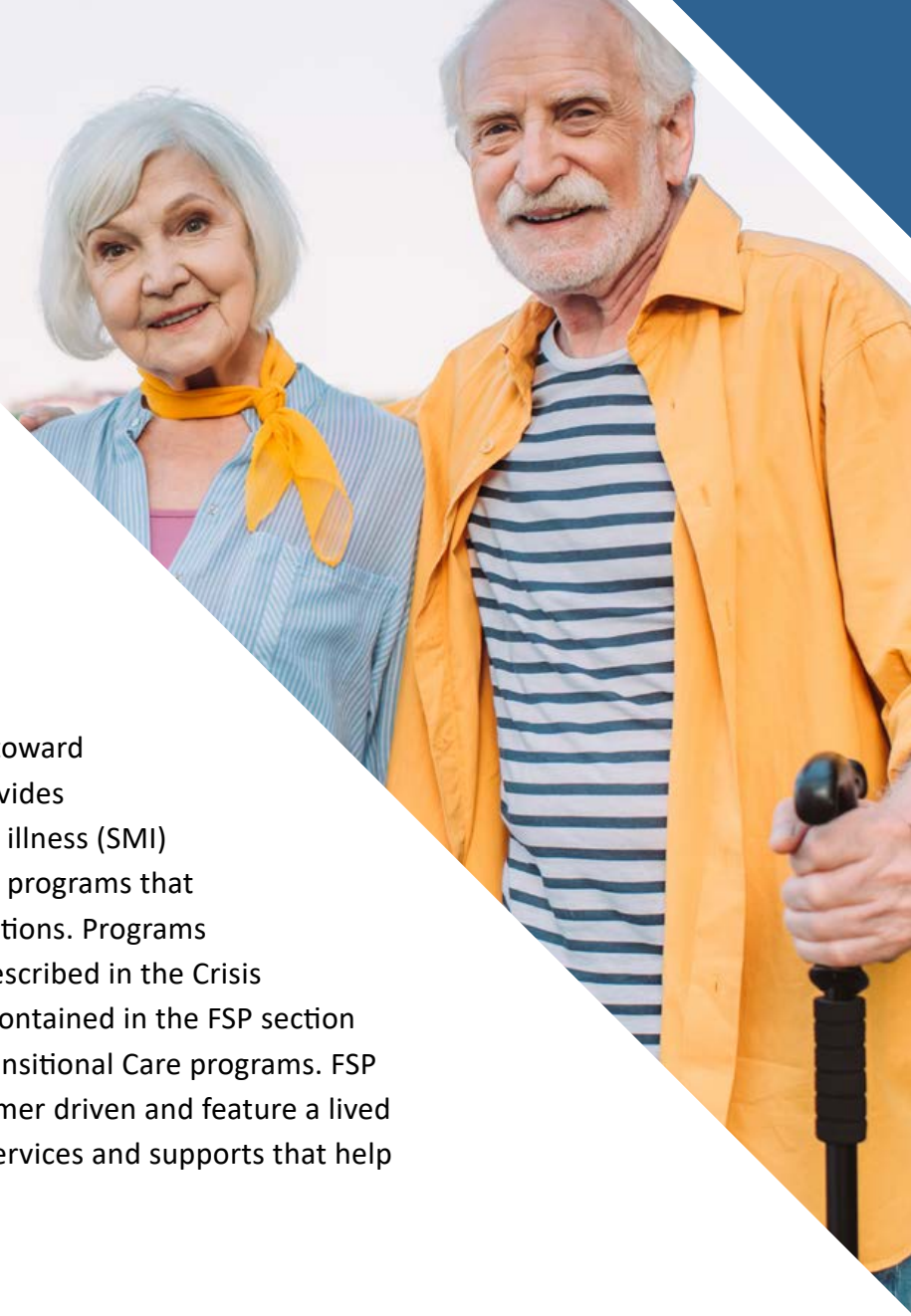
360

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 consists 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 minutes 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

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	7,000
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/Military Connected

Units, 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 law enforcement 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 Orange County Transportation Authority (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 required 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 past 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 Regional Crisis Intervention Teams (CIT). The goals of a CIT are to improve 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. The 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 Stabilization Units and Crisis Assessment Teams. Families can also self-refer through OC Links to the adult program.

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.

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	1,468
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

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 community 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 transition 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 and the mobile crisis assessment teams with a focus on assisting the

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%

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 Older Adult clients in order to help them move to the next level of care successfully.

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 an 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 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 been 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 hour a day, non-crisis, confidential telephone, live chat and texting service avail- able 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 imme- diately 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-Morbidities
	Criminal Justice Involved
	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, are 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 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, 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 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	$300,000
Avg. Est. Cost per Person	$200
Typical Population Characteristic	Parents
	Families
	Medical Co-Morbidities
	Ethnic Communities
	Homeless/At Risk of
	Recovery from SUD
	LGBTIQ+
	Trauma-Exposed
	Veterans/Military Connected

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

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 provides basic needs such as snacks, showers, clothing and laundry services to clients during their visits. MSC staff also provide 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
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
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.

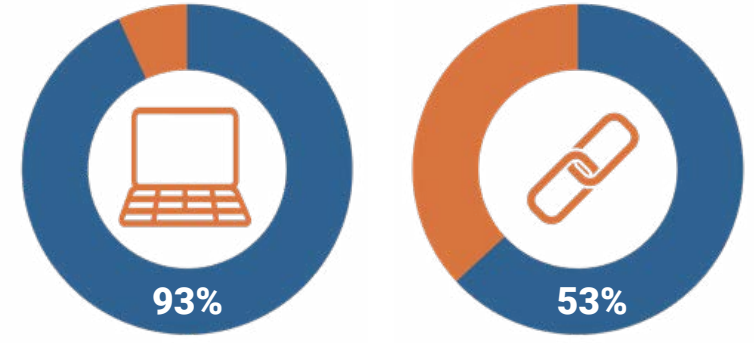
TARGET POPULATION

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 services 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+
	Trauma 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

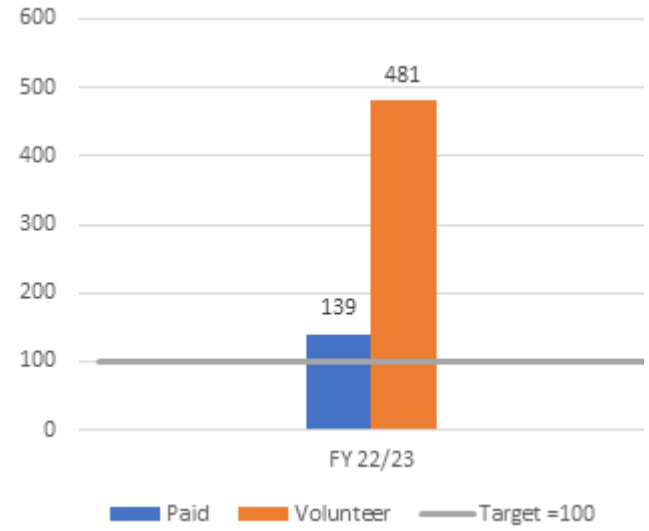
evaluate the successes or failures of groups, activities, and classes. They also use a community townhall model and member Satisfaction and Quality of Life surveys to make decisions about programming and activities.

TARGET POPULATION

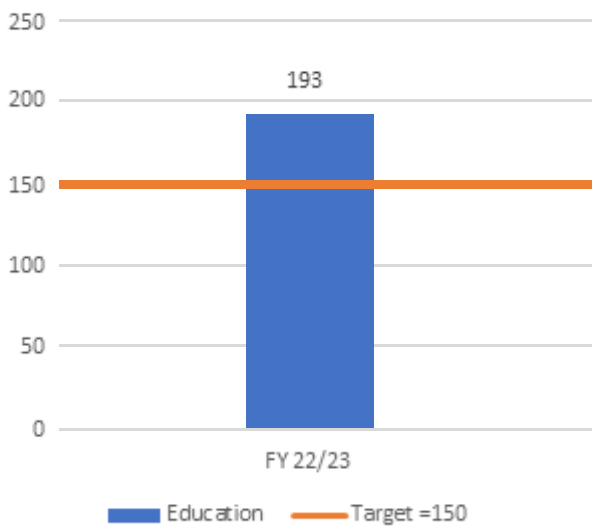
Adults aged 18+ who are living with a serious mental illness. The current Wellness Center located in Garden Grove has a monolingual track for Vietnamese speakers.

OUTCOME

EMPLOYMENT

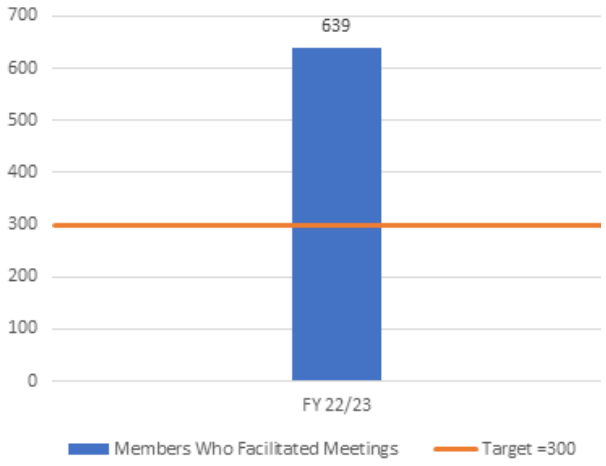


EDUCATION

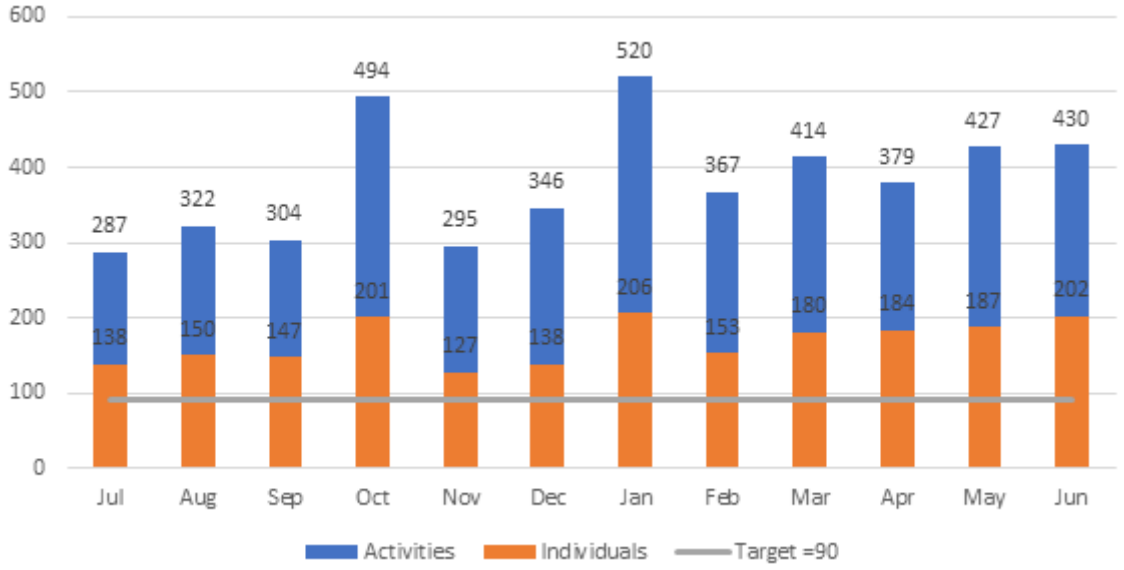


PROPORTION TO BE SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2022-23	
Participant Served	**1,500**
Age Group	
Children (0-15 years)	20%
TAY (16-25 years)	26%
Adults (26-59 years)	48%
Older Adults (60+ years)	6%
Gender	
Female	43%
Male	45%
Transgender	1%
Decline to State/Not Reported	11%
Race/Ethnicity	
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%

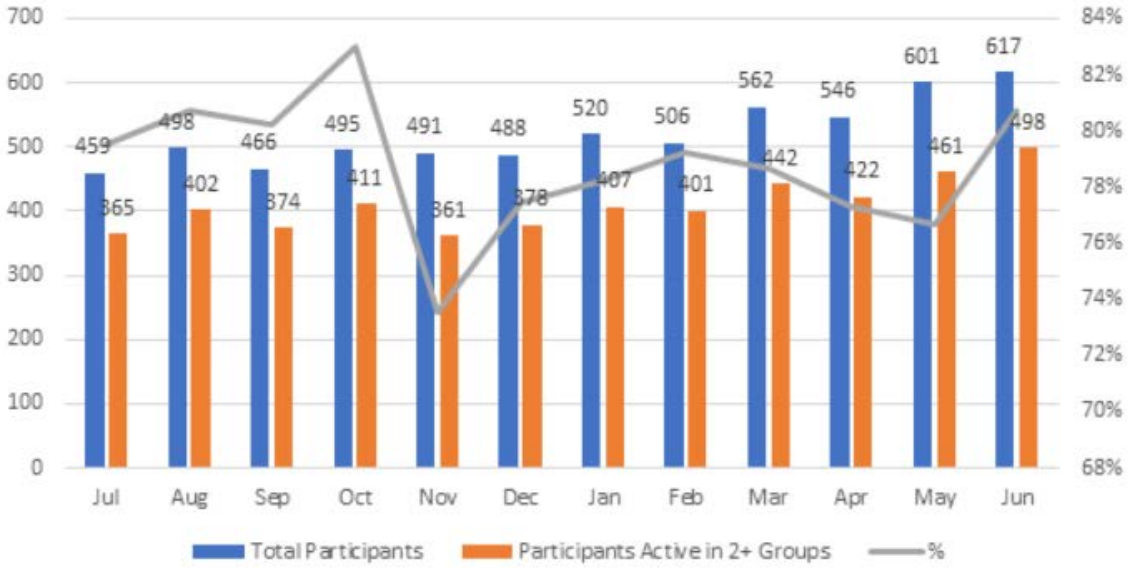
MEETING FACILITATION



MONTHLY COMMUNITY INTEGRATION PARTICIPATION



MONTHLY CONSUMER PARTICIPATION IN GROUPS

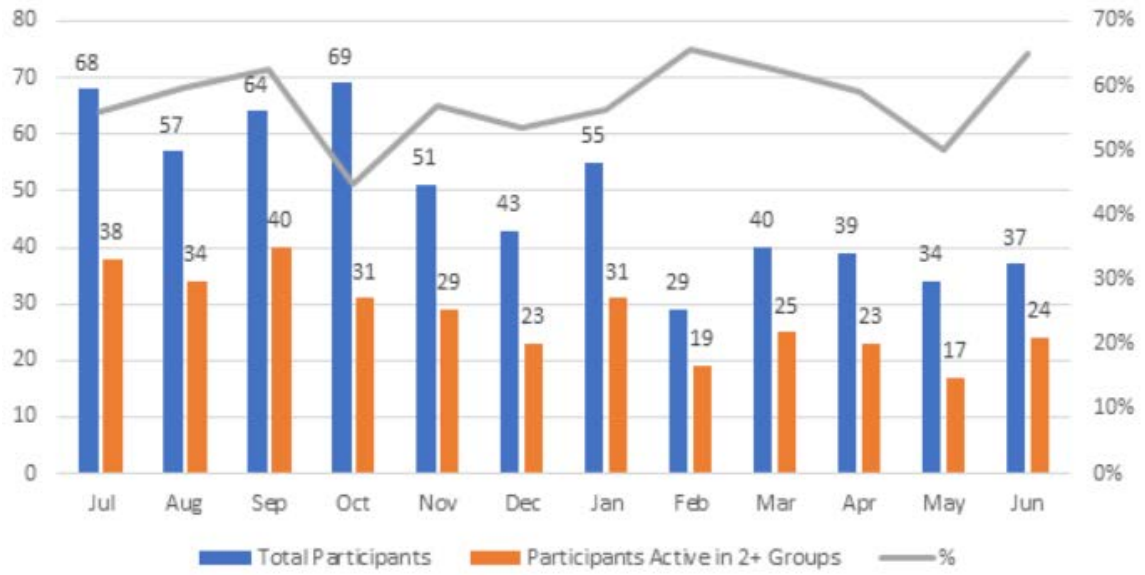


CHALLENGES AND SOLUTIONS

During FY 2022-23, transportation support was offered to the members at all three centers who identified 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 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

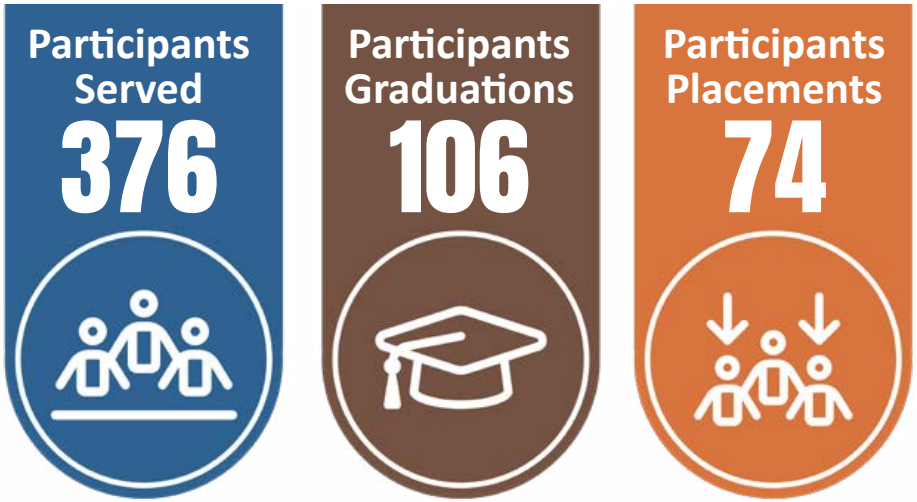
foster independence and promote recovery. For those who may not yet be ready for competitive employment, the program offers volunteer opportunities at places of business around the county as a way for them to gain work-related skills and confidence.

TARGET POPULATION

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

OUTCOMES

During FY 2022-23, there were 286 participants 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.

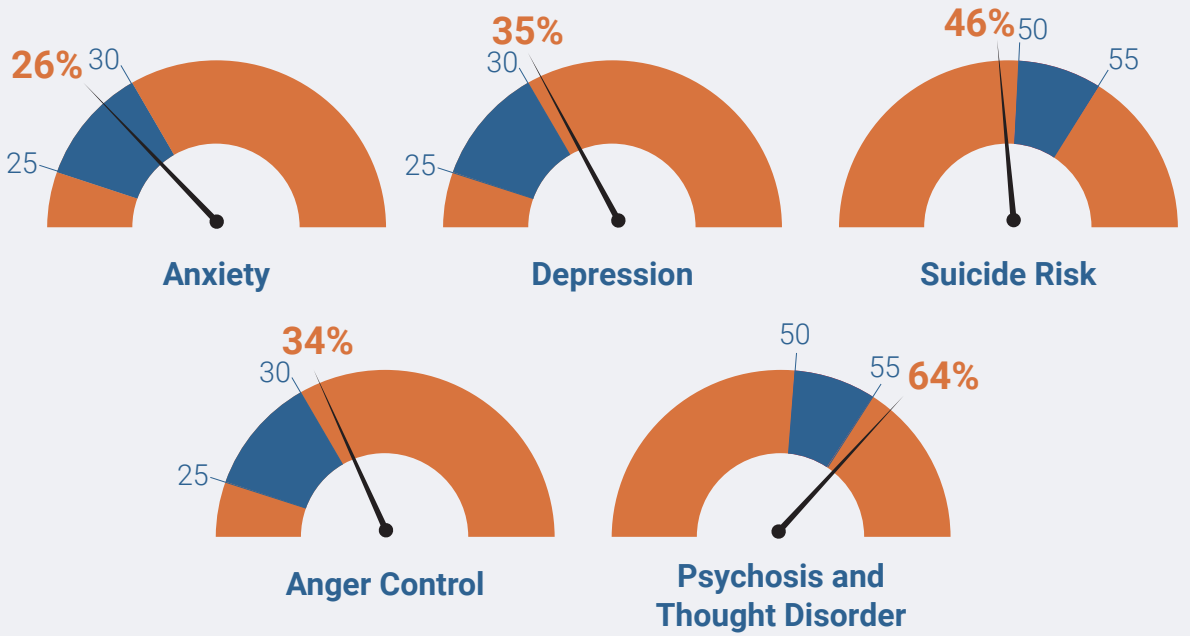
TARGET POPULATION

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 telehealth 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 appointment 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

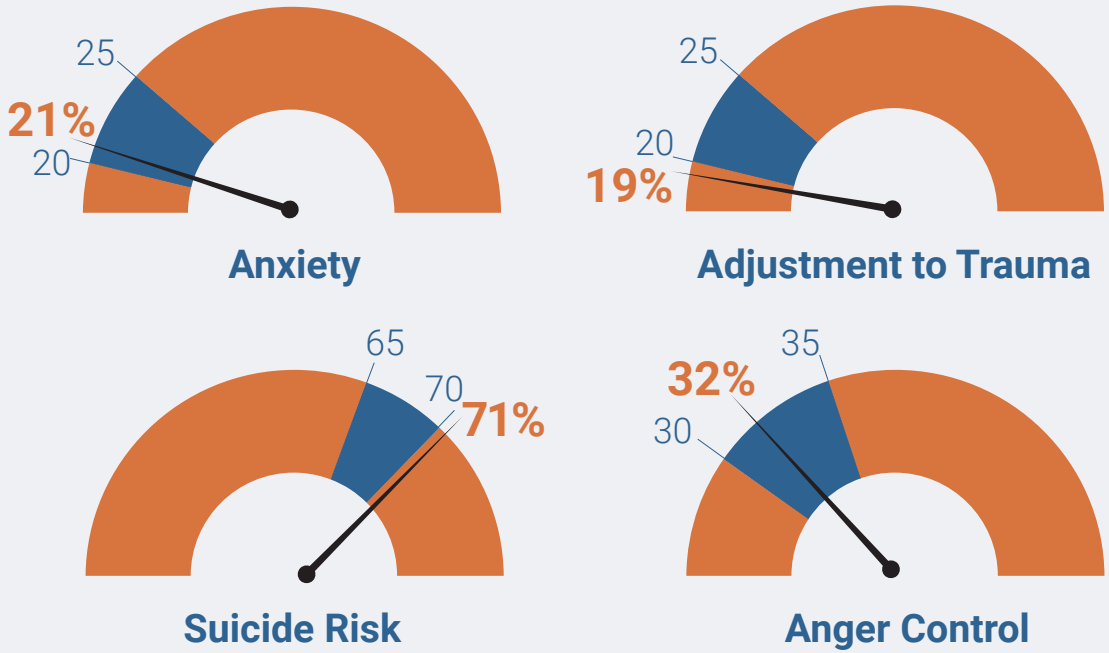
TARGET POPULATION

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

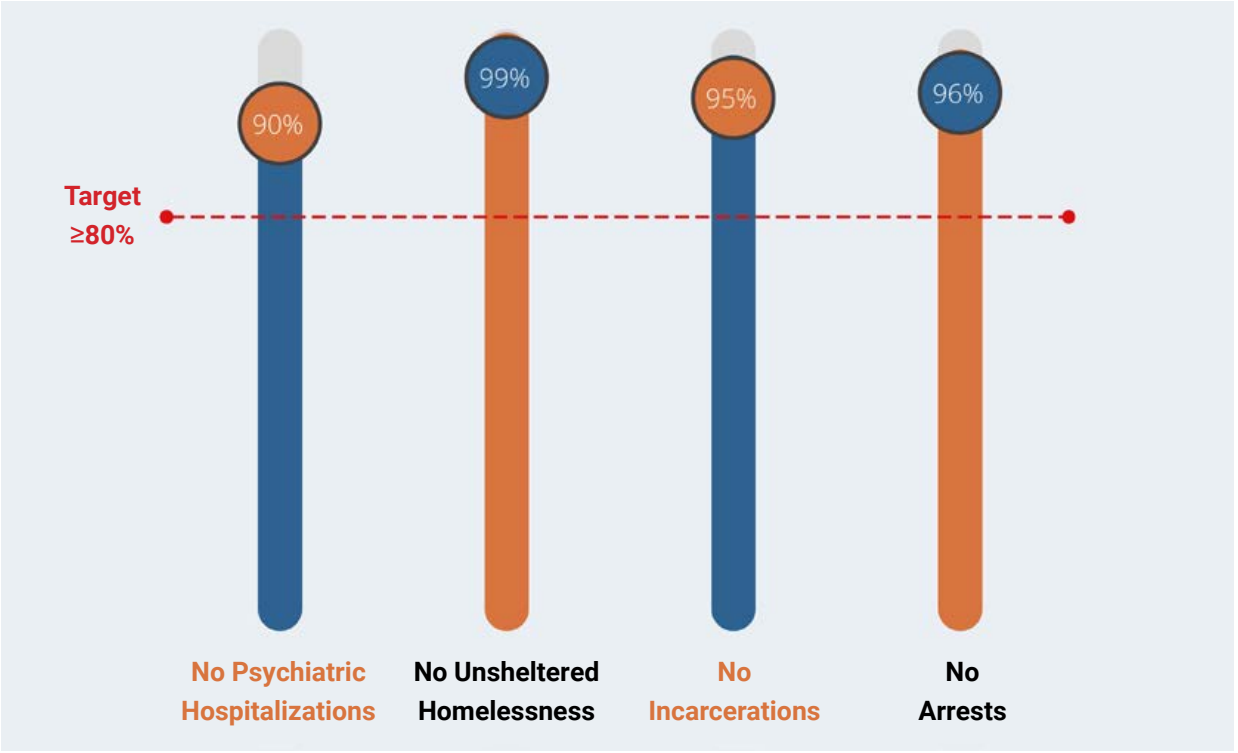
Children/ adolescents, Transitional –Age Youth (TAY) who meet the following criteria: homeless/risk of homelessness; history of multiple psychiatric hospitalizations; experiencing first psychotic episode; exiting Social Services or Probation system; child of parent with SMI; age 0-5 who are unable to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

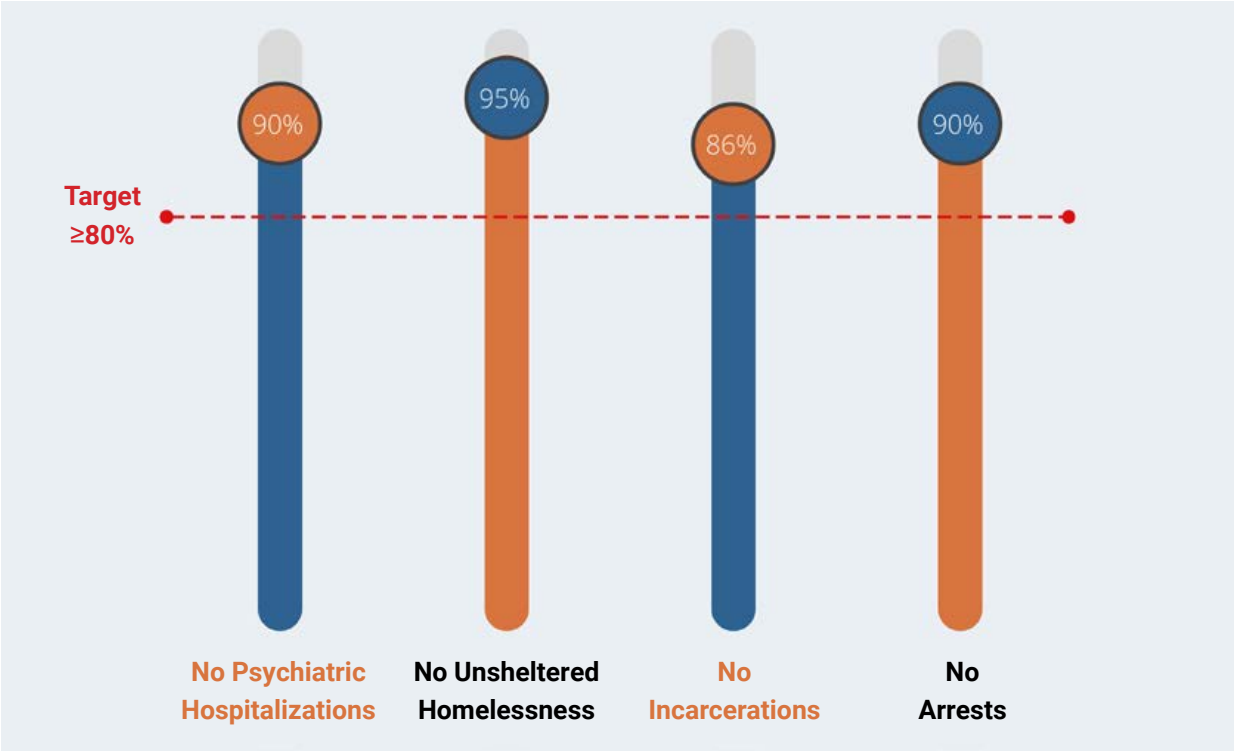
Family involvement in treatment and services can be critical to supporting and maintaining an individual's recovery and has been central to the TAY FSP program providers' approach to service and care planning.

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 fm 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 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 be 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.

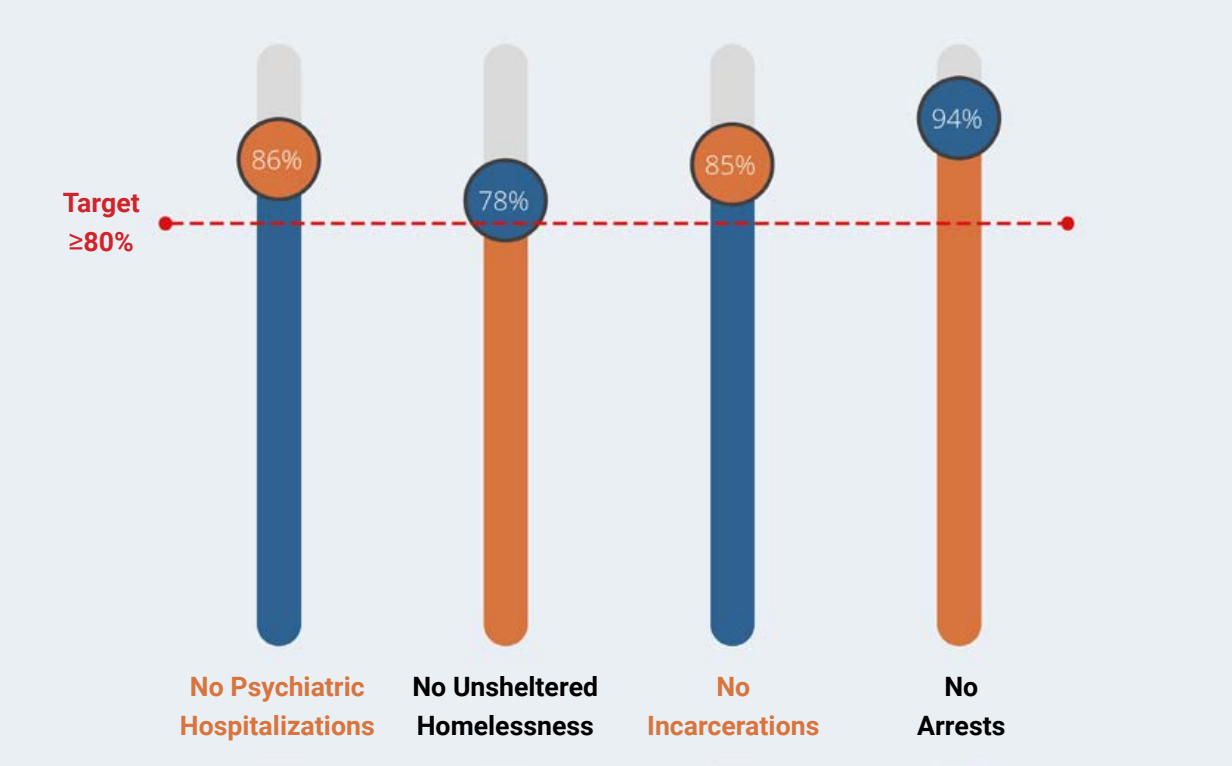
Employment and/or housing support and coordination services are provided to assist and support consumers in these essential elements of recovery. Numerous workshops and classes to teach and hone prevocational and vocational skills such as resume writing, interviewing skills, computer skills, etc are 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



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%

homelessness during FY 2022-23 (n=1,638 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.

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, expanding their capacity to serve the justice involved population and developing 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, under-served 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 includes 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 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 be 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.

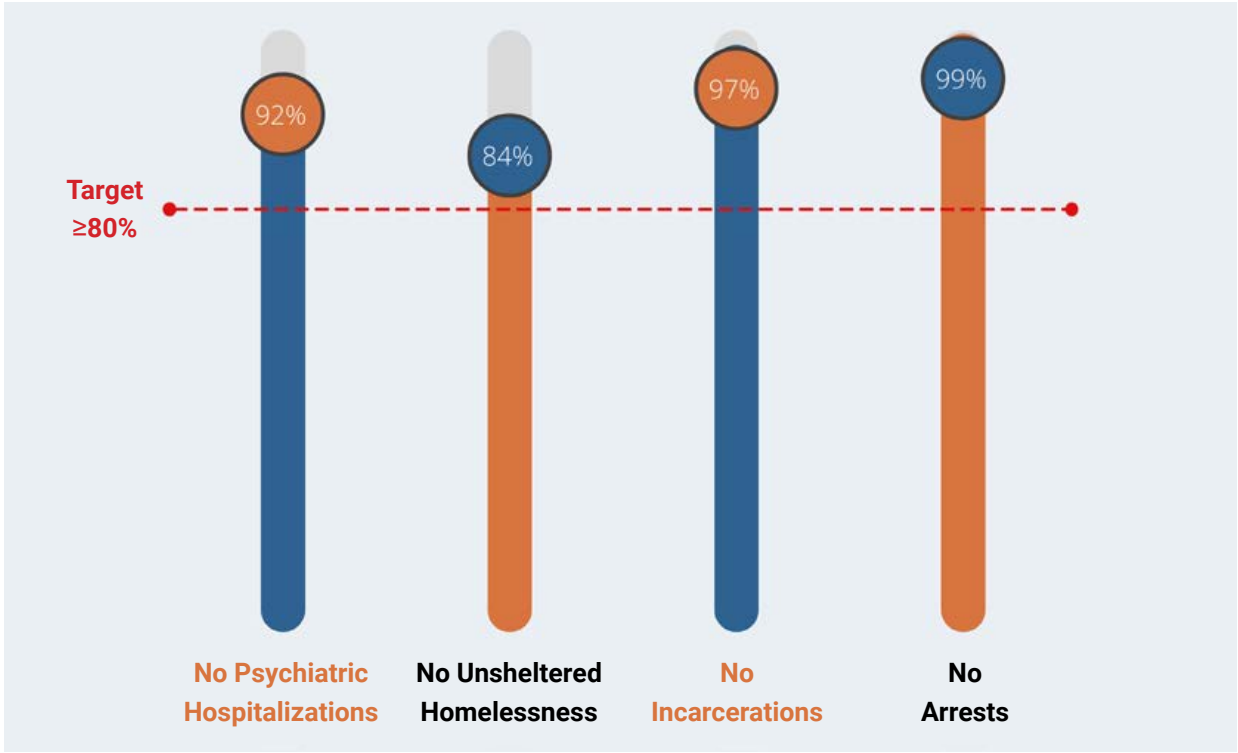
TARGET POPULATION

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 a 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 housing.

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.

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

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

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 a 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 2022-23. 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 feedback 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-departmental 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-Morbidities
	Criminal Justice Involved
	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 "toolkit" 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.

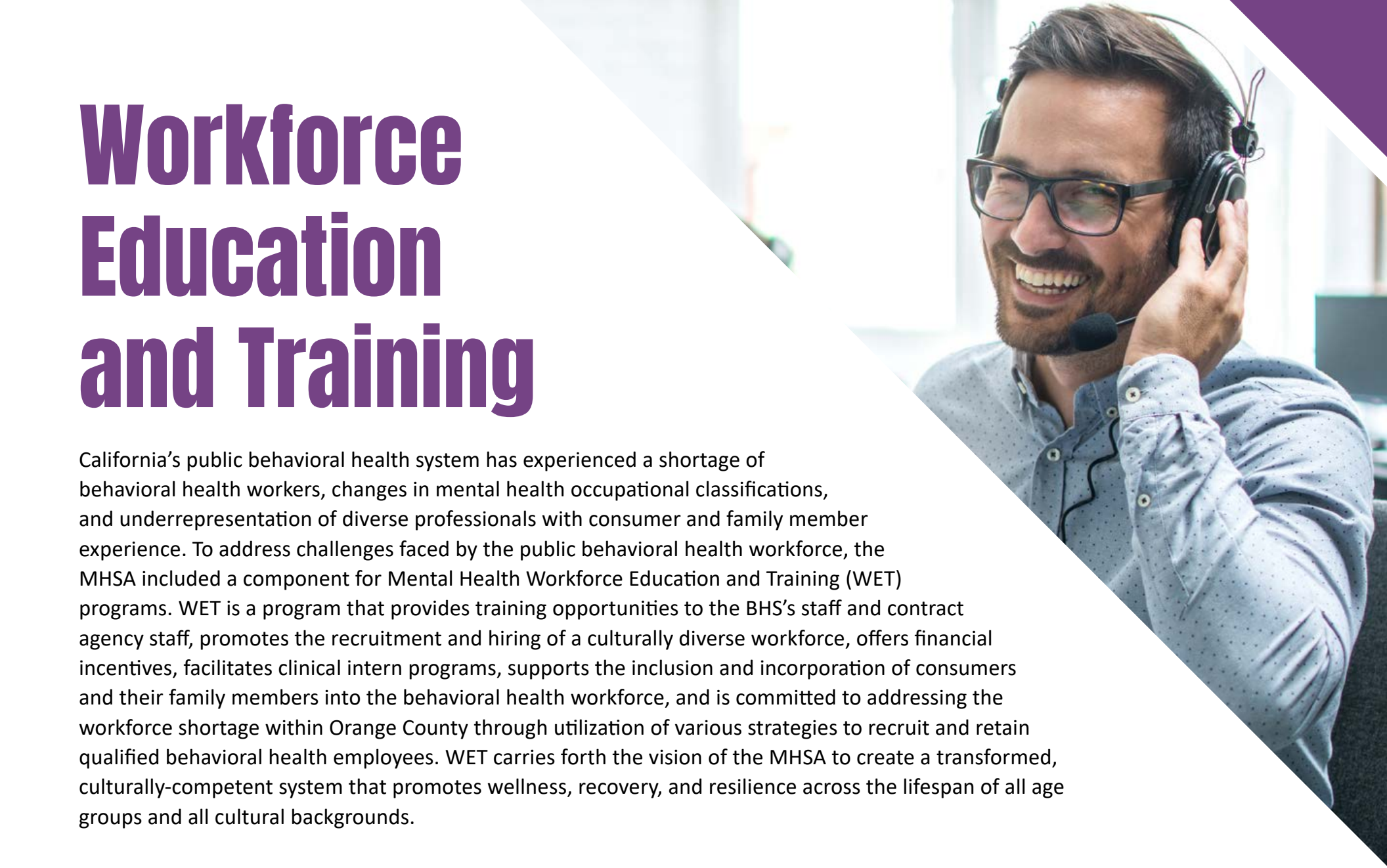
INN COMMUNITY PROGRAM PLANNING PROPOSAL

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's 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 2022-23, 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 2022-23.

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 FY 2022-23, the Behavioral Health Equity Committee (BHEC) continued to meet regularly, transitioning 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 and academic preparedness, and also 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 the 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, 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 2023-24

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, track 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 and also 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 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 2022-23, 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

CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS (CFTN)

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, and 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 was approved for the use of a planned Wellness Campus in Irvine. The projections were to spend $10 million in FY 2023-24 and the remaining $10 million 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 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 supports 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 202-/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**	**-**	**-**	**-**	**-**

APPENDICES

COUNTY COMPLIANCE CERTIFICATION

MHSA COUNTY COMPLIANCE CERTIFICATION

County: Orange

Local Mental Health Director	Program Lead
Name: Dr. Veronica Kelley	Name: Michelle Smith
Telephone Number: 714-834-7024	Telephone Number: 714-834-5937
E-mail: vkelley@ochca.com	E-mail: msmith@ochca.com
County Mental Health Mailing Address: Health Care Agency 405 W. Fifth St. Santa Ana, CA 92701	

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this annual update, including stakeholder participation and nonsupplantation requirements.

