OC HCA Responses to Substantive Public Comments

on the MHSA Three-Year Program and Expenditure Plan for FY 2020-21 to FY 2022-23

Comments and Responses Organized by Topic

30-Day Public Comment Period: March 16, 2020 – April 15, 2020

MHSA PLANNING

Response to COVID-19

Comments
1. At present there is no gauge of the financial impact of the current shutdown. MHSAOAC reported a significant drop in March 2020 MHSA dispersed revenue (funds received a/o 2-15-20). MHSA funding is seasonal and April/May funding numbers will be critical in beginning to understand how the crisis will impact revenue moving forward and thus the MHSA 3 year plan. At present my concern is that we fund public health/PEI on a wide scale as well as crisis and critical services. I would comment that Behavioral Health come up with best case/worst case models on revenue in order to establish priorities moving forward. It is my opinion that the current 3 year plan will have to be drastically revised as more information become available.
2. The OC Older Adult Mental Health Council recommends that MHSA demonstrate an awareness that COVID-19 will undoubtedly impact our budgets, and encourages them to recognize that reprioritizing projects, programs and budgets with some flexibility may be required going forward. Specifically and particularly in light of the fact that older adults are one of the principal vulnerable target populations impacted by COVID-19 and that mental health issues (specifically anxiety and depression) are natural outcomes and effects of an pandemic that targets that population. It is important for MHSA to get in front of the very real likelihood that increased efforts in both Outreach and Engagement and Prevention and Early Intervention policies and strategies for the older adult population will need to be ramped up quickly and considerably to ward off a spike in mental health issues, and even suicides The OC Older Adult Mental Health Council believes that the impact on older adults, homeless seniors and the issues of isolation during COVID-19 distancing will provide an opportunity for new conversations regarding mental health.
3. Suicide and Crisis Prevention Programs: Following up on the prior comment relating to transportation, PLC appreciates the depth and variety of programs that the HCA offers to individuals in need of services. Allowing individuals to access services via telephone and other remote means is incredibly important for the low-income population in Orange County. The discussion of Help@Hand is promising. Because this comment is being submitted during an unprecedented time in the County's, and really the Country's history, PLC anticipates that the HCA will have additional remote service options going forward. While remote services, such as telehealth and virtual behavioral health care, may not be ideal, they are certainly better than no care at all, so long as they are carried out in an effective manner. As PLC has adjusted to remote legal services, PLC imagines that the HCA and its various partners are experiencing the same challenges, and hopefully also successes that can be carried forward as life slowly moves closer to "normal."
4. Given COVID-19, we have seen an increase in anxiety and depression with an already vulnerable population. Districts will be carrying the brunt of this work. It is crucial for the state to disseminate additional funds to Districts to provide the level of mental health support to meet the need and demand of the populations served
5. Prior to COVID-19 school dismissals, Orange County was already in dire need for additional funding and supports for Mental Health services for our school aged children. You may be familiar with the 24th Annual Report for Conditions of Children in Orange County (2016). There was a 73% increase from the last report in 2007 on Mental Health Hospitalizations for children in Orange County. This phenomena is also reflected in our school district in South Orange County. The Saddleback Valley Unified School District has seen a steady increase in the amount of students falling in the moderate-high range for level of risk for suicide assessments over the past 3 years. Now with this unprecedented time of school dismissals and social isolation spanning between 3-4 months across school districts, the mental wellness of our students is and will be of utmost importance. Those that were already struggling with their mental wellness prior to School Dismissal are now even at higher risk, and those that were not struggling prior to School Dismissal may be on the threshold or well over the threshold in requiring support. Our children will need this support, as well as our agencies to work collaboratively for them to move forward successfully.

6. While the Health Care Agency could not possibly have predicted what was coming when the Three-Year Program and Expenditure Plan was released, the current worldwide pandemic has exposed so many of these issues. For individuals with mental health disabilities, particularly those who are low-income, they have lost access to their support system, whether that involves physical contact with people, medications, or other supportive services. PLC anticipates that one result of the pandemic is that more people will experience mental health disabilities, and there will be fewer systems, agencies and organizations available to provide the necessary assistance. While the hope is that a pandemic the size of the current COVID-19 pandemic does not occur annually, it is worthwhile to note the deficits exhibited by the current crisis and work to address them for the future. The HCA is already doing some of this, particularly with respect to its Help@Hand project, and PLC looks forward to seeing that program, and others that may be identified currently or in the near future, come to fruition. We commend the Orange County Health Care Agency for most all of the proposed Three-Year Plan, and urge the HCA to consider those additional issues identified and addressed by this comment. PLC sincerely hopes that it has the opportunity to collaborate and support the HCA in its efforts over the next three years to provide culturally competent, accessible, and effective services to those Orange County residents in need of treatment for a mental health disability.

7. Don't you think this will change drastically given the current circumstances of our financial positions? I didn't read it as I assumed it would need dramatic revisions now.

Response re: COVID-19

Seemingly overnight, the COVID-19 pandemic has significantly impacted many aspects of daily life, including emotional well-being. Behavioral Health Services (BHS) has responded by rapidly increasing "essential services," including community outreach, early intervention outpatient services, Public Service Announcements (PSAs), a Mental Health Support and Services resource webpage on COVID-19, referral and linkage to needed services (including emergency shelter), and other supports designed to help people cope with COVID-19. As needed, BHS staff have been temporarily re-deployed to serve as Disaster Response Workers and/or to augment BHS' capacity to meet community behavioral health needs during this public health crisis.

The HCA is also sensitive to the fact that community planning for, and development of, the Three-Year Plan for FYs 2020-21 through 2022-23 occurred prior to the broader outbreak of COVID-19 and State and local stay at home orders. The HCA also recognizes that the emotional impacts may outlast the pandemic itself. Similar to how the BHS workforce is currently providing and scaling up needed services under the FY 2019-20 MHSA Plan, the programs proposed in the Three-Year Plan beginning July 1, 2020 will have the same flexibility to adapt to changing conditions and impacts here in Orange County, including those resulting from COVID-19. This can include maintaining expanded program hours or staffing to respond to the behavioral health needs of the community, continuing telehealth and telephonic services, providing COVID-related resources to staff to help assist the community, providing updated and targeted PSAs and Mental Health Resources websites to the community directly, and continuing to collaborate with other County Agencies and stakeholders as we adapt to COVID-19 and its after-effects. Moreover, these efforts and adaptations can occur without requiring substantive changes to the draft Plan as the Plan already contains clauses allowing diversion of available dollars to Strategic Priority areas around increased mental health awareness and stigma reduction, improved access to behavioral health services, and enhanced suicide prevention.

