A Message from the Chief of Mental Health and Recovery Services

Thank you for your interest in Orange County, Mental Health and Recovery Services (MHRS) Mental Health Services Act (MHSA) Annual Update Plan Fiscal Year 2022/23. I would like to take this opportunity to introduce myself to you as the new Chief of Mental Health and Recovery Services in Orange County. In January 2022, I returned to Orange County Health Care Agency after serving as the Director of San Bernardino County for over 10 years. I look forward to working in collaboration with you as we continue to embrace community input, and utilize MHSA funding, to transform our system of care.

This is the third and final year of the current Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan for FY's 2020/21 – 2022/23. This plan is consistent and 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 of Orange's (County) suicide prevention efforts by expanding the programs making up our crisis services continuum; and 3) improve access to needed behavioral health services. These priorities remain relevant as we move forward in our planning process.

This is an unprecedented time for the residents of Orange County, particularly the most vulnerable populations, who are challenged to navigate the new realities of a postdemic community. Through a vision of quality health for all, and implementing the values of the MHSA Act, MHSA programs and services will continue to contribute to this effort by promoting recovery, wellness, and seek to fortify the personal resilience of individuals, family members and the community.

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 (Board), Behavioral Health Advisory Board, 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, county leadership, and Mental Health and Recovery 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,

Dr. Veronica Kelley, LCSW
Chief, Mental Health and Recovery 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 Mental Health and Recovery Services (MHRS) 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) 2022-23. 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

The community planning process in 2019 and 2020 was used to develop the Three-Year Plan (3YP) beginning in FY 2020-21. Through this process, 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 2022-23 Annual Plan Update, the HCA reviewed the current status of each of OC's MHSA priorities (see below) and how each was addressed during the past year.

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
■ LGBTIQ individuals ■ Boys ages 4-11 ■ Transitional Age Youth (TAY) ages 18-25 ■ Adults ages 25-34 and 45-54 ■ Unemployed adults ■ Homeless individuals ■ Individuals living with co-occurring mental health and substance use conditions ■ Older Adults ages 60+	■ Engage through Social Media, Internet, Events/Fairs, TV, radio, newspapers, senior centers for older adults ■ Focus on positive messages, simple language, good visuals & color, slogans & phrases, not jargon ■ Cultural representation (authentically) ■ Use trusted sources, celebrities, influencers ■ Increase inter-agency collaboration and group activities	Continue outreach and awareness initiatives targeting TAY populations ■ In 2021 HCA hosted a Virtual Veteran's Conference which was attend by 114 people. ■ The StigmaFreeOC Website continues to outreach to the community, with 398 Organizations taking the pledge to be Stigma Free. ■ The HCA website (www.ochealthinfo.com) was updated through work with a web designer to improve the organization and navigation for public usage. ■ OC Directing Change videos were shown prior to Angels Baseball games on Ballys Sports West as well as shared during Mental Health Awareness Month. ■ Due to the COVID-19 pandemic, an in-person Directing Change Award Ceremony has been postponed.

STRATEGIC PRIORITY: Access to Behavioral Health Services

Improve access to behavioral health services and address transportation challenges

Priority Populations	Strategies	Progress Update
■ Youth ■ Families with children living with a mental health condition ■ Asian/Pacific Islander ■ Latino/Hispanic ■ Black/African American	■ Train staff on mobile technology, telehealth, other remote service options ■ Avoid merely providing devices (ex. Headsets and phones) due to issues with privacy and Wi-fi access ■ Avoid using a one-size fits all approach with both the language of content and the content itself, all material should be population specific ■ Use culturally appropriate and representative images, materials in preferred language(s) ■ Collaborative, group, community activities ■ Identify clinic lobby and common areas in BHS outpatient clinics eligible and in need of upgrades. Conduct needs assessment. Encumber funds: up to $80k/clinic (Max/NTE $400k) to improve clinic lobby and common areas ■ Focus on the positive, use encouraging phrases ■ Avoid depicting sadness, despair or vulnerability through colors, imagery, stigmatizing and/or illness-focused language	■ Developed digital mental health literacy curriculum that will support project learning and stakeholder's ability to make informed choices. ■ 55% of respondents from the community survey in FY 2021-22 reported they have adequate and reliable internet access via mobile devices, unlimited Wi-Fi and/or a data plan. ■ Partnered with First 5 OC and Be Well OC in creating additional promotional and educational materials for families with young children. ■ The MHSA office has developed a workgroup and identified 7 potential lobby and common areas in MHRS outpatient clinics in need of upgrades. The workgroup meets regularly and is working with a vendor to develop designs. ■ Conducted focus groups to gather needs assessment (including focus on the positive, encouraging phrases, and vibrant colors) and direct input from consumers. ■ Continue to coordinate through peer project manager (e.g., PEACe, the MHRS peer workgroup and WorkplaceWellness Advocates) on clinic improvements. ■ Developed an art strategy to enhance the art programs through the use of an art committee with consumers to create artwork that will be used in clinics. ■ Transportation contract expanded to support more priority populations.

STRATEGIC PRIORITY: Suicide Prevention

Expand support for suicide prevention efforts

Priority Populations	Strategies	Progress Update
■ People from all MHSA age groups ■ Homeless individuals ■ Individuals living with co-occurring mental health and substance use conditions ■ LGBTIQ individuals ■ Veterans	■ On October 6, 2020, the Board of Supervisors directed the County to establish the Office of Suicide Prevention (OSP) to reach out to high-risk populations to find and engage those in need, maintain contact with those in need and support continuity of care, improve the lives of those in need through comprehensive services and supports, and build community awareness, reduce stigma and promote help-seeking. ■ Create a systems approach to suicide prevention. ■ Build hope, purpose, and connection for individuals in need. ■ Promising pilot programs ■ Integrate new and existing services and support throughout suicide prevention	■ OSP Office and OSP Division Manager was announced on 8/2/2021. The Office of Suicide Prevention will coordinate suicide prevention efforts at the agency level and interface with local and statewide initiatives to identify and facilitate the implementation of evidence based and promising suicide prevention activities in Orange County. ■ Continue expanded reach of activities/campaigns (also leverage Cal MHSA's Know the Signs information: ● Suicide Prevention campaign for Adult/Older Adult Men ● Adult "Help is Here" website ● Youth "Be a Friend for Life" website ■ The OSP has established a Community Suicide Prevention Initiative (CSPI Coalition for implementation a variety of suicide prevention initiatives through public and private partnerships. ■ All prevention services and activities are designed to promote wellness and improve connectedness and build resiliency and protective factors and reduce risk factors. ■ A county-wide Connect OC Coalition for TAY populations was launched to provide a platform for youth from colleges, universities, and the community at large to connect with each other, promote mental wellness activities, educate the community on a wide array of mental wellness, stigma reduction and suicide prevention topics and increase help-seeking behavior in the community. ■ Outreach and awareness targeting TAY was conducted through innovative approaches such as theater and plays, forums such as Honest Hour, podcasts and Instagram and Facebook live events focusing on mental health themes followed by discussions with the audience.

MHSA Components Proposed Recommendations

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.

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 Funds. 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 2022-23 MHSA Plan Update. These include shifts in program budgets, discontinuation of programs and implementation of new projects. Due to the anticipated increase in MHSA revenue, in this year's MHSA Plan Update is significantly higher that what was originally proposed in the MHSA 3-Year Plan for FY 2022-23.

- Expansion of the Adult Full Service Partnership Programs to increase access and services to underserved target populations including Older Adults, monolingual Spanish and Vietnamese individuals, as well as Veterans
- Expansion of Housing development in Orange County consistent with the Orange County Strategic Plan to end Homelessness and increase inventory of housing units
- Expansion of the Warmline to continue to address access and linkages to services

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 Update.

FISCAL YEAR	CSS
FY 2020-21 *(from 3YP)*	$155,088,175
FY 2021-22 *(from APU)*	$158,785,110
FY 2022-23 *(from 3YP)*	$165,320,336
FY 2022-23 (proposed)	**$225,440,320**

CSS HOUSING

Under direction from the Board of Supervisors, in two separate directives, a total of $95,500,000 of CSS funds was allocated during FY 2018-19 to the development of permanent supportive housing via the Special Needs Housing Program (SNHP). SNHP has provided funding for 17 project (6 built and 11 in process). Effective January 3, 2020, the California Finance Agency discontinued SNHP. The remaining SNHP funds were approved by the Board to be transferred back to the County ($15.5 million) to the 2020 Supportive Housing NOFA (2020 NOFA) and $20.5 million to the Orange County Housing Finance Trust (OCHFT) as approved by the Board in May 2020. Currently, the MHSA pipeline reflects 16 completed projects, which includes 312 MHSA units. In addition, there are 23 projects in progress which will result in 379 additional MHSA units.

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.

- Expansion of services under the new Office of Suicide Prevention.
- Add Pre K – 12 School based services to address high needs in youth and families.
- OC Links 24/7 and monolingual expansion to increase access and linkage to services.
- Integration of Justice Involved Services to streamline efforts consistent with OC CARES initiative.

Several changes to the PEI component are proposed for Orange County's FY 2022-23 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. Several changes to the PEI component are proposed for Orange County's FY 2022-23 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 on 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.

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

FISCAL YEAR	PEI
FY 2020-21 *(from 3YP)*	$47,061,483
FY 2021-22 *(from APU)*	$56,144,101
FY 2022-23 *(from 3YP)*	$40,988,101
FY 2022-23 (proposed)	**$73,532,238**

INNOVATION COMPONENT

The MHSA designates 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 Update, 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
- Clinical High Risk for Psychosis
- Community Program Planning
- Social Media & Approaches to Stigma Reduction
- Young Adult Court

FISCAL YEAR	INN
FY 2020-21 *(from 3YP)*	$18,346,360
FY 2021-22 *(from APU)*	$10,999,190
FY 2022-23 *(from 3YP)*	$10,999,190
FY 2022-23 (proposed)	**$11,701,218**

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 proposed FY 2022 – 23 budget is higher than what was approved in the MHSA Three-Year Plan. The Covid-19 pandemic significantly impacted the Behavioral Health workforce. The need for mental health and recovery services has become increasingly evident as individuals and families have experienced loss of loved ones, physical health, scarcity of food and other resources, isolation, and loss of employment. Many opportunities have become available to health care professionals in the private sector to address the growing need for services. During the community engagement process, stakeholders reported the impact of these changes on service delivery including increased wait times, less provider availability, turnover in staff, and new inexperienced staff. Expanding Workforce Education and Training programs will support hiring, training, and retaining high quality staff members. A full description of each WET program is provided in the Plan Update.

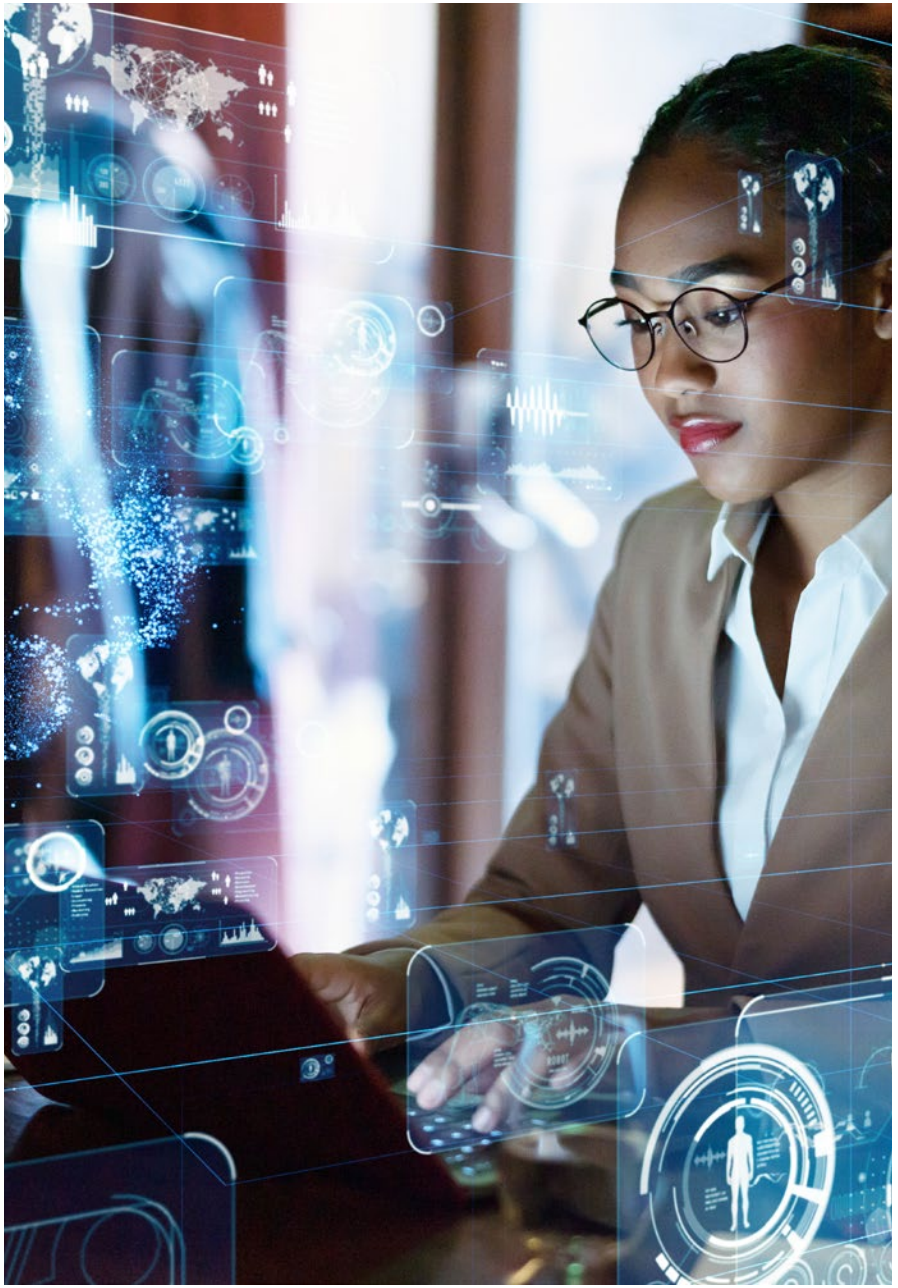
FISCAL YEAR	WET
FY 2020-21 *(from 3YP)*	$6,216,634
FY 2021-22 *(from APU)*	$5,219,984
FY 2022-23 *(from 3YP)*	$5,296,662
FY 2022-23 (proposed)	**$6,262,162**

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:

- Contribution of MHSA Dollars to help fund a second Be Well campus to be located in South County
- Continued development and enhanced functionality of the HCA electronic health record (EHR), which will include the transfer of additional funds in FY 2022-23 to migrate the EHR into the cloud
- Development and ongoing 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

FISCAL YEAR	CFTN
FY 2020-21 (from 3YP)	$12,519,749
FY 2021-22 (from APU)	$16,301,384
FY 2022-23 (from 3YP)	$8,966,158
FY 2022-23 (proposed)	**$45,253,892**