This annual update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft annual update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on _____.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached annual update are true and correct.

Veronica Kelley
Local Mental Health Director/Designee (PRINT)

Signature

Date

County: Orange

Date: 4/30/24

COUNTY FISCAL CERTIFICATION

Enclosure 1

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: _____

☐ Three-Year Program and Expenditure Plan
☐ Annual Update
☐ Annual Revenue and Expenditure Report

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Dr. Veronica Kelley, LCSW	Name: Andrew N. Hamilton
Telephone Number: 714834-7024	Telephone Number: 714-834-2457
E-mail: Vkelley@ochca.com	E-mail: Andrew.Hamilton@ac.ocgov.com
Local Mental Health Mailing Address: Orange County Health Care Agency 405 W. 5th St. Santa Ana, CA 92701	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/revenue and expenditure report is true and correct to the best of my knowledge.

Dr. Veronica Kelley, LCSW
Local Mental Health Director (PRINT)

_____ 4/30/24
Signature Date

I hereby certify that for the fiscal year ended June 30, _____, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated _____ for the fiscal year ended June 30,_____. I further certify that for the fiscal year ended June 30,_____, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

CINDY WONG
County Auditor Controller / City Financial Officer (PRINT)

_____ 4/29/2024
Signature Date

[1] Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)

PROPOSED BUDGET ADJUSTMENTS

CSS Updated March 2024		FY 2023-24			FY 2024-25			FY 2025-26	FY 24-25 Plan Notes
		FY 2023-24 Approved Budget	FY 2023-24 Projected Expenditures	% of Budget Spent	FY 2024-25 Approved	Proposed Changes	Requested Plan Update FY 2024-25 Budget	FY 2025-26 Approved Budget	
Access & Linkage To Treatment (Tx)	**Multi-Service Center for Homeless Mentally Illness Adults**	2,582,848	244,773	9%	3,231,132	2,931,132)	300,000	3,231,132	Removed a 2nd Multi-Service Center from Budget
	Open Access	3,000,000	3,200,000	107%	3,000,000		3,000,000	3,000,000	
	Correctional Health Services: Jail to Community Re-Entry Program (JCRP)	-		0%	-	-	-	-	
	Subtotal Access & Linkage To Tx	**5,582,848**	**3,444,773**	**116%**	**6,231,132**	**(2,931,132)**	**3,300,000**	**6,231,132**	
Crisis Prevention & Support	**Warmline**	12,000,000	4,432,452	37%	12,000,000	(4,000,000)	8,000,000	12,000,000	Right sized program budget based on Spending history and current contract amounts
	Mobile Crisis Assessment	11,600,000	6,700,000	58%	11,650,000	(1,350,000)	10,300,000	11,400,000	
	portion of "Mobile Crisis Assessment" budget operated by CYS for individuals ages 0-17 years	4,200,000	4,200,000	100%	4,200,000	(400,000)	3,800,000	4,200,000	Reduced MHSA budget based on increased Medical revenue from new Mobile Crisis Benefit reimbursement.
	portion of "Mobile Crisis Assessment" budget operated by AOABH for individuals ages 18 and older	7,400,000	2,500,000	34%	7,450,000	(950,000)	6,500,000	7,200,000	Reduced MHSA budget based on increased Medical revenue from new Mobile Crisis Benefit reimbursement.
	Crisis Stabilization Units (CSUs)	16,000,000	17,023,856	106%	16,000,000	(5,500,000)	10,500,000	16,000,000	Shifting County CSU funding from MHSA to other funding.

CSS Updated March 2024		FY 2023-24			FY 2024-25			FY 2025-26	FY 24-25 Plan Notes
		FY 2023-24 Approved Budget	FY 2023-24 Projected Expenditures	% of Budget Spent	FY 2024-25 Approved	Proposed Changes	Requested Plan Update FY 2024-25 Budget	FY 2025-26 Approved Budget	
Crisis Prevention & Support	**In-Home Crisis Stabilization**	3,786,900	3,613,430	95%	3,786,900	(150,000)	3,636,900	3,786,900	
	portion of ""In-Home Crisis Stabilization"" budget operated by CYS for individuals ages 0-17 years	2,086,900	2,367,992	113%	2,086,900	-	2,086,900	2,086,900	
	portion of "In-Home Crisis Stabilization" budget operated by AOABH for individuals ages 18 and older	1,700,000	1,245,438	73%	1,700,000	(150,000)	1,550,000	1,700,000	Right sized program budget based on Spending history and current contract amounts. High FFP Generation
	Crisis Residential Services (CRS)	13,179,616	8,848,830	67%	13,829,616	(4,129,616)	9,700,000	13,829,616	
	portion of ""Crisis Residential Services"" budget operated by CYS for individuals ages 0-17 years	5,638,248	2,945,709	52%	6,288,248	(2,588,248)	3,700,000	6,288,248	Right sized program budget based on Spending history and current contract amounts. Plnaned to Expand new program but unable to.
	portion of "Crisis Residential Services" budget operated by CYS for individuals ages 18-25 years	1,541,368	1,306,003	85%	1,541,368	(141,368)	1,400,000	1,541,368	Right sized program budget based on Spending history and current contract amounts. Plnaned to Expand new program but unable to.
	portion of "Crisis Residential Services" budget operated by AOABH for individuals ages 18 and older	6,000,000	4,597,118	77%	6,000,000	(1,400,000)	4,600,000	6,000,000	Right sized program budget based on Spending history and current contract amounts. High FFP Generation
	Subtotal Crisis Prevention & Support	**56,566,516**	**40,618,568**	**72%**	**57,266,516**	**(15,128,616)**	**42,136,900**	**57,016,516**	

CSS Updated March 2024		FY 2023-24			FY 2024-25			FY 2025-26	FY 24-25 Plan Notes
		FY 2023-24 Approved Budget	FY 2023-24 Projected Expenditures	% of Budget Spent	FY 2024-25 Approved	Proposed Changes	Requested Plan Update FY 2024-25 Budget	FY 2025-26 Approved Budget	
Outpatient Treatment: Full Service Partnership Programs	**Children's FSP Program**	21,592,044	8,754,959	41%	22,592,044	(12,592,044)	10,000,000	22,592,044	EXPANSION halted: Increase to keep up with service demand, expansion of teams to additional regions of County. Establish a Family Full Service Partnership, providing services beyond the familial supports typically provided in a Children's FSP.
	Transitional Age Youth (TAY) FSP Program	8,184,468	12,380,983	151%	8,184,468	4,315,532	12,500,000	8,184,468	EXPANSION halted: Shifted some planned Children's FSP expansion to TAY
	Adult FSP Program	46,821,467	29,606,404	63%	50,203,733	(17,487,892)	32,715,841	52,090,590	
	Adult FSP Program	32,105,626	18,395,403	57%	34,137,892	(14,137,892)	20,000,000	36,174,749	Ask Chi Lam. Reduced based on Current spending and Higher FFP Generation.
	portion of "Adult FSP" budget operated by AOABH for individuals ages 18 and older being assessed for Assisted Outpatient Treatment FSP eligibility	4,715,841	4,665,888	99%	4,715,841	-	4,715,841	4,715,841	
	CARE Court	2,000,000	903,061	45%	3,350,000	(1,350,000)	2,000,000	3,200,000	Reduced based off of existing Contract Max Ob
	portion of "Adult FSP" budget operated by AOABH for individuals ages 18 and older residing in Permanent Supportive Housing	8,000,000	5,642,052	71%	8,000,000	(2,000,000)	6,000,000	8,000,000	Reduced based off of Current spending levels. Slowing down expansions

CSS Updated March 2024		FY 2023-24			FY 2024-25			FY 2025-26	FY 24-25 Plan Notes
		FY 2023-24 Approved Budget	FY 2023-24 Projected Expenditures	% of Budget Spent	FY 2024-25 Approved	Proposed Changes	Requested Plan Update FY 2024-25 Budget	FY 2025-26 Approved Budget	
Outpatient Treatment: Full Service Partnership Programs	**Older Adult FSP Program**	4,432,466	3,949,240	89%	4,432,466	(432,466)	4,000,000	4,432,466	Right sized program budget based on Spending history and current contract amounts. Higher FFP Generation
	Program for Assertive Community Treatment (PACT) county-operated FSP	11,119,650	11,635,478	105%	11,899,650	(461,632)	11,438,018	11,899,650	
	portion of "PACT" budget operated by CYS for individuals ages 0-21	1,620,000	954,364	59%	2,400,000	(1,400,000)	1,000,000	2,400,000	Will stop expansion plans due to lack of funding. Drawing in more FFP.
	portion of "PACT" budget operated by AOABH for individuals ages 18 and older	8,528,018	9,775,000	115%	8,528,018	1,000,000	9,528,018	8,528,018	Increased based off of Historic Spending. Not drawing as much FFP as Children's
	portion of "PACT" budget operated by AOABH for individuals ages 60 and older	971,632	906,114	93%	971,632	(61,632)	910,000	971,632	Reduced based off of Current spending levels.
	Subtotal Full Service Partnership Programs	**92,150,095**	**66,327,064**	**72%**	**97,312,361**	**(26,658,502)**	**70,653,859**	**9,199,218**	
Outpatient Treatment: Clinic Expansion	**Children & Youth Clinic Services**	21,500,000	9,310,000	43%	23,000,000	(10,000,000)	13,000,000	23,000,000	Right sized program budget based on Spending history and current contract amounts.Slow Expansion. Higher FFP Generation.
	OC Children with Co-Occurring Mental Health Disorders	-	40,703	0%					Program terminated in FY 23-24.

CSS Updated March 2024		FY 2023-24			FY 2024-25			FY 2025-26	FY 24-25 Plan Notes
		FY 2023-24 Approved Budget	FY 2023-24 Projected Expenditures	% of Budget Spent	FY 2024-25 Approved	Proposed Changes	Requested Plan Update FY 2024-25 Budget	FY 2025-26 Approved Budget	
Outpatient Treatment: Clinic Expansion	**Outpatient Recovery** (formerly known as Recovery Clinics / Centers)	7,400,000	6,300,000	85%	7,400,000	(1,000,000)	6,400,000	7,400,000	Right sized program based on historics.
	Older Adult Services	2,175,000	2,561,798	118%	2,175,000	425,000	2,600,000	2,175,000	Right sized program based on historics.
	Services for the Short-Term Therapeutic Residential Program (STRTP)	7,000,000	5,600,000	80%	7,000,000	(1,000,000)	6,000,000	7,000,000	Right sized program budget based on Spending history and current contract amounts.Slow Expansion. Higher FFP Generation expected'.
	Telehealth/Virtual Behavioral Health Care			-	-	-	-	-	
	Subtotal All Outpatient Treatment	**130,225,095**	**90,139,565**	**69%**	**136,887,361**	**(38,233,502)**	**98,653,859**	**138,774,218**	
Supportive Services	**RETIRING:** Mentoring for Children and Youth								
	Peer Mentor and Parent Partner Support	5,180,770	4,000,000	77%	5,424,153	(1,424,153)	4,000,000	5,424,153	Right sized program based on historics.
	Wellness Centers	4,590,244	4,244,012	92%	4,775,513	(475,513)	4,300,000	4,775,513	Right sized program based on historics.
	Supported Employment	1,520,538	1,461,603	96%	1,520,538		1,520,538	1,520,538	
	Transportation Program	870,000	1,051,482	121%	870,000	200,000	1,070,000	870,000	Right sized program based on historics.
	SUBTOTAL Supportive Services	**12,161,552**	**10,757,097**	**88%**	**12,590,204**	**(1,699,666)**	**10,890,538**	**12,590,204**	

CSS

Updated March 2024

		FY 2023-24			FY 2024-25			FY 2025-26	FY 24-25 Plan Notes
		FY 2023-24 Approved Budget	FY 2023-24 Projected Expenditures	% of Budget Spent	FY 2024-25 Approved	Proposed Changes	Requested Plan Update FY 2024-25 Budget	FY 2025-26 Approved Budget	
Supportive Housing / Homelessness	**Housing & Year Round Emergency Shelter**	1,250,000	1,541,640	123%	1,250,000	300,000	1,550,000	1,250,000	
	Bridge Housing for Homeless	2,400,000	1,395,960	58%	2,400,000	(900,000)	1,500,000	2,400,000	Right sized program based on historics.May spend less due to BH Bridge Housing Grant.
	Housing includes MOU with OCCR and funds for development of permanent supportive housing	808,267	808,267	100%	20,842,016	-	20,842,016	20,919,427	
	OCCR Housing MOU (formerly known as Housing)"	808,267	808,267	100%	842,016	-	842,016	919,427	
	Permanent Supportive Housing	-		0%	20,000,000	-	20,000,000	20,000,000	Should Reduce even further
	SUBTOTAL Supportive Housing/Homelessness	**4,458,267**	**3,745,867**	**84%**	**24,492,016**	**(600,000)**	**23,892,016**	**24,569,427**	
Subtotal Of All CSS Programs		208,994,278	148,705,870	71%	237,467,229	(58,593,916)	178,873,313	239,181,497	
Administrative Costs		20,000,000	19,583,592	98%	20,000,000	-	20,000,000	20,000,000	
Total MHSA/CSS Funds Requested		228,994,278	168,289,462	73%	257,467,229	(58,593,916)	198,873,313	259,181,497	
CSS TRANSFERS TO OTHER COMPONENTS SECTION									
to WET		7,504,623		7,504,623	8,758,368	-	8,758,368	8,787,501	
to CFTN		20,901,030		20,901,030	21,401,488	(30,159,857)	(8,758,368)	23,091,028	
to Prudent Reserve		-			-			-	
Subtotal CSS Transfers Section		28,405,653		28,405,653	30,159,857	(30,159,857)	-	31,878,530	
20% CAP of 5-yr Avg of total MHSA allocation		40,465,983		-	46,451,432		-	52,835,997	

PEI Updated March 2024	FY 2023-24			FY 2024-25			FY 2025-26	FY 24-25 Plan Notes	3-Year Plan Notes
	FY 2023-24 Approved Budget	FY 2023-24 Projected Expenditures	% of Budget Spent	FY 2024-25 Approved	Proposed Changes	Requested Plan Update FY 2024-25 Budget	FY 2025-26 Approved Budget		
Prevention									
Child, Youth and Parent Programs									
Prevention Services and Supports for Families	4,400,000	3,836,616	87%	4,400,000	-	4,400,000	4,400,000	Based off of Contract	Consolidation and Name Change: Combined School Readiness Services, Parent Education Services, and Family Support Services in to one program.
Prevention Services and Support for Youth	4,700,000	4,199,999	89%	6,200,000	(1,307,914)	4,892,086	6,200,000	Based budget off of Contracted amounts for WYS/PH & OCDE	Consolidation and Name Change: Combined School Based Behavioral Intervention and Supports, Gang and Violence Prevention Education in to one program. Includes expansion to sustain school-based services coordination once MHSSA grant end.
Children's Support & Parenting Program	-	-	-	-	-	-	-		Program Sunsetted FY 21/22
Infant and Early Childhood Continuum	1,000,000	-	0%	2,000,000	(1,000,000)	1,000,000	2,000,000	No Activity. Can we remove program	Proposing to establish a continuum of care for very young children (aged 0-8). Continuing coordinated planning with systems and community partners to identify needs, gaps, and opportunities to meet additional needs across early childhood serving systems.
SUBTOTAL Prevention	**10,100,000**	**8,036,615**	**80%**	**12,600,000**	**(2,307,914)**	**10,292,086**	**12,600,000**		

PEI Updated March 2024		FY 2023-24			FY 2024-25			FY 2025-26	FY 24-25 Plan Notes	3-Year Plan Notes
		FY 2023-24 Approved Budget	FY 2023-24 Projected Expenditures	% of Budget Spent	FY 2024-25 Approved	Proposed Changes	Requested Plan Update FY 2024-25 Budget	FY 2025-26 Approved Budget		
Mental Health Awareness & Stigma Reduction Campaigns & Education	**Mental Health Community Education Events for Reducing Stigma and Discrimination**	1,000,000	900,000	90%	1,000,000	(70,000)	930,000	1,000,000	Trued up based on Current Year Projections	Currently working on RFA for new contract with new providers
	Outreach for Increasing Recognition of Early Signs of Mental Illness	13,254,592	16,564,463	125%	16,122,232	-	16,122,232	11,602,000		
	portion of "Outreach for Increasing Recognition"" budget operated by Behavioral Health Training Services (BHTS) Office through former Behavioral Health Community Training & Technical Assistance	1,547,086	-	0%	1,547,086	-	1,547,086	1,547,086		Right sized program based on utilization.
	portion of "Outreach for Increasing Recognition" budget operated by PEI through former Early Childhood Mental Health Providers Training	1,000,000	-	0%	1,000,000	-	1,000,000	1,000,000		Increased contract to provide serves for very young children and their families.
	portion of "Outreach for Increasing Recognition" budget operated by PEI through former Outreach & Engagement Collaborative / Mental Health and Wellbeing for Diverse Communities	3,454,674	-	0%	6,226,752	-	6,226,752	6,226,752		new Master Agreement eff. Jan 1, 2023 thru June 30, 2025 with additional services and providers due to greater need in community
	portion of "Outreach for Increasing Recognition" budget from former K-12 School-Based Mental Health Services Expansion	544,745	-	0%	-	-	-	-		Contract coming to planned end FY 23/24.

PEI Updated March 2024		FY 2023-24			FY 2024-25			FY 2025-26	FY 24-25 Plan Notes	3-Year Plan Notes
		FY 2023-24 Approved Budget	FY 2023-24 Projected Expenditures	% of Budget Spent	FY 2024-25 Approved	Proposed Changes	Requested Plan Update FY 2024-25 Budget	FY 2025-26 Approved Budget		
MH Awareness & Stigma Reduction	portion of "Outreach for Increasing Recognition" budget operated by PEI through former Services for TAY and Young Adults	700,871	-	0%	700,871	-	700,871	700,871		Increase budget in order right size program and allows for competitive salaries.
	"portion of ""Outreach for Increasing Recognition"" budget operated by PEI through former Statewide Projects (includes local mental health campaigns)"	6,007,216	-	0%	6,647,523	-	6,647,523	2,127,291		Updated to align with approved contracts for high profile mental health awareness campaigns.
	SUBTOTAL MH Awareness & Stigma Reduction	**14,254,592**	**17,464,463**	**123%**	**17,122,232**	**(70,000)**	**17,052,232**	**12,602,000**		
Crisis Prevention & Support	**Warmline**	-	-	-	-	-	-	-		
	Suicide Prevention Services (includes Crisis Prevention Hotline and Survivor Support Services)	4,700,000	4,230,000	90%	4,700,000	(500,000)	4,200,000	4,700,000	Right sized budget based off of historic spending	
	Subtotal MH Awareness & Stigma Reduction	**4,700,000**	**4,230,000**	**90%**	**4,700,000**	**(500,000)**	**4,200,000**	**4,700,000**		
Supportive Services	**Transportation Assistance**	5,000	8,025	161%	5,000	(5,000)	-	5,000		Right-sized budget based on FY 22/23 projections
	Subtotal Supportive Services	**5,000**	**8,025**	**161%**	**5,000**	**(5,000)**	**-**	**5,000**		

PEI

Updated March 2024

		FY 2023-24			FY 2024-25			FY 2025-26	FY 24-25 Plan Notes	3-Year Plan Notes
		FY 2023-24 Approved Budget	FY 2023-24 Projected Expenditures	% of Budget Spent	FY 2024-25 Approved	Proposed Changes	Requested Plan Update FY 2024-25 Budget	FY 2025-26 Approved Budget		
Access & Linkage To Treatment (TX)	**OCLinks**	5,380,000	4,442,000	83%	5,380,000	(380,000)	5,000,000	5,380,000	Right sized budget based off of historic spending	Level funding due to anticipating filling vacancies and possibly add more depending on call volume.
	BHS Outreach & Engagement (O&E)	8,500,000	7,050,000	83%	8,500,000	(1,350,000)	7,150,000	8,500,000	Right sized budget based off of historic spending	Right sizing budgets. In process of filling large vacancies.
	Integrated Justice Involved Services (formerly called Correctional Health Services: Jail to Community Re-Entry Program (JCRP)	7,307,402	4,599,781	63%	7,007,402		7,007,402	7,007,402	JCRP budgeted at $2.2M. Remaining amount for PK Contract	
	SUBTOTAL Access & Linkage to Tx	**21,187,402**	**16,091,781**	**228%**	**20,887,402**	**(1,730,000)**	**19,157,402**	**20,887,402**		
Outpatient Treatment - Early Intervention	**Child, Youth and Parent Programs**									
	School-Based Mental Health Services	2,272,712	493,180	22%	2,272,712	(1,672,712)	600,000	2,272,712	No Contract currently	Right sizing budgets. In process of filling large vacancies.
	Clinical High Risk for Psychosis (Thrive Together OC, TTOC)	1,300,000	(236,116)	-18%	1,300,000	(300,000)	1,000,000	1,300,000	No Contract currently. Michelle Added back	Clinical High-Risk program being transitioned from Innovation and sustained in PEI. Adds to the continuum of specialized services for early psychosis.
	1st Onset of Psychiatric Illness (OC CREW)	1,250,000	1,125,000	90%	1,250,000		1,250,000	1,250,000		
	OC Parent Wellness Program	3,100,000	1,825,000	59%	3,100,000	(1,200,000)	1,900,000	3,100,000	No Contract. Only Staff time	Right Sizing of program based off of utilization
	Subtotal Child, Youth and Parent	**$7,922,712**	**$3,207,064**	**40%**	**$7,922,712**	**(3,172,712)**	**$4,750,000**	**$7,922,712**		

PEI Updated March 2024		FY 2023-24			FY 2024-25			FY 2025-26	FY 24-25 Plan Notes	3-Year Plan Notes
		FY 2023-24 Approved Budget	FY 2023-24 Projected Expenditures	% of Budget Spent	FY 2024-25 Approved	Proposed Changes	Requested Plan Update FY 2024-25 Budget	FY 2025-26 Approved Budget		
Outpatient Treatment - Early Intervention	**Community Counseling & Supportive Services** includes LGBTIQ+ services	2,536,136	1,902,102	75%	2,536,136	(500,000)	2,036,136	2,536,136		
	Early Intervention Services for Older Adults includes older adults from diverse cultural/ racial/ethnic backgrounds	3,073,521	3,073,276	100%	3,500,000	(500,000)	3,000,000	3,500,000	Contract is for $3.5M	Increase budget to allow for competitive salaries and align with contracted amounts.
	OC4VETS includes, college students, court-involved, peer support and military-connected families	3,000,000	2,550,000	85%	3,000,000	(400,000)	2,600,000	3,000,000	Based of FY 23/24 Projections	Increase budget for the transition Behavioral Health Services for Military Families project from Innovation to PEI.
	SUBTOTAL Access & Linkage to Tx	**8,609,657**	**7,525,378**	**87%**	**9,036,136**	**(1,400,000)**	**7,636,136**	**9,036,136**		
	Subtotal All Outpatient Treatment	**16,532,369**	**10,732,442**	**65%**	**16,958,848**	**(4,572,712)**	**12,386,136**	**16,958,848**		
Subtotal All PEI Programs		66,779,363	56,563,326	85%	72,273,482	(9,185,626)	63,087,856	67,753,250		
Administrative Costs		10,000,000	8,500,000	85%	10,000,000	(1,000,000)	9,000,000	10,000,000		Right sized budget based off of Projections. Budget includes additions such as Qualtrics, Chorus, enhancements to website, Union approved COLA Increases, Community Surveys, OC Navigator, BHAB activities, Community Planning/training, and additional staff.
GRAND TOTAL PEI		76,779,363	65,063,326	85%	82,273,482	(10,185,626)	72,087,856	77,753,250		

	INN Updated March 2024	FY 2023-24			FY 2024-25			FY 2025-26	FY 24-25 Plan Notes	3-Year Plan Notes
		FY 2023-24 Approved Budget	FY 2023-24 Projected Expenditures	% of Budget Spent	FY 2024-25 Approved	Proposed Changes	Requested Plan Update FY 2024-25 Budget	FY 2025-26 Approved Budget		
1	**Contiuum of Care for Veterans and Military Families**	-	0	#DIV/0!	-	-	-	-		Planned end date of INN project FY 22/23. Move to PEI.
2	**Help @ Hand (formally known as Mental Health Technology Suite)**	-	0	#DIV/0!	-	-	-	-		Planned end date of INN project FY 22/23.
3	**Statewide Early Psychosis Learning Health Care Collaborative Network**	506,213	129,477	26%	-	10,000	10,000	-	Will need to confirm with Flor. Added $10K	Planned end date of INN project FY 22/23. Portion of project (Thrive Together) will move to PEI.
4	**Behavioral Health System Transformation**	2,399,624	1,804,101	75%	-	-	-	-		Planned end date of INN project FY 23/24.
5	**Psychiatric Advance Directives (PADS)**	3,149,613	2,966,481	94%	3,135,606		3,135,606	-	Will need to confirm with Flor	Planned end date of INN project FY 24/25.
6	**Young Adult Court (YAC)**	2,121,716	1,662,765	78%	2,517,225	50,000	2,567,225	2,584,720	Will need to confirm with Flor. Added 50K for Staff	
7	**Community Planning**	190,000			190,000	1,000,000	1,190,000	190,000	Will need to confirm with Flor. Reduced 90K	
8	**Progressive Improvements of Valued Treatment (PIVOT): Comprehensive System Redesign Project**				-	35,000,000	35,000,000			
9	**Psychiatric Advance Directives (PADS) - Part II**				-	5,000,000	5,000,000			
	Subtotal of All Programs	8,367,166	6,562,824	#DIV/0!	5,842,831	41,060,000	46,902,831	2,774,720		
	Administrative Costs	1,480,837	1,053,163	71%	1,480,837		1,480,837	1,480,837		Administrative costs are not included as part of approved Innovation project budgets.
	Total MHSA Funds Requested for INN	9,848,003	7,615,987	77%	7,323,668	41,060,000	48,383,668	$4,255,557		

* INN Project budgets are approved for the life of the project. Expenditures may vary each fiscal year based on actual spending.

	WET Updated March 2024	FY 2023-24			FY 2024-25			FY 2025-26	FY 24-25 Plan Notes	3-Year Plan Notes
		FY 2023-24 Approved Budget	FY 2023-24 Projected Expenditures	% of Budget Spent	FY 2024-25 Approved	Proposed Changes	Requested Plan Update FY 2024-25 Budget	FY 2025-26 Approved Budget		
1	**Training and Technical Assistance**	2,273,329	2,358,043	103.73%	2,973,329	-	2,973,329	2,973,329	Can We reduce Contract? Currently budgeted at $1.5M for BH Wellness Coaching	Increase budget to expand Peer Specialist Training to ensure access for individuals interested in becoming a Peer Specialist. Train staff, contracted provider agency staff, and others that interact with behavioral health clients to become Behavioral Health and Wellness Coaches (HWC). HWCs are not required to have advanced degrees, allowing the ability to up-train individuals already working in underserved settings.
2	**Mental Health Career Pathways**	1,440,663	1,794,711	124.58%	1,666,663	33,337	1,700,000	1,666,663		Develop and implement a Leadership Development Program for MHRS and contracted provider agency staff. MHRS will develop leaders from existing staff, begin succession planning, make leadership-based assignments, and build leadership into supervisory training.
3	**Residencies and Internships**	700,000	46,760	6.68%	1,000,000	(500,000)	500,000	1,000,000	$1M was added for 6 positions in 3 yr plan. Are we going to get those positions?	Increase internships within MHRS and with contract agencies, allowing interns from those agencies to attend group supervision. Provide additional clinical supervisors to the internship program to further the goals of enhanced supervisor competencies; supplement supervision of interns created by staff shortages; provide licensing preparation support to pre-licensed; and create an employee internship program.
4	**Financial Incentives Programs**	718,468	428,468	59.64%	718,468	(300,000)	418,468	718,468	Right sizing program	
	Subtotal Of WET Programs	**6,947,218**	**6,102,612**	**87.84%**	**8,173,218**	**(886,663)**	**7,286,555**	**8,173,218**		
	Administrative Costs	557,405	549,899	98.65%	585,150		585,150	614,283		
	Total MHSA/WET Funds Requested	**7,504,623**	**6,652,511**	**89%**	**$8,758,368**	**(886,663)**	**7,871,705**	**8,787,501**		

1) All WET programs are now funded by CSS funds

CFTN Updated March 2024		FY 2023-24			FY 2024-25			FY 2025-26	FY 24-25 Plan Notes	3-Year Plan Notes
		FY 2023-24 Approved Budget	FY 2023-24 Projected Expenditures	% of Budget Spent	FY 2024-25 Approved	Proposed Changes	Requested Plan Update FY 2024-25 Budget	FY 2025-26 Approved Budget		
Capital Facilities Projects										
1	**Wellness Campus**	-	-	-	-	10,000,000	10,000,000	-	Budget of $20M already Approved in FY 22/23. Projected to spend $10M in FY 23/24 and remaining $10M in FY 24/25	
2	**Behavioral Health Training Facility**	25,000	21,504	116%	25,000	-	25,000	25,000		
	SUBTOTAL Capital Facilities	25,000	21,504	116%	25,000	10,000,000	10,025,000	25,000		
Technological Needs Projects										
3	**Electronic Health Record (E.H.R.)**	20,620,753	13,719,037	150%	21,108,448		21,108,448	22,784,586	Can We Reduce? Will have to talk to Sharon	Continue improvements and enhancements for data systems, electronic health records, network infrastructure, as well as data integration systems. Upgrades will allow compliance with CalAIM implimentation.
4	**Administrative Costs**	255,276	243,626	105%	268,040		268,040	281,442		
	SUBTOTAL Technological Needs	**20,876,030**	**13,962,663**	**67%**	**21,376,488**	**-**	**21,376,488**	**23,066,028**		
	Total MHSA/CFTN Funds Requested	20,901,030	13,984,167	67%	21,401,488	10,000,000	31,401,488	23,091,028		

1) In the event costs of approved CF or TN projects are lower than originally anticipated, remaining funds may be used to fund future CF or TN projects. HCA and CEO Budget will monitor any carryover balances to ensure that all funds transferred to CFTN are spent within the 10-year reversion timeframe.

2) Project funds approved for a specific project within one FY of a Three-Year Plan may be used to cover that project's costs during a different FY within the Three-Year plan depending on the project's implementation timeline.

STAKEHOLDER ENGAGEMENT MEETING MATERIALS

Orange County Health Care Agency

Mental Health Services Act Planning Advisory Committee
(MHSA PAC)
August 17, 2023

Welcome

HOUSEKEEPING

GROUP AGREEMENTS

AGENDA FOR TODAY

Today's Agenda

Time	Topic	Presenter
10-10:10	**Welcome and Introductions**	• Michelle Smith
10:10 – 10:30	**Ice Breaker: Common Thread**	
10:30 – 11:00	**MHSA PAC: Purpose and Overview**	• MHSA Team
11:15 - 11:30	**Break**	
11:30 – 12:00	**MHSA PAC: Stakeholder Identified Priorities and Dialogue**	• Michelle Smith
12:00- 12:30	**LUNCH**	
12:30 – 1:40	**MHSA Policy Overview, Proposed Legislative Changes, and Finance Update**	• Michelle Smith
1:30- 2:00	**Debrief, Next Months Priorities, Announcements, and Closing**	• Michelle Smith
Next Meeting	**September 21, 2023** **Topic: High Clinical Risk and Psychosis** **10am – noon** **Via Zoom**	

Mental Health Services Act (MHSA) Planning Advisory Committee (PAC) Overview

MHSA-PAC

- Stakeholder involvement is critical for ensuring that public mental health services are meeting the needs of the local community.
- Stakeholders are engaged in a variety of ways, including community surveys, focus groups, and key informant interviews.
- The MHSA PAC is being established as an ongoing stakeholder committee to support MHSA planning, implementation, and evaluation activities.

MHSA Policy Advisory Committee (PAC) Overview

- The MHSA Planning Advisory Committee (PAC) is a structured way for individual stakeholders to **share their opinions and perspectives, study programs, services, and issues, and develop recommendations in a focused, group structure**.
- The primary **purpose** of the MHSA Planning Advisory Committee (PAC) is to provide thoughtful recommendations or observations, from a diverse stakeholder perspective, to MHRS as related to MHSA programs, implementation, evaluation, quality improvement, finance, and policy.
- The PAC is an open forum for all interested stakeholders.

MHSA PAC Overview

PAC activities are dynamic and intended to enable the PAC to discuss and formulate thoughtful input and/or recommendations related to MHSA in a timely manner.

Examples of activities may include:

- Study of issues, policy changes, or review of current programs
- Overviews of data, research or program/service evaluation information
- Review of staff reports
- Review of recommendations

MHSA PAC Overview

In making MHSA related decisions, the MHRS considers:

- Stakeholder comment,
- MHSA Planning Advisory Committee recommendations,
- Staff recommendations,
- BOS and CEO priorities and goals,
- DHCS directives,
- Laws, statute, and local policies,
- Research and background information, and
- Other subject matter expert perspectives.

MHSA PAC Overview

- MHRS expects to receive recommendations from the PAC
- The MHSA Coordinator or designee is the liaison for the PAC and holds responsibility for communication.
- MHRS also expects that staff will present recommendations from their respective professional perspectives.
- There may be times when the professional opinions and recommendations of staff differ in part or in whole from individuals or that of the committee, and that's okay.
- There also may be times when the PAC's recommendations will not be implemented AND we still want you to participate! You are important.

MHSA PAC Overview

What you can Expect:

- All PAC meetings are open and available to the public.
- Each participant has opportunity to comment and offer their unique perspective on topics.
- Individual committee participants and the collective group will be fair, impartial, and respectful of the diverse public, staff, and each other.
- PAC participants will strive to appreciate differences in approach and point of view.
- Each participant will have an opportunity to contribute to the group's discussions
- The MHSA Coordinator or designee will work to ensure that participants have a fair, balanced, and respectful opportunity to share their knowledge and perspectives.

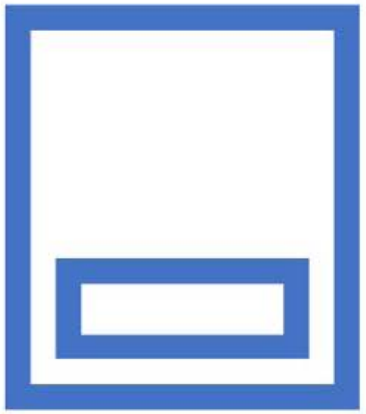
Table Discussion

MHSA PAC Discussion

1. At your tables, please take 5 minutes to discuss how your role will support MHSA PAC and how your perspective (professionally and/or personally) will benefit our community.

2. Be prepared to share from your table!

15 Minute BREAK



MHSA PAC Overview: Meeting Frequency

- MHSA PAC will meet the 3rd Thursday of each month
  - December will be the 2nd Thursday to accommodate for holiday
- In-Person Meetings hosted quarterly from 10 a.m. – 2 p.m.:
  - August 17, 2023
  - November 16, 2023
  - February 15, 2024
  - May 16, 2024
- Virtual Meetings will be scheduled from 10 a.m. to 12 p.m.

MHSA PAC Overview: Agenda Standards

- MHSA PAC Meeting Agenda's will:
  - Include regular topical presentations.
  - Include additional topics that are developed based on previous month's PAC recommendations/discussion.
  - Provide regular policy, finance, program, implementation, or evaluation updates.
  - Include opportunities for small/large group discussion, as well as individual feedback.
  - Include time for partner announcements
  - Include the opportunity to debrief
  - Be provided, at minimum, one day prior to scheduled meetings
- In person meetings will offer:
  - Transportation and incentives to eligible community members.
  - Snacks or lunch, depending on meeting length

MHSA PAC Overview: Program Topics for FY 2023-24

Monthly program topic presentation length will vary to allow for remainder of agenda items. Topics may change.

3rd Thursday of Each Month	Tentative Topics	In-Person/ Virtual	Timeframe
July	**DARK**		
August 17, 2023	**MHSA Planning and Advisory Committee (PAC) Kick-off:** In person overview of structure and role of PAC committee; preview of upcoming fiscal year planning topics; MHSA 101 (including finance); Call to Action – roles and personal responsibilities/commitments	In-Person Training Center	10am-2pm (lunch provided)
September 21, 2023	**High Clinical Risk and Early Intervention for Psychosis:** Overview of program (population, numbers served, outcomes), partnerships, brief education on signs/symptoms, and how to refer.	Virtual	10am -12pm
October 19, 2023	**CARE Court Overview and Integration of PADS:** Learn about the OC process for CARE Court and participate in a discussion around potential integration of Psychiatric Advanced Directives (PADS) into the CARE FSP service delivery process.	Virtual	10am -12pm
November 16, 2023	**Suicide Prevention Plan Overview and Implementation Planning; Intersection of Crisis Services, CIT Steering Committee**	In-Person Training Center	10am-2pm (lunch provided)
December 14, 2023 (date moved due to holiday)	**Homeless and Housing Services: Prevention, Outreach, Engagement, and Supports**	Virtual	10am -12pm
January 18, 2024	**Infant and Early Childhood Continuum Overview and Update**	Virtual	10am -12pm
February 15, 2024	**MHSA Draft Annual Update FY 2024-25**: Comprehensive review of input utilized to drive development of the Draft Annual Update to the Plan (tentative posting March 4 – April 8, 2024 w/ PH April 24, 2024)	In-Person Training Center	10am-2pm (lunch provided)
March 21, 2024	**Child and Youth Mental Health: Collaborative Approaches in Planning for Local Impact of State Initiatives** (CYBHI and SBHIP implementation in OC)	Virtual	10am -12pm
April 18, 2024	**MHSA Policy Forum:** Overview and Discussion of Behavioral Health Modernization proposal including, proposed changes, updates	Virtual	10am -12pm
May 16, 2024	**Wellness, Resilience, and Recovery: Integrating Recovery Principles into Full Service Partnerships:** Celebration of Mental Health Awareness Month to include personal testimony and stories from individuals with lived experience presented in a Ted Talk style	In-Person Training Center	10am-1pm (lunch provided)
June 20, 2024	**CPP Review, Analysis, and Future Planning Discussion**	Virtual	10am – 12pm

LUNCH BREAK

Behavioral Health Modernization Proposal and the Mental Health Services Act:

A Summary and Comparison of MHSA to Proposed SB-326 Requirements

Michelle Smith
MHSA Senior Manager

History of Mental Health

WHEN	WHAT
1957: Short-Doyle Act	• Established current community-based treatment structure of public mental health services • Established local Mental Health Advisory boards
1968: Lanterman-Petris-Short Act	• Established due process rights of individuals facing involuntary commitment
1991: The Bronzan-McCorquodale Act	• Shifted mental health program and funding responsibilities from the state to the counties
1992: The Children's Mental Health Services Act	• Outlined a coordinated, goal-directed system of mental health care for children and their families that emphasizes an interagency approach
1996: The Adult and Older Adult Mental Health Systems of Care Act	• Outlined a recovery-oriented, outcome based mental health treatment approach for adults living with serious mental health disorders
2004: The Mental Health Services Act	• Provides increased funding for mental health programs serving individuals living with serious mental illness in California • Establishes local MHSA stakeholder process
2010: Affordable Care Act	• Addiction is now covered; expanded funds and treatment options; expanded eligibility for individuals to qualify for benefits
2022: California Advancing and Innovating Medi-Cal (CalAIM)	• Establishes whole person approaches; focus on quality and reductions in health disparities; modernization and value-based approaches, payment reform.
2023: SB-326 and AB-531	• Behavioral Health Modernization: SB-326 proposes changes to Mental Health Services Act and additional broad sweeping reform to other existing statute, with portions being enacted if approved on March 5, 2024 ballot. • AB-531: proposes a $4B general bond to establish 10,000 clinic beds and homes, if approved on March 5, 2024 ballot.

