

# 2021-2022

# ORANGE COUNTY

# DRAFT

## Mental Health Services Act



Annual Plan Update Executive Summary



## MESSAGE FROM THE AGENCY DIRECTOR

This year marks one year into our current Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan. It also marks one year into an unprecedented public health crisis, during which time counties have been working diligently to protect and support the physical health and mental well-being of their residents. Importantly, we must also prepare for the fact that the emotional impact of coronavirus illnesses can persist for years following the worst of the pandemic. As such, we remain committed to advancing the three strategic priorities of the current MHSA Three-Year Plan: 1) extend the scope and reach of mental health awareness campaigns, community training and education; 2) strengthen the County's suicide prevention efforts by expanding the programs making up our crisis services continuum; and 3) improve access to needed behavioral health services. Through these inter-related efforts, the MHSA will continue to transform the Orange County mental health system via the principles of community collaboration; cultural competence; wellness, recovery and resilience; consumer- and family-driven decision-making; integrated service experiences; and increased access for unserved and underserved populations.

While it remains a top priority to ensure that we provide our consumers, family members and participants with exemplary services, we are also called to pay attention to our own cultural awareness and sensitivity. As we do our work, it is incumbent that we do so from a health equity perspective – addressing longstanding inequalities in service delivery and outcomes based on race, ethnicity and culture. An important step in this transformation is a continued commitment to engage meaningfully with the people, families and communities we have the privilege of working with every day, and whose voices have helped shape this MHSA Annual Plan Update.

Our progress to date would not have been possible without the support and guidance of groups and entities including the Orange County Board of Supervisors, Behavioral Health Advisory Board, MHSA Steering Committee, advocates for the unserved and underserved, members of our provider organizations, OC Health Care Agency (HCA) and County staff and, most importantly, the multitude of consumers and family members who have so graciously given their time and expertise to create the successes achieved over the past 16 years.

I am pleased with the continued success of many of our programs and encouraged by the plans to expand our system and outreach methods in new and exciting ways. This was truly a collaborative effort between our outstanding county residents, community partners and Behavioral Health Services staff, and demonstrates our dedication to improving the lives of the individuals and family members affected by mental health conditions here in Orange County.



Sincerely,

A handwritten signature in black ink that reads "Jeffrey A. Nagel". The signature is written in a cursive, flowing style.

Jeffrey A. Nagel, Ph.D.  
Deputy Agency Director for Behavioral Health Services

# EXECUTIVE SUMMARY

In November 2004, California voters passed Proposition 63, also known as the Mental Health Services Act (MHSA). The Act implemented a 1% state tax on income over \$1 million and emphasizes transforming the mental health system to improve the quality of life for individuals living with a mental health condition and their families. With 16 years of funding, mental health programs have been tailored to meet the needs of diverse consumers in each county in California. As a result, local communities and their residents are experiencing the benefits of expanded and improved mental health services.

Orange County Behavioral Health Services (BHS) has used a comprehensive stakeholder process to develop local MHSA programs that range from prevention 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 wellness, recovery and resilience. The current array of services was developed incrementally, starting with the planning efforts of stakeholders in 2005 and continuing to present day.

This Executive Summary contains a synopsis of the significant changes being proposed for Orange County's MHSA programs and/or program budgets in Fiscal Year (FY) 2021-22. To understand the context of these changes, a review of the Strategic Priorities for the County's MHSA Three-Year Program and Expenditure Plan for FYs 2020-21 through 2022-23 is provided below. The full Annual Plan Update also includes a detailed description of the HCA's community program planning process (CPPP), descriptions of the target population to be served, the services to be provided and outcomes achieved by each MHSA-funded program, and supporting documentation in the Appendices.

## MHSA Three-Year Plan Progress Update

### Strategic Priorities for the Three-Year Plan

Following the community planning process in 2019 and 2020 that was used to develop the Three-Year Plan (3YP) beginning in FY 2020-21, the HCA identified the following MHSA Strategic Priorities:

- Mental Health Awareness and Stigma Reduction (PEI)
- Suicide Prevention (PEI, CSS)
- Access to Services (PEI, CSS)

In preparation for the community planning process for the FY 2021-22 Annual Plan Update, the HCA reviewed the current status of each of OC's MHSA priorities (see below). Based on this review, as well as HCA's commitment to on-going discussions with community stakeholders from unserved and underserved populations, this year's community planning focused on engaging with community members to pinpoint potential approaches that would be responsive and tailored to the identified priority populations ('starred' sections below):

## STRATEGIC PRIORITY: Mental Health Awareness & Stigma Reduction

Expand campaigns, trainings & community education focused on increasing awareness of mental health signs & available resources, as well as reducing stigma

Priority Populations	Strategies	Progress Update
<ul style="list-style-type: none"> <li>• LGBTIQ individuals</li> <li>• Boys ages 4-11</li> <li>• Transitional Age Youth (TAY) ages 18-25</li> <li>• Adults ages 25-34 and 45-54</li> <li>• Unemployed adults</li> <li>• Homeless individuals</li> <li>• Individuals living with co-occurring mental health and substance use conditions</li> <li>• Older Adults ages 60+</li> </ul>	<ul style="list-style-type: none"> <li>★ <b>Continue partnering with local groups engaged with the priority populations</b></li> <li>• Continue partnering with CalMHSA's Statewide Projects and other organizations</li> <li>• Partner with media/marketing organizations</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Establishing and/or strengthening outreach partnerships with trusted local organizations that serve priority populations</b></li> <li>✓ Offering range of mental health trainings for various community organizations</li> <li>✓ Expanding reach of CalMHSA <i>Directing Change</i> project in OC schools Launched local digital stigma reduction and awareness campaigns (<i>click links to learn more</i>):               <ul style="list-style-type: none"> <li>○ <a href="#">Stigma Free OC Campaign</a></li> <li>○ <a href="#">Stigma Free OC website</a></li> <li>○ <a href="#">Connect OC Coalition website</a></li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>• Incorporate findings &amp; recommendations from RAND reports on social marketing</li> </ul>	<ul style="list-style-type: none"> <li>☹ Beginning to increase/expand use of social marketing to promote mental health-related messages</li> </ul>