STRATEGIC PRIORITY: Access to Behavioral Health Services

Improve access to behavioral health services through workforce development initiatives and quality improvement issues

Priority Populations	Strategies	Proposed Activities:
■ Youth ■ Families with children living with a mental health condition ■ Asian/Pacific Islander ■ Latino/Hispanic ■ Black/African American	■ Hire knowledgeable and skilled staff members ■ Provide on-boarding training to new and existing staff ■ Address retention ■ Develop a pipeline of staff members for hard to fill positions (particularly bi-lingual/bi-cultural individuals) ■ Address staffing to meet the identified community needs ■ Implement Peer Certification ■ To re-build workforce infrastructure (post-pandemic) ■ Address quality improvement issuess through education and training ■ Outreach and engagement for vulnerable populations	■ Expand Workplace Wellness Advocates (WWA) roles and responsibilities (see appendice for WWA program) ■ Create collaboration opportunities for clinical staff and workplace wellness advocates ■ Expand training opportunities for staff for skill building and training in best practices such as rapid assessment skills and trauma informed assessment ■ Partner with local community providers and educators/Universities to develop a pipeline of skilled staff ■ Develop and implement an on-boarding training to new and existing staff to improve continuity and access ■ Develop, expand, and implement various education incentive programs

STRATEGIC PRIORITY: Mental Health Awareness & Stigma Reduction

Continue to develop the Office of Suicide Prevention through prevention efforts and campaigns

Priority Populations	Recommended/Preferred Strategies	Proposed Activities for FY 2021-22
■ All community members ■ LGBTIQ individuals ■ Boys ages 4-11 ■ Transitional Age Youth (TAY) ages 18-25 ■ Adults ages 25-34 and 45-54 ■ Unemployed adults ■ Homeless individuals ■ Individuals living with co-occurring mental health and substance use conditions ■ Older Adults ages 60+	■ Increase capacity of Warmline and suicide prevention and post-vention services ■ Continue partnering with OC Community Suicide Prevention Initiative ■ Implement strategies from the Mental health Services Over-sight and Accountability Com-mission (MHSOAC) Striving for Zero report ■ Build community awareness ■ Implement upstream campaigns to raise awareness regarding stigma and mental health ■ Collaborate with community partners, including but not limit-ed to schools, HCA correctional health, first responders, veter-ans, and school-based programs to increase awareness and reduce stigma	■ Expand the Warmline to meet the high call demand and language capabilities ■ Expand suicide prevention and postvention services ■ Re-launch suicide prevention campaigns in various venues to reach a broader audience (post pandemic) ■ Launch new suicide prevention campaigns ■ Continue collaboration with local celebrities, familiar sports figures, and/or well-known community figures to target veterans, transitional age youth, their families, and other priority populations. ■ Increase participation in the OSP activities to focus on a population-based approach towards suicide prevention that is guided by an upstream ap-proach and in alignment with the MHSOAC's Striving for Zero Suicide Plan. ■ Increase outreach and awareness targeting TAY through innovative ap-proaches such as theater and plays, forums such as Honest Hour, podcasts and Instagram and Facebook live events. ■ Increase mental health promotion, outreach and engagement activities for all age groups and priority populations Increase community collaboration to implement community stigma reduction and mental health education and promotion activities

STRATEGIC PRIORITY: Suicide Prevention

Expand support for suicide prevention efforts

Priority Populations	Recommended/Preferred Strategies	Proposed Activities for FY 2021-22
■ People from all MHSA age groups ■ Homeless individuals ■ Individuals living with co-occurring mental health and substance use conditions ■ LGBTIQ individuals ■ Veterans	■ Increase capacity of Warmline and Suicide Prevention Services ■ Continue partnering with OC Community Suicide Prevention Initiative ■ Implement strategies from Mental Health Services Oversight and Accountability Commission (MHSOAC) Striving for Zero report ■ Build community awareness ■ Implement upstream campaigns particularly with youth ■ Collaborate with schools and school-based programs to increase awareness and reduce stigma	■ Expand the warmline to meet the high call demand and language capabilities ■ Re-launch suicide prevention campaigns in various venues to reach a broader audience (post pandemic) ■ Continue collaboration with local celebrities, familiar sports figures, and/or well-known community figures to target Transitional Age Youth and young adults, their families, and support networks and leverage its reach to target this demographic population ■ Increase participation in the OSP activities to focus on population-based approach towards suicide prevention that is guided by an upstream approach and in alignment with the MHSOAC's striving for Zero Suicide Plan ■ Increase outreach and awareness targeting TAY through innovative approaches such as theater and plays, forums such as Honest Hour, podcasts and Instagram and Facebook live events

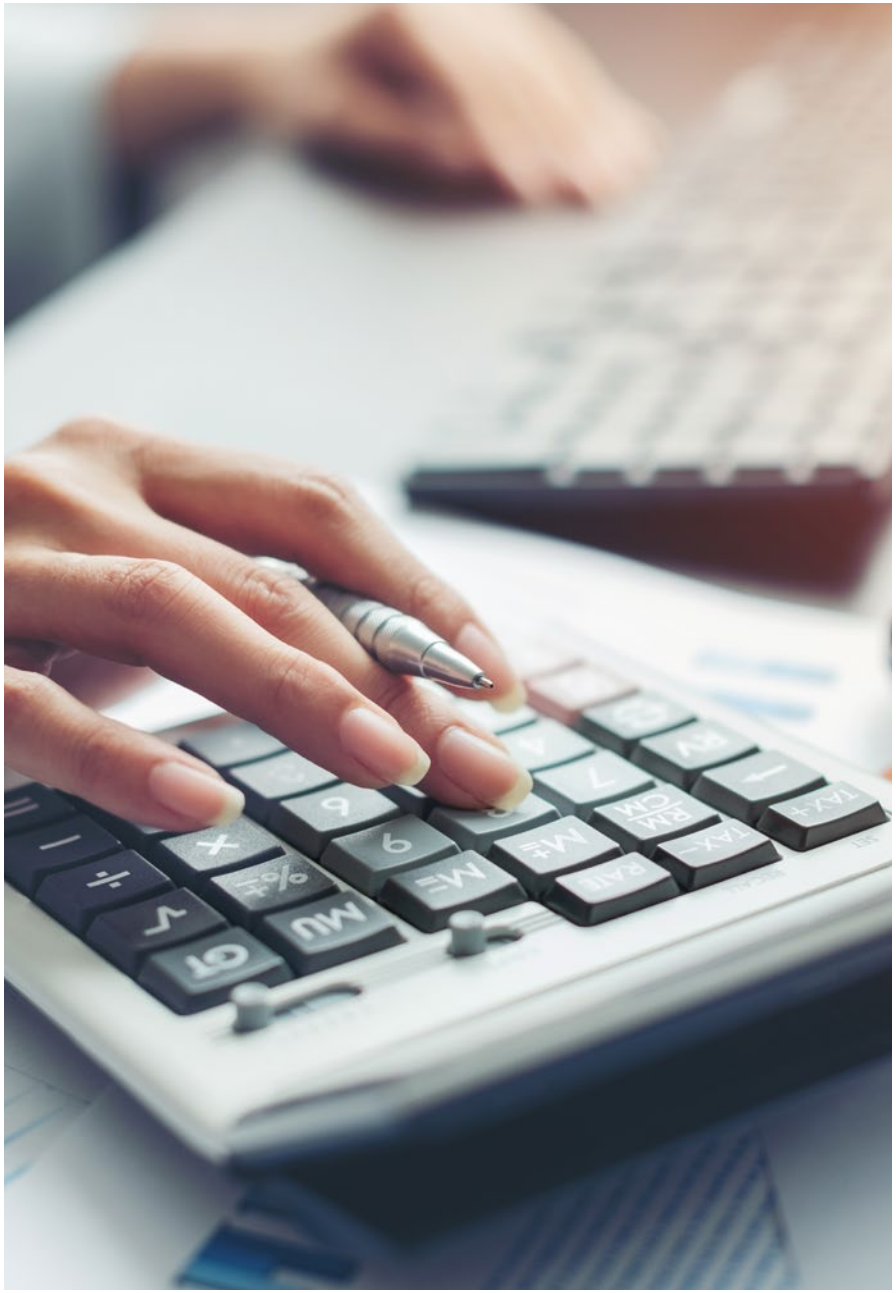
BUDGET DEVELOPMENT AND REVIEW

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 2020-21). 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.

With an anticipated increase in available funding, after the final community engagment meeting (CEM) held on March 3, 2022, the MHSA Office rapidly analyzed stakeholder feedback, program and financial services managers re-evaluated program budgets and MHRS staff identified additional opportunities to update the MHSA Annual Plan based on consumer, family member, and provider feedback.

Orange County received close to $27 million additional MHSA dollars in actual revenue, than anticipated for FY 2020-21. Based on new revenue projections provided by the State consultant, as well as the updated Governor's budget, Orange County anticipates an additional $25 million for FY 2021-22 and an additional $85 million in FY 2022-23 (projections are volatile and subject to change).

The proposed changes to the FY 2022-23 Plan Update are reflective of ongoing community feedback, a process of right-sizing program needs and budgets, and leadership recommendations. In addition, there are proposals for new uses of CFTN, WET and PEI funding, described in more detail in this section. This flexibility was regarded as important given the marked volatility in MHSA projections and lingering uncertainties related to the post pandemic landscape.



COMMUNITY SERVICES AND SUPPORTS PROPOSED EXPANSIONS

Service Area	Program Name	FY 2022-23 Budget as in the MHSA as approved 3-Year Plan	Proposed Change	Updated Proposed Budget for FY 2022-23	Comments / Justification
Access to Services to Treatment (TX)	Multi-Service Center for Homeless/Adults with a Mental Illness	$900,000	$2,202,489	$3,102,489	■ Expand to add a 2nd location to expand capacity and meet high demand. ■ Increase staff salaries to recruit and sustain. **Strategic Priority: Access to Services*
	Outpatient Recovery	$6,158,531	$2,003,642	$8,162,173	■ Adding positions including clinicians and a data analyst and billing specialist to improve quality and functioning of program ■ Increase staff salaries to recruit and sustain. **Strategic Priority: Access to Services*
Crisis Prevention & Support	Warmline	$0	$12,000,000	$12,000,000	■ $1,116,667 funding from PEI budget moved to CSS for Warmline. ■ Expand to meet 24/7 program needs (based on staffing needs assessment). ■ Expand new Spanish and Vietnamese Warmlines. **Strategic Priority: Access to Services / Suicide Prevention Mental Health Awareness and Stigma Reduction*
	Mobile Crisis Assessment All age groups	**$9,135,858**	**$1,450,000**	**$10,585,858**	■ Expand for case management of individuals and their families following law enforcement response. ■ Proposed increase is proportionate to the volume of calls received for under 18 and over 18. **Strategic Priority: Access to Services / Suicide Prevention*
	Crisis Stabilization Unit	$10,000,000	$4,000,000	$14,000,000	■ Expand to add a County-operated CSU. **Strategic Priority: Suicide Prevention*
Supportive Services	Peer Mentor and Parent Partner Support	$4,249,888	$875,000	$5,124,888	■ Expand staffing to provide coverage for CSU at Be Well Campus and various hospitals. **Strategic Priority: Access to Services*
Supportive Housing & Homelessness	MHSA Housing	$311,564	$42,119,877	$42,431,440	■ Added $42 million for PSH through OCCR NOFA and OC Housing Trust. ■ Matched budget to current OCCR MOU budget and Community Supportive Housing (CSH) consulting contract. **Strategic Priority: Access to Services*

COMMUNITY SERVICES AND SUPPORTS PROPOSED EXPANSIONS... (CONTINUED)

Service Area	Program Name	FY 2022-23 Budget as requested in the MHSA 3-Year Plan	Proposed Change	Updated Proposed Budget for FY 2022-23	Comments / Justification
Outpatient Treatment: Full Service Partnership Programs	FSP	$42,362,509	$1,500,000	$43,862,509	■ Expand FSPs to include Vietnamese, Spanish monolingual, and a Veterans FSP. ■ Increase $400,000 to existing step-down program for a specialized Board and Care program. ■ Increase capacity, adding 60 slots to general population adult FSP's. ■ Right sized budget to increase staff salaries to recruit and retain staff – Level Services (Children's FSP). ■ Right sized budget due to actual expenditures (Adult FSP AOAMHRS PSH). **Strategic Priority: Access to Services*
	Older Adult FSP	$3,219,899	$1,300,000	$4,519,899	■ Expand to meet growing older adult population needs. Increase capacity by adding staff positions, and 30 slots. **Strategic Priority: Access to Services*
CSS Admin		$20,053,336	(-$542,000)	$19,469,693	■ Budget underspent last year. ■ Total reflects rightsizing and adding projects below.
	1. CSS Survey	1. $0	1. $2,100,000	1. $2,100,000	1. Investment in community needs assessments. **Strategic Priority: Mental Health Awareness.*
	2. BHAB Budget	2. $0	2. $40,000	2. $40,000	2. Add MHSA administrative funds to incorporate a separate budget for the Behavioral Health Advisory Board to assist with travel, training, and community engagement. **Strategic Priority: Mental Health Awareness*
	3. MHSA Website Enhancement	3. $0	3. $500,000	3. $500,000	3. Enhance the websites that host HCA information to make them more intuitive for the community. Improve access and provide timely information and increase transparency.
	4. MHSA Liaison	4. $0	4. $250,000	4. $250,000	4. Recommendation from CEO Budget for budget and audit staffing.