With regard to the Strategic Priority funding clauses, concerns as to whether there will be enough funding to address community needs are to be expected. HCA and CEO fiscal staff have responded accordingly and are actively monitoring MHSA revenue to see if there are deviations from the projections used to develop the Three-Year Plan earlier this calendar year. The HCA is also awaiting updated fiscal projections from its financial consultant, and will use the revised forecasts to assess whether and/or to what extent modifications to proposed program budgets may be needed in the future. Any reduction in future MHSA revenue will be factored against savings resulting from reduced MHSA expenditures in FY 2019-20 and FY 2020-21 as a result of non-clinical/"non-essential" programming being reduced and/or postponed. The County and HCA has also been tracking State and Federal Government funding sources that support elevated need during COVID-19, and can share relevant information with community partners, including school districts. In addition, even prior to COVID-19, BHS had begun working to identify and implement efforts to better leverage other funding sources (e.g., Medi-Cal, etc.), and this focus will continue following the pandemic. Thus, while future MHSA

program budgets will in all likelihood be impacted, fiscal staff are waiting on key pieces of information needed before being able to propose budget modifications (e.g., updated projections from the fiscal consultant; how long shelter in home orders will remain in effect; the extent and nature of the emotional, health insurance, fiscal and other impacts experienced by different underserved groups and communities; Federal dollars related to COVID-19, etc.). As more becomes known about these factors, the MHSA Plan can be amended through the community planning process, as needed.

Strategic Program and Fiscal Planning

Comments
1. Suicide prevention is to receive carryover funds from PEI and CSS mid-year if available. How will Suicide prevention be funded if the demand increases and there aren't sufficient carryover funds?
2. Many of the programs are budgeted to serve a very small number of people. For example, the Older Adult Services is budgeted to serve 530 older adults. Given the growth of the Older Adult population in Orange County there is a need to serve more older adults, perhaps using a different model. While there is a recognition of the need for navigation, the support of existing services is not sufficient to meet this need or we will see the same results. There are a number of programs being funded that have been showing decreasing enrollment. Is it time to evaluate if these programs are needed? Overall, I would like to recommend a more focused approach that will reach larger popualtions with greater impact.
3. Are there timely checkpoints (6 months, 12 months) to assess the effectiveness of the current plan?
4. If a program isn't effective is there flexibility in 3-year the plan to discontinue funding for that program?
5. This year's MHSA Plan Update (2020-21) continues to develop with a better description of community engagement activities and inputs that supported its development. A survey on participants' assessment of the meaningfulness of these activities to them would also be helpful. The Update includes an increased investment in Early Childhood Mental Health (ECMH) but would benefit from having a dedicated section for ECMH and how these programs are coordinated as part of a comprehensive strategy for this population. This is something that has been called for by multiple stakeholders in previous years. Expenditure Plan The Update still lacks a cause-of-change report with the specific reasons why budget goals will not be met in the prior year(s) in spite of an acknowledgment by staff last year of the need for such a report. This may be due to the intentional practice of overinflating the budget knowing that a significant portion of the expenditures will never take place. This is an unimaginative and problematic response to a public policy dilemma created by restrictive state mandates on reserves combined with continued challenges to increase HCA's operational capacity and ability to implement new programs on a timely basis. As an alternative, a well-articulated contingency plan can be included in each update. Something also recommended last year. Additionally, HCA could increase its effectiveness in implementing programs (or reducing them if needed) by shifting to a responsive funding approach. At the last NAMI California Conference, Dr. Nagel told attendees that the agency's first efforts at releasing a community-responsive funding mechanism would be here soon. Something that we have yet to see. Because this was also not included in the Plan Update there is no clear indication that HCA intends to make progress in this area.

6. The plan is expansive; @500 pages is a lot to read and understand on a computer.

   The plan lacks context in defining the community needs, service under/over capacity, and complementary relationships (Cal Optima,Public Health, Housing/Homeless, School Districts), By context, I mean showing plan delivery addressing @150,000 SPD, @480,000 k-12 students, @20,000 Teachers, etc.

   Summary exhibits for the outcomes and budgets would help understanding. There is a lot of good stuff here and there; as a reader, I found it difficult to summarize. Cutting and Paste selected areas into a simpler executive summary would help the reader.

   Given Covid 19 and MHSA Refresh discussions before Covid 19, I think a strategy/tactics to set priorities is necessary. Future budget availability and cashflow from tax revenues is unknown. The new FY starts July1 @2 months from now.

   These are some areas of concern; given the budgeting considerations, I am not going into depth about the plan.
   • Community Planning Process (CPP) is inadequate for size of the three year budget. There is no context to the survey information ie the number of respondents by area is not included, multiple surveys were used, survey questions were not program specific relative to user experience. service capacity/waitlists or operational considerations. County can spend up to 5% (or $5 Million for each increment of $100.0M) to inform and research community needs.
   • Federal Funds Participation (FFP) is significantly low versus other counties
   • UCSD study as well as the Cultural Competency Plan identify threshold language deficiency.

7. Increasing Community Engagement Opportunities for MHSA Plan and Plan Update. TCF would like to thank MH Board/MHSA Steering Committee/HCA for the great work and accommodations that have taken place in the past few years to increase meaningful community participation in the MHSA planning process. In addition to this current great work, TCF would like to ask MH Board/MHSA Steering Committee/HCA to increase its efforts in engaging more ethnic communities and to increase the number of meetings in different parts of the county. The last community engagement meetings in 2019 were hosted 1 in South County, 1 in North County, and 1 in Central County, which were limited and we would like to suggest having at least 3 meetings at different times per region so that more communities could have the opportunities to participate and support the process. Thank you so much again for the opportunity to provide comments.

Response re: Strategic Program and Fiscal Planning

With each year the HCA continues to learn from and improve upon its community planning process. Over this upcoming Three-Year Plan period, the MHSA Office will engage in on-going dialogue and planning with community stakeholders from the priority populations that remain unserved and underserved in Orange County, as well as with the community organizations and groups that serve them. The goal will be to identify effective outreach, engagement and service strategies that are responsive to the unique needs of different cultural, ethnic and monolingual/Limited English Speaking communities. Per the 2019 community planning process, available carryover PEI and/or CSS funds may be redirected to support this stakeholder engagement and learning, as well as the implementation of identified strategies, pending availability of funds. In addition, pending availability of funds, community planning dollars will be used to oversample Orange County residents on the CA Health Interview Survey in order to collect more stable estimates over time and improve the HCA's ability to track disparities in access to needed services.

During its recent MHSA Program Review of Orange County, Department of Health Care Services commented on the large number of MHSA programs offering the same services. In response, the HCA is in the process of merging programs providing the same services to different age groups, for example, into a single, larger program. These consolidations will increase administrative efficiencies while still maintaining clinicians and staff with specialized expertise and training to serving different target populations, and will help simplify navigation of the BHS system of care. The Plan represents an initial step in this direction, with the goal of further refinement of improvement in program organization occurring across the next several Annual Plan Updates.

Many factors can contribute to decreasing enrollment that are not necessarily a reflection of declining need or interest, the most common being staffing vacancies, inability to site a program and/or operational processes. For example, several PEI programs have been consolidated, as described above, some of which had been experiencing lower than projected enrollments. Within these programs, the consolidation will allow for greater efficiencies in screening of referrals, the intended goal of which is to increase program enrollment and/or reduce wait times.