## STRATEGIC PRIORITY: Access to Behavioral Health Services

Improve access to behavioral health services and address transportation challenges

★ Priority Populations	Strategies	Progress Update
<ul style="list-style-type: none"> <li>• Youth</li> <li>• Families with children living with a mental health condition</li> <li>• Asian/Pacific Islander</li> <li>• Latino/Hispanic</li> <li>• Black/African-American</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Work with community to identify and integrate culturally and linguistically responsive strategies and approaches</b></li> <li>• Offer telehealth/virtual behavioral health care options for people of all ages living w/ significant mental health conditions</li> <li>• Expand school-focused mental health services</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Establishing and/or strengthening partnerships with trusted local organizations that serve priority populations</b></li> <li>✓ Made rapid, systemwide transition to various virtual behavioral health services and supports in response to COVID-19               <ul style="list-style-type: none"> <li>○ <i>Continuing to work through challenges in accessing, transitioning to, and using technology by providers and/or clients</i></li> <li>○ <i>Expanded hours/availability of counseling services</i></li> </ul> </li> <li>✓ Launched outreach, peer support, networking and resource activities for K-12 students, college students and TAY</li> <li>✓ Along with OC Department of Education and OC School Districts, implementing a grant to coordinate referrals and linkages, and to train school staff on mental health topics</li> </ul>
	<ul style="list-style-type: none"> <li>• Expand transportation services</li> </ul>	<ul style="list-style-type: none"> <li>⏸ Waiting for State direction on new Medi-Cal program in schools</li> <li>⏸ Transportation support remains available at reduced levels due to COVID-19 and expansion on pause</li> </ul>

✓ Completed & ongoing

☹ In progress, some delays due to COVID

⏸ Paused due to COVID

## STRATEGIC PRIORITY: Suicide Prevention

Expand support for suicide prevention efforts

★ Priority Populations	Strategies	Progress Update
<ul style="list-style-type: none"><li>• People from all MHSA age groups</li><li>• Homeless individuals</li><li>• Individuals living with co-occurring mental health and substance use conditions</li><li>• LGBTIQ individuals</li><li>• Veterans</li></ul>	<ul style="list-style-type: none"><li>• Increase capacity of Warmline and Suicide Prevention Services</li><li>• Increase crisis services for youth under 18</li><li>• Increase Crisis Residential Services for adults/older adults</li><li>• Continue partnering with OC Community Suicide Prevention Initiative</li><li>• Use strategies from MHSOAC Striving for Zero report</li></ul>	<ul style="list-style-type: none"><li>✓ Warmline expanded to 24/7</li><li>✓ Suicide Prevention Services increased staffing to manage rising call volume and community training requests<ul style="list-style-type: none"><li>○ While there has been some success outreaching to monolingual &amp; limited English-speaking communities, cultural &amp; generational barriers persist and callers continue to be predominantly English-speaking. A gradual shift in perceptions has been observed in younger generations, and there is also growing interest in suicide prevention in the Korean media</li></ul></li><li>✓ Crisis residential services expanded for adolescents, adults/older adults</li><li>✓ Examples of resulting activities/campaigns (also leverage CalMHSA's <i>Know the Signs</i> information; click links to view):<ul style="list-style-type: none"><li>○ <a href="#">Suicide Prevention Campaign for Adult/Older Adult Men</a></li><li>○ <a href="#">Adult "Help is Here" website</a></li><li>○ <a href="#">Youth "Be a Friend for Life" website</a></li></ul></li><li>☹ HCA ramped up various suicide prevention and mental health resources in response to COVID pandemic (<a href="#">click here for example</a>). These and other activities will be cross-walked to the MHSOAC strategies as time permits.</li></ul>

# MHSA Community Planning Process Summary

## Putting it All Together

Drawing upon findings from the 2020 community survey, 2021 Community Engagement Meetings (CEMs) and 2021 Provider Engagement Meetings (PEMs), several overarching themes emerged that helped inform the recommended updates within this FY 2021-22 Plan Update:

- COVID-19 has taken its toll on Orange County adults, with over one-half reporting high levels of stress or anger, one-third reporting increased or new use of substances or gambling, over one-quarter reporting an elevated level of serious psychological distress, and nearly one-third indicating they were having a "very" or "extremely" difficult time coping during the pandemic.
- Orange County parents similarly noted that their children's well-being was affected during COVID-19, with approximately one-fifth of children exhibiting elevated levels of disruptive behavior and nearly one-half experiencing elevated sadness or worry.