PREVENTION AND EARLY INTERVENTION PROPOSED EXPANSIONS

Service Area	Program Name	FY 2022-23 Budget as requested in the MHSA 3-Year Plan	Proposed Change	Updated Proposed Budget for FY 2022-23	Comments / Justification
Access to Services to Treatment (TX)	OC Links	$1,000,000	$4,380,000	$5,380,000	■ Expand to meet 24/7 coverage. (Based on staffing needs assessment) *Strategic Priority: Access to Services*
	BHS Outreach and Engagement	$2,232,523	$6,767,145	$8,999,668	■ Add five teams to increase case management for homeless and individuals with co-occurring conditions. ■ Add $2 million MHSA portion for O&E Street Medicine Program in collaboration with CalOptima. *Strategic Priority: Access to Services*
	Intergraded Justice Involved Services	-	-	$7,100,000	-
	1. Jail to Community Re-Entry Program	1. $2,800,000 (for JCRP only)	1. (-$600,000)	1. $2,200,000	1. Funding allocation moved from CSS to PEI to integrate justice-involved services. Reduction is due to right sizing actual expenditures due to staffing vacancies. *Strategic Priority: Access to Services*
	2. Assessment & Diversion from Jails	2. $0	2. $1,000,000	2. $1,000,000	2. Staffing to provide assessment and diversion from jails. Supports OC Cares Initiatives and new legislature regarding reentry.
	3. Family Support / Resource Centers	3. $0	3. $1,000,000	3. $1,000,000	3. Expand Services to Justice Involved individuals and their family members. *Strategic Priority: Access to Services/Mental Health Awareness*
	4. Re-Entry Success Centers	4. $0	4. $3,000,000	4. $3,000,000	4. Pilot project to expand linkage and supportive resources for individuals who are justice involved.
Crisis Prevention & Support	Suicide Prevention Services	$1,200,000	$2,000,000	$3,200,000	■ Expand the survivor support hotline for additional services including step down and follow-up care for all high-risk populations. *Strategic Priority: Suicide Prevention*
	Office of Suicide Prevention	$0	$1,500,000	$1,500,000	■ Expansion from the MHSA 3-Year Plan. *Strategic Priority: Suicide Prevention*
Outpatient Treatment – Early Intervention	Early Intervention Services for Older Adults	$1,469,500	$1,530,500	$3,000,000	■ Expand services with staff at Leisure World Seal Beach and Laguna Woods. ■ Expand capacity for assessment, linkage, coordination, brief intervention. *Strategic Priority: Access to Services/Suicide Prevention*
	OC4Vet	$2,400,000	$120,000	$2,520,000	■ Expand to meet high demand with current waitlist for adult veterans. *Strategic Priority: Access to Services / Mental Health Awareness & Stigma Reduction*

WORKFORCE, EDUCATION AND TRAINING PROPOSED EXPANSIONS					
Service Area	**Program Name**	**FY 2022-23 Budget as requested in the MHSA 3-Year Plan**	**Proposed Change**	**Updated Proposed Budget for FY 2022-23**	**Comments / Justification**
Mental Health Career Pathways	Mental Health Career Pathways	$1,046,663	$20,000	$1,066,663	■ Dedicate staffing, supplies and resources to collaborate with University High School deaf and hard of hearing program. ■ Develop career path for deaf students and bilingual students for career in the mental health and recovery services field for due to severe shortage and need of ASL fluent workers. ■ Current Deaf and hard of hearing community workgroup to develop the strategy. **Strategic Priority: Access to Services*
Financial Incentive Programs	Financial Incentives for County and Contract Staff (FIP)	$526,968	$191,500	$718,468	■ Tuition Program to assist current county and contract staff to pursue Bachelor or Master's degree in Human Services field toward a position in public mental health. ■ This is a retention strategy focused on hard to fill positions, including bi-lingual and bi-cultural staff. **Strategic Priority: Access to Services*
Training and Technical Assistance	CE/CME Program Workplace Wellness Advocates Supervisor Training Peer Personel Training	$1,241,794	$224,000	$1,465,794	■ Expand CME program by adding trainings for Nurses and Psychiatrists. ■ Workplace Wellness Advocate Program supplies and resources. ■ Expand training opportunities for Peer Certification. ■ Develop Supervisor training – onboarding for new employees and supervisors. ■ Retention strategy to improve morale through Trauma Informed Care Initiative. **Strategic Priority: Access to Services*
Residencies and Internships	Clinical Supervision and Intern Program	$170,000	$530,000	$700,000	■ Expand clinical supervision resources to support placement of interns and pre-licensed clinicians. Incentivize supervision. ■ Include students who are deaf and/or are ASL fluent as a target population. **Strategic Priority: Access to Services*

CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS PROPOSED EXPANSION					
Service Area	**Program Name**	**FY 2022-23 Budget as requested in the MHSA 3-Year Plan**	**Proposed Change**	**Updated Proposed Budget for FY 2022-23**	**Comments / Justification**
Technological Needs	Electronic Health Record (E.H.R.)	$8,582,888	$16,446,004	$25,028,892	■ Add $6.3 million to contract for vendors for state compliance. ■ Add $7 million for Population Health. ■ Add $1.2 million for business intelligence. ■ Add $2 million for Cerner upgrade. **Strategic Priority: Access to Services*

MHSA PROPOSED NEW PROGRAMS FOR FY 2022-23

Please note that many new programs are reflected in expansion of existing budget categories

CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS PROPOSED NEW PROGRAM			
Service Area	**Program Name**	**Proposed Expansion**	**Comments / Justification**
Capital Facilities	Be Well South Campus	$20,000,000	■ Estimated construction cost for new South County Campus. **Strategic Priority: Access to Services / Mental Health Awareness and Stigma Reduction / Suicide Prevention*
Prevention and Early Intervention	Clinical High Risk for Psychosis	$3,000,000	■ PEI funding being leveraged to implement community outreach and education, clinical and consultation services for youth at clinical high risk for psychosis. This program evolved out of the proposed Innovation project "Improving the Early Identification of Youth at Clinical High Risk for Psychosis and Increasing Access to Care." PEI will fund the outreach and early intervention elements of the project, and HCA is seeing MH-SOAC approval for Innovation funding for the online screening and engagement element. **Strategic Priority: Access to Services*

COMMUNITY SERVICES AND SUPPORTS PROPOSED RIGHT SIZED BUDGETS					
Service Area	**Program Name**	**FY 2022-23 Budget as requested in the MHSA 3-Year Plan**	**Proposed Change**	**Updated Proposed Budget for FY 2022-23**	**Comments / Justification**
Access and Linkage to Treatment (TX)	MHRS (BHS) Outreach and Engagement	$2,569,933	(-$2,569,933)	$0	■ Moved budget to PEI to consolidate and streamline.
	Open Access	$2,300,000	$700,000	$3,000,000	■ Right sized budget due to actual expenditures.
Crisis Prevention & Support	In-Home Crisis Stabilization (CYMHRS)	$2,935,480	$500,000	$3,435,480	■ Right sized budget to match staffing costs.
Outpatient Treatment: Clinic Expansion	Program for Assertive Community Treatment (PACT)	$10,599,659	$100,000	$10,699,659	■ Right sized budget for flexible funds and to meet the needs associated with 24/7 calls.
	Children & Youth Clinic Services	$3,000,000	(-$500,000)	$2,500,000	■ Right sized budget due to actual expenditures (previously planned to do LCAT program).
	OC Children with Co-Occurring Mental Health Disorders	$1,000,000	$500,000	$1,500,000	■ Right sized budget to maintain costs of doing business.
	Services for Short-Term Therapeutic Residential Program (STRTP)	$8,000,000	(-$1,000,000)	$7,000,000	■ Right sized budget due to actual expenditures.
	Telehealth/Virtual Behavioral Health Care	$3,000,000	(-$1,000,000)	$2,000,000	■ Right sized budget due to actual expenditures.
Supportive Services	Wellness Centers	$3,354,351	$570,000	$3,924,351	■ Right sized budget to match staffing needs and costs.
	Transportation	$1,300,000	(-$450,000)	$850,000	■ Right sized budget to match MHRS system of care needs. ■ $200k moved from CSS to PEI. ■ $250k moved from CSS to SUD programs.

PREVENTION AND EARLY INTERVENTION PROPOSED RIGHT SIZED BUDGETS

Service Area	Program Name	FY 2022-23 Budget as requested in the MHSA 3-Year Plan	Proposed Change	Updated Proposed Budget for FY 2022-23	Comments / Justification
Prevention	School Readiness	$1,600,000	(-$600,000)	$1,000,000	■ Right sized budget to align with current maximum obligation.
	Parent Education Services	$1,064,770	$429,533	$1,494,303	■ Right sized budget to maintain costs of doing business. ■ Level services.
	Children's Support & Parenting Program	$1,700,000	(-$1,700,000)	$0	■ Recommendation to sunset this program. ■ Staff reassigned during pandemic. ■ Other family strengthening services expanding in contracted providers. Continuing FY 22/23 to meet community need.
	School Based BH Intervention & Support	$1,808,589	$144,435	$1,953,024	■ Right sized budget due to increase for translation of "You And" app into additional languages.
	Gang Prevention Services	$253,100	$150,000	$403,100	■ Right sized budget to maintain costs of doing business. ■ Level services. ■ Program services that are tied to law enforcement activities will be discontinued to re-align with MHSA regulations.
Mental Health Awareness & Stigma Reduction Campaigns	Mental Health Community Education Events for Reducing Stigma and Discrimination	$214,333	$1,666,667	$1,881,000	■ Right sized budget to match community feedback needs.
	Outreach for Increasing Recognition of Early Signs of Mental Illness	**$6,433,245**	**$10,399,528**	**$16,832,773**	-
	1. Behavioral Health Training	1. $700,000	1. $1,500,000	1. $2,200,000	1. Increase to address health equity with special ethnic, gender, or age. Target population older adults.
	2. School-Based Stress Management	2. $155,000	2. ($-155,000)	2. $0	2. Sunset Program.
	3. Early Childhood Mental Health Providers Training	3. $0	3. $1,000,000	3. $1,000,000	3. Extended due to Covid 19.

PREVENTION AND EARLY INTERVENTION PROPOSED RIGHT SIZED BUDGETS... (CONTINUED)

Service Area	Program Name	FY 2022-23 Budget as requested in the MHSA 3-Year Plan	Proposed Change	Updated Proposed Budget for FY 2022-23	Comments / Justification
Mental Health Awareness & Stigma Reduction Campaigns *...(continued)*	4. Outreach and Engagement Collaborative/ Mental Health and Wellbeing for Diverse Communities	4. $2,719,044	4. $666,667	4. $3,385,711	4. Extended due to Covid 19.
	5. K-12 School-Based Mental Health Services Expansion	5. $0	5. $5,000,000	5. $6,277,923	5. Outreach and education to increase awareness on the early signs of mental health conditions among youth. Ensure outreach and engagement is equitable and designed to reach underrepresented students and their families. Programming should be designed to leverage state school allocated funds to increase services for children, families, caregiver's and teachers for onsite and offsite school locations
	6. Services for TAY and Young Adults	6. $0	6. $609,938	6. $609,938	6. Extended due to Covid 19.
	7. Statewide Projects	7. $2,859,201	7. $500,000	7. $3,359,201	7. Expanding stigma reduction campaign.
Outpatient Treatment – Early Intervention	1st Onset of Psychiatric Illness (OC CREW)	$1,500,000	(-$50,000)	$1,450,000	■ Right sized budget due to actual expenditures.

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

Fiscal Year	CSS	PEI	INN	WET	CFTN	TOTAL
FY 2020-21	$155,088,175	$47,061,483	$18,346,360	$6,216,634	12,519,749	$239,232,401
FY 2020-22	$158,785,110	$56,144,101	$10,999,190	$5,219,984	$16,307,384	$247,455,769
FY 2020-23*	**$225,440,320**	**$73,432,238**	**$11,701,218**	**$6,262,162**	**$45,253,892**	**$362,089,830**

** Reflects proposed revised budgets for FY 2022-23 Annual Plan Update*

****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.*

COMMUNITY PLANNING PROCESS

Orange County At-A-Glance

CA COUNTY RANKING

3rd Most Populous

2nd Most Densely Populated

OC RESIDENTS

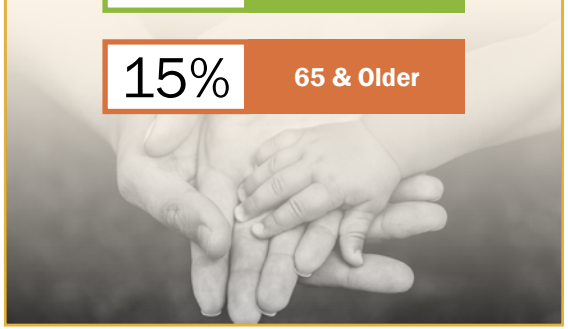
About **3.2 million**

Veterans: **3.3%**

LGBTQ+: **7%**

Adults w/HS Diploma: **86%**

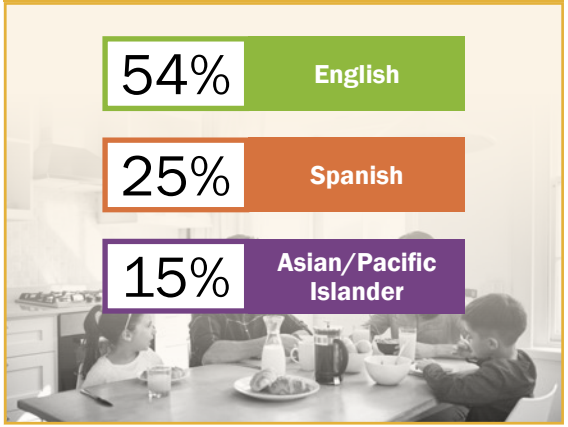
OC AGE GROUPS



22% Under 18

15% 65 & Older

LANGUAGE SPOKEN AT HOME



54% English

25% Spanish

15% Asian/Pacific Islander

HIGHEST COST OF LIVING

Compared to neighboring counties, driven by high housing costs

Median Household Income
$94,441

Median Gross Rent
$1,928

Median House Price
$703,800

FINANCIAL INSECURITY

5.8% Residents Unemployed

9% Persons in Poverty

Census, v2021
CA Health Interview Survey, 2021

Individuals Served in CSS & PEI by Demographic Feature

OC CENSUS

ORANGE COUNTY RESIDENTS BY DEMOGRAPHIC CHARACTERISTIC

Age	2020 Census
0-14 yrs	18%
15-24 yrs	13%
26-59 yrs	48%
60+ yrs	21%

2021 Population: 3,170,345

Gender Identity	2020 Census
Female	51%
Male	48%
Transgender	1%
Genderqueer	<1%
Questioning/Unsure	<1%
Another	<1%

Race/Ethnicity	2020 Census
African American/Black	2%
American Indian/Alaskan Native	1%
Asian/Pacific Islander	21%
Caucasian/White	39%
Latino/Hispanic	34%
Middle Eastern/North African	Not Collected
Another	4%

CSS/MHSA

INDIVIDUALS SERVED IN CSS CLINICAL SERVICES DEMOGRAPHIC CHARACTERISTIC

Age	Estimated	Actual
0-15 yrs	9%	13%
16-25 yrs	16%	26%
26-59 yrs	48%	47%
60+ yrs	12%	12%

Projected Duplicated: 62,389
Actual Unduplicated: 11,646

Gender Identity	Estimated	Actual
Female	42%	47%
Male	56%	52%
Transgender	2%	0.1%
Genderqueer	-	0.1%
Questioning/Unsure	-	0.1%
Another	-	0.1%

Race/Ethnicity	Estimated	Actual
African American/Black	7%	6%
American Indian/Alaskan Native	1%	1%
Asian/Pacific Islander	10%	10%
Caucasian/White	42%	40%
Latino/Hispanic	34%	3%
Middle Eastern/North African	1%	1%
Another	5%	10%

Demographic breakdown based on individuals entered into Electronic Health Record. Those served only in Supportive Services not included.

