health
CARE AGENCY

Orange County

Mental Health Services Act

Plan Update
Fiscal Year 2025-26

A Message from the

Chief of Behavioral Health Services

Thank for your interest in what will be Orange County's final Mental Health Services Act (MHSA) Annual Update. The passage of Proposition 1 on March 4, 2024, marks the end of the current Mental Health Services Act categorical funding requirements and introduces a new framework for how these funds will be used moving forward.

Orange County received state approval for its first MHSA Plan on April 1, 2006, launching four Community Services and Supports (CSS) programs. The following year, four additional programs were approved, setting in motion the expansion of a comprehensive system of care. Over the years, this system has evolved into an integrated continuum of services – from prevention and early intervention to intensive outpatient services (Full Service Partnerships). It has strengthened connections to higher levels of care, expanded crisis services, enhanced peer-run recovery supports, and invested in innovative approaches to improve service delivery. MHSA funding has also played a critical role in workforce development, infrastructure expansion, and supporting digital solutions that enhanced clinical data collection, billing, and outcome tracking. What began as four programs has grown into a robust network of more than 60 programs with multiple locations, each contributing to a stronger, more responsive behavioral health system. However, as the field of behavioral health continues to evolve, so must our approach to providing care.

This final MHSA Annual Update for FY 2025-26 marks the beginning of that transition. While change can be difficult, it is also an opportunity. As we prepare to shift to the Behavioral Health Integrated Plan under new state guidelines, I want to recognize the extraordinary work that has been done over the past two decades. The MHSA Plan stands as a testament to what is possible when we come together with a shared commitment to care, treatment, and recovery. I am proud of all that has been accomplished and confident that we will continue to build upon this foundation in the years ahead.

As John Wooden wisely said, "Do not let what you cannot do interfere with what you can do." While we navigate this transition, let us remain focused on what we can do – supporting the individuals, families, and communities who rely on these vital services.

Again, 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 input at BHSA@ochca.com.

Sincerely,

Ian Kemmer, LMFT
Director,
Orange County Behavioral Health Services

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Executive Summary

MHSA BACKGROUND

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

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

This Executive Summary contains a synopsis the planned changes being proposed in Orange County's MHSA Annual Update for FY 2025-26 (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 that will be served over the entire-three-year time frame of the plan (2023-2026)::

Prevention and Early Intervention (PEI): PEI is 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 three year period of the 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. These 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 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 significantly less than what was anticipated when the 3-Year MHSA Plan was developed. In addition, BHS has unexpectedly received significantly less realignment funding, exacerbating the financial impacts to all BHS programming. Based on the information available at the time of this report, an overall reduction in funding is expected for the remaining year of the 3-Year Plan. Based on the projections, the plan reflects adjustments across each component.

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

COMPONENT	3 YEAR PLAN FY 2025-26	PROPOSED BUDGET FY 2025-26	DIFFERENCE
Prevention & Early Intervention	$77,753,250	$29,200,871	-$48,552,379
Community Services & Supports	$259,181,497	$183,717,296	-$75,464,201
Innovation	$4,255,557	$18,255,557	+$14,000,000
WET	$8,787,501	$8,371,705	-$415,796
Capital Facilities & Technological Needs	$23,091,028	$21,414,890	-$1,676,138
Total	**$373,068,833**	**$260,960,319**	**-$112,108,514**

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 2025-26 was developed during a time of transition as the state moves toward implementation of the Behavioral Health Transformation (BHT) Initiative. BHT greatly impacts the MHSA and the allowable use of the funds by updating categorical funding requirements.

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 lives may end 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 the challenge, the state of California, under the direction of the Department of HealthCare Services (DHCS), is implementing Behavioral Health Transformation initiative, also known as Proposition 1. Behavioral Health Transformation complements and builds on California's other major behavioral health initiatives including, but not limited to, California Advancing and Innovating Medi-Cal (CalAIM) initiative, the California Behavioral Health Community-Based Organization Networks of Equitable Care and Treatment (BH-CONNECT) Demonstration proposal the Children and Youth Behavioral Health Initiative (CYBHI), Medi-Cal Mobile Crisis, 988 expansion, and the Behavioral Health Continuum Infrastructure Program (BHCIP). These efforts demonstrate 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. A link to these initiatives is contained above and summarized below.

California Advancing and Innovating Medi-Cal (CalAIM) – an initiative to improve the quality of life and health outcomes of our population by implementing a broad delivery system, program, and payment reform across the Medi-Cal program.

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 Proposition 1 – A proposition authorizing significant changes to the Mental Health Services Act and mandates the development of a Behavioral Health Integrated Plan to includes all funding sources and program used for public behavioral health services. The updates make broad sweeping changes to existing statute.

Additionally, the proposition 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.

The impacts of Proposition 1, the Behavioral Health Services Act (BHSA), approved by California voters on March 5, 2024, are contained below. The BHSA changes the categorical use of MHSA component funding. The current component funding of CSS, PEI, INN, WET, CFTN will be restricted to:

1. Full Service Partnerships (35% of BHSA Funding)
2. Housing Services and Supports (30% of BHSA Funding)
3. Behavioral Health Services and Supports (35% of BHSA Funding)

The BHSA expands priority populations and will include Substance Use Disorders while prioritizing individuals with Serious Mental Illness, at risk of or experiencing homelessness, justice involved, child welfare involved and/or institutionalization or conservatorship. The BHSA became effective on January 1, 2025, making this the final MHSA Plan Update. The first three year BHSA Integrated Plan will be written and distributed for approvals prior to June 30, 2026.

In this update, many programs in the MHSA Plan Update are reduced to align with actual amount of MHSA funding available to support a program. Because of the current financial picture from the state allocations, and in preparation with the MHSA becoming BHSA, there are no significant programmatic expansions planned for FY 2025-26. The Plan represents significant reductions in programs that will no longer be eligible for funding under BHSA.

The list of the changes to the MHSA Plan are outlined below:

PREVENTION AND EARLY INTERVENTION

The amount of PEI funding received in the last two fiscal years has been less than anticipated, requiring reduction in PEI component funding in comparison to the original three-year plan. Programs that do not meet criteria for sustainability under BHSA have been identified and are being recommended to come to an end, either through the natural end of a contract, or as a transitional year before BHSA requirements begin, July 1, 2026.

PROGRAM	UPDATE	DESCRIPTION OF CHANGE
Prevention Services and Supports for Youth	Program and Contracts End June 30, 2025	The current scope of work of the program does not meet the requirements for early intervention in BHSA. The contract ends June 30, 2025, and will not be renewed. The amount of available PEI funds has been reduced from previously anticipated levels of funding. Programs and services that align with the state requirements under Behavioral Health Transformation and align with stakeholder input will be included in the Behavioral Health Integrated Plan.

PROGRAM	UPDATE	DESCRIPTION OF CHANGE
Infant and Early Childhood Continuum	Removing from Budget	Program has not been operationalized since inclusion in the 3 year MHSA Plan. BHS, in partnership with First 5, is conducting a community program planning process to develop a Families, Infant, and Early Childhood Continuum that can be implemented across the County of Orange. Programs and services developed through the collaborative that meet BHT requirements, upon approval, can be included in the Behavioral Health Integrated Plan.
Mental Health Community Education Events for Reducing Stigma and Discrimination	Program and contracts end	Population Prevention will no longer be funded at the local level, as Proposition 1 redirects 4% of state BHSA funds to be implemented by the California Department of Public Health and prohibits the use of BHSA dollars at the local level for this purpose. As contracts come to their natural end, they will not be renewed.
Outreach for Increasing Recognition of Early Signs of Mental Illness	Reduction in program	■ Crisis Intervention Training – Program is moved to CSS as part of Crisis Services as it helps to support implementation of the Crisis Continuum in Orange County. ■ Mental Health and Well Being Promotion for Diverse Communities will no longer be funded. ■ Mental Wellness Campaigns scope of work is revised and will support functions of community program planning.
Crisis Prevention and Support – Suicide Prevention	Reduction in program	Population Based prevention will no longer be funded at the local level, as Proposition 1 prohibits local use for such purposes. The budget is reduced, and the scope of work (SOW) of programs has been updated to support individual-level services and Medi-Cal billing for individuals that meet criteria. Program reduced from $4.7M in the Three Year Plan to $2.7M for the FY 25/26 Annual Update.

PROGRAM	UPDATE	DESCRIPTION OF CHANGE
Transportation Assistance	Removed from PEI	Transportation supports have been removed from MHSA funding, as transportation is a covered benefit under Medi-Cal and does not necessitate identification as a program.
BH Navigation (aka BHS Outreach and Engagement)	Transition to CSS and costs offset by grant.	In alignment with outreach and engagement services in CSS, this program has transitioned to the CSS component. In addition, costs have been offset by a $7M grant received from CalOptima that will be applied over a three year period. The function of outreach and engagement will change under BHSA.
Integrated Justice Involved Services	Moved to CSS	In alignment with state issued guidance, justice involved in-reach and transitional services should be funded under CSS. Programs have been transitioned to reflect this change.
School Aged Mental Health Services	Program End	BHS will continue to serve children meeting eligibility for children's specialty behavioral health services in County and Contracted Clinical programs. DHCS has implemented policy change that has expanded access to school-based mental health services through managed care plans (MCPs). This expands the network to allow schools that opt in to coordinate and deliver care.
OC Parent Wellness Program	Program removed from PEI Budget	The program has suffered from significant staffing shortages for the last several years. The program staff are being integrated into children's outpatient clinics and will support the delivery of services as part of clinic operations.
OC4 Vets	Program Reduced	The program has been reduced as contracted services do not align with BHSA requirements. County operated services continue and a program to meet the needs of this important population can be developed under the BHSA.

PROGRAM	UPDATE	DESCRIPTION OF CHANGE
Community Counseling and Supportive Services	Program ending June 2025	This County operated program will end. The population being served in the program align with the population mandated to be served by managed care plans and will no longer be able to be sustained under BHSA.
PEI Administration	Funding Reduced	PEI administration costs are being reduced to reflect the reduction in PEI programming.

COMMUNITY SERVICES AND SUPPORTS		
Reductions in the use of MHSA funding in this component are due to programmatic reductions and completion of some programs. These reductions are largely offset by the intention to increase Medi-Cal billing and by implementation of payment reform mandated by the State. Inability to generate needed revenue may result in additional mid-year reductions.		
PROGRAM	**UPDATE**	**DESCRIPTION OF CHANGE**
Multi-Service Center for Homeless Mentally Ill	Program ended 2024	Program ended December 31, 2024
BH Navigation	This program (also known as BH Outreach and Engagement) moved from PEI to CSS	Program better aligns with CSS outreach and engagement requirements.
Integrated Justice Involved services	Moved from PEI to CSS	Program services and scope aligns with guidance from DHCS for delivery of services under CSS.

PROGRAM	UPDATE	DESCRIPTION OF CHANGE
Warmline	Program ending June 2025	The reduction in available MHSA funding and the transition to BHSA contribute to this decision. ■ The amount of existing MHSA and categorical BHSA funding is very limited and mandated services are being prioritized, as new accountability is put in place. ■ Failure to meet those accountability measures for mandated programs will result in fines to the County. ■ The Warmline is not a mandated service, and a state funded WarmLine service is offered to all California residents. ■ California's 24/7 Peer-Run Warmline can be accessed at (855) 845-7415 via talk or text and offers supports in English, Spanish, and 240 other languages.
In-Home Crisis Stabilization	Budget reduced	Program reduced and will only be serving children's programs.
Children and Youth Expansion	MHSA Budget Reduced	Anticipated amount of MHSA dollars needed to sustain services is reduced as payment reform and new Medi-Cal billing standards are implemented. It is not anticipated that services will be affected.
Outpatient Recovery	MHSA Budget Reduced	Anticipated amount of MHSA dollars needed to sustain services is reduced as payment reform and new Medi-Cal billing standards are implemented. It is not anticipated that services will be affected.
Supported Employment	MHSA Budget Reduced	This program will end June 30, 2025. Supported employment will become a mandated part of the delivery of Full Service Partnership program services in BHSA. This support will be transitioned into the requirements and scope of work for FSP in the Behavioral Health Integrated Plan.

TRANSLATED EXECUTIVE SUMMARY

This section will be updated as translated documents are received. The translated documents will be posted on the BHS web page during the interim.

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 2025-26 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 a new direction for the local community planning process to meet the new regulations under the revised Behavioral Health Services Act (BHSA) and the BHSA Integrated Plan. The BHSA Integrated Plan is to replace the MHSA 3-Year Plan and these BHSA Integrated Plan requirements go into effect starting on July 1st, 2026. The programs contained in this 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 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 allows 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 include 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
  - Orange County Community Health Improvement Plan (OC CHIP) Behavioral 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 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: **4.1%**

LGBTQ+ (18+): **3%**

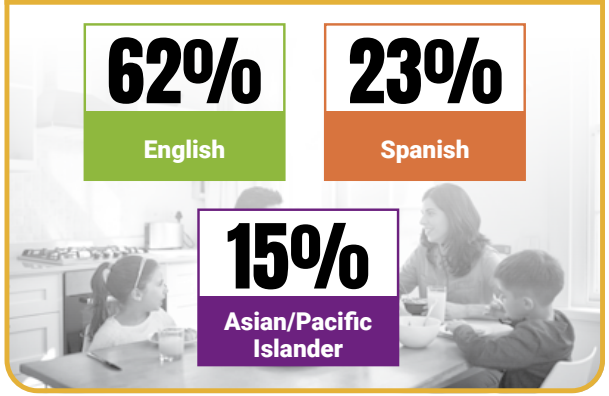
Adults w/HS Diploma: **87.4%**

OC Age Groups

22% Under 18

16% 65 & Older

Language Spoken at Home (18+)



62% English

23% Spanish

15% Asian/Pacific Islander

Highest Cost of Living

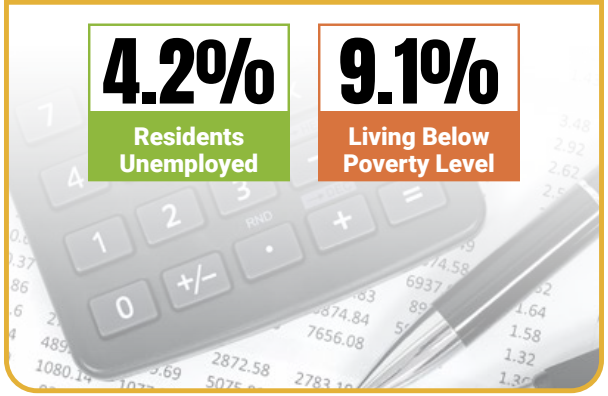
Compared to neighboring counties, driven by high housing costs

Median Household Income **$110,042**

Median Gross Rent **$2,248**

Median House Price **$1,267,500**

Financial Insecurity



4.2% Residents Unemployed

9.1% Living Below Poverty Level

Source: NIH, PubMed, US Census

DEMOGRAPHIC CHARACTERISTICS OF PEOPLE SERVED IN FY 2023-24

OC CENSUS

ORANGE COUNTY RESIDENTS BY DEMOGRAPHIC CHARACTERISTIC

Age	2022 ACS	Gender	2022 ACS	Race/Ethnicity	2022 ACS
0-9 yrs	10%	Female	50%	American Indian/Native Alaskan	<1%
10-19 yrs	13%	Male	50%	Asian/Pacific Islander	23%
20-29 yrs	13%	Transgender	<1%	Black/African-American	2%
30-39 yrs	14%	Genderqueer	<1%	Caucasian/White	36%
40-49 yrs	13%	Questioning/Unsure	<1%	Latino/Hispanic	34%
50-59 yrs	14%	Another	<1%	Two or more races	4%
60+ yrs	23%				

2022 Population: 3,135,755

Source: American Community Survey (ACS) 2023, US Census

CSS/MHSA

DEMOGRPAHIC CHARACTERISTICS OF PEOPLE SERVED IN FY 2023-24

Age	Estimated	Gender Identity	Estimated	Race/Ethnicity	Estimated
0-15 yrs	27%	Female	47%	American Indian/Alaskan Native	1%
16-25 yrs	20%	Male	58%	Asian	7%
26-59 yrs	47%	Transgender	< 1%	Black/African-American	5%
60+ yrs	6%	Genderqueer	< 1%	Hispanic/Latino	48%
		Questioning/Unsure	< 1%	Native Hawaiian/Pacific Islander	<1%
Served: 43,423		Another	< 1%	Middle Eastern / North African (MENA)	1%
				White	30%
				Another	8%
				Two or more	17%

Estimated demographic breakdowns for FY 2025-26 Annual Plan Update are based on individuals entered into the Electronic Health Record in FY 2023-24.

PEI/MHSA

INDIVIDUALS SERVED IN PEI PROGRAMS BY DEMOGRAPHIC CHARACTERISTIC

Age	Estimated
0-15 yrs	8%
16-25 yrs	61%
26-59 yrs	35%
60+ yrs	4%

Gender Identity	Estimated
Female	57%
Male	41%
Other	1%
Transgender	0%
Genderqueer	0%
Questioning/Unsure	0%
Another	2%

Race/Ethnicity	Estimated
American Indian/Alaskan Native	1%
Asian	12%
Black/African-American	2%
Hispanic/Latino	58%
Native Hawaiian/Pacific Islander	1%
Middle Eastern / North African (MENA)	1%
White	19%
Another	6%
Two or More	11%

Served: 237,952

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 children and youth count as youth-focused programming. Participant data could not be unduplicated. These numbers do not reflect those reached through social media or large community events.

Michelle Smith hosting the Planning Advisory Committee meeting on August 20, 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, 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 Substance Use Disorder. The Office of Equity is led by an Ethnic Services Manager (ESM), who reports directly to the Chief of BHS. The ESM oversees the BHEC Steering Committee, the Cultural Competency Training(s), 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. Outreach and support for consumers and family members will be performed through the Office of Equity, 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 share 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, 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 deployed 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.

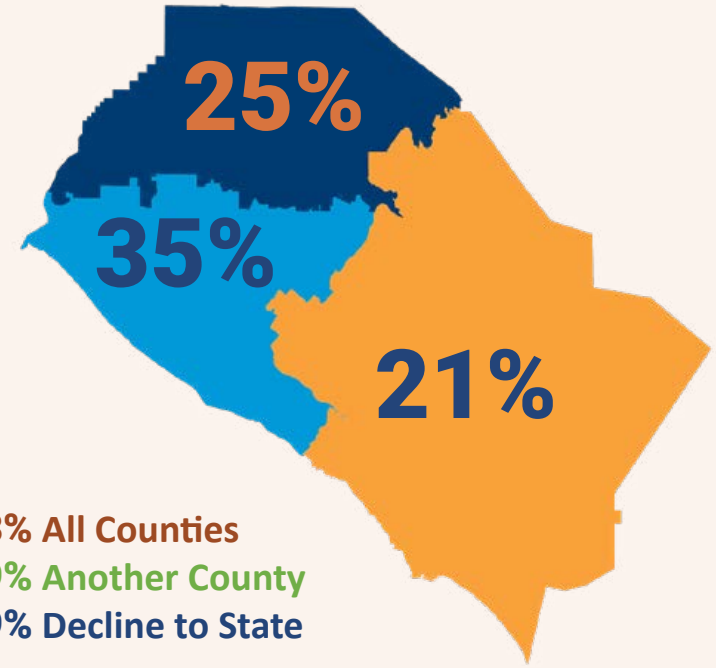
BEHVAIORAL HEALTH SERVICES ACT (BHSA)

Proposition 1, passed by California voters in May 2024, amends the state's Mental Health Services Act (MHSA) to address evolving mental health and housing needs. Originally enacted in 2004, the MHSA imposes a 1% tax on personal incomes over $1 million to fund mental health programs. With the approval of Prop 1, the act has been revised to allocate a significant portion of its funds toward combating homelessness and expanding supportive housing for individuals with severe mental health conditions. This change reflects growing recognition of the intersection between homelessness and mental health issues.

The updated MHSA also aims to enhance accountability and transparency in fund allocation while prioritizing services for children, youth, and other vulnerable populations. By focusing resources on housing solutions and preventive care, Prop 1 seeks to create a more holistic approach to addressing mental health challenges in California. The reform aligns with the state’s broader efforts to reduce homelessness and improve mental health outcomes for its residents.

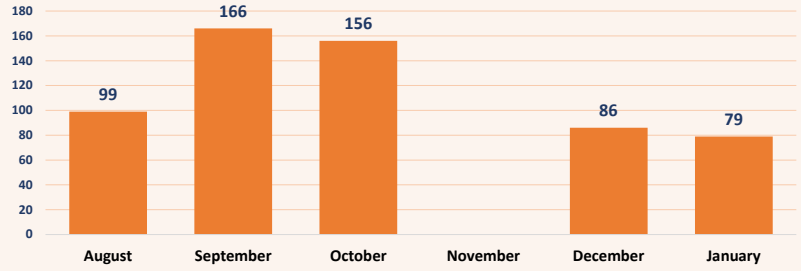
STAKEHOLDER DEMOGRAPHICS FROM JULY 2023 TO FEBRUARY 2024*

REGIONS REPRESENTED



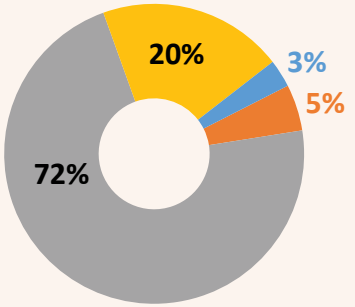
3% All Counties
9% Another County
9% Decline to State

MONTHLY ATTENDANCE



AGE

- Children (0-15 Years)
- TAY (16-25 Years)
- Adult (26-59 Years)
- Older Adult (60+ Years)
- Decline to Answer

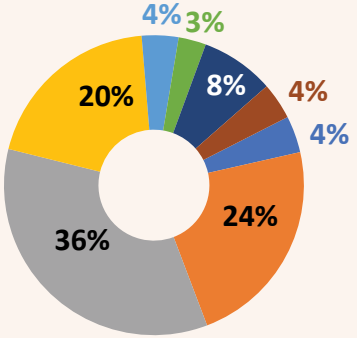


GENDER

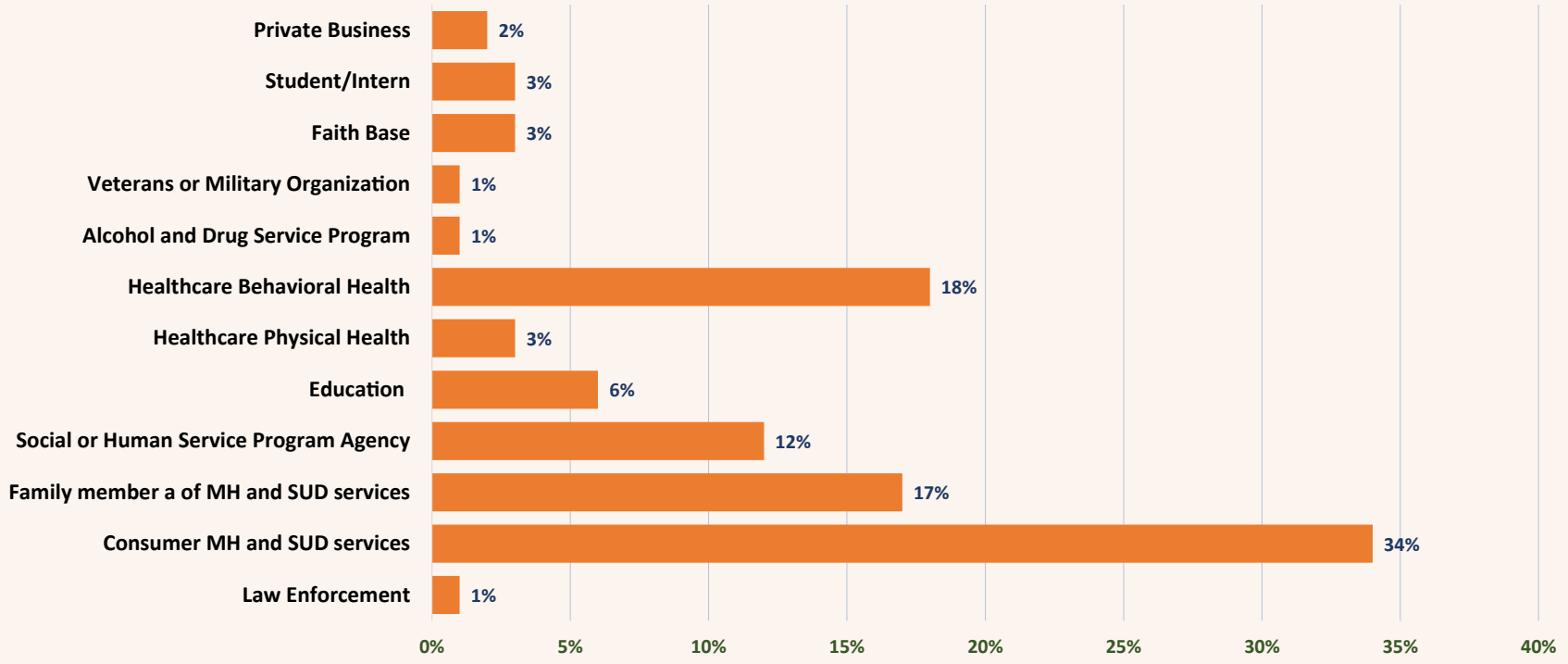
33%	62%	3%	3%
Male	Female	Other Gender	Declined or No Listed