Regarding concern about whether there is insufficient capacity to serve individuals navigating into the system, the Access to Behavioral Health strategic priority has included dedicated expansions to outpatient services, primarily among youth under age 18 and older adults. All programs within the Crisis Prevention and Support Services area are also being expanded, again with a focus on youth and older adults. Both of these strategic priorities can also increase service capacity and augment program budgets, as described in the Plan, pending availability of funds. It should be noted that when a program experiences lower than anticipated enrollment, its budget may be adjusted during the true-up process to reflect these cost-savings. Those dollars then become available to other programs needing budget augmentations, which can include outpatient treatment and crisis programs. BHS revenue and expenditures will be closely monitored for impacts related to COVID-19. In addition, most of the outpatient services and Suicide Prevention and Support programs funded through MHSA/CSS funds are eligible to bill Medi-Cal or private insurance, thus helping ensure their ability to meet any increasing demand for services.

As noted in several comments received during the 30-Day Posting and in prior discussions with stakeholders, in addition to tracking service utilization/program enrollment it is also important to monitor program performance. At present, the HCA has the resources to conduct annual performance outcome evaluations (which are reported in the MHSA Three-Year Plan and/or Annual Plan Update) and is incrementally building its capacity to engage in more frequent evaluations. A critical aspect of this is building its technology infrastructure to streamline data collection, extraction, analysis and visualization. In addition, BHS Program Managers monitor their programs on a monthly basis to ensure services and other deliverables are being met and/or addressing barriers and challenges the program is encountering.

If a program is experiencing challenges and barriers, steps are taken to address any issues and then later evaluated after sufficient time has passed to determine whether these steps brought about the expected improvements. If, a program continues to underperform despite the quality improvement process, funding could potentially be discontinued as part of the community planning process. In other circumstances, underperformance may be the result of under-funding or other factors suggesting a change in provider or operations rather than in a complete discontinuation of the program.

Contracted Program Budgets

Comment
1. In general, it appears as though the practice is to seek approval for level funding year over year, with a corresponding consistent level of services. However, the cost of business increases, especially costs associated with salaries to keep up with minimum wage laws. Please consider increasing funding for programs each year to keep up with the rising cost of doing business.
Response re: Contracted Program Budgets
The Health Care Agency pays a provider based on the terms of an agreed upon negotiated contract. When entering a contract with a provider, the provider determines the wages of their employees as well as all costs associated with their services as identified through BidSync and the RFP process. HCA Procurement staff and the assigned Contract Administrator review all submitted budgeted items to determine and negotiate the appropriate level of funding for the proposed services. Through this process, a providers funding can be kept level, increased, or decreased based on the negotiated cost to provide the requested services. On a monthly basis the Contract Administrator and Program staff monitor budget expenditures and service delivery and work closely with the provider to improve service delivery and positive outcomes. Contract Services staff, program managers and fiscal program support staff work together in evaluating the level of services needed and the total amount of funding that can be provided in order to best benefit Orange County's mental health service system for our community members.

Braided Funding

Comment
1. As the Mental Health Wellness Hubs thru Be Well come on line, it would be helpful to see if there could be braided funding with MHSA and these hubs built in as part of the plan.
Response re: Braided Funding
The braiding of funding would occur at the contract level and not within the MHSA Plan. As we are able to claim revenue from other health plans, this will decrease the need to spend MHSA funds. With each payor (health or insurance plan) contributing when appropriate, a payor agnostic campus could be a full community resource with financial contributions from across the healthcare system.

FSP Negative Outcomes

Comment
1. Please explain "Reduction in Negative Outcomes"
Response re: School Outreach
"Reduction in negative outcomes" refers to negative outcomes, such as psychiatric hospitalizations, homelessness, incarcerations, etc. that are identified in the MHSA itself and intended to be reduced by FSP services. Please see the Plan for more information on how each outcome was operationalized and analyzed.

STUDENT and YOUTH MENTAL HEALTH

Early Childhood Mental Health

Comment
1. I have been a part of all of the community MHSA events and have spoken on the importance of the 'upstream' concept. In this plan, I do not see a focus on true prevention and intervention. Prioritizing the prevention of mental health issues before they are a concern is true PEI. We can move the needle if we begin with pre-natal education on the effects of maternal mental health and the growing fetus, followed by how to develop strong social and emotional skills, which build resilience, followed by supporting challenging behaviors before they become habits, a way of life and a stigma of being a "bad child". We know that early traumatic experiences have a direct impact on the trajectory of child's life. Let's give parents the skills they need to support the social and emotional wellbeing of their children through true early intervention. In addition, I would like to see early childhood called out as its own age group (Pre-natal to five/eight) as this is the time when we can really build brain architecture and a positive trajectory like no other time in life. Categorizing and collecting data on a broad age range of "children" is not helpful if we want to look at the affects of an 'upstream' concept.
2. The Update includes an increased investment in Early Childhood Mental Health (ECMH) but would benefit from having a dedicated section for ECMH and how these programs are coordinated as part of a comprehensive strategy for this population. This is something that has been called for by multiple stakeholders in previous years.
Response re: Early Childhood Mental Health
Thank you for your comments. The HCA recognizes the importance of prevention of mental health issues before they are a concern and underscores this as the foundational assumption of all its prevention and intervention behavioral health programs that serve individuals from birth onwards, including pregnant mothers. These programs, especially the Orange County Department of Education's Safe from the Start, Orange County Parent Wellness Program, School Readiness, Early Childhood Education and Mental Health Services and the Parent Education program, address mental health from prenatal to birth to early childhood. By utilizing evidence-based, trauma-informed programs, these programs focus on: 1) the impact of trauma on the brain of the developing fetus as well as the mother, 2) building resiliency and reducing risk factors by focusing on prosocial and emotional skills building, 3) provide developmental screening for children and family needs assessment, 4) training and coaching of parents and early childhood education providers and 5) parent education. These upstream efforts are funded by the PEI component, which represents 19% of MHSA funding. The age range for children is defined by the MHSA (0-15 years), but the HCA recognizes that a broad range of developmental stages and milestones are reflected in this singular range. The HCA will work to further refine this broader category into smaller, meaningful children's subgroups over the next several Annual Plan Updates.

BH System Navigation by Youth

Comments
1. Increasing mental health programs and services for youth age 18 and under in Central Orange County. The needs of these programs and services for youth are learned through TCF's Plan Ahead Youth Program which has been in operation for more than 30 years. As we are facing a challenging time, we are finding that it is quite challenging for youth to navigate the mental health systems. TCF has a program where we are focused on academics and life skills but when our youth need mental health services, it has been challenging for them to navigate and access services because of the complex school and mental health system. There should be programs that promote mental wellness among students. – youth friendly mental health services in and out of school settings, particularly in Central Orange County. It will be helpful if there was a way to expand mental health services for youth with the collaboration between county, community based organizations, and school districts.
Response re: BH System Navigation by Youth
Thank you for your comment. The HCA appreciates and recognizes that navigating the mental health system can be challenging. The HCA continually evaluates its system of care to address the needs of the community, particularly those residents of Orange County who may be underserved. During FY 2018-19, the HCA partnered with the Orange County Department of Education (OCDE) in developing and implementing a school mental health services needs assessment survey which was completed by representatives from all school districts. Based on local data like this and on an extensive community planning process that included many key stakeholders such as the school districts, school teachers, OCDE, community service providers and community members, the HCA has developed a new program focusing on K-12 school-based mental health services. These services include four projects that will serve school students, families and school staff by providing: 1) Training, 2) Educational activities, 3) Resource Development and d) Community Networking. All four projects seek to promote mental wellness among students, reduce mental health stigma and support and engage students, their families and school staff in schools throughout the County including Central Orange County. These projects aim to increase access to behavioral health services by improving help-seeking behaviors, assisting with service navigation and increasing knowledge of available resources. There will be robust community networking opportunities across school districts for key stakeholders to allow for a coordinated effort to address student mental health needs. As a reminder, HCA has OCLinks, the BHS information and referral line that is available to help with navigation and has recently expanded its services in response to the COVID-19 crisis.