PEI/MHSA

INDIVIDUALS SERVED IN CSS CLINICAL SERVICES DEMOGRAPHIC CHARACTERISTIC

Age	Estimated	Actual*
0-15 yrs	47%	23%
16-25 yrs	18%	8%
26-59 yrs	25%	46%
60+ yrs	10%	17%

Projected Duplicated: 216,898
Actual Unduplicated: 178,009

Gender Identity	Estimated	Actual
Female	54%	58%
Male	42%	39%
Transgender	1%	<1%
Genderqueer	-	<1%
Questioning/Unsure	-	<1%
Another	2%	<1%

Race/Ethnicity	Estimated	Actual
African American/Black	7%	9%
American Indian/Alaskan Native	1%	1%
Asian/Pacific Islander	10%	16%
Caucasian/White	42%	37%
Latino/Hispanic	34%	35%
Middle Eastern/North African	1%	-
Another	5%	24%

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

MHSA Community Planning Process

STATE REQUIREMENTS FOR THE DEVELOPMENT OF THE THREE-YEAR PLAN

Per the California Code of Regulations (CCR) 3650, while developing the Community Services and Supports (CSS) component of its Three-Year Plan, the County shall include the following:

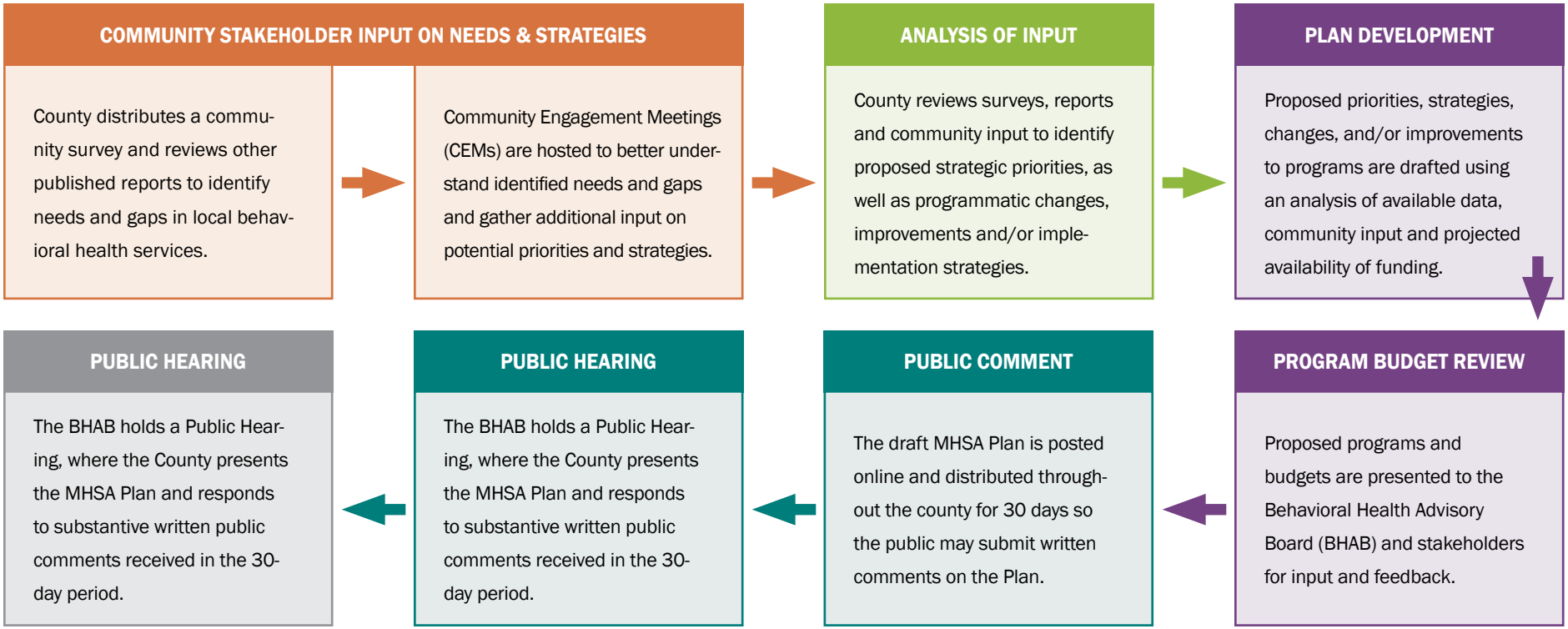
- **Assessment of the Mental Health Needs** of unserved, underserved, inappropriately and fully served county residents who qualify for MHSA services, including a) an analysis by age group, race/ethnicity and primary language, and b) assessment data that includes racial/ethnic, age and gender disparities
- **Identification of Issues** resulting from a lack of mental health services and supports as identified through the CPPP, categorized by age group
- **Identification of the Issues that will be Priorities** in the CSS component
- **Identification of Full Service Partnership (FSP) Population**, including a) an estimate of the number of clients, in each age group, to be served in the FSP for each fiscal year of the Three-Year Plan, and b) a description how the selection of FSP participants will reduce the identified disparities
- **Proposed Programs/Services**, including a) descriptions and work plans for each proposed program/service, including the budget and estimated number of individuals to be served by fiscal year, and b) the breakdown of the FSP population by gender, race/ethnicity, linguistic group and age, by fiscal year
- **County's Capacity to Implement** the proposed programs/services, including a) the strengths and limitations of the County and its service providers to meet the needs of racially/ethnically diverse populations, including language proficiency in the county's threshold languages, and b) Identification of barriers to Implementing the proposed programs/services, and potential solutions for addressing these barriers

OC COMMUNITY PROGRAM PLANNING PROCESS

Orange County has operationalized the community planning requirements outlined in the California Code of Regulations (CCR) into the general strategies and steps described in the graphic below. Over the past several years the HCA has been refining its approach to integrate data into its planning process more systematically, particularly as part of assessing mental health needs and identifying issues and priorities. It has also expanded and refined its approach to engaging community stakeholders in the planning process, evolving from a single community meeting that followed an extended public comment format to a series of semi-structured discussions and focus groups with community stakeholders.

As described in Orange County's MHSA Three-Year Plan (page 14) the HCA was and is committed to increasing meaningful engagement with clients, consumers and family members, particularly those who identify with one or more of the MHSA Priority Populations. However, due to the COVID-19 pandemic, the HCA continued to adapt its Community Program Planning Process (CPPP) activities in 2022 and shift away from in-person interactions and meetings. As such, the HCA recognizes that the feedback and input received to-date for the FY 2022-23 Annual Plan Update may more accurately reflect the perspectives and interests of those with the interest to participate virtually, financial means, access to technology and digital literacy to engage in a virtual and/or electronic format.

Orange County Community Planning Process



UPDATE TO LOCAL STAKEHOLDER COMMITTEE AND ADVISORY BOARD

The MHSA requires that each county partner with local community members and stakeholders for the purpose of community planning. Orange County had been utilizing an MHSA Steering Committee since the very first Three-Year Plan was developed to support its community planning process. The most recent Committee was composed of 51 members representing the following stakeholder groups:

- Adults/Older Adults living with a mental illness
- Family members of individuals living with SMI/SED
- Mental Health Providers
- Law Enforcement Agencies
- Education Services
- Social Services
- Health Organizations
- Veteran Organizations
- Providers of Substance Use Services
- Housing Organizations
- Representatives from ethnic/cultural minority organizations
- Local government official representatives
- Mental Health Board

In March 2021, the Orange County Board of Supervisors approved the merging of the Mental Health Board and Alcohol and Drug Advisory Board into a single Behavioral Health Advisory Board (BHAB). The first official consolidated BHAB meeting took place in April 2021. At the end of the Fiscal Year 2020-21 (June 30th), it was determined that the MHSA Steering Committee would be dissolved, and a new process would be developed in its place.

During this time of re-organization, the MHSA office continued to engage with the community through informational meetings, to maintain communication and sharing information while the new formalized structure is in development. The meetings focus on Mental Health and Recovery Services, community Behavioral Health issues and needs, and presentations by MHSA funded programs. Participants requested additional information, clarification, and presentations on MHSA Housing, OC Links 24/7, and the OC Digital Navigator. HCA will continue to hold these meetings in the upcoming year. Additionally, the BHAB has discussed community planning issues during the System of Care Mental Health meetings held on the 2nd Tuesday of each month.

Currently, HCA is working in collaboration with the Office of Strategic Planning and Office on Health Equity to develop a whole-person perspective to community planning which will encompass a wide range of partnerships surrounding community planning in Orange County. The premise is that by coordinating the various health planning efforts and sharing resources, it will reduce the duplication of meetings and use the community's time and input more efficiently. HCA has established a workgroup and is developing the planning activity structure. MHSA will play a key role in this collaborative effort, and it is anticipated that the new structure will expand our access to more underserved target populations in our planning process for the next three-year MHSA Plan (FY 2023-24).

As part of the planning process, Orange County CEO Finance presented budget updates to the public at the Behavioral Health Advisory Board meeting held on January 12, 2022, and again on February 23, 2022, following new information regarding MHSA projections from a State Consultant. HCA presented the proposed budget for the MHSA Plan Update to the public at the Behavioral Health Advisory Board on March 23, 2022. As a follow up, an MHSA community meeting was held on Wednesday, April 6, 2022, where over 70 community members and HCA leadership attended. After providing a brief status update regarding infrastructure changes and changes as the workforce returns to the workplace, the proposed plan changes document was presented (Please see Appendix II).

Community feedback was positive regarding having a community meeting and participants were clear that they wanted more opportunities to discuss programs and discuss outcome data. Additional feedback supported follow up meetings focusing on the transformation of the “system of care” that has been established.

COMMUNITY ENGAGEMENT

Orange County's community engagement strategies continue to evolve as the needs of the community, committees and advisory groups, and landscape has changed, but maintains a focus on engaging more meaningfully with clients, consumers, and family members. Other considerations in preparing this year's community engagement meetings included timing, as we are currently in the third year of a three-year plan, and there was extensive research and data from the initial three-year plan (FY 2019/20 – 2022/23) that identified the priority populations and strategic priorities. Additional research was done for the FY 2021– 22 MHSA plan update that continues to be relevant.

In review, during the FY 2021-22 planning process, the MHSA office partnered with special population providers to reach into the community and conduct community engagement meetings. Between November 23, 2020, and December 30, 2020, the HCA assessed the impact COVID-19 was having on the emotional well-being of Orange County residents through two electronic surveys: the Adult Stress Survey for adults 18+ years and a Parent Survey for parents of a child 4-17 years old. The surveys assessed individual's experiences with COVID-19, their emotional well-being, informal/peer/paraprofessional support, access and barriers to professional healthcare and demographic characteristics. The survey results are significant as they provided insights into the overall well-being and the impact of COVID-19 on the culturally diverse community in Orange County. The results indicated that these disparities were exacerbated during the COVID-19 pandemic. The survey results provided indicators of the varying mental health needs during the pandemic and established baseline data which can be used with future needs surveys as the community moves into the post pandemic and establishes a new three-year MHSA plan.

Specifically, the HCA identified that individuals from certain groups and communities in Orange County were disproportionately affected by mental health conditions or barriers to accessing needed mental health. The COVID-19 survey results indicated that adults in these priority populations have been disproportionately impacted by the COVID 19 pandemic.

- Children, including boys age 4-11 years
- Transitional age youth
- Families of children/youth living with a mental health condition
- Adults, especially ages 25-34 and 45-54 years, those with a high school education or some college education but no degree, and those who are unemployed
- Older adults
- Individuals experiencing homelessness
- Individuals living with a co-occurring substance use and mental health condition
- Veterans
- LGBTIQ+ community
- Asian/Pacific Islander (API), Hispanic/Latinx and Black/African American communities

Focusing on the needs of these underserved and unserved individuals continued to be a priority during the development of the FY 2022-23 annual plan update. The survey developed and used for the FY 2022-23 community engagement process, were developed with this data at the forefront.

The MHSA office conducted a survey that was open from December 30, 2021 and remained open until January 31, 2022. The survey was translated into threshold languages and distributed via email to more than 1500 individuals. Individuals from each of the identified MHSA Stakeholder groups from the WIC were represented in the distribution and responses, and 222 completed survey responses were recorded.

Additional considerations included the target populations and strategic priorities established for the current three-year plan. The survey focused in three areas:

- MHSA Strategic Priorities from the Three-Year Plan
- Extensions to time-limited Prevention and Early Intervention Programs
- New Program Initiatives

Please see Appendix VI for a copy of the survey.

Feedback from these surveys (N=568 started, n = 222 completed) were analyzed using a mixed method approach, allowing for the combining of information from quantitative survey data and qualitative open-ended responses. The following section illustrates several item frequencies, brief data visualizations, and details of all CEM findings conducting from December 31, 2021 to January 31, 2022. Below is a synopsis of the strategies and approaches that consumers, family, and community members recommended for improving mental health-related messaging, and for making services feel more welcoming and engaging. These findings also include summary findings from the provider engagement meeting which included several community-based organizations.

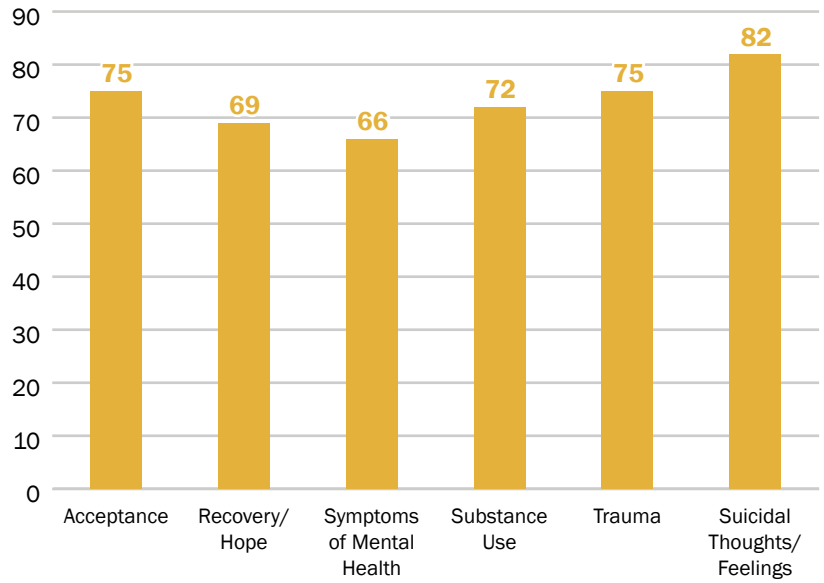
Of note, preferences for an overall approach (i.e., social media vs. social events) tended to **vary by a person's age** or were **universally shared** (i.e., focus on hope, positive messaging, reflect the culture of the person you are trying to reach). However, a combination of hybrid outreach and marketing was preferred (i.e., in person vs online mental health resources) underscoring the critical importance of the changing nature of service modality and preference.

QUESTION 1

A 2019 Rand Report on Social Marketing shows mental health campaigns have a positive effect on reducing stigma and on encouraging people to reach out for needed services (Click here to learn more about the report).