- Nevertheless, Orange County residents have been resilient, with an overwhelming number having stayed connected with their friends, family or social network and relying on them as a resource for maintaining their well-being during the pandemic (78% adults, 62% youth/parents).
- About one-quarter each of adults and children/parents also sought help from a healthcare professional for their stress or emotions during the pandemic, with the majority who tried having successfully connected with a therapist or a physician.
- Nevertheless, Orange County residents still face multiple barriers when trying to connect to mental health care (28% adults, 18% children/parents), with some of the most common challenges being lack of insurance or an ability to pay, inconvenient or delayed appointment times and uncertainty over who to call.
- Less than 5% of adults or parents/youth had used a warmline, hotline or crisis line, suggesting a potential area for improved outreach and marketing.
- Consumers' outreach and communication preferences tended to **vary by age** (i.e., social media vs newspapers) or were **universally shared** (i.e., focus on hope, positive messaging, culture of the person you are trying to reach). Differences related to cultural background emerged when discussing specifics around preferred terms, images, etc., thus underscoring the critical importance of involving members of the intended audience during the creation and/or approval of content.
- While individuals expressed a preference for face-to-face services and generally found it easier to share in person, an overwhelming majority nevertheless stated they would like to engage in telehealth services at least some of the time, even after COVID-19 was "done" and there were no restrictions on in-person meetings.
- Both individuals and providers reported they would be interested in and could benefit from learning how to use and navigate technology.
- Some individuals and/or groups also had need for reliable devices and/or Wi-Fi.
- Finally, meeting people "where they were at" is core to fostering hope, healing and health. An essential element of this is understanding and authentically engaging the diverse cultural backgrounds of those we are seeking to engage and support on their recovery journeys.

Looking ahead to FY 2021-22 and beyond, the HCA and MHSA Office will continue to gauge trends in well-being, stress and coping among Orange County residents; monitor the MHSA fiscal outlook; and continue to adjust and adapt as needed to ensure needed services and supports are not disrupted. Moreover, we remain committed to partnering with consumers, family members, service providers and community organizations as, together, we strive to anticipate future needs, close existing gaps, address persisting disparities and support the health and well-being of Orange County's residents.

***“Desire to  
do justice to  
the person”***

*- PEM Participant*



# MHSA Components and Funding Categories

MHSA funding is broken down into five components that are defined by the Act: Community Services and Supports (CSS), which includes funding allocations for MHSA Housing, Prevention and Early Intervention (PEI), Innovation (INN), Workforce Education and Training (WET), and Capital Facilities and Technological Needs (CFTN). A brief description and the funding level for each of these areas is provided below. This section first begins with a brief description of the budget “true up” process, which helps to identify availability of funds.

## Budget Review and “True up” Process

As part of the fiscal review done in preparation for the current MHSA Annual Plan Update, HCA staff engaged in a detailed process of aligning existing program budgets more closely with actual program expenditures from the most recent fiscal year (i.e., FY 2019-20). This budget “true up,” which is done annually, allows managers to identify cost savings for programs that could be transferred to cover budget increases and/or implementation costs of other programs within the same MHSA component.

Based on the significant MHSA budget shortfall initially projected by the state during the COVID-19 pandemic, the HCA prepared to close a projected \$72 million deficit in CSS and PEI the end of FY 2022-23. BHS program and HCA fiscal managers spent several intensive months identifying cost savings that would have the least impact on consumers. Staff reviewed and discussed the proposed changes with the MHSA Steering Committee over several months, which concluded in November 2020 (see Appendix I), and was used to inform the proposed component budgets presented at the March 2021 MHSA meeting (see Appendix II).

In February 2021, as HCA staff were finalizing the proposed updates, the state issued dramatically revised projections, swinging Orange County from a projected deficit of \$72 million to a projected surplus of nearly \$50 million in CSS and PEI at the end of FY 2022-23. At the same time, the MHSA Office was in the midst of conducting its 2021 CPPP. With an anticipated increase in available funding, at the conclusion of the last CPPP meeting held on April 19, 2021, the MHSA Office rapidly analyzed stakeholder feedback, program and financial services managers re-evaluated program budgets and BHS staff identified additional opportunities to update the MHSA Annual Plan based on consumer and family member feedback.

Most of the current proposed changes are to 1) reverse budget reductions identified in 2020 during a very different financial landscape and/or 2) respond to Board of Supervisor directives. In addition, there are three proposals for new uses of CSS and PEI funding, described in more detail below. These proposals were developed based on community feedback, anticipated community needs and the projected availability of funds. Importantly, all new funding proposals are naturally time-limited and can be discontinued with minimal impact to Orange County consumers and family members should the fiscal landscape shift once again. This flexibility was regarded as important given the marked volatility in MHSA projections and lingering uncertainties related to the future of COVID-19.

## Community Services and Supports Component

Community Services and Supports (CSS) is the largest of all five MHSA components and receives 76% of the Mental Health Services Fund. It supports comprehensive mental health treatment for people of all ages who are living with a serious mental health condition that is significantly impacting their daily activities and functioning. CSS develops and implements promising or proven practices designed to increase underserved groups’ access to services, enhance quality of services, improve outcomes and promote interagency collaboration.

Several changes to the CSS component are proposed for Orange County’s FY 2021-22 MHSA Plan Update. These include shifts in program budgets, discontinuation of programs and implementation of new projects. While the proposed modifications generate a net increase in the overall CSS component budget, it remains

lower than what was originally approved in the Three-Year Plan and closely approximates the annual CSS revenue of approximately \$158 million that is currently projected by the state at the writing of this report.

Slightly over half of the CSS budget (51%), excluding transfers to WET and CFTN, is dedicated to serving individuals enrolled in and/or eligible to be enrolled in a Full Service Partnership program. A description of each CSS program is provided in this Plan.