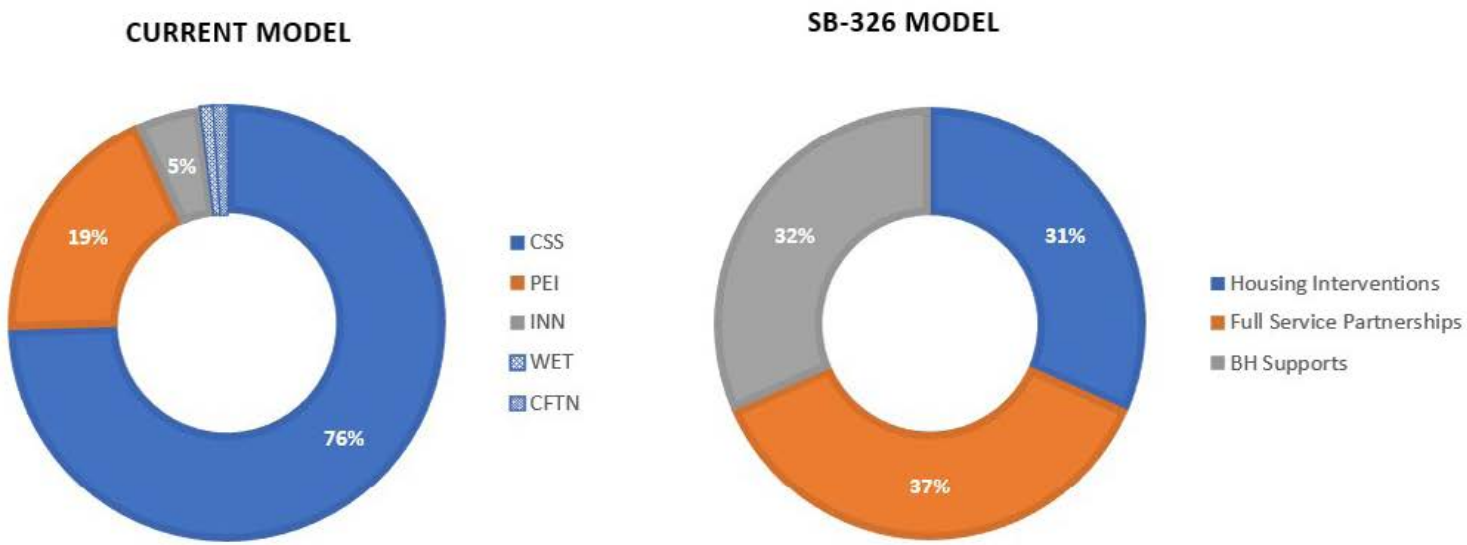

OC health
CARE AGENCY
Planning
Advisory
Committee
Meeting
September 21, 2023

Agenda

Time	Topic	Presenter
10:00-10:15	**Welcome and Announcements**	• Michelle Smith
10:15 – 10:30	**State Policy Updates (SB 326 and AB 531)**	• Michelle Smith
10:25 – 11:15	**Specialty Services for Individuals with Clinical High Risk – Thrive Together OC** **OC CREW** • **Community Discussion**	• Raquel Williams, LCSW • Paola Bautista
11:15 – 11:50	**CHIP – Community Health Improvement Plan** • **Community Discussion**	• Regina Chinsio-Kwong, DO • Karin Kalk, MHA • Sharon Boles, Ph.D.
11:50- 12:00	**Debrief, Next Months Priorities, Announcements, and Closing**	• Michelle Smith
Next Meeting	**October 19, 2023** **CARE Act Overview and Integration of PADS** **10am – noon** **Via Zoom**	

Behavioral Health Modernization
SB-326 Update

Components of MHSA and BHSA



Proposed BHSA Funding Components

Target Populations: SUD/SMI and Homeless; Justice Involved; At risk/institutionalized; Child Welfare; Veterans

35%	**Behavioral Health Supports**	• Includes programs that provide supports for substance use disorder programs and mental health programs. Can include investments in Capital Facilities and Technological Needs, Workforce Education and Training, and contributions to prudent reserve.
		• Outreach and Engagement is an allowable service
		• 51% shall be used for Early Intervention
		  • At least 51% of Early Intervention shall be used to serve individuals who are 25 years of age or younger.
		  • Emphasis on workforce

30%	**Housing Interventions**	Housing interventions for individuals with serious mental illness/serious emotional disturbance (SED) and/or substance use disorder and experiencing chronic homelessness, homelessness, or at-risk of homelessness (using the federal HUD definition) • At least 50% must be geared toward chronically homeless, with a focus on individual in encampments • Includes rental subsidies, operating subsidies, shared housing, family housing for children and youth, non-federal share for Medi-Cal services, and other housing supports, as defined by DHCS. • May not use BHSA to pay for housing services or supports that are covered benefits under managed care plans but will cover activities identified in the Medi-Cal Community Supports, or in Lieu of Services, Policy Guide • May not direct more than 25% of this category for capital development, with DHCS approval
35%	**Full-Service Partnerships**	• Optimize use of Medi-Cal to leverage funds and include SUD population FSP • Must implement EBPs identified by DHCS, including ACT/FACT model to fidelity, Individual Placement and Support Model, and/or High Fidelity Wraparound

CARE AGENCY

The BHSA Integrated Plan Requirements

- **BHSA: Integrated Plans - *Must include SUD services***
- **Description of the Community Program Planning process and include the following programs:**
  - **Full Service Partnership program**
  - **Housing Intervention program**
  - **Behavioral Health Supports program**
- **Estimated expenditures for each categorical funding component**
- **Prudent Reserve *(capped at the 20% average of BHSA funds over 5 years)***
- **Certification that MHRS' plan complies with all BHSA statutes and regulations.**
- ***Inclusion of all funding for all public behavioral health programs, including a description and expenditures for all substance use and specialty mental health programs (i.e., mental health block grant, realignment funds, PATH grant, Opioid Settlement, SAPG, etc.)***

BHSA

- BHSA funds cannot be used to supplant funding for existing programs.
- These funds may not be loaned to the state General Fund, or any other fund of the state, or a county general fund, or any other county fund for any purpose other than those authorized by Section 5892.
- Annual BHSA revenues must be spent within the 3-year timeframe or they are subject to reversion.
- Establishes a grant with MHSOAC, BHSA Innovation Partnership Fund (2026 through 2031 only, with consideration for future years)
- DHCS will provide a list of EBPs and CDEPs that counties can use in the delivery of services
- DHCS will create a system to collect standardized data and will be responsible for reporting to legislature beginning in 2032
- County's are allowed to "flex" 7% to 14% between categorical buckets
- SB 326 and AB 531 passed state Senate and Assembly
  - Portions will be included as Proposition 1 in the March 5, 2024 ballot
- If passed, effective date of January 1, 2025
  - Operational date July 1, 2026
  - MHSA repealed by January 1, 2027

Raquel Williams, LCSW
Executive Director

Program Overview

Thrive Together OC strives to improve outcomes for youth at Clinical High Risk for Psychosis (CHR-P) by:

- Screening and assessing youth and young adults (ages 12-25 years old),
- Consulting with individuals, families, providers, and affiliated professionals,
- Educating the community to facilitate early identification and effective care, and
- Promptly linking individuals and families to available resources and services.

THRIVE Together OC

Improving Outcomes for Youth at Risk for Psychosis

What is CHR-P?

- Clinical High Risk for Psychosis (CHR-P) is a risk state that is distressing and impairing but doesn't meet full threshold criteria for psychosis syndrome.
- The difference between psychosis risk state and psychosis are the intensity and severity of the symptoms and degree of conviction (insight to experience).

Early Warning Signs

- Feeling “something’s not quite right”
- Jumbled thoughts and confusion
- Trouble speaking clearly
- Unnecessary fear
- Declining interest in people, activities, and self-care
- Decrease in school or work performance

Screening

Ask 2 Questions:

1. Do you ever hear the voice of someone talking that other people can't hear?
2. Have you ever felt that someone was playing with your mind?

1 Use the TTOC Screener

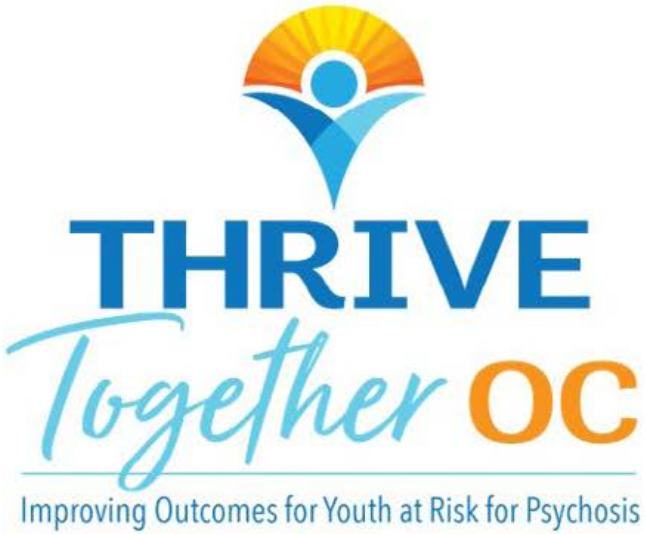
OR

2 Call TTOC for a Consultation

Scan to Access the **Screener**

THRIVE Together OC

Improving Outcomes for Youth at Risk for Psychosis



Assessment

Full Assessment

- *Structured Interview for Psychosis-Risk Syndrome (SIPS)*
  - *Assessment Scheduled*
  - *60-90 minute Semi-Structured Interview*

Individualized Report

- *Summary of Findings*
- *Treatment Recommendations*
- *Referrals Identified*
- *Verbal and Written Feedback provided to Youth or Young Adult, with Consent to Family or Providers Working with Individual*

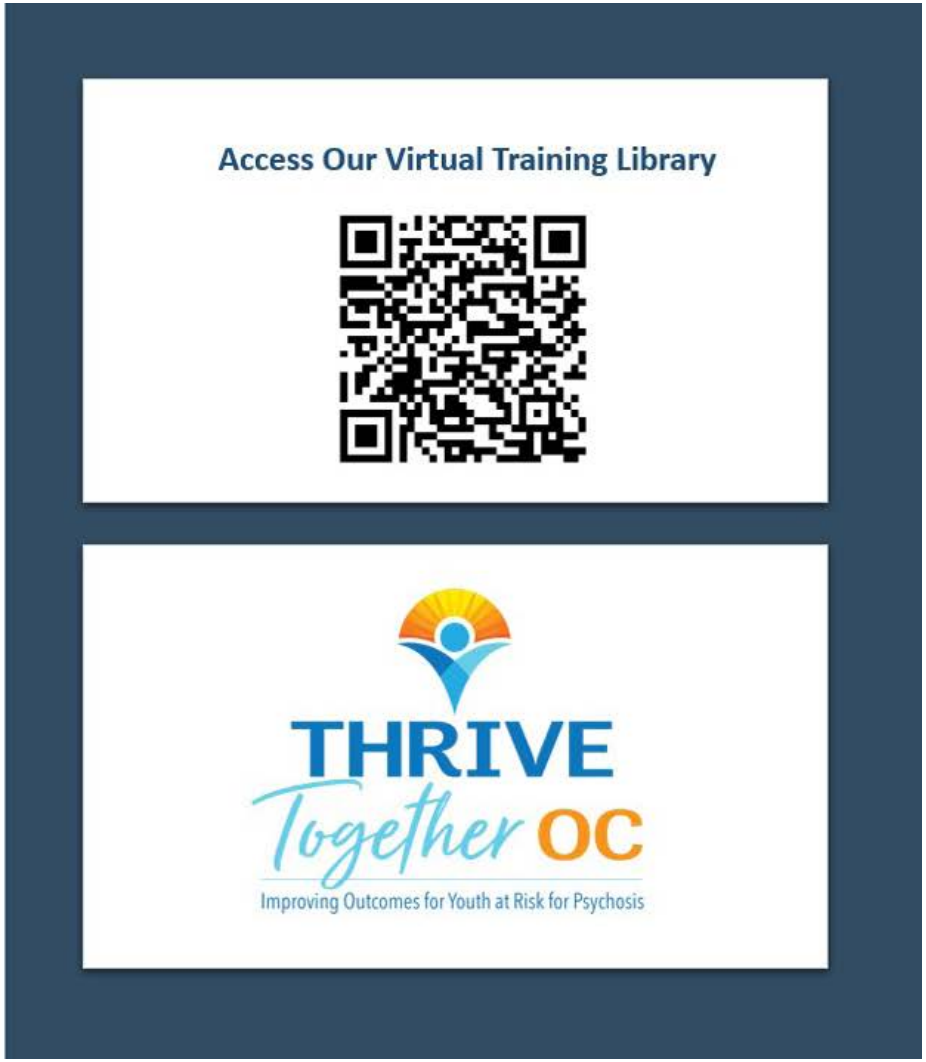
Training

Trainings Specific to Clinical High Risk for Psychosis and Early Psychosis Spectrum Disorders

- **In-Person or Zoom Trainings Available**
- **Recorded CE Approved Trainings via**

  Virtual Training Library

Trainings can be customized to meet your organizations need. If you are interested in training, please contact trainings@thrivetogetheroc.org.



THRIVE Together OC

Improving Outcomes for Youth at Risk for Psychosis

Coming Soon

"The Mini SIPS: A Brief Assessment for Psychosis-Risk with Transitional Age Youth"
Presented by: Liz Martin, Ph.D. UC Irvine

"Tools for School-Based Providers: Assessing Risk for Psychosis in Youth"
Presented by: Jason Schiffman, Ph.D. UC Irvine

"Trauma, Dissociation, and Psychosis: CBT and Other Approaches to Understanding and Recovery"
Presented by: Ron Unger, LCSW

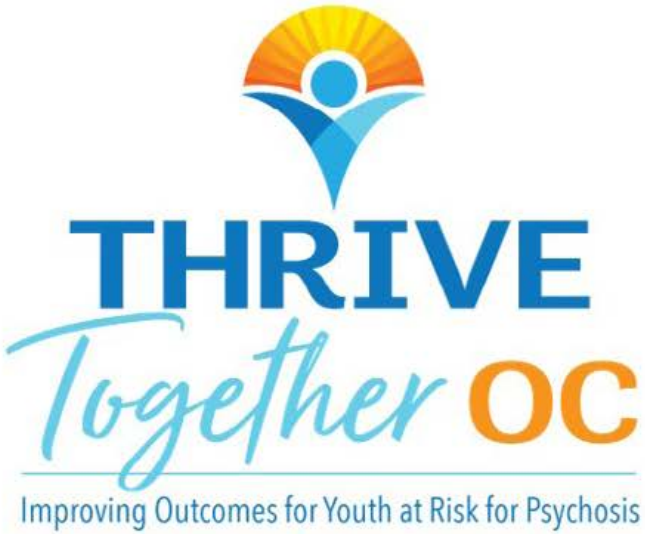
"Breaking Down Binaries: Psychosis & the Transgender Community"
Presented by: Maggie Mullen, LCSW, DBT-LBC

"Start the Conversation: The "When", "How", and "Then What?" Strategies to Support Youth Experiencing Early Signs of Psychosis"
Presented by: Jason Schiffman, Ph.D., UC Irvine & The TTOC Clinical Team

"Dialectical Behavioral Therapy (DBT): Informed Interventions for Psychosis In-Depth"
Presented by: Maggie Mullen, LCSW, DBT-LBC

New Partnerships

- Orange County Department of Education (OCDE)
- Anaheim Union High School District
  - Professional Development Day for school social workers
  - "Back to School" nights
- Orangewood Foundation
  - Drop-in health & resource event
- Local Colleges & Universities
  - California State University Fullerton (CSUF)
  - Santa Ana College
- CHOC Hospital
  - Emergency Department



Program Criteria

For Screening & Assessments

- Orange County Residents
- Ages 12-25 years old
- At Clinical High Risk for Psychosis

For Consultation & Training

- Professionals working in Orange County

All Services at No-Cost

For Referrals

(657) 452-6811

www.thrivetogetheroc.org

info@thrivetogetheroc.org
- General information

trainings@thrivetogetheroc.org
- Training requests

services@thrivetogetheroc.org
- Consultation
- Screening & Assessment

Planning Advisory Committee Meeting

OC health CARE AGENCY

October 19, 2023

Agenda

Time	Topic	Presenter
10:00-10:10	**Welcome and Announcements**	• Michelle Smith
10:10 – 10:20	**What is MHSA/PAC** **Updates to MHSA Policy** **Review of Previous Feedback**	• Michelle Smith
10:20 – 11:00	**Orange County CARE -Act**	• Geoffrey Glowalla
11:00 – 11:55	**Orange County Psychiatric Advance Directives**	• Flor Yousefian Tehrani • Jacob Heer • Michelle Young-Sambajon
11:55- 12:00	**Debrief, Next Months In Person Topic, and Closing**	• Michelle Smith
Next Meeting	**November 16, 2023** **Suicide Prevention Plan Overview and Implementation Planning – Intersection of Crisis Services Steering Committee** **10am – 2pm** **Behavioral Health Training Center** **750 The City Drive Suite 130** **Orange CA, 92868**	• To register: • Registration for In-person MHSA PAC Meetings • Send an email to: • mhsa@ochca.com

Announcements

Mental Health Services Act (MHSA) Planning Advisory Committee (PAC) Overview

MHSA Policy Advisory Committee (PAC) Overview

The MHSA Planning Advisory Committee (PAC) is a structured way for individual stakeholders to **share their opinions and perspectives, study programs, services, and issues, and develop recommendations in a focused, group structure**.

The primary **purpose** of the MHSA Planning Advisory Committee (PAC) is to provide thoughtful recommendations or observations, from a diverse stakeholder perspective, to MHRS as related to MHSA programs, implementation, evaluation, quality improvement, finance, and policy.

The PAC is an open forum for all interested stakeholders.

MHSA PAC Overview

PAC activities are dynamic and intended to enable the PAC to discuss and formulate thoughtful input and/or recommendations related to MHSA programs/services in a timely manner.

Examples of activities may include:

- Study of issues, policy changes, or review of current programs
- Overviews of data, research or program/service evaluation information
- Review of staff reports
- Review of recommendations

Policy Update: Proposition 1

Both SB-326 (Behavioral Health Reform) and AB 531 ($6.4B Bond to build treatment facilities and housing) passed through the Legislature and were signed into law

Portions of SB-326, specifically related to MHSA, and AB-531 will be included on the March 5, 2024, primary election ballot as Proposition 1, allowing voters to determine if they support changes to MHSA and approve the $6.4B bond

Policy Update: Proposed Changes to MHSA

Proposed Changes to MHSA include:

- Updating target populations from unserved, underserved individuals living with serious and persistent mental illness to homeless, justice involved, child welfare involved individuals living with serious mental illness and/or substance use disorder; changes name to Behavioral Health Services Act (BHSA)
- Doubles the state's allocation of the tax from 5% to 10% to fund new state workforce and prevention initiatives
- Three new pots of money for programs: Full Service Partnerships (35%), Behavioral Health Supports (35%), and Housing Interventions (30%). The change shifts resources from mental health services to housing interventions
- Elimination of county-based prevention funding
- Requires state to develop funding for required reporting and data collection

Mental Health Services Act
Planning Advisory Committee
September 21, 2023
Overview of Stakeholder Feedback

High Clinical Risk and Early Intervention for Psychosis

2

Breakout Room Recap

Breakout Room Questions:	Summary:
Based on the information presented concerning individuals at high clinical risk of psychosis, what are some additional strategies that can identify individuals at risk even sooner?	**Emphasis on Pediatricians:** highlighted the importance of focusing on pediatricians in outreach efforts. Strategies with Children's Hospital of Orange County were seen as positive steps in this direction.
	Deaf Children and Language Barriers: drew attention to the challenges faced by deaf children, particularly when it comes to recognizing symptoms and receiving appropriate care. Language barriers, with interpreters playing a crucial role, can complicate the diagnosis and management of issues in deaf children.
	Importance of Expertise and Training: the need for interpreters and healthcare providers to be well-versed in mental health language and the specific needs of the deaf community. TTOC's collaboration with experts like Dr. Jason Schiffman, who provides training on early psychosis and early intervention, was highlighted as a step to address these challenges.

2

Breakout Room Recap

Breakout Room Questions #1:	Summary:
1. Based on the information presented around early identification and high clinical risk for psychosis, what are some additional strategies that can identify individuals at risk even sooner?	**School-Based Training:** suggested that teachers and school staff could be trained to recognize warning signs and symptoms when students write essays or respond to questions.
	Autism and Schizophrenia Connection: pointed out a potential connection between autism and schizophrenia, which warrants further investigation.
	Early Warning Signs Awareness: emphasized the need for better communication and education on early warning signs.

2 Breakout Room Recap

Breakout Room Questions #2:	Summary:
2. In healthcare, we often qualify "client success" as reduction in symptoms. **When thinking about yourself, your friends, family members, or others that may be living with psychosis what are additional "outcomes" that also indicate success?** **Please describe what wellness and/or recovery look like.**	**Functionality:** Success is defined by an individual's ability to function effectively in their daily life. **Reducing Burden on the Family:** Success also involves reducing the burden on the individual's family members. **Consistent Attendance in Therapy:** Attending therapy consistently is a significant achievement.

2

Breakout Room Recap

Breakout Room Questions #2:	Summary:
2. In healthcare, we often qualify "client success" as reduction in symptoms. **When thinking about yourself, your friends, family members, or others that may be living with psychosis what are additional "outcomes" that also indicate success?** **Please describe what wellness and/or recovery look like.**	**Agreeing to Medication:** For some individuals, agreeing to and adhering to prescribed medications is a crucial aspect of treatment.
	Reintegration into the Community: Preparing incarcerated youth for successful reintegration into the community is a vital goal.
	Self-Awareness and Coping Strategies: Demonstrating an increased level of self-awareness and the use of healthy coping strategies to manage stress, anger, or other emotions is a critical aspect of recovery.

2

Breakout Room Recap

Breakout Room Questions #2:	Summary:
3. Based on the positive outcomes and the prioritized population, would you support expansion of programs like Program for High Clinical Risk of Psychosis and OC CREW? **Please discuss your perspective in your response.**	**Needs and Gaps Analysis:** stresses the necessity of conducting a comprehensive needs and gaps analysis.
	Information on Response Times: calls for information about the number of days between initial contact and response time.
	Waitlist and Data: interested in knowing if there's a waitlist for the programs and whether expansion could alleviate any potential backlog.

CARE-Act


What is CARE?
Community
Assistance
Recovery &
Empowerment
Care is a "new civil court process" established to:
• Focus counties and other local governments on serving persons with untreated schizophrenia spectrum or other psychotic disorders.
• Provide behavioral health and other essential resources and services.
• Protect self-determination and civil liberties by providing legal counsel and promoting supported decision making.
• Intervene sooner in the lives of those in need to provide support.

Who does this program serve?

- Adults, 18 years or older.
- Diagnosed with a Schizophrenia Spectrum and Other Psychotic Disorders.
- Currently experiencing behaviors & symptoms associated with severe mental illness (SMI).
- Not clinically stabilized in on-going voluntary treatment.
- At least one of the following:
  - Unlikely to survive safely without supervision and condition is substantially deteriorating.
  - Needs Services & supports to prevent relapse or deterioration, leading to grave disability or harm to others.
- Participation in CARE Plan or Agreement is the least restrictive alternative.
- Likely to benefit from participating in a CARE Plan or Agreement.

Who can petition?

Family/Home	Community	County	Tribal Jurisdiction
• Persons with whom respondent resides. • Spouse, parent, sibling, adult child, grandparents, or another individual in place of a parent. • Respondent (i.e. self petition)	• First responder (e.g., firefighter, paramedic, mobile crisis response, homeless outreach worker) • Director of a Hospital, or designee, in which the respondent is hospitalized. • Licensed behavioral health professional, or designee treating respondent for mental illness. • Director of a public /charitable organization providing behavioral health services or whose institution respondent resides.	• County behavioral health director, or designee • Public Guardian or designee. • Director of adult protective services or designee.	• Director of a California Indian health services program, California tribal behavioral health department, or designee. • Judge of a tribal court located in CA, or designee.

Crisis Response System

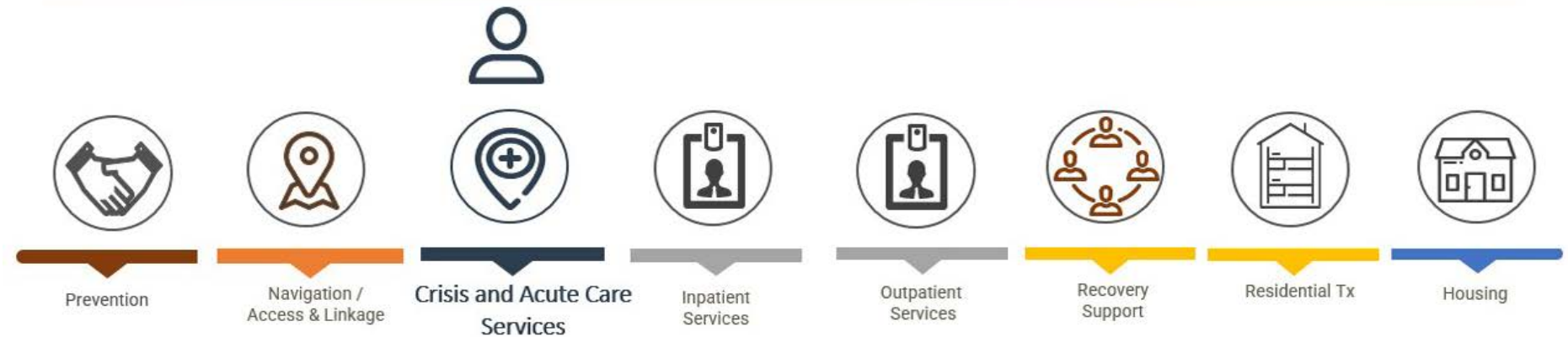
Mental Health and Recovery Services

CRITICAL ELEMENTS OF A CRISIS INTERVENTION SYSTEM

SAMSHA National Guidelines for Behavioral Health Crisis: Best Practice Toolkit. Available at: https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-services-executive-summary-02242020.pdf

Orange County Behavioral Health Services

Continuum of Care

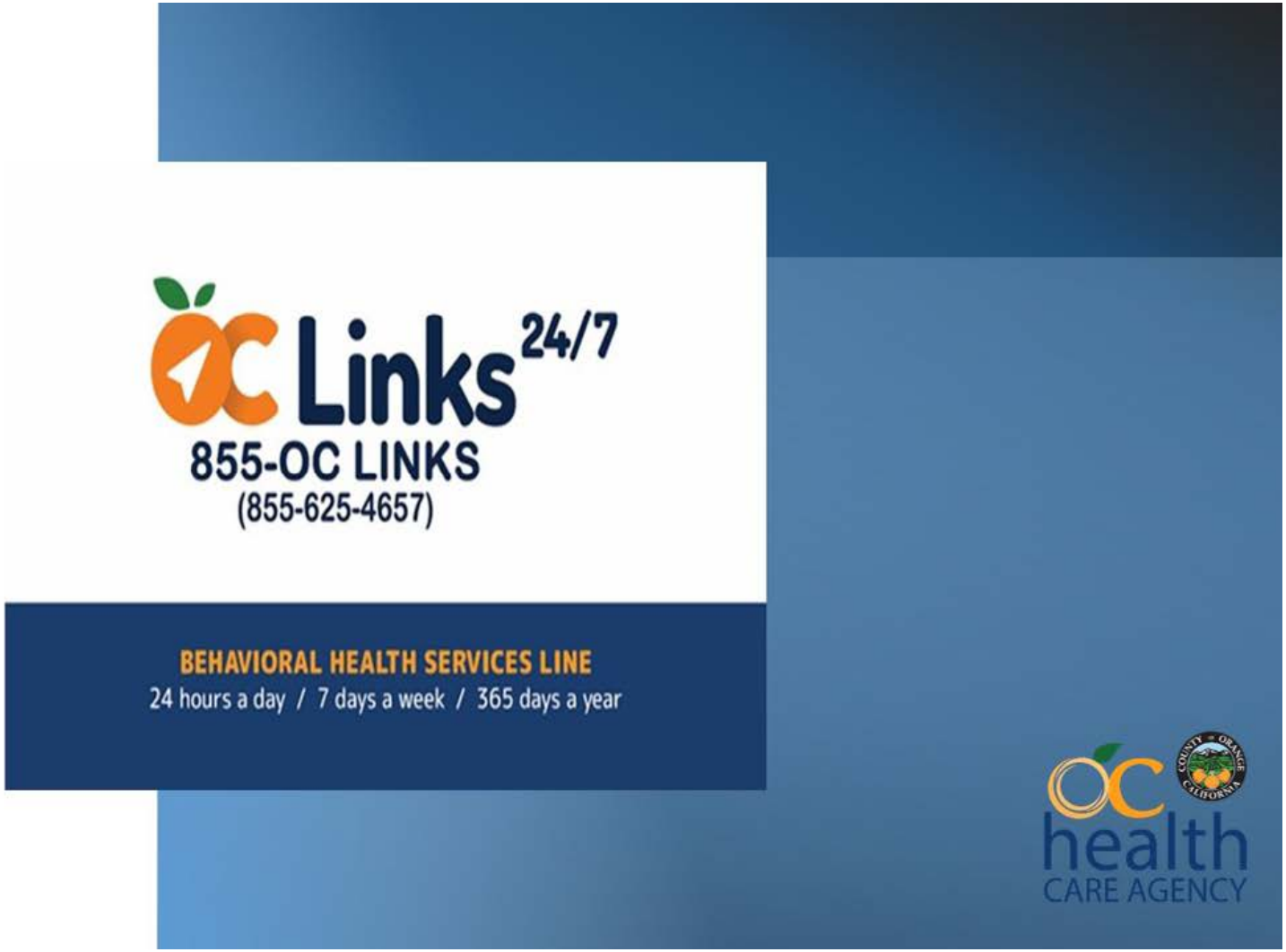


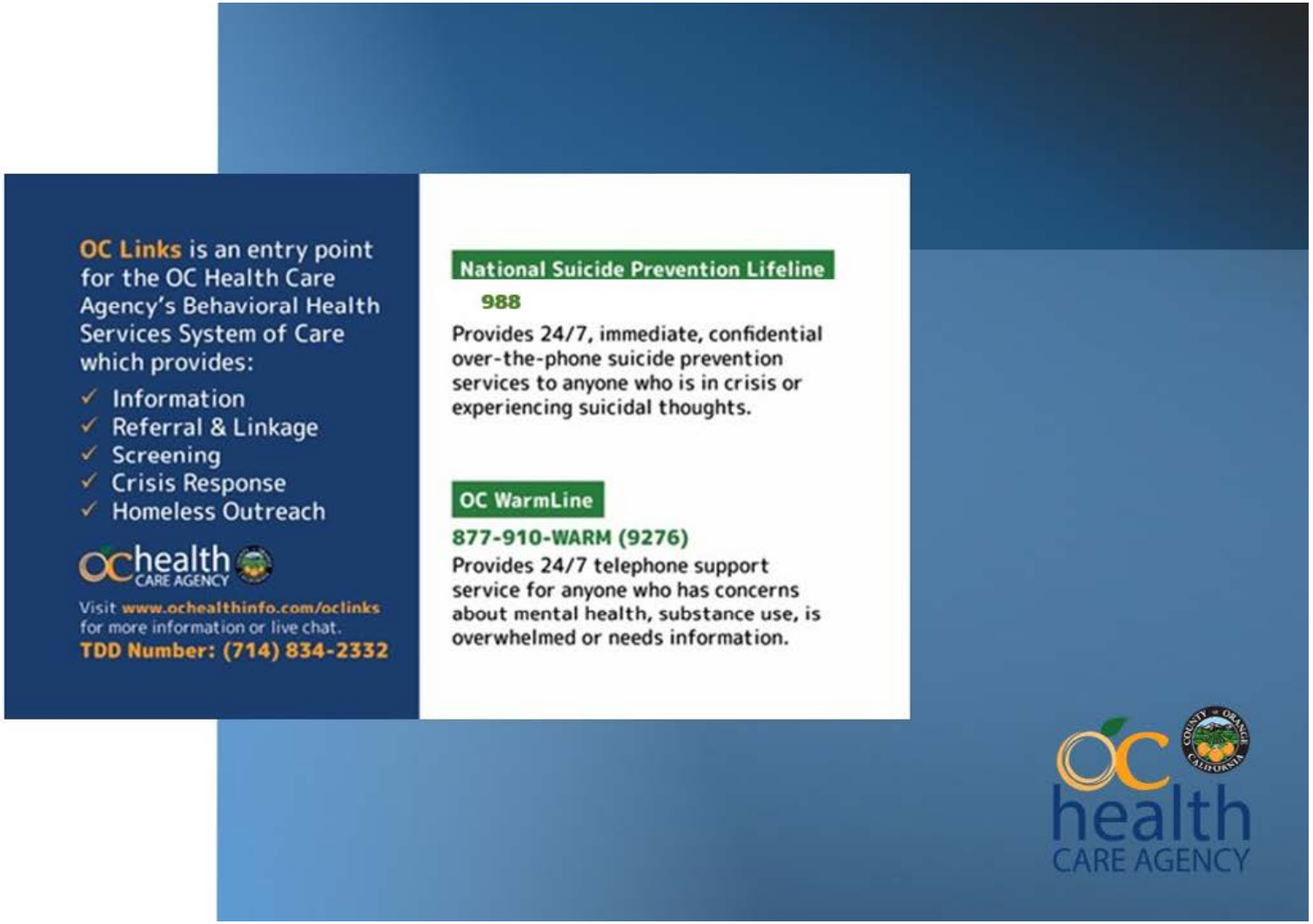
Crisis and Acute Care Services

- OC Links
- Crisis Assessment Teams / PERT
- Crisis Stabilization Units
- Crisis Residential
- In-Home Crisis Stabilization
- Acute Inpatient Services

OC health CARE AGENCY

OC LINKS


OC Links 24/7
855-OC LINKS
(855-625-4657)
BEHAVIORAL HEALTH SERVICES LINE
24 hours a day / 7 days a week / 365 days a year
OC health
CARE AGENCY


OC Links is an entry point for the OC Health Care Agency's Behavioral Health Services System of Care which provides:
✓ Information
✓ Referral & Linkage
✓ Screening
✓ Crisis Response
✓ Homeless Outreach
ochealth CARE AGENCY
Visit www.ochealthinfo.com/oclinks for more information or live chat.
TDD Number: (714) 834-2332
National Suicide Prevention Lifeline
988
Provides 24/7, immediate, confidential over-the-phone suicide prevention services to anyone who is in crisis or experiencing suicidal thoughts.
OC WarmLine
877-910-WARM (9276)
Provides 24/7 telephone support service for anyone who has concerns about mental health, substance use, is overwhelmed or needs information.
OC health CARE AGENCY

OC Links ~ Who We Are

OC Links utilizes trained Navigators to provide

- Information
- Referral
- Linkage directly to programs
- Mobile Crisis Response Dispatch
- OC Links received 46,209 calls in FY 2022/23

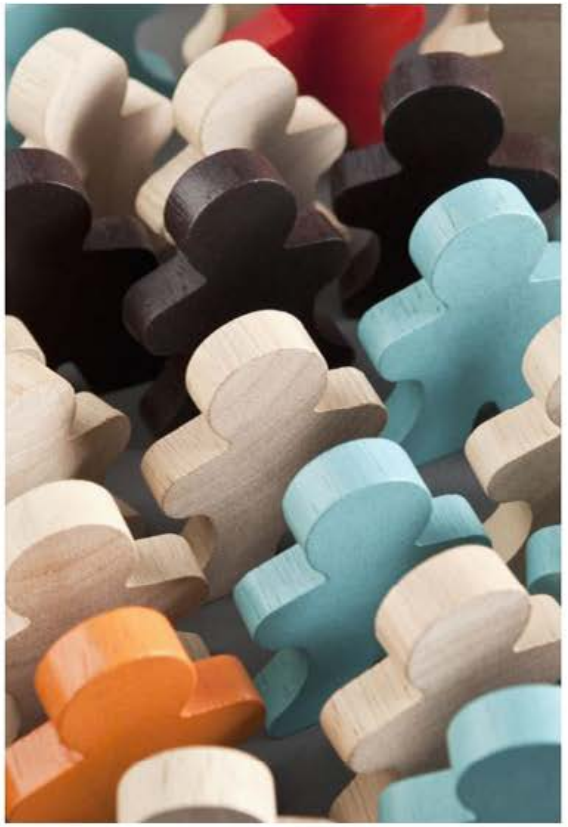
OC health CARE AGENCY

OC health CARE AGENCY

OC Links ~ Who We Serve

Callers can be

- Potential participants
- Family members and friends
- Law enforcement and other first responders
- Providers
- Anyone seeking behavioral health resources and support