Although each area of focus listed below is of great importance, which would you prioritize in developing a campaign to raise mental health and recovery awareness? (Please rank at least your top 3 areas of focus):

Campaign Prioritization Categories



QUESTION 2

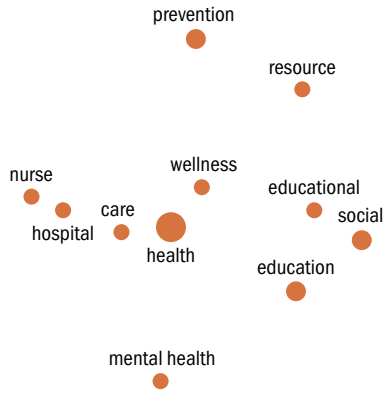
Language is important in developing campaigns. Of the three areas of focus you ranked above, can you please identify and list up to 3 non-stigmatizing words or phrases that would attract your attention if used in a campaign.

1. Hope
2. Recovery
3. Acceptance

QUESTION 3

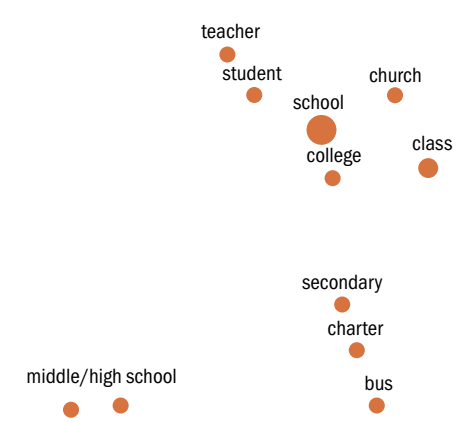
Orange County is making progress in establishing its local suicide prevention strategies using the MHSOAC's Striving for Zero Suicide Prevention Plan (Click HERE). One future area of focus will be how we can encourage and support people, families and communities to reach out for help when experiencing a mental health and/or substance use crisis. To help with planning, please share up to 3 recommendations:

Key words mentioned together in comments will appear closer together.



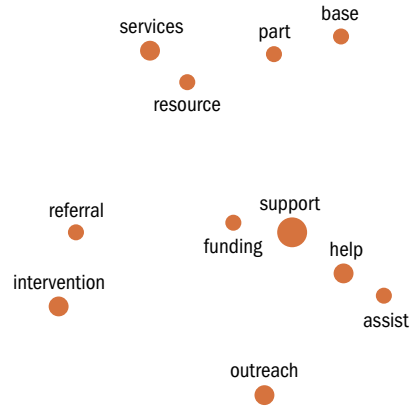
Recommendation 1: Health Education

Key words mentioned together in comments will appear closer together.



Recommendation 1b: School Based Health Education

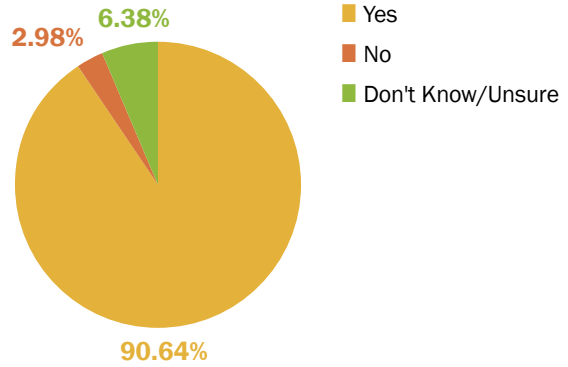
Key words mentioned together in comments will appear closer together.



Recommendation 2: Social Support

QUESTION 4

Recent review of call volume to the OC WarmLine has shown an increase in calls over the past several months. Many are missed because more staff can't be hired on the current budget. Would you support increasing the OC WarmLine budget to meet demand, including an emphasis on supporting Spanish- and Vietnamese-speaking callers?



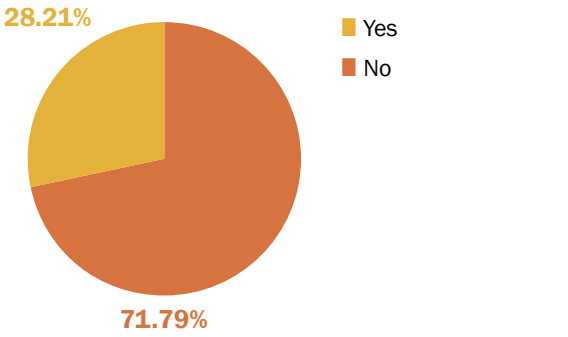
Survey Findings:

91%

of respondents Support increasing the OC WarmLine Budget to meet demand, including an emphasis on supporting Spanish- and Vietnamese- speaking callers.

QUESTION 5

During this current Three-Year Plan, the County initiated two Suicide Prevention Campaigns HelpIsHereOC.com and BeA-FriendForLife.com. Are you familiar with either of these two campaigns?



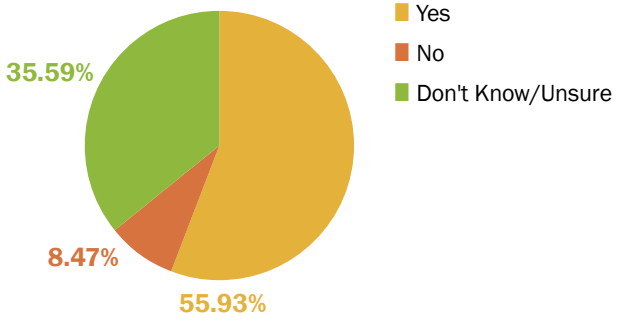
Survey Findings:

28%

of respondents were familiar with either of these two campaigns.

QUESTION 6

Do you feel these two suicide prevention campaigns increase connectedness between individuals, family members, and community?



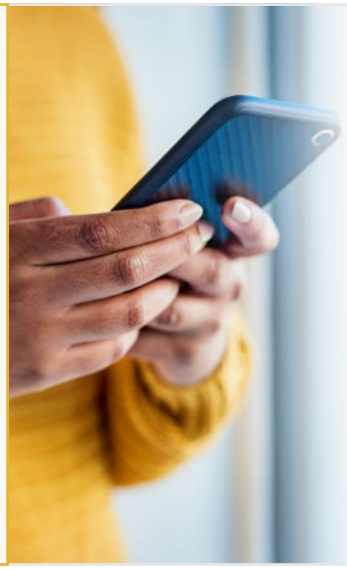
Survey Findings:

56%

of respondents feel these two suicide prevention campaigns increase connectedness between individuals, family members, and community.

QUESTION 7

What do you like about these campaigns? What do you dislike about these campaigns?



Liked

15 respondents

- Campaigns provided resources focused on prevention.
- Campaigns felt friendly and community-focused.
- Campaigns had quality messages and images.

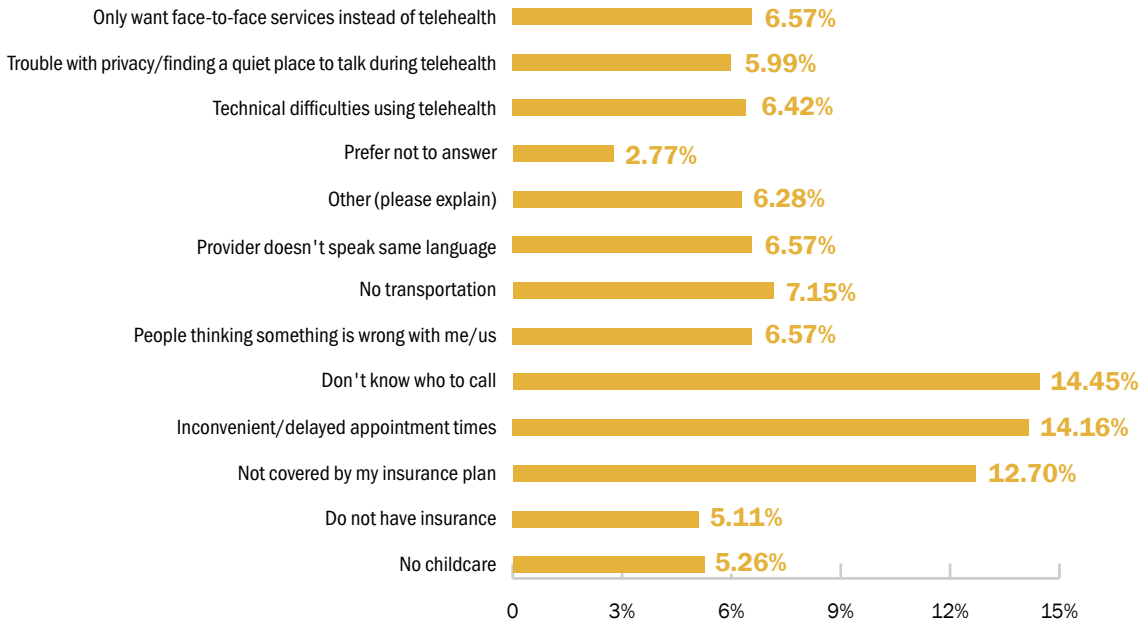
Disliked

4 respondents

- Campaigns remained disconnected, either in general or in regard to low income families.
- Campaigns do not go far enough. The resources are inadequate.

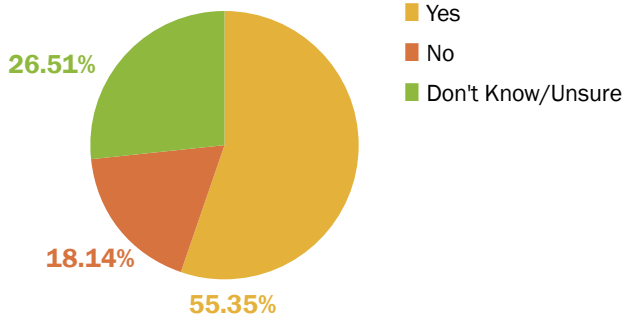
QUESTION 8

In your experience accessing mental health and recovery services, has any of the following kept you from getting help from a healthcare professional?



QUESTION 9

Would having adequate and reliable internet access via mobile devices, unlimited Wi-Fi and/or a data plan help you with using telehealth services?



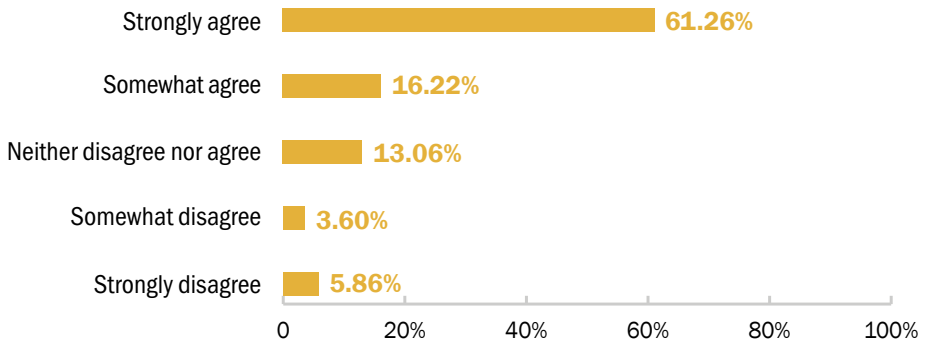
Survey Findings:

55%

of respondents have adequate and reliable internet access via mobile devices, unlimited Wi-Fi and/or a data plan.

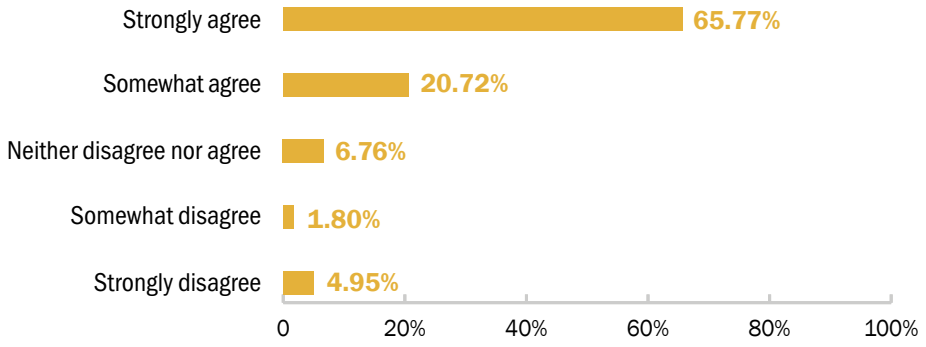
QUESTION 10

Parent Educational Services aims to prevent the occurrence or worsening of negative mental health outcomes in children by promoting protective factors in parents and caregivers.



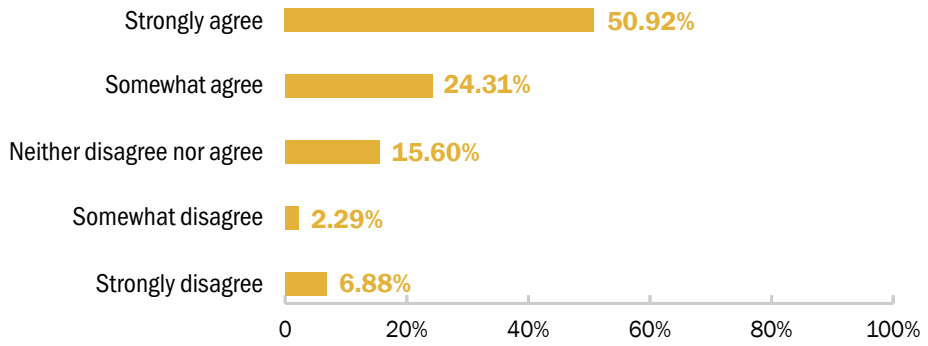
QUESTION 11

School-Based Behavioral Health Intervention Services provides three-tiers of services aimed at preventing and/or intervening early with students at risk of developing a mental health condition and their families.



QUESTION 12

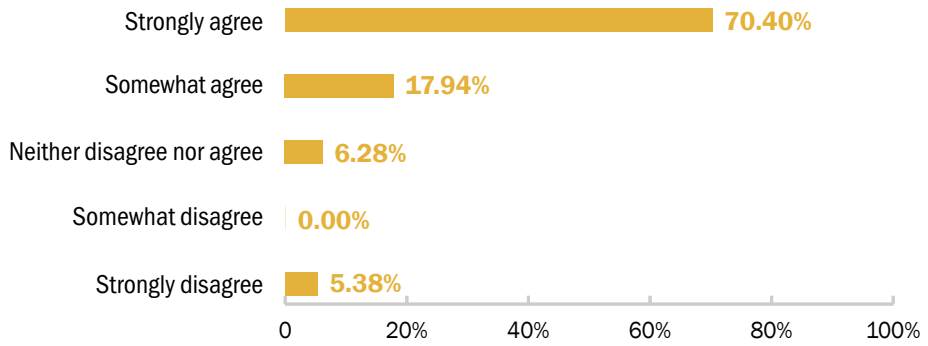
At participating schools, staff provide education to students, parents and teachers on gang prevention and offers workshops, structured group interventions, and weekly case management. Staff also work with students and their families to create an individualized action plan that addresses attendance, academic behavior, disciplinary improvement, parenting contracts and an anti-gang dress code plan.