<u>FISCAL YEAR</u>	<u>CSS</u>
FY 2020-21 (from 3YP)	\$155,088,175
FY 2021-22 (from 3YP)	\$164,627,171
FY 2021-22 (proposed)	<b>\$158,785,110</b>
FY 2022-23 (from 3YP)	\$165,320,336

**Synopsis of proposed and modified CSS budget adjustments.**

The following tables summarize which CSS programs had proposed shifts to funding at the March 15, 2021 MHSA Committee meeting (middle column), and whether there were further modifications proposed following the more favorable MHSA fiscal forecast released in February 2021. Thus, if there are adjustments in the right column, they generally reflect recommendations to *restore* a program’s budget rather than reduce it.



CSS	PROGRAM	ORIGINAL PROPOSED UPDATE (per presentation on March 15, 2021; see Appendix II)	MODIFIED PROPOSED UPDATE (as reflected in Exhibit A FY 2021-22 Budget Grids)
ACCESS & LINKAGE TO TREATMENT	BHS Outreach & Engagement	Transfer all costs to PEI (~\$2.6m CSS savings annually)	No change from March 15, 2021 budget worksheet
	Recovery Open Access	Right-size and increase annual budget to \$2.6m	No change from March 15, 2021 budget worksheet
CRISIS PREVENTION & SUPPORT	Crisis Residential Services (CRS)	Net decrease of \$265k due to: Delaying expansion of Children’s Crisis Residential Program for 6 months to start of FY 2021-22; Maintaining CYBH-managed TAY CRS beds at 6 rather than expanding to 12 (this provider’s services were significantly under-utilized by TAY relative to those offered by the AOABH-operated CRS provider, thus planned expansion not proceeding); and Increasing budget due to lease costs at Anita Be Well Campus	<b>No decrease</b> to CRS budget. Remain level at \$11,280,845 and instead encumber the \$265k net savings for psychiatrist to support CRS; depending on how long candidate search and hiring process goes, funds may be spent in later FY. In addition, should DHCS release requirements for children’s Psychiatric Residential Treatment Facilities (PRTF), additional unencumbered CSS funds (above \$265k in originally proposed savings) may be used to expand CRS for children’s PRTF beds
CLINIC EXPANSION	Children & Youth Clinic Services	<b>Time-limited decrease</b> to account for decreased expenditures resulting from COVID-19 impacts and related delays impacting start-up	No change from March 15, 2021 budget worksheet. However, should start-up go faster than anticipated, available CSS funds may be added during FY 21/22 if demand for services exceeds proposed budget
	Services for the Short-Term Residential Therapeutic Program (STRTP)	<b>Time-limited decrease</b> so budget better reflects savings accrued during lengthy DHCS licensure/approval process that results in significant delays before services can be offered	No change from March 15, 2021 budget worksheet
	Outpatient Recovery	<b>Decrease</b> to right-size, including savings from vacancies	No change from March 15, 2021 budget worksheet
	Integrated Community Services	<b>Retire</b> as a result of services having been transitioned to CalOptima during FY 2019-2020	No change from March 15, 2021 budget worksheet
	Telehealth/Virtual Behavioral Health Care	<b>Cancel</b> implementation of new program offering telehealth and virtual behavioral health care solutions	In response to community feedback, reinstate new program, with program implementation and ramp up including needs assessment and initial focus on increasing digital literacy and digital health literacy both of consumers and service providers (see description under NEW CSS EXPENDITURES)

CSS	PROGRAM	ORIGINAL PROPOSED UPDATE (per presentation on March 15, 2021; see Appendix II)	MODIFIED PROPOSED UPDATE (as reflected in Exhibit A FY 2021-22 Budget Grids)
FSP/PACT	Full Service Partnership (FSP)	<b>Overall decrease</b> of \$2m due to 1) right-sizing TAY provider budget and 2) a time-limited decrease in the Adult Housing FSP provider budget resulting from reduced expenditures during program ramp up combined with use of alternative funding	<b>No decrease</b> to combined FSP budget; remain level funding at ~\$53.8m, adding \$500k to each age group (Children increased to ~\$11.6m, TAY level at ~\$8.2m, Adult increased to ~\$30.3m, Older Adult increased to ~\$3.7m) so several providers that recently began operating at full capacity can continue to serve participants at an appropriate, reduced FSP-caseload. Actual adjustments may vary depending on need.
	Program for Assertive Community Treatment (PACT)	<b>On-going increase</b> to cover increased staffing for Older Adult team, enhanced flexible funding for non-billable services that support the “Whatever It Takes” intervention model, and after-hours coverage	<i>No change from March 15, 2021 budget worksheet</i>
SUPPORTIVE SERVICES	CSS Housing	<b>On-going increase</b> to cover increase in staff salaries covered by MOU with OCCR that were the result of recent labor negotiations	<i>No change from March 15, 2021 budget worksheet</i>
	Mentoring Program for Children and Youth	<b>Retire</b> program due to multiple factors, including challenges with ability to demonstrate program efficacy; youth and parents will continue to receive peer/parent partner support through the Peer Mentoring and Parent Partner Support program	<i>No change from March 15, 2021 budget worksheet</i>
ADMIN	CSS Administrative Costs	<b>Net increase</b> of \$71k to transition CSS programs into OC Navigator, the digital tool being developed as part of the BH System Transformation INN Project. Funds will also support development of automated/electronic features designed to increase productivity and operational efficiency (i.e., electronic bed board for CSUs, CRS, etc.; dashboards, reports; integration with HCA EHR, etc.)	In response to community feedback, <b>add additional, time-limited funds</b> , in an amount not to exceed \$400k, for BHS facility improvements (see description under NEW CSS EXPENDITURES)

## New CSS Expenditures Proposed as a Result of the CPPP

In addition to the above recommended shifts, the HCA is proposing two recommendations for new or enhanced funding based on feedback received from consumers, clients and family members during the 2021 community engagement meetings (CEM). A brief summary of the focus group discussions that generated these recommendations is below.