School-Based Services

Comments
1. The need to provide services in the schools was mentioned. It would be helpful to see an initiative that provided this service at a higher level of funding.
2. The plan is comprehensive in covering all areas of mental health. We want to stress the need for direct mental health services on school campus, outreach and engage with parents, and peer to peer support for parents who have students with a mental illness.

3. Increasing mental health programs and services for youth age 18 and under in Central Orange County. The needs of these programs and services for youth are learned through TCF's Plan Ahead Youth Program which has been in operation for more than 30 years. As we are facing a challenging time, we are finding that it is quite challenging for youth to navigate the mental health systems. TCF has a program where we are focused on academics and life skills but when our youth need mental health services, it has been challenging for them to navigate and access services because of the complex school and mental health system. There should be programs that promote mental wellness among students. – youth friendly mental health services in and out of school settings, particularly in Central Orange County. It will be helpful if there was a way to expand mental health services for youth with the collaboration between county, community based organizations, and school districts.

Secondary Theme: Leveraging/Collaborating/Avoiding Duplication of Services

4. I appreciate that per legislative mandate the majority of prevention and early intervention services are targeted for youth as early intervention is critical in addressing mental health issues.

   As an educator, I request that mental health dollars are used to fund services which directly impact students. School districts are in the position of being able to identify students in need but the funds we have access to, to address the needs of youth, are increasingly limited. We have staff and resources in place to provide universal lessons and activities to support mental health stigma reduction and education. Students are increasingly willing to discuss mental health concerns and are increasingly open to self-referral or refer friends for additional support. Having avenues close at hand to respond to the ever increasing needs of our students is the challenge of 2020. Please continue to support schools, youth, and suicide prevention with direct funding.

Secondary Theme: Leveraging/Collaborating/Avoiding Duplication of Services

5. We conditionally support the new MHSA 3 year Program and Expenditure Plan proposal for Orange County, with a request to continue working with school districts to provide input for support in our schools. For example, the cyber bullying education plan listed in the plan is a duplicate to programs that we already offer and is not needed- this funding could be used elsewhere. The increase in communication between your agency and our school districts is the only way to ensure that students receive the care that they need. We work with them for a majority of their day and need any possible resources to be made available for both early prevention and education, as well as services when students desperately need them. I respectfully request that you have myself or a fellow superintendent colleague as part of your planning and lead task force groups to allow for true and honest input for our agencies to work more collaboratively.

Secondary Theme: Crisis Services

6. AESD participated in the planning process for this grant, we have a good plan in place to address Mental Health issues and are excited that this collaboration with the county and surrounding districts will further our efforts in the area of Outreach and Prevention of Mental Health and the Well-being of our students and families. In addition we along with all the other districts are in need of more Crisis Prevention and Supports.

Secondary Theme: Crisis Services

7. As part of the MHSA Plan, it is important to consider the following [possible pilots within SAUSD]
   - Continuum of Care Collaborative focused on Child/Pediatric (pre/during/post) MH hospitalization and multidisciplinary cross trainings that include teams from Schools, Crisis Assessment Teams (CAT), Law Enforcement, Hospitals and Post-hospitalization
   - Funding and coordination towards school-based MH support for parents that includes training and support groups to address warning signs of mental illness and suicide, MH hospitalization, and discharge/re-entry/post-hospitalization support
   - Funding and coordination towards school-based MH student peer-based training and support to identify address warning signs of mental illness and suicide

Response re: School-Based Services
The HCA recognizes the importance of prevention and early intervention services in helping to prevent the onset or worsening of behavioral health conditions in at-risk groups, and appreciates the increased interest of School District Superintendents and other school personnel in collaborating with the HCA on ways to improve behavioral service delivery for students and their families. The needs identified through the community planning process by the K-12 School Districts, Department of Education and other stakeholders for increased school-based services that focus on increased early intervention, crisis services and services for youth with significant mental health needs have been recognized in the Plan. For example, the consolidation of the PEI-funded School-Based Mental Health Services Prevention and Early Intervention programs into a single School-Based Mental Health Services program allows clinicians from the prevention track to shift to providing early intervention outpatient services to students as needed without requiring an increase in the overall (combined) program budget. The CSS-funded Children and Youth Expansion Services program is also increasing both its budget and capacity to serve Orange County youth experiencing serious emotional disturbance (SED) and/or serious emotional illness (SMI). Part of this expansion includes the opportunity for the HCA to partner with interested Orange County school districts and use Local Control and Accountability Plan and MHSA funds to leverage Medi-Cal, thereby at least doubling the program's capacity to serve students living with SED/SMI and their families on school campus. Funding for programs serving particularly high-risk and vulnerable populations (i.e., foster youth, youth involved with the Social Services Agency, youth living with SED/SMI and significant chronic medical conditions) have also been increased. In addition, all CSS- and PEI-funded programs within the Crisis Prevention and Support Services are being expanded, with a significant focus on increasing service capacity for youth under age 18. Because these programs fall under the Plan's Suicide Prevention Strategic Priority, any program within the Crisis Prevention and Support Services area can increase service capacity, adapt service strategies to best meet the needs of the students and other individuals being served, and augment their budgets mid-year, pending availability of funds. While the initially proposed budgeted amounts for CSS school-based mental health services in the Plan may appear modest, this was by design. Orange and other counties throughout California have been under intense scrutiny over the past several years due to large unspent/unallocated funds being carried over from year to year. Because this partnership with schools is new, prior to launching services the HCA and schools must work together on the development of MOUs, data metrics and data-sharing agreements, policies and procedures that adhere to HIPAA and FERPA, referral procedures, etc. The HCA must also procure a service provider(s) certified to bill Medi-Cal. Thus, first year funding for these services reflect partial year implementation due to the planning and implementation ramp up time required before services can be launched. However, because school-based mental health services are one of the strategies for the MHSA Strategic Priority of improving Access to Behavioral Health, unallocated CSS and PEI dollars can be diverted to augment these program budgets, depending on demonstrated need and pending availability of funds. Thus, if services launch earlier than anticipated, it is possible for mid-year expansion of these programs based on prioritized needs and available funding. Finally, part of the on-going collaboration between the HCA and Orange County's school districts could include discussions on how to leverage mental health-related programming by public mental health and public education. This could help maximize available funding by reducing unnecessary duplication in some Universal prevention-level programming where the District already offers such programming, while still ensuring those Districts without their own Universal programs still have access to these prevention services.