QUESTION 13

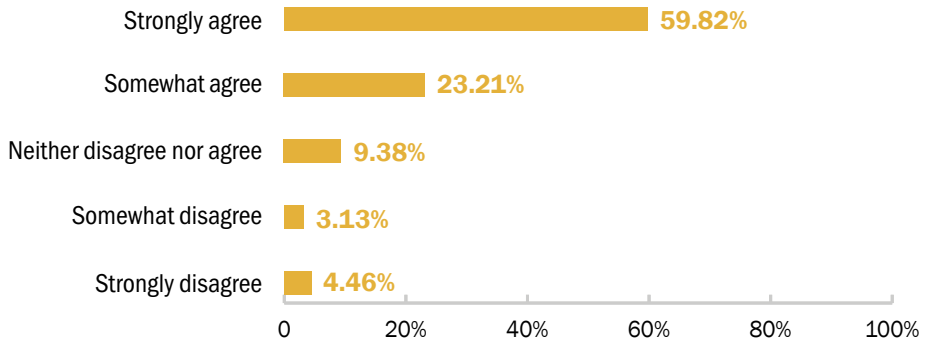
Outreach for Increasing Recognition of Early Signs of Mental Illness aims to prepare and inform a wide range of potential responders on how to:

- Identify behavioral health conditions as early as practicable in all age groups
- Assist individuals exposed to trauma and/or living with behavioral health conditions and their families effectively
- Increase knowledge regarding accessing behavioral health services
- Promote mental health and wellness throughout the community
- Provide free behavioral health trainings in schools and communities throughout the County



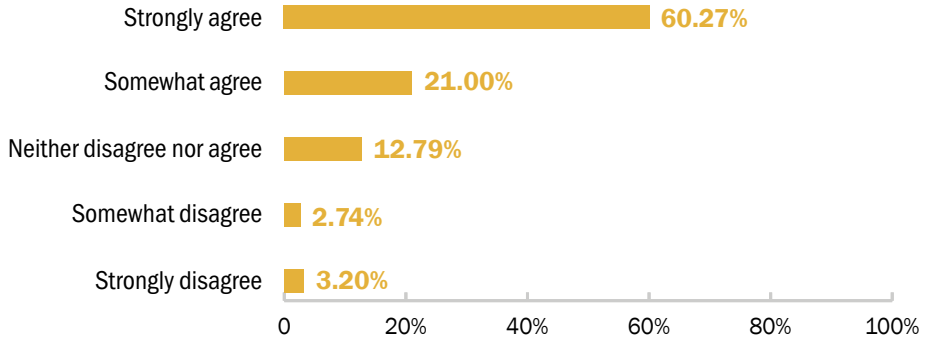
QUESTION 14

Early Intervention Services for Older Adults Provides comprehensive in-home evaluations and services tailored to meet the needs of older adults. A new addition to this program would include an expansion of services into Leisure World in Laguna Woods and Seal Beach.



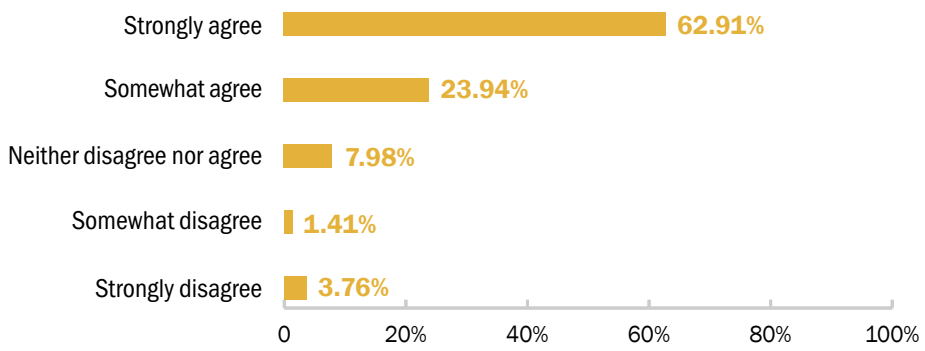
QUESTION 15

OC4Vets provides behavioral health screening and assessment, referrals to behavioral health treatment and other services as needed, brief individual counseling, case management, employment and housing support services, outreach and engagement, and community trainings. Services are provided to military-connected individuals and their families by trained clinicians and peer navigators with experience and knowledge of the military culture.



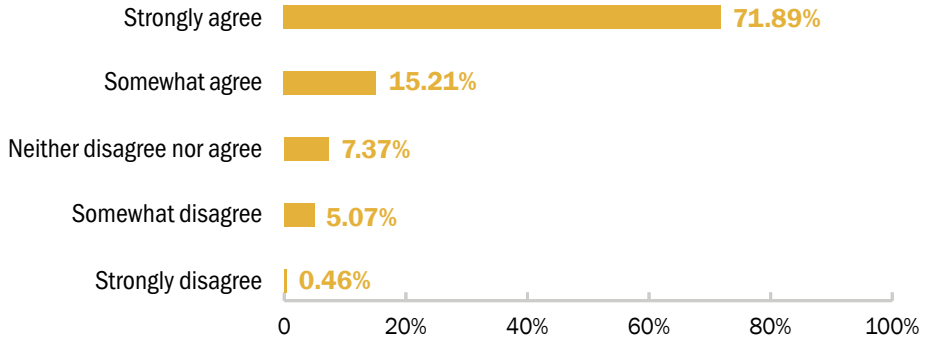
QUESTION 16

As part of the current MHSA Three-Year Plan, Orange County planned to launch school-based services leveraging different funding sources. Given the recent increase in funding available to schools for mental health support, to what extent do you agree supporting the expanded use of MHSA funding to include youth-focused mental health services that are provided outside of a school setting?



QUESTION 17

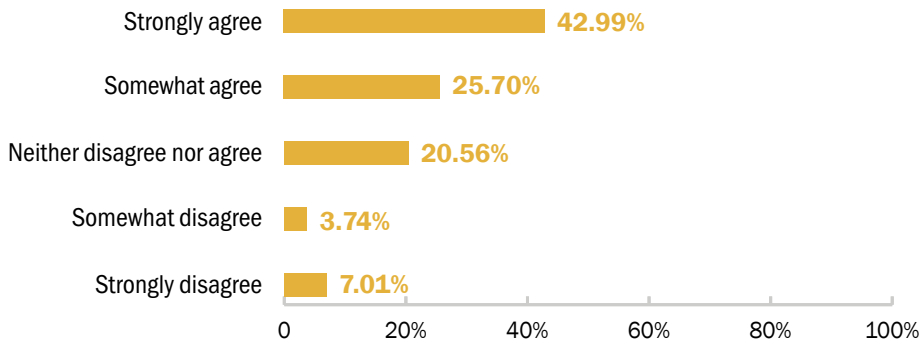
How supportive would you be of the County funding a Mental Health Rehabilitation Center/Therapeutic Residential Center (MHRC/TRC)? This 24/7 program would serve adults 18 years and old who are living with a mental health condition and would otherwise be placed in a state hospital or other mental health facility. The overarching goal of MHRC/TRC would be for adults to develop skills to become self-sufficient and capable of increasing levels of independence and functioning, with the goal of re-integrating into the community.



QUESTION 18

If the State/County were to experience a financial downturn and had to use the MHSA Prudent Reserve to sustain existing MHSA-funded programs, the law would prohibit the County from transferring funds to Workforce, Education and Training (WET) or Capital Facilities and Technological Needs (CFTN) in the same year. Would you support maintaining an on-going balance in WET and CFTN that would allow for one-year of continued funding to pay for the following items in the year the Prudent Reserve is accessed:

- WET and IT staff
- Provider trainings, prioritizing those that help clinicians maintain licensure
- Existing software licenses
- Replacement of outdated/broken technology hardware Please note that these funds would not be used to expand training capacity or technology in years where Prudent Reserve funds are used.



COMMUNITY/PROVIDER ENGAGEMENT MEETINGS AND FOCUS GROUPS

To maintain continuity with the information collected in the surveys, the MHSA office hosted seven Community Engagement Meetings (CEMS), two Provider Engagement Meetings (PEMS), and four focus groups, between February 15, 2022, and March 3, 2022.

In addition to emailing over 1500 individuals, staff members reached out to the Older Adults community committee, the Equity Steering Committee, and the PEACE group to encourage community participation in meetings. HCA staff explained the County's desire to increase representation from members of the MHSA Priority Populations and hear directly from unserved and underserved individuals as part of the Community Program Planning Process (CPPP) for the FY 2022-23 Annual Plan Update. Meetings ranged from open to the public, to targeting specialty groups, and separate provider groups to create a safe and culturally competent setting to reach all target populations and stakeholders.

Due to the COVID-19 pandemic, Community and Provider meetings were held virtually over Zoom with participants joining via computer, tablet and/or phone. Meetings were conducted in English, Spanish, and Vietnamese. A total of 244 people registered for a CEM and approximately 135 attended.

- Three virtual general population meetings were conducted from 6 p.m. – 8 p.m. on various weekdays
- One virtual general population meeting was held in Spanish from 6 p.m. – 8 p.m.
- One virtual general population meeting was held in Vietnamese from 6 p.m. – 8 p.m.
- One virtual meeting was held in conjunction with the Older Adult Planning Committee
- One virtual meeting was held in conjunction with the Peer Employee (PEACE) workforce group
- Two virtual meetings were dedicated to Community Service Providers, one during typical work hours and one from 6 p.m. – 8 p.m.

An agenda was developed with strategic questions to gain more clarity of the survey results, but also create an open space for stakeholders to bring in additional information or share their personal experiences with the Orange County system of care. The same questions were asked in each meeting. Although the number of participants was lower than the previous year, participation was high as the groups were facilitated to be more interactive and process oriented.

Focus groups were hosted on-site at various adult programs to obtain feedback from individuals accessing services. The Focus Groups for clients/consumers of MHRS for Clinic Improvements Three in person meetings and one virtual meeting was held in various targeted existing programs to obtain specific feedback on creating more welcoming spaces in clinic common areas. The focus groups sought feedback on designing and development of a culturally inclusive, welcoming and "homey" outpatient clinic lobby and common area.

COMMUNITY ENGAGEMENT MEETING FORMAT

The Community Engagement and Provider Engagement Meetings followed the same structure, and included the following agenda items:

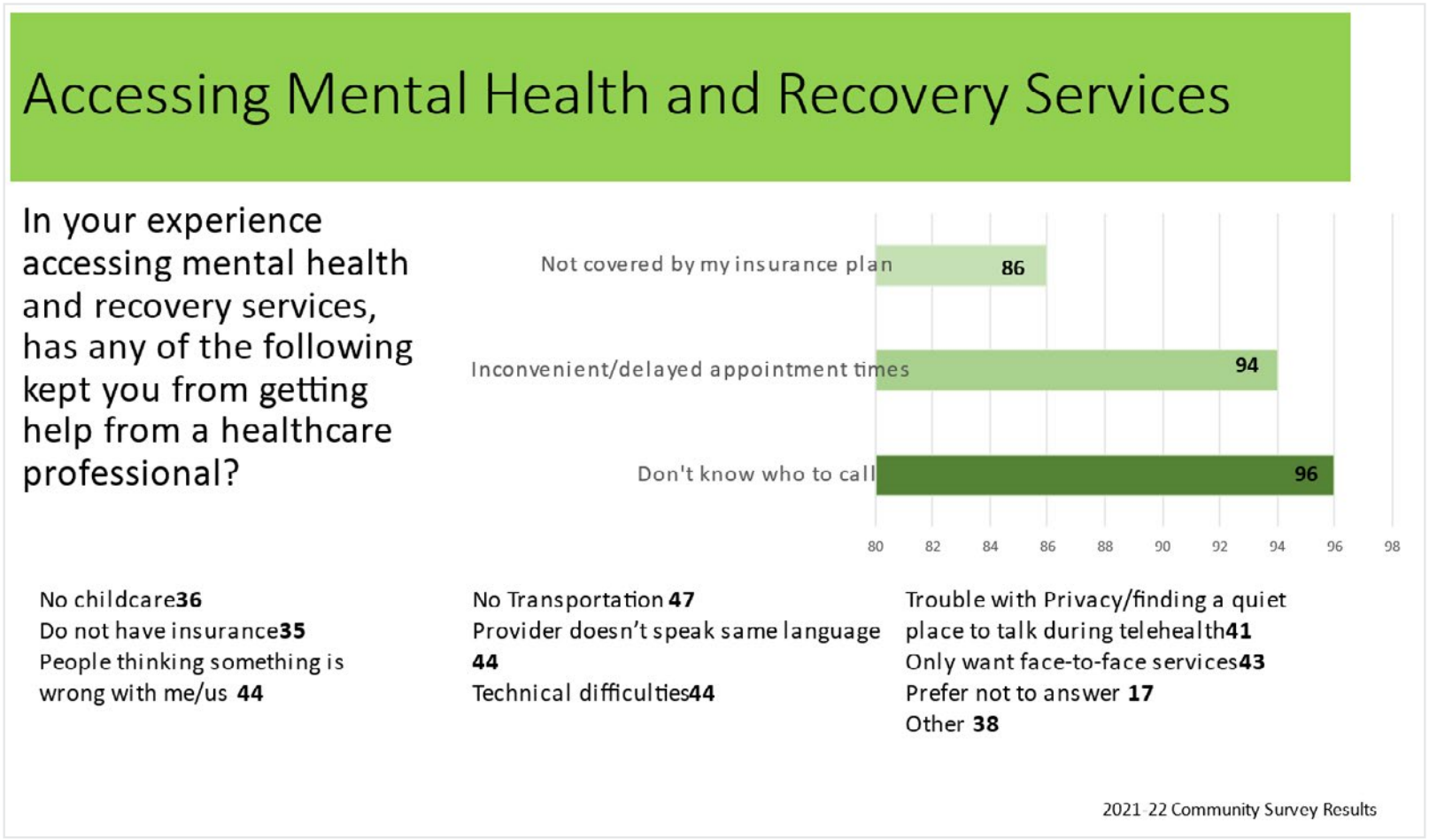
- Welcome, Introductions
- Overview of MHSA
- Topic 1: Improving Access
- Report Out 1
- Topic 2: Improve Awareness
- Report Out 2
- Wrap Up

The meetings were facilitated by the MHSA Coordinator and the monolingual Spanish and Vietnamese were conducted by bi-lingual HCA clinical and supervisory staff members. In addition to the facilitator, each meeting had a minimum of two note takers.