The first recommendation is to reinstate the Telehealth/Virtual Behavioral Health Care program because of CEM participants' overwhelming preference to engage in both in-person and telehealth services even after the pandemic ends and even though they had experienced challenges with telehealth during the pandemic. Rather than rejecting telehealth as a service delivery option out-right, they expressed a need to learn about how to use and navigate technology and, to a lesser extent, improving access to (quality) devices and Wi-Fi.

### STRATEGIC PRIORITY: Access to Behavioral Health Services

Improve access to behavioral health services and address transportation challenges

Priority Populations	Strategies Discussed During PEMs	Proposal: Reinstate and expand scope of Telehealth Virtual Healthcare
<ul style="list-style-type: none"><li>• Youth</li><li>• Families with children living with a mental health condition</li><li>• Asian/Pacific Islander</li><li>• Latino/Hispanic</li><li>• Black/African-American</li></ul>	<p><b>WHAT WORKED</b></p> <ul style="list-style-type: none"><li>• <b>Training</b> staff on mobile technology, telehealth, other remote service options</li><li>• Scheduling <b>one-on-one meetings</b> with up-to-date information and in a combination of synchronous (i.e., live) and asynchronous format</li></ul> <p><b>WHAT DIDN'T WORK</b></p> <ul style="list-style-type: none"><li>• Merely providing devices (ex. Headsets and phones) due to issues with privacy and Wi-fi access</li><li>• <b>Using a one-sized fits all</b> approach with both the language of content and the content itself, all material should be population specific</li></ul>	<ul style="list-style-type: none"><li>• Reinstate CSS Telehealth/Virtual Behavioral Health Care program</li><li>• Conduct an assessment of consumer and provider needs around devices, Wi-Fi and/or cellular data to better understand their barriers and challenges when trying to utilize telehealth during the pandemic</li><li>• Incorporate a variety of training and technical assistance tools for consumers and providers to improve digital literacy</li><li>• Partner with local agencies and organizations to ensure the materials/trainings are culturally responsive and linguistically appropriate</li><li>• Accelerate the implementation of digital literacy basics for individuals and groups most in need of in-person training by the end of Summer 2021 to provide those with the greatest gaps in digital knowledge the opportunity to receive hands-on assistance while in-person gatherings and meetings are permitted, since it remains unknown whether there will be new safer-at-home orders in the fall/winter</li></ul>

CEM participants were also asked about the types of changes or improvements that would make services feel more welcoming and easier for their community to connect with services. Much of the discussion focused on the importance of meeting a person where they were at, understanding their culture and having a shared language. Interestingly, participants also indicated that the physical space helped set a tone.

*"Avoid sterile, hospital-like relationships and counseling spaces that may be intimidating to disclose personal information.  
Create a more welcoming and home-like atmosphere."*

## STRATEGIC PRIORITY: Access to Behavioral Health Services

Improve access to behavioral health services and address transportation challenges

Priority Populations	Strategies Discussed During CEMs	Proposal: Create more welcoming spaces in clinic common areas
<ul style="list-style-type: none"> <li>• Youth</li> <li>• Families with children living with a mental health condition</li> <li>• Asian/Pacific Islander</li> <li>• Latino/Hispanic</li> <li>• Black/African-American</li> </ul>	<p><b>WHAT WORKS</b></p> <ul style="list-style-type: none"> <li>• Culturally appropriate and representative images, materials in preferred language</li> <li>• Collaborative, group, community activities</li> <li>• Focus on the positive, use encouraging phrases</li> </ul> <p><b>WHAT DOESN'T WORK</b></p> <ul style="list-style-type: none"> <li>• Depicting sadness, despair or vulnerability through colors, imagery, stigmatizing and/or illness-focused language</li> </ul>	<ul style="list-style-type: none"> <li>• Identify Lobby and common areas in BHS outpatient clinics eligible for and in need of upgrades:</li> <li>• Use CSS funds for paint, “homey” touches (e.g., end tables, artwork, framed posters/art, pamphlet/brochure displays, etc.</li> <li>• Begin w/ needs assessment (of physical space, input from consumers)</li> <li>• Coordinate through peer project manager (e.g., PEACe, the BHS peer workgroup)</li> <li>• Host art fair with consumers to create artwork that could potentially be used in clinics***</li> <li>• Encumber funds: up to \$80k/clinic for materials, supplies, labor, decorative furnishings, artwork, art fair event etc., up to 5 clinics = Max/NTE \$400k</li> </ul>

## Prevention and Early Intervention Component

MHSA dedicates 19% of its allocation to Prevention and Early Intervention (PEI), which is intended to prevent mental health conditions from becoming severe and disabling and to improve timely access for people who are underserved by the mental health system.

As part of the current Three-Year Plan, several PEI program consolidations were implemented to streamline operations and create efficiencies without negatively impacting service delivery. They are as follows:

- The *Suicide Prevention Services* program is the consolidation of the former Suicide Prevention Hotline and Survivor Support Services into a single County-contracted program. Beginning FY 2021-22, this program will also include the newly formed Office of Suicide Prevention within the HCA’s Behavioral Health Services area.
- The *OC Parent Wellness Program* is the consolidation of the former County-operated, family-focused early intervention programs that provides comparable services tailored to meet the needs of three specific target populations
- The *Community Counseling and Supportive Services Program* is the consolidation of two County-operated early intervention programs serving all age-groups and culturally diverse populations.
- The *Outreach to Increase Recognition of the Early Signs of Mental Illness* program is the consolidation of six programs that provide similar outreach and training activities through a network of providers that each specialize in working with specific target populations.