AVAILABLE 24/7

CALL (855) OC-LINKS TO BE CONNECTED TO A BEHAVIORAL HEALTH NAVIGATOR

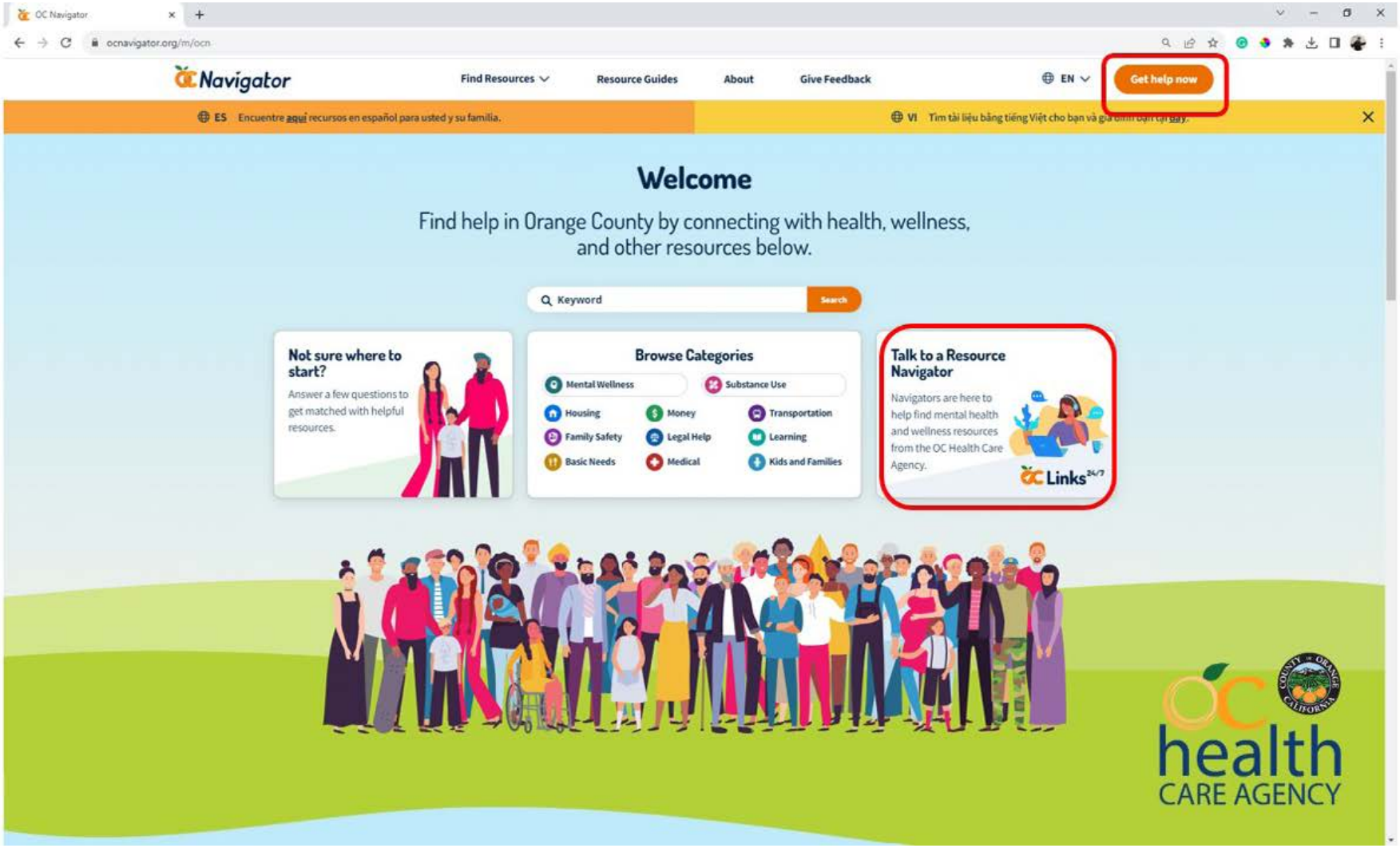
CLICK ON THE OC LINKS CHAT ICON ON HCA WEBSITE OR OC NAVIGATOR

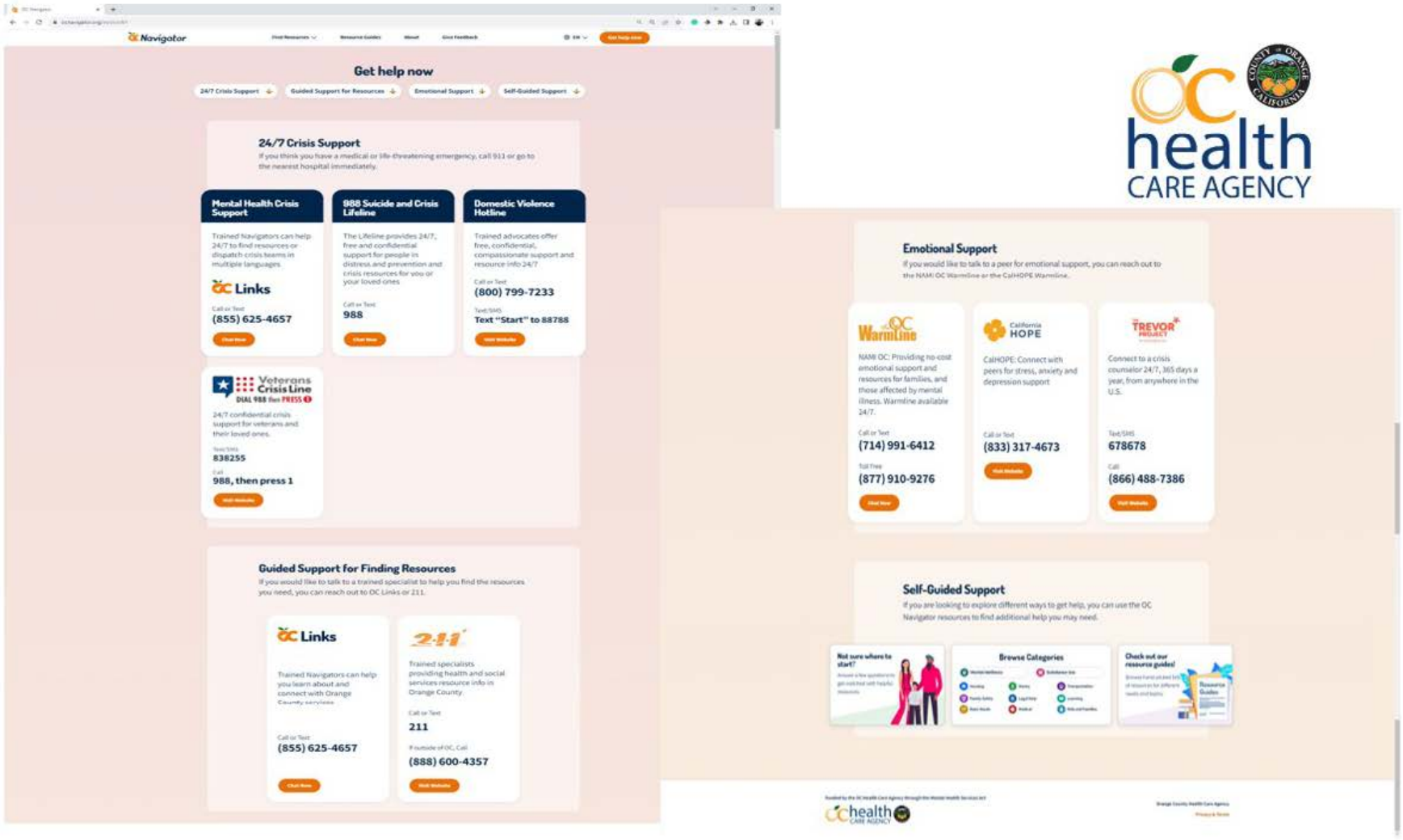
TDD NUMBER:
714-834-2332

Connecting With OC Links

OC health CARE AGENCY


OC Navigator
OC
health
CARE AGENCY


OC Navigator
ocnavigator.org/m/ocn
OC Navigator
Find Resources
Resource Guides
About
Give Feedback
EN
Get help now
ES Encuentre aquí recursos en español para usted y su familia.
VI Tìm tài liệu bằng tiếng Việt cho bạn và gia đình bạn tại đây.
Welcome
Find help in Orange County by connecting with health, wellness, and other resources below.
Keyword
Search
Not sure where to start?
Answer a few questions to get matched with helpful resources.
Browse Categories
Mental Wellness
Substance Use
Housing
Money
Transportation
Family Safety
Legal Help
Learning
Basic Needs
Medical
Kids and Families
Talk to a Resource Navigator
Navigators are here to help find mental health and wellness resources from the OC Health Care Agency.
OC Links 24/7
OC health CARE AGENCY


Navigator
Get help now
24/7 Crisis Support
Guided Support for Resources
Emotional Support
Self-Guided Support
24/7 Crisis Support
If you think you have a medical or life-threatening emergency, call 911 or go to the nearest hospital immediately.
Mental Health Crisis Support
Trained Navigators can help 24/7 to find resources or dispatch crisis teams in multiple languages.
OC Links
Call or Text
(855) 625-4657
988 Suicide and Crisis Lifeline
The Lifeline provides 24/7, free and confidential support for people in distress, and prevention and crisis resources for you or your loved ones
Call or Text
988
Domestic Violence Hotline
Trained advocates offer free, confidential, compassionate support and resource info 24/7
Call or Text
(800) 799-7233
Text/SMS
Text "Start" to 88788
Veterans Crisis Line
DIAL 988 then PRESS 1
24/7 confidential crisis support for veterans and their loved ones.
Text/SMS
838255
Call
988, then press 1
Guided Support for Finding Resources
If you would like to talk to a trained specialist to help you find the resources you need, you can reach out to OC Links or 211.
OC Links
Trained Navigators can help you learn about and connect with Orange County services
Call or Text
(855) 625-4657
211
Trained specialists providing health and social services resource info in Orange County.
Call or Text
211
If outside of OC, Call
(888) 600-4357
Emotional Support
If you would like to talk to a peer for emotional support, you can reach out to the NAMI OC Warmline or the CalHOPE Warmline.
OC WarmLine
NAMI OC: Providing no-cost emotional support and resources for families, and those affected by mental illness. Warmline available 24/7.
Call or Text
(714) 991-6412
Toll Free
(877) 910-9276
California HOPE
CalHOPE: Connect with peers for stress, anxiety and depression support
Call or Text
(833) 317-4673
TREVOR PROJECT
Connect to a crisis counselor 24/7, 365 days a year, from anywhere in the U.S.
Text/SMS
678678
Call
(866) 488-7386
Self-Guided Support
If you are looking to explore different ways to get help, you can use the OC Navigator resources to find additional help you may need.
Not sure where to start?
Browse Categories
Check out our resource guides!
Resource Guides
OC health CARE AGENCY

Top search method:
"Browse by Topic"

Top 5 browsed & searched topics by category:

Top 5 viewed guides

1. Child, Adolescent, and Young Adult Mental Health and Substance Use Resources - **316**
2. OC Resources for People Experiencing Homelessness/at Risk of Homelessness - **213**
3. Resources for Coping with Grief and Loss - **213**
4. OC Housing Resources for Spanish Speakers - **172**
5. Help with Substance Use: Resources in OC - **171**


CRISIS ASSESSMENT TEAM
COUNTY OF ORANGE CALIFORNIA
health
CARE AGENCY

- CAT was established in 2003
- CAT consists of:
  - Behavioral Health Clinicians
  - Mental Health Specialists
  - Peer Specialists
- Accessed by calling OC Links

OC health CARE AGENCY

CAT ~ WHO WE SERVE

CAT provides mobile response services to any individual in Orange County reporting a mental health crisis

Primary Referral sources:

- Private/Families
- Law Enforcement
- Hospital Emergency Departments
- Social Services Agencies
- Schools

CAT responds to all Orange County cities and unincorporated areas

OC health CARE AGENCY

CAT ~ WHAT WE DO

Provide mobile response to individuals reporting a mental health crisis:

- Crisis Evaluation and Risk Assessment
- Crisis Intervention
- 5150/5585 civil commitment (if needed)

CAT ~ WHAT WE DO

Referrals, Linkages and Warm Handoffs

- Crisis Stabilization Units
- Crisis Residential Programs
- In-Home Crisis Stabilization
- Outpatient Services
- Acute Inpatient Services

Case Management Follow up

Planning Advisory Committee Meeting

OC health CARE AGENCY

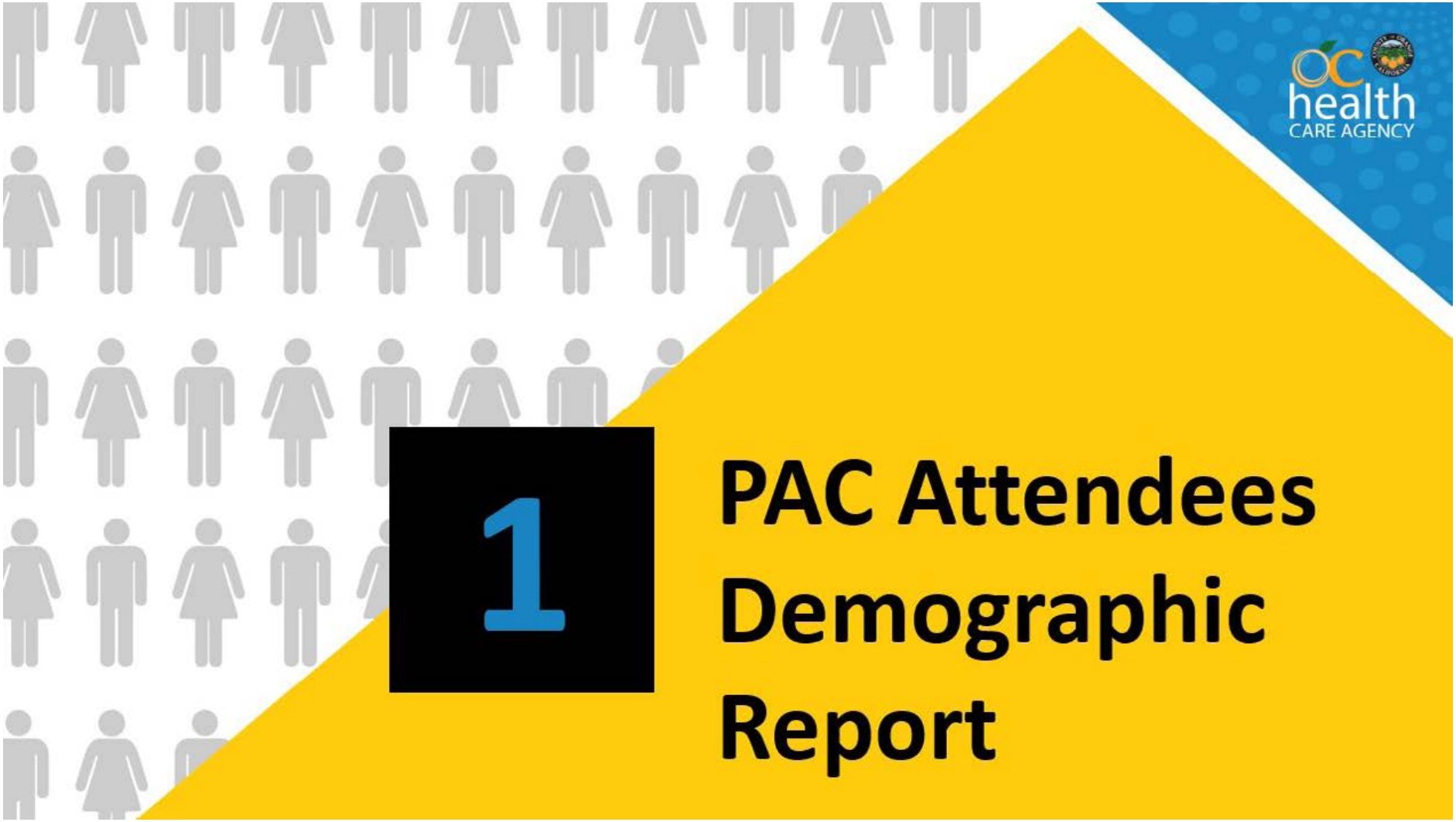
December 14, 2023

Today's Agenda

Time	Topic	Presenter
10:00 -10:10	**Welcome and Introductions** • Review of MHSA and previous PAC Meeting	• Michelle Smith
10:10 – 10:40	**Homeless Outreach and Engagement**	• Christina Weckerly
10:40 – 11:00	**Housing Services and Supports**	• Lisa Row
11:00 - 11:50	**Outreach and Housing Panel Discussion**	**Facilitator**: • Michelle Smith **Panel**: • Michelle Manchester • Lisa Row • Allyson Triglia • Christina Weckerly • Agatha Wise
11:50 - 12:00	**Debrief, Next Months Priorities, Announcements, and Closing**	• Michelle Smith
Next Meeting	**January 18, 2024** **Topic: Infant and Early Childhood Continuum Overview and Update** **10:00 am – 12:00 pm** **Via Zoom**	


OC health
CARE AGENCY
Mental Health Services Act
Planning Advisory Committee (PAC)
October 2023 Post-Meeting Report Out

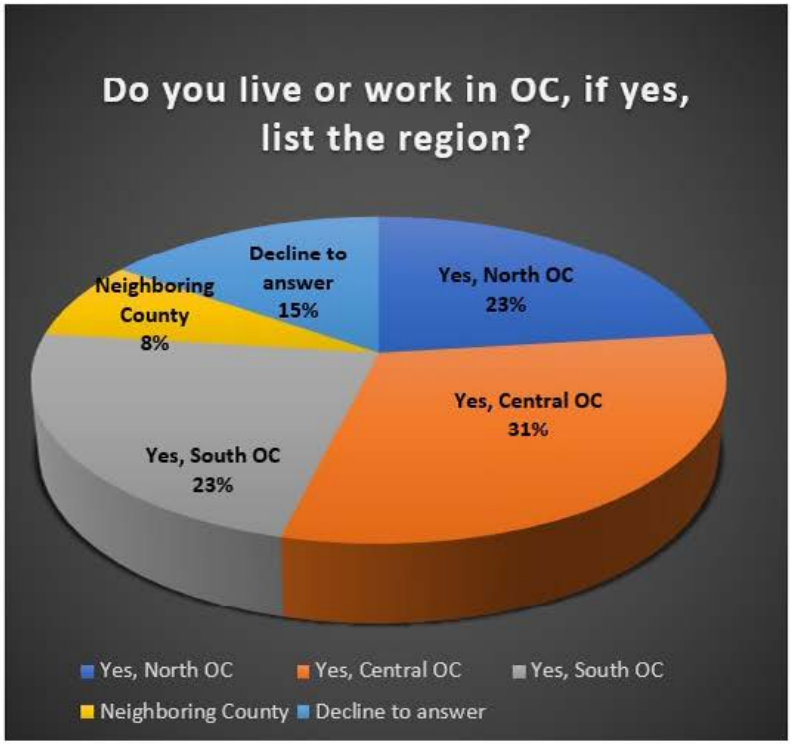
Planning Advisory Post Meeting Report


OC health CARE AGENCY
1
PAC Attendees Demographic Report

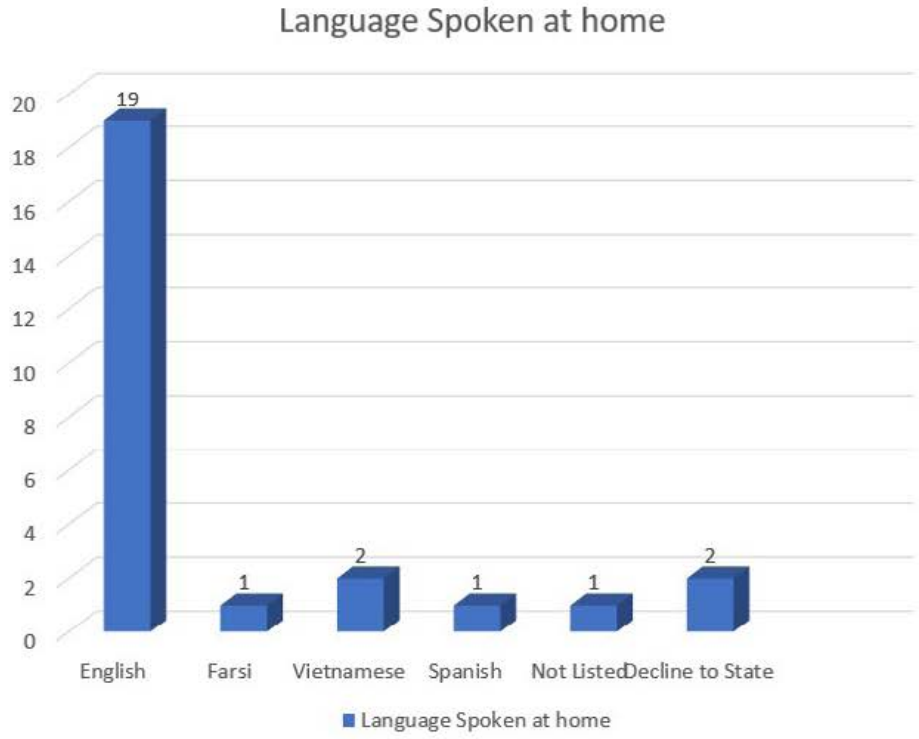
1 November PAC Attendees Report

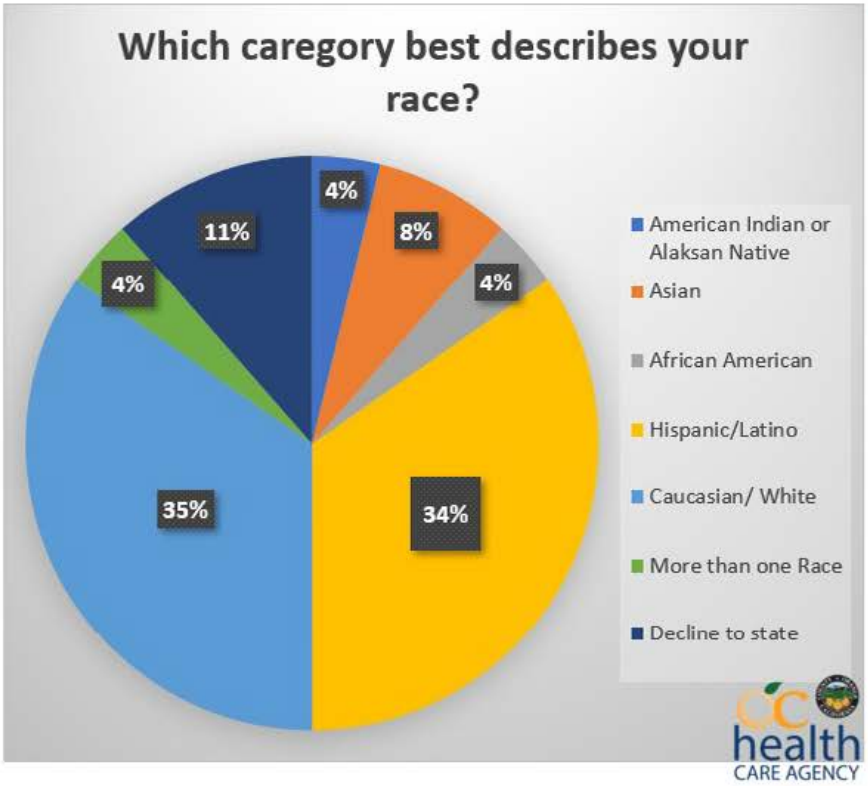
November PAC Meeting:

- 88 Registered
- 70 Attended in Person
- 26 Completed Demographic and Satisfaction Survey

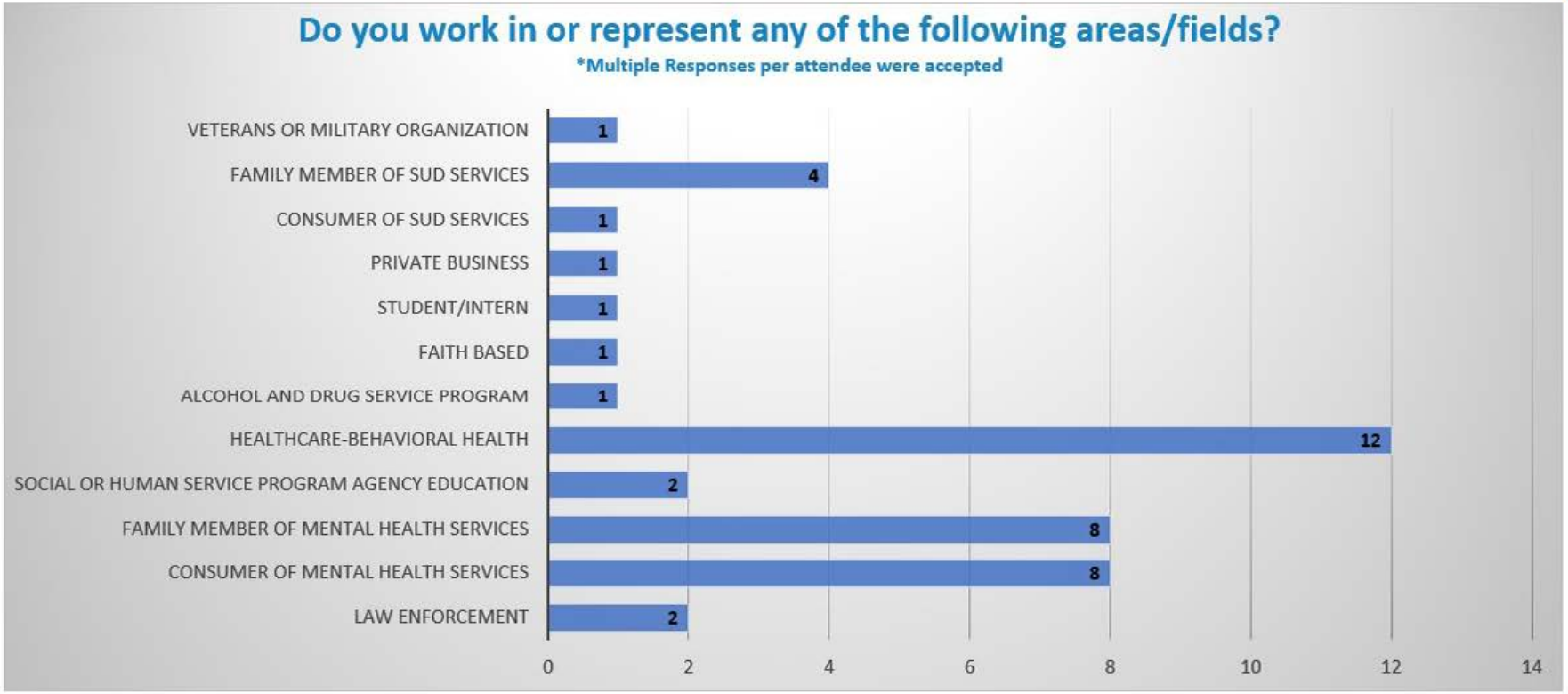


1 November PAC Attendees Report

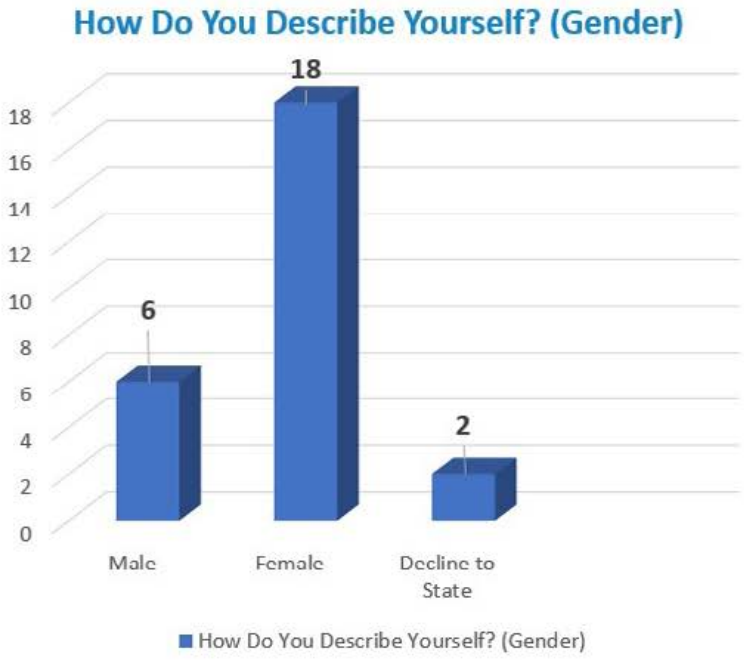


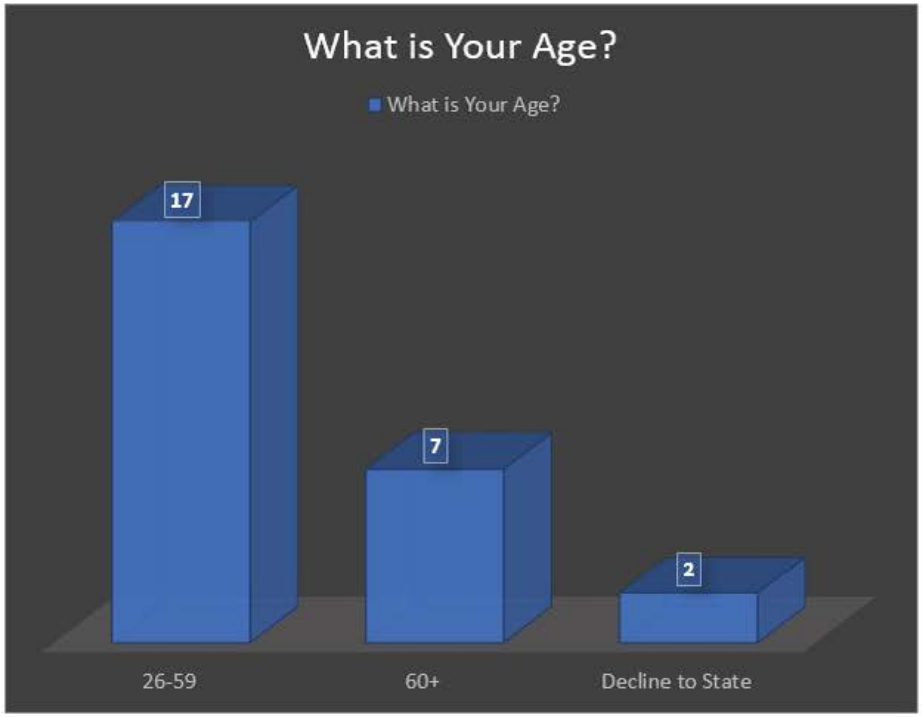


1 November PAC Attendees Report



1 November PAC Attendees Report





What We Heard

General findings:

- Focus on the one <call> option to access support that has the best chance of being remembered AND has the capacity to respond appropriately.
- Create multilingual materials

Possible target audience groups called out in the research:

- Youth and students
- Those living with substance use disorders
- Seniors (particularly those in isolation)
- PTSD sufferers/veterans/law enforcement
- LGBTQ+ community
- Unhoused and low-income residents

Feedback reflected that priorities being seen today include:

- Homelessness
- Substance Use/overdosing
- Isolated Senior population
- Eating disorders
- Current world events triggering stress
- Financial insecurity
- Domestic violence
- Schizophrenia
- Suicidal thoughts

OC health CARE AGENCY

Key Messaging Insights

To those who need services:

1. Services are available
2. How to easily access services, recognizing that their ability to overcome any type of bureaucratic steps might cause them to abandon the effort
3. You will be heard and treated with respect, given stigma-free support
4. Free and low-cost options will be provided confidentially

To peers/family/support professionals/school counselors:

1. Identifying the signs that someone is likely to need support
2. How to easily access services
3. How to take the first step

Campaign Approach Considerations

Having someone who can provide a testimonial about these concerns, followed by an appropriate call to action, may help overcome this significant barrier, making communication more actionable.

"When you see people like you, you are more willing to receive help." Have people (actors) describe what a mental health crisis "feels" like. Tap into the emotional side and what to do. Utilize raw emotion.

People who need help are most likely to take direction from people they trust: family and peers.


OC O&E
OC Outreach and Engagement
Our team is here to provide resources to individuals who are experiencing homelessness in Orange County.
OC health CARE AGENCY

What is Outreach & Engagement (O&E)

Outreach:
actively reaching out to unserved or underserved populations as the first step to ending their homelessness by providing linkages to help people connect to services and ultimately into the community

Engagement:
the process by which a trusting relationship between the outreach team and participant is established and comprehensive services are provided on their journey to end their episode of homelessness

Strong Roots: Our Story

- Started as a program with a public health and behavioral health lens reaching high-risk unsheltered substance users
- In 2009: began as BHS O&E focused on individuals experiencing homelessness
- In 2014: combined to be one BHS outreach team to include a focus on individuals with severe and persistent mental illness
- In 2015: became the "blue shirts"
- On July 1, 2022: implemented an expanded model of care as OC O&E, with the ability to serve anyone experiencing homelessness

OC O&E's Aim

MHSA Plan: To provide field-based access and linkage to treatment and/or support services for individuals experiencing homelessness and who have difficulty engaging in mental health, housing, and other supportive services on their own.

O&E strives to improve the health and well-being of the population by:

- Connecting with individuals experiencing homelessness where they are at
- Providing cross-sector coordination and services across the continuum of care
- Serving individuals, communities/neighborhoods, and the county

Who We Serve and How

OC O&E serves: Anyone currently residing in Orange County who is experiencing unsheltered homelessness

Principles:

- Building trust through human connections
- Developing a sense of community
- Treating others with honesty, dignity, respect, compassion, and equity
- Progressive engagement

Strategies:

- Person-centered
- No wrong door approach
- Trauma-informed
- Harm reduction
- Motivational interviewing
- Housing First
- Warm-hand off
- Recovery model

The Team

OC O&E utilizes a multi-disciplinary team comprised of:

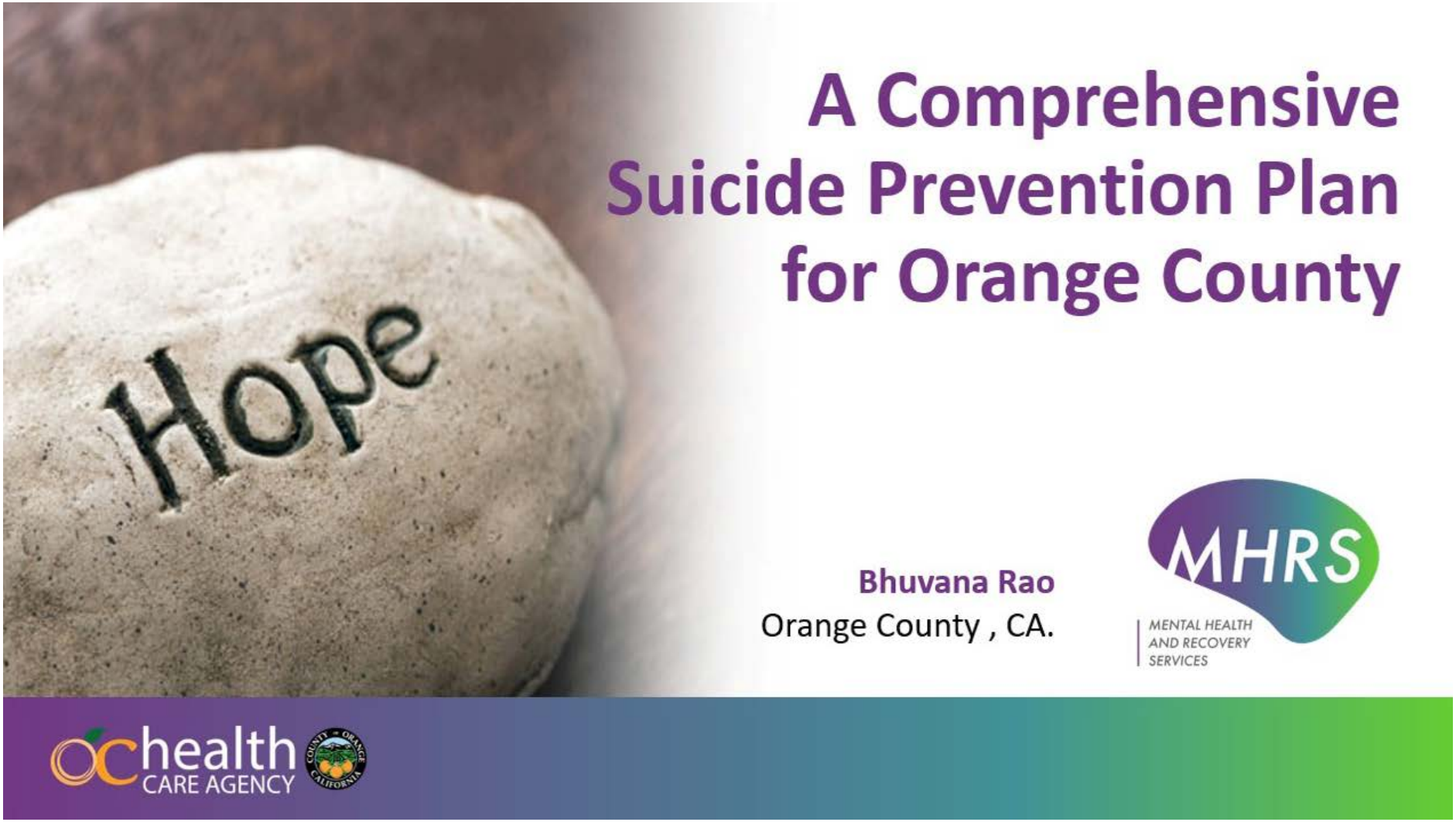
- Behavioral Health Clinicians
- Public Health Nurses
- Mental Health Specialists
- Field Supervisors and Mentors
- Addiction Certified Specialists
- Peers with Lived Life Experience


Planning
Advisory
Committee
Meeting
January 18, 2024
OC health
CARE AGENCY

Today's Agenda

Time	Topic	Presenter
10:00 -10:15	**Welcome and Introductions** • Review of MHSA and previous PAC Meeting	• Michelle Smith
10:15-10:45	**Comprehensive Suicide Prevention Plan for Orange County**	• Bhuvana Rao
11:00 – 11:45	**Strategic Goals and Planning**	• Discussion
11:45 - 12:00	**Debrief, Next Months Priorities, Announcements, and Closing**	• Michelle Smith

Next Meeting
February 15, 2024
MHSA Draft Annual Update FY 2024-25: Comprehensive review of input utilized to drive development of the Draft Annual Update to the Plan
In person – BHTS Training Center


Hope
A Comprehensive Suicide Prevention Plan for Orange County
Bhuvana Rao
Orange County , CA.
MHRS
MENTAL HEALTH AND RECOVERY SERVICES
ochealth CARE AGENCY

Community Suicide Prevention Initiative (CSPI)

With upward trending rates of suicides in Orange County during 2016-18, HCA and various partners including HCA, OC hospitals, OCDE, Saddleback Church, and community members came together to plan for a coordinated suicide prevention effort.

On March 12, 2019, the Orange County Board of Supervisors directed HCA to create a countywide suicide prevention initiative.

A community-driven effort to eliminate suicide attempts and deaths in partnership with Be Well.

In 2019, the OC Health Care Agency Office of Wellness and Suicide Prevention (OWSP) was established to coordinate suicide prevention efforts at community level to interface with local and statewide initiatives.

CSPI Action Plan: Creating a System of Support, Care and Recovery

Reach out to **high-risk population** to find and engage those in need

Maintain Contact with those in need and support continuity of care

Improve the lives of those in need through comprehensive services and support

Build community awareness, reduce stigma and promote help-seeking

Priority Populations

Youth & Young Adults
with particular focus on LGBTQ and foster youth, adolescent girls and high achievers.

Men in their Middle Years
with particular focus on first responders, veterans, construction workers, and businessmen/ professionals.

Older Adults
with particular focus on homebound seniors, nursing home residents, cultural minorities, unemployed single men and veterans.

Actions

Establish support for high need communities and populations of focus to:

- Increase the number of individuals in-need who are engaged in caring connections and hopeful services and supports
- Reduce individuals' level of risk for suicide
- Increase individuals' level of hope, purpose and connection
- Increase community involvement in prevention activities

Conduct media campaigns targeted at high need populations

Continue to expand community engagement and involvement through coalition development

Community Suicide Prevention Coalition (CSPC)

Community Suicide Prevention Coalition (CSPC)

- The Coalition was formalized in January 2023
- Collaborative voice to steer planning and implementation, including development of a Suicide Prevention Strategic Plan.
- To create a systems approach to suicide prevention
- A shift to emphasize upstream efforts to address holistic mental health
- Continue activities to build hope, purpose, and connection for individuals in need
- Integrate existing community coalitions and supportive platforms with the collaborative voice to guide the Coalition

STRATEGIC PLANNING: 2023 and BEYOND

- Focus to increase hope, purpose and connection at the individual and community level.
- Incorporate actionable objectives for prevention, intervention, and postvention within each of the key settings:
  - workplace,
  - schools,
  - healthcare,
  - justice system, and
  - general community settings.
- Sustainable and coordinated efforts to reach and support all county residents.

Strategic Goals Adopted for 2023- 2026

Goal 1*:
Increase awareness about how to prevent suicide

Goal 2*:
Increase connectedness between individuals, families, and communities

Goal 3:
Increase detection of individuals in need

Goal 4:
Provide continuum of crisis care and continuity of care.

Goal 5*:
Connect suicide loss survivors to timely and effective support to reduce their risk for suicidality and promote healing.

Goal 6:
Reduce access to lethal means

Strategic Goals

Goal 1*

Increase awareness about how to prevent suicide

- Information and messages about suicide prevention are consistently provided in a variety of modalities, locations, languages throughout Orange County and for targeted locations and populations.
- Information shared is tied to suicide prevention and intervention efforts that make the messaging actionable for individuals who receive it.

Goal 2*

Increase connectedness between individuals, families, and communities

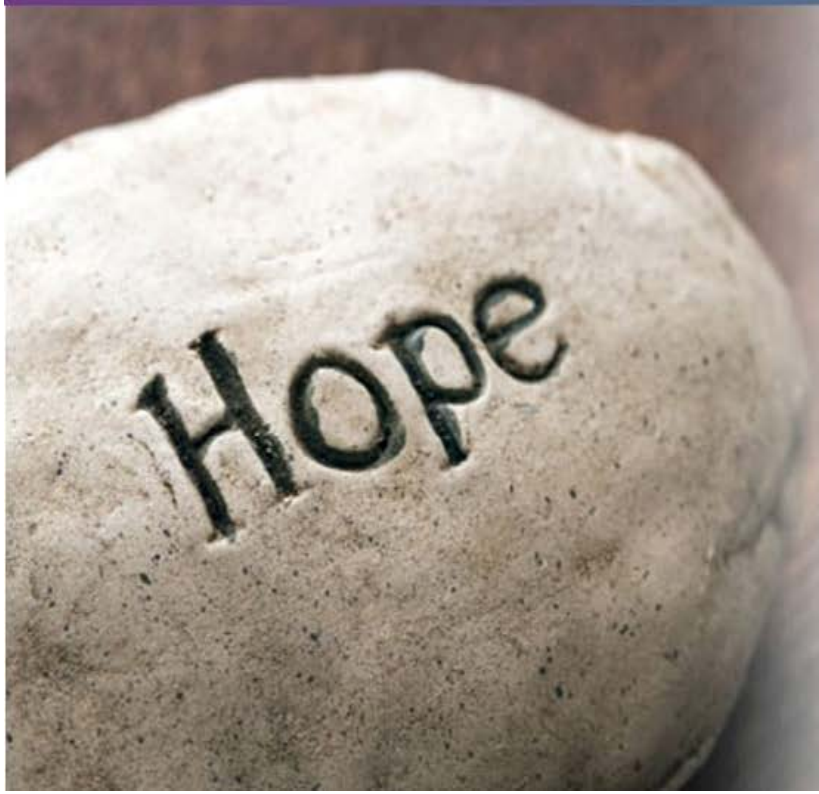
- Increase connectedness between individuals, families and communities to reduce social isolation, strengthen supportive relationships, and enhance other protective factors.
- The number of individuals who have known risk factors for suicide experience growth in their individual and community protective factors.