Available Resources

Comment
Secondary Theme: School Outreach 1. Thank you for all the services provided to schools by the OCHCA. Since so many of the services listed in the Plan are underutilized by or unknown to our school and district staff, I would encourage outreach by OCHCA. Our staff, parents, preschools and mental health speciailists would all benefit from knowing about the services provided by OCHCA. Any outreach in the form of advertisement, training flyers etc. would be appreciated and supported by our district.
Response re: School Outreach
Thank you for your comment. As described above in the "BH System Navigation by Youth" response, the HCA has developed a new PEI program: K-12 School-Based Mental Health Services Expansion. This program includes four projects that will serve students, families and school staff by providing: 1) Training, 2) Educational activities, 3) Resource Development and d) Community Networking. There will be robust community networking opportunities across school districts for key stakeholders to learn about available behavioral health programs and services, and to allow for a coordinated effort to address student mental health needs. In addition, HCA currently has OC Links, the BHS information and referral line that is available to help callers navigate the County behavioral health system. OC Links has recently expanded its service hours in response to the COVID-19 crisis.

Comment
Secondary Theme: Training **1.** Additionally, as a result of Covid-19, funding to provide no-cost training for professionals that include best practices, new/adjusted protocols and policies (ie. HIPAA/FERPA etc.) in telephone and telehealth Crisis and MH service provision models
Response re: Training
Through a recent PEI-funded contract (Behavioral Health Training Collaboration), trainings for professionals are being developed and the provider is open to developing trainings applicable to specific audiences. In response to COVID 19 restrictions, virtual platforms such as Zoom and GoToMeeting are being utilized to facilitate various trainings. For more information on their current trainings, contact training@westernyouthservices.org or visit www.ocbhtc.org

School-Based BHIS Program

Comment
1. Social-emotional learning through School Based Behavioral Health Intervention and Support Services has been essential to the health and wellbeing of students, schools, and communities. We, along with the community of teachers and parents, are pleased that OCHCA continues to make this powerful level of prevention a priority. However, it is noted that the funding for these services significantly reduces in the 3rd year, when demand for services continues to increase. These services were expanded to include all regions of the county. It is recommended that the plan include at least level funding in the 3rd year.
Response re: SB BHIS
The proposed budget for this program in the Three-Year Plan reflects the outcome of community feedback and planning during the 2018 PEI Community Planning Process. Discussions on funding for this and other programs currently receiving time-limited augmentations to their budgets using carry over funds will occur during the community planning process for the Annual Plan Update for FY 2022-23.

OLDER ADULTS

OA Funding and Service Levels

Comments
1. Older adults 65 and older in Orange County make up 14.8% of the population, however, only 4% of Community Services and Supports (CSS) proposed expenditures and only 4.7% of Prevention and Early Intervention (PEI) proposed expenditures are specifically targeted for older adults. While many other programs serve adults 18 and over, the need for specifically tailored programs for older adults is critical and under allocated. The services that are currently in place are typically well done, but their scope, intent and funding is simply too small with far too few older adults actually reached and helped. Many of the services targeted for both adults and older adults are anticipated to serve a very small percentage of older adults age 60 and over as compared to other age groups, i.e., crisis residential – 11%; In home crisis stabilization 1%; mobile CAT 8%; Suicide Prevention 7%; and Navigation 12%. Given the high rate of suicide among seniors (older adults have the 2nd highest rate of suicide in OC), the programs need to serve a higher percentage of seniors. And specific programs need to be designed to focus on the underlying causes for suicides in older adults – intervention campaigns are useless unless the underlying causes are identified. This is an incredibly difficult population to reach, so designing successful strategies to go along with the underlying causes is key. The programs specifically targeting older adults serve very small numbers. Orange County California is home to over 450,000 adults over the age of 65. Prevention and Early Intervention services for Older Adults serve only 1,300 per year and Community Support Services serve only 530 clients per year. These small numbers indicate the value that OC places on the lives and mental health of older adults – what do we need to do to increase these numbers?
2. Older adults are under-represented in MHSA funding. As the fastest growing population in the County, there needs to be more focus on the needs of older adults. Low income older adults on fixed incomes are at a higher risk of mental depression and find themselves under extreme stress. Most are “rent burdened” paying more than 50% of their income for housing. A special population would be senior veterans living by themselves who are socially isolated and at risk of suicide. If there are 450,000 adults over 65 in the County, MHSA funding appears to be serving only 1830 adults per year based upon this approved budget. That is a serious missed opportunity apparently ignoring a population with mental health needs who are at risk of suicide. The outreach program for senior veterans who are socially isolated would be a welcome and visibly improvement to the existing plan.
3. We strongly encourage MH Board/MHSA Steering Committee/HCA to continue to support our older adult services through the Early Intervention Services for Older Adults (EISOA). In partnership and with the support from Multi-Ethnic Collaborative of Community Agencies (MECCA), TCF has served over 100 older adults in accessing mental health care, connecting them to resources in the community and providing social activities to help decrease their level of isolation and depression. The mental health needs of our older adults, particularly among socially and linguistically isolated ones, continue to increase, especially during and after the COVID-19 pandemic time. Therefore, we strongly urge MH Board/MHSA Steering Committee/HCA to increase funding for this program.

4. PLC specifically supports the HCA's efforts in the Early Intervention Services for Older Adults (EISOA), as PLC has developed a legal assistance program for older adults in the last three years. PLC believes that these services are critical, but are also even more challenging. Our older adult clients are less likely to have transportation, and are less likely to know how to utilize technology to identify and connect with resources. Similar to prior comments, PLC would like to see a plan to provide holistic services, as mental health issues impact other social services issues, like income maintenance, legal issues and community support. PLC is collaborating with Council on Aging – Southern California to provide outreach, education and screening for the older adult community in Orange County. This program specifically focuses on preventing older adults from being victimized by scams and abusers, which often arise when the older adult has a mental or physical disability. PLC would like to work more closely with programs such as the EISOA to ensure that clients with these needs are receiving the support needed to move forward in a number of aspects of their lives.

Response re: OA Funding and Service Levels

As previously mentioned with regard to school-based services, the HCA appreciates the importance of services designed to help prevent the onset or worsening of behavioral health conditions in at-risk groups, and further recognizes the impact on mental health and suicide risk that COVID-19 poses for older adults, in particular.

The Plan reflects some of the identified needs of older adults in the following ways. First, all CSS- and PEI-funded programs within the Crisis Prevention and Support Services area are being expanded. While the initial focus of the expansion primarily focuses on youth under age 18 (with the exception of Crisis Residential Services designed specifically for older adults ages 60 and older), the Suicide Prevention strategic priority would nevertheless allow the opportunity for any of these programs to increase service capacity, adapt service strategies, and augment their budgets mid-year to better serve older adults, pending demonstrated need and availability of funds. In addition, with County-funded MHSA dollars, Be Well OC is leading a Community Suicide Prevention Initiative in Orange County that has prioritized older adults as one of the target populations of focus in its Action Plan for 2020, with special attention paid to homebound seniors, nursing home residents, cultural minorities, unemployed men and veterans.