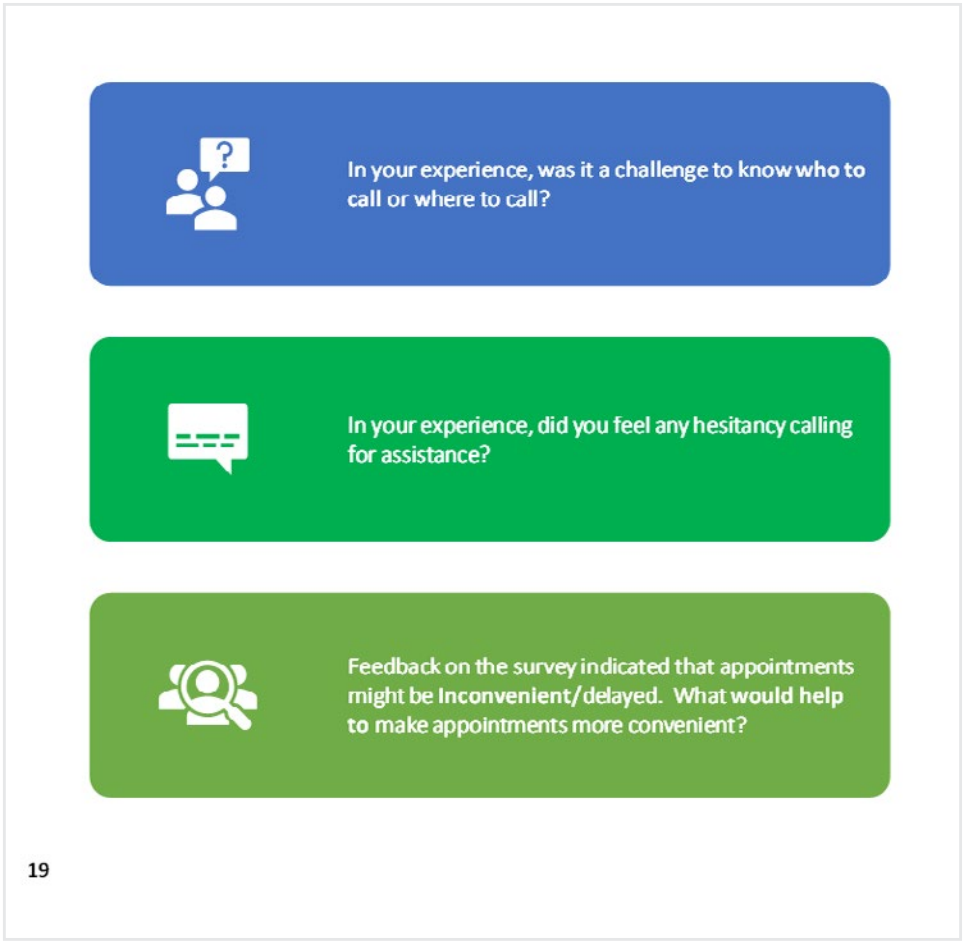
2022 CEM OUTREACH TO PRIORITY POPULATIONS								
Community Engagement Meeting	**Date**	**Time**	**# Registered**	**Children**	**TAY**	**Adults**	**Older Adults**	**Additional Population Characteristics**
Community Stakeholders	2/15/2022	6-8 PM	17			X	X	Older Adults
Clinic Improvements Focus Group - Wellness Center West	2/15/2022	11 AM-12 PM	18		X	X	X	LGBTIQ+ Community, Older Adults
Clinic Improvements Focus Group - Wellness Center Central	2/16/2022	11 AM-12 PM	28		X	X	X	LGBTIQ+ Community, Older Adults
Older Adults Behavioral Health Council	2/16/2022	2-4 PM	11			X	X	Older Adults
Community Stakeholders - Vietnamese	2/16/2022	6-8 PM	8			X	X	Asian/Pacific Islander
Clinic Improvements Focus Group- Wellness Center South	2/17/2022	11 AM-12 PM	10		X	X	X	LGBTIQ+ Community, Older Adults
Community Stakeholders	2/22/2022	6-8 PM	24		X			Asian/Pacific Islander, Veterans
Community Stakeholders - Spanish	2/23/2022	6-8 PM	2			X	X	
PEACe & OC Peer Workforce	2/24/2022	10 AM-12 PM	46			X	X	Older adults, Individuals living with a co-occurring substance use and mental health condition,
Clinic Improvements Focus Group - Virtual	2/24/2022	2-3 PM	3		X			Asian/Pacific Islander
Community Stakeholders	3/1/2022	6-8 PM	23			X	X	Older Adults
Providers	3/2/2022	10 AM-12 PM	41		X	X	X	Veterans
Providers	3/2/2022	6-8 PM	13			X		Asian/Pacific Islander

Discussion Prompts/Questions for Improving Access

Results from the FY 2021-22 community survey identified that the three most common reasons that kept individuals from getting help from a healthcare professional included: 1) Don't know who to call 2) Inconvenient or delayed appointment times 3) Not covered by my insurance. Additional issues that rated high included transportation, provider not speaking the same language as the consumer, technical issues, and only wanting face to face services. The questions/prompts used during the community engagement meetings were specifically drawn from these survey results, to obtain more expansive information, clarification, and consensus or alternate points of view. Following a review of survey results, as seen in the slide below, the small groups were involved in a discussion around the questions highlighted below.




Have you tried to access mental health and recovery services for yourself, a family member, or a friend within the past year?
Were you trying to access services to address a crisis, obtain information, schedule an appointment, or new request for services?
What age group were you trying to access information/services for? Older Adults, Transitional Age Youth (TAY), Children, Adult
In your experience, did you feel like you knew who to call based on the circumstances of the situation?


In your experience, was it a challenge to know who to call or where to call?
In your experience, did you feel any hesitancy calling for assistance?
Feedback on the survey indicated that appointments might be inconvenient/delayed. What would help to make appointments more convenient?
19

Response Summary and Discussion

Participants shared personal experiences in trying to access services for themselves, a family member, or a client within the last year. Themes that emerged consistently throughout the meetings included more individuals reported trying to access crisis services or first-time services, more often for youth, veterans, and monolingual individuals. Additional themes that emerged included addressing the unique needs for the older adult population and trying to access services in the private sector. Many individuals reported experiencing long wait times for initial intakes due to more people reaching out for services and less providers, lack of resources for monolingual populations, individuals struggling to cover co-pays, and hesitating to reach out for services due to a concern it may not be covered under insurance, and significant turnover in staff within organizations which impacted continuity and ability to establish trust. Co-pays were a significant issue as individuals reported facing medical, medication, and mental health services co-pays which became too expensive. Although not knowing who to call was the highest identified barrier in the survey, individuals in the CEMS primarily reported knowing who to call, and identified using OC LINKS, the CAT team, and 211 for assistance and referrals in different circumstances. More individuals in the CEMS, shared that they didn't feel they received quality intervention when reaching out due to inexperienced staff, excessive clinical questions, and unclear "inaccurate" assessments. There was some expression of concern of being hospitalized or having the police come out to one's home when reaching out for help, but it was less common than anticipated based on the survey results.

CEMS discussion was focused on quality of the services received, with few recommendations for new programs. Quality improvement recommendations included:

- Improved training for navigation staff
- Improved crisis response time (CAT)
- Increase bi-lingual/bi-cultural staff
- Improved/Increased Outreach and Engagement (many recommended "going out into the community" to reach people in need)
- Information/Education in the community using various methods to reach various age groups and ethnic groups (include pamphlets, "SWAG", as well as social media)
- Increased Peer Employees "Every family should be linked to a peer advocate"
- Improved warm hand offs and follow up
- Increased efforts to educate the community on the services available in Orange County (suggestions included being more present at community events where mental health can be "normalized")
- Improve provision of resources to family members during a psychiatric emergency – particularly an involuntary hold
- Specific feedback from the meeting in Vietnamese indicated that the Older Adult Vietnamese community struggled with food scarcity and recommended reaching out to the older adult Vietnamese community through provision of direct services such as food and individuals seeking medical care.
- Specific feedback from the meeting in Spanish recommended radio advertisements for older adult population as well as coordinating with religious organizations for outreach

Although inconvenient or delayed appointment times were identified as a barrier, community meetings focused more on delays due to workforce shortages, particularly with monolingual providers. Additional recommendations were provided to make appointments more convenient included:

- Extending to evening hours
- Extending some services 24/7
- Provide transportation
- Provide some virtual appointments

Common barriers to accessing services for yourself, family member or friend within the last year.

Difficulty finding the most appropriate resource

Copays and fees prevent some from accessing services

Parents having challenges accessing services for TAY

Common barriers when trying to access services to address a crisis, obtain information, schedule an appointment, or new request for services.

Increased or long waiting times

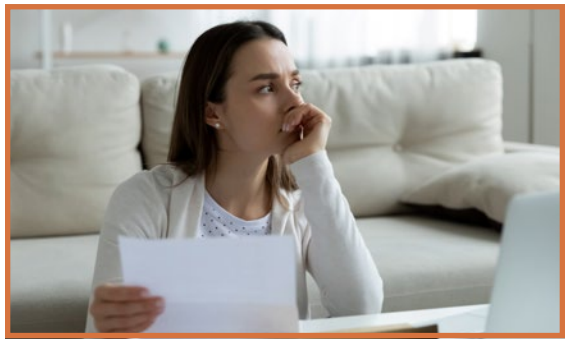
Providers lack resources

Trouble finding providers and services for children

Most common barriers when calling for services or resources.

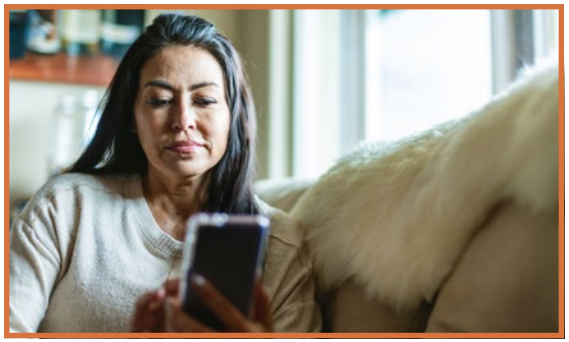
Lack of experienced peers to navigate a complicated system

Unaware of some of the services



Did not know if a service or provider was covered by their insurance

Don’t know where to start



Reluctant to call due to stigma

First time caller hesitancy

Feedback on the survey indicated that appointments might be inconvenient and/or delayed. Respondents indicated that these suggestions would make appointments more convenient.

Having options for those who work Monday to Friday

Older adults may need help navigating online scheduling/service

More providers and staff

Respondents identified these as the top 3 themes that would support people, families and communities to reach out for help when experiencing a mental health or substance use disorder crisis.

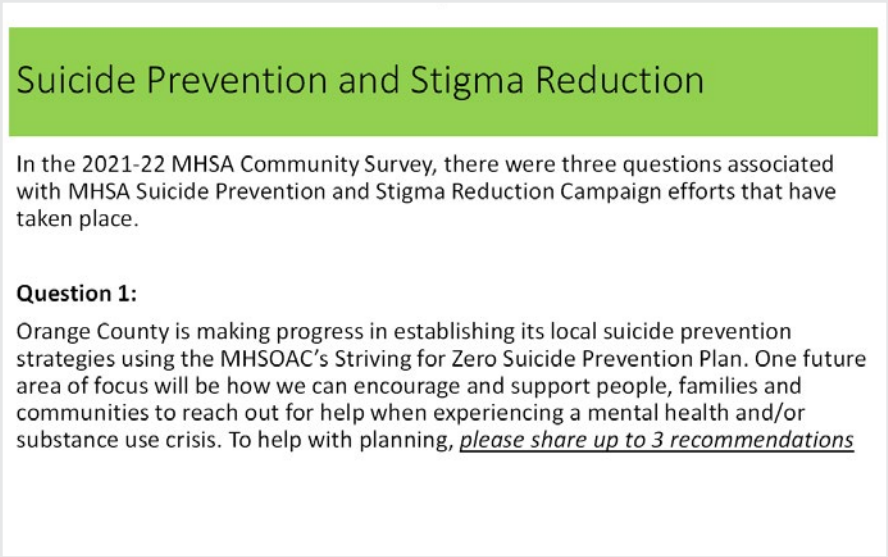
Outreach and Awareness

Compassion

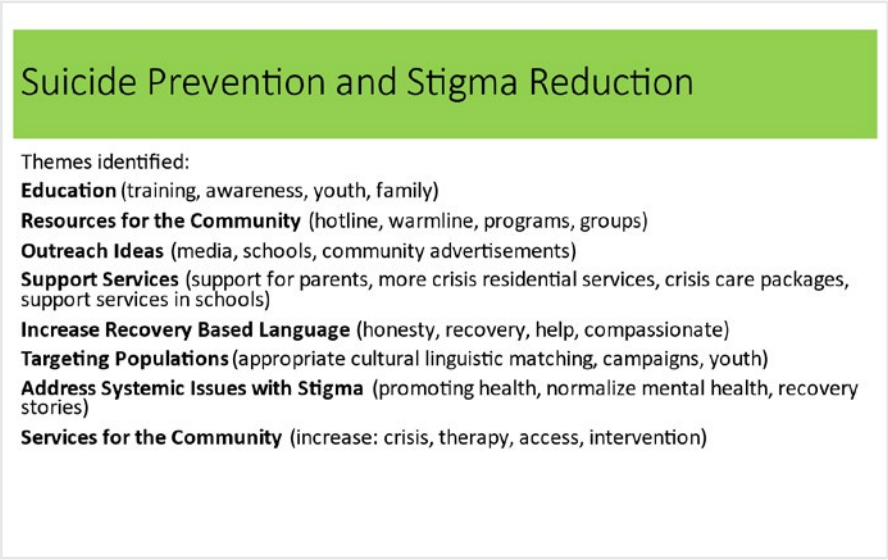
Prevention

Discussion/Prompts for Suicide Prevention and Stigma Reduction

The second part of the CEMS and PEMS followed the same pattern of reporting results from the FY 2021-22 community survey that reflected the strategic priorities reducing stigma, and suicide prevention. The survey results presented were focused on three questions from the survey, including: 1) Orange County is making progress in establishing its local suicide prevention strategies using the MHSOAC's Striving for Zero Suicide Prevention Plan. One future area of focus will be how we can encourage and support people, families, and communities to reach out for help when experiencing a mental health and/or substance use crisis. To help with planning, please share up to 3 recommendations. 2) Are you familiar with the following suicide prevention campaigns; Be a Friend for Life and Help is Here O.C. 3) What do you like or dislike about the before mentioned suicide prevention campaigns? 4) If the campaigns were re-launched, what could be done to reach a broader audience? The slide below shows the results from these questions and was shared in the CEM's and PEM's meetings.



The follow up questions/prompts were: The themes that were identified in the survey as most liked, were also confirmed by the CEMS and PEMS. Through further discussion, priorities that were identified as missing included co-occurring services at every level of service, peer employees, and a more prevalent focus on veterans. The themes prompted more discussion than specific prioritization.



Specific feedback regarding launching campaigns to reach a broader audience included:

- Using multi-media platforms to reach various age groups, ethnic groups
- Go out into the community where people live or frequent to provide information
- Follow best practice models that work for Public Health
- Increased public/private partnership to have greater community impact
- Create/design campaigns with/for specific languages and ethnic groups instead of creating a campaign in English and translating
- Recommendations to reach a broader audience included use of TV, radio, bus stops, sporting events
- Use integrated marketing

Suicide Prevention and Stigma Reduction

Could we identify the top three themes that would support people, families and communities to reach out for help when experiencing a mental health and/or substance use crisis

2022 CEM Breakout Room 2: Suicide Prevention and Stigma Reduction

Could we identify the top three themes that would support people, families and communities to reach out for help when experiencing a mental health and/or substance use crisis

How could we make these campaigns more noticeable/reach a larger audience?