Goal 3

Increase detection of individuals in need

- Organizations who engage with target populations have clear processes to support detection and response.
- Individuals, families and communities are able to detect individuals in need and respond effectively.

Discussion



Goal 1: Increase awareness about how to prevent suicide

1. When thinking about yourself, your family, and/or your friends what are the ways in which you like to receive and then use information?
2. There are many CBOs that provide community education and awareness activities. Where are some places you frequently go where we could include suicide prevention messaging?

Goal 2: Increase connectedness between individuals, families, and communities

1. There are many contracted providers in OC that support increasing protective factors and fostering meaningful connections. In thinking about the diversity of OC, are there culturally specific ways to strengthen those connections for our diverse communities?
2. In thinking about the fantastic prevention services that are provided, how do we tell the stories of success in a meaningful and impactful way?

Strategic Goals

Goal 4
Provide a Continuum of Crisis Care

- Coordinate and communicate effectively across services and systems, to close gaps and enhance care.
- Increase visibility of the Suicide and Crisis Lifeline (988) and develop marketing and outreach efforts/materials in all threshold languages in Orange County.
- Establishing easy access to resources and supports, including OC Links, through the OC Navigator.

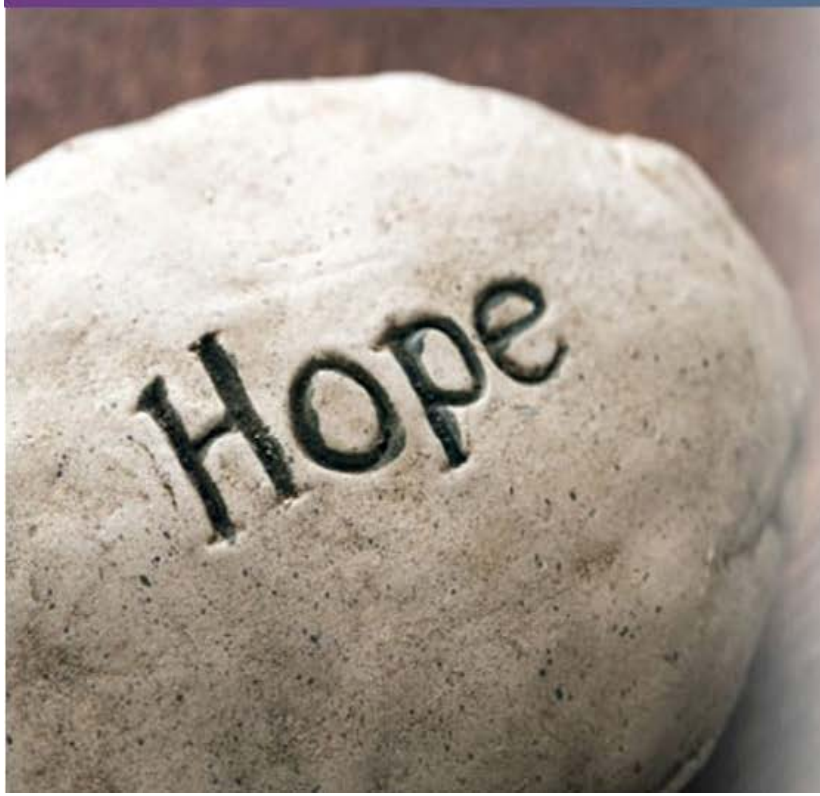
Goal 5
Connect suicide loss survivors to timely and effective support

- Develop a postvention plan template and disseminate to key community settings. Provide support, referral, and assistance with implementing plans.
- Increase the visibility, capacity, and reach of existing suicide survivor support services.
- Develop partnerships among first responders, medical examiners, behavioral health crisis service providers, and peers to explore the feasibility of an immediate postvention response team.
- Increase the number of behavioral healthcare and other providers who receive specialized training to offer individual and family suicide bereavement support.

Goal 6
Reduce Access to Lethal Means

- Specific lethal means, locations, methods to access it are identified for each target population.
- Access to lethal means is reduced for each target population.

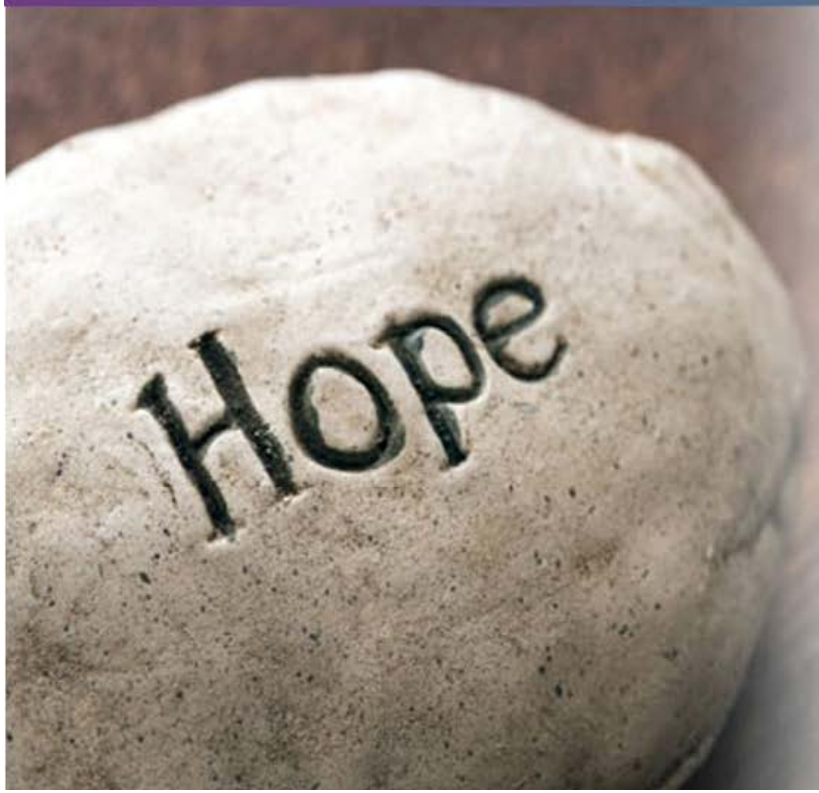
Discussion



Final Thoughts Discussion

1. As a community, how do we carry out and implement this Plan?
   - Individual roles
   - Community role

Staff at the Office of Suicide Prevention



Bhuvana Rao, Health Services Manager
Kevin Alexander, Health Services Analyst
Olga Gore, Health Program Specialist
Rebeka Sanchez, Health Program Specialist
Jennifer Que, Staff Specialist
Teresa Moran, Office Specialist

Contact Information:
Bhuvana Rao
brao@ochca.com
(714) 834-2863


Thank you!
health
CARE AGENCY
OC Links 24/7
855-OC LINKS
(855-625-4657)
Behavioral Health Services Line
Navigator.org


OC health
CARE AGENCY
COUNTY OF ORANGE
CALIFORNIA
MHSA Planning Advisory Committee
Review of Programs and Expenditure Plan Annual Update for FY 2024-2025

Welcome

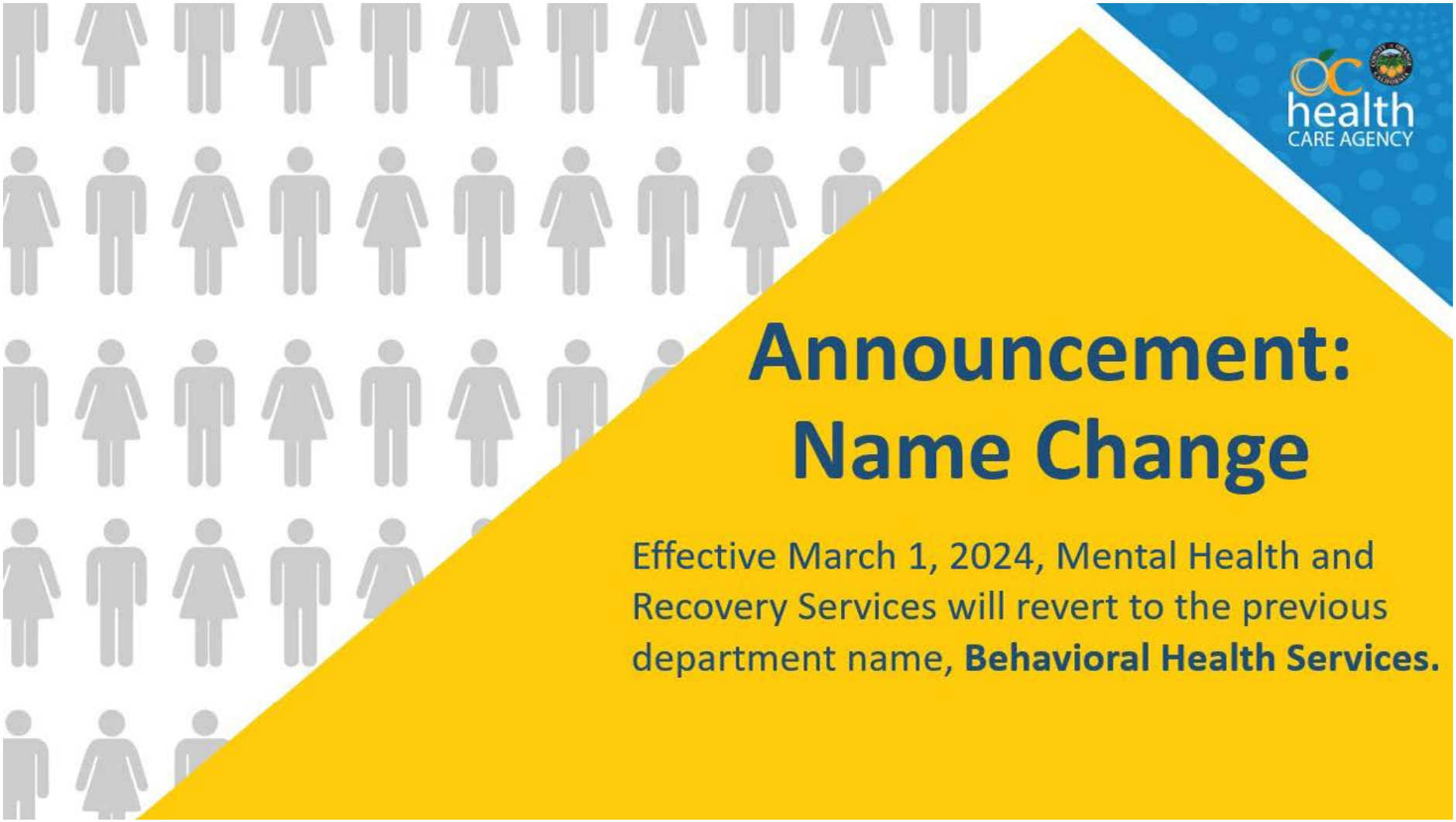
HOUSEKEEPING

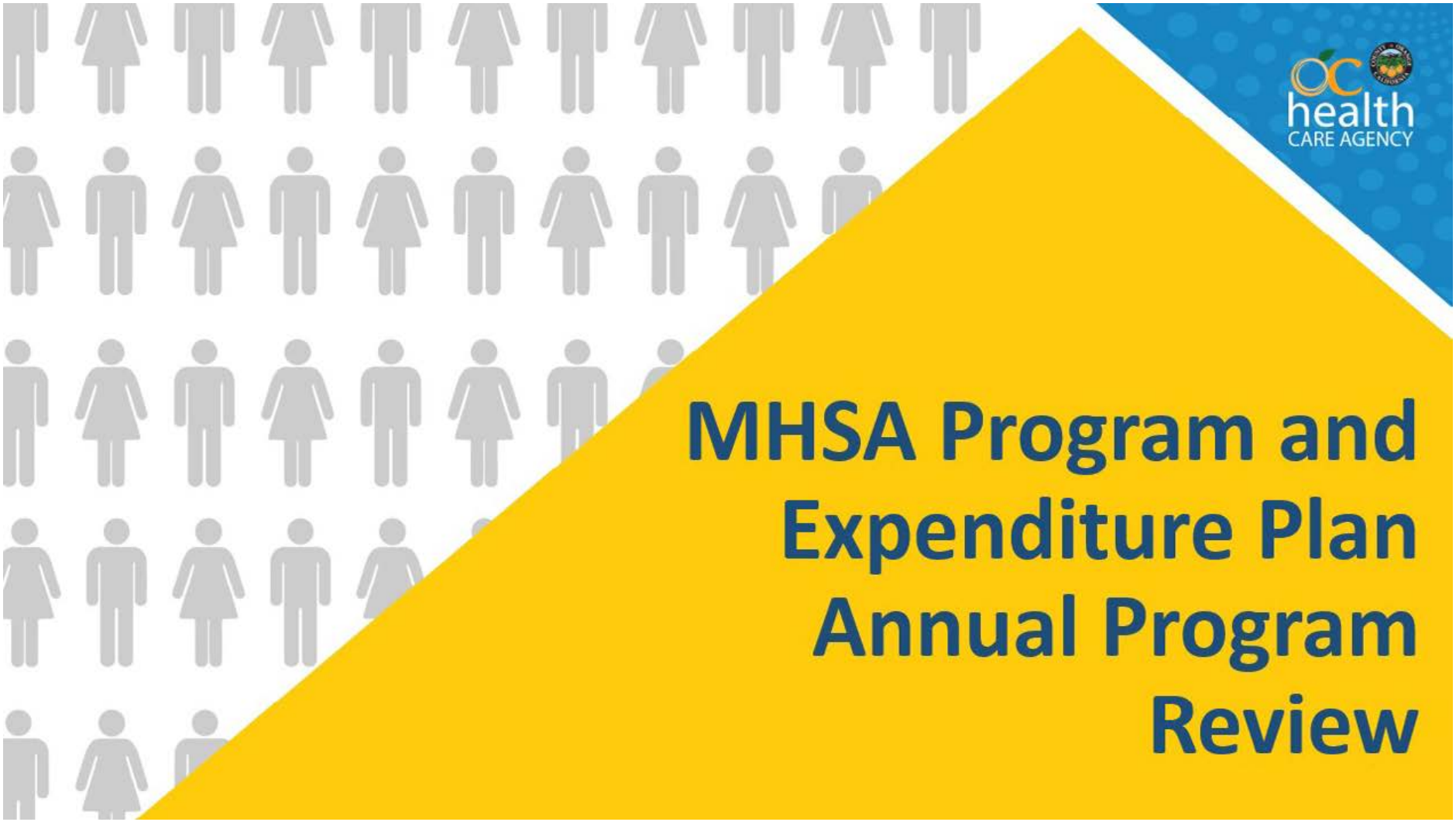
GROUP AGREEMENTS

AGENDA FOR TODAY

Todays Agenda

- Welcome and Introductions
- MHSA Program and Expenditure Plan Review
  - Prevention and Early Component
- Break
- MHSA Program and Expenditure Plan Review
  - Prevention, Innovation
- Lunch
- MHSA Program and Expenditure Plan Annual Review, Continued
  - Community Services and Supports Component
    - Workforce Education and Training
- Proposition 1 Overview
- Closing


OC health CARE AGENCY
Announcement:
Name Change
Effective March 1, 2024, Mental Health and Recovery Services will revert to the previous department name, Behavioral Health Services.


OC health CARE AGENCY
MHSA Program and Expenditure Plan Annual Program Review

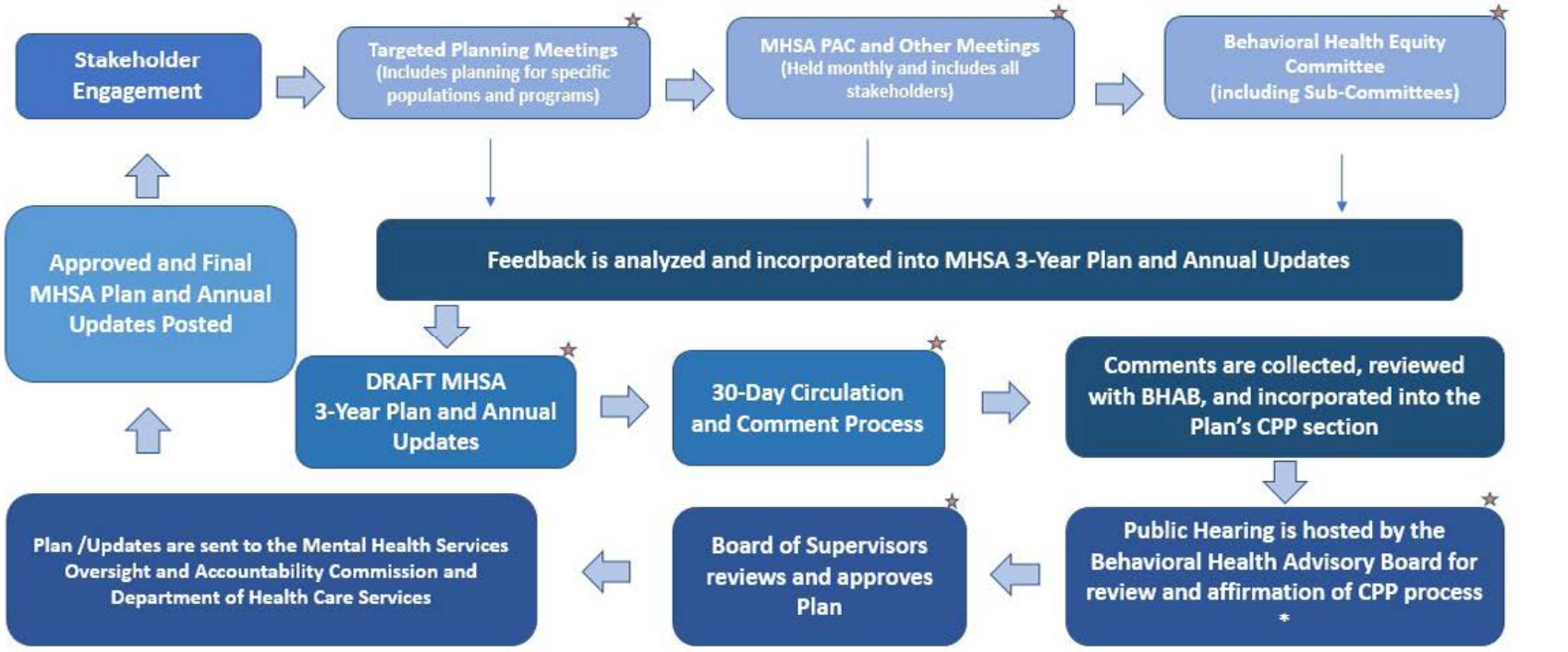
MHSA Summary

- The Mental Health Services Act (MHSA), Proposition 63, was passed by California voters November 2004 and went into effect in January 2005.
  - The MHSA provides increased funding for mental health programs across the State.
  - The MHSA is funded by a 1% tax surcharge on personal income over $1 million per year.
  - The state keeps 5% for state administration and distributes 95% to Counties.
  - As these taxes are paid, fluctuations impact fiscal projections and available funding.
- Requires development of Three-Year Program and Expenditure Plan and Annual Updates to the Plan.

MHSA Funding Components

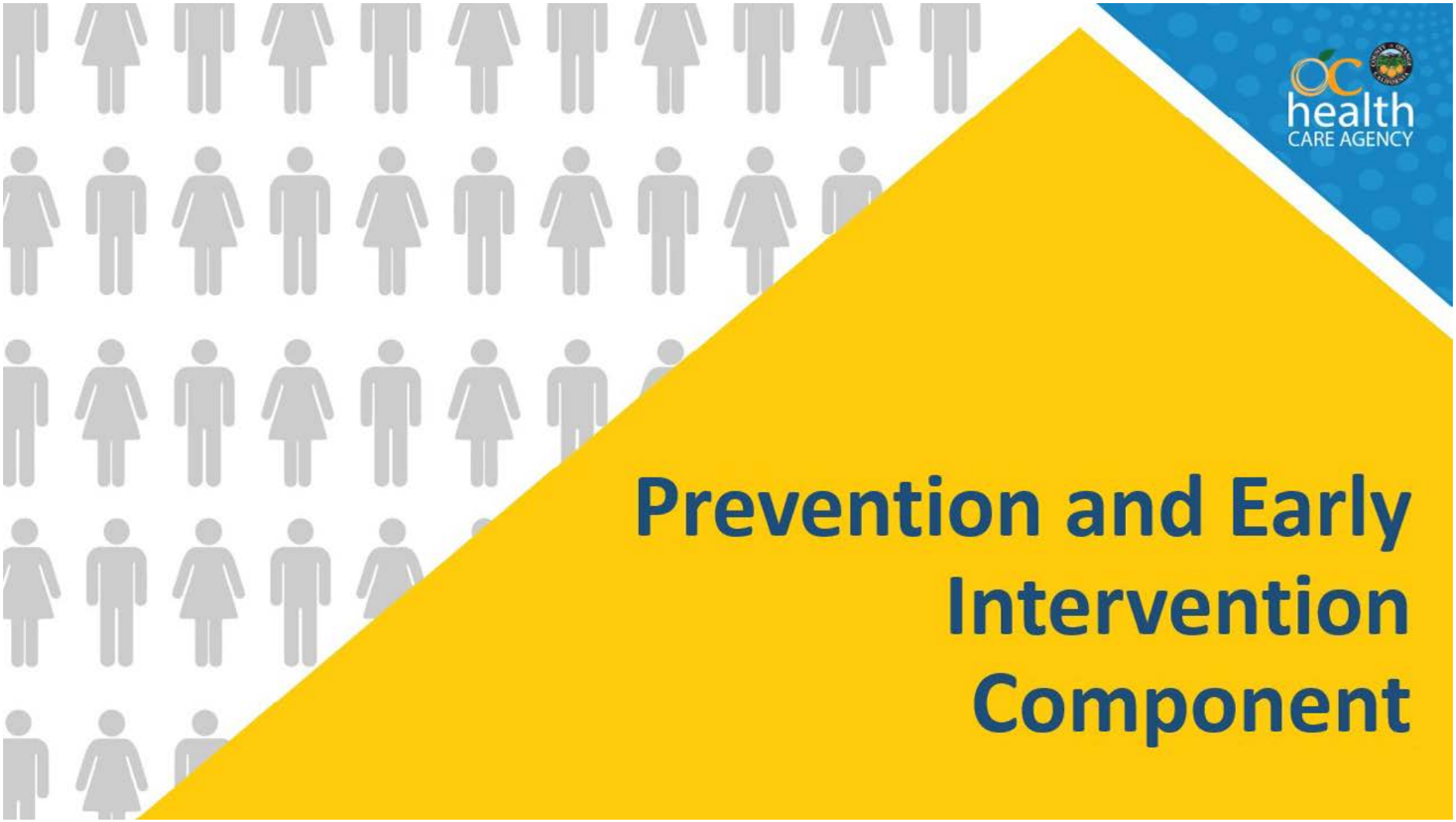
Funding %	Component	Categorical Use
76%	Community Services and Supports	CSS funds are intended for direct treatment and recovery services to individuals living with serious mental illness or serious emotional disturbance. • A minimum of 51% must be used for Full Service Partnership (FSP) services • General System Development (GSD) is used to build a continuum and fill gaps in services • Outreach and engagement for identifying and getting people into the right level of care • Ability to transfer up to 20% of money from CSS to pay for Workforce programs/activities, pay for technology required for administration, billing, and data, and create places where services can be delivered (WET/CFTN)
19%	Prevention and Early Intervention	Programs and services intended to prevent mental illness from becoming severe and disabling. Can include individual, group, and community interventions. Broken up into State Defined Programs • Outreach for increasing recognition of early signs of mental illness • Stigma and Discrimination Reduction • Suicide Prevention • Access and Linkage to Treatment • Prevention • Early Intervention
5%	Innovation	Short-term projects intended to test an approach or practice that will improve public behavioral health services

The MHSA Three-Year and Annual Update Process



★ Indicates opportunities for stakeholder input and feedback.

WIC §§5847(a), 5848


OC health CARE AGENCY
Prevention and Early Intervention Component

Prevention and Early Intervention: Purpose

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.

PEI programs serve all age ranges, however, 51% of services must target individuals aged 25 and under and their families.

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:

Prevention and Early Intervention

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

PEI: Outreach for Increasing Knowledge of Signs of Mental Illness

The goal of the Outreach to Increase Knowledge of Signs and Symptoms of Mental Illness is to:

- Increase awareness and knowledge of signs and symptoms of mental health and/or substance use issues of potential responders (such as primary care, education, law enforcement, etc.)
- Increase awareness and knowledge in families, communities, and underserved/unserved populations.

Programs

- **Behavioral Health Training Collaborative**
- **Mental Health and Wellbeing Promotion for Diverse Communities**
- **Early Childhood Mental Health Providers Training**
- **K-12 School-Based Mental Health Services**
- **Services for TAY and Young Adults**

PEI: Outreach for Increasing Knowledge of Signs of Mental Illness

Behavioral Health Training Collaborative

3 primary populations targeted:

- **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.
- **Clinical providers** (Tier 3): A direct service provider

FY 2022-2023 Results:

528 trainings

8,397 attendees

98% participant satisfaction

Types of Potential Responders:

- Community
- Child Welfare
- Behavioral Health Providers
- Medical Co-Morbidities
- Cultural/Ethnic Communities
- Individuals Working with SUD
- Homeless/At-risk
- Criminal Justice
- Families
- LGBTQI+
- Parents/Schools/Students
- Trauma Exposed Individuals

PEI: Outreach for Increasing Knowledge of Signs of Mental Illness

Early Childhood Mental Health Provider Training

Fiscal Year 2022-2023 Results:

ECMCH services were successful at enhancing social emotional learning as measured by:

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

PEI: Stigma and Discrimination Reduction

Mental Health Community Education Events for Reducing Stigma & Discrimination

The goal of this program is to reduce stigma and discrimination against people living with mental illness.

The program encourages participants and their family members to attend and participate in stigma reduction activities in their community.

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.

FY22-23 Results	
Survey 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%

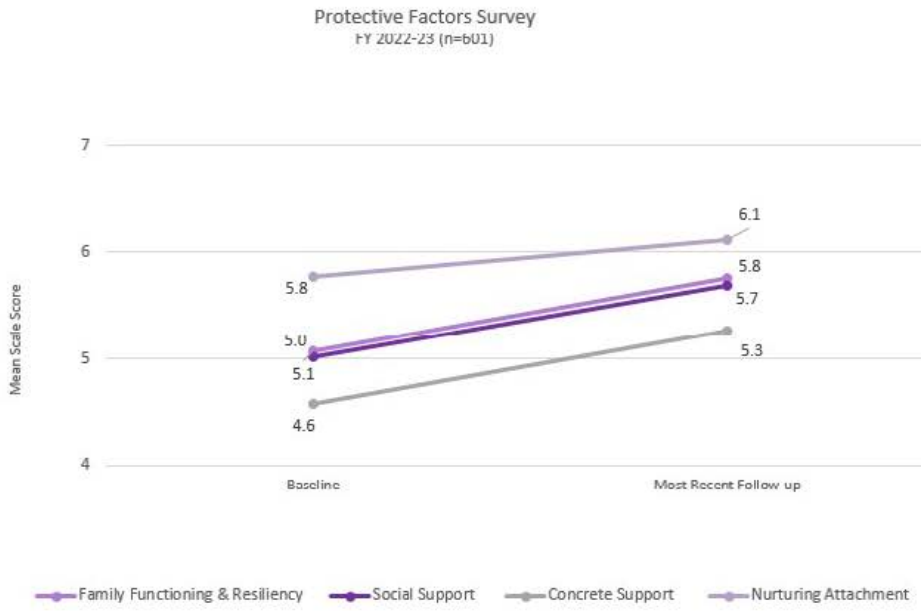
PEI: Prevention

Prevention programs work to decrease risk factors, increase protective factors, build resiliency, and work to deter mental illness from becoming severe and disabling.

OC has two programs in the state defined prevention category:

- **Prevention Services and Supports for Families**
- **Prevention Services and Supports for Youth**

The table demonstrates improvements in family functioning and resiliency, social supports, concrete supports, and nurturing attachment for Program participants in FY 22-23



PEI: Suicide Prevention

Suicide Prevention Services include three integrated components to include:

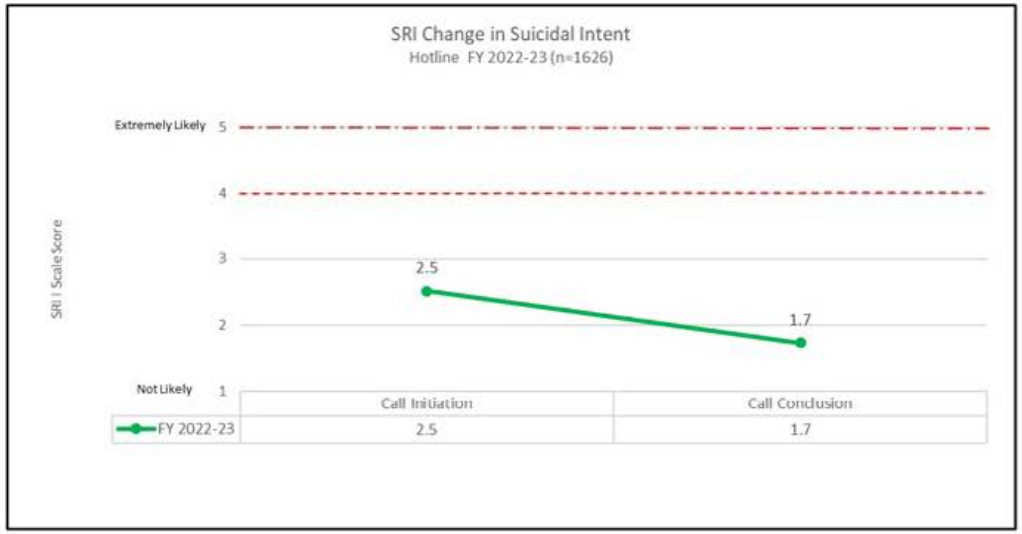
- Community Suicide Prevention Initiative
- Crisis Prevention Line
- Survivor Support

PEI: Suicide Prevention

FY 22-23

988- Suicide Intent Measure

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.




OC health
CARE AGENCY
Draft MHSA Annual Update for Fiscal Year(FY) 2024-25
Review of Proposed Changes to the MHSA Plan and Pending Policy

Todays Agenda

- Welcome
- MHSA Basics
- Proposition 1 Overview
- Discussion
- MHSA Program and Expenditure Plan Updates by Component
  - Prevention and Early Intervention Component
  - Community Services and Supports Component
  - Innovation Component
  - Workforce Education and Training Component
  - Capital Facilities and Technological Needs
  - Financial Summary
- Discussion
- Closing and Next Steps

Please, Tell Us About You!

Mental Health Services Act Origin

The Mental Health Services Act (MHSA) was passed by California voters November 2004 and went into effect in January 2005.

- The MHSA provides increased funding for mental health programs across the State.
- The MHSA is funded by a 1% tax surcharge on personal income over $1 million per year.
- As these taxes are paid, fluctuations impact fiscal projections and available funding.

The MHSA intention is to create a culturally competent public behavioral health system that promotes recovery/wellness for adults and older adults with severe mental illness; resiliency for children with serious emotional disorders, and their families.

Requires development of Three-Year Program and Expenditure Plan and Annual Updates to the Plan.

Artist: David Guzman

Mental Health Services Act Requirements

Why do we do an MHSA Plan?

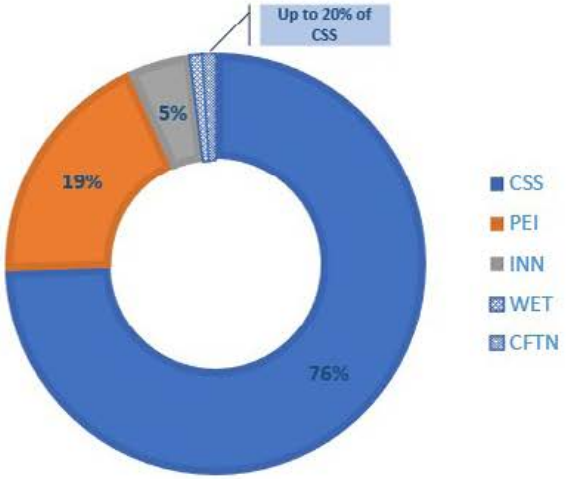
- An MHSA Three-Year Integrated Plan (Plan) is required by regulations.
  - Every year, counties are required to update the Plan
  - The "update" is referred to as the MHSA Annual Update
  - Plans are developed through a stakeholder, or Community Program Planning (CPP), process.
- The Plan provides service data for the prior fiscal year and provides information on program planning and budgets for the upcoming fiscal year.
- This year's MHSA Annual Update provides service data from fiscal year 2022-23 and proposed updates for fiscal 2024-25

(WIC §5847)

Mental Health Services Act Components

The MHSA Plan is constructed out of MHSA's program components, as well as an overview of the Community Program Planning process and Budget Summary:

MHSA COMPONENTS



CSS	Accounts for 76% of a county's MHSA allocation, CSS funds are intended for direct treatment and recovery services to individuals living with serious mental illness or serious emotional disturbance.
WET	*Counties may transfer CSS funds to WET to sustain recruitment, retention, and training/staff development efforts for HCA Behavioral Health Services and/or contracted provider agency staff.*
CFTN	*Counties may transfer CSS funds to CFTN for facility construction (building space to provide MHSA services) and to invest in technological needs such as electronic health records and data systems..*
PEI	Accounts for 19% of a county's MHSA allocation, PEI funds are intended to prevent mental illness from becoming severe and disabling and to avoid negative outcomes like suicide, incarcerations, school failure, unemployment due to unaddressed behavioral health conditions.
INN	Accounts for 5% of a county's MHSA allocation, INN funds are intended to test novel mental health strategies and approaches to improve access to underserved groups, increase the quality of services, and/or promote interagency collaboration.

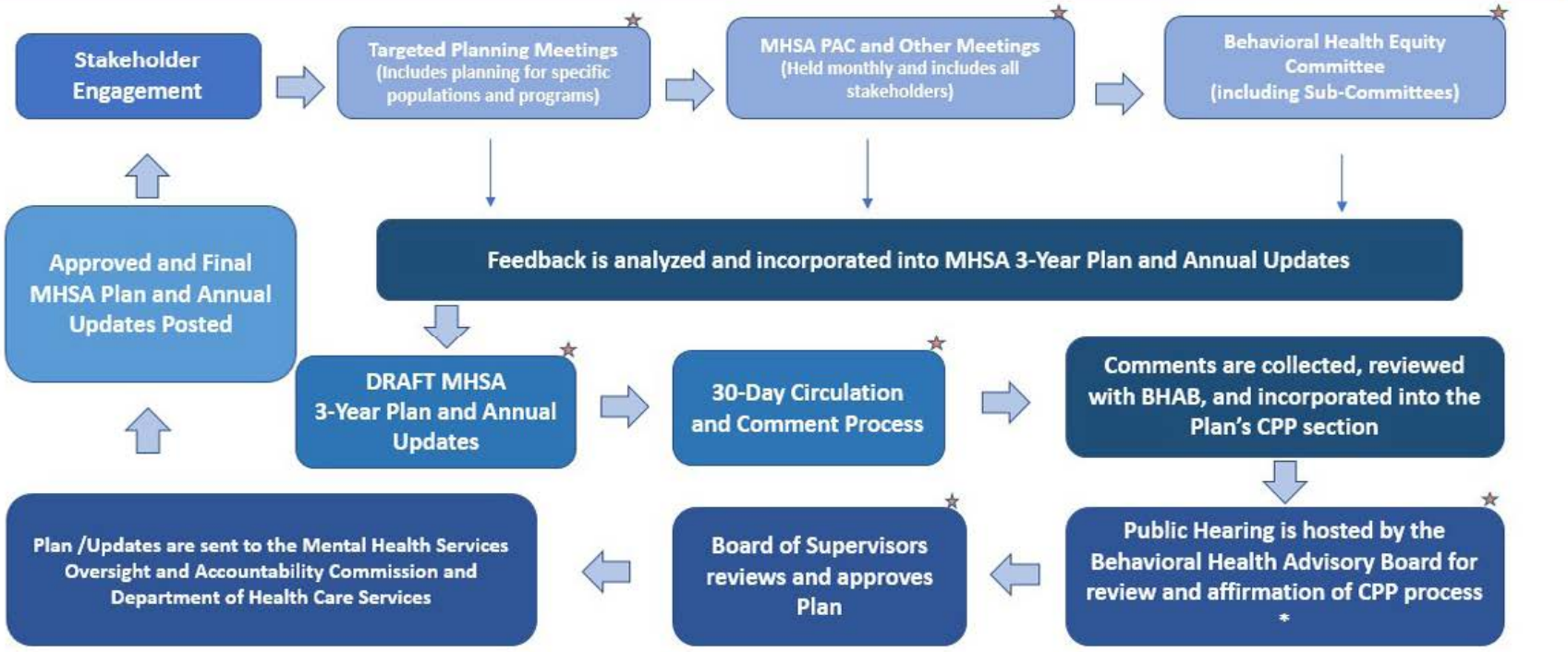
Maximum of 20% of CSS can be transferred

Mental Health Services Act Requirements

Community Program Planning (CPP)

- Community program planning is the process by which county behavioral health entities meet with stakeholders to plan, develop, review, and/or evaluate MHSA funded programs and services.
- BHS considers CPP as part of the continuous feedback and improvement process and meets with stakeholders every month in many ways:
  - Allows continuous communication between the agency and our stakeholders regarding our services, programs, and other information related to the public behavioral health system.
  - CPP stakeholder meetings emphasize the importance of consumer and family member involvement and attendance, as they are one of our major stakeholder populations.
  - Information gathered over time is regularly analyzed and considered as part of MHSA stakeholder informed decision-making.

The MHSA Three-Year and Annual Update Process



★ Indicates opportunities for stakeholder input and feedback.

WIC §§5847(a), 5848

FISCAL YEAR
2023-24

Community Program Planning (Aug 23 – Jan 24)

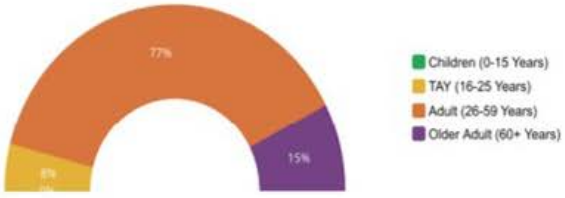
The Behavioral Health Services MHSA team hosted regular community program planning meetings, referred to as Planning Advisory Committee (PAC) meetings, between August 2023 and February 2024 designed to provide information, engage stakeholders in discussions around program review, evaluation, policy, improvements, and proposed state level changes. Analysis of the participant demographics is provided.