ETHNICITY

- African American/Black
- Asian
- Caucasian/White
- Hispanic/Latino
- Native American
- Native Hawaiian/Pacific Islander
- More than One Race
- Decline to State

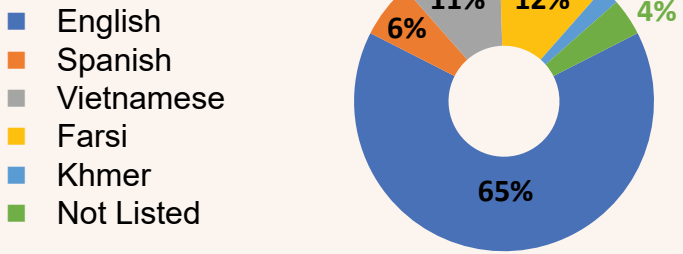


WORK IN OR REPRESENT ANY OF THE FOLLOWING AREAS/FIELDS

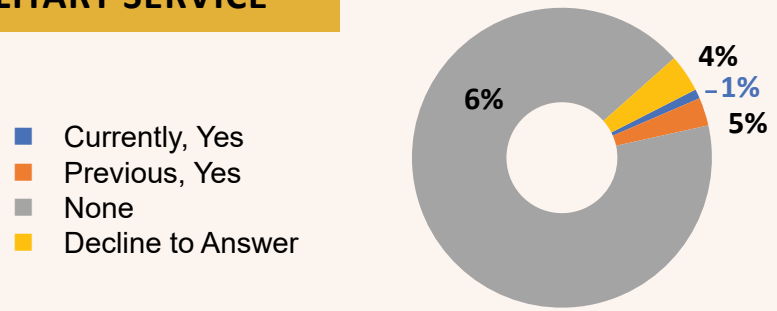


Note: Individuals were able to select more than one group

PRIMARY LANGUAGE



MILITARY SERVICE

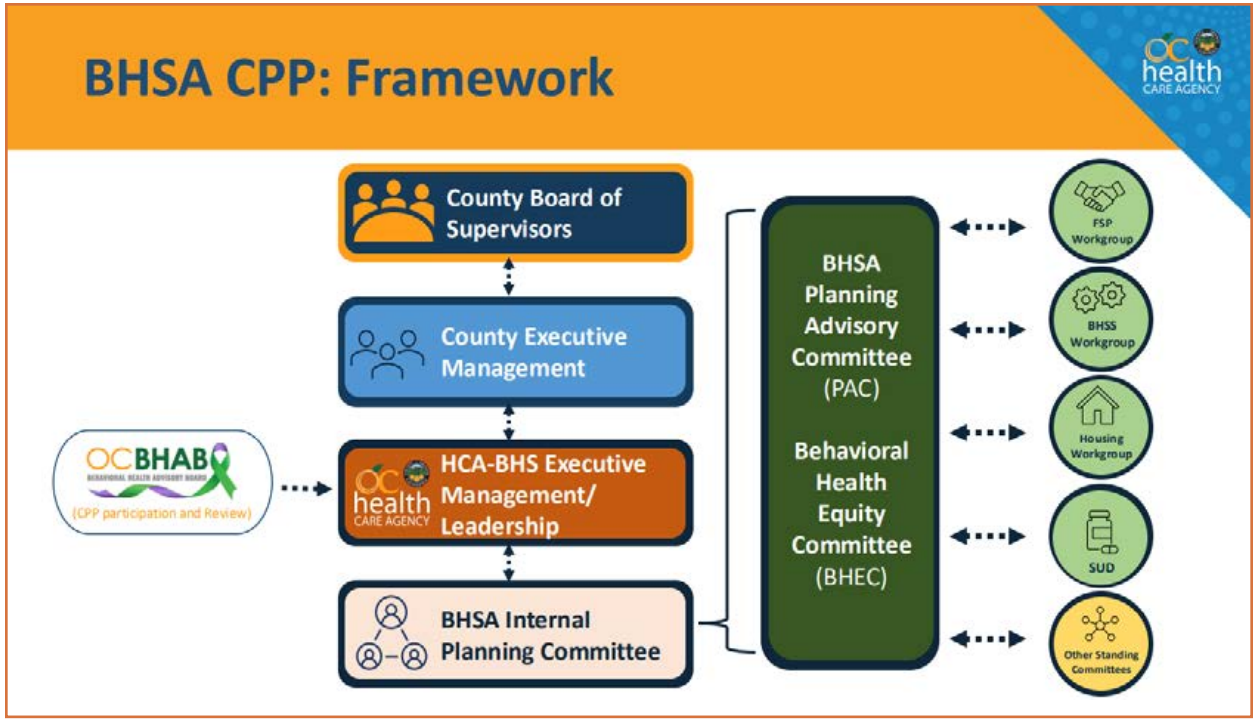


Proposition 1 also changes the community planning process that were implemented under the Mental Health Services Act (MHSA). These revisions aim to enhance collaboration with system partners and ensure that funding decisions reflect the needs of local communities. Counties are now required to engage a broader range of stakeholders, including individuals with lived experience, their families, service providers, and advocates, to develop more inclusive and equitable mental health strategies. Additionally, the planning process now places greater emphasis on measurable outcomes, data driven decision-making, and accountability to ensure that programs funded by the BHSA effectively address the needs of underserved populations. These changes are intended to create a more transparent and participatory system that aligns with the act's goal of providing comprehensive mental health care.

Orange County has embraced the changes introduced by Proposition 1, adopting a new Community Planning Process famework to align with BHSA and the new Behavioral Health Integrated Plan due June 30, 2026. The new BHSA CPP framework includes the continued community engagement through the BHSA Planning Advisory Committee (PAC) and Behavioral Health Equity Committee (BHEC). The BHSA PAC will also include (4) Ad-Hoc Workgroups to develop each of the BHSA funding components and the addition of Substance Use Disorder (SUD) treatment throughout the BHSA funded programs. Behavioral Health Serices and Support (BHSS), Full Services Partnerships (FSP), SUD and Housing Component Ad Hoc Workgroups will be led by (2) Co-Chair appointees, as approved by the OCHCA BHS Director, to provide organizational support, leadership, and subject matter expertise for each Workgroup. Co-Chairs should demonstrate an understanding of BHSA, DHCS regulations, and the public behavioral health system. Co-Chairs will be appointed to a 12-month term of volunteer service, or as needed.

Ad Hoc Groups will meet regularly to develop and review program ideas/improvements for BHSA target populations. Co-Chairs will present recommendations at BHSA PAC meetings. Group members will focus on requirements for each component under the new requirements of Proposition 1.

These recommendations, guidance, and community input will continue to be provided to the BHSA leadership at the BHSA Internal Planning Committee meetings, HCA-BHSA Executive Management/ Leadership Meetings, County Executive Management meetings and County Board of Supervisor meetings.



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 updated the MHSA webpage. The webpage now includes information on BHSA Community Planning PAC Ad-Hoc Committees and the Co-Chair Application is available to all community members to apply. Further the webpage

The newly redesigned MHSA landing page reflects a significant enhancement in organization and user-friendliness, underscoring our unwavering commitment to accessibility and community engagement. With the introduction of the MHSA Component section, users can now eeds. Each shareholder meeting is now showcased with its dedicated event page, fostering transparency and inviting community involvement with detailed information, flyers, and PowerPoint presentations readily available. Additionally, the MHSA Plans and Reports section has been visually transformed to feature cover images and translated languages, ensuring clarity and effective communication for our diverse audience.

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 plan for hosting information listening sessions in collaboration with the Behavioral Health Advisory Committee (BHAB).

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. Subject matter experts outside of BHS are invited to participate and include, but are not limited to, union representatives, human resources staff, 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 2024 through February 2025, BHS has hosted or attended 168 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.

Program Updates

BHS continues to plan for a volatile and reduced amount of MHSA funds available in FY 2025-26 across all MHSA components. This MHSA Plan reflects updates primarily consisting of budget modifications to already approved programs with Prevention and Early Intervention (PEI), Community Services and Support (CSS), and Innovation programs.

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.

CPP SCHEDULED MEETINGS FOR 2024-25

Thursday, May 16, 2024

10:00 am to 2:00 pm, In-Person

Behavioral Health 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

Thursday, August 15, 2024

10:00 am to 2:00 pm, In-Person

Behavioral Health Training Center,

An Overview of Finances FY 2025-2026 and Review of Prevention and Early Intervention (PEI) Funding.

Thursday, September 19, 2024

10:00 am to 12:00 pm, Virtual

Prevention Early Intervention (PEI)

Funding Discussion Part Two

CPP SCHEDULED MEETINGS FOR 2024-25

Thursday, October 17, 2024

10:00 am to 12:00 pm, Virtual

Overview and Discussion of Available Community Services and Supports (CSS) Component Funding

Thursday, December 12, 2024

10:00 am to 2:00 pm, In-Person

Behavioral Health Training Center

Review and Discussion Proposed Updates for the MHSA Annual Update for FY 2025-2026

Thursday, January 30, 2025

10:00 am to 2:00 pm, In-Person

Behavioral Health Training Center

Behavioral Health Integrated Plan Community Planning Launch

Thursday, March 6, 2025

4:00 pm to 6:00 pm, In-Person

Council on Aging Southern California

Community Listening Sessions

Thursday, March 19, 2025

6:00 pm to 8:00 pm, In-Person

Capistrano Union High School

Community Listening Sessions

Thursday, March 20, 2025

4:00 pm to 6:00 pm, In-Person

Access California Services

Community Listening Sessions

SUMMARY OF PROGRAM CHANGES

PREVENTION AND EARLY INTERVENTION		
The amount of PEI funding received in the last two fiscal years has been less than anticipated, requiring reduction in PEI component funding in comparison to the original three-year plan. Programs that do not meet criteria for sustainability under BHSA have been identified and are being recommended to come to an end, either through the natural end of a contract, or as a transitional year before BHSA requirements begin, July 1, 2026.		
PROGRAM	**UPDATE**	**DESCRIPTION OF CHANGE**
Prevention Services and Supports for Youth	Program and Contracts End June 30, 2025	The current scope of work of the program does not meet the requirements for early intervention in BHSA. The contract ends June 30, 2025, and will not be renewed. The amount of available PEI funds has been reduced from previously anticipated levels of funding. Programs and services that align with the state requirements under Behavioral Health Transformation and align with stakeholder input will be included in the Behavioral Health Integrated Plan.
Infant and Early Childhood Continuum	Removing from Budget	Program has not been operationalized since inclusion in the 3 year MHSA Plan. BHS, in partnership with First 5, is conducting a community program planning process to develop a Families, Infant, and Early Childhood Continuum that can be implemented across the County of Orange. Programs and services developed through the collaborative that meet BHT requirements, upon approval, can be included in the Behavioral Health Integrated Plan.

PROGRAM	UPDATE	DESCRIPTION OF CHANGE
Mental Health Community Education Events for Reducing Stigma and Discrimination	Program and contracts end	Population Prevention will no longer be funded at the local level, as Proposition 1 redirects 4% of state BHSA funds to be implemented by the California Department of Public Health and prohibits the use of BHSA dollars at the local level for this purpose. As contracts come to their natural end, they will not be renewed.
Outreach for Increasing Recognition of Early Signs of Mental Illness	Reduction in program	■ Crisis Intervention Training – Program is moved to CSS as part of Crisis Services as it helps to support implementation of the Crisis Continuum in Orange County. ■ Mental Health and Well Being Promotion for Diverse Communities will no longer be funded. ■ Mental Wellness Campaigns scope of work is revised and will support functions of community program planning.
Crisis Prevention and Support – Suicide Prevention	Reduction in program	Population Based prevention will no longer be funded at the local level, as Proposition 1 prohibits local use for such purposes. The budget is reduced, and the scope of work (SOW) of programs has been updated to support individual-level services and Medi-Cal billing for individuals that meet criteria. Program reduced from $4.7M in the Three Year Plan to $2.7M for the FY 25/26 Annual Update.
Transportation Assistance	Removed from PEI	Transportation supports have been removed from MHSA funding, as transportation is a covered benefit under Medi-Cal and does not necessitate identification as a program.
BH Navigattion (aka BHS Outreach and Engagement)	Transition to CSS and costs offset by grant.	In alignment with outreach and engagement services in CSS, this program has transitioned to the CSS component. In addition, costs have been offset by a $7M grant received from CalOptima that will be applied over a three year period. The function of outreach and engagement will change under BHSA.

PROGRAM	UPDATE	DESCRIPTION OF CHANGE
Integrated Justice Involved Services	Moved to CSS	In alignment with state issued guidance, justice involved in-reach and transitional services should be funded under CSS. Programs have been transitioned to reflect this change.
School Aged Mental Health Services	Program End	BHS will continue to serve children meeting eligibility for children's specialty behavioral health services in County and Contracted Clinical programs. DHCS has implemented policy change that has expanded access to school-based mental health services through managed care plans (MCPs). This expands the network to allow schools that opt in to coordinate and deliver care.
OC Parent Wellness Program	Program removed from PEI Budget	The program has suffered from significant staffing shortages for the last several years. The program staff are being integrated into children's outpatient clinics and will support the delivery of services as part of clinic operations.
OC4 Vets	Program Reduced	The program has been reduced as contracted services do not align with BHSA requirements. County operated services continue and a program to meet the needs of this important population can be developed under the BHSA.
Community Counseling and Supportive Services	Program ending June 2025	This County operated program will end. The population being served in the program align with the population mandated to be served by managed care plans and will no longer be able to be sustained under BHSA.
PEI Administration	Funding Reduced	PEI Admin costs are being reduced to reflect the reduction in PEI programming.

COMMUNITY SERVICES AND SUPPORTS		
Reductions in the use of MHSA funding in this component are due to programmatic reductions and ending of some programs. These reductions are largely offset by the intention to increase Medi-Cal billing and by implementation of payment reform mandated by the State. Inability to generate needed revenue may result in additional mid-year reductions.		
PROGRAM	**UPDATE**	**DESCRIPTION OF CHANGE**
Multi-Service Center for Homeless Mentally Ill	Program ended 2024	Program ended December 31, 2024
BH Navigation	This program (also known as BH Outreach and Engagement) moved from PEI to CSS	Program better aligns with CSS outreach and engagement requirements.
Integrated Justice Involved services	Moved from PEI to CSS	Program services and scope aligns with guidance from DHCS for delivery of services under CSS.
Warmline	Program ending June 2025	The reduction in available MHSA funding and the transition to BHSA contribute to this decision. ■ The amount of existing MHSA and categorical BHSA funding is very limited and mandated services are being prioritized, as new accountability is put in place. ■ Failure to meet those accountability measures for mandated programs will result in fines to the County. ■ The Warmline is not a mandated service, and a state funded WarmLine service is offered to all California residents. ■ California's 24/7 Peer-Run Warmline can be access at (855) 845-7415 via talk or text and offers supports in English, Spanish, and 240 other languages.

PROGRAM	UPDATE	DESCRIPTION OF CHANGE
In-Home Crisis Stabilization	Budget reduced	Program reduced and will only be serving children's programs.
Children and Youth Expansion	MHSA Budget Reduced	Anticipated amount of MHSA dollars needed to sustain services is reduced as payment reform and new Medi-Cal billing standards are implemented. It is not anticipated that services will be affected.
Outpatient Recovery	MHSA Budget Reduced	Anticipated amount of MHSA dollars needed to sustain services is reduced as payment reform and new Medi-Cal billing standards are implemented. It is not anticipated that services will be affected.
Supported Employment	MHSA Budget Reduced	This program will end June 30, 2025. Supported employment will become a mandated part of the delivery of Full Service Partnership program services in BHSA. This support will be transitioned into the requirements and scope of work for FSP in the Behavioral Health Integrated Plan.

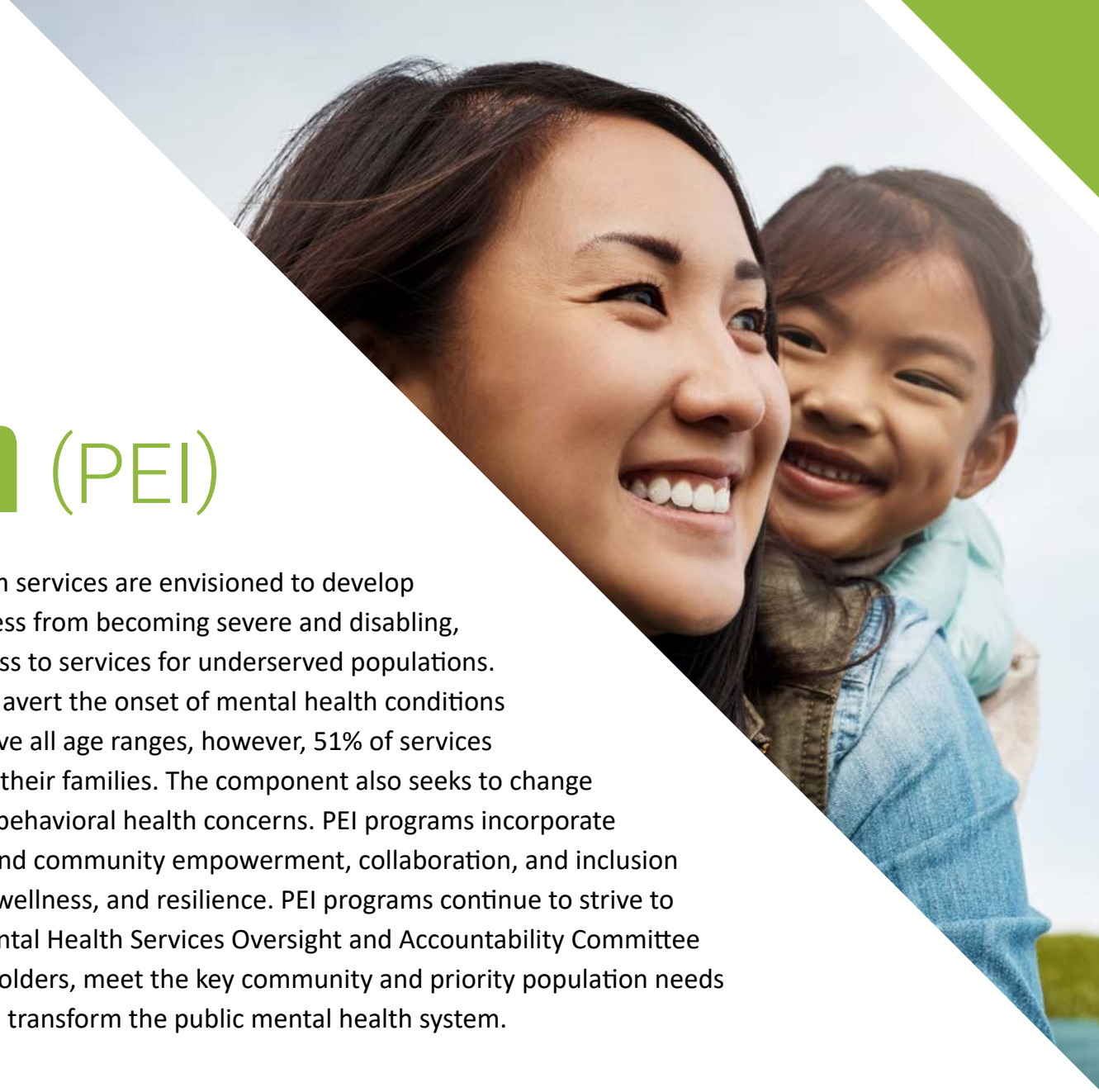
OVERVIEW OF 30 DAY PUBLIC POSTING AND COMMENT PERIOD

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.

This section intentionally left blank and will be completed upon completion of the 30 day public comment and posting period and Public Hearing.

Prevention and Early Intervention (PEI)

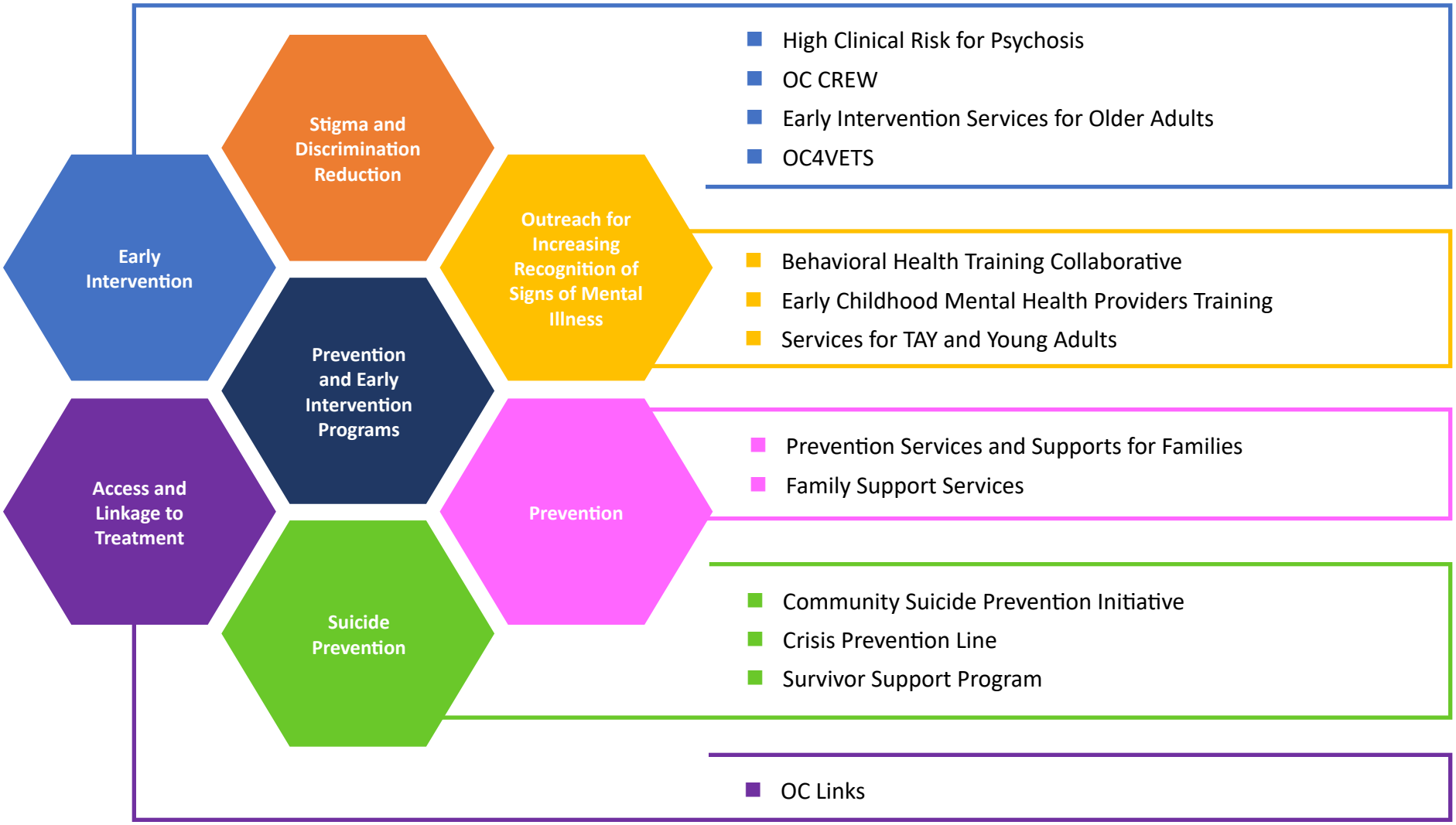


Prevention and Early Intervention (PEI) program services are envisioned to develop and implement strategies that stop mental illness from becoming severe and disabling, giving emphasis to improvement in timely access to services for underserved populations. Strategies and activities are applied early 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 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:



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.

