MESSAGE FROM THE AGENCY DIRECTOR

This year marks the start of a new Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan and, with it, the opportunity to review our progress to date and look toward the future. Following an extensive community planning process and evaluation of our system of care, we look to address three strategic priorities over the next several years: 1) extend the scope and reach of mental health awareness campaigns, community training and education; 2) strengthen the County's suicide prevention efforts by expanding the programs making up our crisis services continuum; and 3) improve access to needed behavioral health services. Through these inter-related efforts, the MHSA will continue to transform the Orange County (OC) mental health system via the principles of community collaboration; cultural competence; wellness, recovery and resilience; consumer- and family-driven decision-making; integrated service experiences; and increased access for unserved and underserved populations.

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, Mental Health Board, MHSA Steering Committee, advocates for the unserved and underserved, members of our provider organizations, OC Health Care Agency (HCA) and County staff, and the multitude of consumers and family members who have so graciously given their time and expertise to create the successes achieved over the past 15 years.

Nevertheless, there is still more work to be done. Following a $70.5 million investment in FY 2018-19, the Board of Supervisors and HCA remain committed to providing safe housing for individuals living with mental illness and continue to work diligently on new permanent supportive housing developments. We are also embarking on several Innovation projects designed to transform our system of care through new performance- and value-based contracting practices, evaluation strategies based upon learning health care networks, and the use of technology. The continuing emergence of the public-private partnership with Be Well OC, a coalition of Orange County behavioral health stakeholders including the HCA, CalOptima, local hospital systems, and nonprofit, academic and faith-based organizations, and family members, also provides an unparalleled opportunity for us to work together to support optimal mental health and well-being for all Orange County residents through a culturally responsive and inclusive system.

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

Sincerely,

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

EXECUTIVE SUMMARY

In November 2004, California voters passed Proposition 63, also known as the Mental Health Services Act (MHSA). The Act implemented a 1% state tax on income over $1 million and emphasizes transforming the mental health system to improve the quality of life for individuals living with mental illness and their families. With over 15 years of funding, mental health programs have been tailored to meet the needs of diverse clientele in each county in California. As a result, local communities and their residents are experiencing the benefits of expanded and improved mental health services.

Orange County Behavioral Health Services (BHS) has used a comprehensive stakeholder process to develop local MHSA programs that range from prevention services to crisis residential care. Central to the development and implementation of all programs is the focus on community collaboration; cultural competence; consumer- and family-driven services; service integration for consumers and families; prioritization of serving the unserved and underserved; and a focus on wellness, recovery and resilience. The current array of services was developed incrementally, starting with the planning efforts of stakeholders in 2005 and continuing to present day. A description of the most recent planning process for the Three-Year Plan is provided below.

DEVELOPMENT OF THE ORANGE COUNTY MHSA THREE-YEAR PLAN

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 served and fully served county residents who qualify for MHSA services, including:
  - An analysis by age group, race/ethnicity and primary language, and
  - 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 Community Program Planning Process, categorized by age group.
- **Identification of the Issues that will be Priorities** in the CSS component.
- **Identification of Full Service Partnership (FSP) Population**, including:
  - 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 Program and Expenditure Plan, and
  - A description how the selection of FSP participants will reduce the identified disparities.
- **Proposed Programs/Services**, including:
  - Program descriptions and work plans for each proposed program/service, including the budget and estimated number of individuals to be served by fiscal year and
  - The breakdown of the FSP population by fiscal year, including the number of individuals to be served by gender, race/ethnicity, linguistic group and age.
- **County's Capacity to Implement** the proposed programs/services, including a description of:
  - 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
  - Identification of barriers to implementing the proposed programs/services, and potential solutions for addressing these barriers.

Budget Review and "True up" Process

As part of the fiscal review done in preparation for the current Three-Year Plan, BHS 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 2018-19). This budget "true up," which took place during Fall 2019, allowed 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. The most common source of savings was actual or anticipated funds that remained unspent during a program's development and/or implementation phase (i.e., salary savings, reduced number of individuals served, etc.).

Orange County MHSA Steering Committee

The MHSA requires that each County partner with local community members and stakeholders for the purpose of community planning. Orange County has been utilizing an MHSA Steering Committee since the very first Three-Year Plan was developed to support its community planning process. The Committee is currently 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 Drug and Alcohol abuse services
- Housing Organizations
- Representatives from ethnic/cultural minority organizations
- Local Government Official representatives
- Mental Health Board

The Steering Committee is tasked with the following responsibilities:

1. Remain educated about the status of MHSA funding and requirements, as well as the status of Orange County MHSA program implementation.
2. Assist the County with identifying challenges to the development and delivery of MHSA-funded services and make recommendations for strategies to address these challenges.
3. Remain informed about current stakeholder meetings and the funding and program recommendations made by members of these groups.
4. Review MHSA funding proposals and provide feedback to ensure funding is allocated to services for identified needs and priorities.
5. Provide timely recommendations that maximize the amount of funding secured by Orange County that preclude Orange County from losing funding for which it is potentially eligible.
6. Support the County's ability to meet both State funding requirements and Orange County funding needs.
7. Make recommendations regarding future MHSA allocations so funds will be used to provide services for identified needs and priorities.

In 2018 the monthly MHSA Steering Committee meeting was switched from the first Monday to the third Monday of each month to accommodate a state MHSA meeting, at which point Committee member attendance dropped off. Of particular note was the low participation rates of consumers and family members relative to provider and County agency members. Thus, the HCA made a concerted effort to increase outreach during the most recent community planning process.