717

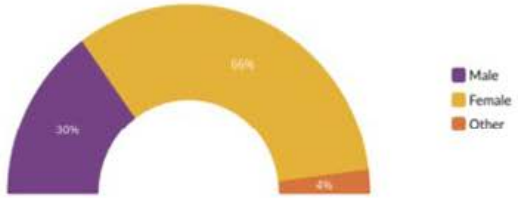
unduplicated participants

Who Participated

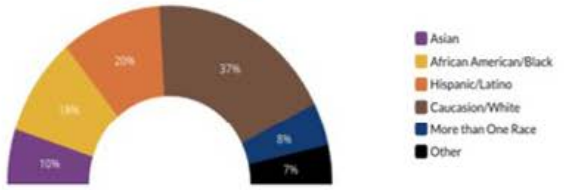
Age Group



Gender



Ethnicity

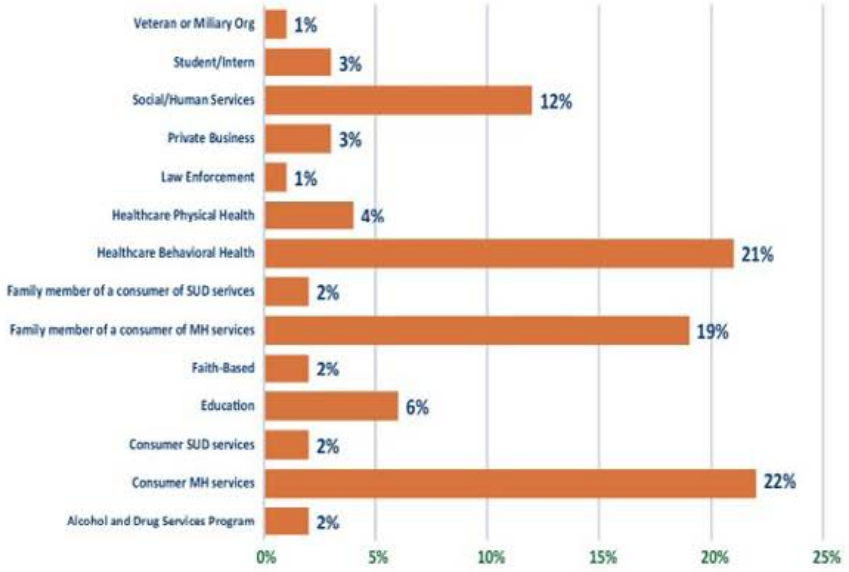


FISCAL YEAR
2023-24

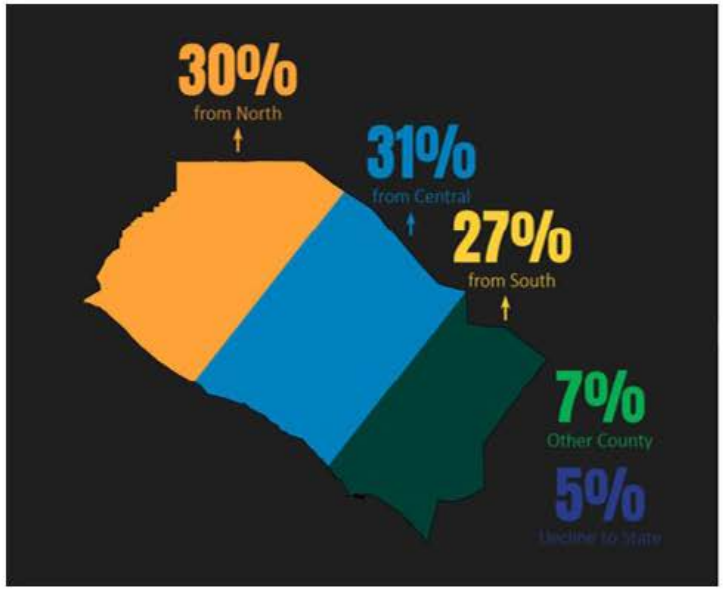
Community Program Planning (August 23 – January 24)

Who Participated

WORK IN OR REPRESENT ANY OF THE FOLLOWING AREAS/FIELDS



Region Represented



FISCAL YEAR
2023-24

Community Program Planning (August 23 – January 24)

Behavioral Health Equity Committee (BHEC)

BHEC includes the following sub-committees:

- **Spirituality**
- Deaf and Hard of Hearing
- Black/African-American
- LGBTQI+
- Latinx
- Asian and Pacific Islander
- Substance Use Disorder (pending)

FY 2022-2023 Results:


Monthly Meeting


100 unduplicated attendees


47 Community Organizations

Types of Organizations:

- Community
- Managed Care Plan
- Behavioral Health Providers
- Hospitals
- Cultural/Ethnic Communities
- Child Serving Organizations
- Homeless Services Organizations
- Faith-Based Organizations
- Families
- LGBTQI+
- Consumer
- Education

FISCAL YEAR
2023-24

Community Program Planning (Posting)

Promoting Posting of the Plan

- Email notification of posting sent to:
  - MHSA PAC distribution list
  - BHEC distribution list
  - HCA Procurement and Contracts distribution list
- Flyer with link QR code to the plan distributed to all clinics with a request to post
  - Staff have been instructed to reach out to their contracted providers and ask them to post
- Flyer with link to video to be distributed
- Hard Copies available upon request
- Executive Summary being translated into threshold languages and posted
- Series of in-person and virtual meetings
  - 17 Community Meetings Scheduled
    - 4 Virtual; 13 In-person
- Press Release
- Posting on Social Media with links to plan, schedule, video


OC health CARE AGENCY
Proposition 1:
Overview & Impacts on
Behavioral Health
1.

Introduction

Governor Newsom and Legislative leaders proposed a general obligation bond and modernization of the Mental Health Services Act (MHSA) on the March 5, 2024, ballot as Proposition 1. The Proposition intends to provide California the resources needed to build 11,150 new beds across community treatment campuses and facilities to help Californians with serious mental illness and substance use disorders get care and provide some housing.

Two bills relate to Proposition 1: Senate Bill 326 and Assembly Bill 531, focused on **four strategies** to transform California's behavioral health system through housing with accountability and MHSA reform:

1. **Services for the most in need**. Reforming the MHSA to provide services to the most seriously mentally ill and to treat substance use disorders, while continuing to invest in prevention and early intervention for children, youth, young adults, and all Californians.
2. **Accountability.** Focusing on outcomes, transparency, and equity so families and communities see real results.
3. **Behavioral health housing.** Building treatment beds and supportive housing units in community-based settings –with a dedicated number reserved for housing veterans with behavioral health challenges.
4. **Workforce**. Building up the behavioral health workforce to reflect and connect with California's diversity –helping services remain accessible. It is important to note that Proposition 1 does not provide any funding toward workforce.

Proposition 1 would also reduce behavioral health funding for expanded outpatient, crisis, prevention, outreach and engagement services in this County by over $100 million.

Proposition 1 was voted on March 5, 2024. At the time of this presentation, it appears the Proposition will pass by a small margin. Election results will be certified April 12, 2024

Senate Bill 326

Reform

Reform MHSA funding to prioritize services to those living with the most serious mental illnesses and substance use disorders.

Expand

Expand the behavioral health workforce to reflect and connect with California's diverse populations through a state implemented program.

Outcomes, Accountability, and Equity

Focus on outcomes, accountability, and equity. Require Behavioral Health Integrated Plans that reflect all public BH programs and funds.

Assembly Bill 531

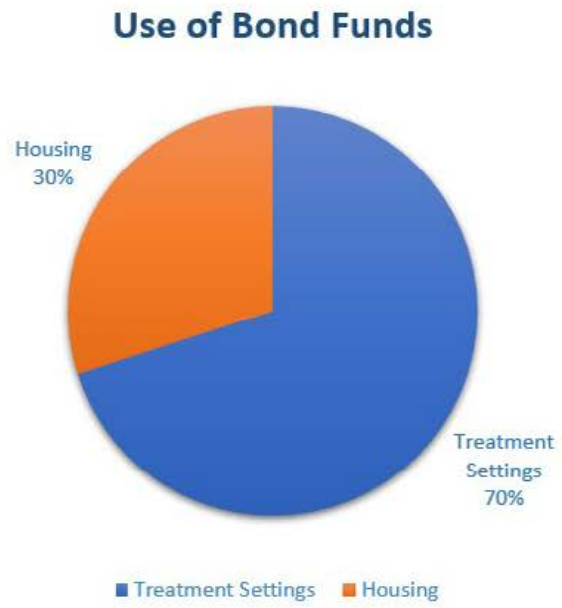
AB 531 placed a $6.4 billion General Obligation Bond on the March 2024 ballot for construction of locked and unlocked community based behavioral health treatment and residential care settings.

$4.4 Billion (70%) for grants to public or private entities for Behavioral Health treatment and residential settings.

- $1.5 billion for local governments
- $30 million tribal entities

$2.0 Billion (30%) permanent supportive housing units for veterans and persons experiencing or at risk of homelessness living with serious behavioral health challenges.

- $1.065 billion set aside for veterans' housing
- $922 million set aside for other persons



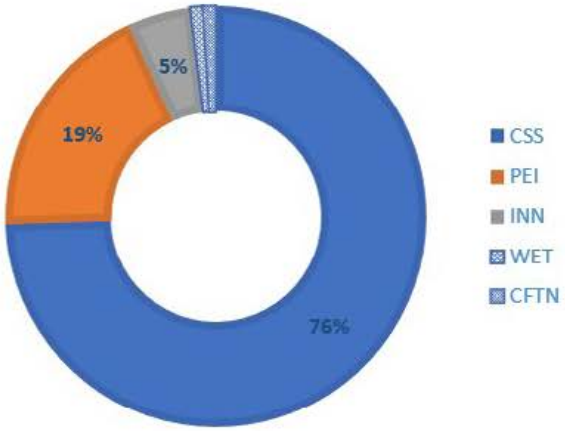
Proposition 1

SB 326	AB 531
Will change MHSA to BHSA (Behavioral Health Services Act) to include treatment for people with substance use disorders. BHSA Plan will include **ALL Behavioral Health** programs and funds.	Also known as the Behavioral Health Infrastructure Bond Act of 2024, which directs funding to build treatment bed and housing.
Will change how counties can provide services. Counties will have to redirect MHSA funds from 5 components into 3 major "buckets": • Behavioral Health Services and Support (35%) • Full-Service Partnerships (35%) • Housing Interventions (30%)	Proposes a $6.4 billion bond to build: • 6,800 new beds for people to receive mental health care or drug or alcohol treatment at any one time. • 4,350 housing units for homeless individuals of which 2,350 are set aside for veterans experiencing homelessness.
Will direct more money to the State (10% vs. 5%) and less to Counties (90% vs. 95%). Will result in increased costs to counties to continue current programs. Eliminates Prevention and redirects funding away from treatment to pay for housing subsidies.	The bond would provide housing to approximately 20% of veterans experiencing homelessness across the state.

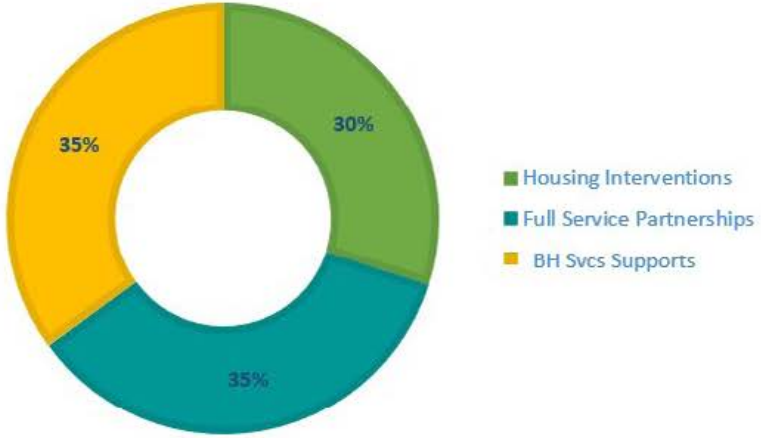
MHSA Modernization Summary

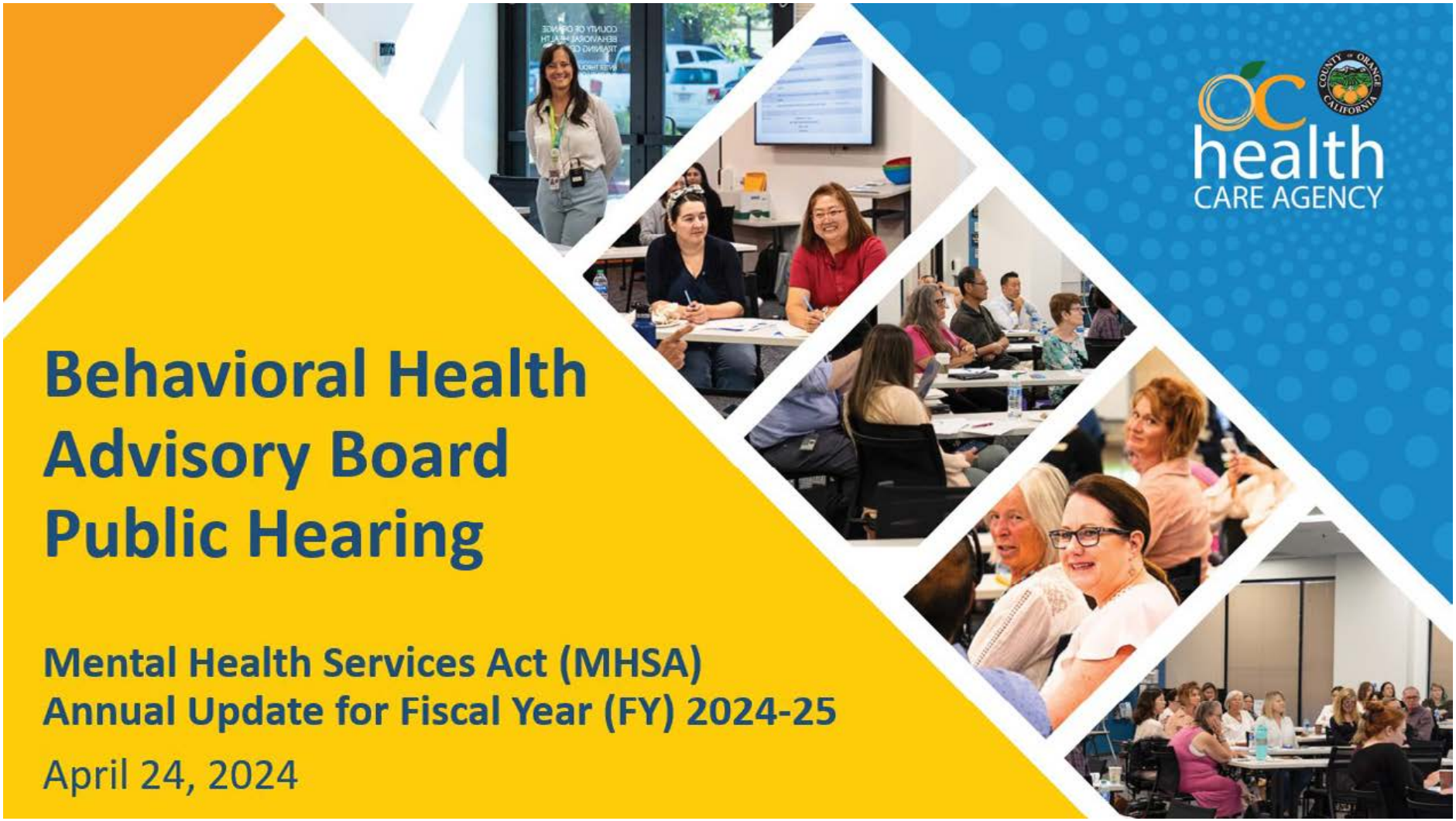
Modified from 5 Components to 3 Components

MHSA -CURRENT MODEL



BHSA - PROPOSED MODEL




OC health
CARE AGENCY
COUNTY OF ORANGE CALIFORNIA
Behavioral Health Advisory Board Public Hearing
Mental Health Services Act (MHSA)
Annual Update for Fiscal Year (FY) 2024-25
April 24, 2024

Todays Agenda

- Call to Order
- General Public Comment
- Open MHSA Public Hearing
  - Behavioral Health Services Opening Remarks
  - Overview of MHSA Community Program Planning Process in accordance with statute
  - Public Comment
  - Recommendations
- Close MHSA Public Hearing
  - Vote to affirm adherence to community program planning process outlined in statute
- Announcements

Mental Health Services Act

- The Mental Health Services Act (MHSA), Prop 63, was passed by California voters in November 2004 and went into effect in January 2005.
- The MHSA provides increased funding for mental health programs across the state.
- The MHSA is funded by a 1% tax surcharge on personal income over $1 million per year.
- Fluctuations in tax payments impact fiscal projections and available funding.

(9 CCR § 3310; WIC §5847; WIC §5848)

Mental Health Services Act Purpose

Per the California Department of Mental Health Vision Statement and Guiding Principles (2005):

To create a culturally competent system that promotes recovery/wellness for adults and older adults with serious mental illness, resiliency for children with severe emotional disturbance, and their families.

MHSA Annual Update for FY 2024-25

The California Welfare and Institutions Code (WIC) § 5847 and California Code of Regulations (CCR) Title 9 Section 3310 state that a Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan, including subsequent updates, shall address each component:

- Community Services and Supports (CSS) (WIC § 5800, 5850)
- Prevention and Early Intervention (PEI) (WIC § 5840)
- Innovation (INN) (WIC § 5830)
- Workforce Education and Training (WET) (WIC § 5820)
- Capital Facilities and Technological Needs (CFTN) (WIC § 5847)

MHSA Annual Update for FY 2024-25 (cont'd)

Further, the county must:

- Update the MHSA Plan annually;
- Address elements that have changed; and
- Include estimated expenditure projections for each component per fiscal year.

(9 CCR § 3310)

Why Are We Having a Public Hearing?

- The MHSA Plan/Update shall be prepared and circulated for review and comment for at least 30 days to representatives of stakeholder interests.
- The Mental Health Board shall conduct a Public Hearing on the Draft Three-Year Plan or Annual Update at the close of the 30-day comment period.

(WIC § 5848)

Who Should be Included in the Stakeholder Process?

Each Three-Year Plan and Annual Update shall be developed with local stakeholders including consumers, families, service providers, law enforcement agencies, educators, social services agencies, veterans and veteran representatives, providers of alcohol and drug services, and health care organizations (WIC § 5848).

Additionally, stakeholders include:

- Representatives of unserved and/or underserved populations and family members
- Stakeholders who represent the diverse demographics of the county including, but not limited to, age, gender, race/ethnicity, and location
- Consumers living with serious mental illness and/or serious emotional disturbance and their family members (9 CCR § 3300)

What Should be Included in the Stakeholder Process (cont.)?

WIC § 5848 states that counties shall work with constituents and stakeholders throughout the process that includes stakeholder involvement in:

- Mental Health Policy
- Program Planning
- Implementation
- Monitoring
- Quality Improvement
- Evaluation
- Budget Allocations

CCR Title 9 Section 3300 requires involvement of consumers and their family members in all aspects of the community planning process and states training shall be offered as needed, to stakeholders, consumers, and consumers' families who are participating in the process.

Standards

Counties shall adopt the following standards in planning, implementing, and evaluating programs:

- Community collaboration
- Cultural competence
- Client-driven
- Wellness, recovery, and resilience focused
- Integrated service experiences for clients and their families.

How BHS Reaches Out

A variety of types of communication are used to regularly inform stakeholders and the public of MHSA/Behavioral Health policy, activities, services and programs, postings, and stakeholder engagement opportunities throughout the year. In addition, we reach out through community events.

- From July 2023 through February 2024, BHS has hosted or attended 326 community events.
- Distribution of email to a list of nearly 1,500 individuals
- Inclusion in cross systems newsletters
- Creation of flyers for posting and distribution
- Conference presentations
- Participation in panel discussions
- Interviews and news articles
- Press releases

How BHS Reaches Out

Throughout the year, regular stakeholder meetings are held.
Examples include:

- Behavioral Health Advisory Board (BHAB) and subcommittees
- MHSA Planning Advisory Committee (PAC)
- Behavioral Health Equity Committee (BHEC), along with workgroups
- Community Suicide Prevention Committee (CSPC)
- Crisis Intervention Team (CIT) Steering Committee
- Innovation Planning Meetings
- BHS Contracted Provider Meetings
- Community Quality Improvement Committee (CQIC)

How BHS Reaches Out

Throughout the year, MHRS participates in system planning meetings. Examples include:

- CalOptima/HCA Collaborative Meeting
- OC Department of Education Superintendent Mental Health Planning Meetings
- Veterans Collaborative
- Housing Provider Meeting
- Master Plan on Aging
- Street Outreach Team Meeting
- Orange County Juvenile Justice Coordinating Council
- Continuum of Care Reform System of Care Coordination Steering Committee
- First 5 Technical Advisory Committee
- Home Visitation Collaborative
- Child Welfare System Improvement Plan Committee
- MHSA Internal Planning Committee
- County Health Improvement Project Mental Health and Substance Use Committees

How BHS Reaches Out: Annual Update

BHS conducted outreach to promote the Annual Update stakeholder process and reach diverse populations.

Information was disseminated through:

- Press release to **2,669** media contacts
- Email and flyer with a link/QR code to access the plan, executive summary in threshold languages, MHSA Plan Overview meetings, and the video distributed to:
  - MHSA email distribution list of over **1,500** people,
  - Community partners,
  - Community and contracted organizations,
  - County of Orange (County) Agencies,
  - Behavioral Health Equity Committee, subcommittees and coalitions, and
  - Regularly scheduled stakeholder meetings
- Posting on HCA website and HCA social media sites such as Facebook, Instagram and Twitter
- Regular announcements in meetings
- Posted video providing an overview of the proposed Annual Update

How BHS Reaches Out: Annual Update

A series of 16 meetings were hosted throughout the 30-day posting period to provide an overview of the posted draft plan.

Four virtual meetings were held at different times to allow a variety of times and opportunities for participation.

- MHSA Annual Update FY 24/25 Overview: 1:30 pm – 3:00 pm 03/14/2024
- MHSA Annual Update FY 24/25 Overview: 10:00 am – 11:30 am 03/28/2024
- MHSA Annual Update FY 24/25 Overview: 9:30 am – 11:00 am 04/01/2024
- MHSA Annual Update FY 24/25 Overview: 11:00 am – 12:30 pm 04/04/2024

How BHS Reaches Out: Annual Update

Three special sessions, were held in coordination with the Behavioral Health Equity Committee and workgroups:

▪ Spirituality Sub-committee (in person)	03/20/2024
▪ Deaf and Hard of Hearing Sub-committee	04/08/2024
▪ Asian and Pacific Islander Sub-Committee	04/02/2024

Three Special in-person sessions were held for Wellness Centers:

▪ Wellness Center Central	03/19/2024
▪ Wellness Center South	04/03/2024
▪ Wellness Center West	04/10/2024

How BHS Reaches Out: Annual Update

Four additional sessions included:

▪ MHSA Annual Update FY 24/25 Overview:	10:00 am – 11:30 am	03/18/2024
▪ MHSA Annual Update FY 24/25 Overview:	2:30 pm – 4:00 pm	03/20/2024
▪ Behavioral Health Advisory Board Study Meeting:	10:00 am – 12:00 pm	03/13/2024
▪ MHSA Planning Advisory Committee Meeting:	10:00 am – 12:00 pm	03/21/2024

Special internal sessions included:

▪ BHS Ops Meeting	2:00 pm – 4:00 pm	03/12/2024
▪ BHS Management and Service Chief Meeting	3:00 pm – 4:30 pm	04/09/2024

How BHS Reaches Out: Annual Update

Meeting and posting notices were posted on HCA website

GLOSSARY OF OUTCOME MEASURES

Generalized Anxiety Disorder (GAD-7)

- **Description:** The GAD-7 is a widely used, 7-item measure of anxiety. It assesses the severity of symptoms related to social phobia, post-traumatic stress disorder and panic disorder. Scores can be classified according to their severity level (i.e., minimal, mild, moderate, severe, etc.).
- . **Rater:** Clinician, staff, self-report; for individuals ages 18 and older

Grief Experiences Questionnaire (GEQ)

- **Description:** The GEQ is a 55-item measure of grief that captures the unique experience associated with losing someone to suicide. It assesses various components of grief and generates on overall score, as well as the following subscale scores:
  - Somatic Reactions
  - General Grief Reactions
  - Search for Explanation
  - Loss of Social Support
  - Stigmatization
  - Self-destructive Behavior or Orientation
  - Feelings of Guilt
  - Responsibility
  - Shame or Embarrassment
  - Abandonment or Rejection
  - Unique Reactions (i.e., reactions specific to this unique form of death).
- **Rater:** Self-report for adults ages 18 and older

North Carolina Family Assessment Scale (NCFAS)

- **Description:** The NCFAS is an assessment tool designed to examine family functioning at the individual and aggregate level. Family functioning is measured on five domains. It is used to inform the development of a service plan, as well as assess changes in family functioning between pre-and post-service delivery.

  The family functioning domains assessed include:
  - Environment (i.e., housing stability/habitability, neighborhood safety, etc.).
  - Parental Capabilities (i.e., supervision/ disciplinary practices, enrichment opportunities, etc.).
  - Family Interactions (i.e., emotional support, family bonding, etc.).
  - Family Safety (i.e., abuse and/or neglect of children).
  - Child Well-Being (i.e., mental health, behavior, school performance, etc.).

  The NCFAS-General Services also assesses the following general functioning domains:
  - Social/Community Life (i.e., social relationships, connection to neighborhood/cultural/ ethnic community, relationships with child care, schools, extracurricular services, etc.).
  - Self-Sufficiency (i.e., stability of caregiver employment, family income).
  - Family Health. (i.e., physical and mental health of the caregiver).
- **Rater:** Clinician, Staff

Outcome Questionnaire (OQ) 30 .2

- Description: The OQ measures the treatment progress for adults receiving any form of behavioral health treatment. This 30-item scale is sensitive to short-term change and assesses the frequency with which adults are experiencing general psychopathology symptoms and functioning related to intrapersonal distress, somatic concerns, interpersonal relations, social problems, behavioral dysfunction, and more. The measure contains a clinical cutoffs that identifies scores

that fall in the clinical range of severity, as well as a reliable change index that quantifies whether the difference between baseline and follow-up scores is clinically meaningful rather than the result of random fluctuations.

- Rater: Self-Report for adults ages 18 and older

Parenting Children and Adolescents (PARCA-SE)

- **Description:** The PARCA-SE is a brief self-report measure designed to assess the frequency in which parents engaged in three important types of parenting behaviors. This measure consists of 19 questions that generate an Overall Score, as well as the following three subscale scores:
  - Supporting Positive Behavior (e.g., "Notice and praise your child's good behavior?").
  - Setting Limits (e.g., "Make sure your child followed the rules you set all or most of the time?")
  - Proactive Parenting (e.g., "Prepare your child for a challenging situation.").

  Each question rates how often they were able to engage in each parenting strategy on a scale from 1 (not at all) to 7 (most of the time) during the last month.
- **Rater:** Self-report for parents/caregivers

Patient Health Questionnaire (PHQ-9)

- **Description:** The PHQ-9 is a widely used, 9-item screening instrument for diagnosing, monitoring and measuring the severity of depression. Scores can be classified according to their severity level (i.e., minimal, mild, moderate, moderately severe, severe).
- **Rater:** Clinician, staff, self-report; for individuals ages 18 and older

Profile of Mood States (POMS)

- **Description:** The POMS is a scale that assesses the extent to which an individual is experiencing affective mood states: calm, agitated, annoyed, anxious, confused, depressed, helpless, overwhelmed, uncertain and worried.
- **Rater:** Self-rated (verbal rating) by individuals of any age calling the WarmLine

PROMIS Global Health

- **Description:** The PROMIS Global Health is a 10-item self-assessment of a participant's perceived overall health and functioning. This measure is from the National Institutes of Health (NIH) Patient Reported Outcome Measurement Information System (PROMIS) and includes subscales for Global Mental Health and Global Physical Health with a measure-defined cutoff score for each of the subscales.
- **Rater:** Self-report for adults ages 18 and older

PROMIS Pediatric Global Health

- **Description:** The PROMIS Pediatric and PROMIS Parent Proxy Global Health are 7-item measures that assess a child's overall evaluations of their physical, mental and social health. These scales are conceptually equivalent to its PROMIS adult counterpart, except these measures yield a single global health score that do not have a cutoff.
- **Rater:** Self-report for youth ages 8-17; parent-report for youth ages 5-17

Youth Outcome Questionnaire (YOQ)

- **YOQ 30.2 Description:** The YOQ is the youth analog of the OQ 30.2. It is sensitive to short-term change and assesses the frequency with which youth are experiencing general psychopathology symptoms and functioning related to intrapersonal distress, somatic concerns, interpersonal relations, social problems, behavioral dysfunction, and more. The measure contains a clinical cutoff that identifies scores

that fall in the clinical range of severity, as well as a reliable change index that quantifies whether the difference between baseline and follow-up scores is clinically meaningful.

- **YOQ 2.0 Description:** The YOQ is the youth analog of the OQ 30.2. It is sensitive to short-term change and assesses the frequency with which youth are experiencing general psychopathology symptoms and functioning related to intrapersonal distress, somatic concerns, interpersonal relations, social problems, behavioral dysfunction, and more. The measure contains a clinical cutoff that identifies scores that fall in the clinical range of severity, as well as a reliable change index that quantifies whether the difference between baseline and follow-up scores is clinically meaningful.
- **Rater (Both instruments):** Self-report for youth ages 12-18; parent-report for youth ages 4-17.

MHSA PROGRAM PROVIDERS AND CONTRACTS

PEI: OUTREACH FOR INCREASED RECOGNITION OF SIGNS OF MENTAL ILLNESS	
Behavioral Health Training Collaborative	**Provider:** County
	Provider: Western Youth Services **Contract Name:** Behavioral Health Training Services
Early Childhood Mental Health Providers Training	**Provider:** Charitable Ventures of Orange County **Contract Name:** Early Childhood Mental Health Consultation Services
Service for Transitional Age Youth (TAY) and Young Adults	**Provider:** Laguna Play House **Contract Name:** Transitional Age Youth and Young Adult Mental Health Outreach Services
	Provider: NAMI OC **Contract Name:** Transitional Age Youth and Young Adult Mental Health Educational Activities
	Provider: National Council on Alcoholism and Drug Dependency **Contract Name:** Transitional Age Youth and Young Adult Mental Health Community Networking Services
Mental Health & Well-Being Promotion for Diverse Communities	**Provider:** Orange County Asian and Pacific Islander Community Alliance (OCAPICA) **Contract Name:** Mental Health and Well-Being Promotion for Diverse Communities
	Provider: Special Services for Groups **Contract Name:** Mental Health and Well-Being Promotion for Diverse Communities
	Provider: Latino Health Access **Contract Name:** Mental Health and Well-Being Promotion for Diverse Communities
	Provider: US Vets **Contract Name:** Mental Health and Well-Being Promotion for Diverse Communities
	Provider: Center for Applied Research Solutions (CARS) **Contract Name:** Mental Health and Well-Being Promotion for Diverse Communities
Mental Wellness Campaigns	**Provider:** County
	Provider: Angels Baseball LP **Contract Name:** Outreach and Community Awareness Campaign
	Provider: Anaheim Arena Management, LLC **Contract Name:** Outreach and Community Awareness Campaign
Operated by PEI formerly operated through Behavioral Health Training Services	**Provider:** Western Youth Services **Contract Name:** Crisis Intervention Training for Public Safety Personnel

PEI: STIGMA AND DISCRIMINATION REDUCTION	
Mental Health Community Education Events for Reducing Stigma and Discrimination	**Provider:** Gay and Lesbian Community Services Center of Orange County **Contract Name:** Mental Health Community Educational Event Services
	Provider: Advance OC **Contract Name:** Mental Health Community Educational Event Services
	Provider: Access California Contract Name: Mental Health Community Educational Event Services
	Provider: Alianza Translatinx **Contract Name:** Mental Health Community Educational Event Services
	Provider: Council on Aging **Contract Name:** Mental Health Community Educational Event Services
	Provider: ETN Medical Infusion **Contract Name:** Mental Health Community Educational Event Services
	Provider: National Alliance on Mental Illness (NAMI) Orange County **Contract Name:** Mental Health Community Educational Event Services
	Provider: Sowing Seeds Health, Inc. **Contract Name:** Mental Health Community Educational Event Services
	Provider: Villages of California, Inc. **Contract Name:** Mental Health Community Educational Event Services
	Provider: Wellness and Prevention Foundation dba Wellness Prevention Center **Contract Name:** Mental Health Community Educational Event Services
	Provider: Norooz Clinic Foundation **Contract Name:** Mental Health Community Educational Event Services
	Provider: AltaMed Health Services Corporation **Contract Name:** Mental Health Community Educational Event Services

PEI: PREVENTION PROGRAMS	
Prevention Services and Support for Youth	**Provider:** Phoenix House Orange County, Inc. **Contract Name:** School Based Behavioral Health Intervention and Support Services
	Provider: Waymakers Contract Name: School Based Behavioral Health Intervention and Support Services
Prevention Services and Support for Families	**Provider:** National Alliance on Mental Illness (NAMI) Orange County Contract Name: Family Support Services
	Provider: Tourette Association of America **Contract Name:** Family Support Services
	Provider: Multi-Ethnic Collaborative of Community Agencies (MECCA) **Contract Name**: Family Support Services
	Provider: Wellness and Prevention Foundation (WPF) **Contract Name:** Family Support Services
	Provider: The Priority Center Ending the Generational Cycle of Trauma, Inc. **Contract Name:** Family Support Services
	Provider: Olive Crest **Contract Name:** Family Support Services

PEI: SUICIDE PREVENTION	
Crisis Prevention Line (Hotline) and Survivor Support Services	**Provider:** Didi Hirsch Psychiatric Service dba Didi Hirsch Mental Health Services **Contract Name:** Suicide Prevention and Support Services

PEI: ACCESS AND LINKAGE TO TREATMENT/SERVICES	
OC Links (PEI)	**Provider:** County
OC Outreach and Engagement (O&E) for Homeless	Provider: County
Integrated Justice Involved Services (combination of the Jail to Community Re-entry Program (JCRP) and Re-Entry Adult Success Center	**Provider:** County

PEI: EARLY INTERVENTION	
Community Counseling and Supportive Services (CCSS)	**Provider:** County
School-Based Mental Health Services	**Provider:** County
Early Intervention Services for Older Adults	**Provider:** Multi-Ethnic Collaborative of Community Agencies (MECCA) **Contract Name:** Early Intervention Services for Older Adults
	Provider: Council on Aging Southern California **Contract Name:** Early Intervention Services for Older Adults
OC Parent Wellness Program	**Provider:** County
First Onset of Psychiatric Illness (OC CREW)	**Provider:** County
OC4 Vets	**Provider:** County Provider: Working Wardrobes for a New Start **Contract Name:** Veteran Behavioral Health Peer Support Services
	Provider: United States Veterans Initiative **Contract Name:** Early Intervention Services for Veteran College Students
	Provider: Child Guidance Center, Inc. **Contract Name:** Behavioral Health Services for Military Families

CSS: CRISIS SYSTEM OF CARE	
Mobile Crisis Assessment Team/PERT	**Provider:** County
Crisis Stabilization Units	**Provider:** Exodus Recovery, Inc. **Contract Name:** Crisis Stabilization Services
	Provider: College Hospital Costa Mesa **Contract Name:** CSU, LLC, dba College Hospital Crisis Stabilization Unit
	Provider: CEP America-Psychiatry, PC dba Vituity **Contract Name:** Psychiatric and Basic Medical Services
In Home Crisis Stabilization	**Provider:** The Priority Center Ending the Generational Cycle of Trauma, Inc. **Contract Name:** Children's In-Home Crisis Stabilization Services
	Provider: The Priority Center Ending the Generational Cycle of Trauma, Inc. **Contract Name:** Adults In-Home Crisis Stabilization Services
OC4 Vets	**Provider: Waymakers (children)** **Contract Name: Children's Crisis Residential Services**
	Provider: Waymakers (TAY) **Contract Name:** Transitional Age Youth Crisis Residential Services
	Provider: Telecare Corporation (Adult/OA) **Contract Name:** Adult Crisis Residential Services North Region
	Provider: STARS Behavioral Health Group **Contract Name:** Adult Crisis Residential Services Central Region
	Provider: Telecare Corporation (Adult/OA) **Contract Name:** Adult Crisis Residential Services South Region
	Provider: Exodus Recovery, Inc. **Contract Name:** Adult Crisis Residential Services North Campus
Warmline	**Provider:** National Alliance on Mental Illness (NAMI) Orange County **Contract Name:** Warmline Network Services
Multi-Service Center for Homeless Mentally Ill Adults (MSC)	**Provider:** Orange County Association for Mental Health dba Mental Health Association of Orange County **Contract Name:** Multi-Service Center Services for Homeless Mentally Ill Adults
Open Access	**Provider:** County

CSS: PEER AND FAMILY SUPPORT	
Peer Mentor and Parent Partner Support	**Provider:** College Community Services **Contract Name:** Peer Mentoring Services for Adults and Older Adults
Wellness Centers	**Provider:** College Community Services **Contract Name:** Mental Health Peer Support and Wellness Center Services Central Region
	Provider: College Community Services **Contract Name:** Mental Health Peer Support and Wellness Center Services South Region
	Provider: Orange County Association for Mental Health dba Mental Health Association of Orange County **Contract Name:** Mental Health Peer Support and Wellness Center Services West Region
Transportation	**Provider:** CABCO Yellow, Inc. dba California Yellow Cab **Contract Name:** Non-Emergency Transportation Services
Supported Employment	**Provider:** Goodwill Industries of Orange County **Contract Name:** Adult Supported Employment Services

CSS: SYSTEM DEVELOPMENT OUTPATIENT CLINIC EXPANSION	
Children and Youth Clinic Services *(Formerly, in part, Youth Core Services)*	**Provider:** Western Youth Services **Contract Name:** Behavioral Health Outpatient Services for Children and Youth
	Provider: Child Guidance Center, Inc **Contract Name:** Behavioral Health Outpatient Services for Children and Youth
	Provider: Pathways Community Services LLC **Contract Name:** Behavioral Health Outpatient Services for Children and Youth
	Provider: Seneca Family of Agencies **Contract Name:** Behavioral Health Outpatient Services for Children and Youth
Services for Short-Term Residential Therapeutic Programs (STRTP)	**Provider:** Pathways Community Services LLC **Contract Name:** Behavioral Health Outpatient Services for Children and Youth
	Provider: Olive Crest **Contract Name:** Short-Term Residential Therapeutic Programs
	Provider: Rite of Passage Adolescent Treatment Centers and Schools, Inc. **Contract Name:** Short-Term Residential Therapeutic Programs

CSS: SYSTEM DEVELOPMENT OUTPATIENT CLINIC EXPANSION	
Services for Short-Term Residential Therapeutic Programs (STRTP)	**Provider:** Hart Community Homes **Contract Name:** Short-Term Residential Therapeutic Programs
	Provider: Mary's Shelter DBA Mary's Path **Contract Name:** Short-Term Residential Therapeutic Programs
	Provider: South Coast Children's Society, Inc **Contract Name:** Short-Term Residential Therapeutic Programs
Children and Youth with Co-Occurring Medical and Mental Health Disorders	**Provider:** Children's Hospital Orange County (CHOC) **Contract Name:** Integrated Medical and Behavioral Health Services Outpatient Services
Outpatient Recovery	**Provider:** College Community Services **Contract Name:** Adult Behavioral Health Outpatient Recovery Center Service
	Provider: Orange County Association for Mental Health dba Mental Health Association of Orange County **Contract Name:** Adult Behavioral Health Outpatient Recovery Center Service
	Provider: County
Older Adult Services	**Provider:** County

CSS: FULL SERVICE PARTNERSHIPS	
Children's and Transitional Aged Youth (TAY) Full Service Partnership/ Wraparound	**Provider:** Pathways Community Services, LLC. **Contract Name:** Transitional Age Youth Full Service Partnership/Wraparound Services
	Provider: Pathways Community Services, LLC. **Contract Name:** Children's Full Service Partnership/Wraparound Services
	Provider: Orange County Asian and Pacific Islander Community Alliance, Inc. **Contract Name:** Children and Transitional Age Youth Full Service Partnership/Wraparound Services
	Provider: Children's Hospital of Orange County, DBA CHOC Children's **Contract Name:** Children and Transitional Age youth Full Service Partnership/Wraparound Services for Co-Occurring Disorders

CSS: FULL SERVICE PARTNERSHIPS	
Children's and Transitional Aged Youth (TAY) Full Service Partnership/ Wraparound	**Provider:** Waymakers **Contract Name:** Collaborative Courts Full Service Partnership/Wraparound Services
	Provider: Waymakers **Contract Name:** Full Service Partnership/Wraparound Services for Youthful Offenders
Adult Full Service Partnership	**Provider:** College Community Services **Contract Name:** Criminal Justice Full Service Partnership Services
	Provider: Telecare Corporation **Contract Name:** General Population Region A Full Service Partnership Services
	Provider: Telecare Corporation **Contract Name:** General Population Region B Full Service Partnership Services
	Provider: Telecare Corporation **Contract Name:** General Population Region C Full Service Partnership Services
	Provider: Telecare Corporation **Contract Name:** Assisted Outpatient Treatment Full Service Partnership Services
	Provider: Telecare Corporation **Contract Name:** Collaborative Court Full Service Partnership Services
	Provider: Telecare Corporation **Contract Name:** Enhanced Recovery Full Service Partnership Services
	Provider: Orange County Asian and Pacific Islander Community Alliance, Inc. **Contract Name:** Vietnamese Speaking Full Service Partnership Services
Older Adult Full Service Partnership	**Provider:** College Community Services **Contract Name:** Older Adult Full Service Partnership Services
Home First FSP	**Provider:** Telecare **Contract Name:** Supportive Services at Permanent Housing

OUTPATIENT TREATMENT: PROGRAM FOR ASSERTIVE COMMUNITY TREATMENT	
PACT	**Provider:** County

CSS: SUPPORTIVE SERVICES-HOUSING SUPPORT	
Housing and Year-Round Emergency Shelter	**Provider:** Grandma's House of Hope **Contract Name:** Short Term Housing Services
	Provider: Friendship Shelter **Contract Name:** Short Term Housing Services
	Provider: Mercy House **Contract Name:** Bridges at Kraemer Place
	Provider: PATH **Contract Name:** Yale Navigation Center
Bridge Housing for the Homeless	**Provider:** Grandma's House of Hope **Contract Name:** Homeless Bridge Housing Services
	Provider: Friendship Shelter **Contract Name:** Homeless Bridge Housing Services
	Provider: Colette's Children's Home **Contract Name:** Homeless Bridge Housing Services
CSS Housing	**Provider:** County

INNOVATION	
Help@Hand *(formerly Mental Health Technology Suite) (INN)*	**Administrative Oversight:** California Mental Health Services Authority (CalMHSA) (through 12/31/2021) **Participation Agreement Name:** Mental Health Services Act Innovation Program (ended 12/31/2021) **Provider:** Cambria Solutions, Inc. (Ernst & Young LLP) **Contract Name:** Technology-based Innovation Project Management Services
	Provider: Mindstrong, Inc **Contract Name:** Telehealth and Digital Mental Health Support Services
	Provider: Charitable Ventures of Orange County **Contract Name:** Outreach and Marketing Services
	Provider: Regents of the University of California at Irvine **Contract Name:** Evaluation of Behavioral Health Innovation Projects
Early Psychosis Learning Healthcare Network (EPLHCN)	**Administrative Oversight:** California Mental Health Services Authority (CalMHSA) **Participation Agreement Name:** Early Psychosis Learning Health Care Network (EPLHCN)
Behavioral Health System Transformation Innovation Project (INN)	**Provider:** Mind OC **Contract Name:** Behavioral Health System Transformation Innovation Project **Administrative Oversight:** CalMHSA (through 5/31/2021) **Participation Agreement Name:** Orange County Behavioral Health System Transformation Innovation Project Part II (ended 5/31/2021)
	Provider: Chorus Innovations, Inc. **Contract Name:** Behavioral Health System Transformation OC Navigator
	Provider: Regents of the University of California at Irvine **Contract Name:** Evaluation of Innovation Projects (formerly Evaluation of Behavioral Health System Transformation Innovation Project)
Psychiatric Advance Directives	**Administrative Oversight:** Syracuse University **Participation Agreement Name:** Psychiatric Advance Directives **Provider:** Syracuse University **Contract Name:** Evaluation of The Psychiatric Advance Directives Project
Young Adult Court	**Provider:** Regents of the University of California **Contract Name:** Young Adult Court Innovation Project
Recovery Education Institute	**Provider:** Pacific Clinics **Contract Name:** Recovery Education Institute Services

PUBLIC COMMENT AND RESPONSES

#1

Orange County Health Care Agency
Behavioral Health Services
MHSA Coordination Office
405 W. 5th St.
Santa Ana, CA 92701

Phone: (714) 834-3104 E-mail: mhsa@ochca.com

Mental Health Services Act

30-Day Public Comment Form

Q10.
What group(s) do you represent? (Select all that apply)

- ☐ Current or Former Consumer of Mental Health Services
- ☐ Current or Former Consumer of Alcohol and Drug Services
- ☑ Family Member
- ☐ Service Provider
- ☐ Law Enforcement/Criminal Justice
- ☐ Education
- ☐ Social/Human Services
- ☐ Student/Intern
- ☐ Veterans/Military Service
- ☐ Community Based Organization
- ☐ Faith Community
- ☐ Behavioral Health Advisory Board (BHAB) Member
- ☐ Other (please state) _____

Q12.
What is your general feeling about the MHSA Plan in Orange County?