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, 27 eligible Orange County schools submitted 161 entries to the Directing Change Program & Film Contest. Orange County students performed exceptionally well in the Statewide and Regional competitions. At the Regional level, Canyon High School's entry "Through a Different Lens" won third place for the Suicide Prevention Category; Los Alamitos's entry "Beyond the Surface" won first place in the Mental Health Category with El Dorado High School's entry "Seasons of Hope" winning second place. Los Alamitos High School's entry "Hot Pot" won first place in the Through the Lens of Culture Category with La Quinta High School's submissions "Half-Rinsed" and "Who Am I to Complain", Woodbridge High School's "No Estas Solo", and San Clemente High School's "Cambiemos el Pasado" winning second, third, fourth, and fifth places respectively. In the Walk in Our Shoes Category, Las Flores K-8's entry "Dealing with Anxiety" won first place with Las Flores Middle School's "Rabbit Hole" taking second; Las Flores K-8's "Depression & Empathy" and Carr Intermediate's "You Are Not Alone" tied with a third place win. For more information about Directing change please visit DirectingChangeCA.org/OrangeCounty.

LOCAL RESULTS	NUMBERS
Entries	161
Schools	27
Participants	521
Mini Grants	0
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 2023-24:

CAMPAIGN MATERIALS DISTRIBUTED	EXPECTED QUANTITY FY 2023-24
Take Action Green Ribbons	40,000
Wristbands	10,000
SWAG pens (English +Spanish)	10,000
Keychains	5,000
Stress balls	20,000
Phone Wallets	0
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	3,500
KTS Spanish	500
KTS brochure for parents (English and Spanish combined)	1,000
Mental Health Thrival kits	0
Be True and Be You - A Basic Guide for LGBTQ+ Youth Booklets (Eng)	500
Be True and Be You - A Basic Guide for LGBTQ+ Youth Booklets (Spanish)	500

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	550
Annual Budget	$622,710
Avg. Est. Cost per Person	$1,132
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 conditions and/or substance use issues. To meet the needs of the community, the program offers educational sessions and resources in both virtual and in-person, communty-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 conditions and/or substance use issues in the community.

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, child-care 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

Over the past three fiscal years, between 8,400 to 10,000 individuals participated in BHTC trainings:

TRAINING COLLABORATIVE ACTIVITY			
Fiscal Year	**2021-22**	**2022-23**	**2023-24**
# Trainings	546	528	614
# Trained	10,000	8,397	8,841
% Satisfied (Target: >=80%)	99%	98%	93%

Trainings were offered to a variety of potential responders:

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%. The goal was met across all three fiscal years.

TRAINING COLLABORATIVE SATISFACTION			
Fiscal Year	**2021-22**	**2022-23**	**2023-24**
% Satisfied (Target: >=80%)	99%	98%	93%

MENTAL HEALTH AND WELL BEING PROMOTION FOR DIVERSE COMMUNITIES

OVERVIEW OF THE PROGRAM

The Mental Health and Well Being Promotion for Diverse Communities program 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 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

DESCRIPTION OF SERVICES

Outreach

Community outreach is used to engage diverse communities to raise awareness, increase recognition 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 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 health conditions, 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.

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24

Participants Served	**1,115,835**
Age Group	
Child 0-15	1%
TAY 16-25	10%
Adult 26-59	67%
Older Adult 60+	17%
Declined to State/Not Reported	6%
Gender	
Female	72%
Male	14%
Transgender	2%
Genderqueer	3%
Questioning/Unsure	0%
Another	0%
Declined to State/Not Reported	8%
Race/Ethnicity	
American Indian/Alaska Native	Not Collected
Asian/Pacific Islander	Not Collected
Black/African-American	Not Collected
Hispanic/Latino	Not Collected
Middle Eastern/North African	Not Collected
Native Hawaiian/Pacific Islander	Not Collected
Caucasian/White	Not Collected
Another	Not Collected
Declined to State/Not Reported	Not Collected

TARGET POPULATION

Mental Health and Well-Being Promotion for Diverse Communities support Orange County residents who are at risk of developing a behavioral health condition 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 and LGBTQI+ individuals who have typically been underserved and disproportionately impacted by risk factors for mental illness.

OUTCOMES

At the conclusion of each workshop and/or presentation, participants were encouraged to fill out an anonymous rating form. Of those who opted to return a survey, the majority highly rated the quality of the presentations/workshops that they had attended:

WORKSHOP/PRESENTATION FEEDBACK	FY 2023-24
Surveys returned	833
% Agree/Strongle Agree:	
Staff presented the information in a way that I could understand.	94%
I would recommend this workshop/ presentation to someone I know.	93%
I will use what I learned today in my daily life.	90%
I know where to get help for someone experiencing a mental health condition.	86%
I increased my knowledge of the topic presented.	91%

Finally, participants rated their level of satisfaction with the services they received, which were very highly rated, as can be seen in the table below.

ANONYMOUS FEEDBACK SURVEY	FY 2023-24
surveys returned	170
% Agree/Strongle Agree:	
I like the services that I received here.	97%
I would recommend this agency program to a friend or family member.	99%
Staff were sensitive to my cultural background (race, religion, language, sexual orientation, gender identity, etc.).	99%
I was able to get all the services/support I thought I needed.	93%

The contract and program ended on June 30, 2024 and does not appear to meet BHSA requirements.

	FY 2023-24
Outreach	**Total**
OC Navigator Trainings	3
Community Outreach Activities	1,069
Community Outreach Participants (duplicated)	140,567
Material Development & Information Dissemination	**FY 23/24**
Material Development	Total
Resource Directory/Database	1
Resource Toolkits	6
Culturally Tailored Outeach Materials (3/provider)	15
Curricula Development	1
Calendar of Events	1
"Listening Sessions (for needs assessment)"	6
Information Dissemination	**Total**
Curricula Training	1
Peer -to-peer follow-up collaborative partner	6
Communities of Practice	5
Peer-to-peer Learning participants	245
Training Participants	21
Website Visits	10,018

	FY 2023-24
Events	**Total**
Social Media/Digital Marketing Campaigns	31
Total Followers	341,175
Total Accounts Reached	550,151
Social Media Engagements	110,314
Large Community Events	32
Small Community Events	136
Large Events Participants Impacted (100 mim./ event)	7,238
Small Events Participants impacted	3,339
Peer Support	**Total**
Peer Support Sessions	8,464
Peer Individuals Trained	4,215
Individuals Engaged Through Peer Support	4,620
Educational Workshops	**Total**
Workshop/Education Groups	124
Individuals (duplicated)	746

EARLY CHILDHOOD MENTAL HEALTH CONSULTATION SERVICES

OVERVIEW OF THE PROGRAM

The Early Childhood Mental Health Consultation Services are 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 promotes healthy social emotional development of young developing children in Early Childhood and Education (ECE) expanded learning 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, training 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)

Performance outcomes for Early Childhood Mental Health Consultation Services will measure the impact of services to increase the ability of ECE providers to manage challenging behaviors of children and promote prosocial behaviors.

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.

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
Unique Individuals Served	**5,392**
Age Group	
Child 0-15	0%
TAY 16-25	24%
Adult 26-59	72%
Older Adult 60+	5%
Gender	
Female	94%
Male	5%
Transgender	1%
Genderqueer	0%
Questioning/Unsure	0%
Another	<1%
Race/Ethnicity	
American Indian/Alaska Native	0%
Asian/Pacific Islander	
Black/African-American	0%
Hispanic/Latino*	
Middle Eastern/North African	22%
Native Hawaiian/Pacific Islander*	
Caucasian/White	70%
Another	8%

** Combined into "Another due to low counts*

OUTCOMES

FY 2023-24	
Care Sites Served	58
Children Served	4,740
Parents/Families Served	4,003
ECE Provider Staff Served	652
Indirect Consultation Services for Children	3,990
Direct Consultation Services for Children	263

Based on survey responses provided over the past three years, respondents reported variable perceptions on the consultation services received. An increasing percentage of ECE site directors, owners and administrators reported that fewer children were exhibiting persistently challenging behaviors, whereas a decreasing percentage of teachers reported an increased ability to manage challenging behaviors effectively after receiving consultation services. Reposndents reported an increase in children's prosocial behavior and classroom engagement over several years.

AREA OF BEHAVIORAL IMPROVEMENT			
Fiscal Year	**2021-22**	**2022-23**	**2023-24**
ECE site directors, owners and administrators reporting fewer that children exhibited persistent challenging behaviors.	46%	63%	76%
Teachers demonstrating an increase in ability and knowledge to manage children's challenging behaviors effectively.	73%	37%	36%
Children demonstrating a decrease in challenging behaviors.	100%	*item discontinued*	
Children maintaining good engagement in class-room activities.	-	82%	75%
Children demonstrating an increase in prosocial behaviors.	83%	100%	100%

The program also provided referrals for clinical services and parent education support to parent participants, as needed, with 62-80% having linked to the referred service.

Fiscal Year	2021-22	2022-23	2023-24
Referrals	21	25	28
Linkage rate	62%	80%	71%

CHALLENGES/SOLUTIONS

Recruiting the anticipated number of ECE sites has proven difficult throughout the term of the services. In FY 24-25 a second provider was added in hopes of expanding both the awareness of these services and the number of ECE programs receiving services. This program could be subject to decreases in funding or elimination based on available funding for FY 2025-26. These services as provided will not meet the criteria for continuance under BHSA guidelines.

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

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
Participants Served	**15,750**
Age Group	
Child 0-15	5%
TAY 16-25	21%
Adult 26-59	14%
Older Adult 60+	1%
Declined to State/Not Reported	60%
Gender	
Female	25%
Male	12%
Transgender	0%
Genderqueer	0%
Questioning/Unsure	0%
Another	0%
Declined to State/Not Reported	63%
Race/Ethnicity	
American Indian/Alaska Native	0%
Asian/Pacific Islander	7%
Black/African-American	3%
Hispanic/Latino	7%
Middle Eastern/North African	0%
Native Hawaiian/Pacific Islander	0%
Caucasian/White	16%
Another	0%
Declined to State/Not Reported	68%

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 the program's goals, those who provided feedback following an event hosted by the various providers consistently supported positive statements about mental health and people living with mental health conditions. Additionally, feedback from participants indicated that the events continue to increase a willingness to talk about mental health with others. However, depending on the year, 6% or fewer attendees completed a feedback survey so it is unknown to what extent the events helped inform or shape the perspectives of the majority of attendees who did not share their feedback.

	FY 2021-22	FY 2022-23	FY 2023-24
TAY Mental Health Community Networking & Outreach			Total
Mental Health Forums			7
Website:	Not Tracked	Not Tracked	
Welcome Page Views			3,825
Resource Page Views			1,750
Events Page Views			627
Coalition Page Views			330
Total Users			4,870
Social Media:			
Total Followers			1,024
Total Accounts Reached			319,672
TAY Suicide Prevention PSA - Social Media Accounts Reached			387,227
Outreach:			
General Outreach Events			15
Mental Health Art Outreach Events			3
Total participants reached			> 2409
TAY Mental Health Educational Activities			Total
On-campus Club	Not Tracked	Not Tracked	20
ETS Presentations			17
ETS Presenter Trainings			5
Student Led Activities			33
Pop-Up Talks			14
Podcast Episode			26
NAMI Talks Events			1

MENTAL HEALTH AWARENESS AND STIGMA REDUCTION SURVEY ITEMS	FY 2021-22	FY 2022-23	FY 2023-24
participants	10,393	17,587	16,413
surveys returned	608	184	66
Survey Items (%Agree/Strongly Agree)			
I learned how to find help for people living with a mental illness.	78%	85%	96%
I believe people living with a mental illness can have similar problems as I do.	90%	95%	82%
I believe anyone can have a mental illness at some point in their lives.	93%	97%	94%
I would be willing to talk about mental health with people I meet	86%	83%	86%*
I am willing to talk with someone about my mental health.	87%	89%	Discontinued
I learned how to treat people who are living with a mental illness.	75%	83%	
I understand that mental health ranges from mental wellness to emotional distress.	New in FY 2023-24		94%
Physical health is closely related to mental health.	New in FY 2023-24		94%
I will talk with someone in the next three (3) months about how I support my own mental health.	New in FY 2023-24		88%

* *Item revised in FY 2023-24 to "I will talk about mental health and wellness with other people in the next three (3) months."*

Beginning in FY 2023-24, participants were also given the opportunity to rate the quality of the presentations/workshops that they had attended, which they rated highly. Fewer than 100 surveys were returned, however, so it is unknown to what extent these ratings are generalizable to all who attended.

	FY 2021-22	FY 2022-23	FY 2023-24
Educational Workshops	**Total**	**Total**	**Total**
Workshop/Education Groups	N/A		-
Individuals (duplicated)	N/A		-
Workshop/Presentation Feedback Surveys returned	N/A		90
Workshop/Presentation Feedback Survey Responses (% Agree/Strongle Agree):			
Staff presented the information in a way that I could understand.	N/A		97%
I would recommend this workshop/ presentation to someone I know.	N/A		92%
I increased my knowledge of the topic presented.	N/A		93%
I will use what I learned today in my daily life.	N/A		87%
I know where to get help for someone experiencing a mental health condition.	N/A		96%

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.

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

Over the past three seasons, mental wellness advertising assets for each team resulted in nearly one billion impressions annually per team, reflecting the substantial reach of OC Navigator branding through professional sports campaigns. Counts increased from about 16,000 page views by nearly 9,000 new and returning users during the 2022 Angels season to 91,000 pageviews by 66,000 users in their Season 2024. For the Ducks, the campain saw 15,000 page views by1 0,000 users during the 2022 season to about 65,5000 pageviews by 39,000 users in Season 2023. The 2024 Season is still on-going and final metrics are not yet available. The scope of work is being updated to explore education and outreach efforts to enhance community planning efforts.

	SEASON 2022		SEASON 2023		SEASON 2024	
	ANGELS BASEBALL March-April	DUCKS HOCKEY October-September	ANGELS BASEBALL March-April	DUCKS HOCKEY October-September	ANGELS BASEBALL March-April	DUCKS HOCKEY October-September
CAMPAIGN ASSET	**923**	**355**	**1110**	**530**	**727**	
Mental Health Awareness (In-stadium/areana and, external signage)	800.7 million impressions	182.4 million impressions	939.3 million impressions	292.1 million impressions	684.2 million impressions	Season on-going. Final assets not yet available.
Digital Media (Team website and social media)	24.1 million impressions	42.5 million impressions	14.2 million impressions	109.9 million impressions	15.5 million impressions	
Broadcast Regional Media (i.e., Bally Sports West television, Angels radio)	98.9 million impressions	130.5 million impressions	157.3 million impressions	128.0 million impressions	27.8 million impressions	
OC NAVIGATOR WEBSITE						
Total Page Views (Self-guided wellness tools, local mental health and other resources)	15,996	14,681	65,888	65,541	91,018	32,017
Total New and Returning Users	8,825	10,429	40,006	39,103	65,848	19,587
Total Engagement Time (hh:mm:ss)	41:40:19	27:11:02	126:39:03	105:57:14	92:20:09	48:29:54

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 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.

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
Age Group	
Child 0-15	4%
TAY 16-25	25%
Adult 26-59	43%
Older Adult 60+	21%
Declined to State/Not Reported	7%
Gender	
Female	56%
Male	30%
Transgender	0%
Genderqueer	0%
Questioning/Unsure	0%
Another	0%
Declined to State/Not Reported	14%
Race/Ethnicity	
American Indian/Alaska Native	1%
Asian/Pacific Islander	33%
Black/African-American	9%
Hispanic/Latino	19%
Middle Eastern/North African	18%
Native Hawaiian/Pacific Islander	1%
Caucasian/White	15%
Another	0%
Declined to State/Not Reported	5%

OUTCOMES

In line with the program's goals, those who provided feedback following an event hosted by the various providers consistently supported positive statements about mental health and people living with mental health conditions. Additionally, feedback from participants indicated that the events increase their willingness to talk about mental health with others. However, depending on the year, 11% to 44% of attendees completed a feedback survey so it is unknown to what extent the events helped inform or shape the perspectives of the majority of attendees who did not share their feedback.

MENTAL HEALTH AWARENESS AND STIGMA REDUCTION SURVEY ITEMS	FY 2021-22	FY 2022-23	FY 2023-24
participants		2,325	14,648
surveys returned		1,029	1,599
Survey Items (%Agree/Strongly Agree)			
I learned how to find help for people living with a mental illness.		77%	76%
I believe people living with a mental illness can have similar problems as I do.		85%	78%
I believe anyone can have a mental illness at some point in their lives.		92%	90%
I would be willing to talk about mental health with people I meet		79%	77%*
I am willing to talk with someone about my mental health.		83%	Discontinued
I learned how to treat people who are living with a mental illness.		80%	
I understand that mental health ranges from mental wellness to emotional distress.		New in FY 2023-24	90%
Physical health is closely related to mental health.			87%
I will talk with someone in the next three (3) months about how I support my own mental health.			70%

* *Item revised in FY 2023-24 to "I will talk about mental health and wellness with other people in the next three (3) months."*

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 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.

The contract and program ended on June 30, 2024 and does not appear to meet BHSA requirements.

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	0
Annual Budget	$0
Avg. Est. Cost per Person	$0
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. 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.

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
Participants Served	**944**
Age Group	
Child 0-15	0%
TAY 16-25	1%
Adult 26-59	28%
Older Adult 60+	1%
Declined to State/Not Reported	69%
Gender	
Female	23%
Male	3%
Transgender	0%
Genderqueer	0%
Questioning/Unsure	0%
Another	0%
Declined to State/Not Reported	74%
Race/Ethnicity	
American Indian/Alaska Native	0%
Asian/Pacific Islander	4%
Black/African-American	0%
Hispanic/Latino	29%
Middle Eastern/North African	0%
Native Hawaiian/Pacific Islander	0%
Caucasian/White	15%
Another	0%
Declined to State/Not Reported	51%

OUTCOMES

	FY 2023-24
Prevention Education Participant Count	**Total**
Group Education Participants (from PH)	0
Prevention Education Events - Students	**Total**
Group Education Events (large, small)	Not Collected
School Assemblies	0
Student Enrichment Activities Offered	0

About two-thirds of the 1,500 faculty who attended a workshop rated the workshop highly.

	FY 2024-25
Prevention Education Events - Faculty	**Total**
Faculty Workshops Offered	0
Faculty Workshop Feedback Surveys returned	1,534
	% Agree/Strongly Agree
Staff presented the information in a way that I could understand.	78%
I would recommend this workshop/ presentation to someone I know.	60%
I increased my knowledge of the topic presented.	66%
I will use what I learned today in my daily life.	65%
I know where to get help for someone experiencing a mental health condition.	68%

	FY 2023-24	
Supportive Services	**Sessions**	**Participants**
Individual Case Management	17,182	944
Curriculum Groups	67	102

Beginning in FY 2023-24, participants rated the level of impact they believed program services had on their lives and daily functioning as they discharged from the program. As seen in the table, most (70-88%) agreed or strongly agreed that they were better at handling daily life and had improved social relationshps and social connection as a "direct result of the services" they had received. In addition, 60% of participants reported they had learned how to find resources and support.

ANONYMOUS FEEDBACK SURVEY ITEMS	FY 2023-24
Surveys returned	204
As a direct result of the services I received...	% Agree/Strongly Agree
I am better at handling daily life.	80%
I get along better with family members.	78%
I get along better with friends and other people.	88%
I do things that are more meaningful to me.	84%
I have people that I am comfortable talking with about my problems.	78%
I feel I belong in my community.	70%
I know where to find resources and /or support when I need it.	60%

The program also provided participants with referrals to community services, as needed, with 87% having linked to the referred service.

REFERRALS AND LINKAGES FOR SUPPORTIVE SERVICES PARTICIPANTS	FY 2023-24	
Referrals	1968	944
Linkage Rate	87%	102

Finally, participants rated their level of satisfaction with the services they received and/or activities and workshops they attended. About one-half to two-thirds provided high ratings, as can be seen in the table below.

ANONYMOUS FEEDBACK SURVEY ITEMS - SUPPORTIVE SERVICES	FY 2023-24
surveys completed	1,010
Survey Items (%Agree/Strongly Agree)	
I like the services that I received here.	68%
I would recommend this agency program to a friend or family member.	55%
Staff were sensitive to my cultural background (race, religion, language, sexual orientation, gender identity, etc.).	50%
I was able to get all the services/support I thought I needed.	64%

CHALLENGES/SOLUTIONS

These services terminate in June 2025 and will not be renewed as the do not meet the requirement for continuance under BHSA. HCA may include similar or updated programs or services that meet BHSA guidelines in the future.

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.

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 within familial settings.

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

The primary goals of the program are to establish a unified support system for families and caretakers of those who are challenged with behavioral health conditions and other stressful conditions putting the family at risk. Services include fostering effective parenting skills and family communication; ensuring healthy identities in children.

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	$4,000,000
Avg. Est. Cost per Person	$1,019
Services Offered	Prevention Education
	Case Management
	Referral and Linkage

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 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.

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
Participants Served	**6,547**
Age Group	
Child 0-15	37%
TAY 16-25	13%
Adult 26-59	24%
Older Adult 60+	12%
Declined to State/Not Reported	13%
Gender	
Female	61%
Male	33%
Transgender	0%
Genderqueer	0%
Questioning/Unsure	0%
Another	6%
Declined to State/Not Reported	
Race/Ethnicity	
American Indian/Alaska Native	3%
Asian/Pacific Islander	15%
Black/African-American	3%
Hispanic/Latino	27%
Middle Eastern/North African	5%
Native Hawaiian/Pacific Islander	1%
Caucasian/White	40%
Another	6%
Declined to State/Not Reported	0%

(only 6% of participants provided demographics)

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

Participants were given the opportunity to rate the quality of the presentations/workshops that they had attended, which they tended to rate highly. However, only 13% of participants returned a feedback survey so it is unknown to what extent these ratings are generalizable to all who attended.

PREVENTION EDUCATION	FY 2023-24
Fairs & Seminars Offered	155
Parent Education Courses Offered	309
participants (duplicated)	4,225
Workshop Feedback Surveys # returned	551
Workshop Feedback Surveys % returned	13%
Workshop/Presentation Feedback Survey Responses (% Agree/Strongle Agree):	
Staff presented the information in a way that I could understand.	86%
I would recommend this workshop/ presentation to someone I know.	79%
I increased my knowledge of the topic presented.	82%
I will use what I learned today in my daily life.	75%
I know where to get help for someone experiencing a mental health condition.	83%

PARTICIPANT ENROLLMENT IN SERVICES BY TYPE	FY 2024-25
Non-Clinical Case Management	1,014
Family Counseling	560
Group Counseling	2,651

Participants also rated the level of impact they believed program services had on their lives and daily functioning as they discharged from the program. As seen in the table below, about 70% agreed or strongly agreed that they were better at handling daily life and had improved social relationshps and social connection as "a direct result of the services" they had received.