Orange County Community Planning Process for the Three-Year Plan

The HCA modified its approach to the MHSA Community Planning Process this year to accomplish two goals: 1) to better align the community feedback received with community planning requirements outlined in the California Code of Regulations (CCR; see above) and 2) to increase the feedback received from consumers,

their family members and the general community. As such, the community planning process for the Three-Year Plan consisted of the following strategies and steps:

- Distribution of a **Community Feedback Survey**, where respondents were asked to identify the target populations most in need of different types of behavioral health services.
- Participation in **Community Engagement Meetings**, where participants worked in small groups to identify solutions for improving service delivery among different target populations.
- Review of **Identified Priorities, Programs and Program Budgets**, where HCA staff presented and discussed the proposed priority areas, as well as the recommended programs and budgets, with MHSA Steering Committee, Mental Health Board, and Alcohol and Drug Advisory Board members.

Community Feedback Survey

Between October and November 2019, the MHSA Office distributed a Community Feedback Survey to hear directly from Orange County community members on the five priority populations they identified as having the greatest need or disparities within different types of behavioral health services. The service types included were based on the different types of behavioral programs provided by the County using MHSA funds, and the priority populations were identified through the MHSA itself (see table for list of service types and priority populations).

12 Service Types	MHSA Priority Populations
Behavioral Health System Navigation	Children (0-15 years)
Outreach & Engagement	Youth (16-25 years)
Early Intervention	Adults (26-59 years)
Outpatient Treatment	Older Adults (60+)
Crisis Services	Foster Youth
Residential Treatment (non-emergency)	Parent/ Families
Supportive Services	LGBTQ
Peer Support	Homeless
Stigma & Discrimination Reduction	Students at Risk of School Failure
Mental Health & Well-Being Promotion	Veterans
Violence & Bullying Prevention	Criminal Justice Involved
Suicide Prevention	Mental Health w/ Substance Use
	Mental Health w/ Medical Conditions
	Racial/ Ethnic Groups
	Monolingual/ Limited English
	Other

Paper versions were distributed at community events and BHS programs. Electronic surveys were distributed to 1,320 stakeholders on the MHSA, Be Well and BHS Contract Provider distribution lists. Although the electronic survey was originally set to close on October 25, 2019, it remained open for another two weeks so that participants at the Community Engagement Meetings who had not had a chance to complete it had the opportunity to do so.

A total of 1,136 paper and electronic surveys were returned. Of note, 61% of respondents on the paper survey[1] identified as consumers and/or family members, all stakeholder groups required by the MHSA were represented among the respondents, and 16% of respondents were adolescents or Transitional Age Youth (TAY), whose previous participation in community planning had been low to non-existent. In addition, the racial and ethnic diversity of survey respondents reflected the diversity of the county as a whole (see Appendix I for descriptive characteristics of respondents).

Respondents identified three age groups and two specialized populations as being among the top five groups with unmet need (see Appendix I for details):

[1] The electronic version of the survey did not ask about whether the respondent identified as a consumer or family member because the electronic survey stored IP addresses, which is considered a personal identifier.

- **Youth** (16-25 years) in **12** of the 12 service types (and making the number one spot for 8 of the 12 service types)
- **Adults** (26-59 years) in **10** of the 12 service types (i.e., all except Early Intervention and Violence and Bullying Prevention)
- **Children** (0-15 years) in **8** of the 12 service types
- **Individuals Living with Co-Occurring Mental Health and Substance Use Disorders** in **7** of the 12 service types
- **Homeless Individuals** in **7** of the 12 service types

These results were used to help identify the strategic priorities for the Three-Year Plan by aligning community input from the surveys with findings from published reports. This approach supports both the CCR requirement of a mental health needs assessment and the general MHSA principle of community collaboration. Tables containing summaries of the survey data can be found in Appendix I.

Consumer Stakeholder Training

Prior to the first Community Engagement Meeting (CEM), the MHSA Office hosted an MHSA Stakeholder training for consumers, family members and general community members (n=81 participants). Transportation and food were provided to help encourage attendance, and stipends were provided to those who completed a Community Engagement Survey. Training was provided by an external consultant who is a subject matter expert in consumer stakeholder engagement. The training, held on September 30, 2020, covered the following topics:

- MHSA Values, CPP Overview, Relevant Laws and Regulations
- Effective Participation Skills
    - CPP Meeting Process: How it Could Work and How to Participate at a Meeting
    - Being Heard: Public Speaking Tips
    - CPP and the Art of Moving Forward Despite Disagreements
- Putting it All Together
    - Ongoing Engagement in Stakeholder Processes and Organizing

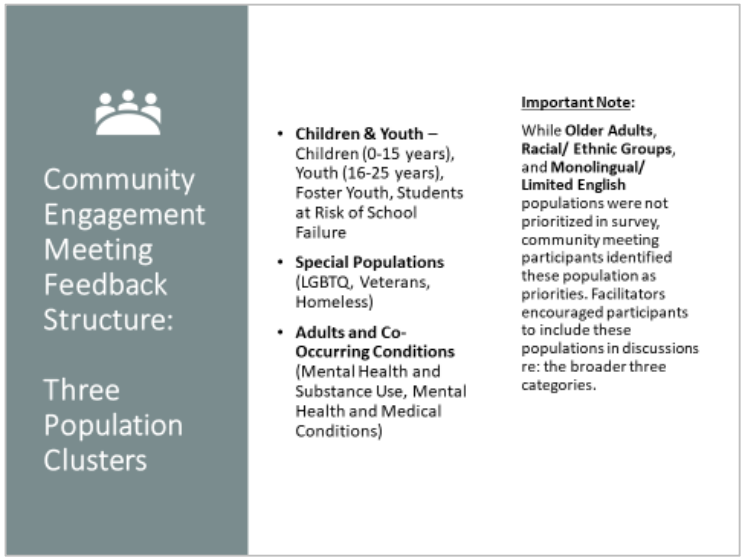
Community Engagement Meetings (CEMs)