With regard to outpatient services for older adults, the time-limited augmentation of the PEI-funded EISOA program budget reflects the outcome of community feedback and planning during the 2018 PEI Community Planning Process. If PEI carryover funds continue to be available in the future, discussions on whether to extend a time-limited augmentation of this program would occur during the community planning process for the Annual Plan Update for FY 2022-23. In addition, in the proposed Three-Year Plan all three CSS-funded programs (i.e., Older Adult FSP, the Older Adult team of the Program for Assertive Community Treatment, Older Adult Services) are receiving additional funds to increase service capacity for older adults living with serious mental illness. Finally, implementation of the new telehealth/virtual behavioral health program contained in this Plan could contain elements specifically designed to increase access to needed services for older adults (i.e., telehealth geropsychiatry). Nevertheless, a potential opportunity to better serve older adults in a more flexible manner would be to include this target population and their associated CSS and PEI program services under the Access to Behavioral Health strategic priority, similar to the way school-based mental health services are included.

OA and Outreach to Increase Recognition

Comment
1. Outreach and Engagement services [now called MH and Well-Being Promotion] need a much greater ability to specifically target and reach out to older adults living in mobile home parks, low-income housing, senior housing, etc., who are already isolated and unconnected with services and supports in Orange County. The incrementally small amount of funding currently allocated for Outreach and Engagement barely scratches the surface of the number of older adults who need to be aware of services and programs.
Response re: OA and Outreach to Increase Recognition…
HCA is continuing to strive for these services to address the needs of individuals within the entire life span, ranging from families with young children to older adults. Some of the Outreach for Increasing Recognition of Early Signs of Mental Illness time-limited program expansions were added as the result of community feedback and new legislative guidance regarding priorities through Senate Bill 1004, leading to specific programs added targeting young children, school age children and TAY. As the HCA continues to enhance and ramp up other services in this program category, consideration will be given to the specific needs of older adults. For example, behavioral health community training and technical assistance provided as part of this program are now offered through a new contract provider, which is working to facilitate trainings that reach a broad community audience, including older adults, their families and those serving older adults. The training provider is seeking input regarding community training needs and would like to know about the training needs specific tor older adults. Please contact training@westernyouthservices.org or visit www.ocbhtc.org Another example of HCA's efforts to increase outreach to older adults is through the Mental Health & Well-Being Promotion for Diverse Communities program (previously the O&E Collaborative). As this program is redesigned, the needs of older adults will be strongly considered in its service delivery. Just to note, efforts focusing on older adults have similarly increased in other PEI program categories: additional time-limited dollars were allocated to the Early Intervention Services for Older Adult Program beginning this fiscal year; older adults are currently a primary focus of the Community Suicide Prevention Initiative; and one of the Community Mental Health Education Events this year is a media campaign focusing on older adults.

Silver Treehouse

Comment
1. Silver Tree House questions regarding time frame to implementation, qualifications, program design, LoS
Response re: Silver Treehouse
Adults/Older Adults ages 18 and older receive services at three sites (Orange (15 beds), Mission Viejo (6 beds), Anaheim (6 beds)) with a total of 27 beds. Stays last an average of 7 to 14 days. The Orange site at the 401 S. Tustin campus has 4 ADA beds available. The Anaheim site is in the process of being converted into a Silver Treehouse that will exclusively serve adults ages 60 and over. Construction has started at the site and a temporary wall has been established to renovate the location with a larger non-ambulatory bedroom and ADA-accessible bathroom, while still being accessible to the community. A new exterior door providing a direct exit from the new ADA bedroom will be provided. The office and medication room will be relocated to a smaller existing bedroom. ADA accessible ramps will be provided on both exits from the house. All 6 beds will be available to the age group 60 years and over and 2 beds will be ADA compliant to serve individuals who are not ambulatory. The HCA hopes to provide begin this service by the end of FY 2019-20.

VETERANS

Older Adult Veterans INN

Comments
1. There are no Innovation funds directly focused on older adult programs. The current Innovation Projects need to carve out specific ways to include and serve older adults.
2. There are no Innovation funds directly focused on older adult programs and a program was considered but rejected to outreach to senior veterans who are socially isolated but it was rejected. This program was endorsed by the VA hospital in Long Beach (by the Hospital Director, Walt Dannenberg) and could have been a visible public/private partnership.
3. PLC supports the HCA expanding the INN program for Older Adult Veterans, as PLC believes that is a population that will only get more difficult to reach in the coming years. We believe this is especially true because many of those veterans served during the Vietnam War, are more likely to have mental health diagnoses (or challenges, if they have not yet been diagnosed), and may be less likely to seek help due, in part, to the stigma associated with the request
Response re: OA Veterans INN
Thank you for your interest in supporting older Orange County veterans. While there are no Innovation Projects currently focused on this target population, the older adult veteran project idea submitted via the Innovation Idea Generation Website has been selected for further exploration. If, following the vetting process, the idea is deemed viable to be developed into an Innovation project proposal and ultimately approved for implementation, this project would include outreach to older and socially isolated veterans. This idea was listed as a potential Innovation project on page 217 in the MHSA 3-Year Program and Expenditure Draft Plan. The HCA encourages your agency's on-going participation in the community planning and feedback process as this and other Innovation ideas are explored.

Early Intervention Services for Veterans

Comment
1. PLC specifically supports the HCA's efforts in the Early Intervention for Veterans program. PLC appreciates that the program is in the community as much as it is, at the VSO and at Community Colleges. PLC greatly appreciates the participation in the Community Courts, as those programs have been so beneficial for its client population. However, as mentioned in the report, PLC would like to see the program expanded to other locations, such as supportive housing locations or other resource centers where Veterans frequently seek assistance, such as US Vets or Volunteers of America.
Response re: Early Intervention for Veterans
Thank you for your feedback on the current locations where the HCA provides behavioral health services for veterans. Currently the OC4Vets and Peers from the contracted program, Working Wardrobes, go to the CRRC—the VA's community resource and referral center – to assist their walk-ins and enrolled participants weekly. Additionally, HCA staff frequently coordinate services with VOA, US Vets, and the multi-service Tierney Center. Since the VOA and US Vets do not have an Orange County office to see veterans, much of these services are

field-based outreach or telephonic service coordination. Staff talk with them several times each week. The program also participates in the Marching Home homeless veteran initiative to end Veteran Homelessness by 2020, and in many of the OC Veteran Military Family Collaborative workgroups, including housing, behavioral health, and children and families. To further assist veterans in accessing housing, the program participates in the Coordinated Entry system for housing opportunities and attends the match meetings weekly. The program accepts referrals and partners with outreach groups such as BHS Outreach and Engagement; however since all of the behavioral health services for veterans conduct outreach in the community, the HCA is open to other suggested sites for field-based engagement.

Military Families INN

Comment
1. PLC would welcome the opportunity to work with non-custodial veteran parents to help them navigate the benefits to which the children may be entitled. PLC has a veterans unit, Operation Veterans ReEntry, and also has a substantial family law practice, both of which have expertise in the areas mentioned. PLC believes it could be a resource for both the Veterans and Military Families continuum of care program and the EISOA programs, and would be happy to discuss the needs of the community further with the HCA.
Response re: Military Families INN
Thank you for your interest in collaborating with the HCA in supporting Orange County veterans and families. The HCA is continuously looking to expand their knowledge of available resources and welcomes the opportunity to learn more about the services provided by your agency.