PERCEIVED IMPACT-PARENTING	FY 2024-25
Setting Limits (Target: >=75% often or always)	**Combined**
Tell your child what you want them to do rather than telling them to stop doing something.	70%
Proactive Parenting (Target: >=75% often or always)	
Avoid struggles with your child by giving clear choices.	69%
Break a task or chore into small steps.	69%
Supporting Good Behavior (Target: >=85% often or always)	
Stand back and let your child work through problems they might be able to solve.	70%
Notice and praise your child's good behavior.	71%
Invite your child to play a game with you or share an enjoyable activity.	73%

The program also provided participants with referrals to community services, as needed, with 30% having linked to the referred service.

REFERRALS AND LINKAGES	FY 23/24
Referrals	366
Linkages	108
Linkage Rate	30%

Finally, participants rated their level of satisfaction with the services they received, which were very highly rated, as can be seen in the table below

ANONYMOUS FEEDBACK SURVEY ITEMS	FY 2023-24
participants (duplicated)	4,225
surveys completed	1,010
Workshop Feedback Surveys % returned	24%
Survey Items (%Agree/Strongly Agree)	
I like the services that I received here.	95%
I would recommend this agency program to a friend or family member.	95%
Staff were sensitive to my cultural background (race, religion, language, sexual orientation, gender identity, etc.).	92%
I was able to get all the services/support I thought I needed.	93%

CHALLENGES/SOLUTIONS

The biggest challenge continues to be establishing new relationships to increase awareness and visibility in the community. However, providers continue to meet regularly with other service providers to promote all services and reach out to their communities to bring greater awareness to the variety of services offered. The program provides referrals to parent participants for clinical services and parent education support.

Services as provided will not meet the criteria for continuance under BHSA guidelines. However, HCA may solicit for similar updated services or programs that meet the BHSA guidelines in the future.

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 across all age groups, and individuals can be self-referred or referred by family members, providers or other partner agencies. This program is supported by the 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 SUMMARY	
Program Targets	All age groups
Location of Services	In person, Community locations, Online
Numbers of Individuals to be Served	35,500
Annual Budget	$2,750,000
Avg. Est. Cost per Person	$77
Services Offered	Crisis Support and Counseling

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 988 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.

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.

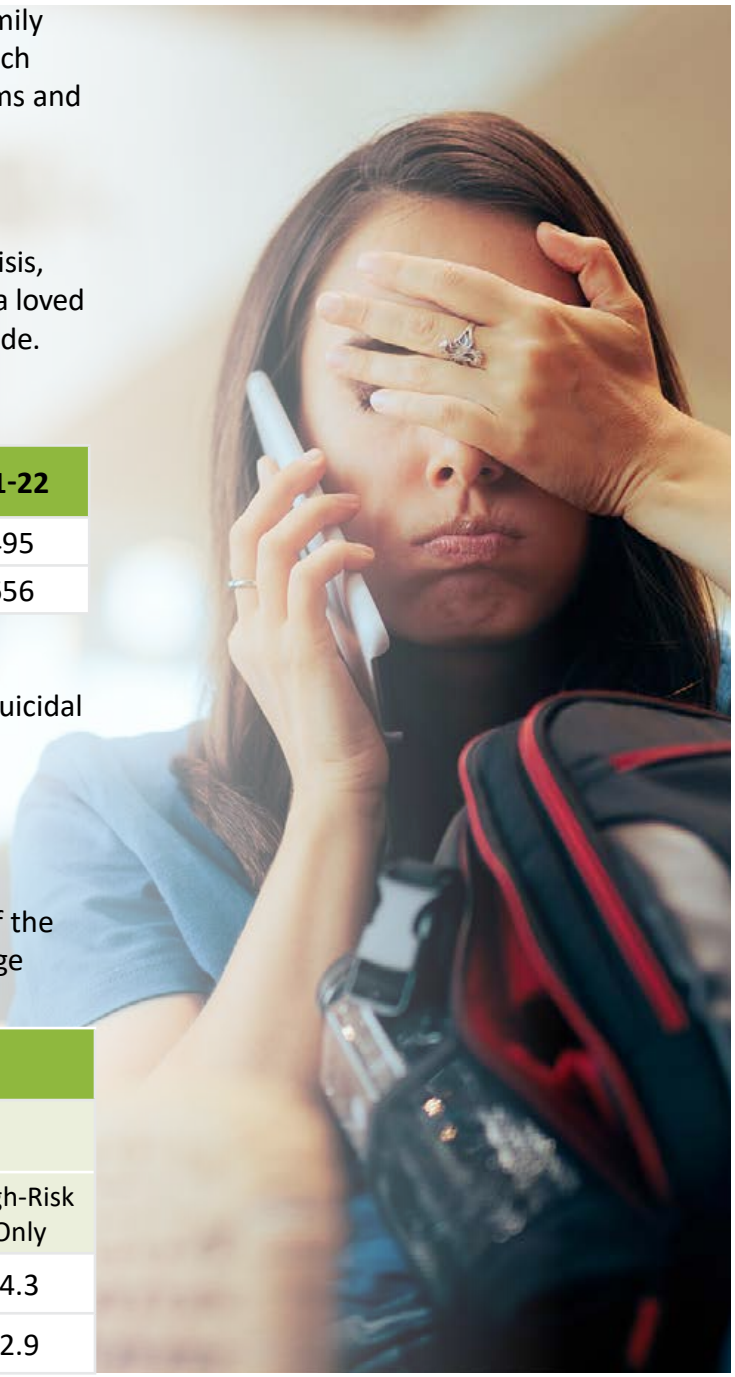
- Survivors After Suicide - Support Groups for all eligible participants affected by suicide. After Participants finish the Support Groups, they can attend any of the monthly Drop-In Support Groups - designed to help individuals to continue the healing process in the months and years following their 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

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2024-25

	Hotline	Survivor Support Services
Participants Served	**10,656**	**337**
Age Group		
Child 0-15	8%	25%
TAY 16-25	26%	21%
Adult 26-59	41%	44%
Older Adult 60+	8%	10%
Declined to State/Not Reported	17%	0%
Gender		
Female	49%	73%
Male	49%	23%
Transgender	0%	0%
Genderqueer	0%	0%
Questioning/Unsure	0%	0%
Another	2%	4%
Declined to State/Not Reported	0%	0%
Race/Ethnicity		
American Indian/Alaska Native	<1%	0%
Asian/Pacific Islander	7%	12%
Black/African-American	2%	0%
Hispanic/Latino	17%	53%
Middle Eastern/North African	0%	*
Native Hawaiian/Pacific Islander	<1%	*
Caucasian/White	73%	30%
Another	1%	5%

** Combined into Another race/ethnicity due to low counts*

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.

OUTCOMES

HOTLINE	FY 2019-20	FY 2020-21	FY 2021-22
Calls to Hotline	14,832	17,254	18,495
Unduplicated Callers	10,726	11,461	10,656

Self-Rated Intent (SRI) of Suicidal Behavior

Participants were asked to rate their suicidal intent at the start and end of calls. Risk of suicidal behavior was rated as follows:

- Low-risk = 1 or 2
- Moderate-risk = 3
- High-risk = 4 or 5

Across the past three fiscal years, callers typically expressed moderate risk at the start of the call and low risk at the end of the call. When looking at high-risk callers only, their average ratings dropped from high to medium risk.

CHANGE IN SUICIDAL INTENT RATINGS BY FY						
	FY 2021-22		FY 2022-23		FY 2023-24	
	All Callers	High-Risk Only	All Callers	High-Risk Only	All Callers	High-Risk Only
Call Start	2.6	4.3	2.5	4.3	2.6	4.3
Call End	1.7	2.5	1.7	2.8	1.8	2.9

Across the past three fiscal years, survivors of suicide attempts reported reductions in the severity of their depression symptoms as measured by the PHQ-9, with average scores falling from the moderate range to the mild-to-moderate range after enrolling in services. In addition, individuals who experienced the loss of a loved one to suicide (survivors after suicide) reported moderate decreases in their overall grief as measured by the Grief Experienced Questionnaire.

CHANGE IN SUICIDAL INTENT RATINGS BY FY						
	FY 2021-22		FY 2022-23		FY 2023-24	
	"Survivors of Suicide Attempts (Depression Symptoms)"	"Survivors After Suicide (Overall Grief)"	"Survivors of Suicide Attempts (Depression Symptoms)"	"Survivors After Suicide (Overall Grief)"	"Survivors of Suicide Attempts (Depression Symptoms)"	"Survivors After Suicide (Overall Grief)"
Start of Services	10.0	136.6	12.4	132.5	10.9	143.4
Follow Up	5.8	120.8	7.0	115.2	4.7	116.1

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 four active works groups. 1) Community Resource sharing 2) Means Safety 3) Older Adults, 4) Building Hope and Connections. 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.

These services will cease after June 2025 and will not be renewed as the do not meet the requirement for continuance under BHSA. HCA may look to continue with an updated program or services that meet BHSA guidelines in the future.

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.

OUTCOMES

OC Links has answered an average of about 46,000 calls over the past

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2024-25	
TOTAL CALLS ANSWERED	**45,320**
Age Group	
Children (0-15 years)	7%
Tay (16-25 years)	10%
Adults (26-59 years)	34%
Older Adults (60+ years)	7%
Unknown/Declined to State	40%
Gender	
Female	22%
Male	27%
Transgender	<1%
Genderqueer	<1%
Questioning/Unsure	<1%
Another Not Listed	<1%
Decline to State/Not Reported	50%
Race/Ethnicity	
American Indian/Alaska Native	<1%
Asian/Pacific Islander	3%
Black/African-American	2%
Hispanic/Latino	10%
Middle Eastern/North African	<1%
Native Hawaiian/Pacific Islander	<1%
Caucasian/White	11%
Another	<1%
Declined to State/Not Reported	72%

three fiscal years, about one-quarter of which were identified as crisis-related. The top referral made each of these years was to the mobile Crisis Assessment Team/Psychiatric Emergency Response Team, followed by the OC Outreach and Engagement program and the Medi-Cal Member Access Line. FY 2023-24 was the first time in three years that referrals to the AOABH Assessment for Residential Treatment (ART) Team exceeded those to CalOptima Behavioral Health.

KEY PERFORMANCE INDICATORS			
	FY 2021-22	**FY 2022-23**	**FY 2023-24**
Total Calls Answered	48,781	44,322	45,320
Number of Cases ID'd as Crisis-Related	12,716	12,207	12,584
Number of Resource Recommendations/Referrals	22,008	21,096	21,928

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 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 was 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.

EARLY INTERVENTION

EARLY IDENTIFICATION OF YOUTH AT CLINICAL HIGH RISK FOR PSYCHOSIS

OVERVIEW OF THE PROGRAM

Services include outreach, screening, and engagement of youth to earlier identify those who may be at Clinical High Risk for Psychosis (CHR-P). Services include the use of 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 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.

OUTCOMES AND RESULTS

Consultation Services	FY23/24
Participants Served	
Healthcare Providers	51
Families, Caregivers, etc.	37
Total Case Management Sessions Provided	**178**
Outreach & Training Services	
Total Sessions Provided to Healthcare Providers	**138**

CHALLENGES/SOLUTIONS

A low number of referrals led to a decrease in full assessments and/or professional consultations. Therefore, the program has focused on increasing the understanding and awareness of the symptoms of CHR-P among providers by reinforcing provider learning, increasing provider engagement and promoting professional consultations. Provider continues to experience staffing vacancies. Contingency planning for future staff vacancies will be addressed by , utilizing resources such as university interns and/or graduate students in order to meet service requests with minimal or no delay.

This program could be subject to decreases in funding or elimination based on available funding for FY 2025-26. These services as provided will not meet the criteria for continuance under BHSA guidelines. However, HCA may solicit for similar updated services or programs that meet the BHSA guidelines in the future.

The program has suffered from significant staffing shortages for the last several years. The program staff are being integrated into children's outpatient clinics and will support the delivery of services as part of clinic operations

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 25 who are experiencing a first episode of psychotic illness with symptom onset within the past 24 months. 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 also serves the families of eligible youth. 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)

Reductions in the severity of participants' overall psychiatric symptoms will be observed 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), the program offers community and professional training on the First Onset of Psychosis.

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

TARGET POPULATION

OC CREW provides services to youth ages 12 through 25 who are experiencing a first episode of psychotic illness with symptom onset within the past 24 months.

OUTCOMES

	FY 2021-22	FY 2022-23	FY 2023-24
Participants Served	91	100	98

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
PARTICIPANT SERVED	**98**
Age Group	
Child 0-15	23%
TAY 16-25	74%
Adult 26-59	0%
Older Adult 60+	0%
Declined to State/Not Reported	0%
Gender	
Female	38%
Male	61%
Transgender	0%
Genderqueer	0%
Questioning/Unsure	0%
Another Not Listed	1%
Decline to State/Not Reported	0%
Race/Ethnicity	
American Indian/Alaska Native	0%
Asian/Pacific Islander	16%
Black/African-American	0%
Hispanic/Latino	61%
Middle Eastern/North African	0%
Native Hawaiian/Pacific Islander	0%
Caucasian/White	12%
Another Not Listed	10%
Decline to State/Not Reported	0%

Average psychiatric symptom ratings (as measured by the Brief Psychiatric Rating Scale) consistently decreased over the past three fiscal years for both youth and adults.

CHANGE IN AVERAGE PSYCHIATRIC SYMPTOM SCORES BY FY AND AGE GROUP						
	FY 2021-22		**FY 2022-23**		**FY 2023-24**	
	Youth	Adults	Youth	Adults	Youth	Adults
Start of Services	62	54	60	54	38	32
Follow up	47	46	45	41	24	15

CHALLENGES/SOLUTIONS

In FY 2023-24 OC CREW was able to fill staffing vacancies, significantly increasing community outreach efforts, social wellness activities and nutritional education groups for participants and their families. All program staff were trained in Multi Family Group Therapy, resulting in increased participation from caregivers and families.

The program continued to have difficulty recruiting for a psychiatrist and instead linked youth to outpatient clinics for psychiatric services.

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

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 reductions in funding, this program is scheduled to end in June 2025. Enrolled participants will be linked to other programs within the County's system of care, to the Managed Care Plans, or to other community-based providers based on individual needs.

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.

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.

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

The majority of individuals receiving individual counseling services over the past three fiscal years reported healthy or reliably improved levels of distress after starting services, although as the program experienced increasing challenges with staff vacancies the rate dropped to 64%. For the few who experienced worsening symptoms, staff referred them to an appropriate level of care.

HEALTHY/RELIABLY IMPROVED			
Clinical Distress Level at Follow-Up by FY	**FY 2021-22**	**FY 2022-23**	**FY 2023-24**
Nondistressed (Healthy)	77%	85%	59%
Reliably Improved	6%	6%	5%
Stable Distress	13%	8%	33%
Reliably worsened	4%	0%	3%

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
PARTICIPANT SERVED	**259**
Age Group	
Child 0-15	0%
TAY 16-25	27%
Adult 26-59	73%
Older Adult 60+	0%
Declined to State/Not Reported	0%
Gender	
Female	95%
Male	5%
Transgender	0%
Genderqueer	0%
Questioning/Unsure	0%
Another Not Listed	0%
Decline to State/Not Reported	0%
Race/Ethnicity	
American Indian/Alaska Native	0%
Asian/Pacific Islander	6%
Black/African-American	3%
Hispanic/Latino	77%
Middle Eastern/North African	0%
Native Hawaiian/Pacific Islander	0%
Caucasian/White	9%
Another*	5%
Decline to State/Not Reported	0%

** Combined into Another due to low counts*

CHALLENGES/SOLUTIONS

This County operated program will end. The population being served in the program align with the population mandated to be served by managed care plans and will no longer be able to be sustained under BHSA.

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 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.

PROGRAM SUMMARY	
Program Serves	All Ages
Location of Services	Online; Clinic
Numbers of Individuals to be Served	700
Annual Budget	$2,000,000
Avg. Est. Cost per Person	$2,857
Services Offered	Counseling
	Case Management
	Referral and Linkage

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. In 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.

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
PARTICIPANT SERVED	**317**
Age Group	
Child 0-15	7%
TAY 16-25	20%
Adult 26-59	68%
Older Adult 60+	5%
Declined to State/Not Reported	0%
Gender	
Female	68%
Male	28%
Transgender*	
Genderqueer*	
Questioning/Unsure	0%
Another*	3%
Decline to State/Not Reported	<1%
Race/Ethnicity	
American Indian/Alaska Native*	
Asian/Pacific Islander	6%
Black/African-American*	
Hispanic/Latino	71%
Middle Eastern/North African*	
Native Hawaiian/Pacific Islander	0%
Caucasian/White	15%
Another*	5%
Decline to State/Not Reported	0%

** Combined into "**Another**" due to low counts*

OUTCOMES AND RESULTS

The majority of individuals receiving individual counseling services over the past three fiscal years 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.

HEALTHY/RELIABLY IMPROVED			
Clinical Distress Level at Follow-Up by FY	**FY 2021-22**	**FY 2022-23**	**FY 2023-24**
Nondistressed (Healthy)	82%	78%	78%
Reliably Improved	6%	9%	8%
Stable Distress	11%	12%	13%
Reliably worsened	1%	1%	1%

CHALLENGES/SOLUTION

In FY 2023-24, CCSS offered several presentations to contracted partners to provide program information and explain the services provided. As a result, CCSS received referrals. In addition, CCSS participated in community events which allowed opportunities to showcase the program.

MHSA Funding for this program will end on June 30, 2025.

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 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,

PROGRAM SUMMARY	
Program Serves	Ages 60+
Location of Services	Field; Community
Numbers of Individuals to be Served	1,190
Annual Budget	$2,500,000
Avg. Est. Cost per Person	$2,101
Services Offered	Psychosocial Assessments
	Treatment Planning
	Support Groups
	Medication Supports

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
PARTICIPANT SERVED	**317**
Age Group	
Child 0-15	0%
TAY 16-25	0%
Adult 26-59	1%
Older Adult 60+	98%
Declined to State/Not Reported	1%
Gender	
Female	27%
Male	72%
Transgender	0%
Genderqueer	0%
Questioning/Unsure	0%
Another	0%
Decline to State/Not Reported	1%
Race/Ethnicity	
American Indian/Alaska Native	0%
Asian/Pacific Islander	26%
Black/African-American	1%
Hispanic/Latino	14%
Middle Eastern/North African	1%
Native Hawaiian/Pacific Islander	0%
Caucasian/White	38%
Multi-ethnicity	1%
Another	1%
Decline to State/Not Reported	18%

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.

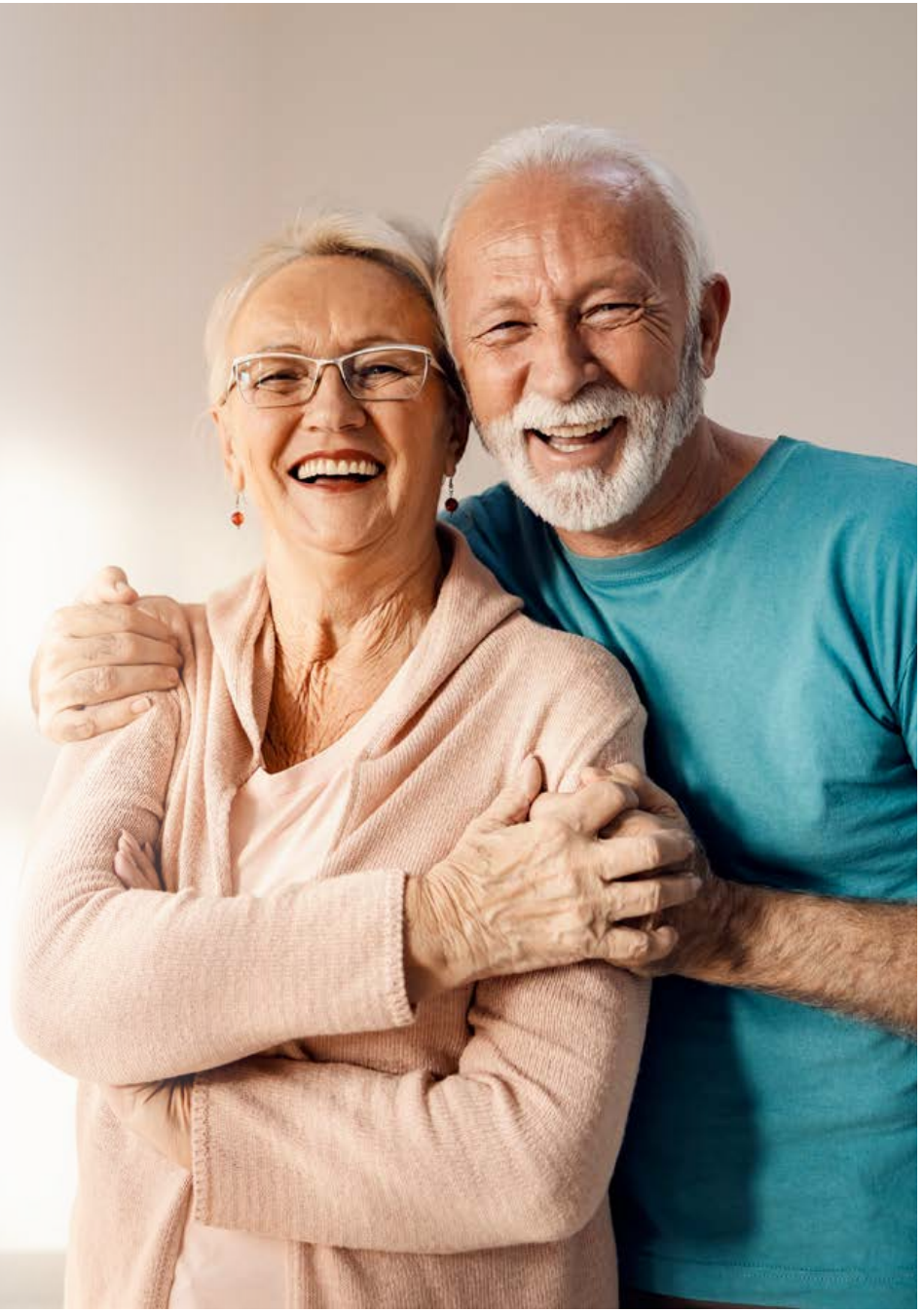
OUTCOMES

Over the past three fiscal years, particpants receiving counseling support consistently reported decreases in their symptoms of depression and anxiety after beginning program services. Depression tended to decrease from the moderate range to mild range, and anxiety from the mild/moderate range to mild range.

REDUCTION IN MOOD-RELATED SYMPTOMS BY FY						
	FY 2021-22		**FY 2022-23**		**FY 2023-24**	
	Depression (PHQ-9)	Anxiety (GAD-7)	Depression (PHQ-9)	Anxiety (GAD-7)	Depression (PHQ-9)	Anxiety (GAD-7)
Start of Services	12.8	7.8	9.2	8.1	7.3	7.5
Follow Up	6.5	4.0	4.9	4.2	4.9	4.6

Beginning in FY 2023-24, participants rated the level of impact they believed program services had on their lives and daily functioning as they discharged from the program. As seen in the table, nearly all (84-92%) agreed or strongly agreed that they were better at handling daily life and had improved social relationshps and social connection as "a direct result of the services" they had received.

PERCEIVED IMPACT	FY 2023-24
I am better at handling daily life.	91%
I get along better with family members.	84%
I get along better with friends and other people.	90%
I do things that are more meaningful to me	92%
I have people that I am comfortable talking with about my problems.	91%
I feel I belong in my community.	89%



CHALLENGES/SOLUTIONS

These services received a reduction in funding for FY 2024-25, which will continue for FY 2025-26 due to a lack of available MHSA funds. Despite the reduction in funding providers have been able to continue to provide the full breadth of services previously provided. Additionally, one of the providers added a new veterans case manager to their staffing to focus on services to older adult veterans.