Following the training, the MHSA Office hosted a total of eight CEMs between October and November for four different stakeholder groups (described below). The goal of the CEMs was to stimulate discussions and elicit strategies intended to remove barriers and improve service delivery for specific, identified target populations. Each CEM was facilitated following the same general structure:

- Facilitators reviewed relevant background information to frame the subsequent discussion.
- Participants broke out into smaller workgroups to discuss prompt questions and reported themes of their discussion to the overall group.
- Facilitators wrapped up the discussion.
- HCA staff briefly described next steps in the planning process.

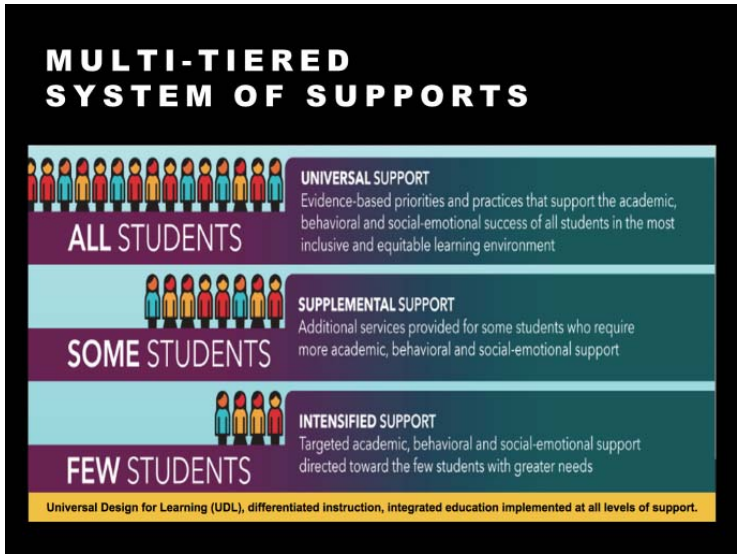
County Service Planning Areas (SPAs) CEMs

- Meetings for two different community stakeholder groups:
  - Three general provider/advisory board member CEMs (n=78 total), facilitated by Desert Vista Consulting.
  - Three consumer/family member/general community CEMs (n=75 total), facilitated by an external Consumer Stakeholder consultant and Desert Vista Consulting.
  - Because the SPA CEMs were intended to elicit feedback from these two groups of community stakeholders, they were held in three cities across the county to make the meetings accessible to as many interested parties as possible (i.e., Fullerton, Santa Ana, Laguna Niguel).
  - Participants could attend one CEM. The provider/advisory board and consumer/ family member/community CEMs were held simultaneously in each SPA.
- CEM Structure:
  - Participants worked in two sequential workgroups where they discussed 5 question prompts regarding the challenges, barriers and successful strategies for addressing the needs of the identified target population, and reported out key points to the larger group.
- Target Populations (identified through preliminary survey results from 865 respondents):
  - Children & Youth (i.e., 0-25, Foster, Students at risk of school failure).
  - Special Populations (i.e., LBGTQ, Veterans, Homeless).
  - Adults & Individual w/ Co-Occurring Conditions (i.e., SUD, medical).
  - *Note*: Meeting participants also identified Older Adults, Racial/Ethnic Groups, and Monolingual/Limited English populations identified as priorities, and facilitators encouraged participants to include these populations in discussions within the broader three categories outlined above.



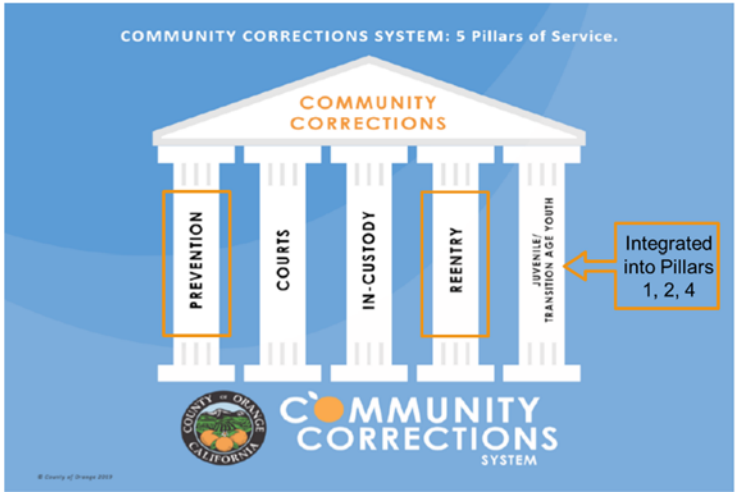
K-12 Public School Districts CEM

- Meeting:
  - Meeting with Superintendents, Assistant Superintendents, School Psychologists, Counselors, District Office staff, etc. (n=110), co-facilitated by the HCA and Orange County Department of Education (OCDE).
- CEM Structure:
  - Each School District worked to identify the needs of its students, staff, etc., according to the Multi-Tier System of Support (MTSS):
    - "Universal Support" for all students
    - "Supplemental Support" for some students
    - "Intensified Support" for few students
- Target Populations:
  - K-12 students and staff in the Orange County public school system.