Several changes to the PEI component are proposed for Orange County’s FY 2021-22 MHSA Plan Update. These include shifts in program budgets, discontinuation of a program and implementation of new projects, which are summarized in a series of tables below.

Consistent with PEI requirements, 59.71% of the total PEI budget is dedicated to serving youth who are under age 26 years. PEI is governed by additional regulations and legislation, which are described in Appendix III. A description of each PEI program is provided in this Plan.

<u>FISCAL YEAR</u>	<u>PEI</u>
<b>FY 2020-21</b> (from 3YP)	\$47,061,483
<b>FY 2021-22</b> (from 3YP)	\$49,286,926
<b>FY 2021-22</b> (proposed)	<b>\$56,144,101</b>
<b>FY 2022-23</b> (from 3YP)	\$40,988,101

### *Synopsis of proposed and modified PEI budget adjustments.*

Similar to CSS, the following tables summarize the shifts in PEI program funding between March 15, 2021 MHSA Committee meeting (middle column), and the draft Plan currently posted (right column).

PEI	PROGRAM	ORIGINAL PROPOSED UPDATE (per presentation on March 15, 2021; see Appendix II)	MODIFIED PROPOSED UPDATE (as reflected in Exhibit A FY 2021-22 Budget Grids)
MH AWARENESS & STIGMA REDUCTION	MH Community Education Events for Reducing Stigma and Discrimination	No proposed change	Time-limited increase of \$319k to FY 21-22 budget, resulting in a total budget of \$1.2m with set-aside for Veteran-specific event (see description under NEW PEI EXPENDITURES)
	Outreach for Increasing Recognition of Early Signs of Mental Illness	<b>Time-limited net decrease</b> due to impact of COVID-19 and restrictions/limitations on large events/mass gatherings	In response to community feedback, <b>increase</b> by ~\$2.7million (see description under NEW PEI EXPENDITURES)
PREVENTION	School Readiness	<b>Decrease</b> due to one provider contract not being renewed	<i>No change from March 15, 2021 budget worksheet</i>
	Parent Education Services	<b>Increase</b> Parent Education Services using funds from School Readiness budget reduction to provide support to families with children ages 0-8 years	<i>No change from March 15, 2021 budget worksheet</i>
	Children's Support & Parenting Program	<b>Decrease</b> due to savings from vacancies and temporary staff re-deployments to other programs in response to COVID-19	<i>No change from March 15, 2021 budget worksheet</i>
	School-Based Health Intervention & Support	<b>Reduce</b> back to on-going budget level due to ending of time-limited expansion using carryover funds	<i>No change from March 15, 2021 budget worksheet</i>
	School-Based Stress Management Services	Following the retirement of the provider's Subject Matter Expert, <b>discontinue</b> standalone program and continue to provide mindfulness training for students/school staff through BH Training Services	<i>No change from March 15, 2021 budget worksheet</i>
ACCESS & LINKAGE TO TREATMENT	OC Links	In response to Board Directive for HCA to create a 24/7 Behavioral Health Line, OC Links budget <b>increased</b> by \$1.2m annually to cover 24/7 expansion including crisis calls and dispatch	<b>Add</b> a total of \$3m (\$1.8 additional) to cover additional staffing needs beyond what was first projected when program shifted to 24/7 operations, as well as county-wide marketing campaign advertising the BHS single access line; per CEM/community feedback, ensure that materials are tailored/customized to the specific target audiences (language, images, culture, etc)
	BHS Outreach and Engagement	<b>On-going increase</b> to cover shift of program MHSA-related costs to be covered entirely by PEI (rather than being shared with CSS; other funding sources also being used)	<i>No change from March 15, 2021 budget worksheet</i>

PEI	PROGRAM	ORIGINAL PROPOSED UPDATE (per presentation on March 15, 2021; see Appendix II)	MODIFIED PROPOSED UPDATE (as reflected in Exhibit A FY 2021-22 Budget Grids)
CRISIS PREVENTION & SUPPORT	Warmline	<b>On-going increase</b> to cover increased staffing costs due to services being increased to 24/7 and time-limited increase to cover increased lease costs at Anita Be Well Campus	<b>On-going increase</b> by \$500k to improve staffing/shift coverage now that program has shifted to 24/7 operations, bringing total budget to \$2 million
	Suicide Prevention Services	No proposed change	<b>Increase ongoing budget of contracted provider by \$500k</b> in response to community need, <b>and increase on-going budget by additional \$1million</b> to implement programming through the BHS Office of Suicide Prevention, established in response to Board Directive (see description under NEW PEI EXPENDITURES)
EARLY INTERVENTION OUTPATIENT	School-Based Mental Health Services (SB MHS)	<b>On-going decrease</b> of PEI funds due to anticipated Medi-Cal revenue generation	<b>No decrease</b> ; keep level PEI funding due to unanticipated effect of Medi-Cal billing process resulting in reduced referrals to program
	OC CREW	<b>On-going decrease</b> of PEI funds due to anticipated Medi-Cal revenue generation	Adjust projected PEI savings from \$204k to \$50k due to lower than anticipated Medi-Cal revenue as program readjusts to new billing requirements. In contrast to SB MHS, OC CREW not experiencing same impact on referrals after beginning to bill Medi-Cal
SUPPORTIVE SERVICES	Transportation	<b>Time-limited decrease</b> , resulting from impact of COVID-19 on delaying start-up of program in PEI	<i>No change from March 15, 2021 budget worksheet.</i> However, available PEI funds may be added during FY 21/22 if demand for transportation exceeds current proposed budget
ADMIN	PEI Administrative Costs	<b>Net increase</b> of \$600k to transition PEI programs into OC Navigator, the digital tool being developed as part of the BH System Transformation INN Project. Funds will also support development of automated/electronic features designed to increase productivity and operational efficiency (i.e., electronic bed board for CSUs, CRS, etc.; dashboards, reports; integration with HCA EHR, etc.)	<i>No change from March 15, 2021 budget worksheet</i>