Very satisfied	Somewhat Satisfied	Satisfied	Unsatisfied	Very Unsatisfied
☐	☐	☑	☐	☐

Q11.
Do you have other concerns not addressed in this discussion?

apayo para las familias de personas con enfermedades de drogas y alcohol
Translation:
"Support for families that have loved ones struggling with drugs or alcohol."

Q12.
What did you learn about the MHSA Plan?

gracias por la información y todos los servicios que manejan.

Thank you for the information and all the services you provide

Q13.
What else would you like to learn about the MHSA process?

Nada mas gracias y buen trabajo.

Nothing else + great job

Q1.
Thank you for taking time to review and provide input on the MHSA Plan in Orange County.

PERSONAL INFORMATION (Optional)

Q2. Name (First & Last)

Q3. Agency/Organization

Q4. Phone Number

Q5. Email

Q6. Mailing Address (street)

Q7. City, State, ZIP

Orange County Health Care Agency
Behavioral Health Services
MHSA Coordination Office
405 W. 5th St.
Santa Ana, CA 92701

Phone: (714) 834-3104 E-mail: mhsa@ochca.com

Mental Health Services Act

30-Day Public Comment Form

Q10.
What group(s) do you represent? (Select all that apply)

- ☑ Current or Former Consumer of Mental Health Services
- ☐ Current or Former Consumer of Alcohol and Drug Services
- ☐ Family Member
- ☐ Service Provider
- ☐ Law Enforcement/Criminal Justice
- ☐ Education
- ☐ Social/Human Services
- ☐ Student/Intern
- ☐ Veterans/Military Service
- ☐ Community Based Organization
- ☐ Faith Community
- ☐ Behavioral Health Advisory Board (BHAB) Member
- ☐ Other (please state) ____

Q12.
What is your general feeling about the MHSA Plan in Orange County?

Very satisfied	Somewhat Satisfied	Satisfied	Unsatisfied	Very Unsatisfied
☐	☐	☑	☐	☐

Q11.
Do you have other concerns not addressed in this discussion?

gracias por la información sobre la proposición 1. Sera importante seguir informandonos sobre los cambios.

Thank you for the information about prop 1, it's important to keep us updated about any changes.

Q12.
What did you learn about the MHSA Plan?

mas sobre los programas que ofrece el departamento.

More about the programs you currently offer in this department.

Q13.
What else would you like to learn about the MHSA process?

Mas participación para la comunidad Latina en espanol.

More involvement with the Latino community & in Spanish.

Q1.
Thank you for taking time to review and provide input on the MHSA Plan in Orange County.

PERSONAL INFORMATION (Optional)

Q2. Name (First & Last)

Q3. Agency/Organization

Q4. Phone Number

Q5. Email

Q6. Mailing Address (street)

Q7. City, State, ZIP

Attention: This email originated from outside the County of Orange. Use caution when opening attachments or links.

Name of person giving suggestions to group specifics - Idin Shariat

Requirements of group - some type of proper screening to get into the group, and so therefore it is a "private" group, people cannot
attend the group anonymously.

Name of group - unspecified (will need to decide on name later).

location of group - unspecified, could be virtually and / or in person in local places

time length of group - unspecified, can depend on various factors

Key points and summary for implementation:

The person has not been meaningfully helped by mental health services or any form of therapy or therapist, and already
exhausted most therapy modalities or treatment / supportive veneus, while being significantly harmed in the process
and in worse overall health, have an understanding of pretty much
how all of these entities work and dont see any one being helpful for them, this includes DBT, CBT, acceptance
and commitment therapy, person centered therapy, solution focused therapy, mentalization as a seperate entity and / or mentalized based
therapy, family centered therapy, and pretty much any other one you can come across. (alternative response "and many others").

Are against psychiatric medication and will not take them, regardless of whether they have tried them or not in the past

Have severe depression with suicidal ideation. have adequate self awareness and knowledge on mental disorders, and why they are
depressed. their depression is due to a combination of both internal and external factors, biological / physiological factors, as well
as circumstances, nurture, experiences from past and ongoing, unmet needs overall, personality or individual differences, etc.

are long term unemployed and / or never had any prior work experience, or if they have, it was very short and could not
OR refused to carry on to whatever it was they were doing at the time. struggle with finding occupational help, they may
have contacted local rehabilitation centers or programs that are supposed to help people with finding appropriate jobs or
occupations, but were treated in an inhumane way and were not given any other alternatives, other than a strict yes or no, which left them with no option to terminate the program, all in all, they may experience chronic boredom, possible financial problems, etc? But perhaps they also no longer want to work or look for work or specific occupations anymore either, and instead, are trying to fulfill other
specific needs. this category can combine with the previous, which relates to unique needs not being met.

have a personality disorder, or maybe a condition that may be unrecognized in the DSM or maybe they feel like they
don't relate completely to the existing condition they have, excluding the depression with suicidal ideation of course,
as that's one of the minimum criteria required to be in the group.

overall, the purpose of the group is to try to create a revolution in the field of mental health treatment by understanding
what is currently wrong with the mental health system, or more specifically, the way we perceive mental health conditions
and impairements, and come up with better perspectives or at least offer support to one another that tackles individual or
shared problems, which in return, may provide specific solutions, but really the main goal is to provide specific support for
people that have not been able to get it up to this point, and if there are some differences, to at least treat other people
in the group with respect and if you want to address something or comment to someone, then address what you want to
say in a curious and polite way, that isn't meant to change how someone thinks or feels, but rather tries to understand where
someone is coming from, so you wouldn't say, you should learn to embrace change, or you should stop caring what other
people think of you, or we or you should let and let live. at the end of the day, use common sense and be mindful, because if you
do, then no problems should arise or be felt upon attendees.

From: MHSA <mhsa@ochca.com>
Sent: Monday, April 8, 2024 9:33 AM
To: idin shariat <tachyon3@live.com>
Subject: RE: Suggestions for improving mental health services

Hello,

Yes please share anything you would like to this email account

Thank you!

MHSA Office
mhsa@ochca.com

From: idin shariat <tachyon3@live.com>
Sent: Friday, April 5, 2024 2:56 PM
To: MHSA <mhsa@ochca.com>
Subject: Suggestions for improving mental health services

Attention: This email originated from outside the County of Orange. Use caution when opening attachments or links.

Hello, i wanted to make some suggestions for improving mental health services, and wanted to know if i can provide the details here. There was a local event on 4-3-24 at my local wellness center, however, i arrived late, and was not able to give the details for my advocacy, but i was told i can send an email to the one I'm responding to here.

#4

MHSA

From: MHSA Coordination Office <noreply@qemailserver.com>
Sent: Tuesday, March 19, 2024 2:24 PM
To: MHSA
Subject: 2024 OC MHSA Plan 30-Day Public Comment Form

Attention: This email originated from outside the County of Orange. Use caution when opening attachments or links.

Public Comment has been received. See below:

Recipient Data:
Time Finished: 2024-03-19 15:23:54 MDT
ResponseID: R_6rIwpfIfFzVKmrA
Link to View Results: Click Here
URL to View Results: https://ochca.sjc1.qualtrics.com/apps/single-response-reports/reports/nIPej%2E0dgsdG3fh-CKKi152IV8SsjIoUfh7IYr7Z6GkjvKaNrATRZp5YEmrqxVAg0fFgMsU0j64gb46OXNMcqLKn1851upsDRdk1TJfoh0zCQh1AOdtR9mUnAAblxznSbMUw1D551wM5u2qgq2vHhEuFJj5dkox43f5IFgkreUBsIW%2E2ncUI3s6hH6-rqhjHAqSR2uVa9exnn%2E-qRcANP0XD%2EhxiRpn0xuIUvP5eTxSkD26FqIqrPdTGo9M%2EuFWJarjCg5wVH0uK4vZJwAXrXyGVsgUCWIW8B%2E4Tg9Ua9228cw6yxeD1iI02uIxArrjFBPR6ED4a3zWIKwJvqkzZOag

---

Response Summary:

What group(s) do you represent? (Select all that apply)
Family Member
Service Provider
Education
Social/Human Services
Community Based Organization

What is your general feeling about the MHSA Plan in Orange County?
Satisfied

Do you have other concerns not addressed in this discussion?
Misspelled words: attendence/attendance; communitie/community Not professional.

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 $1,000,00
Is this something that was voted on by stakeholders. It says it is new, but do not remember having any discussion. Is that a reduction from $2,000,000 to $1,000,000 for three years. That seems like a lot of money to "implement a continuum of care". Not sure what that really means.

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%
Is 34% of the funding going toward prevention and early intervention of childhood trauma?

1

Early Childhood Mental health Providers training - wouldn't this account for Early Identification of mental health symptoms and disorders? Especially when they are screening for social and emotional developmental delays?

What did you learn about the MHSA Plan?
School aged mental health services average cost per person is $3,000
Early Identification of Youth at clinical risk for psychosis average cost per person is $3,205.
Integrated Justice involved services: Average cost per person is $801
OC Crew: $12,500 per person

We should be spending more per person in the younger years to prevent the higher costs for services and treatment as people age. Upstream instead of the current downstream model.

#5

County of Orange
Health Care Agency, Behavioral Health Services
MHSA Coordination Office
405 W. 5th St. Suite 354
Santa Ana, CA 92701

Phone: (714) 834-3104 E-mail: mhsa@ochca.com

Mental Health Services Act

30-Day Public Comment Form

Q10.
What group(s) do you represent? (Select all that apply)

- ☐ Current or Former Consumer of Mental Health Services
- ☐ Current or Former Consumer of Alcohol and Drug Services
- ☐ Family Member
- ☐ Service Provider
- ☐ Law Enforcement/Criminal Justice
- ☐ Education
- ☐ Social/Human Services
- ☐ Student/Intern
- ☑ Veterans/Military Service
- ☐ Community Based Organization
- ☐ Faith Community
- ☐ Behavioral Health Advisory Board (BHAB) Member
- ☐ Other (please state) Sound bath

Question: Do you have other concerns not addressed in this discussion?

Sound baths

Question: What did you learn about the MHSA Plan?

more JOb Opportunities

Question: What else would you like to learn about the MHSA process?

Does it contain a sound bath or holistic healing.

#6

MHSA

From: MHSA Coordination Office <noreply@qemailserver.com>
Sent: Thursday, March 21, 2024 11:55 AM
To: MHSA
Subject: 2024 OC MHSA Plan 30-Day Public Comment Form

Attention: This email originated from outside the County of Orange. Use caution when opening attachments or links.

Public Comment has been received. See below:

Recipient Data:
Time Finished: 2024-03-21 12:54:53 MDT
ResponseID: R_1Rpw5wiUj21QyeS
Link to View Results: Click Here
URL to View Results: https://ochca.sjc1.qualtrics.com/apps/single-response-reports/reports/xUNZamnLF33Y8Hj4KZJJuDk3RVFPoIHYvsqCleIADFKkITJxsAHLvh-2uuHfk2enUzo2pf8TRJyTvfU2vC0Pv69P9i%2ERsmtUk1dZIV93O2UZXvTek1xtflPt4%2EFFVWjf64%2E8KMjNyEN5x5k0DVYVnpa0ULXPNPHiDSFQ3dpe72qujYt-rUJ9BFJwIzsuH8CB0P93kx010u4MXa3vVxvXaVMJZsTnEJZfbdAJpvP7%2Ee5iOjyf%2EsGZu1KHcHyfsEImigtiikKyMyEWrQtg3EUWY1mXDODXXLdqUhCPCGPcQrirI5-1X-bFGNIvzMcNVIB56FQRsxbfDpQculBEv%2EjcTQ

Response Summary:

What group(s) do you represent? (Select all that apply)
Service Provider

What is your general feeling about the MHSA Plan in Orange County?
Very satisfied

Do you have other concerns not addressed in this discussion?
none

#7

Hello,

My name is Jennifer Otero and I am a member of Wellness Center West in Garden Grove.

I want to say that Wellness Center West is a much needed resource in Orange County. I, personally can attest to how I need this center.

Durring the Quarantine/Lockdown period of Covid 19 in March/April 2020, this center quite literally saved my life. All of my supports failed within hours of eachother the day california locked down. The other center I go to closed it's doors and did not do phone groups for months after. The NAMI group I belonged to, as it turned out, closed permanently. My therapist quit her job as a therapist soon after lockdown happened. I was at a loss for what to do to deal with the reality of Covid 19. Then, I got an email from the assistant director at the time, Morgan Spillan saying that Wellness Center West was open for phone groups. I immediately called and found out the schedule for the groups and started that day. I was so relieved that I had found the support I desperately needed that I cried.

I still need Wellness Center West as much today as I did back then. Please keep this center open through Prop 1 taking effect in 2026. Not just for me, but for all the members who have come to rely on and love this center.

Thank you for taking the time to read this,

Jennifer Otero
Member of Wellness Center West, Garden Grove

#8

Orange County Health Care Agency
Behavioral Health Services
MHSA Coordination Office
405 W. 5th St.
Santa Ana, CA 92701

Phone: (714) 834-3104 E-mail: mhsa@ochca.com

Mental Health Services Act

30-Day Public Comment Form

Q10.
What group(s) do you represent? (Select all that apply)

- ☐ Current or Former Consumer of Mental Health Services
- ☐ Current or Former Consumer of Alcohol and Drug Services
- ☐ Family Member
- ☐ Service Provider
- ☐ Law Enforcement/Criminal Justice
- ☐ Education
- ☐ Social/Human Services
- ☐ Student/Intern
- ☐ Veterans/Military Service
- ☑ Community Based Organization
- ☐ Faith Community
- ☐ Behavioral Health Advisory Board (BHAB) Member
- ☐ Other (please state) _____

Q12.
What is your general feeling about the MHSA Plan in Orange County?

Very satisfied	Somewhat Satisfied	Satisfied	Unsatisfied	Very Unsatisfied
☐	☐	☐	☑	☐

Q11.
Do you have other concerns not addressed in this discussion?

Many of the budget cuts shouldn't happen. The profound impact of mental health education, stigma reduction, and suicide prevention programs are imperative to my community. These programs have heavily impacted youth make beter decisions and break free from generational trauma. Withou these programs, I would stay stagnant in my life without the proper support I need to succeed. TCF's substance use disorder prevention and menta health programs, are particularly beneficial for immigrant all across Orange County, for the better good of the community, please take into considera the value of these mental health programs and organizations that support historically disadvantaged minorities. Budget cuts in the mental health se would cut my potential as Asian American person dealing with generational trauma in my community.

Q12.
What did you learn about the MHSA Plan?

The MHSA plan is cutting money towards mental health services that my community heavily benefits from. These organizations like the Cambodian Family has been impacting youth like me for a long time and has helped countless of others for decades. This plan is not going to support the wellbeing of the community by the way it is being structured.

Q13.
What else would you like to learn about the MHSA process?

I think I need more information on how community members and organizations and contribute to the proposed budget changes. Major cuts in budgets should be considered by everyone before letting just a few people decide and agree. Major services like mental health is not a budget that one can just reduce and ignore. It must be made entirely aware to the community because it impacts everyone: not just the policy members. Over the years, mental health has been a growing issue, so it's a service that should grow. Mental health problems are not going away, so it's time to invest money on the youth through these services like what the Cambodian Family has to offer!

Q1.
Thank you for taking time to review and provide input on the MHSA Plan in Orange County.

PERSONAL INFORMATION (Optional)

Q2. Name (First & Last)

Bethany Vu

Q3. Agency/Organization

Cambodian Family

Q4. Phone Number

Q5. Email

Q6. Mailing Address (street)

Q7. City, State, ZIP

#9

Orange County Health Care Agency
Behavioral Health Services
MHSA Coordination Office
405 W. 5th St.
Santa Ana, CA 92701

Phone: (714) 834-3104 E-mail: mhsa@ochca.com

Mental Health Services Act

30-Day Public Comment Form

Q10.
What group(s) do you represent? (Select all that apply)

- ☑ Current or Former Consumer of Mental Health Services
- ☐ Current or Former Consumer of Alcohol and Drug Services
- ☐ Family Member
- ☐ Service Provider
- ☐ Law Enforcement/Criminal Justice
- ☐ Education
- ☐ Social/Human Services
- ☐ Student/Intern
- ☐ Veterans/Military Service
- ☐ Community Based Organization
- ☐ Faith Community
- ☐ Behavioral Health Advisory Board (BHAB) Member
- ☐ Other (please state)

Q12.
What is your general feeling about the MHSA Plan in Orange County?

Very satisfied	Somewhat Satisfied	Satisfied	Unsatisfied	Very Unsatisfied
☐	☑	☐	☐	☐

Q11.
Do you have other concerns not addressed in this discussion?

Q12.
What did you learn about the MHSA Plan?

Q13.
What else would you like to learn about the MHSA process?

Q1.
Thank you for taking time to review and provide input on the MHSA Plan in Orange County.

PERSONAL INFORMATION (Optional)

Q2. Name (First & Last)

Q3. Agency/Organization

Q4. Phone Number

Q5. Email

Q6. Mailing Address (street)

Q7. City, State, ZIP

#10

Orange County Health Care Agency
Behavioral Health Services
MHSA Coordination Office
405 W. 5th St.
Santa Ana, CA 92701

Phone: (714) 834-3104 E-mail: mhsa@ochca.com

Mental Health Services Act

30-Day Public Comment Form

Q10.
What group(s) do you represent? (Select all that apply)

- ☐ Current or Former Consumer of Mental Health Services
- ☐ Current or Former Consumer of Alcohol and Drug Services
- ☐ Family Member
- ☐ Service Provider
- ☐ Law Enforcement/Criminal Justice
- ☐ Education
- ☐ Social/Human Services
- ☐ Student/Intern
- ☐ Veterans/Military Service
- ☑ Community Based Organization
- ☐ Faith Community
- ☐ Behavioral Health Advisory Board (BHAB) Member
- ☐ Other (please state)

Q12.

What is your general feeling about the MHSA Plan in Orange County?

Very satisfied	Somewhat Satisfied	Satisfied	Unsatisfied	Very Unsatisfied
☐	☐	☐	☑	☐

Q11.

Do you have other concerns not addressed in this discussion?

An overall concern for CBOs that specifically target underserved communities such as AANHPI, is how the new MHSA/BHSA funding structure will impact current and future services. A reduction of behavioral health funding for outpatient, crisis, prevention, outreach and engagement services in Orange County will severely impact AANHPI communities. The reduced funding for BH services to accommodate for new MHSA/BHSA budget will i in the county "right sizing" programs. As an organization that primarily provides case management, linkage, and outreach and engagement, how wil impact our services? Continuing to serve the AANHPI population with in language support is critical to our community. As a population that often ge overlooked, the new BHSA budget also needs to include strategies to maintain continuity of care. In addition, sustainability of programs is critical to AANHPI community's continued goal of health and wellness. OC HCA and CalOptima should continue to assess how they can uphold DEI initiative ensuring organizations of all sizes can receive funding. Many smaller organizations specialize in underserved populations and are the providers wh most connected to these individuals and their communities.

Q12.

What did you learn about the MHSA Plan?

- With the passing of Prop 1, MHSA will be rebranded to BHSA. - There will be significant allocation shifts of MHSA funding from mental health services to make room for new housing category. This category will not include mental health services. BHSA funds will be used to serve individuals with SUD (without co-occurring mental illness). Housing interventions will make up 30% of allocations. There will be an aim to build residential facilities include congregate and community housing with access to services on site. - The 2026-2027 projections include impacts on PEI, CSS, WET, CFTN and Innovation.

Q13.

What else would you like to learn about the MHSA process?

- Guidelines for new PEI category and how funding will be managed by State, in addition to program impacts. - Strategies to ensure continuity and sustainability of outpatient, crisis, linkage and outreach services. - Assessing how new BHSA funding will impact underserved communities.

Q1.

Thank you for taking time to review and provide input on the MHSA Plan in Orange County.

PERSONAL INFORMATION (Optional)

Q2. Name (First & Last)

Q3. Agency/Organization

Vital Access Care Foundation

Q4. Phone Number

7145995091

Q5. Email

admin@vacf.org

Q6. Mailing Address (street)

17150 Newhope Street, Suite 201

Q7. City, State, ZIP

Fountain Valley, CA 92708

#11

Orange County Health Care Agency
Behavioral Health Services
MHSA Coordination Office
405 W. 5th St.
Santa Ana, CA 92701

Phone: (714) 834-3104 E-mail: mhsa@ochca.com

Mental Health Services Act

30-Day Public Comment Form

Q10.
What group(s) do you represent? (Select all that apply)

- ☐ Current or Former Consumer of Mental Health Services
- ☐ Current or Former Consumer of Alcohol and Drug Services
- ☐ Family Member
- ☑ Service Provider
- ☐ Law Enforcement/Criminal Justice
- ☑ Education
- ☐ Social/Human Services
- ☐ Student/Intern
- ☐ Veterans/Military Service
- ☑ Community Based Organization
- ☐ Faith Community
- ☐ Behavioral Health Advisory Board (BHAB) Member
- ☐ Other (please state)

Q12.
What is your general feeling about the MHSA Plan in Orange County?

Very satisfied	Somewhat Satisfied	Satisfied	Unsatisfied	Very Unsatisfied
☐	☐	☑	☐	☐

Q11.
Do you have other concerns not addressed in this discussion?

Nothing that comes to mind right now

Q12.
What did you learn about the MHSA Plan?

I am excited that MHSA is planning to expand services.

Q13.
What else would you like to learn about the MHSA process?

So far the video was informative.

Q1.
Thank you for taking time to review and provide input on the MHSA Plan in Orange County.

PERSONAL INFORMATION (Optional)

Q2. Name (First & Last)

Hamed Noorzay

Q3. Agency/Organization

AAMO

Q4. Phone Number

949 400-7942

Q5. Email

hnoorzay@aamo-usa.com

Q6. Mailing Address (street)

2854 N Santiago Blvd Suite 200

Q7. City, State, ZIP

Orange, CA 92867

#12

Orange County Health Care Agency
Behavioral Health Services
MHSA Coordination Office
405 W. 5th St.
Santa Ana, CA 92701

Phone: (714) 834-3104 E-mail: mhsa@ochca.com

Mental Health Services Act

30-Day Public Comment Form

Q10.
What group(s) do you represent? (Select all that apply)

- ☐ Current or Former Consumer of Mental Health Services
- ☐ Current or Former Consumer of Alcohol and Drug Services
- ☐ Family Member
- ☐ Service Provider
- ☐ Law Enforcement/Criminal Justice
- ☑ Education
- ☐ Social/Human Services
- ☐ Student/Intern
- ☐ Veterans/Military Service
- ☐ Community Based Organization
- ☐ Faith Community
- ☐ Behavioral Health Advisory Board (BHAB) Member
- ☐ Other (please state)

Q12.
What is your general feeling about the MHSA Plan in Orange County?

Very satisfied	Somewhat Satisfied	Satisfied	Unsatisfied	Very Unsatisfied
☑	☐	☐	☐	☐

Q11.
Do you have other concerns not addressed in this discussion?

Q12.
What did you learn about the MHSA Plan?

API community

Q13.
What else would you like to learn about the MHSA process?

We would like to be informed the MHSA process

Q1.
Thank you for taking time to review and provide input on the MHSA Plan in Orange County.

PERSONAL INFORMATION (Optional)

Q2. Name (First & Last)

Nam Hyee Kim

Q3. Agency/Organization

Korean American Center

Q4. Phone Number

9494005878

Q5. Email

nhkim@koreanamericancenter.org

Q6. Mailing Address (street)

20 Truman St. Suite#100

Q7. City, State, ZIP

Irvine,CA 92620

#13

Orange County Health Care Agency
Behavioral Health Services
MHSA Coordination Office
405 W. 5th St.
Santa Ana, CA 92701

Phone: (714) 834-3104 E-mail: mhsa@ochca.com

Mental Health Services Act

30-Day Public Comment Form

Q10.
What group(s) do you represent? (Select all that apply)

- ☐ Current or Former Consumer of Mental Health Services
- ☐ Current or Former Consumer of Alcohol and Drug Services
- ☐ Family Member
- ☑ Service Provider
- ☐ Law Enforcement/Criminal Justice
- ☐ Education
- ☐ Social/Human Services
- ☐ Student/Intern
- ☐ Veterans/Military Service
- ☑ Community Based Organization
- ☐ Faith Community
- ☐ Behavioral Health Advisory Board (BHAB) Member
- ☐ Other (please state)

Q12.

What is your general feeling about the MHSA Plan in Orange County?

Very satisfied	Somewhat Satisfied	Satisfied	Unsatisfied	Very Unsatisfied
☐	☑	☐	☐	☐

Q11.

Do you have other concerns not addressed in this discussion?

Although a serious dedication to treatment of moderate to severe mental illness and co-occurring diagnoses has been overdue, eliminating or substantially cutting the budget for PE&Is may not be wise. In fact, given that we already do not have yet a robust system of care in place for the se mental illness and co-occurring disorders, not supporting upstream interventions to reduce risk of experiencing severe mental illness, if not just unw is definitely premature. It is as if we are overcorrecting for the proverbial pendulums swing in funding of mental health care. The drastic changes are occurring without scaffolding the transition process for the CBOs. Although, hearing that "Innovation" may consider empowering some CBOs to dev capacity was very promising and hopeful, a concern might be that "continuity of care" has not been emphasized in any of the objectives for the new MHSA plan. It seems that "Innovation" picking up the cause, might suggest that we still need research to verify the importance of continuity of care the role of CBO in a robust consistent mental health care system. Given that CBOs providing mental health care are not recognized or credentialed DHCA, and they are not considered as Specialty Mental Health by the County, a significant chasm will open up in an already fractured field of "cultu responsive-affordable-timely access to mental health care" for the underserved communities of color, hard-to-reach monolingual divers communities the uninsured working poor. The continuity of care is seriously compromised for individuals experiencing mild to moderate mental health challenges without these CBOs. They are not recognized by DHCA or the County at this time, thus not able to bill CalOptima for the professional services that provide. Let's hope, the innovation's promise of helping these organizations improve capacity to support continuity of care be recognized by BOS a "essential stopgap" measure and not a research project. Furthermore, talking about DEI, CalOptima needs to become accountable for not advocati change of policy at the DHCA, and in fact, limiting contracting opportunities with CBOs providing professional mental health care. They are adherin the DHCA change of policy without questioning it. Talking about DEI, creating flyers and seminars about it, and actually forging "a just and affordabl system of mental health care, so far, appears to be opposing practices in our County. Significant activities and training and discussions to promote are mushrooming everywhere we look, but now with the new MHSA plan, it seems, only the large (predominantly owned by medical corporations) organizations will be securing most of the funding, that with the passing of Prop 1, will be coming "downstream" to these corporate providers.

Q12.

What did you learn about the MHSA Plan?

1. Funding is now redirected from upstream to downstream! 2. Great deal of MHSA funding will go to "real state" or "contractors" to build facilities, most likely run by mainstream already in practice medical communities and conglomerates. 3. Funding will become scarce while competition will become stiffer for CBOs serving culturally responsive PE&I programming and mental health care. 4. There is a glimmer of hope for CBOs as Innovation may seek BOS approval to improve CBOs capacity to meet the needs for higher level of care. 5. Youth mental health will be getting its well deserved attention and resources, very hopeful prospect.

Q13.

What else would you like to learn about the MHSA process?

How much the DEI initiative may influence the RFP process to compete for the funding?!

Q1.

Thank you for taking time to review and provide input on the MHSA Plan in Orange County.

PERSONAL INFORMATION (Optional)

Q2. Name (First & Last)

Maryam Sayyedi

Q3. Agency/Organization

Omid Multicultural Institute for Development

Q4. Phone Number

7148013394

Q5. Email

msayyedi@omidinstitute.org

Q6. Mailing Address (street)

2101 Business Center Drive, Stell150

Q7. City, State, ZIP

Irvine

#14

Orange County Health Care Agency
Behavioral Health Services
MHSA Coordination Office
405 W. 5th St.
Santa Ana, CA 92701

Phone: (714) 834-3104 E-mail: mhsa@ochca.com

Mental Health Services Act

30-Day Public Comment Form

Q10.
What group(s) do you represent? (Select all that apply)

- [x] Current or Former Consumer of Mental Health Services
- [ ] Current or Former Consumer of Alcohol and Drug Services
- [x] Family Member
- [x] Service Provider
- [ ] Law Enforcement/Criminal Justice
- [ ] Education
- [ ] Social/Human Services
- [ ] Student/Intern
- [ ] Veterans/Military Service
- [x] Community Based Organization
- [ ] Faith Community
- [ ] Behavioral Health Advisory Board (BHAB) Member
- [x] Other (please state) Mental Health Advocate

Q12.
What is your general feeling about the MHSA Plan in Orange County?

Very satisfied	Somewhat Satisfied	Satisfied	Unsatisfied	Very Unsatisfied
☐	☐	☐	☑	☐

Q11.
Do you have other concerns not addressed in this discussion?

[...]

Q12.
What did you learn about the MHSA Plan?

[...]

Q13.
What else would you like to learn about the MHSA process?

[...]

Q1.
Thank you for taking time to review and provide input on the MHSA Plan in Orange County.

PERSONAL INFORMATION (Optional)

Q2. Name (First & Last)

Q3. Agency/Organization

Q4. Phone Number

Q5. Email

Q6. Mailing Address (street)

Q7. City, State, ZIP

#15

Orange County Health Care Agency
Behavioral Health Services
MHSA Coordination Office
405 W. 5th St.
Santa Ana, CA 92701

Phone: (714) 834-3104 E-mail: mhsa@ochca.com

Mental Health Services Act

30-Day Public Comment Form

Q10.
What group(s) do you represent? (Select all that apply)

- ☐ Current or Former Consumer of Mental Health Services
- ☐ Current or Former Consumer of Alcohol and Drug Services
- ☐ Family Member
- ☐ Service Provider
- ☐ Law Enforcement/Criminal Justice
- ☐ Education
- ☐ Social/Human Services
- ☐ Student/Intern
- ☐ Veterans/Military Service
- ☑ Community Based Organization
- ☐ Faith Community
- ☐ Behavioral Health Advisory Board (BHAB) Member
- ☐ Other (please state) ____

Q12.

What is your general feeling about the MHSA Plan in Orange County?

Very satisfied	Somewhat Satisfied	Satisfied	Unsatisfied	Very Unsatisfied
☐	☑	☐	☐	☐

Q11.

Do you have other concerns not addressed in this discussion?

The Multi-Ethnic Collaborative of Community Agencies (MECCA) is concerned about the loss of PEI funding across the board, but especially for div older adults in Orange County. We have already seen the negative impact of the reduction in funding, as the County has decided to consolidate all I Intervention Services for Older Adults (EISOA) services under one provider, refusing to renew MECCA's EISOA program that has been serving our vulnerable older adults for a decade. We believe that this is a dangerous step in the wrong direction related to ensuring the mental well-being and healthy aging of older adults from traditionally underserved populations across our county. In FY22-23, our collaborative network successfully engag 483 older adults in the program, 94% of whom were non-English speaking. Spanish accounts for the largest proportion of participants' native langua at 30% of older adults. Vietnamese (20%), Korean (14%), Khmer (13%), Arabic (11%), and Farsi (12%) are also prominently spoken. The language offer reflect both the threshold languages of Orange County and underserved languages. With the reduction in overall EISOA funding from $3.5 mill $2.5 million and the decision to strip away longstanding services from the aforementioned populations, the County is risking a widespread mental h catastrophe among diverse older adults who are already those most at risk and have the highest levels of stigma against seeking treatment. We ho that the County has a plan or consideration for these populations, as their actions have put our communities at unnecessary risk. Perhaps the Cour can leverage the new allocations of the Behavioral Health Services Act under Proposition 1 to ensure that they do not leave critically vulnerable populations without access to the services they need. We recommend this as an immediate and urgent step.

Q12.

What did you learn about the MHSA Plan?

We learned that the County, despite its good intentions, has not adequately considered the needs of diverse older adults in their planning for future services. Funding changes should not mean that our most vulnerable are denied culturally responsive and linguistically appropriate services. We also see further opportunities to collaborate with the County to offer our collaborative's expertise in ensuring that the voices of diverse populations are heard in this process. The County's outreach often misses the mark in reaching diverse communities, especially monolingual non-English speakers. We hope to work more closely with decision makers related to Proposition 1 spending planning to ensure our communities are not left out, as we have recently seen in other areas.

Q13.

What else would you like to learn about the MHSA process?

We would like to learn more about how OCHCA is ensuring that the voices and views of diverse communities are included in this process. We feel as though diverse communities are given lip service to their clearly stated needs, but do not see the results of commitments to health equity from the County. We would like to see the County be more proactive in integrating diverse voices, staff, and leaders in the actual implementation of plan components.

Q1.

Thank you for taking time to review and provide input on the MHSA Plan in Orange County.

PERSONAL INFORMATION (Optional)

Q2. Name (First & Last)

Q3. Agency/Organization

Multi-Ethnic Collaborative of Community Agencies (MECCA)

Q4. Phone Number

Q5. Email

matt@ocmecca.org

Q6. Mailing Address (street)

1505 17th St #123

Q7. City, State, ZIP

Santa Ana

#16

Orange County Health Care Agency
Behavioral Health Services
MHSA Coordination Office
405 W. 5th St.
Santa Ana, CA 92701

Phone: (714) 834-3104 E-mail: mhsa@ochca.com

Mental Health Services Act

30-Day Public Comment Form

Q10.
What group(s) do you represent? (Select all that apply)

- ☐ Current or Former Consumer of Mental Health Services
- ☐ Current or Former Consumer of Alcohol and Drug Services
- ☐ Family Member
- ☐ Service Provider
- ☐ Law Enforcement/Criminal Justice
- ☐ Education
- ☐ Social/Human Services
- ☐ Student/Intern
- ☐ Veterans/Military Service
- ☐ Community Based Organization
- ☐ Faith Community
- ☐ Behavioral Health Advisory Board (BHAB) Member
- ☑ Other (please state) Community Member

Q12.

What is your general feeling about the MHSA Plan in Orange County?

Very satisfied	Somewhat Satisfied	Satisfied	Unsatisfied	Very Unsatisfied
☐	☐	☐	☐	☑

Q11.

Do you have other concerns not addressed in this discussion?