Criminal Justice CEM

- Meeting:
  - Meeting with Criminal Justice and Juvenile Justice Agencies representatives (n=13) participating in the Integrated Services workgroup, facilitated by the HCA.
- CEM Structure:
  - The group refined needs according to Pillars from the Integrated Services 2025 Vision Plan that were applicable to MHSA:
    - "Prevention" Pillar
    - "Courts" Pillar
    - "Re-Entry" Pillar
  - The "Juvenile/Transition Age Youth" Pillar was integrated into the above pillar discussions to ensure that adolescent and TAY needs were addressed.
- Target Populations:
  - Individuals involved in the Orange County Criminal Justice/Juvenile Justice system.



The most common barriers, challenges and/or needs identified by CEM are listed below, with additional details provided in the slide deck in Appendix II:

SPA Community CEMs

Children/Youth:
- Residential programs
- Mental Health Spirit Week in schools
- Family retreats
- School counselors
- Mindfulness-required curriculum

Adults and Individuals w/ Co-Occurring:
- Transportation assistance
- Supportive Housing
- Peer supports
- Increased integration and communication
- Consistent training
- Employment supports
- Residential programs
- Therapists and therapy

Special Populations:
- Residential programs for those with mental health issues and developmental disabilities
- Better access/coordination with medical providers
- Public hygiene centers for homeless
- Safe parking lots (night services, homeless living in cars
- Partnership with private funded services
- Unified case management
- Linkage programs (e.g. Vets, Big Brothers/Big Sisters)

Public K-12 CEMs

Universal Support (All students):
- Mental Health Awareness and Stigma and Discrimination Reduction Campaigns
- Bullying Prevention Campaigns
- Crisis Response and Support
- Mental Health and Well-Being Curricula
- Digital Citizenship
- Teacher and Staff Trainings to build knowledge, awareness and skills related to MH
- Needs assessments and screeners
- Wellness Centers

Supplemental Support (Some Students):
- Small student groups designed to promote Mental Health/Well-Being among at-risk students
- Violence and Gang Prevention
- Screening, referral, linkage to needed services
- Parenting classes and workshops
- Counseling
- Services for target populations (i.e., homeless, foster youth, LGBTIQ, undocumented, etc.)

Intensified Support (Few Students):
- Early Intervention Outpatients services
- Support for students experiencing a behavioral health crisis

Criminal Justice CEMs

Prevention Pillar:
- Public Awareness campaigns
- Training for Agency/Partner staff, First Responders, Law Enforcement
- More STRTP beds for Juveniles/TAY
- Clinician added to North SMART for youth
- Clinicians co-located at Probation, SSA for adults
- More clinicians on Collaborative Court teams
- Streamlined referral process

Courts Pillar:
- Tool for tracking data/individuals moving through the Collaborative Court process
- Expansion of Specialty Courts
- Improvement in Court-County Relationship

Re-Entry Pillar:
- Coordinated MH/BH case management from admission through post-custody
- Continuous communication trail as person moves through the CJ system
- More nurses for post-release/re-entry support
- Psychiatric medication one week post-release
- More professional staff for in-reach
- A Re-Entry Center less than one mile from jail
- Transportation to Behavioral Health resources

It should be noted that the HCA recognizes the CEMs are an important first step in the dialogue with community stakeholders that will help identify strategies responsive to the needs of unserved and underserved populations. The HCA intends to continue discussions with these and other stakeholder groups (i.e., ethnic groups, LGBTIQ community, etc.) periodically through the Three-Year Plan period to monitor progress in addressing community needs and reducing disparities.

Identifying MHSA Strategic Priorities: Integrating Community Feedback and County Health Trends and Disparities

At the December 16, 2019 MHSA Steering Committee meeting, Desert Vista Consulting, Richard Krzyzanowski, the OCDE, and the Orange County Sheriff's Department presented a summary of findings from their respective CEMs. Desert Vista Consulting also presented summaries of the Community Feedback Survey. Following the presentation, the Steering Committee was invited to share their thoughts and reactions to the information provided and, as part of that discussion, requested that HCA return the following month with its recommendations on programming and funding priorities for the Three-Year Plan.

As part of identifying recommended priorities and as required by the CCR, HCA conducted an Assessment of Mental Health Needs. Using a multi-step process, the MHSA Office reviewed mental health trends and disparities identified in several published reports:

- Orange County Needs and Gaps Analysis (October 2019, UCSD)
- CalOptima Member Health Needs Assessment (March 2018)
- The 25th Annual Report of the Conditions of Children in Orange County
- Suicide Deaths in Orange County, CA (2014-2018)
- Orange County Healthier Together Website, accessed January 2020

The MHSA Office reviewed the findings from these reports, looking for:

- Commonalities across the reports.
- Alignment with State and Local initiatives.
- Correspondence with feedback from the 2018 and 2019 Community Program Planning Process (i.e., 2019 Community Feedback Survey, 2018 and 2019 Community Engagement Meetings, 2018 PEI Planning Meetings).

As part of a review of its capacity to implement per the CCR, BHS Managers reported that consumers seeking MHSA services primarily experienced these challenges:

Barriers to Implementing by MHSA Program/Program Category	Transportation Assistance		Child Care Issues		Monolingual/ Limited English Proficiency		Stigma	
	PEI	CSS	PEI	CSS	PEI	CSS	PEI	CSS
Mental Health Community Education Events for Reducing Stigma & Discrimination	X	-	X	-		-	X	-
Outreach for Increasing Recognition of Early Signs of Mental Illness	X	-	X	-	X	-	X	-
Mental Health and Well-being Promotion Programs	X	-	X	-		-	X	-
Violence and Bullying Prevention Programs		-		-		-	X	-
Navigation/ Access		X			X		X	X
Crisis		X				X	X	X
Outpatient Treatment	X	X	X	X	X	X	X	X
Supportive Services	X	X	X	X	X	X	X	X

While many individual programs have implemented strategies to address these issues (which are described within each program description), transportation, the number of bilingual service providers and stigma remain persistent challenges across the overall system of care.