**New PEI Expenditures Proposed as a Result of the CPPP**

In addition, the HCA is proposing to respond to CPPP input and enhance funding for mental health awareness campaigns and education. Upon a Board Directive,

the HCA will also use PEI funds to support a new Office of Suicide Prevention. A brief summary of these recommendations is below.

## STRATEGIC PRIORITY: Mental Health Awareness & Stigma Reduction

Expand campaigns, trainings & community education focused on increasing awareness of mental health signs & available resources, as well as reducing stigma

Priority Populations	Recommended/Preferred Strategies	Proposed Activities for FY 2021-22
<ul style="list-style-type: none"> <li>LGBTIQ individuals</li> <li>Boys ages 4-11</li> <li>Transitional Age Youth (TAY) ages 18-25</li> <li>Adults ages 25-34 and 45-54</li> <li>Unemployed adults</li> <li>Homeless individuals</li> <li>Individuals living with co-occurring mental health and substance use conditions</li> <li>Older Adults ages 60+</li> </ul>	<p><b>From CEMs:</b></p> <ul style="list-style-type: none"> <li><b>Engage through Social Media, Internet, Events/Fairs</b> <ul style="list-style-type: none"> <li>TV radio, newspapers, senior centers for older adults</li> </ul> </li> <li>Focus on <b>positive</b> messages, <b>simple</b> language, good <b>visuals &amp; color</b>, slogans &amp; phrases, <i>not jargon</i></li> <li><b>Culturally representation</b> (authentically)</li> <li>Use <b>trusted sources, celebrities, influencers</b></li> </ul> <p><b>From PEMs:</b></p> <ul style="list-style-type: none"> <li>Increase inter-agency Increase inter-agency collaboration and group activities</li> </ul>	<ul style="list-style-type: none"> <li>Increase FY 21-22 budget for Mental Health Community Education Events to \$1.2m total, with set aside for Veteran-specific event</li> <li>Continue improvement of StigmaFree OC website and countywide campaign, drawing upon consumer feedback from CEMs</li> <li>Contract out web designer, copy writer to work with BHS program and HCA IT to improve organization, navigation and content of HCA website (ochealthinfo.com), drawing upon consumer feedback from CEMs</li> <li>Begin planning to host Directing Change Awards Ceremony in OC*</li> <li>Continue to pay for tv slots to air an OC Directing Change video as public service announcement, post/share on social media*</li> <li>Increase/expand use of social marketing</li> <li><b>Add \$3 million to Mental Health Awareness Campaigns &amp; Education (Stigma, Outreach program budgets)</b></li> </ul>

\* Also responsive to feedback about increasing collaborative/group activities to “help make services more welcoming for members of my community”

## STRATEGIC PRIORITY: Office of Suicide Prevention

Expand support for suicide prevention efforts

Priority Populations	Board of Supervisors Directive	Proposed Activities
<ul style="list-style-type: none"> <li>People from all MHSA age groups</li> <li>Homeless individuals</li> <li>Individuals living with co-occurring mental health and substance use conditions</li> <li>LGBTIQ individuals</li> <li>Veterans</li> </ul>	<ul style="list-style-type: none"> <li>On October 6, 2020, the Board directed the County Executive Officer and HCA Director to create an Office of Suicide Prevention to: <ul style="list-style-type: none"> <li>Reach out to high risk populations to find and engage those in need</li> <li>Maintain contact with those in need and support continuity of care</li> <li>Improve the lives of those in need through comprehensive services and supports, and</li> <li>Build community awareness, reduce stigma and promote help-seeking</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>The newly formed Office will be responsible for identifying and implementing promising pilot programs utilizing the above-referenced systems-approach for each of the initial populations of focus: youth and young adults, men in their middle years and older adults. The Office will also be responsible for integrating new and existing services and supports across the suicide prevention continuum and throughout the entire County to ensure all suicide prevention activities are linked to other behavioral health activities/services and directly targeted populations in need. The Office will create a systems approach to suicide prevention that leverages existing community and agency resources to build hope, purpose and connection for individuals in need.</li> <li>The Office and its activities will be a component of the Suicide Prevention Services program in the Orange County MHSA Plan. The Office will be funded through PEI and have a <b>budget of \$1.5 million in FY 2021-22.</b></li> </ul>



## Innovation Component

The MHSAs designate 5% of a County's allocation to the Innovation (INN) component, which specifically and exclusively dedicates funds to trying new approaches that contribute to learning rather than expanding service delivery. Projects are time-limited to a maximum of five years and evaluated for effectiveness and consideration for continued funding through CSS, PEI or other funds. All active projects are described in this Plan, and regulations governing the INN component are described in Appendix IV.

In addition, the HCA is in various stages of exploring several new potential INN projects, listed below (please see Special Projects for the complete list).