ខ្ញុំបានចូលរួមកម្មវិធី សេវាកម្មការពារជាមុន សម្រាប់មនុស្សវ័យចំណាស់ ជាមួយនិងសមាគមខ្មែរ និងយល់ឃើញថាកម្មវិធីនេះពិតជាមានសារៈសំខ
ណាស់ សម្រាប់សុខភាពផ្លូវចិត្តរបស់ខ្ញុំ និងភាពផ្សាភ្ជាប់ជាមួយសង្គមដ៏ទៃ។ ជាសមាជិកក្នុងសហគមន៍ ដែលមិនអាចនិយាយ និងយល់អង់គ្លេសបាន
ពេញលេញ ពិតជាមានភាពលំបាកសម្រាប់ខ្ញុំសម្រាប់ស្វែងយល់ពីគម្រោងកម្មវិធីសុខភាពផ្លូវចិត្ត ប៉ុន្តែក្រោយមានជំនួយពីអ្នកបកប្រែរបស់សមាគមខ្មែរខ្ញុំ
ដឹងថា ពាក្យវិធីសេវាកម្មការពារសុខភាពផ្លូវចិត្តនឹងត្រូវបានកាត់បន្ថយ។ ពាល់ការកាត់បន្ថយទាំងនេះ មិនត្រូ នឹងមិនត្រូវអោយកើតមានទេ។ដោយហេ
កម្មវិធីទាំងនេះពិតជាមានសារៈសំខាន់ណាស់សម្រាប់ខ្លួនខ្ញុំផ្ទាល់ក៏ដូចជាសហគមន៍របស់ខ្ញុំ ដែលធ្លាប់មានបទពិសោធន៍ពីអតីតកាលរងទុក្ខវេទនាដែលធ្វើ
អោយប៉ះពាល់ដល់សុខភាពផ្លូវចិត្ត ដែលភាគច្រើននៃសហគមន៍យើង ធ្លាប់ជាជនភាសន៍ខ្លួនដែលរស់នានមានជីវិតពីសង្គ្រាម និងអំពើប្រល័យពូជសាសន៍
ហើយយើងទាំងអស់គ្នា កំពុងតែព្យាបាលសុខភាពផ្លូវចិត្តទាំងនេះ។ សូមបញ្ជាក់ថា សេវាកម្មការពារជាមុននេះមានសារៈសំខាន់ណាស់សម្រាប់យើងខ្ញុំ
អស់គ្នា ព្រោះវាបានជួយអោយសុខភាពផ្លូវចិត្តរបស់យើងបានល្អប្រសើរឡើង និងដើម្បីការពារសុខ ភាពផ្លូវចិត្តរបស់យើងកុំអោយកាន់តែអាក្រក់ទៅ។។ I have be
involved with The Cambodian Family's Early Intervention Services for Older Adults (EISOA) and it has been important for my mental health and my socializing. As a community member who cannot speak English very well, it is difficult to understand the MHSA plan, but with the help of translators The Cambodian Family, I can at least understand that these Early Intervention services for people like me will be getting reduced. This cannot happ because these services are so important for me and my community who experience a lot of stigma around mental health. Many of us are refugees v have survived civil war and genocide, and we are still trying to recover our mental health from that. These services are important to maintaining our mental health, and to prevent many of us from getting worse.

Q12.

What did you learn about the MHSA Plan?

តាមរយៈសមាគមខ្មែរ ខ្ញុំបានស្វែងយល់ថាពីការចូលរួម និងផ្សារភ្ជាប់ជាមួយ សហគមន៍ផ្សេងទៀតដែលរងផលប៉ះពាល់ លើបញ្ហាសុខភាពផ្លូវចិត្ត។ ខ្ញុំ
បានស្វែងយល់ ដឹងពីការសម្រេចិត្តរបស់រដ្ឋលើវិការនីងត្រូវចំណាយ ហើយសមាគមខ្មែរ ជាជំនួយដ៏សំខាន់ដែលជួយខ្ញុំអាចទទួលបានពត៌មាន និង
បានយល់ពីរឿងរ៉ាវទាំងនេះ។ Through The Cambodian Family, I learned about how community members can get involved and how to get connected with other communities that the MHSA affects. I learned that the state decides how money in our community is spent, and The Cambodian Family helped me get and understand that information.

Q13.

What else would you like to learn about the MHSA process?

ខ្ញុំមានបំណងចង់ចូលរួមបន្ថែមទៀតលើកម្មវិធីសុខភាពផ្លូវចិត្ត ដែលខ្ញុំជាសមាជិកម្នាក់របស់ សហគមន៍ និងចង់អោយគ្រាកជាងាល់ថាការដែលគោនធីដែល
កំពុងតែបំណាយលើកម្មវិធី ដ៏សំខាន់នេះផ្តល់ជាប្រយោជន៍សម្រាប់សហគមន៍អន្តោប្រវេសន៍ និងជនភៀសខ្លួន ដូចជាខ្លួនខ្ញុំផ្ទាល់ និងសហគមន៍ខ្មែរដែលមាន
ខ្ញុំម្នាក់តំណាង។ I would like to learn how to get more involved in the MHSA as a community member, and to make sure that the money the county is spending on these important programs will benefit immigrants and refugees, like myself and the Cambodian people I represent.

Q1.

Thank you for taking time to review and provide input on the MHSA Plan in Orange County.

PERSONAL INFORMATION (Optional)

Q2. Name (First & Last)

Bou Te

Q3. Agency/Organization

Community Member

Q4. Phone Number

661-220-1034

Q5. Email

chanthak@cambodianfamily.org

Q6. Mailing Address (street)

1626 E. Fourth Street

Q7. City, State, ZIP

Santa Ana, CA 92701

#17

Orange County Health Care Agency
Behavioral Health Services
MHSA Coordination Office
405 W. 5th St.
Santa Ana, CA 92701

Phone: (714) 834-3104 E-mail: mhsa@ochca.com

Mental Health Services Act

30-Day Public Comment Form

Q10.
What group(s) do you represent? (Select all that apply)

- ☐ Current or Former Consumer of Mental Health Services
- ☐ Current or Former Consumer of Alcohol and Drug Services
- ☐ Family Member
- ☐ Service Provider
- ☐ Law Enforcement/Criminal Justice
- ☐ Education
- ☐ Social/Human Services
- ☐ Student/Intern
- ☐ Veterans/Military Service
- ☑ Community Based Organization
- ☐ Faith Community
- ☐ Behavioral Health Advisory Board (BHAB) Member
- ☐ Other (please state)

Q12.

What is your general feeling about the MHSA Plan in Orange County?

Very satisfied	Somewhat Satisfied	Satisfied	Unsatisfied	Very Unsatisfied
☐	☐	☐	☑	☐

Q11.

Do you have other concerns not addressed in this discussion?

My primary concern with the current MHSA plan is that the Prop 1 modernizations divert funds from existing MHSA categories in order to align with t new BHSA categories. The Prevention and Early Intervention cuts are particular egregious, especially the proposed millions of dollars being cut fron crucial services like mental health education, stigma reduction, suicide prevention services, and older adult early intervention. Our immigrant and ref community members all across Orange County, like our Cambodian community members, benefit from these services, and oftentimes, these servic are the only thing preventing their health/mental health from being severe. Please consider, for the sake of ALL Orange County residents and espec the ethnic/minority and hard-to-teach populations like our Cambodian community, that these services should not be cut, but in fact expanded.

Q12.

What did you learn about the MHSA Plan?

I learned that the MHSA plan as we know it will be changing drastically, and that many mental health services, which have been benefiting the community for decades, are getting their funds re-structured and ultimately reduced.

Q13.

What else would you like to learn about the MHSA process?

I would like to learn more on how community members and community-based organizations can intervene on these proposed budget changes. I understand that the funding must be re-structured to align with the state's mental health modernizations, but the idea that drastic cuts to EXISTING mental health programs, which have been positively impacting communities for years, must be made to bolster things like SUD programs and homeless programs is alarming. SUD prevention and homelessness should be addressed with separate funds; the county should not have to reduce funding for existing programs for other crucial services.

Q1.

Thank you for taking time to review and provide input on the MHSA Plan in Orange County.

PERSONAL INFORMATION (Optional)

Q2. Name (First & Last)

Bethany Vu

Q3. Agency/Organization

The Cambodian Family

Q4. Phone Number

Q5. Email

bethany413543@gmail.com

Q6. Mailing Address (street)

Q7. City, State, ZIP

#10

Orange County Health Care Agency
Behavioral Health Services
MHSA Coordination Office
405 W. 5th St.
Santa Ana, CA 92701

Phone: (714) 834-3104 E-mail: mhsa@ochca.com

Mental Health Services Act

30-Day Public Comment Form

Q10.
What group(s) do you represent? (Select all that apply)

- ☐ Current or Former Consumer of Mental Health Services
- ☐ Current or Former Consumer of Alcohol and Drug Services
- ☐ Family Member
- ☐ Service Provider
- ☐ Law Enforcement/Criminal Justice
- ☐ Education
- ☐ Social/Human Services
- ☐ Student/Intern
- ☐ Veterans/Military Service
- ☑ Community Based Organization
- ☐ Faith Community
- ☐ Behavioral Health Advisory Board (BHAB) Member
- ☐ Other (please state)

Q12.

What is your general feeling about the MHSA Plan in Orange County?

Very satisfied	Somewhat Satisfied	Satisfied	Unsatisfied	Very Unsatisfied
☐	☐	☐	☑	☐

Q11.

Do you have other concerns not addressed in this discussion?

My primary concern with the current MHSA plan is that the Prop 1 modernizations divert funds from existing MHSA categories in order to align with the new BHSA categories. The Prevention and Early Intervention cuts are particular egregious, especially the proposed millions of dollars being cut from crucial services like mental health education, stigma reduction, suicide prevention services, and older adult early intervention. Our immigrant and refugee community members all across Orange County, like our Cambodian community members, benefit from these services, and oftentimes, these services are the only thing preventing their health/mental health from being severe. Please consider, for the sake of ALL Orange County residents and especially the ethnic/minority and hard-to-reach populations like our Cambodian community, that these services should not be cut, but in fact expanded.

Q12.

What did you learn about the MHSA Plan?

I learned that the MHSA plan as we know it will be changing drastically, and that many mental health services, which have been benefiting the community for decades, are getting their funds re-structured and ultimately reduced.

Q13.

What else would you like to learn about the MHSA process?

I would like to learn more on how community members and community-based organizations can intervene on these proposed budget changes. I understand that the funding must be re-structured to align with the state's mental health modernizations, but the idea that drastic cuts to EXISTING mental health programs, which have been positively impacting communities for years, must be made to bolster things like SUD programs and homeless programs is alarming. SUD prevention and homelessness should be addressed with separate funds; the county should not have to reduce funding for existing programs for other crucial services.

Q1.

Thank you for taking time to review and provide input on the MHSA Plan in Orange County.

PERSONAL INFORMATION (Optional)

Q2. Name (First & Last)

Ravi Seng

Q3. Agency/Organization

The Cambodian Family

Q4. Phone Number

5623539707

Q5. Email

ravis@cambodianfamily.org

Q6. Mailing Address (street)

1626 E. Fourth Street

Q7. City, State, ZIP

Santa Ana, CA 92701

#19

Share Copy link Download ...

Re_ MHSA Plan Update ...msg

18 / 18

From: Mccarron, Robert <rmccarro@hs.uci.edu>
Sent on: Wednesday, March 13, 2024 4:06:13 PM
To: Smith, Michelle <msmith@ochca.com>
CC: Ahn, Kristen <ahnsk@hs.uci.edu>; Kelley, Veronica <vkelley@ochca.com>
Subject: Re: MHSA Plan Update 2024-25 - Draft for Public Comment

Attention: This email originated from outside the County of Orange. Use caution when opening attachments or links.

Thanks, Michelle.

If approved, I do believe the Health and Wellness Coaching – *Behavioral Health Track* (for **ALL** age groups and for both general medical and BH settings) will be a uniquely positive addition to the plan, with eventual peer-reviewed publication showing the impact in OC.

Best,

Robert

From: "Smith, Michelle" <msmith@ochca.com>
Date: Tuesday, March 12, 2024 at 4:28 PM
To: "Mccarron, Robert" <rmccarro@hs.uci.edu>
Cc: "Ahn, Kristen" <ahnsk@hs.uci.edu>, "Kelley, Veronica" <vkelley@ochca.com>
Subject: RE: MHSA Plan Update 2024-25 - Draft for Public Comment

Hello Dr. McCarron,
Thank you for reaching out. As we do not have anything to update for implementation, there is not a program update. However, the funding for the program is included in the Mental Health Career Pathways line item on page 211. We will consider your observation as part of stakeholder feedback and ensure sure it is clearly represented in the budget for the final plan. Thank you, again.

Michelle Smith
MHSA Senior Manager
MHSA Program Planning and Administration

Office: (714) 834-5937 **Cell:** (714) 338-9892
405 W. 5th Street Santa Ana, CA 92701
www.ochealthinfo.com

OC Links 24/7 | OC Navigator.org

From: Mccarron, Robert <rmccarro@hs.uci.edu>
Sent: Tuesday, March 12, 2024 4:20 PM
To: Smith, Michelle <msmith@ochca.com>
Cc: Ahn, Kristen <ahnsk@hs.uci.edu>; Kelley, Veronica <vkelley@ochca.com>
Subject: Fwd: MHSA Plan Update 2024-25 - Draft for Public Comment

Attention: This email originated from outside the County of Orange. Use caution when opening attachments or links.

Hi Michelle,

I noticed health and wellness coaching, for all ages, was included in the last 3-year MHSA version (published several months ago) is not included in the FY 24-25 proposed plan.

Is there any possibility to reconsider and include in the FY 24-25 plan?

Robert

Begin forwarded message:

From: MHSA <mhsa@ochca.com>
Date: March 12, 2024 at 2:38:21 PM PDT
Subject: **MHSA Plan Update 2024-25 - Draft for Public Comment**

Orange County Health Care Agency
Behavioral Health Services
MHSA Coordination Office
405 W. 5th St.
Santa Ana, CA 92701

Phone: (714) 834-3104 E-mail: mhsa@ochca.com

Mental Health Services Act

30-Day Public Comment Form

Q10.
What group(s) do you represent? (Select all that apply)

- ☑ Current or Former Consumer of Mental Health Services
- ☐ Current or Former Consumer of Alcohol and Drug Services
- ☑ Family Member
- ☐ Service Provider
- ☐ Law Enforcement/Criminal Justice
- ☐ Education
- ☐ Social/Human Services
- ☐ Student/Intern
- ☐ Veterans/Military Service
- ☐ Community Based Organization
- ☑ Faith Community
- ☑ Behavioral Health Advisory Board (BHAB) Member
- ☐ Other (please state) ____

Q12.
What is your general feeling about the MHSA Plan in Orange County?

Very satisfied	Somewhat Satisfied	Satisfied	Unsatisfied	Very Unsatisfied
☐	☐	☐	☐	☐

Q11.
Do you have other concerns not addressed in this discussion?

I appreciate all the hard work required to produce this plan; reading the full plan is overwhelming. Il believe it would help to include system navigation and service flowcharts combined with summary charts for planned vs achieved budgets, outcomes, and cost per outcome. I understand there are lots of programs, but I do not feel that I understand the needs and gaps in the county. For example, page 41 shows Orange County county's MHP penetration is much lower than the state average (2.44 % vs 3.85%); at the state average, approximately 13,000 more people would be served in Orange County. Forward-looking; I believe the following would be helpful Increase cultural communities' penetration through fiscal sponsor relationships and/or a responsive funding mechanism to address procurement and community-defined practices to increase service delivery. Empower community members to become better customers by documenting what is needed prior to contacting the county, Cal Optima or private insurance. Navigation is a teachable process and will help manage expectations. Possibly in a separate document (referenced in the MHSA plan) explain how to use services and where to get services – County, Cal Optima, Schools, Private Insurance. PIVOT is a good bridge to BHSA; here are several county and statewide multi county initiatives addressing the general elements. Thank you again

Q12.
What did you learn about the MHSA Plan?

There are a lot of programs. .

Q13.
What else would you like to learn about the MHSA process?

I believe the process needs to be more data-driven and data-shared. with the community. What research is available on community awareness/acce barriers to access, and quality of services? (UCSD study, CA Open Data Portal, AHQRO, monthly provider reporting, and DHCS contracts/evaluatio

Q1.
Thank you for taking time to review and provide input on the MHSA Plan in Orange County.

PERSONAL INFORMATION (Optional)

Q2. Name (First & Last)

Steve McNally

Q3. Agency/Organization

Orange County Behavioral Health Advisory Board

Q4. Phone Number

17146001499

Q5. Email

stmcnally1@gmail.com

Q6. Mailing Address (street)

1931 Anaheim Avenue

Q7. City, State, ZIP

Costa Mesa, CA 92627

BEHAVIORAL HEALTH ADVISORY BOARD PUBLIC HEARING MINUTES

OCBHAB
BEHAVIORAL HEALTH ADVISORY BOARD

BOARD OF SUPERVISORS

Donald P. Wagner, Chairman
Third District

Doug Chaffee, Vice Chairman
Fourth District

Andrew Do
First District

Vicente Sarmiento
Second District

Katrina Foley
Fifth District

BHAB MEMBERS

Alan V. Albright, LMFT
Chair

Frederick Williams, LMFT
Vice Chair

Supervisor Vicente Sarmiento
Second District

Hector Bustos

Karyl Dupee, LMFT

Susan Emerson, LCSW, CATC IV

Matthew Holzmann

Stephen McNally

Chinh Tuong Nguyen

Kristen Pankratz, MSW

Linda Smith

Duan Tran, MSW

Chase Wickersham

Vacancies:
Person in Recovery (SUD/MH)
Family Member

Application to become a BHAB Member.

County of Orange
Behavioral Health Advisory Board

405 W. 5th Street
Santa Ana, CA 92701
TEL: (714) 834-5481

Wednesday, April 24, 2024
10:00 a.m. – 12:00 p.m.

Join us for an IN-PERSON meeting at:
Westminster Community Center
14491 Beach Blvd., Suite B, Westminster, CA 92683
Mariam Warne Room

This Agenda is available online at:
http://ochealthinfo.com/bhs/about/mhb

AGENDA
Page 1

I. **BHAB Call to Order** — **Alan Albright**
- Pledge of Allegiance
- Introduction of Members

II. **Public Comment** — **Fred Williams**

At this time members of the public may address the Chair regarding any item within the subject matter of this board's authority provided that no action is taken on off-agenda items unless authorized by law. Comments shall be limited to three to five (3-5) minutes per person.

III. **Open MHSA Public Hearing (see page 2)** — **Alan Albright**

IV. **Close MHSA Public Hearing: Action Item** — **Alan Albright**

V. **Announcements** — **Fred Williams**
- **SUD Committee:** May 1, 2024, 10:30 – 11:30 am
- **Study Committee:** May 8, 2024, 10:00 – 11:45 am
  Location: 601 N. Ross St., Santa Ana, CA 92701
- **Childrens Committee:** May 13, 2024, 1:00 – 2:00 pm
  Location: 405 W. 5th Street, #202, Santa Ana, CA 92701
- **Older Adults Committee:** May 15, 2024, 2:00 – 3:30 pm
  Location: 750 The City Drive South #130, Orange, CA 92868

VI. **Adjournment** — **Alan Albright**

The next Behavioral Health Advisory Board meeting will be:
- ***BHAB General Meeting***
  May 22, 2024, 10:00 am – 11:45 am
  601 N. Ross St., Santa Ana, CA 92701- MPR Room

In compliance with the Americans with Disabilities Act, those requiring accommodations for this meeting should notify the Behavioral Health Services Advisory Board Office 72 hours prior to the meeting at (714) 834-5481

OCBHAB
BEHAVIORAL HEALTH ADVISORY BOARD

HEALTH CARE AGENCY

Annette Mugrditchian, LCSW
Interim Director
Behavioral Health Services

Karla Perez
Staff Specialist
Behavioral Health Services

County of Orange
Behavioral Health Advisory Board

Wednesday, April 24, 2024
(Will occur during the BHAB meeting held between 10:00 a.m. - 12:00 p.m.)
(Times are approximate and subject to change)

MHSA Public Hearing
AGENDA
Page 2

Opening Remarks — Annette Mugrditchian, BHS Interim Director
(5 min)

Overview of MHSA Community Program Planning Process for the MHSA Annual Update Plan for FY 2024-25: — Michelle Smith, MHSA Senior Manager
(20 min)

Public Comment — Fred Williams, Vice Chair
(25 min)

At this time members of the public may address the Chair regarding any item within the subject matter of this board's authority provided that no action is taken on off-agenda items unless authorized by law. Comments shall be limited to three (3) minutes per person.

Close of Public Hearing — Alan Albright, Chair
- **BHAB Discussion**
- **Vote to affirm the Community Planning Process met the requirements outlined in statute.**
  (30 min)

County of Orange
Behavioral Health Advisory Board

405 W. 5th Street
Santa Ana, CA 92701
TEL: (714) 834-5481
MHB Website:
http://ochealthinfo.com/bhs/about/mhb

Wednesday, April 24, 2024
10:00 a.m. – 12:00 p.m.

Meeting Location:
601 N. Ross St., Santa Ana, CA 92701
Conference Center

MINUTES
Page 1 of 3

Members Present: Alan Albright, Supervisor Vicente Sarmiento, Hector Bustos, Stephen McNally, Chinh Tuong Nguyen, Kristen Pankratz, Duan Tran, Chase Wickersham, Fred Williams

Members Absent: Matthew Holzmann

BHS Staff: Ryan Yowell, Michelle Smith, Ian Kemmer, Brad Hutchins, Dawn Smith, Ahn Nguyen, Karla Perez, Amy Nguyen, Theresa Renteria, Terri Styner, Flor Yousefian Tehrani, Lesa Weinert, Min Suh

Call to Order

- The meeting was called to order at 10:08 a.m. by Alan Albright who then led the group in the Pledge of Allegiance.

Welcome and Introductions

- Each member introduced themselves.

Public Comment

- Penny Lambright-
  Ms. Lambright provided information around her organization which provides services for Veterans. So far in 2023, they have served 700 families. She expressed concern for housing restrictions around pets of those seeking housing and losing the opportunity to obtain housing or residential care due to not being allowed in the programs with pets. She would like to offer her organization's services (free of cost) to take care of their pets during the time they are in some type of residential treatment.

- Michael Arnot-
  Mr. Arnot encouraged the BHAB to have a more diverse board. He suggested sending applications to divers agencies and to keep a waitlist for those who are applying and not meeting the need in the current vacancies.

County of Orange
Behavioral Health Advisory Board

Wednesday, April 24, 2024
MINUTES

Opening of MHSA Public Hearing
Alan Albright opened the Mental Health Services Act (MHSA) Public Hearing at 10:21 am.

Ian Kemmer provided opening remarks. It has been 20 years since the beginning of MHSA, this proposition has provided an opportunity for special services around mental health in the community. With the new Proposition 1 voted in, this will change the system, but also provide an opportunity for change to design a best system.

Overview of the MHSA Community Program Planning Process for the MHSA Annual Update FY 2024 - 25:

Michelle Smith provided an overview of MHSA, including background information, its purpose, and an overview of the stakeholder process and standards. Michelle provided a detailed overview of how the MHSA reached out to community brining awareness around the MHSA Plan Update and provided information around the Community Program Planning. During the 30-day posting, the MHSA office received a total of 20 written public comments and a total of 218 stakeholders completed a stakeholder comment form as a result of attending one of the 16 stakeholder sessions. Michelle spoke to the decrease in funding for PEI for next fiscal year and provided information on Prop 1.

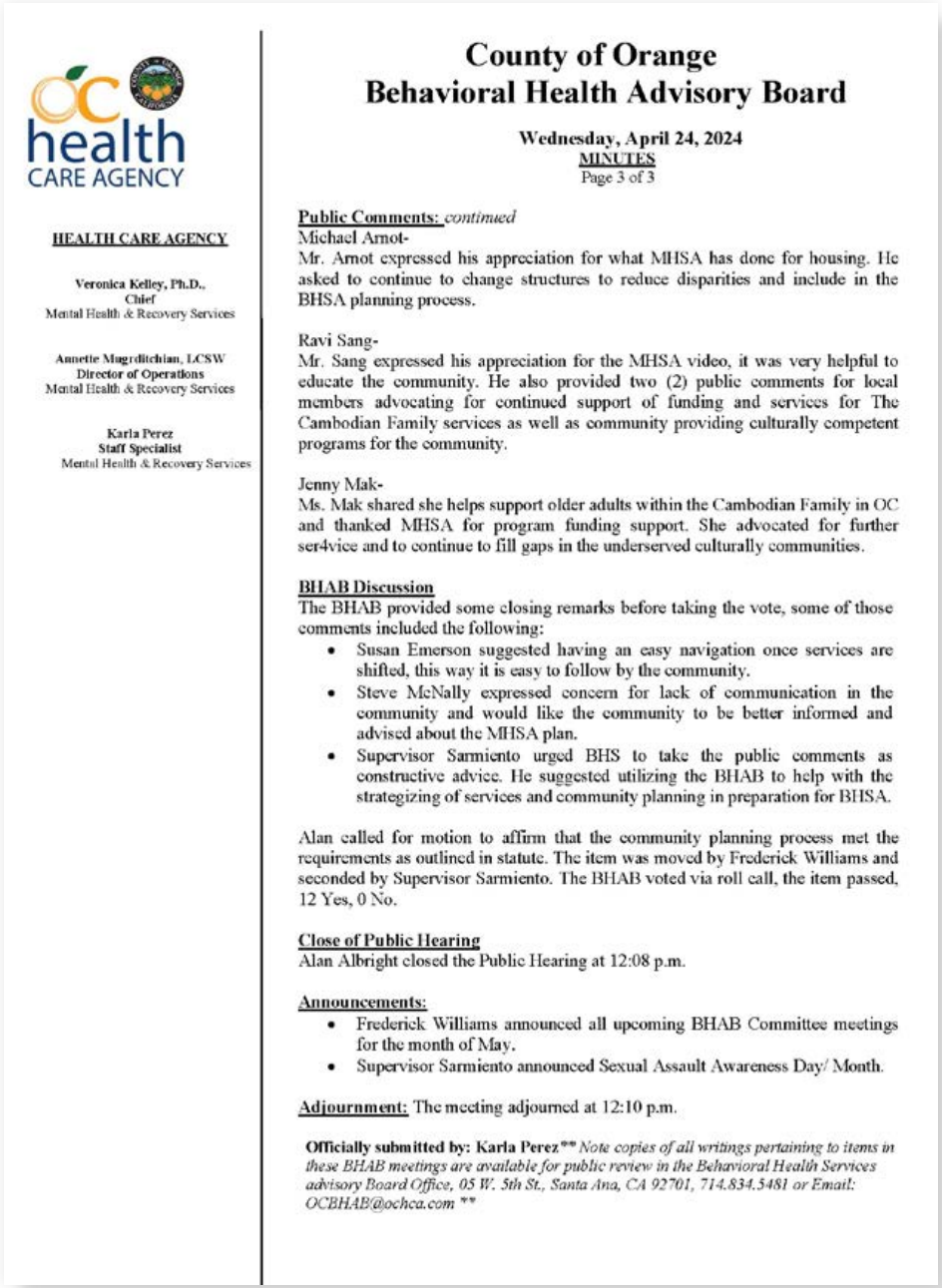
Comments from the BHAB members:

- Supervisor Sarmiento suggested reaching out to schools/ school boards to disseminate information and expand our reach in the community.

- Supervisor Sarmiento inquired as to when the County will decide which services will be impacted when Prop 1 is established. He suggested to have the BHAB members weigh in that evaluation process. Linda Smith and Karyl Dupee also asked to be included in the evaluation process prior to finalizing the plan that agency will take and how it will impact MHSA programs. Ian Kemmer explained that there will be a process and HCA is still working on those details internally. BHS will look to stakeholders for guidance in the near future.

  Michelle welcomed everyone to attend the upcoming PAC meeting, where they will discuss Innovation ideas. They will also discuss the BHSA community planning framework ideas.

Public Comments
Helen Cameron-
Ms. Cameron recommended to affirm the plan and also talked about the opportunity behind restructuring our system of care. In addition, she brought up stats on MHSA housing efforts over the years.



health CARE AGENCY

HEALTH CARE AGENCY

Veronica Kelley, Ph.D.,
Chief
Mental Health & Recovery Services

Annette Mugrditchian, LCSW
Director of Operations
Mental Health & Recovery Services

Karla Perez
Staff Specialist
Mental Health & Recovery Services

County of Orange
Behavioral Health Advisory Board

Wednesday, April 24, 2024
MINUTES
Page 3 of 3

Public Comments: *continued*
Michael Arnot-
Mr. Arnot expressed his appreciation for what MHSA has done for housing. He asked to continue to change structures to reduce disparities and include in the BHSA planning process.

Ravi Sang-
Mr. Sang expressed his appreciation for the MHSA video, it was very helpful to educate the community. He also provided two (2) public comments for local members advocating for continued support of funding and services for The Cambodian Family services as well as community providing culturally competent programs for the community.

Jenny Mak-
Ms. Mak shared she helps support older adults within the Cambodian Family in OC and thanked MHSA for program funding support. She advocated for further ser4vice and to continue to fill gaps in the underserved culturally communities.

BHAB Discussion
The BHAB provided some closing remarks before taking the vote, some of those comments included the following:

- Susan Emerson suggested having an easy navigation once services are shifted, this way it is easy to follow by the community.
- Steve McNally expressed concern for lack of communication in the community and would like the community to be better informed and advised about the MHSA plan.
- Supervisor Sarmiento urged BHS to take the public comments as constructive advice. He suggested utilizing the BHAB to help with the strategizing of services and community planning in preparation for BHSA.

Alan called for motion to affirm that the community planning process met the requirements as outlined in statute. The item was moved by Frederick Williams and seconded by Supervisor Sarmiento. The BHAB voted via roll call, the item passed, 12 Yes, 0 No.

Close of Public Hearing
Alan Albright closed the Public Hearing at 12:08 p.m.

Announcements:

- Frederick Williams announced all upcoming BHAB Committee meetings for the month of May.
- Supervisor Sarmiento announced Sexual Assault Awareness Day/ Month.

Adjournment: The meeting adjourned at 12:10 p.m.

Officially submitted by: Karla Perez** *Note copies of all writings pertaining to items in these BHAB meetings are available for public review in the Behavioral Health Services advisory Board Office, 05 W. 5th St., Santa Ana, CA 92701, 714.834.5481 or Email: OCBHAB@ochca.com* **

ORANGE COUNTY BOARD OF SUPERVISORS MINUTE ORDER

ORANGE COUNTY BOARD OF SUPERVISORS

MINUTE ORDER

June 04, 2024

Submitting Agency/Department: HEALTH CARE AGENCY

Approve Orange County Mental Health Services Act Plan Update for Fiscal Year 2024-25 for Mental Health Services Act, Proposition 63, programs and services, 7/1/24 - 6/30/25; approve agreement with California Mental Health Authority for Medi-Cal peer support specialist certification program offerings; authorize expenditures for community planning, outreach and training; authorize Director or designee to execute plan and agreement; and authorize Auditor-Controller to make related payments - All Districts

The following is action taken by the Board of Supervisors:

APPROVED AS RECOMMENDED ☒ OTHER ☐

Unanimous ☒ (1) DO: **Y** (2) SARMIENTO: **Y** (3) WAGNER: **Y** (4) CHAFFEE: **Y** (5) FOLEY: **Y**
Vote Key: Y=Yes; N=No; A=Abstain; X=Excused; B.O.=Board Order

Documents accompanying this matter:

☐ Resolution(s)
☐ Ordinances(s)
☐ Contract(s)

Item No. 15

Special Notes:

Copies sent to:

HCA – Laverne Ortiz

6/11/24

I certify that the foregoing is a true and correct copy of the Minute Order adopted by the Board of Supervisors , Orange County, State of California.
Robin Stieler, Clerk of the Board

By:_____ Depu
DocuSigned by: Alessandra Esquivel
B3412D28E08E475...

1

Agenda Item

AGENDA STAFF REPORT

ASR Control 24-000303

MEETING DATE:	06/04/24
LEGAL ENTITY TAKING ACTION:	Board of Supervisors
BOARD OF SUPERVISORS DISTRICT(S):	All Districts
SUBMITTING AGENCY/DEPARTMENT:	Health Care Agency (Approved)
DEPARTMENT CONTACT PERSON(S):	Annette Mugrditchian (714) 834-5026
	Veronica Kelley (714) 834-7024

SUBJECT: Mental Health Services Act Plan Update Fiscal Year 2024-25

CEO CONCUR	**COUNTY COUNSEL REVIEW**	**CLERK OF THE BOARD**
Concur	No Legal Objection	Discussion 3 Votes Board Majority

Budgeted: N/A **Current Year Cost:** N/A **Annual Cost:** See Financial Impact Section

Staffing Impact: No **# of Positions:** **Sole Source:** N/A
Current Fiscal Year Revenue: N/A
Funding Source: N/A **County Audit in last 3 years:** No
Levine Act Review Completed: N/A
Prior Board Action: 6/6/2023 #32

RECOMMENDED ACTION(S):

1. Approve the Orange County Mental Health Services Act Plan Update for Fiscal Year 2024-25 for the provision of the Mental Health Services Act, Proposition 63, programs and services for the period of July 1, 2024, through June 30, 2025.
2. Authorize the Health Care Agency Director or designee to execute the County's Mental Health Services Act Plan Update for Fiscal Year 2024-25 as referenced in the Recommended Action above.
3. Approve participation agreement with the California Mental Health Authority for Medi-Cal Peer Support Specialist Certification Program Offerings.
4. Authorize the Health Care Agency Director or designee to execute the agreement with the California Mental Health Authority for Medi-Cal Peer support Specialist Certification Program Offerings as referenced in the Recommended Action above.
5. Authorize expenditures from Mental Health Services Act funds for the purpose of non-monetary assistance such as transit passes, gift cards and meals of nominal value for the purposes of Community Planning, Outreach and Training; and authorize the Auditor-Controller to pay upon approval of the Health Care Agency Director or designee.

Page 1

SUMMARY:

Approval of the fiscal year 2024-25 annual update to the Orange County Mental Health Services Act Three-Year Program and Expenditure Plan will provide funding to all Mental Health Services Act Programs for the upcoming fiscal year.

BACKGROUND INFORMATION:

In November 2004, California voters approved Proposition 63, the Mental Health Services Act (MHSA). The MHSA provides counties a source of funding that is separated into five categorical use components: Community Services and Support (CSS), Prevention and Early Intervention (PEI), Innovation (INN), Workforce Education and Training (WET), and Capital Facilities and Technological Needs (CFTN). The overall goal of the MHSA is to provide services designed to reduce the long-term adverse impact of untreated mental illness and create a comprehensive system of behavioral health care.

Welfare and Institutions Code (WIC) §5847 and §5848 require that the MHSA Three-Year Program and Expenditure Plan and subsequent Annual Plan Updates (Plan) are developed through a stakeholder process, adopted by your Honorable Board of Supervisors (Board), and then submitted to the State Department of Health Care Services (DHCS) and the MHSOAC. On June 6, 2023, the Board approved the MHSA Three-Year Plan for Fiscal Year (FY) 2023-24 through 2025-26.

The MHSA Plan Update for FY 2024-25 (Plan) serves as a stakeholder-informed framework that outlines all programs eligible to be funded through local MHSA dollars. Each program in the Plan contains a description of its services, the target population it intends to serve, estimated costs and, if already implemented, outcomes and a narrative of any significant challenges or changes the program encountered in the previous year of operation. Once the Plan is approved and submitted to the state, the County is authorized to implement the Plan. All expenditures related to the MHSA Plan are approved by your Board through separate actions, in accordance with County budgeting and procurement processes.

The proposed Plan for FY 2024-25 was developed through a required community program planning process. Behavioral Health Services through the MHSA Program Planning and Administration Office has continued to expand stakeholder involvement by holding monthly MHSA Planning Advisory Committee Meetings, expanding the Behavioral Health Equity Committee and sub-committees, and supporting stakeholder meetings with consumers/family members at MHSA funded wellness centers and clinics. Additionally, the MHSA Program Planning and Administration office held or participated in 16 stakeholder engagement meetings during the required 30-day public comment period to discuss proposed changes to the Plan, provide an overview of proposed new innovation project concepts, and discuss the impacts of the passage of Proposition 1 on future MHSA programming.

Per the WIC § 5892(c); 9 CCR § 3300, the MHSA directs counties to spend up to 5 percent of their annual MHSA revenues on planning costs. This allocation includes funds to support clients, consumers, family members and other stakeholder groups attending meetings through the use of incentive gift cards, food and transportation.

The Orange County Behavioral Health Advisory Board (BHAB) received a presentation on the Plan as well as an update to the MHSA component budgets at a regularly scheduled BHAB Study Meeting that took place in 2024. Per the WIC §5848, the draft Plan was publicly posted and electronically distributed

on March 11, 2024, for a 30-day Public Comment period ending at noon on April 15, 2024. There were 20 comments submitted by the public and responded to by the HCA. The Behavioral Health Advisory Board hosted the MHSA Public Hearing on April 24, 2024.

The Health Care Agency and County Executive Office fiscal staff, in collaboration with state fiscal partners, continue to monitor MHSA revenue and expenditures closely and assess what MHSA projections will be in the upcoming year.

With the recent passage of Proposition 1 from the March 5, 2024, election, the MHSA will be repealed and replaced with the Behavioral Health Services Act (BHSA). Proposition 1 requires a BHSA 3-Year Integrated Plan to be developed in accordance with newly enacted statute for Board approval by June 30, 2026. Many existing MHSA programs may not meet the criteria for continuance under the BHSA guidelines, may require updated services and programming, or may include additional priority populations be served. MHSA qualified services must continue according to their allowable and planned use until the BHSA Integrated Plan becomes effective and the MHSA comes to its planned end.

MHSA Component Changes Information:
Due to decreases in available MHSA funds and the policy changes associated with Proposition 1, the MHSA Annual Update for FY 2024-25 does not contain substantive changes. Component budgets have been right-sized based on utilization, reducing the overall planned spending of MHSA funds. The notable changes to two components, WET and INN Include:

WET: Consistent with the approved Workforce Education and Training component programs, BHS is supporting the development of the Peer Specialist Workforce. California Mental Health Services Authority (CalMHSA) is a Joint Exercise of Powers Authority (JPA) comprised of California Mental Health Plans that provide administrative and fiscal services for member counties for implementation of statewide projects, such as Medi-Cal Peer Support Specialist certification. CalMHSA is the Certifying Entity recognized by the state for Peer Support Specialist. Peer Support Specialists Certified through the program administered by CALMHSA are recognized as Medi-Cal certified Peers by all counties who participate in the Medi-Cal Peer Benefit under agreement with the Department of Health Care Services. The participation agreement allows HCA to support Medi-Cal Peer Support Specialist certification application and testing for members of the workforce.

INN: The Innovative Community Program Planning Project was already approved by the Mental Health Oversight and Accountability Commission in May 2022. The project will change our strategy and approach to community planning by hiring subject matter experts who can facilitate planning meetings for specific target populations or specific types of services.

INN: Currently, there are planned Innovation Component concepts being developed or expanded to ensure all MHSA funds will be utilized by the end date. All Innovation projects must be approved by the state Mental Health Services Oversight and Accountability Commission (MHSOAC). These projects are currently in the concept form and budgets for each are only estimates. As the final projects are developed, each will be brought back to your Board for approval.

Below is the summary of the MHSA's Plan Budget for each component comparing the Approved Three-Year Plan (3YP) to the current Plan Update. Component budgets have been modified based on projected available funding:

Component	CSS	PEI	INN	WET	CFTN	Total
3 YP FY 2024-25	$257,467,229	$82,273,482	$7,323,667	$8,758,368	$21,401,488	$377,224,235

Plan Update FY 2024-25	$198,873,313	$72,087,856	$48,383,668	$7,871,705	$31,401,488	$358,618,030
Difference	-$58,593,916	-$10,185,626	+41,060,000	-$886,663	+$10,000,000	-$18,606,205

HCA requests the Board approve the Orange County MHSA Plan Update for FY 2024-25 as referenced in the Recommended Actions.

FINANCIAL IMPACT:

All expenditures related to the MHSA FY 2024-25 Plan Update are approved by the Board through separate actions, in accordance with County budgeting and procurement processes.

This ASR is not requesting approval of funds as Health Care Agency Budget Control 042, received Board approval of the FY 2024-25 MHSA plan of $377,224,235 on June 6, 2023. This proposed update is decreasing the MHSA FY 2024-25 plan from $377,244,235 down to $358,618,030.

STAFFING IMPACT:

N/A

ATTACHMENT(S):

Attachment A - MHSA Plan Update FY 2024-25
Attachment B - Welfare and Institutions Code §5847 and §5848
Attachment C - Peer Participation Agreement with CALMHSA