Proposed Strategic Priorities for the Three-Year Plan

Based on this assessment and review, the HCA proposed the following MHSA Strategic Priorities for the MHSA Three-Year Plan:

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

The rationale and strategies for addressing each proposed priority are outlined below. The complete slide decks and crosswalk of report findings presented to the Steering Committee on January 13 and 29, 2020 are provided in Appendix III.

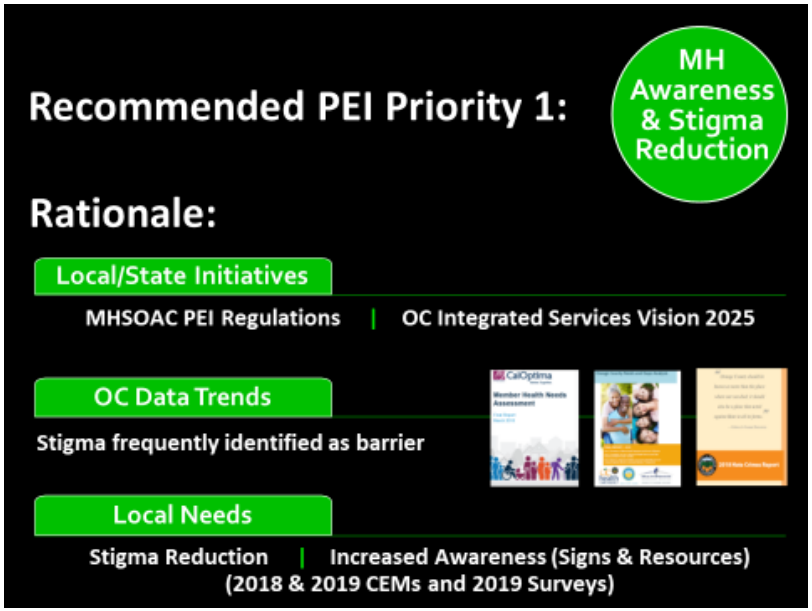
Recommended Priority: Mental Health Awareness and Stigma Reduction (PEI)

Consistent with 1) data from several reports where stigma was frequently identified as a barrier to accessing needed behavioral health services and 2) local and state initiatives, Orange County proposes to further expand campaigns, training and community education that is focused on increasing awareness of mental health signs and available resources, as well as stigma reduction. These areas were also identified during the 2018 PEI Community Planning Process (see Appendix IV for summary) and initially expanded in the FY 2019-20 Plan Update. During this Three-Year Plan, the HCA plans to further enhance these efforts using additional carryover PEI funds, which includes approval via the community planning process to increase funding for campaigns mid-year, if available, to expand the reach and/or scope of the campaigns and trainings.

The priority populations for targeted outreach through these campaigns, based on the UCSD Needs and Gaps Analysis and/or 2019 Community Feedback Survey, include:

- LGBTIQ
- Boys ages 4-11 years
- TAY
- Adults ages 25-34 and 45-54
- Adults with a high school education or some college education (but no degree)
- Unemployed
- Homeless
- Individuals living with a co-occurring mental health and substance use disorder

To achieve this MHSA Priority, the HCA will continue partnering with local groups that successfully engage these and other unserved and underserved populations, as well as CalMHSA's Statewide Projects and other media/marketing organizations that have specialized expertise in this area. In addition, the HCA will incorporate the findings and recommendations from recent RAND reports on social marketing related to mental health and mental-health related stigma, as appropriate.



Slides from January 13, 2020 MHSA Steering Committee Meeting

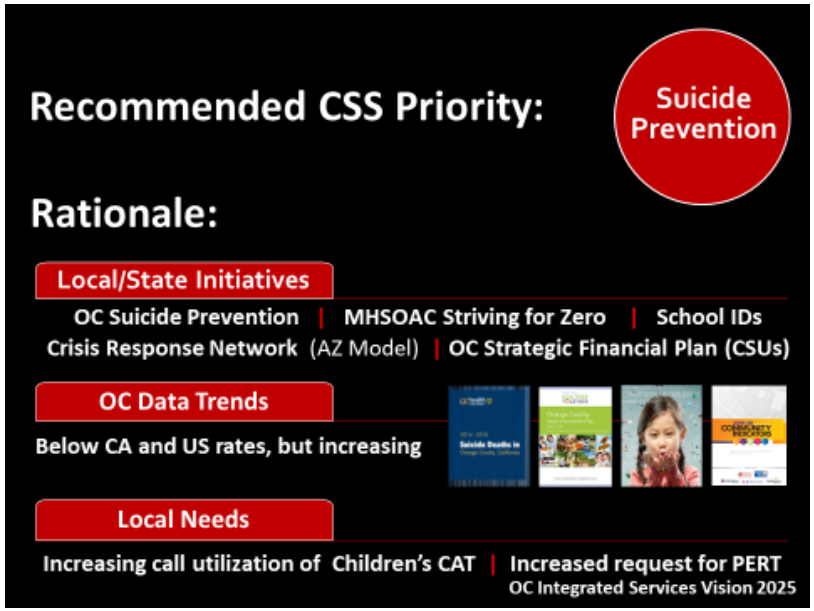
Recommended Priority: Suicide Prevention