- allcove
- Middle School Student Wellness Centers
- Mobile Phones
- Psychiatric Advanced Directives
- Social Media & Approaches to Stigma Reduction

The Continuum of Care for Veterans and Military Families project was extended for one additional year to continue data gathering and evaluation, utilizing the remaining INN project-approved budget and timeline. The remaining project budget was not reflected in the FY 2020-2023 MHSAs Three-Year Program Expenditure Plan due to an oversight. It is included in the Annual Plan Update, which resulted in an adjusted INN component budget.

<u>FISCAL YEAR</u>	<u>INN</u>
FY 2020-21 (from 3YP)	\$18,346,360
FY 2021-22 (from 3YP)	\$9,009,773
FY 2021-22 (proposed)	<b>\$10,999,190</b>
FY 2022-23 (from 3YP)	\$2,042,071

## Workforce Education and Training Component

Workforce Education and Training (WET) component is intended to increase the mental health services workforce and to improve staff cultural and language competency. It is currently funded through transfers from CSS.

The budget in FY 2021-22 is to remain the same from that which was approved in the MHSAs Three-Year Plan. Increases to the Training and Technical Assistance program and the Financial Incentives Program are offset by a decrease to the Residencies and Internships Program. A full description of each WET program is provided in the Plan Update.

<u>FISCAL YEAR</u>	<u>WET</u>
FY 2020-21 (from 3YP)	\$6,216,634
FY 2021-22 (from 3YP)	\$5,219,984
FY 2021-22 (proposed)	<b>No Change</b>
FY 2022-23 (from 3YP)	\$5,296,662

## Capital Facilities and Technological Needs Component

The Capital Facilities and Technological Needs (CFTN) component funds projects necessary to support the service delivery system. CFTN is now funded through transfers from CSS, which will support several projects:

- Renovations for a behavioral health training facility
- Continued development and enhanced functionality of the HCA electronic health record (EHR), which will include the transfer of additional funds in FY 2020-21 to migrate the EHR into the cloud
- Development and on-going support of a County Data Integration Project that will facilitate appropriate, allowable and timely data-sharing across County departments and with external stakeholders, to effectively delivering essential and critical services, including behavioral health care, to county residents.

<u>FISCAL YEAR</u>	<u>CFTN</u>
FY 2020-21 (from 3YP)	\$12,519,749
FY 2021-22 (from 3YP)	\$8,840,752
FY 2021-22 (proposed)	<b>\$16,307,384</b>
FY 2022-23 (from 3YP)	\$8,966,158

## CSS Housing

Under direction from the Board of Supervisors, a total of \$70,500,000 of CSS funds was allocated during FY 2018-19 to the development of permanent supportive housing. Following a \$70.5 million investment in FY 2018-19, the Board of Supervisors and HCA remain committed to providing safe housing for individuals living with mental illness, with all dollars now having been allocated or in process of being allocated to various permanent supportive housing projects. At the end of FY 20-21 all funds have been allocated to projects in various phases of development.

## Community Planning Expenditures

Per California Welfare and Institutions Code (WIC) 5892, a county is authorized to use **up to** 5% of its total annual allocation to cover community planning costs, where planning costs shall “include funds for County’s MHSA programs to pay for the costs of consumers, family members, and other stakeholders to participate in the planning process and for the planning and implementation required for private contracts to be significantly expanded to provide additional services pursuant to Part 3 (commencing with Section 5800) and Part 4 (commencing with Section 5850).”

Consistent with the WIC, the HCA shall use MHSA funds for allowable purchases of food, refreshments, transportation assistance, parking fees and/or promotional items. These items will be offered to consumers, family members, the public, committee and advisory board members as permitted by law, non-HCA providers and other stakeholders to encourage them to participate in planning and feedback activities, learn about MHSA and/or Orange County’s services, and/or publicly recognize the achievements of MHSA’s consumers and programs (e.g., graduation ceremonies, etc.). Items may be provided at conferences, meetings, trainings, award ceremonies, representation activities, community outreach, and other similar events where consumer, family members and/or other potential stakeholders may be likely to attend. MHSA funds may also be used to purchase gift cards and/or provide stipends for consumers, family members and/or community stakeholders who actively engage with the HCA to provide valuable feedback regarding programming, services, strategies for overcoming barriers to accessing services, etc. This feedback may be provided through surveys, workshops, focus groups or other similar types of activities. In addition, funds may be used to provide stipends and/or fees to community-based organizations, service providers, etc. for assistance with executing the HCA’s community planning efforts.

### Orange County MHSA Three-Year Plan Budgets by Fiscal Year

<u>FISCAL YEAR</u>	<u>CSS</u>	<u>PEI</u>	<u>INN</u>	<u>WET</u>	<u>CFTN</u>	<u>TOTAL</u>
<b>FY 2020-21</b>	\$155,088,175	\$47,061,483	\$18,346,360	<b>\$6,216,634</b>	12,519,749	\$239,232,401
<b>FY 2021-22*</b>	<b>\$158,785,110</b>	<b>\$56,144,101</b>	<b>\$10,999,190</b>	<b>\$5,219,984</b>	<b>\$16,307,384</b>	<b>\$247,455,769</b>
<b>FY 2022-23</b>	\$165,320,336	\$40,988,101	\$2,042,071	\$5,296,662	\$8,966,158	\$222,613,328

*\* Reflects proposed revised budgets for FY 2021-22 Annual Plan Update*

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During the years since Proposition 63 was passed, the Act has continued to evolve and help better the lives of those living with mental illness, their families and the entire Orange County community. We look forward to continuing our partnership with our stakeholders as we implement the MHSA in Orange County.