These services could be subject to decreases in funding or elimination based on available funding for FY 2025-26. Services as provided will not meet the criteria for continuance under BHSA guidelines.

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	$1,000,000
Avg. Est. Cost per Person	$1,333
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 +.

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
PARTICIPANT SERVED	**381**
Age Group	
Child 0-15	0%
TAY 16-25	10%
Adult 26-59	53%
Older Adult 60+	17%
Declined to State/Not Reported	20%
Gender	
Female	17%
Male	71%
Transgender	0%
Genderqueer	0%
Questioning/Unsure	0%
Another	0%
Decline to State/Not Reported	13%
Race/Ethnicity	
American Indian/Alaska Native	0%
Asian/Pacific Islander	4%
Black/African-American	3%
Hispanic/Latino	5%
Middle Eastern/North African	2%
Native Hawaiian/Pacific Islander	2%
Caucasian/White	16%
Another	12%
Decline to State/Not Reported	56%

OUTCOMES AND RESULTS

Individuals receiving individual counseling completed an age-appropriate measure of symptom distress (Outcome Questionnaire, Youth Outcome Questionnaire) at different time points while enrolled in services. During the past three fiscal years, about 60% of OC4Vets participants reporting healthy or reliably improved levels of distress at follow up.

In FY 2023-24, 65% of OC4Vets participants receiving individual counseling reporting healthy or reliably improved levels of distress at follow up.

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

In FY 2021-22, 62% of OC4Vets participants receiving individual counseling reporting healthy or reliably improved levels of distress at follow up.

Over the past three fiscal years, about two-thirds of participants receiving counseling services reported healthy or reliably improved levels of distress after starting services. For those who experienced worsening symptoms, staff referred them to an appropriate level of care.

CLINICAL DISTRESS LEVEL AT FOLLOW-UP BY FY	FY 2021-22	FY 2022-23	FY 2023-24
Nondistressed (Healthy)	49%	49%	52%
Reliably Improved	13%	12%	14%
Stable Distress	26%	33%	28%
Reliably worsened	12%	6%	6%

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. County and contracted 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).

The contracted programs will end June 30, 2025. The program has been reduced as contracted services do not align with BHSA requirements. County operated services continue and a program to meet the needs of this important population can be developed under the BHSA.

Community Services and Supports (CSS)

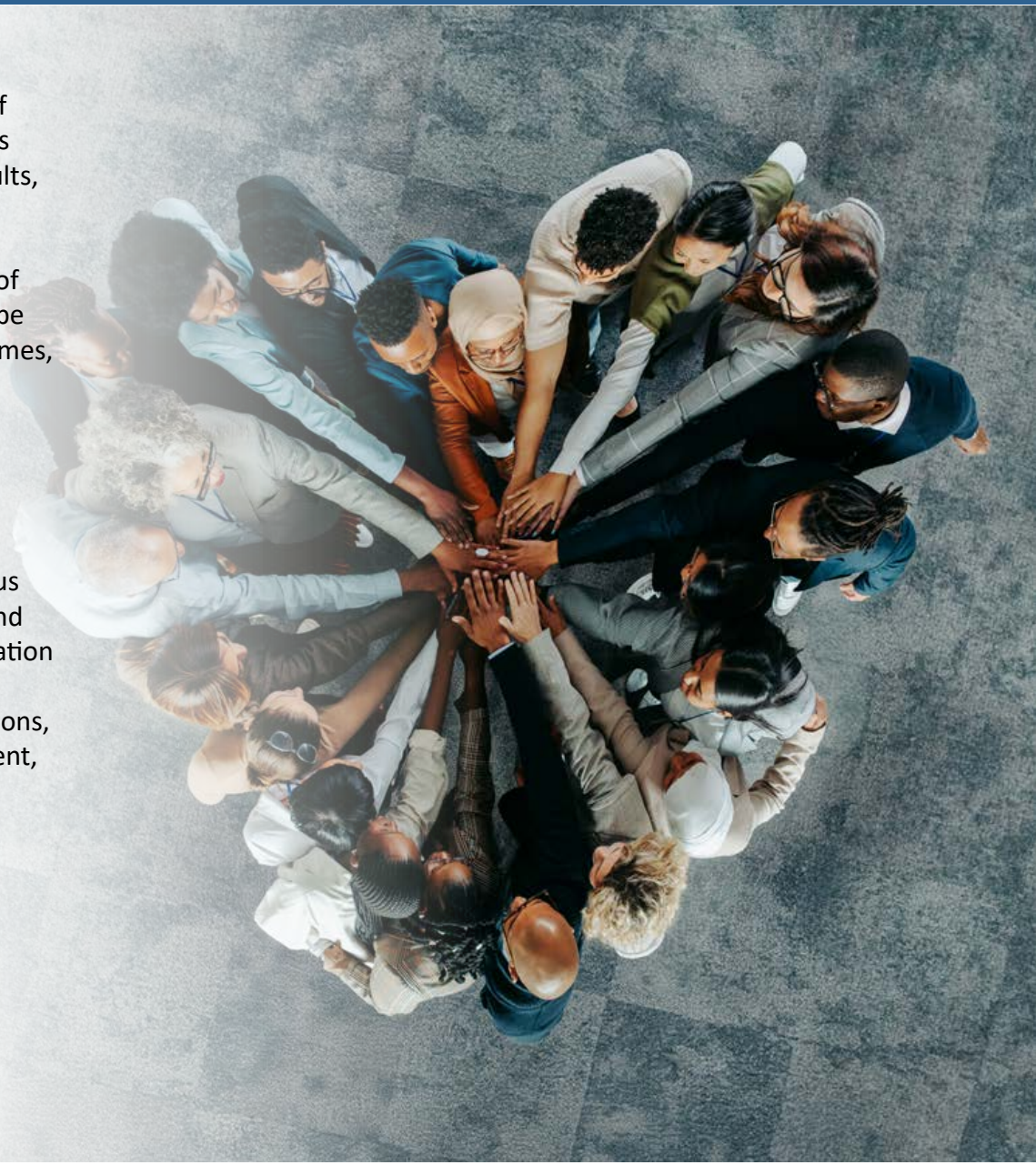
Under the Mental Health Services Act (MHSA), 76% of MHSA funding is directed toward the Community Services and Supports (CSS) component. The CSS component provides access to an expanded continuum of care for persons living with a serious mental illness (SMI) or serious emotional disturbance (SED). The 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, staff capacity, the public behavioral health system, and implementation of continuous improvement efforts based on qualitative and quantitative data and informatics. BHS collects, prepares, and presents data and information to 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. 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 a behavioral 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
	Severe
Location of Services	Telephone
	Field-Based
Numbers of Individuals to be Served	7,000
Annual Budget	$11,874,086
Avg. Est. Cost per Person	$1,692
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 Sherif'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.

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
Total Distinct Served	**6,791**
Age Group	
Children (0-15 years)	20%
TAY (16-25 years)	21%
Adults (26-59 years)	46%
Older Adults (60+ years)	11%
Declined to State/Not Reported	2%
Gender	
Male	41%
Female	40%
Transgender	1%
Genderqueer	0%
Questioning/Unsure	<1%
Another	<1%
Declined to State/Not Reported	17%
Race/Ethnicity	
American Indian/Alaska Native	<1%
Asian	6%
Black/African American	3%
Hispanic/Latino	20%
Middle Eastern/North African	1%
Native Hawaiian/Pacific Islander	<1%
White	20%
Another	2%
Declined to State/Not Reported	48%

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 mobile CAT did not meet this target over the past three fiscal years for all age groups except adults. This metric will be updated in future years due to the new mobile crisis benefit standards that went into effect January 2024.

METRIC: DISPATCH TO ARRIVAL IN 30 MINUTE OR LESS			
Age Group at Evaluation	**FY 21-22**	**FY 22-23**	**FY 23-24***
Children (< 16 years)	32%	41%	54%
TAY (16 to < 26)	58%	53%	61%
Adult (26 to < 60)	70%	70%	69%
Older Adult (60+)	61%	64%	65%

* *Mobile crisis benefit launched in January 2024 and established a requirement for a two-person team to respond. Goal is to arrive within 60 minutes from the time the need for a mobile response is identified. In future years, this new standard will be used.*

Across the past three fiscal years, about one-third to one-half of clients who were assessed by CAT were hospitalized, with rates varying somewhat by age group.

METRIC: HOSP RATE (INVOL + VOL)			
Age Group at Evaluation	**FY 21-22**	**FY 22-23**	**FY 23-24***
Children (< 16 years)	51%	37%	37%
TAY (16 to < 26)	51%	42%	47%
Adult (26 to < 60)	48%	50%	51%
Older Adult (60+)	39%	41%	41%

SUCCESSES

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.

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 2024-2025 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 crises 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	1650
Annual Budget	$570,836
Avg. Est. Cost per Person	$345
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 individual working with someone experiencing a mental health crisis in OC.

OUTCOMES

During FY 2023-2024, there were 551 hours of Crisis Intervention Training and 3,116 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%. 94.1% of the participants reported they were satisfied with these trainings.

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, and consists 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 0-17 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 20% or less in the 60 days after discharging from the program.

DESCRIPTION OF SERVICES

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

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	$2,026,000
Avg. Est. Cost per Person	$1,380
Typical Population Characteristic	Students/Schools
	Parents
	Families
	Homeless/At-Risk of
	Trauma-Exposed

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 0 years 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

Across all three fiscal years for all age groups, 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.

METRIC: HOSPITALIZATION WITHIN 60 DAYS OF DISCHARGE FROM PROGRAM

Age Group at Evaluation	FY 21-22	FY 22-23	FY 23-24*
Children (< 16 years)	32%	41%	54%
TAY (16 to < 26)	58%	53%	61%
Adult (26 to < 60)	70%	70%	69%
Older Adult (60+)	61%	64%	65%

* *Calculated for Medi-Cal beneficiaries and uninsured clients only.*

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24

Total Distinct Served	**1,096**
Age Group	
Child 0-15	13%
TAY 16-25	24%
Adult 26-59	47%
Older Adult 60+	5%
Declined to State/Not Reported	11%
Gender	
Female	42%
Male	45%
Transgender	< 1%
Genderqueer	< 1%
Questioning or Unsure	< 1%
Another Not Listed	< 1%
Decline to State/Not Reported	11%
Race/Ethnicity	
American Indian/Alaska Native	1%
Asian	4%
Black/African American	7%
Hispanic/Latino	33%
Middle Eastern/North African	< 1%
Native Hawaiian/Pacific Islander	< 1%
White	39%
Another	< 1%
Declined to State/Not Reported	14%

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 experiencing behavioral health crises requiring emergent stabilization 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 experiencing 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 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	$15,300,000
Avg. Est. Cost per Person	$1,530
Typical Population Characteristic	Students/Schools
	Parents
	Families
	Homeless/At-Risk of
	Trauma-Exposed

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 departments and 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 behavioral 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 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:

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
Total Distinct Served	**5,251**
Age Group	
Children (0-15 years)	5%
TAY (16-25 years)	23%
Adults (26-59 years)	62%
Older Adults (60+ years)	5%
Decline to State/Not Reported	5%
Gender	
Female	40%
Male	54%
Transgender	<1%
Questioning or Unsure	0%
Another Not Listed	<1%
Decline to State/Not Reported	5%
Race/Ethnicity	
American Indian/Alaska Native	<1%
Asian/Pacific Islander	9%
Black/African-American	7%
Hispanic/Latino	32%
Middle Eastern/North African	<1%
Native Hawaiian/Pacific Islander	<1%
Caucasian/White	40%
Another Not Listed	1%
Decline to State/Not Reported	8%

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

At least 60% 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 across the past three fiscal years.

METRIC: SECLUSION AND RESTRAINT USE (target is < 1.6%)		
FY 21-22	**FY 22-23**	**FY 23-24**
50%	56%	55%

The rate at which Medi-Cal members and insured clients were linked to County-operated or contracted services within 30 days of discharge from the CSU varied by age group. Children were typically linked to follow up care within 30 days of discharge about half the time, and

TAY and adults were typically linked about one-third of the time. Older adults experienced the lowest rates of linkage (about one-quarter), although the rate dropped to 12% in FY 2023-24. It is unclear if this decline was related to a delay in these providers getting service data entered into the EHR due to State mandates that necessitated updates to HCA's Electronic Health Record (EHR).

OUTPATIENT LINKAGE W/IN 30 DAYS OF PROGRAM DISCHARGE			
Age Group at Evaluation	**FY 21-22**	**FY 22-23**	**FY 23-24**
Children (< 16 years)	50%	56%	55%
TAY (16 to < 26)	38%	36%	37%
Adult (26 to < 60)	30%	32%	31%
Older Adult (60+)	26%	24%	12%

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 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 Children's 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 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 re-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	$11,400,000
Avg. Est. Cost per Person	$7,600
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, self-administration of medications under observation , 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 utilized include Cognitive Behavior Therapy (CBT), 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 group.

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
Total Distinct Served	**1,226**
Age Group	
Child 0-15	28%
TAY 16-25	24%
Adult 26-59	42%
Older Adult 60+	4%
Declined to State/Not Reported	3%
Gender	
Female	47%
Male	49%
Transgender	1%
Genderqueer	0%
Questioning/Unsure	0%
Another	0%
Declined to State/Not Reported	3%
Race/Ethnicity	
American Indian/Alaska Native	1%
Asian/Pacific Islander	5%
Black/African-American	8%
Hispanic/Latino	39%
Middle Eastern/North African	1%
Native Hawaiian/Pacific Islander	0%
Caucasian/White	39%
Another Not Listed	1%
Decline to State/Not Reported	6%

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 across the past three fiscal years.

METRIC: HOSPITALIZATION WITHIN 60 DAYS OF DISCHARGE FROM PROGRAM			
Age Group at Evaluation	**FY 21-22**	**FY 22-23**	**FY 23-24**
Children (< 16 years)	50%	56%	55%
TAY (16 to < 26)	38%	36%	37%
Adult (26 to < 60)	30%	32%	31%
Older Adult (60+)	26%	24%	12%

* *Calculated for Medi-Cal beneficiaries and uninsured clients 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 has addressed 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 determine projected 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. The funding amount includes an expansion to provide services at a newly constructed BeWell Campus in Irvine.

WARMLINE

OVERVIEW OF THE PROGRAM

The **WarmLine** is a peer-based, toll-free, 24 hour a day, 7 days a week, non-crisis, confidential telephone, live chat and texting service available to any Orange County resident needing behavioral health support. The peer services are available in all threshold languages. Trained peer mentors, individuals who have experienced a similar journey, either as a consumer of behavioral health services, or as a family member of an individual receiving these services, provide these services. Incoming calls/chat and texts are screened for potential warning signs to determine the level of need. Those in crisis are immediately linked to 988. 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 behavioral 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 who are experiencing a behavioral health crisis are immediately referred to the 988 Lifeline or OCLinks. WarmLine staff work closely with the Hotline staff (see Crisis and Prevention Section) in

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
People Served (unduplicated)	**69,323**
Age Group	
Child 0-15	<1%
TAY 16-25	4%
Adult 26-59	55%
Older Adult 60+	14%
Declined to State/Not Reported	26%
Gender	
Female	35%
Male	38%
Transgender	<1%
Genderqueer	<1%
Questioning/Unsure	<1%
Another	<1%
Declined to State/Not Reported	26%
Race/Ethnicity	
American Indian/Alaska Native	2%
Asian/Pacific Islander	7%
Black/African-American	6%
Hispanic/Latino	9%
Middle Eastern/North African	13%
Native Hawaiian/Pacific Islander	<1%
Caucasian/White	14%
Another Not Listed	<1%
Decline to State/Not Reported	49%

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.

OUTCOMES

Of the callers who agreed to answer the outcomes survey on their mood state over the past three years, 86% to 92% reported feeling less anxious, overwhelmed, depressed or other negative mood at the end of the call.

CALLERS REPORTING DECREASED NEGATIVE MOOD AT END OF CALL			
Age Group at Evaluation	**FY 21-22**	**FY 22-23**	**FY 23-24**
Anxious	92%		81%
Overwhelmed	90%		86%
Depressed	86%		81%
Worried	85%		70%
Annoyed	83%		78%
Uncertain	79%		N/A
Helpless	79%		66%
Confused	78%		70%
Agitated (manic)	64%		52%
unweight. aver:	82%	86%	92%
aver. Top 3:	89%		

	FY 21-22	FY 22-23	FY 23-24
Total Unduplicated Callers	86,211	100,667	65,404
Total Calls Answered	127,855	127,428	128,362
Total Texts/Chats	3,857	2,522	4,767

CHALLENGES/SOLUTIONS

The reduction in available MHSA funding and the transition to BHSA contribute to this decision.

- The amount of existing MHSA and categorical BHSA funding is very limited and mandated services are being prioritized, as new accountability is put in place.
- Failure to meet those accountability measures for mandated programs will result in fines to the County.
- The Warmline is not a mandated service, and a state funded WarmLine service is offered to all California residents.

California's 24/7 Peer-Run Warmline can be accessed at (855) 845-7415 via talk or text and offers supports in English, Spanish, and 240 other languages.

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 offers 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 GOAL(S) AND INTENDED OUTCOME(S)

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

The program ended December 31, 2024.

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,

PROPORTION TO BE SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
Total Distinct Served	**695**
Age Group	
Child 0-15	0%
TAY 16-25	5%
Adult 26-59	82%
Older Adult 60+	13%
Declined to State/Not Reported	1%
Gender	
Female	27%
Male	70%
Transgender	1%
Genderqueer	0%
Questioning/Unsure	0%
Another	0%
Declined to State/Not Reported	1%
Race/Ethnicity	
American Indian/Alaska Native	0%
Asian/Pacific Islander	0%
Black/African-American	0%
Hispanic/Latino	33%
Middle Eastern/North African	0%
Native Hawaiian/Pacific Islander	0%
Caucasian/White	0%
Another Not Listed	64%
Decline to State/Not Reported	3%

etc.). The team can transport, or facilitate the transportation of, residents to those services as needed.

TARGET POPULATION

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

OUTCOMES

The MSC provided clients with multiple referrals for a variety of different service types and tracked the number of clients who linked to that service. MSA had a linkage rate of 78-93% for supportive services (i.e., primary health care, dental care, income assistance, acquisition of medical benefits or identification documents, temporary shelter, etc.); 75-95% for vocational services; 36-80% for mental health services; 41-71% for substance use services; and 26-62% for housing over the past three years.

FY 2021-2022	#REFERRALS	LINKAGE RATE
Mental Health Services	230	36%
Substance Use Services	181	49%
Vocational Services	178	81%
Supportive Services	3,025	78%
Housing Placements	505	50%

FY 2022-2023	#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%

FY 2023-2024	#REFERRALS	LINKAGE RATE
Mental Health Services	469	70%
Substance Use Services	113	71%
Vocational Services	188	75%
Supportive Services	5,279	92%
Housing Placements	527	62%

OPEN ACCESS

OVERVIEW OF THE PROGRAM

Open Access serves individuals ages 18 and older who are living with serious mental illness and may also have a co-occurring disorder. It serves as a central intake location for those seeking outpatient behavioral health services. The target population includes adults who need to access the County mental health system, including those who have recently been discharged from psychiatric hospitals or released from jail. Individuals in these situations are at heightened risk of further hospitalization or incarceration if they are not quickly connected to behavioral health services. To support this, an appointment will be offered within 48 hours of discharge.

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

Establish a central intake point for adults needing behavioral health services. Ensure timely access for adults requiring these services.

DESCRIPTION OF SERVICES

Recovery Open Access serves two key functions:

(1) It connects adults living with serious mental illnesses to ongoing and appropriate behavioral health services.

(2) It provides access to short-term integrated behavioral health services, including brief assessments, case management, crisis counseling and interventions, substance use disorder (SUD) services, and temporary medication support, while individuals are waiting for their first appointment.

To reduce the risk of re-hospitalization or recidivism, staff members aim to meet with participants within 24 hours of their discharge from the hospital or jail. They also work to keep participants engaged in services until they are connected to ongoing care.

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

TARGET POPULATION

Orange County adults aged 18+ with a serious mental illness who need access to outpatient behavioral health services.

OUTCOMES

Over the past three years, Open Access has struggled to meet their targets for linking individuals to medication services within three days or to on-going care within 30 days, reflecting the impact of on-going staffing vacancies combined with a significant increase in individuals served each year over the past two years.

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
Total Distinct Served	**695**
Age Group	
Child 0-15	0%
TAY 16-25	25%
Adult 26-59	75%
Older Adult 60+	<1%
Declined to State/Not Reported	0%
Gender	
Female	51%
Male	48%
Transgender	1%
Genderqueer	<1%
Questioning/Unsure	0%
Another	<1%
Declined to State/Not Reported	<1%
Race/Ethnicity	
American Indian/Alaska Native	1%
Asian/Pacific Islander	10%
Black/African-American	6%
Hispanic/Latino	43%
Middle Eastern/North African	1%
Native Hawaiian/Pacific Islander	<1%
Caucasian/White	34%
Another Not Listed	1%
Decline to State/Not Reported	3%

INDICATOR	TARGET	FY 2021-22	FY 2022-23	FY 2023-24
Linkage to medication services within 3 business days after discharge from a hospital	≥ 80%	78% n = 431	73% n = 328	74% n = 82
Linkage to medication services within 3 business days of release from jail	≥ 80%	81% n = 100	84% n = 55	69% n = 16
Linkage to Ongoing Care within 30 Days	≥ 80%	88%	64%	55%
		n = 1,071	n = 1,123	n = 1,353

CHALLENGES\SOLUTIONS

The Open Access program was updated for fiscal year 2025/2026 to establish a central intake point. This single access point will serve adults living with serious mental illness who require behavioral health services. This change aims to ensure timely access to the necessary care.

The Doctor vacancies have resulted in longer wait times for clients seeking Open Access services. Doctors have been assigned to cover multiple programs, which has hindered the program's ability to meet its goal of seeing clients within three days of their request for Open Access services.

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.

To effectively respond to the needs of individuals experiencing homelessness through a timely, comprehensive, and whole-person approach by creating an individualized and coordinated field outreach response across multiple disciplines and service areas.

To build trusting relationships with individuals experiencing homelessness and to collaborate with other service providers.

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.

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	$4,820,000
Avg. Est. Cost per Contact	$161
Services Offered	Community Outreach & Engagement
	Psychoeducation
	Access and Linkage

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.

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2024-25	
NUMBER SERVED	**18,218**
Age Group	
Child 0-15	0%
TAY 16-25	2%
Adult 26-59	81%
Older Adult 60+	17%
Declined to State/Not Reported	0%
Gender	
Female	29%
Male	71%
Transgender	<1%
Genderqueer	Not Collected
Questioning/Unsure	Not Collected
Another Not Listed	Not Collected
Decline to State/Not Reported	Not Collected
Race/Ethnicity	
American Indian/Alaska Native	Not Collected
Asian/Pacific Islander	6%
Black/African-American	8%
Hispanic/Latino	38%
Middle Eastern/North African	Not Collected
Native Hawaiian/Pacific Islander	0%
Caucasian/White	46%
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

Although the number of visits made by OC O&E more than doubled from FY 2022-23 to FY 2023-24, the number of times a visit resulted in no contact with an individual dramatically increased from about 350 no-contact visits to 5,450.

METRICS			
	FY 2021-22	**FY 2022-23**	**FY 2023-24**
Number of Visits	Not Collected	7,131	14,982
Number of Contacts	29,424	23,557	18,218

The number of referrals provided to individuals has decreased over the past three years. The linkage rate remained between 31 and 46%, and the top linkage categories were to housing support, medical services, mental health services, benefits and basic needs.

METRICS			
	FY 2021-22	**FY 2022-23**	**FY 2023-24**
Number of Referrals Provided	9,708	6,682	3,461
Linkage Rate	37.9%	31.3%	45.7%
Top linkage categories	Housing, Benefits, Medical	Housing, Medical, Mental Health	Housing, Basic Needs, Mental Health

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 various housing options and serves as an access point to the Coordinated Entry System (CES), which matches individuals with eligible housing opportunities. Additionally, access to immediate resources has also been challenging. Participants who 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 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 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. Funding for this program will be moving from the PEI component to CSS for 2025-26. Future iterations of this program will contain an updated scope of work to align with component requirements under BHSA.