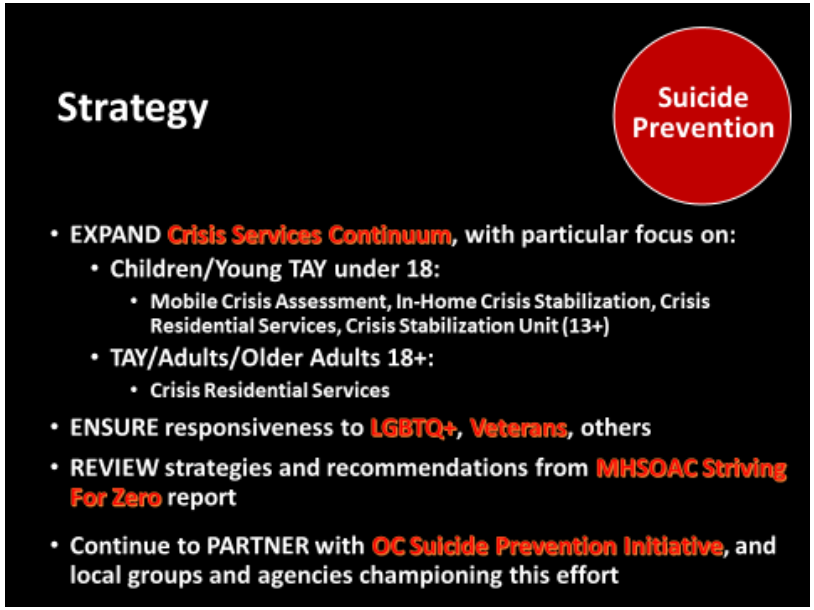
Consistent with 1) data reported primarily in the Suicide Report and Conditions of Children Report and 2) several local and state initiatives, Orange County proposes to expand support for its suicide prevention efforts. All PEI- and CSS-funded suicide and crisis prevention/support programs have been expanded in the Three-Year Plan using carryover funds. In addition, these programs have been approved via the community planning process to receive additional PEI and/or CSS carryover funding mid-year, if available, should demand for services outpace the augmented budgets.

Based on the report on suicide deaths in Orange County, 2019 Community Feedback Survey, 2019 CEMs and the BHS capacity assessment, the HCA The priority populations and programs to be supported through this effort, include:

- Increase funding for the Warmline and Suicide Prevention Services (PEI, all ages).
- Increased crisis services for children and TAY under age 18, including:
    - Mobile Crisis Assessment
    - In-Home Crisis Stabilization
    - Crisis Residential Services
- Increased Crisis Residential Services for adults ages 18 and older, including:
    - Dedicated beds/facility for older adults

To achieve this MHSA Priority, the HCA will incorporate strategies and recommendations from the MHSOAC Striving for Zero report and continue partnering with the local OC Suicide Prevention Initiative. Per the 2019 Community Feedback Survey, the HCA will also work to ensure that crisis services and suicide prevention efforts are responsive to the needs of the different MHSA age groups, individuals who are homeless, individuals living with a co-occurring mental health and substance use disorder, the LGBTIQ community, and Veterans.





Slides from January 29, 2020 MHSA Steering Committee Meeting

Recommended Priority: Access

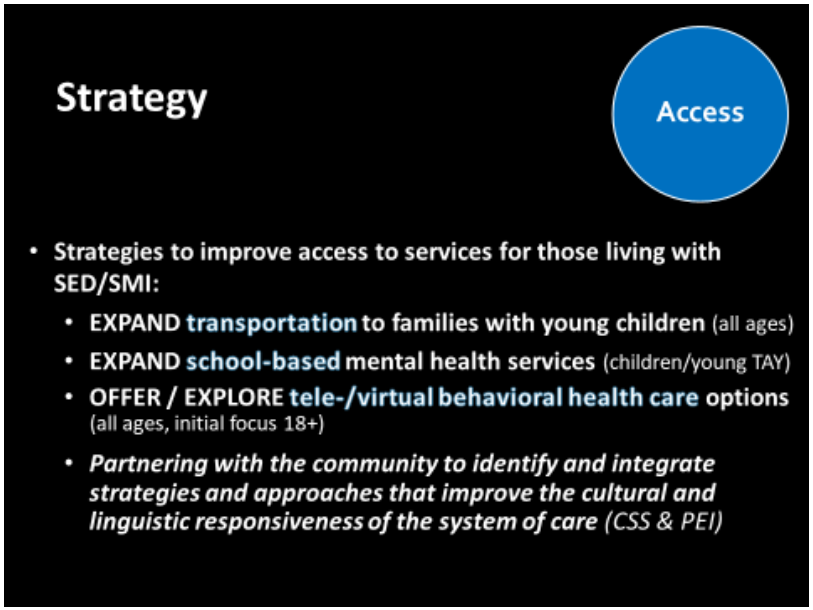
Consistent with 1) several reports finding that a significant proportion of Orange County residents face barriers to accessing needed behavioral health services and 2) HCA's capacity assessment noting that transportation challenges persist for consumers, Orange County proposed three strategies designed to improve access to behavioral health services as part of the Three-Year Plan:

- Expand transportation services (PEI, CSS).
- Expand school-focused mental health services (PEI, CSS).
- Offer telehealth and virtual behavioral health care options for individuals of all ages who are living with serious emotional disturbance or serious mental illness, with an initial focus on those who are 18 and older (CSS).
- Work with the community to identify and integrate strategies and approaches that improve the cultural and linguistic responsiveness of the BHS system of care (PEI, CSS).