UNDERSERVED POPULATIONS

Ensuring Responsiveness

Comment
1. UCSD Study as well as the Cultural Competency Plan identify threshold language deficiency.
2. How does the HCA ensure that Suicide Prevention efforts are responsive to different groups (ie TAY, homeless)?
3. How will the HCA monitor its penetration rates into priority populations that are least likely to receive minimum adequate treatment such as the Latino/Hispanic population?
Response re: Ensuring Responsiveness
From a planning and implementation perspective, over the course of the Three-Year Plan period the HCA will continue discussions with members of the identified target populations, as well as different stakeholder groups that work with these target populations. The goal of these discussions is to identify strategies and methods that are responsive to the unique needs of different communities for Suicide Prevention and other efforts, including the bilingual capacity of direct service providers. From a data/monitoring perspective, penetration rates will be computed from demographic information collected from on the clients served in County-operated and County-contracted outpatient treatment programs. In addition, penetration rates for minimum adequate treatment per the CA Health Interview Survey (CHIS) will continue to be monitored. Pending availability of funds, community planning dollars will be used to oversample Orange County residents on the CHIS in order to collect more stable estimates over time and improve the HCA's ability to track disparities in access to needed services.

MH and Well-Being Promotion Prevention Program

Comment
1. We would like to ask the MH Board/MHSA Steering Committee/HCA to consider increasing fundings for Outreach and Engagement (O&E) for underserved/Limited English Speaking community members in Central and North regions of the county. We have partnered with the Orange County Asian Pacific Islander Community Alliance (OCAPICA) to implement O&E and have already exceeded our annual goals before the end of the contract period. There are more needs to be met. Therefore, an increase in funding for O&E for ethnic community-serving community-based organizations will allow us to be responsive to the increasing needs of our ethnic communities like Cambodian in a timely manner, especially during and after the COVID-19 pandemic time.
Response re: MH and Well-Being Promotion
Community feedback from 2018 and 2019, as well as findings from various published reports that document existing health disparities, underscores this critical need to improve both awareness of, and access to, needed behavioral health services among various underserved and Limited English Speaking communities. As such, one of the strategic priorities of the Three-Year Plan focuses on Mental Health Awareness and Stigma Reduction. The 2018 Community Planning process identified these services as a priority need and additional time-limited funding was added beginning the 2019-20 FY. Per the continuing community planning process, budgets for programs and strategies detailed under this priority area, including the Prevention program described above, may be augmented mid-year should demand for their services outpace the augmented budgets and carryover PEI funding is available. Moreover, one of the key approaches the HCA will employ is to work with trusted cultural ambassadors from the community to identify approaches tailored to the needs of different cultural groups. The HCA further recognizes that the approaches and strategies used may need to be adapted as a result of the lingering impacts of COVID-19.

Needs of the Deaf and Hard-of-Hearing

Comment
1. TDD/TTY still exists but mostly the older generation uses them. Still important until its completely obsolute. Most people use Video Phones under Sorenson. This is the best way for the deaf and hard of hearing to communicate though phone calls. I would encourage you to find a person who knows American Sign Language (ASL) who could communicate thorugh their language. This gives them more understand through a video phone. Also need to set aside funding for getting an ASL interpreter. Many times mental health providers say they don't have the money for an interpreter or do not know where to get one. ADA requires all state/govt and public business to provide effective accomdations for the deaf and hard of hearing. This has been an issue often. Often people send complains to DOJ and ADA.org because service providers refuse to. All centers who provide health services should be able to get an interpreter when requested. Also take more steps to train therapist and counselors who are deaf or know ASL. There is a lack of providers that could communicate with AL. A special program with support for More senstivity trainings needs to be given to organizations and mental health providers.more deaf/hard of hearing people to work in this field that would greatly help.

Response re: Needs of the Deaf and Hard-of-Hearing
The HCA utilizes a variety of methods to meet the needs of the Deaf and Hard of Hearing (DHH) population. Attached is the policy in place outlining key points of contact for accessing services of our DHH population. Additionally, the HCA contracts with a vendor to provide American Sign Language (ASL) services. All of the available request forms for the clinics and point-of-access sites are available on the website and at each site so clinicians and program staff can easily request ASL interpretation at any point. The HCA has a Deaf Services Coordinator who is a licensed clinician. She provides consultation services to the DHH community as well as trainings to the County and County-contracted provider clinicians and support staff on DHH subjects, including how to utilize the services of an ASL interpreters. For general public besides Sorenson, there are also other video relay services (VRS) like Purple Communications and Convo Communications that provide VRS services to meet the DHH's varied communication needs.

MH AWARENESS and STIGMA REDUCTION

Leveraging Campaigns

Comment
1. The report mentions partnering with existing Stigma Reduction Campaigns. Providence St. Joseph Health has made a significant investment in Each Mind Matters/Promise to Talk campaign. I recommend that the County work together with this campaign rather than do its own campaigns.
Response re: Leveraging Campaigns
Thank you for your comment. The HCA appreciates the importance of collaborating with other organizations doing related campaigns so as to maximize their reach and impact, not just geographically, but also with regard to messages and approaches that are tailored for different unserved and underserved populations living within Orange County. All HCA-funded Prevention and Intervention programs, and Community Mental Health Awareness programs in particular, utilize Each Mind Matters (EMM) messaging in their program. EMM materials and campaigns, which are part of the CalMHSA Statewide Projects, are funded by county MHSA dollars, and Orange County makes significant annual contributions to the Statewide Project funding.

Targeting Populations

Comment
1. Mental Health Awareness and Stigma Reduction: PLC believes that, with all the progress that has been made, there is still a long way to go before the public understands and accepts mental health disabilities. PLC represents clients who need to request reasonable accommodations from their landlord or employer as a result of mental health disabilities. PLC encourages the Health Care Agency (HCA) to ensure outreach is conducted not just to the general public, but also to specific, target audiences, like Orange County employers and landlords. If PLC could be of assistance in that area, it could be possible for PLC to identify landlords that have significant units that would benefit from outreach, or for PLC to be able to recommend/encourage specific landlords to seek out support from the HCA. PLC also appreciates the focus on targeting specific communities where mental health issues are generally not discussed and often misunderstood. Identifying and coordinating outreach efforts with related campaigns, such as groups fighting mothers' postpartum mental health disabilities, would be another method for outreach. Those mental health issues cross numerous barriers, including language, class and culture.
Response re: Targeting Populations
Thank you for your comment. The HCA recognizes that reducing stigma and discrimination related to mental illness is an ongoing effort. Many of HCA's behavioral health Prevention and Early Intervention programs conduct outreach in the community to raise awareness regarding mental health and the surrounding stigma. For example, the Mental Health and Well-Being Promotion program focuses its services on conducting outreach in the community, educating the community and raising awareness. We appreciate your suggestion of landlords and employers as important target audiences, and will ensure that the O&E Collaborative includes and expands their outreach to this target population. In addition, the Stigma Free OC campaign strives to increase support for recovery and wellness among employers and organizations, and will continue to expand on this recently launched effort.

Thank you for also recommending collaboration with organizations that work with mothers experiencing post-partum mental health conditions. HCA recognizes that this is an important target population and currently has the Orange County Parent Wellness Program which serves underserved at-risk families with children, including pregnant women and new mothers with postpartum depression. Services include early intervention services that include behavioral health outpatient treatment, case management, wellness activities, community outreach and education, referrals and linkages to community resources. The program actively collaborates with other similar agencies and will continue to outreach to this target population and highlight the message of reducing stigma.