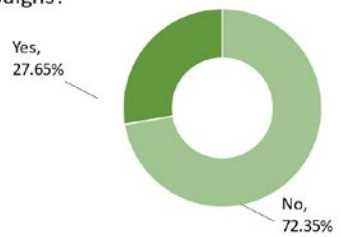
If we were to relaunch these campaigns, how and where would you recommend, they be distributed to reach a broader audience, including underserved populations?

Would you be interested in continuing conversations on any new campaign being developed by HCA as a part of a focus group?

Suicide Prevention and Stigma Reduction

Question 2:

During this current ThreeYear Plan, the County initiated two Suicide Prevention Campaigns: HelpIsHereOC.com and BeAFriendForLife.com. Are you familiar with either of these two campaigns?



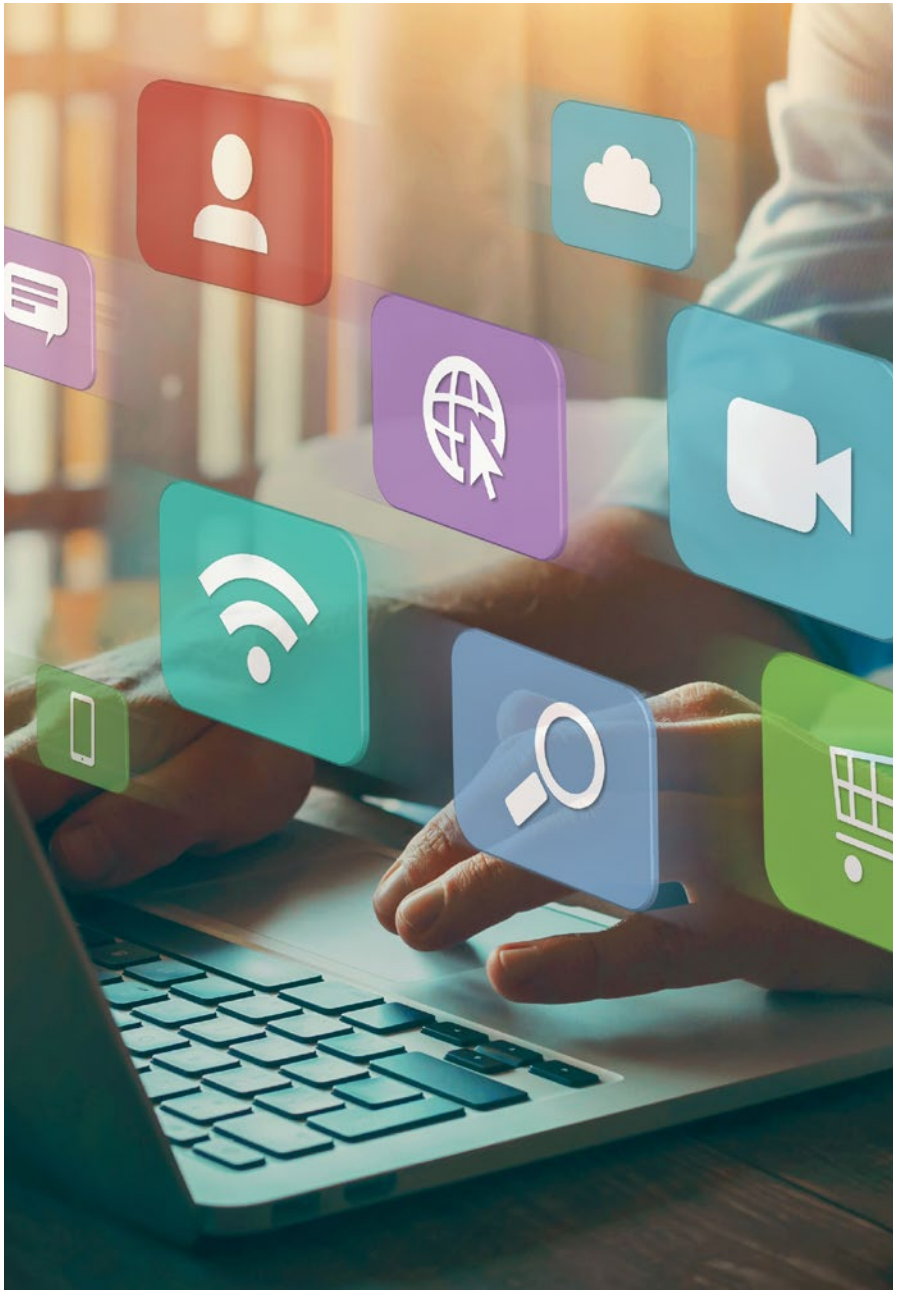
Response Summary and Discussion

The second part of the meeting followed the same pattern of reporting survey results that reflected the strategic priorities reducing stigma, and suicide prevention. The questions/prompts were:

Overall, the themes that were identified in the survey as most liked, were also confirmed by the groups. Priorities that were identified as missing included co-occurring services, and peer employees. The themes prompted more discussion than specific prioritization.

Specific feedback regarding launching campaigns included:

- Using multi-media platforms to reach various age groups, ethnic groups
- Follow best practices that work for Public Health
- Create/design campaigns with/for specific languages and ethnic groups instead of creating a campaign in English and translating
- Recommendations to reach a broader audience included use of TV, radio, bus stops, sporting events
- Use integrated marketing



Respondents indicated that these suggestions would make campaigns more noticeable and would help to reach a larger audience.

Advertise using several different forms of media

Utilize community centers and senior centers

Use thoughtful language

Respondents indicated that these recommendations would allow campaigns to reach a broader audience, including underserved populations.

Tailor campaigns to underserved populations

Use outreach methods besides online resources

Personalize language and messaging

FOCUS GROUPS FOR CLIENTS/CONSUMERS OF MHRS FOR CLINIC IMPROVEMENTS

The MHSA Coordination Office conducted (4) community Focus Groups. These focus groups were held at each of the three Wellness Centers- Central, West and South as well a virtual focus group on Zoom. The focus groups were attended by Wellness Center Participants and Wellness Center Peer Support Staff. These focus groups were seeking direct consumer participation and feedback on creating more culturally responsive, calming, inspirational, and a welcoming feel within the county outpatient clinic lobbies and clinic common areas.

The questions/prompts used during the community focus groups were specifically drawn from the previous year's CEM findings on clinic improvements, to obtain more expansive information, clarification, and consensus or alternate points of view. Following a review of previous CEM findings, these small groups were involved in a discussion around the questions highlighted below which are also linked to the strategic priority increasing access to services.

Each Focus Group was facilitated with the following (4) questions:

- **Question #1**: What does a Culturally inclusive clinic lobby look like to you?
- **Question #2**: what kind of inspirational messaging and themes would you like to see in clinic lobbies?
- **Question #3**: How would you create a comfortable and welcoming lobby area?
- **Question #4**: How would you decorate clinic walls?

Clinic Improvement Questions	Themes	Themes	Themes
What does a Culturally inclusive clinic lobby look like to you?	Art from different cultures and historic pictures of the city.	More bright, cheerful colors. "make the room feel alive".	Celebrate the culture of the local community.
What kind of inspirational messaging and themes would you like to see in clinic lobbies?	Positive affirmations.	Pleasant things to read.	Hope, empowerment, discovery.
How would you create a comfortable and welcoming lobby area?	Plants and trees are really nice to have.	Welcome greeters at the door that can help people.	Lighting is important- certain places I don't go because dark lighting.
	Chairs that don't hurt after long waits. Chairs with big arms create a natural boundary between people.	Electronic check in options or the window check in. both options.	Grounding activities in the lobby. crossword puzzles of the day, sudoku, coloring.
How would you decorate clinic walls?	"My anxiety goes up when I wait". It takes stress off when I look at something pretty. Nice pictures of ocean and nature. Love- the word. Each mind matters.	A communication board with a QR code that takes me to community resources- in all languages.	Professional paintings are nice.

Response Summary and Discussion of Focus Groups

Participants shared personal experiences in accessing mental health treatment at outpatient mental health service locations for themselves. This included assessing services at public county clinics as well as private insurance providers. Themes that emerged consistently throughout the meetings included the use of art from different cultures including the use of art from local cultures that most access the clinic, as well as historic pictures of the local city that reflect the community location. Furthermore, the use of professional art and client art-work in the lobbies and throughout the clinic are nice to look at and create cultural inclusiveness. Consumers expressed a desire for more color on the walls, in the lobbies and within the lobbies. Positive messages, positive affirmations, and the use of recovery orientated language throughout the clinic lobbies create a more hopeful, welcoming space. Comfortable furniture, plants and trees, and lighting that is warm create a welcoming space. Pictures of staff, wall murals, festive decorations and nice pictures can reduce the anxiety and create a space that is meaningful and welcoming as consumers wait in lobbies for mental health and recovery services. Overall, consumers shared a desire for county outpatient lobbies to connect with hope, empowerment, and discovery.

INTEGRATING COMMUNITY PLANNING PROCESS INPUT

Drawing upon findings from the established priority population and strategic priorities from the FY 2019/20 – 2022/23 three-year plan, COVID-19 survey from FY 2020-21, community survey from FY 2021-22, CEMs, PEMs, and focus groups, several overarching themes continue to emerge that helped inform the recommended updates within this FY 2022-23 Plan Update:

- The COVID-19 survey revealed the overall well-being and coping of Orange County residents during the pandemic. The survey results were extensive and provided us with a snapshot of the impact at the height of the pandemic. Important points of interest include 59% of adult respondents reported high levels of stress, and 28% of adult respondents reported an elevated level of serious psychological distress. This was an increase from 14% reported by Orange County adults on the California Health Interview Survey in 2019. As we move into the post pandemic, it will be important to conduct a follow up survey and continue to assess the overall impact on Orange County residents and assess the implications and needs for mental health and recovery services.

- The COVID-19 baseline data indicated that Orange County parents 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. In addition, 87% of respondents in the community survey from FY 2021-22 "strongly agreed" or "somewhat agreed" with a plan to expand the use of MHSA funding to include youth-focused mental health services that are provided outside of a school setting. Continued and expanded collaboration with schools for both on-site and off-site programming is being proposed to meet the needs as children are returning to on-site school.

- An additional finding in the COVID-19 survey that is at the forefront of our planning process this year, was that particularly adult respondents in vulnerable populations were disproportionately impacted by the pandemic. The pandemic exacerbated the disparities already identified for the underserved and unserved groups in Orange County, indicating a need for improved strategies to reach vulnerable and priority populations.

- Suicide prevention efforts were a frequent theme throughout the CPP with specific concerns over the veteran population, older adults, LGBTIQ+ community, ethnic communities, and youth. The office of Suicide Prevention consistently collaborates with the community and monitors current suicide death data to develop programs and campaigns. Please see www.ocheath-info.com/suicide for suicide death data.

- Increasing concern was also verbalized regarding accidental overdose deaths in Orange County due to Fentanyl. Fentanyl related death has increased 138% in 2021 from 2020 according to the Orange County Coroner's office.

- Additional recommendations regarding improving access to services included "normalizing" mental health and substance use disorder treatment by connecting with the community where people live, socialize, go for entertainment, or gather for events and provide information and education on availability and accessibility of services. These strategies are consistent with the upstream prevention strategies with youth in school settings, and priority populations, where interventions and campaigns are focused on building protective factors and resilience.

- Gaps in the system of care identified in the CPP include co-occurring substance use disorder treatment, gaps in services to veterans, monolingual individuals, and crisis stabilization resources. An additional Crisis Stabilization Unit is included in the proposed changes to increase capacity and access. Development of the Irvine Be Well Campus proposes to expand crisis, outpatient, and substance use services. FSP expansions are proposed to address veterans and monolingual populations.

- Orange County residents continue to report multiple barriers when trying to connect to mental health care with the most common reported challenges being uncertainty over who to call, inconvenient or delayed appointment times, and concern that services will not be covered under insurance. Upon further discussion, delayed appointment times seem to reflect workforce changes and shortages. This appeared to be a significant concern for individuals who are monolingual, and for individuals with limited ability to pay for services.

- Additional access issues identified and discussed throughout the CPPP reflect the quality of services. Specifically, the importance of having an experienced, well trained, knowledgeable, bi-lingual, and bi-cultural, trauma informed workforce. These were consistently reported as key components necessary when community members call in for information, assessment, and referrals. Qualities such as compassionate, timely and accurate assessment, responsiveness, and follow up calls are valued based on CEM feedback.

- The post pandemic workforce is highly competitive. The HCA Mental Health and Recovery Services currently has an approximate 27% vacancy rate. Re-evaluation of the workforce needs, skills, and diversity is imperative to meet the community needs, gaps in services, as well as research/data and technological needs to succeed in the upcoming years.

- An additional component to address access includes efforts to re-design several programs to be more welcoming and inviting.

- Recent legislature related to Peer Certification has prompted discussion which supports a re-evaluation of peer employees including roles and responsibilities and earning a living wage.

- A review of data from the current Warmline revealed that use of the warmline has steadily increased since FY 2018-19 through FY 2021-22, going from 53,890 calls in FY 2018-19 to 106,175 calls in FY 2020-21. An additional 45,696 calls from April 2021 – October 2021 were missed due to inadequate workforce and language capacity. Community survey results from FY 2021-22 survey reported that 91% of respondents support increasing the OC Warmline Budget to meet the demand, including an emphasis on supporting Spanish and Vietnamese speaking callers.

- In a 2019 Rand Report on Social Marketing shows mental health campaigns have a positive effect on reducing stigma and on encouraging people to reach out for needed services. The top three priorities identified in the community survey, in developing campaigns to raise mental health and recovery awareness were suicidal thoughts/feeling, trauma, and acceptance. It was noted in the CEMS, “Language is powerful”, referencing the importance of recovery language throughout the system of care.

- Orange County has experienced significant changes in leadership and structure over this past year. Throughout the CPP, recommendations and inquiries have been made on how to expand the community engagement process and create additional opportunities for community members to participate. The HCA has created an office of Health Population and Health Equity as well as an Office of Project Management and Quality Management to streamline, coordinate, and leverage various needs assessments throughout the county. It is anticipated that by leveraging these resources, the MHSA office will have multiple sources of data to contribute to the development of the next three-year plan.

- The HCA and MHSA Office will continue to utilize funds expeditiously to build and transform the Orange County Mental Health and Recovery Services system of care, based on needs assessments, data trends, input from Orange County residents, best practices, and legislative indicators. 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.

PUBLIC HEARING AND APPROVAL BY THE BOARD OF SUPERVISORS

The MHSA Plan Update for FY 2022-23 was completed, reviewed and approved by the BHS Director and posted to the Orange County MHSA website April 15, 2022 for a 30-day review by the public. At the close the of the public comment period the MHSA Office and MHRS Managers responded to all substantive public comments. The Plan, with the additional comments and responses, was submitted to the Behavioral Health Advisory Board (BHAB), and on May 25, 2022 the BHAB held a Public Hearing via Zoom Teleconference.