With regard to the Transportation program, the expansion will provide assistance to participants enrolled in PEI programs. The HCA will also explore 1) options for expanding services to youth and to families with children, including those who must be transported in child safety seats, 2) the feasibility of expanding the program to include transportation assistance to support services that help address social determinants of health, and 3) opportunities to leverage transportation assistance provided by other partners and agencies (i.e., CalOptima, etc.) so that efforts are not being duplicated unnecessarily.

The UCSD report found that the target populations least likely to receive minimally adequate treatment were Asian/Pacific Islander, Latino/Hispanic and African-American adults. Thus, the HCA will continue to monitor its penetration rates into these and other priority populations and partner with community-based organizations to improve its cultural and linguistic responsiveness, including for Chinese consumers as Mandarin Chinese recently became a threshold language in Orange County.

As with the other MHSA Strategic Priorities for the Three-Year Plan, and per the community planning process, budgets for the above programs and strategies may be augmented mid-year should demand for their services outpace the augmented budgets and carryover PEI and/or CSS funding is available.



Slides from January 29, 2020 MHSA Steering Committee Meeting

Orange County At-A-Glance

POPULATION: Orange County is the third most populous county and second most densely populated County in California.	•It is home to a little over 3 million (3,185,968) people *(Census, v2018)*, up almost 7% from 2010.
ETHNIC/RACIAL DIVERSITY: The County's population is comprised of four major racial/ethnic groups:	•Whites (41%), Hispanics (34%), Asian/Pacific Islanders (20%) and Blacks/African Americans (2%). •30% of residents are born outside the U.S. *(Census, 2018 5-yr estimates 2014-2018)*.
LANGUAGES SPOKEN: Currently, Orange County has six threshold languages (Spanish, Vietnamese, Korean, Farsi, Arabic, Mandarin Chinese).	•According to Orange County's Healthier Together (2020), English is spoken at home by 53.2% of the population four years and older, followed by Spanish (26%) and Asian/Pacific Islander languages (14%).
AGE GROUPS: 22.5% of the County's population was under age 18 and 15% were 65 or older. (Census, v2018)	•The percentage of the population ages 65 and older is expected to increase over the next 20 years. As the percentage of seniors grows, the need for mental and physical health care is expected to rise.
VETERANS: Approximately 5% (112,264) of the civilian population 18 and older are veterans. (Census, 2018 5-yr estimates 2014-2018)	•In one study of OC veterans, half of post-9/11 veterans interviewed did not have full-time employment, 18% reported being homeless in the previous year, and nearly half screened positive for posttraumatic stress disorder (PTSD) and/or depression *(OC Veterans Initiative)*.
LGBTIQ: Orange County is home to a growing and diverse Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/Questioning population.	•Approximately 4% of Orange County residents identify as gay, lesbian, homosexual or bisexual, and 24% of teenagers report they are not gender conforming *(CA Health Interview Survey, 2018)*.
EDUCATION LEVEL: The County has a well-educated population, with 85% of residents ages 25 years and older having a high school diploma and 40% having earned a bachelor's degree or higher.	•This is slightly higher than the state average of 84% having graduated high school and 34% having earned a bachelor's degree or higher *(Census, 2018 5-yr estimates 2014-2018)*.
COST OF LIVING: Since 2007, Orange County has consistently had the highest Cost of Living Index compared to neighboring areas. Although Orange County's cost of living for groceries, utilities, transportation and miscellaneous items tends to rank in the middle among similar jurisdictions, high housing costs make Orange County a very expensive place to live.	•85,851: Median household income •$1,777: Median Gross Rent •$652,900: Median House Price •5.1%: Unemployment Rate •11.5%: Individuals below Poverty Level (*Census, 5-yr estimates 2014-2018)*

Orange County CSS/PEI Budgets and Projected Numbers to be Served, by Fiscal Year and Demographic Characteristics

FY 2020-21 – 2022-23 Component Budget		
Fiscal Year	CSS	PEI
Actual FY 2019/20 Budget	$174,195,419	$43,490,187
Proposed FY 2020/21 Budget	$155,088,175	$47,061,483
Proposed FY 2021/22 Budget	$164,627,171	$49,286,926
Proposed FY 2022/23 Budget	$165,320,336	$40,988,101

Projected Unduplicated # to Be Served by Component		
Fiscal Year	CSS	PEI
FY 2019/20	55,503	195,333
FY 2020/21	61,623	216,898
FY 2021/22	68,242	204,483
FY 2022/23	73,066	173,549

Estimated Proportion of Clients to be Served by Component and Demographic Characteristic								
Age Group	CSS	PEI	Gender	CSS	PEI	Race/Ethnicity	CSS	PEI
0-15 years	9%	47%	Female	42%	54%	African American/Black	7%	3%
16-25 years	16%	18%	Male	56%	42%	American Indian/Alaskan Native	1%	3%
26-64 years	63%	25%	Transgender	2%	1%	Asian/Pacific Islander	10%	14%
60+ years	12%	10%	Genderqueer			Caucasian/White	42%	23%
			Questioning/Unsure			Latino/Hispanic	34%	47%
			Other		2%	Middle Eastern/North African	1%	1%
						Other	5%	9%

MHSA Components and Funding Categories

MHSA funding is broken down into five components that are defined by the Act: Community Services and Supports, Prevention and Early Intervention, Innovation, Workforce Education and Training, and Capital Facilities and Technological Needs. In addition, Community Services and Supports may allocate funds to support MHSA housing. A brief description and the funding level for each of these areas is provided below.