INTEGRATED JUSTICE INVOLVED SERVICES

OVERVIEW OF THE PROGRAM

Integrated Justice Involved Services focuses on adults ages 18 and older who are living with mental illness, detained in an Orange County Jail, and transitioning back to the community. Integrated Justice Involved Services comprises two programs, the Jail to Community Re-Entry Program (JCRP) and the Re-Entry Success Center. JCRP is embedded in Orange County jail facilities, and services are coordinated with correctional health services, whereas the Re-Entry Success Center (RSC) is a contracted service that provides peer outreach to adults being released from custody at an Orange County jail facility who 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 the RSC itself for resources, counseling services, transportation, and housing assistance.

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.

The overarching goal of the Jail to Community Re-Entry Program (JCRP) is to build trust to successfully engage individuals aged 18 and older who were diagnosed with a severe mental illness and incarcerated in Orange County Jail facilities into mental health services. JCRP provides behavioral health services while the individual is detained in an Orange County jail facility and coordinates linkage to services upon discharge.

PROGRAM SUMMARY	
Program Serves	Adults (18+)
Location of Services	Other (Jail)
Numbers of Individuals to be Served	8,750
Annual Budget	$8,314,804
Avg. Est. Cost per Person	$950
Services Offered	Assessment
	Case Management
	Individual and Group Therapy
	Peer Supports

The RSC provides assertive and timely engagement to the target population with re-entry support and behavioral health services initiated by in-reach and outreach. A minimum of 1,950 outreach contacts are provided per fiscal year. Of these outreach contacts, a goal of 390 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:

- 80% 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
- 50 % of client referrals will result in confirmed linkages
- 60% of clients receiving mental health counseling services will report improvement in well-being and quality of life as indicated by the Outcome Questionnaire (OQ)

- 40% of enrolled clients will receive employment /education assistance from the provider.

DESCRIPTION OF SERVICES

Jail to Community Re-Entry Program (JCRP) utilizes a comprehensive service delivery approach to individuals with severe mental illness that is initiated during incarceration. The program provides individualized case management, brief psychotherapy, ASAM assessments, psychiatric evaluations, medication support, discharge planning, linkage and coordination, and seamless transition to community partners. JCRP employs Mental Health Specialists and Behavioral Health Clinicians to establish rapport and trust with clients, identify individualized needs through evidence-based practices such as Moral Recognition Therapy, Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Motivational Interviewing, and Seeking Safety, and coordinates behavioral health service linkage upon release for continuity of care.

Case management and rehabilitative services also include facilitation of linkage to a range of supportive services upon release, such as housing assistance, Medi-Cal enrollment, and essential needs such as clothing and transportation. Connections with family and support systems such as peer support mentors are 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 that 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 facilitates 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 Orange County jails who 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 stationed outside the Orange County Main Jail and Theo Lacy facilities and facilitates linkage to essential needs such as clothing, phone charging, screening for eligible services, and transportation. Once enrolled at the RSC, clients are offered case management, mental health counseling, substance use counseling, Recovery Circles, vocational and educational counseling, transportation, 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. This intervention uses a modified 12-Step Model that incorporates Seeking Safety trauma-informed practices to promote problem-solving, recognition of triggers, and supports community-building for the individual. Housing assistance includes providing sessions that prepare the individual for housing, assisting the individual in obtaining needed documents for housing, and providing transitional housing. The RSC serves as an access point for the Coordinated Entry System. The program employs evidence-based models in delivering services, including but not limited to motivational interviewing and a "whatever it takes" approach to remove barriers for individuals to access the support needed to integrate fully 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 case manager and a Peer Navigator upon enrollment in the RSC. The Peer Navigator actively participates with the clinical team to work with the client to achieve established goals and support and mentor individuals through knowledge and skills gained from their lived experiences.

TARGET POPULATION

The target population served by the 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. JCRP provides services only while the client remains incarcerated and ceases services once the individual is released. Referrals and linkage coordination with external partners are crucial components of the JCRP.

The target population for the Re-Entry Success Center (RSC) program includes individuals being released from the Orange County Jails who are ages 18 and older and experiencing mild to moderate mental health and/or substance use issues. Given the number of late-night releases, the RSC Peer Navigation assistance outside of the jails expanded to 24/7, except on approved holidays. It is important to note that services outside the jails are available to anyone who needs them. Once it is identified that they meet the criteria for the RSC, they can be transported to the RSC, where more in-depth services will be provided.

OUTCOMES AND RESULTS

In FY 2023-24, 4,060 clients were served by JCRP. There were 1,233 referrals made to a community provider and 851 who was accepted by the community provider and received an appointment.

The number of people served has nearly doubled each year with a second provider beginning to provide services in the latter half fo FY 2022-23.

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24

NUMBER SERVED	**4,966**
Age Group	
Child 0-15	0%
TAY 16-25	9%
Adult 26-59	88%
Older Adult 60+	3%
Declined to State/Not Reported	0%
Gender	
Female	17%
Male	83%
Transgender	Not Collected
Genderqueer	Not Collected
Questioning/Unsure	Not Collected
Another Not Listed	Not Collected
Decline to State/Not Reported	Not Collected
Race/Ethnicity	
American Indian/Alaska Native	<1%
Asian/Pacific Islander	5%
Black/African-American	2%
Hispanic/Latino	47%
Middle Eastern/North African	Not Collected
Native Hawaiian/Pacific Islander	Not Collected
Caucasian/White	39%
Another Not Listed	1%
Decline to State/Not Reported	<1%

	FY 2021-22	FY 2022-23	FY 2023-24
Participants Served	3,567	6,249	12,323

In the last two years, about 2,000 referrals to one or more community providers were offered to participants. The one provider tracking linkages in FY2023-24 connected 331 unique inividuals to one or more services. HCA is working to improve tracking of linkages across both providers.

	FY 2021-22	FY 2022-23	FY 2023-24
Referrals Offered (duplicated)	1,416	2,047	2,072
People Linked (unduplicated)	not tracked	not tracked	331*

* *Although both providers provided referrals, only one tracked linkages in FY 2023-24*

CHALLENGES/SOLUTIONS

Jail to Community Re-Entry Program (JCRP) was initially managed under Correctional Health Services and transitioned to Behavioral Health Services in January 2024. This transition leveraged the expertise and relationships established under Correctional Health Services, enabling ongoing access to electronic health records and fostering collaboration on individualized treatment plans. JCRP relies on its partnership with OCSD to ensure access to incarcerated individuals and to gather collateral information relevant to treatment planning. When the James Musick facility reopened, JCRP expanded services to the new location by replicating best practices and fostering established partnerships. By maintaining a presence at all Orange County Jail facilities, JCRP enhanced access to services, increased rapport and trust, and improved receptiveness to continued behavioral health interventions, including individual, group, and support services provided by Behavioral Health Services.

JCRP also undertook several new initiatives to enhance its services across the behavioral health continuum. For example, JCRP staff began completing CARE petitions for appropriate clients. Additionally, following the implementation of Proposition 36 in December 2024, JCRP began completing assessments for substance use treatment level of care for incarcerated individuals referred by the Orange County Courts and Public Defenders streamlining the process and increasing timeliness. Lastly, JCRP participated in implementation planning for the CalAIM Justice-Involved (JI) Initiative, which aimed to activate Medi-Cal benefits 90 days before release. This initiative will facilitate smooth transitions to Behavioral Health Services and Enhanced Care Management by conducting health risk assessments, creating re-entry care plans, and providing professional consultations with re-entry Behavioral Health Links clinicians.

One of the challenges JCRP faces is linking clients who have been released after serving only a short period in jail (0-7 days), which is about 16% of individuals released from custody in the fiscal year of 2023 – 2024. Discharge planning can be a complex process depending on the client's needs. Time becomes extremely valuable when limited, and JCRP staff must remain flexible and ready to coordinate transitions. JCRP has been working with Open Access North/South and full-service partnership providers to close the gap in service accessibility. Due to the high incidence of individuals experiencing homelessness upon release, JCRP increased its partnership and collaboration with OC Outreach and Engagement (O&E). Once JCRP obtains authorizations to disclose information, staff discuss barriers and needs such as shelter and transportation with O&E. This effort facilitated multiple successful connections, including referrals to shelters, transportation support for probation appointments, and reconnections to behavioral health services.

The RSC faces a significant challenge due to the lack of adequate

temporary shelter during the late-night and early-morning hours when releases from correctional facilities are most common. As a result, vulnerable individuals may find themselves without access to shelter or bus transportation. Additional RSC peer navigators encounter difficulties when individuals are released while still detoxing from substances or experiencing a mental health crisis that does not meet the criteria for a 5150 hold.

Some potential solutions that have been identified include transporting individuals who are detoxing to a sobering center and utilizing bridge beds at a county shelter until they can be assessed the following morning for more appropriate solutions.

Funding for this program will be moving from the PEI component to CSS for 2025-26. Future iterations of this program will contain updated scope of work to align with component requirements under BHSA, including the ability to bill for specialty mental health services.

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 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.

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

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:

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
Total Distinct Served	**654**
Age Group	
Child 0-15	0%
TAY 16-25	14%
Adult 26-59	64%
Older Adult 60+	21%
Declined to State/Not Reported	1%
Gender	
Female	47%
Male	45%
Transgender	1%
Genderqueer	0%
Questioning/Unsure	0%
Another	0%
Declined to State/Not Reported	7%
Race/Ethnicity	
American Indian/Alaska Native	<1%
Asian/Pacific Islander	4%
Black/African-American	4%
Hispanic/Latino	14%
Middle Eastern/North African	1%
Native Hawaiian/Pacific Islander	1%
Caucasian/White	16%
Another Not Listed	2%
Decline to State/Not Reported	59%

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

The number of people enrolled in peer services has been increasing post-pandemic, particularly in Track 2 which focuses on linking clients to services.

Peers consistently helped nearly all participants achieve their skill-building. During the past two years, about two-thirds of particpants were linked to care, nearly double the rate seen in FY 2021-22.

PEER MENTORING ENROLLMENT BY TRACK AND FY

	FY 21-22	FY 22-23	FY 23-24
Track 1 (Skill-Building)	280	247	268
Track 2 (Linkage to Care)	201	372	386
Total	481	619	654

GOAL ACHIEVEMENT RATE BY TRACK AND FY

	FY 21-22	FY 22-23	FY 23-24
Track 1 (Skill-Building)	89%	93%	91%
Track 2 (Linkage to Care)	31%	63%	61%

CHALLENGES AND SOLUTIONS

During Fiscal Year 2023-24, Children and Youth Services experienced difficulties recruiting peers to work in Probation facilities. Part of the difficulties with recruitment, were due to a new requirement for peers to go through a lengthy Probation clearance process.

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 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.

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 varietyof 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.

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

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

The Wellness Centers monitor their success in supporting recovery through two broad categories: social inclusion and self-reliance. Social inclusion is evaluated in two ways. First, the Wellness Centers strive to encourage at least 30% of their total participants to engage in two or more groups or social activities each month, which has been met across the past three fiscal years. Second, the Centers encourage at least 90 members per month to engage in community integration activities as a key aspect of promoting their recovery. This goal was met in all but one month over the past three years. In addition, the Centers have continued to offer telegroups that began in FY 2020-21 in response to COVID.

FY 21-22	FY 22-23	FY 23-24
280	247	268

INDICATORS OF SOCIAL INCLUSION BY FY			
Fiscal Year	**2021-2022**	**2022-2023**	**2023-2024**
Monthly Group Participation (in-person)			
Monthly Participants (average)	384	521	630
Months Target Met (Target: >= 30%)	12/12	12/12	12/12
Monthly Average Participation 2+ Groups	77%	79%	78%
Monthly Community Integration (in-person)			
Monthly Participants (average)	384	521	630
Months Target Met (Target: >= 90	12/12	12/12	11/12
Monthly Group Participation (virtual)			
Monthly Participants (average)	74	49	32
Average Monthly Rate of Participation 2+ Groups	48	28	19

INDICATORS OF SELF-RELIANCE BY FY			
Fiscal Year	**2021-2022**	**2022-2023**	**2023-2024**
Meeting Facilitation			
Members Who Facilitated Meetings (Target: >= 300)	380	639	879
Employment			
Paid (Target: >=100)	96	139	158
Volunteer	258	481	650
Education			
Members Enrolled (Target: >=150)	98	193	281

The Wellness Centers also strive to increase a member's self-reliance, which is evaluated in three ways. The Centers have a goal of having at least 300 members facilitate a meeting each year, which was met all three fiscal years. They also have a goal of having at least 100 members employed and 150 members enrolled in school/courses, each of which was met the past two years. The employment (n=96) and, in particular, the education goals (n=98) were not met in FY 2021-22, which may, in part, reflect more limited opportunities available that year as the county transitioned out of the pandemic.

CHALLENGES AND SOLUTIONS

During FY 2023-24, 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.

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
Total Distinct Served	**2210**
Age Group	
Child 0-15	0%
TAY 16-25	7%
Adult 26-59	72%
Older Adult 60+	20%
Declined to State/Not Reported	1%
Gender	
Female	53%
Male	46%
Transgender	0%
Genderqueer	0%
Questioning/Unsure	0%
Another	1%
Declined to State/Not Reported	1%
Race/Ethnicity	
American Indian/Alaska Native	1%
Asian/Pacific Islander	14%
Black/African-American	5%
Hispanic/Latino	24%
Middle Eastern/North African	2%
Native Hawaiian/Pacific Islander	1%
Caucasian/White	37%
Another Not Listed	10%
Decline to State/Not Reported	5%

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, Substance Use Disorder, 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 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

Program performance is evaluated by the number of participants who graduate after achieving the State of California job retention benchmark of 90 days of paid employment. Over the past two fiscal years, 70% of those placed in paid employment met this benchmark. The rate in FY 2021-22 was lower (46%), likely reflecting fewer

PROPORTION TO BE SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
Supported Employment Total Distinct Served	**266**
Age Group	
Child 0-15	0%
TAY 16-25	19%
Adult 26-59	77%
Older Adult 60+	4%
Declined to State/Not Reported	0%
Gender	
Female	35%
Male	64%
Transgender	0%
Genderqueer	0%
Questioning/Unsure	0%
Another	2%
Declined to State/Not Reported	0%
Race/Ethnicity	
American Indian/Alaska Native*	0%
Asian/Pacific Islander	14%
Black/African-American	7%
Hispanic/Latino	44%
Middle Eastern/North African*	0%
Native Hawaiian/Pacific Islander*	0%
Caucasian/White	29%
Another	6%
Decline to State/Not Reported	1%

** Combined into Another race/ethnicty due to low counts*

opportunities available that year as the county transitioned out of the pandemic.

SUPPORTED EMPLOYMENT INDICATORS			
Fiscal Year	**2021-22**	**2022-23**	**2023-24**
Total Participants Served in FY:	245	376	440
Total Participants Enrolled in FY:	194	286	266
Employment Placements Made by FY:	131	106	115
Total Graduations by FY:	60	74	80
% Employed who Graduated	46%	70%	70%

CHALLENGES/SOLUTIONS

Adult Supported Employment (ASE) is dependent on referrals. During FY 2023-24, all Substance Use Disorder outpatient clinics were added as approved referring parties to the ASE program. This demonstrated to be very successful. The program continues to coordinate monthly presentations to educate referral sources on what services are offered through the ASE program. ASE continued to offer 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 will end June 30, 2025. Supported employment will become a mandated part of the delivery of Full Service Partnership program services in BHSA. This support will be transitioned into the requirements and scope of work for FSP in the Behavioral Health Integrated Plan.

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, involvement with child welfare or juvenile justice systems, 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.

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. It is anticipated that the need for MHSA funds to be used in this way will be significantly reduced or eliminated with the shift to Payment Reform in FY 2025-26. Services will be primarily, if not entirely, funded by FFP which would result in MHSA funding for this program being reduced or eliminated.

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	$6,000,000
Avg. Est. Cost per Person	$2,500
Typical Population Characteristic	Students/Schools
	Foster Youth, Justice Involved Youth
	Parents
	Families
	Ethnic Communities
	Trauma Exposed

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

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
Total Distinct Served	**14,228**
Age Group	
Child 0-15	54%
TAY 16-25	18%
Adult 26-59	<1%
Older Adult 60+	0%
Declined to State/Not Reported	27%
Gender	
Female	42%
Male	30%
Transgender	0%
Genderqueer	<1%
Another	<1%
Declined to State/Not Reported	27%
Race/Ethnicity	
American Indian/Alaska Native	<1%
Asian/Pacific Islander	4%
Black/African-American	3%
Hispanic/Latino	24%
Middle Eastern/North African	1%
Native Hawaiian/Pacific Islander	<1%
Caucasian/White	11%
Another Not Listed	1%
Decline to State/Not Reported	56%

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.

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

The program was evaluated by examining the percent of children and youth who were not (or were no longer) experiencing a level of clinical distress requiring active therapeutic intervention at follow up. As measured by the Child and Adolescent Needs and Strengths (CANS), about two-thirds were not experiencing significant levels of anxiety or depression, about 85% were not experiencing significant anger control issues, and nearly all were not experiencing suicide risk or psychosis at the time of follow up.

% YOUTH NOT EXPERIENCING CLINICAL DISTRESS AT FOLLOW-UP			
Fiscal Year	**2021-22**	**2022-23**	**2023-24**
Anxiety	68%	67%	68%
Depression	68%	71%	71%
Suicide Risk	94%	94%	97%
Anger Control	86%	85%	83%
Psychosis and Thought Disorder	99%	99%	99%

SUCCESSES

The impact of the Children and Youth Expansion has been significant. It has allowed contracted outpatient service providers to increase access to clinic services, ensure services are provided in a timelier manner by significantly reducing wait times, and increasing capacity by hiring and retaining qualified mental health professionals. The expansion has also allowed providers to leverage the effectiveness of Peer Support Specialist services and increased access to evidenced based practices such as, Parent-Child Interaction Therapy (PCIT) and Dialectical Behavior Therapy (DBT).

CHALLENGES/SOLUTIONS

Due to the start of a new contract cycle, there were a couple of contract providers that needed to establish new outpatient clinic facilities and staff these clinic facilities with the appropriate number of clinicians and administrative support staff. This created some delay in providing services immediately in the targeted geographic areas of the County.

As a result of CalAIM Payment Reform changes, contract providers need to learn and be trained in such changes. This included new workflows and processes for documentation and billing of services. Although trainings and support were in place and provided as needed, the impact of the CalAIM changes were significant.

Although workforce recruitment and retention issues were partially addressed through the expansion, statewide and local workforces shortages continued to have some negative impact on how quickly contract providers could fill staffing vacancies for positions that provided direct service to clients.

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 115 beds with six STRTP providers who have 17 facilities across the county.

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, 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 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.

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

PROPORTION TO BE SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
Total Distinct Served	**553**
Age Group	
Child 0-15	74%
TAY 16-25	24%
Adult 26-59	0%
Older Adult 60+	0%
Declined to State/Not Reported	2%
Gender	
Female	53%
Male	44%
Transgender*	
Genderqueer*	
Questioning/Unsure*	
Another	3%
Declined to State/Not Reported*	
Race/Ethnicity	
American Indian/Alaska Native*	
Asian/Pacific Islander	3%
Black/African-American	9%
Hispanic/Latino	54%
Middle Eastern/North African*	
*Native Hawaiian/Pacific Islander	
Caucasian/White	22%
Another	3%
Decline to State/Not Reported	10%

** Combined into **"Another"** due to low counts in Gender and race/ethnicity*

TARGET POPULATION

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

OUTCOMES

The program was evaluated by examining the percent of children and youth who were not (or were no longer) experiencing a level of clinical distress requiring active therapeutic intervention at follow up. As measured by the Child and Adolescent Needs and Strengths (CANS), two-thirds were not experiencing significant levels of anxiety, suicide risk or aner control issues at the time of follow up. About half to two-thirds were not experiencing significant distress in adjusting to trauma at the time of follow up.

SUCCESSES/CHALLENGES

STRTPs have had ongoing challenges in staff recruitment and retention due to the intensive clinical nature of the work. When group homes transitioned to STRTPs, the congregate care of multiple youth who have significant trauma, high risk behavioral and mental health challenges, and history of multiple placement disruptions proved to be difficult. However, all six STRTP providers in Orange County have been able to maintain their status as licensed STRTPs and Medi-Cal Certified providers, and able to provide ongoing intensive clinical treatment to the youth placed in their facilities.

% YOUTH NOT EXPERIENCING CLINICAL DISTRESS AT FOLLOW-UP			
Fiscal Year	**2021-22**	**2022-23**	**2023-24**
Anxiety	94%	85%	72%
Adjustment to Trauma	67%	54%	48%
Suicide Risk	96%	93%	90%
Anger Control	80%	66%	62%

OUTPATIENT SERVICES

OVERVIEW OF THE PROGRAM

The Outpatient Services program is designed for adults aged 18 and older who are living with a serious mental illness and may also have a co-occurring substance use disorder. This program operates at multiple locations throughout the county, with the County-contracted locations referred to as Outpatient Clinics.

Outpatient Services provide therapeutic mental health support in an outpatient setting, specifically catering to individuals with significant mental health needs. The clinical services offered prioritize the individual needs, strengths, choices, and involvement of each client in the planning and implementation of their services. The goal is to empower clients to take charge of their lives through informed decision-making.

Services are available Monday through Friday during hours that are most accessible for clients and include Medication Management Services, Mental Health Services, and Evaluation of Program Effectiveness. All clients must be referred or approved by HCA, except for walk-ins at HCA-approved Direct Access sites.

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	$6,400,000
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 program:

1. **Statewide Behavioral Health Goals:**
   The Department of Health Care Services (DHCS) is anticipated to require the following proposed population behavioral health goals: Goals for Improvement and Goals for Reduction.
2. **Behavioral Health Accountability:**
   - Measurement Year (MY), track program performance according to the Behavioral Health Accountability Set (BHAS).
   - Regularly monitor program BHAS rates, calculated according to HEDISTM standards, and implement quality improvement and/or process changes, as needed, to meet or exceed the minimum performance level (MPL).
   - Regularly monitor program performance and implement strategies to address disparities in health outcomes.
   - Incorporate any changes to the BHAS and/or HEDISTM methodology as quickly as possible and/or update metrics as DHCS releases data performance and outcome standards for BHSA-funded programs.
3. **Timely Access Standards:**
   Track and report all scheduling and appointment data for both initial and follow-up appointments with non-physician mental health providers and with physicians/psychiatrists.

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
Total Distinct Served	**3,942**
Age Group	
Child 0-15	< 1%
TAY 16-25	16%
Adult 26-59	67%
Older Adult 60+	7%
Declined to State/Not Reported	10%
Gender	
Female	42%
Male	47%
Transgender	1%
Genderqueer	< 1%
Questioning/Unsure	0%
Another	< 1%
Declined to State/Not Reported	10%
Race/Ethnicity	
American Indian/Alaska Native	1%
Asian/Pacific Islander	10%
Black/African-American	5%
Hispanic/Latino	40%
Middle Eastern/North African	1%
Native Hawaiian/Pacific Islander	0%
Caucasian/White	28%
Another Not Listed	1%
Decline to State/Not Reported	13%

DESCRIPTION OF SERVICES

The outpatient clinics offer case management, medication services, individual and group counseling, crisis intervention, educational and vocational services, and peer support activities. The main goals of these programs are to help adults enhance their engagement within the community, establish a social support network, increase employment and volunteer opportunities, and connect to lower levels of care.

OUTCOMES

Over the past three years, the Recovery Centers were successful in meeting their target hospitalization rate of less than 1% when discharging clients from the program, reflecting their success in helping individuals maintain recovery and remain within their communities. In contrast, the program did not meet the target of linking at least 60% of clients to community-based mental health care after discharging from the program during any of the past three years.