SUPPORTIVE SERVICES

Navigation & Linkage to Services

Comment
Secondary Theme: Courtyard Outreach 1. Navigation and Linkage to Services: PLC appreciates the work that the HCA has done over the past few years particularly with respect to the Courtyard and the Riverbed advocacy in which it engaged PLC believes that the HCA has done over the past few years, particularly with respect to the Courtyard and the Riverbed advocacy in which it engaged. PLC believes that the OC Links, BHC Outreach and Engagement and the Courtyard Outreach Program could connect with even more community partners, and/or create specialized points of contact for community partners who work with the same client population.
Response re: Courtyard Outreach
Thank you for your comment. Collectively, these BHS programs continue to support the Courtyard seven days per week providing engagement, referrals and linkage to BHS services and community resources The HCA is interested in continuing to develop and support partnerships between its programs and community organizations that serve individuals who are experiencing homelessness.

Comment
Secondary Theme: Transportation 1. As mentioned several times in the report, there is a concern with access, particularly related to transportation, to be able to access services. Many of PLC's clients in need of mental health services do not have adequate access to transportation, which does present a challenge. Some clients are homeless and do not have reliable (or any) transportation. Public transportation in Orange County is not adequate for the needs of the community, especially considering the geographic size of the county. We appreciate that the HCA is keeping the transportation issue at the forefront of its planning. It is possible that community organizations, such as Abrazar, that currently provide some amount of transportation, may be able to assist with transportation for clients, particularly in the Peer Support and Wellness Center programs.
Response re: Transportation
The HCA is pleased with the popularity and success of the Transportation program and looks forward to expanding this critical service for consumers. As planning for the expansion begins in the next fiscal year, the HCA hopes to collaborate with partners and agencies that are also providing transportation assistance to leverage existing efforts and not unnecessarily duplicate or overlap this service.

Housing

Comment
Secondary Theme: Short-Term Housing 1. The number of persons served in the short term housing and Bridge housing programs are less than 100 each. With the growing homeless population of between 6,800-10,000 people the investment in homeless services does not seem to be in line with the need.
Response re: Short-Term Housing
HCA short term housing and bridge housing program has been very successful in providing a continuum of housing opportunities that contributes to the overall System of Care. These programs are transitional with the goal of placing individuals in permanent supportive housing. These programs have served over 160 individuals in the last fiscal year (18-19). In fiscal year 19-20 the Bridge housing program increased the bed availability by approximately 30 beds, this, in turn, is projected to increase the number of individuals served.

Comment
Secondary Theme: Shelters and Recuperative Care 2. The number of shelters and recuperative care faciltities in the County is increasing. We need mental health and psychiatry services at all of these sites. This will reduce homelessness.
Response re: Shelters and Recuperative Care
The Short-Term Housing and Bridge Housing programs serve clients who are receiving services from a County outpatient clinic, PACT or FSP program. The treatment team works in collaboration to meet the individual's needs. Specifically, the housing program staff focus on housing readiness, navigation and placement, and the mental health providers focus on mental health treatment.

Comment
Secondary Theme: Affordable Housing/PSH 3. Access to Housing: Finally, PLC implores the HCA to continue advocating for the need for affordable housing, and particularly supportive housing, for those who have mental health disabilities. PLC is impressed with the positive report for housing outcomes in the Peer Support section. An improved screening process, as well as collaboration with Housing Services, seems to be particularly important. PLC supports the focus on a "housing first" model, as we have seen repeatedly with our clients that, while there may be urgent legal issues, the client cannot focus on those issues until his or her housing is stabilized. PLC understands there are a number of sites set to open in the next two to three years, which is promising. But PLC is also concerned about the significant cut in the housing/homelessness budget – from $34 million down to $4 million per year for the next three years. Considering the housing crisis throughout the state, but for purposes of this comment particularly in Orange County, it is difficult to understand why it makes sense to cut the housing budget by almost 90%. While PLC understands that these budget adjustments are the result of various transfers and allocations by the Board of Supervisors, it still is concerning to see just a significant decrease in funding for housing at a time when it is needed more than ever. PLC regularly advocates on behalf of individual clients and with community partners for large-scale affordable housing in various jurisdictions throughout Orange County. PLC would be happy to work with the HCA in advocating for additional funding and to get approval for local sites, whether it be through allocations by the Board of Supervisors or through public-private partnerships.

Response re: Affordable Housing/PSH
HCA continues to work closely with Orange County Community Resources housing developers and other County agencies to maximize funding available for permanent supportive housing for behavioral health clients. In 2018 No Place Like Home (NPLH) funding was approved by the voters as Proposition 2 and this, in turn, changed the way the State made MHSA funding available. The NPLH consists of a competitive and non-competitive application process. Orange County is a Large County and, as such, project applications submitted by Orange County compete against other Large County projects. Orange County has applied for both Round 1 and Round 2 of the NPLH Competitive application process and will be allocated the Non-Competitive NPLH funds by February 2021. Orange County will continue to apply for NPLH funding in any future rounds.

Legal Services

Comment
1. System Support – Workforce Education and Training: PLC appreciates that the HCA is educating providers, potential providers, consumers and the community, among others, particularly on the interaction between employment and benefits. PLC believes there may be an opportunity where consumers facing legal issues related to their benefits could be referred to local legal services organizations. PLC provides assistance and representation to clients who appeal adverse benefit determinations. […] Access to Legal Services: PLC can attest that the less support an individual with mental health disabilities has, the more likely they are to need legal services. While PLC does not have a social worker on staff, PLC regularly works together with social workers and case managers at other community organizations to support their mutual clients. PLC has seen the impact on the client when a person or persons in the client's life is able to provide needed support. For instance, PLC had a client with a disability who had been denied benefits and needed to appeal. PLC was able to assist with the appeal, but needed the client to collect a variety of documents to support his claim. The client luckily had a case worker who was able to transport the client to the government agencies and to our office for appointments. Without that support, it is unclear whether or not the client would have been able to continue with the case. Additionally, when working with clients who have mental health issues, particularly when requesting reasonable accommodations, or advocating on the clients' behalf with a government agency, PLC has found it more difficult for the adverse party to understand and agree to that will work for a client with mental health disabilities. PLC believes that access to legal services should be a key concern in the MHSA Three-Year Program and Expenditure Plan. The access to legal services may be incorporated through a number of different aspects of the plan, whether it is supportive housing, the services identified for specific populations like Older Adults or Veterans, or other programs. Legal services can improve housing and income stability and restore a measure of dignity to an individual with mental health disabilities.
Response re: Legal Services
A multitude of programs described in the Plan provide referrals and linkages to community and supportive services, which can include legal services. Your comment highlights that, while programs specifically list legal services in their program description when it is a referral made frequently, a broader understanding of how often legal and other services are needed by consumers is nevertheless lacking. The HCA is continuing to build its capacity to be able to do more in-depth analysis of the types of referrals needed and linkages by BHS/MHSA programs. While the data capture and reporting systems necessary to do this level of analysis may not be in place in time for next year's Annual Plan Update, the HCA can provide an update on its progress in this area. In addition, the HCA welcomes the opportunity to utilize community agencies as a referral location for legal services and other resources as appropriate.