INDICATORS	FY 2021-22	FY 2022-23	FY 2023-24
Discharging to Hospital (Target < 1%)	0%	<.05%	<.05%
Linkage to community-based care (Target > 60%)	41%	58%	38%

SUCCESSES

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+ living with Serious and Persistent Mental Illness (SPMI).

OUTCOMES

Over the past three years, Older Adult Services was successful in meeting its target hospitalization rate of less than 1% when discharging clients from the program, reflecting their success in helping individuals maintain recovery and remain within their communities. The program continued to struggle with linking clients to community-based mental health and did not meet the target of 60% or higher in any of the past three fiscal years.

PROPORTION TO BE SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
Total Distinct Served	**591**
Age Group	
Child 0-15	0%
TAY 16-25	< 1%
Adult 26-59	10%
Older Adult 60+	87%
Declined to State/Not Reported	3%
Gender	
Female	51%
Male	47%
Transgender	0%
Genderqueer	0%
Questioning/Unsure	0%
Another	0%
Declined to State/Not Reported	3%
Race/Ethnicity	
American Indian/Alaska Native	1%
Asian/Pacific Islander	11%
Black/African-American	4%
Hispanic/Latino	17%
Middle Eastern/North African	1%
Native Hawaiian/Pacific Islander	0%
Caucasian/White	42%
Another Not Listed	1%
Decline to State/Not Reported	23%

METRICS	FY 2021-22	FY 2022-23	FY 2023-24
Discharging to Hosp (Target < 1%)	0.6%	0.4%	0.0%
Linkage to community-based care (Target > 60%)	20%	35%	33%

SUCCESSES

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 individual, group and family therapy, case management; crisis intervention; medication support, 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, youth and Transitional Age Youth (TAY) 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	$10,827,800
Avg. Est. Cost per Person	$7,218
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 25 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."
- **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 in services and remain in treatment; intensive family involvement is also typically required. The target population is children and youth ages 14 through 20 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 co-occurring mental health and physical health issues. The mental health issues experienced by these children and youth may complicate or exacerbate their physical health issues and conversely, their physical health issues may exacerbate their mental health symptoms. 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 specialists 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.

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, maintaining shelter/housing (i.e., not experiencing unsheltered homelessness) without requiring psychiatric hospitalization and/or juvenile justice arrest or detention.

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, Professional Clinical Counselors, 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 the way parents and care- givers 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

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
Total Distinct Served	**516**
Age Group	
Child 0-15	100%
TAY 16-25	0%
Adult 26-59	0%
Older Adult 60+	0%
Gender	
Female	32%
Male	31%
Transgender*	0%
Genderqueer	0%
Questioning/Unsure	0%
Another*	3%
Declined to State/Not Reported	34%
Race/Ethnicity	
American Indian/Alaska Native*	
Asian/Pacific Islander*	
Black/African-American	5%
Hispanic/Latino	44%
Middle Eastern/North African*	
Native Hawaiian/Pacific Islander	9%
Caucasian/White	4%
Another	38%
Decline to State/Not Reported	13%

** Combined into **"Another"** due to low counts*

central to the Children FSP program's 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, and 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. Children (based on their age at the start of the fiscal year) met all targets across the past three fiscal years.

CHILDREN			
Fiscal Year	**2021-22**	**2022-23**	**2023-24**
Number served	465	599	516
Number served w/ outcomes data	458	588	474
No Psychiatric Hospitalization	92.7%	90.0%	95.1%
No Incarceration	95.8%	95.0%	93.7%
No Arrests	96.6%	96.0%	95.8%
No Unsheltered Homelessness	100.0%	99.0%	99.6%

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 work collaboratively with the Courts, Probation Department, Public Defender's Office, District Attorney's Office, and/or County Counsel 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.

The FSP programs have also held special events to reinforce the importance of natural support systems the children/youth participants rely on to maintain the progress they have made in the program. For example, one FSP program emphasizes the importance and role of family and community within the Asian American culture by holding cultural events such as the "Annual Winter Gathering " to celebrate the Lunar New Year. This event has had consistent participation and is highly anticipated by the FSP program's children/youth and their families.

CHALLENGES/SOLUTIONS

In FY 2023-24, all Children's FSP programs continued to experience staff turnover and an increased demand for services. All FSP programs have continued to address their recruitment and retention issue by increasing efforts to reach more qualified candidates and offering greater training and experience opportunities after being hired. 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 25 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	$13,060,000
Avg. Est. Cost per Person	$11,872
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), GRACE Court, Teen Court, Crossover Youth Court (CYC),and Truancy Court, to support youth through age 25 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.

- **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 14-21 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 by maintaining shelter/housing (i.e., not experiencing unsheltered homelessness) without requiring psychiatric hospitalization, or being arrested or detained in a correctional facility.

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 by 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 main- stream 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 the fiscal year) met all targets across the past three fiscal years.

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
Total Distinct Served	**1,245**
Age Group	
Child 0-15	0%
TAY 16-25	100%
Adult 26-59	0%
Older Adult 60+	0%
Gender	
Female	34%
Male	42%
Transgender*	0%
Genderqueer	0%
Questioning/Unsure	0%
Another*	2%
Declined to State/Not Reported	23%
Race/Ethnicity	
American Indian/Alaska Native	<1%
Asian/Pacific Islander	5%
Black/African-American	4%
Hispanic/Latino	46%
Middle Eastern/North African	<1%
Native Hawaiian/Pacific Islander	0%
Caucasian/White	14%
Another Not Listed	2%
Decline to State/Not Reported	29%

** Combined into **"Another"** due to low counts*

TAY			
Fiscal Year	**2021-22**	**2022-23**	**2023-24**
Number served	465	599	516
Number served w/ outcomes data	458	588	474
No Psychiatric Hospitalization	92.7%	90.0%	95.1%
No Incarceration	95.8%	95.0%	93.7%
No Arrests	96.6%	96.0%	95.8%
No Unsheltered Homelessness	100.0%	99.0%	99.6%

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.

The FSP programs for TAY recognize the importance of building a sense of fellowship and a community of shared experiences among the participants in their programs. One way TAY FSPs have had much success in fostering this sense of fellowship and community is by holding events such as the TAY Prom for all participants. Not only does the event bring participants together, but it also affords those TAY who did not experience a formal event or their own school prom an opportunity to enjoy this experience. Many participants have given positive feedback about the event and their experience.

CHALLENGES/SOLUTIONS

Finding safe, affordable, and permanent housing in the neighborhoods in which 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 amenable to employing individuals who may need schedule flexibility or time away from 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 self-confidence about their ability 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.

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 outpatient services and case management for individuals living with serious behavioral health conditions. The FSP 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. The framework builds strong connections to community resources and provides field-based treatment and recovery services including crisis response 24 hours per day, 7 days per week. 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 increasing safe and permanent housing, reducing criminal/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.

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

- **Criminal Justice FSP** serves adults living with serious mental illness (SMI) or co-occurring disorder (COD) who have current legal issues or experience recidivism with the criminal justice system.
- **General Population FSP** serves adults living with SMI or COD 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** serves 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 are referred through the Mental Health Collaborative Court for Assisted Intervention Court.
- **Collaborative Court FSP** serves adults who are referred through the Mental Health Collaborative Court. The program works in collaboration with Probation Department, court team and judge, District Attorney's Office, the Public Defender's Office, and HCA Mental Health Collaborative Court liaisons to provide services that re-integrates clients into the community and reduces recidivism.

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	$42,856,059
Avg. Est. Cost per Person	$15,538
Typical Population Characteristic	Parents
	Families
	Medical Co-Morbidities
	Criminal Justice Involved
	Ethnic Communities
	Homeless/At Risk-of
	Recovery from SUD
	Trauma Exposed

- **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.
- **Vietnamese Speaking FSP** serves Vietnamese speaking adults living with SMI or COD who may be homeless or at risk of homelessness. These individuals typically have not been able to access or benefit from traditional models of treatment.
- **The Program of Assertive Community Treatment (PACT)** is the County-operated version of a Full Service Partnership program. PACT serves adults living with SMI or COD who are experiencing significant functional impairments and have had two or more episodes of psychiatric hospitalizations and/or mental health incarceration, or at least one episode of extended psychiatric hospitalization, within the past 12 months.

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, grounded in the Assertive Community Treatment model, have small caseloads and provide comprehensive and integrated services through a coordinated and multidisciplinary team approach. FSP teams includes a combination of clinical and non-clinical staff, including peers, to provide behavioral health and supportive services including case management, individual, family and group therapy, psychosocial rehabilitation, co-occurring substance use support, medication support, nursing support, crisis intervention, 24/7 crisis response, housing support, and employment support.

To maintain high quality delivery of services, FSP teams are trained in a wide array of evidence-based practices (EBPs) including Motivational Interviewing (MI), Cognitive Behavioral Therapy (CBT), Trauma-Focused CBT, Eye Movement Desensitization and Reprocessing (EMDR), Dialectical Behavior Therapy (DBT), Integrated Treatment for Co-Occurring Disorders, Seeking Safety, Illness Management and Recovery, and Moral Reconation Therapy (MRT).

Personal Services Coordinators (PSCs) provide intensive case management to help clients access crucial medical care, educational support, social and recreational opportunities, mental health rehabilitation, benefits and entitlements, transportation support, basic needs, and other resources available in the community. FSP team members also help clients 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 staff are key members of the FSP teams and play an integral role in engagement and promoting wellness and resilience. By sharing their lived experience and learned skills, peer staff support recovery, empowerment, and community integration.

Employment and/or housing support and co-occurring services are provided to assist and support clients in these essential elements of recovery. Numerous workshops and groups to teach prevocational and vocational skills such as resume writing, interviewing skills, computer skills are offered. Housing 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. In addition, FSPs provide co-occurring services including screening and individual counseling and groups in the office and the community to support individuals with co-occurring substance use issues.

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
Total Distinct Served	**2,216**
Age Group	
Child 0-15	0%
TAY 16-25	0%
Adult 26-59	100%
Older Adult 60+	0%
Gender	
Female	33%
Male	54%
Transgender*	0%
Genderqueer	0%
Questioning/Unsure	0%
Another*	<1%
Declined to State/Not Reported	13%
Race/Ethnicity	
American Indian/Alaska Native	1%
Asian/Pacific Islander	12%
Black/African-American	8%
Hispanic/Latino	22%
Middle Eastern/North African	1%
Native Hawaiian/Pacific Islander	0%
Caucasian/White	37%
Another Not Listed	1%
Decline to State/Not Reported	17%

** Combined into **"Another"** gender due to low counts*

TARGET POPULATION

Adults living with serious mental illness or co-occurring disorders who may be homeless or at risk of home- lessness, 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 the fiscal year) met three targets and narrowly missed the target for unsheltered homelessness during the past two fiscal years.

ADULT			
Fiscal Year	**2021-22**	**2022-23**	**2023-24**
Number served	1,668	1,908	2,216
Number served w/ outcomes data	1,577	1,638	2,020
No Psychiatric Hospitalization	86%	86%	84%
No Incarceration	86%	85%	89%
No Arrests	96%	94%	94%
No Unsheltered Homelessness	80%	78%	79%

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 service providers and community resources to support

clients 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, Jail-to-Community Reentry Program and OC 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 justice involved partners, 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.

The newest Vietnamese Speaking FSP, which successfully launched in September 2023, provided active community outreach and was to serve over 100 individuals during FY 2023-24.

CHALLENGES/SOLUTIONS

Finding safe, affordable and permanent housing in the neighborhoods in which the individuals/families have support networks continues to be challenging. FSP housing specialists work to build relationships with housing vendors in the community and develop housing resources for their clients. This has led to developing collaborative partnerships with some housing vendors to secure housing exclusive for FSP clients where services may be provided on site to promote recovery. In addition, FSP housing specialists actively work to submit housing applications quickly upon enrollment. As needed, FSPs work with client/family to be able to maintain housing independently. 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 clients continues to be a challenge. The FSP programs are offering more co-occurring group education, supporting clients to attend 12-step groups, working with substance use treatment programs to expand resources and coordinating care, and developing co-occurring interventions and supports to fill identified service gaps. In addition, FSP programs increased co-occurring trainings for staff and hired more certified substance use specialists with experience working with co-occurring issues. Additionally, FSP programs are exploring providing medication assisted treatment (MAT) on site to further support clients with co-occurring issues.

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	$4,910,000
Avg. Est. Cost per Person	$14,028
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.

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
Total Distinct Served	**495**
Age Group	
Child 0-15	0%
TAY 16-25	0%
Adult 26-59	0%
Older Adult 60+	100%
Gender	
Female	29%
Male	28%
Transgender	0%
Genderqueer	0%
Questioning/Unsure	0%
Another	%
Declined to State/Not Reported	43%
Race/Ethnicity	
American Indian/Alaska Native*	0%
Asian/Pacific Islander	8%
Black/African-American	4%
Hispanic/Latino	6%
Middle Eastern/North African*	0%
Native Hawaiian/Pacific Islander	0%
Caucasian/White	30%
Another Not Listed	4%
Decline to State/Not Reported	47%

** Combined into **"Another"** race/ethnicity due to low counts*

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.

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 the fiscal year) met all targets across the past three fiscal years.

OLDER ADULT			
Fiscal Year	**2021-22**	**2022-23**	**2023-24**
Number served	361	423	495
Number served w/ outcomes data	293	348	461
No Psychiatric Hospitalization	92%	92%	97%
No Incarceration	99%	97%	99%
No Arrests	100%	99%	99%
No Unsheltered Homelessness	84%	84%	89%

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	$1,750,000
Avg. Est. Cost per Person	$19,444
Typical Population Characteristic	Criminal Justice Involved
	Homeless/At Risk of
	Trauma Exposed

POSITIVE RESULTS/OUTCOMES

During Fiscal Year 2023/24, a total of 53 clients were served by the Year-Round Emergency Shelter program. 53% of participants obtained transitional, or permanent housing within 180 days and the average length of stay was 98 days. For FY 2024/25, as of December 2024, 43 individuals have been served.

CHALLENGES/SOLUTIONS

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

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 2023-24, a total of 205 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.

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 aco-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	$919,427
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

POSITIVE RESULTS/OUTCOMES

COMPLETED MHSA HOUSING PROJECTS				
Name	**City**	**Total MHSA Units**	**Total Units**	**Opened**
Airport Inn Apartments (Asent)	Buena Park	28	58	1/2023
Alegre	Irvine	11	104	8/2015
Altrudy Lane Seniors	Yorba Linda	10	48	7/2022
Anaheim Midway/ Mira Flores	Anaheim	8	86	5/2024
Avenida Villas	Anaheim	28	29	3/2013
Buena Esperanza	Anaheim	35	70	12/2021
Capestone Family Apartments	Anaheim	19	60	12/2014
Casa Paloma	Midway City	24	71	10/2023
Casa Querencia	Santa Ana	28	57	1/2021
Center of Hope	Anaheim	34	72	11/2023
Cotton's Point	San Clemente	15	76	11/2014
Crossroads at Washington	Santa Ana	20	86	3/2024
Depot at Santiago	Santa Ana	10	70	4/2018
Diamond Apartments	Anaheim	24	25	2008
Doria I Apartment Homes	Irvine	10		9/2011
Doria II Apartment Homes	Irvine	10	134	12/2013
Estrella Springs/ North Harbor Village	Santa Ana	14	91	1/2024
Francis Xavier	Santa Ana	16	17	6/2024
Fullerton Heights	Fullerton	24	36	8/2018
Henderson House	San Clemente	14	14	3/2016

COMPLETED MHSA HOUSING PROJECTS				
Name	**City**	**Total MHSA Units**	**Total Units**	**Opened**
Hero's Landing	Santa Ana	20	76	6/2020
Huntington Beach Senior Housing/ Pelican Harbor	Huntington Beach	21	43	7/2024
Iluma (Stanton Inn)	Stanton	10	71	11/2023
Legacy Square	Santa Ana	16	93	5/2023
Meadows Senior Apartments	Lake Forest	7	65	8/2025
Mesa Vista/Motel 6	Costa Mesa	10	85	3/2024
Mountain View	Lake Forest	8	71	12/2023
Oakcrest Heights	Yorba Linda	14	54	2018
Orchard View Gardens	Buena Park	13	66	10/2024
Riviera (Aurora Vista)	Stanton	9	21	7/2024
Rockwood Apartments	Anaheim	15	70	10/2016
Santa Ana Arts Collective	Santa Ana	15	58	7/2020
Santa Angelina Senior Community	Placentia	21	65	1/2024
The Grove Senior Apt.	San Juan Capistrano	10	75	10/2022
Villa St. Joseph	Orange	18	50	5/2024
Westmnister Crossing	Westminster	20	65	9/2021
Westview/Archways	Santa Ana	26	85	3/2024
Wise Place	Santa Ana	14	48	10/2024
Total		**649**	**1453**	

MHSA HOUSING PROJECTS 2023-2025 PIPELINE PROJECTS*					
Project Name	**City**	**SNHP Units**	**Total MHSA Unit**	**Total Units**	**Estimated Completion**
15081 Jackson	Midway City		20	71	
Aspan Court	Lake Forest		15	50	
Cartwright Family Apartments	Irvine	10	10	60	2/2025
Costa Mesa Senior	Costa Mesa		11	59	
Cypress Village	Irvine		11	200	
Goldenwest Apartments	Westminster		14	29	
Lincoln Avenue Apartments	Buena Park	10	13	55	10/2026
Marks Way	Orange		13	51	12/2026
Meadows Senior Apartments	Lake Forest	7	7	65	8/2025
Orion	Orange		8	166	12/2025
St. Anselm	Garden Grove		31	105	12/2025
Travel Lodge/1400 Bristol	Costa Mesa		24	78	1/2025
Total		**27**	**177**	**989**	

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

- $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.

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.

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 Early Psychosis Program Evaluation 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. 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 was 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 was 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 the Innovation funding for this project ended 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 utilized a formative evaluation to identify influences on the progress and/or effectiveness of a project's implementation. Information was collected at all phases of execution and used as part of a continuous feed- back loop to improve the ultimate likelihood of successful project implementation. The evaluation allowed Orange County to identify successful and unsuccessful strategies employed throughout the various project activities, including interagency and interdepartmental meetings and workgroups. Similarly, the formative evaluation helped determine whether Orange County was able to identify ways to engage a diverse group of community stakeholders successfully and elicit meaningful participation, guidance, and feedback.

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

DESCRIPTION OF SERVICES

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

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 involved 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, involved 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. This final component of the BHST project ended on June 30, 2024; however, the OC Navigator continues to be utilized by Orange County residents. 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 2023-2024 and the Final Project Report are pending and will be shared when it is available.

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 various subject matter experts with experience and knowledge in the development, implementation, and evaluation of PADs. The PADs INN Project is categorized into two separate phases, each requiring approval from the MHSOAC.

Orange County was approved by the MHSOAC to participate in the PADs INN Project Phase I in June 2021. Phase I began on May 5, 2022, and will end on May 4, 2026. The County was also approved to participate in PADs Phase II Project in August 22, 2024. Phase II will begin in July 2025, and anticipated to end in June 2029.

PROGRAM GOAL(S) AND INTENDED OUTCOMES

Phase I of the project seeks to pilot and evaluate the use of PADs across seven participating counties that represent small, medium and large populations. 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.
Phase II of the project seeks to increase county participation from seven to up to 15 counties (based on MHSOAC approval), expand implementation efforts to the broader community (e.g., law enforcement, hospitals, etc.), enhance accessibility of the digital platform and advance legislative support for sustainability.

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

TARGET POPULATION

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. Additional programs may be added in later phases of the project.

DESCRIPTION OF SERVICES

During FY 2023-2024, Phase I activities included developing the standardized PADs template and platform, enhancing the PADs template and platform through community and stakeholder feedback, developing branding and marketing tools, providing a train-the-trainer curriculum, training pilot sites, and engaging in discussions with state lawmakers on PADs legislation.

In August 2024, Orange County requested and received approval from the MHSOAC to participate in PADs Phase II. Phase II activities will begin in July 2025 and include:

- Continued multi-county collaboration.
- Continued outreach and engagement of stakeholders.
- Creation of a toolkit and finalization of all training videos.
- Training of first responders, hospitals, Peer Support Specialist, and priority populations trained in use and access.
- Evaluation of PADs rollout with access users, first responders, crisis teams and hospitals.
- Creation and dissemination of an Ad campaign in threshold languages.
- Commencing a longitudinal study of reducing recidivism with the use and access to the digital PAD.
- Identifying further legislative needs.
- Collaborating with Police Officer Standards and Training (POST) to develop a statewide law enforcement academy training.

OUTCOMES

The evaluation of PADs Phase I focuses on the development, adoption and use of the PADs digital platform and does not include client outcomes. A detailed description of collaborative and local county activities and evaluation efforts is available in the PADs INN Project 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 collaborative 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 housing, 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. During FY 2023-24, three new interview intervals were added to the design to follow up with both YAC and traditional court participants at the five-, six- and seven-year follow up period to better evaluate any long-term effects of the YAC.

TARGET POPULATION

Adults 18 + with Mild, Moderate, Severe symptoms. Men, ages 18 to 25 years old, who live in Orange County, and are charged in Orange County with an eligible felony offense that is able to be dismissed upon YAC completion. 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 (arrests, incarceration time), self report data, 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 2023-24, the second year of services, up to 47 young men were enrolled in YAC, including six young fathers.

Based on preliminary data collected thus far, the young men enrolled in the research study have significant histories of trauma, behavioral 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 26% reporting that they have seen someone get killed as a result of violence and 38% reporting that they have been shot or shot at in their lifetime. Furthermore, approximately 37% report having symptoms consistent with moderate or serious anxiety and/or depression at study enrollment.

To address these needs, voluntary therapeutic services are offered to all YAC participants and up to 60% of the court youth were actively engaged in individual, group and/or couples therapy during FY 2023-24, with most participants preferring individual therapy. The program therapist consults regularly with the case managers and the court probation officer to provide clinical guidance, assess needs and/or risks, and to offer therapeutic intervention and support. For participants needing substance use treatment, the Health Care Agency Substance Use Disorder (SUD) team partners with the YAC team to assist with linkages to SUD treatment. During FY 2023-24, 10 referrals were made to SUD services, resulting in 8 linkages.

The program also employs two YAC graduates as peer mentors who help legitimize the program to new participants. Peer Mentors regularly engage in various professional development meetings aimed at gaining insight into topics such as communication, boundaries and problem solving to better support their mentees. They also lead youth support groups, assist with the orientation and onboarding process for incoming court participants, and consult with case managers and probation officers to help guide treatment approaches.

In addition to these efforts, to further build trust with the team and foster and strengthen positive relationships amongst participants, the YAC team continues to organize regular prosocial activities for the participants and peer mentors including family enrichment events for the young fathers in the court, social mixers, bowling and go- kart outings. In addition to therapy, prosocial activities, and peer mentorship, UCI partnered with several community organizations to be able to offer eight financial and life skill workshops to court participants in FY 2023-24. These included topics such as budgeting basics, buying and leasing a car, home and student loans, debt relief strategies, protection from identity theft, and automobile maintenance and safety.

There continues to be a high need for basic essentials and behavioral health services by YAC participants. Program staff provided a total of 115 external referrals, with 28 linkages to services during the second year. Housing, mental health care for themselves or family members, finance management and substance use treatment have been the most needed services and made up the top four referrals to services. The top three linkages were in the domains of substance use treatment, mental health services and education/clothing and donations/ finance management equally.

To date, 35 young men completed all programming, successfully graduated from the YAC, and had their felony convictions dismissed.

INN COMMUNITY PROGRAM PLANNING PROPOSAL

OVERVIEW OF THE PROGRAM

The community program planning process is a required element of the MHSA, intended to meaningfully involve the community in identifying mental health needs and priorities, program planning, implementation, etc. (Welfare and Institutions Code, [WIC] § 5848[a]). Orange County's MHSA Office invests a great deal of time and effort in the community program planning process, both for its MHSA Plans and INN projects. The input from the community is vital to effective planning and program development that reflects the voice and needs of Orange County's diverse communities. Over the years, the MHSA Office has strived to continuously improve on its process for more robust community planning, but additional efforts are needed to reach the broader community and gather meaningful input, particularly for INN projects. This proposal will utilize INN funds toward community planning and related activities for INN Plans over five years.

The MHSOAC approved the **INN Community Program Planning (CPP)** proposal on May 25, 2022. The project began on September 24, 2024.

PROGRAM GOAL(S) AND INTENDED OUTCOMES

The goal of the INN CPP Project is to gather meaningful stakeholder input on MHSA and INN projects. The intended outcomes include increased community engagement, including but not limited to the type of engagement meetings held, target populations reached, and number of community members who participated in the planning process.

DESCRIPTION OF SERVICES

The INN CPP Project will support the following activities:

- Staff time dedicated to 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. Since the approval of the INN CPP Project, Russian was added as a new threshold language. 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.).

TARGET POPULATION

The INN CPP project will focus on gathering community input from

MHSA and BHSA stakeholders. Stakeholders include individuals or entities with an interest in public behavioral health services who represent the diversity of the community, including unserved and/or underserved populations and their family members.

OUTCOMES

As Orange County prepared to launch the INN CPP Project, the State began discussions around Senate Bill 326 and Proposition 1. Due to the potential impact on MHSA, and more specifically the INN component, the County delayed the start of the project to utilize the outcome of the election to inform next steps for the project. In March of 2024, voters passed Proposition 1, Behavioral Health Services Act (BHSA), resulting in significant changes to the MHSA funding components, CPP process and reporting structure. While this redesign and development is taking place, the County must continue to implement and wrap up the final years of the FY 2023-2026 Three-Year Plan. In response to these upcoming changes under BHSA, Orange County requested and was approved for an increase in the project budget to support the restructuring and redesign of the community planning process. The additional scope of work includes the following:

- Develop and implement a comprehensive strategy and structure for conducting a robust CPP and stakeholder engagement process to help inform the Integrated Plan.
- Identify all relevant stakeholders across the behavioral health system, including the additional stakeholders under BHSA; and implement a stakeholder engagement plan to increase attendance at stakeholder meetings and successfully gain the participation of diverse communities and subject matter experts throughout Orange County.
- Conduct planning discussions related to financial administration of public sector specialty behavioral health programs, which may include but not be limited to financial and economic analysis of funding streams, cost allocation and rate setting; behavioral health finance in relation to program policy, statutes, regulations, and mandates; meetings with internal and external stakeholders; and financial performance measures.
- Facilitate key informant interviews, listening sessions, focus groups and/or large community gatherings with key County staff and stakeholders to discuss current and unmet needs to address behavioral health concerns, including housing, homeless services and all aspects of supportive housing for behavioral health clients.
- Conduct and/or review a variety of reports, assessments and/or data sets to determine client, program and system-level needs, such as:
  - Capacity assessment to determine the behavioral health needs of unserved, underserved, and fully served county residents who qualify for MHSA/BHSA services.
  - Population assessment of behavioral health needs to identify the cultural and linguistic needs of served and unserved county residents.
  - Workforce needs assessment focusing on linguistic capability, provider diversity and education and training needs.
  - Capacity assessment to determine system capacity and network adequacy.
  - Assessment of homeless services and supports, supportive housing, and housing models for individuals living with serious behavioral health conditions.
  - Environment/Landscape Scan to understand the current continuum of treatment services and supports available as well as the administrative, provider, and funding components that collectively define the current system.
  - Assessment of the sustainability of current programs to identify gaps in supports and services, assess equity, and prioritize needs.

- Design and administer web-based or paper surveys and collect responses from stakeholder groups, including but not limited to consumers, family members, and/or government and community sectors involved in the education, early intervention, and treatment of behavioral health conditions and/or substance use.

During FY 2023-24, Orange County released a Request for Proposals (RFP) to identify subject matter experts who can support MHSA and INN community planning and related activities. Potential vendors were identified, and contract negotiations are pending. Project updates will be provided in future Plans.

Flor YousefianTehrani, MHSA Manager speaking at December 12, 2025 Planning Advisory Committee (PAC) meeting.

PROGRESSIVE IMPROVEMENTS FOR VALUED OUTPATIENT TREATMENT (PIVOT) INNOVATION PROJECT

OVERVIEW OF THE PROGRAM

The Progressive Improvements for Valued Outpatient Treatment (PIVOT) INN Project proposes to redesign the Orange County Behavioral Health Services system by piloting changes in behavioral health operations and programs that are in alignment with initiatives under Behavioral Health Transformation and the Behavioral Health Services Act (BHSA).

The project was approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC) in November 2024.

PROGRAM GOAL(S) AND INTENDED OUTCOMES

This multi-component project will result in an overall system redesign that simultaneously addresses local areas of need identified thorough stakeholder feedback, prepares for the transition to BHSA and allows successful strategies to be integrated across the system of care. Each component will require its own evaluation plan and research team to track lessons learned. In addition, counties will have the opportunity to participate in PIVOT components that best align with their needs, resulting in multicounty and statewide learning opportunities.

DESCRIPTION OF SERVICES

PIVOT includes five components, each with its own activities and learning objectives. These components, include:

Full-Service Partnership (FSP) Re-Boot: Focuses on changing administrative processes and building the data infrastructure necessary to align county FSP programs with the new funding and program requirements under BHSA. This component also includes exploring the integration of mental health and Substance Use Disorder (SUD) services, and/or the development of an SUD FSP Program.

Integrated Complex Care Management for Older Adults: Strives to develop a system of care for older adults living with co-occurring mental health and neurocognitive conditions who may also be homeless or at risk of homelessness.

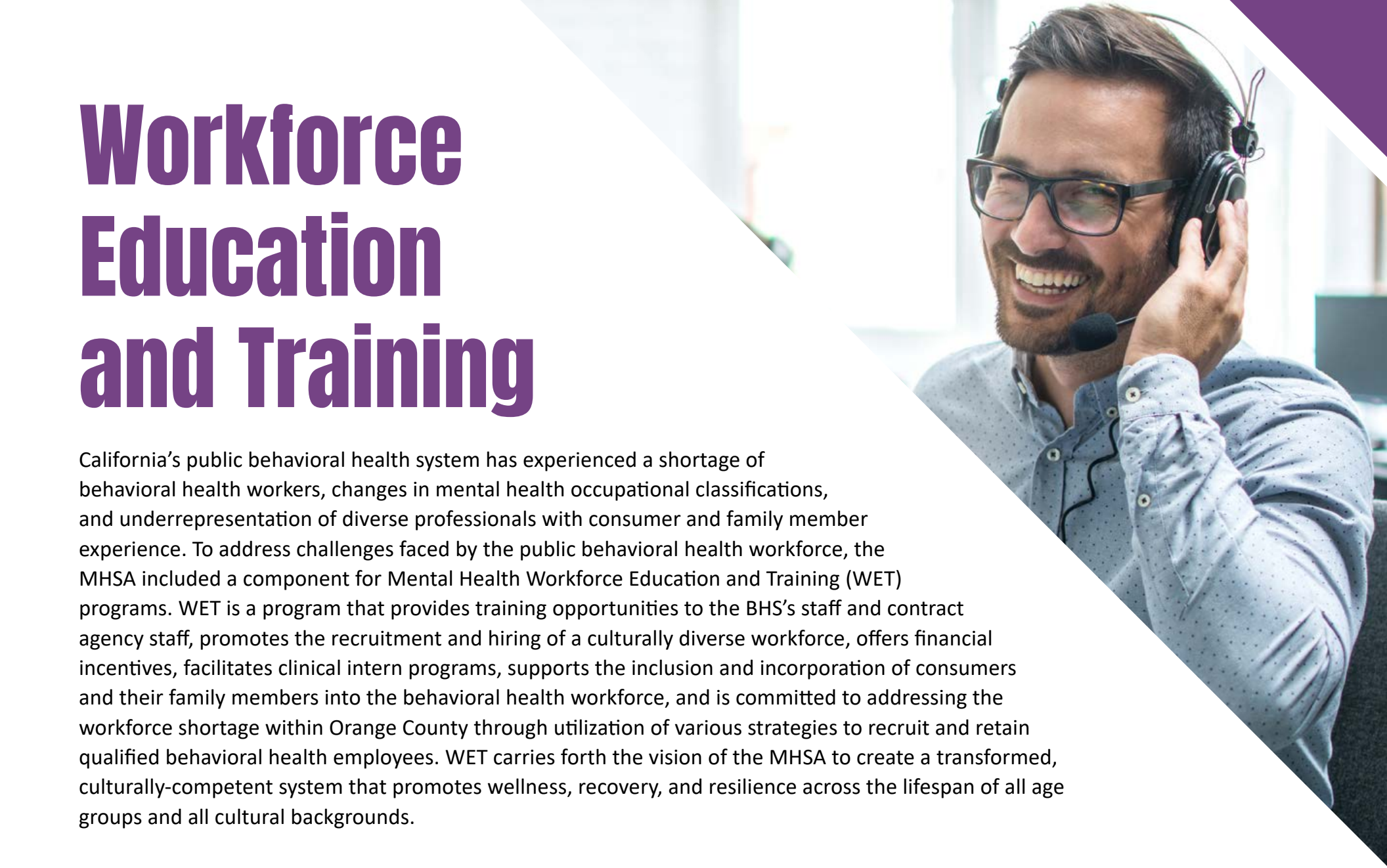
Developing Capacity for Specialty Mental Health Plan Services with Diverse Communities: Strives to develop the capacity of community-based organizations to become specialty mental health providers to ensure equitable access and advance community defined evidence based (CDEPs) practices.

Innovative, Countywide Workforce Initiative: Proposes to address workforce shortages and increase access to services by exploring an alternative strategy to building a culturally completed and well-trained behavioral health workforce of professionals and paraprofessionals.

Innovative Approaches to Delivery of Care: Seeks to create a more culturally responsive, inclusive, and efficient delivery of care, utilizing a User Experience model to gather input from consumers and their family members.

A detailed description of component activities is available in the Orange County PIVOT INN Project Proposal.

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, the Consumer Employment Support (CES) Specialist works with Behavioral Health Services staff, contract providers, and community partners to educate consumers on disability benefits. The specialist 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 consultations 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 2023-24, WET offered 72 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 79 trainings and consultations in FY 2023-24.

Through the SCRP funded loan repayment program to address staff retention, Orange County approved 94 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 3 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 2023-24, TTA provided a total number of 162 trainings to 5,945 attendees. Of these, 55 trainings were focused on specific evidenced- based practices and 95 trainings were offered CE or CME credits.

Training topics included Breaking Down Binaries: Psychosis & the Transgender Community; Coping with the Journey of Mourning and Grief; Exploring the Depths of Clinical Supervision; How to Maintain Ethical and Legal Boundaries While Using Technology in your Mental Health Practice; LEAP (Listen – Empathize – Agree – Partner); Learn to

Number of Trainings

162

FY 2023-24

Number of Attendees

5,945

FY 2023-24

CEs/CMEs Offered

95

FY 2023-24

Evidence-Based Practice Trainings

55

FY 2023-24

Thrive: Acceptance Commitment Therapy; Recent Traumatic Events Protocol (R-TEP) and Group Traumatic Events Protocol – An Advanced EMDR Training.

During FY 2023-24, 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 383 documents into the threshold languages of Spanish, Vietnamese, Farsi, Korean, Arabic, and Simplified Chinese in FY 2023-2024, Additionally, staff provided 89 live, in-person interpretation sessions to community members attending various trainings, conferences, or meetings. 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 2023-24, the Behavioral Health Equity Committee (BHEC) continued to meet regularly through in-person , meetings at the Behavioral Health Training Center .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
- Spirituality
- Outreach to the Black/African American Communities
- Latino/a,
- Asian/Pacific Islander (API),
- LGBTQ+.

More subcommittees are being developed, including Substance Use Disorder (SUD) and the Native/Indigenous Communities.

During FY 2023-24, 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 current Behavioral Health Services consumers and family members of consumers as they move into higher levels of recovery. Training services are participant/family member driven and provided by qualified instructors. Services focus on addressing the shortage of skilled human services workers with lived experience in the behavioral health field, including peer training, academic advisement and support, and career preparedness skills a. 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 2023-24, REI offered 1,855 academic advisement sessions, 439 success coach sessions, 229 peer partner sessions, and 300 employment specialist support sessions. In addition, 88 workshops, 76 pre-vocational courses, 16 extended education courses, 24 college courses, and 3 peer support specialist trainings were offered. 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 March 2024, BHTS supported the HEPP through a Professions and Majors Fair hosted by Cal State Fullerton University. 251 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 also helped to place 20 undergraduate students for a Summer Internship in May 2024. These students were placed across BHS to better understand how BHS serves the community and in hopes of encouraging the students to pursue a career in BHS.

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 20224-25

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,

6-hour clinical supervision update trainings 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 six (6) monthly consultation groups for new and current clinical supervisors. These groups provide on-going consultation to strengthen supervisory skills and manage issues with their supervisees. The groups provide regular updates on new guidelines promulgated by the Board of Behavioral Sciences and the Board of Psychology. The consultation group facilitators provide training in clinical supervision models to assist supervisors in understanding and facilitating their supervisees' growth and clinical development.

The team has created an outcomes research program to track the effectiveness of the consultation groups. The data will be used to improve client outcomes and to assess future changes to the Clinical Supervision Program. The team works to support clinicians in non-traditional settings, such as in Correctional Mental Health and with Justice-Involved clients. The Clinical Supervision program has set a goal of having all HCA BHS clinical supervisors participate in consultation groups.

The Clinical Supervision Team also acts as consultants by regularly providing ad-hoc consultation from clinical supervisors about any issue 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 27 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:

- Overview of Mental Health and Recovery Services
- Risk Assessments
- Substance Use Disorders and Medication-Assisted Therapy Services
- Holiday Gathering & Networking
- Affirmative Therapy
- Trauma Informed Treatment
- Play Therapy
- The Licensing Process
- Psychopharmacology
- Chalkboard Case Conceptualization
- 2 Graduation Celebrations/Meetings (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 2023-24, 94 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, 16 psychiatrists utilized the loan forgiveness program for a total of $270,000 spent towards paying down their loans.

In FY 2023-24, 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).

BH TRAINING FACILITY

$25,000

FY 2024-25

TECHNOLOGICAL NEEDS PROJECT

ELECTRONIC HEALTH RECORD

$21,108,448

FY 2024-25

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.

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. MHSA funds may be used to support the transition to meet Behavioral Health Transformation requirements.

MENTAL HEALTH SERVICES ACT EXPENDITURE PLAN - FY 2025-2026 ANNUAL PLAN UPDATE PREVENTION AND EARLY INTERVENTION (PEI) EXHIBIT							
County: Orange							Date: 03/04/2025
Program Description		Fiscal Year 2025-2026					
		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**	**$4,000,000**	**$4,000,000**				
MENTAL HEALTH AWARENESS & STIGMA REDUCTION CAMPAIGNS & EDUCATION							
2.	**Outreach for Increasing Recognition of Early Signs of Mental Illness**	**$1,700,871**	**$1,700,871**	-	-	-	
	Behavioral Health Training Services	$1,547,086	$1,547,086				
	Early Childhood Mental Health Providers Training	$1,000,000	$1,000,000				
	Services for TAY and Young Adults	$700,871	$700,871				
CRISIS PREVENTION & SUPPORT							
3.	**Suicide Prevention Services**	**$2,775,826**	**$2,750,000**				**$25,826**
ACCESS & LINKAGE TO TREATMENT (TX)							
4.	**OCLinks**	**$5,000,000**	**$5,000,000**				
OUTPATIENT TREATMENT - EARLY INTERVENTION							
5.	**Clinical High Risk for Psychosis**	**$1,000,000**	**$1,000,000**				
6.	**1st Onset of Psychiatric Illness**	**$1,511,932**	**$1,250,000**	**$191,218**			**$70,714**
7.	**Early Intervention Services for Older Adults**	**$2,500,000**	**$2,500,000**				
8.	**OC4VETS**	**$1,017,663**	**$1,000,000**				**$17,663**
	PEI Administration	10,000,000	$10,000,000				
	Total PEI Program Estimated Expenditures	**$29,506,292**	**$29,200,871**	**$191,218**			**$114,203**

MENTAL HEALTH SERVICES ACT EXPENDITURE PLAN - FY 2025-2026 ANNUAL PLAN UPDATE COMMUNITY SERVICES AND SUPPORTS (CSS) EXHIBIT							
County: Orange							Date: 03/04/2025
Program Description		**Fiscal Year 2025-2026**					
		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**	**$17,583,969**	**$12,500,000**	**$4,973,044**	**-**	**-**	**$110,925**
3.	**Adult Full Service Partnership**	**$53,917,997**	**$33,715,841**	**$15,331,314**	**-**	**-**	**$4,870,842**
	Adults	$32,615,000	$21,000,000	$11,540,000	-	-	$75,000
	Assisted Outpatient Treatment Assessment & Linkage	$5,568,003	$4,715,841	$791,314	-	-	$60,848
	CARE Court	$2,600,000	$2,000,000	$600,000	-	-	$0
	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**	**$14,838,522**	**$11,438,018**	**$3,200,504**	**-**	**-**	**$200,000**
NON-FSP PROGRAMS PARTIALLY CATEGORIZED AS FSP:							
Access and Linkage to Treatment Section:							
1.	**Open Access**	**$2,093,750**	**$1,600,000**	**$450,000**	**-**	**-**	**$43,750**
Crisis & Crisis Prevention Section:							
2.	**Mobile Crisis Assessment Team**	**$5,158,900**	**$2,980,000**	**$1,982,000**	-	-	**$196,900**
3.	**Crisis Stabilization Units (CSUs)**	**$3,960,000**	**$2,400,000**	**$1,485,000**	-	-	**$75,000**
4.	**In-Home Crisis Stabilization**	**$2,271,730**	**$1,715,830**	**$535,650**	**-**	**-**	**$20,250**
5.	**Crisis Residential Services**	**$6,447,100**	**$4,000,000**	**$2,280,000**	**-**	**-**	**$167,100**
Outpatient Treatment: Clinic Expansion							
6.	**Outpatient Recovery**	**$179,737**	**$128,000**	**$48,059**	**-**	**-**	**$3,678**
7.	**Older Adult Services**	**$198,837**	**$156,000**	**$41,223**	**-**	**-**	**$1,614**

MENTAL HEALTH SERVICES ACT EXPENDITURE PLAN - FY 2025-2026 ANNUAL PLAN UPDATE COMMUNITY SERVICES AND SUPPORTS (CSS) EXHIBIT							
County: Orange							Date: 03/04/2025
Program Description		Fiscal Year 2025-2026					
		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	$320,191	$320,000	-	-	-	$191
10.	Supported Employment	$475,462	$473,000	-	-	-	$2,462
Supportive Housing/Homelessness Section:							
11.	Housing & Year Round Emergency Shelter	$465,000	$465,000	-	-	-	-
12.	Bridge Housing for the Homeless	$992,450	$975,000	-	-	-	$17,450
13.	CSS Housing	$631,512	$631,512	-	-	-	-
	FSP Sub-Total	*$128,920,157*	*$87,498,201*	*$35,326,794*	-	-	*$6,095,162*
NON-FSP PROGRAMS NOT CATEGORIZED AS FSP:							
Access and Linkage to Treatment Section:							
1.	Open Access	$1,813,102	$1,400,000	$392,000	-	-	$21,102
2.	BHS Navigation	$7,120,000	$4,820,000	-	-	-	$2,300,000
3.	Integrated Justice Involved Services	-	$8,314,804	-	-	-	-
Crisis & Crisis Prevention Section:							
4.	Mobile Crisis Assessment Team	$10,827,689	$8,244,376	$2,473,313	-	-	$110,000
5.	Crisis Stabilization Units (CSUs)	$24,260,250	$12,900,000	$10,965,000	-	-	$395,250
6.	In-Home Crisis Stabilization	$3,553,114	$2,026,000	$1,478,980	-	-	$48,134
7.	Crisis Residential Services	$15,600,000	$7,400,000	$7,770,000	-	-	$430,000

MENTAL HEALTH SERVICES ACT EXPENDITURE PLAN - FY 2025-2026 ANNUAL PLAN UPDATE COMMUNITY SERVICES AND SUPPORTS (CSS) EXHIBIT							
County: Orange							Date: 03/04/2025
Program Description		Fiscal Year 2025-2026					
		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	$12,484,314	$6,000,000	$6,450,000	-	-	$34,314
9.	Outpatient Recovery	$9,645,973	$6,272,000	$3,136,000	-	-	$237,973
10.	Older Adult Services	$3,446,887	$2,444,000	$977,600	-	-	$25,287
11.	Services for the Short-Term Residential Therapeutic Program	$8,521,680	$6,000,000	$2,500,000	-	-	$21,680
Supportive Services Section:							
12.	Peer Mentor and Parent Partner Support	$4,000,000	$4,000,000	-	-	-	-
13.	Wellness Centers	$4,301,547	$4,300,000	-	-	-	$1,547
Supportive Housing/Homelessness Section:							
16.	Housing & Year Round Emergency Shelter	$1,285,000	$1,285,000	-	-	-	-
17.	Bridge Housing for the Homeless	$534,396	$525,000	-	-	-	$9,396
18.	CSS Housing	$287,915	$287,915	-	-	-	-
	Sub-Total	*$107,681,867*	*$76,219,095*	*$36,142,893*	-	-	*$3,634,683*
	CSS Administration	20,000,000	20,000,000	-	-	-	
	Total CSS Program Estimated Expenditures	*$256,602,024*	*$183,717,296*	*$71,469,687*	-	-	*$9,729,845*
	FSP Programs as Percent of Total	50%					

MENTAL HEALTH SERVICES ACT EXPENDITURE PLAN - FY 2025-2026 ANNUAL PLAN UPDATE
INNOVATIONS (INN) EXHIBIT

County: Orange | Date: 03/04/2025

Program Description	Fiscal Year 2025-2026					
	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
Psychiatric Advance Directives (PADS) - Part II	$5,000,000	$5,000,000	-	-	-	-
Young Adult Court	$2,584,720	$2,584,720	-	-	-	-
Community Planning	$1,190,000	$1,190,000				
Progressive Improvements of Valued Treatment (PIVOT)	$8,000,000	$8,000,000				
Subtotal Of All INN Programs	**$16,774,720**	**$16,774,720**	-	-	-	-
INN Administration	**$1,480,837**	**$1,480,837**	-	-	-	-
Total INN Program Estimated Expenditures	**$18,255,557**	**$18,255,557**	-	-	-	-

MENTAL HEALTH SERVICES ACT EXPENDITURE PLAN - FY 2025-2026 ANNUAL PLAN UPDATE WORKFORCE, EDUCATION AND TRAINING (WET) EXHIBIT						
County: Orange						Date: 03/04/2025
Program Description	**Fiscal Year 2025-2026**					
	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	$1,000,000	$1,000,000	-	-	-	-
Financial Incentives Programs	$418,468	$418,468	-	-	-	-
Subtotal Of All WET Programs	**$7,786,555**	**$7,786,555**	**-**	**-**	**-**	**-**
WET Administration	$585,150	$585,150	**-**	**-**	**-**	**-**
Total WET Program Estimated Expenditures	**$8,371,705**	**$8,371,705**	**-**	**-**	**-**	**-**

MENTAL HEALTH SERVICES ACT EXPENDITURE PLAN - FY 2025-2026 ANNUAL PLAN UPDATE CAPITAL FACILITIES/TECHNOLOGICAL NEEDS (CFTN) EXHIBIT							
County: Orange							Date: 03/04/2025
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							
1.	Behavioral Health Training Facility	$25,000	$25,000	-	-	-	-
Technological Needs Projects							
2.	Electronic Health Record (E.H.R)	$21,108,448	$21,108,448	-	-	-	-
	CFTN Administration	**$281,442**	**$281,442**	**-**	**-**	**-**	**-**
	Total CFTN Program Estimated Expenditures	**$21,414,890**	**$21,414,890**	**-**	**-**	**-**	**-**