Community Services and Supports Component

Community Services and Supports (CSS) is the largest of all five MHSA components and receives 76% of the Mental Health Services Fund. It supports comprehensive mental health treatment for people of all ages living with serious emotional disturbance (SED) or serious mental illness (SMI). 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.

Based off of the budget true-up, priorities identified through the community planning process and needs/disparities assessment, several existing CSS programs have been identified for increased funding during this Three-Year Plan:

Crisis Prevention and Support Services

- Mobile Crisis Assessment (Children's team)
- Crisis Stabilization Units (ages 13 and older)
- In-Home Crisis Stabilization (Children's team)
- Crisis Residential Services (all ages)

Clinic Expansion Programs

- Children & Youth Clinic Services
- OC Children with Co-Occurring Mental Health Disorders
- Services for the Short-Term Residential Short-Term Therapeutic Residential Program
- Full Service Partnership (older adults)
- Program for Assertive Community Treatment (older adults)
- Older Adult Services

Supportive Services

- Transportation (expand capacity for the following populations):
  - Adults
  - Older adults
  - TAY
  - Children

The following changes to the CSS component are also proposed:

- Discontinue MHSA funding for the Adult Dual Diagnosis Residential Treatment program (services will continue to be provided in full through Drug Medi-Cal and Medi-Cal funding).
- Implement a new program offering telehealth and virtual behavioral health care solutions.
- Procure and implement the Supportive Services for Residents in Permanent Supportive Housing program, initially proposed in the FY 2019-20 Annual Plan Update, as a target population to be served by a Full Service Partnership provider rather than as a standalone program.

Using carry-over funding, the CSS component budget will temporarily expand over its annual ongoing budget amount of approximately $138 million, resulting in these proposed annual budgets:

- **FY 2020-21:** $155,088,175
- **FY 2021-22:** $164,627,171
- **FY 2022-23:** $165,320,336

Slightly over half of the CSS budget, 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.

Prevention and Early Intervention Component

MHSA dedicates 19% of its allocation to Prevention and Early Intervention (PEI), which is intended to prevent mental illness from becoming severe and disabling and to improve timely access for people who are underserved by the mental health system. The HCA engaged in an extensive community planning process in 2018 (see sidebar) to identify PEI programs that would receive time-limited funding in order to expend unspent funds carried over from recent prior fiscal years.

Based off of the budget true-up, the priorities identified through the current community planning process and needs/disparities assessment, several PEI programs have been identified for increased funding during this Three-Year Plan:

- Statewide Projects
- Transportation Assistance
- WarmLine
- Suicide Prevention Services
- Stress Free Families

For the upcoming Three-Year Plan, several program consolidations will be occurring to streamline operations and create efficiencies without negatively impact service delivery:

- The Suicide Prevention Hotline and Survivor Support Services are being combined into one County-contracted program: *Suicide Prevention Services.*
- Three County-operated, family-focused early intervention programs are being combined into one program with specialized service tracks for specific target populations: *OC Parent Wellness Program.*
- Two County-operated early intervention programs serving all age-groups and culturally diverse populations are being combined into the *Community Counseling and Supportive Services Program.*
- Six programs providing similar outreach and training activities are being consolidated into a single program, *Outreach to Increase Recognition of the Early Signs of Mental Illness.* Services will be delivered by different providers that each specialize in working with specific target populations.

Because the first year in the Three-Year Plan is a "bridge" year between the old and new program structure, where appropriate, the new program may provide information from the former, individual programs.

Finally, School-Based Behavioral Health Intervention & Support- Early Intervention Services will be discontinued due to the unsustainability of program operation costs at its new location.

The PEI component budget will temporarily expand over its annual ongoing budget amount of approximately $36 million using carry-over funding for proposed annual budgets as follows:

- **FY 2020-21**: $47,061,483
- **FY 2021-22**: $49,286,926
- **FY 2022-23**: $40,988,101

Consistent with PEI requirements, 64% of 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 V. A description of each PEI program is provided in this Plan.

2018 PEI Community Planning Workshops

As described in the MHSA Annual Plan Update for FY 2019-20, an extensive community planning process took place in 2018 to plan for the spending of PEI carryover funds that had been unallocated to programs and services at the time the community planning took place. As a result of this community planning, took in consideration new PEI priorities (described in the *PEI and INN Regulations* Section) as well as local data regarding community need, nine recommendations for funding allocations were identified. These recommendations will continued to be implemented in this Three-Year Plan:

1. An early childhood mental health program targeting early childcare providers serving families and children
2. Expand school-based services to better address mental health needs, K-12
3. Expand existing Gang Prevention Services
4. Implement services for TAY and young adults at community colleges and universities
5. Expand existing services for isolated older adults
6. Provide a variety of behavioral health community trainings
7. Expand outreach to cultural and linguistic populations that continue to be underserved
8. Expand Community Mental Health Education Events to Reduce Stigma
9. Expand services for Veterans

Innovation Component

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

In addition, the HCA is in various stages of exploring several new potential Innovation projects, which are listed in alphabetical order and briefly described in the Special Projects section of this Plan:

- allcove
- Mental Health Adult and Older Adult Residential Facilities
- Mental Health Participant Pet Boarding Services
- Mental Health Participant Pet Veterinary Care
- Middle School Student Wellness Centers
- Mobile Phones
- Older Veterans Support Program
- Peer Intervention Journal
- Psychiatric Advanced Directives – Supportive Decision Making
- Psychiatry Clinical Extender Program
- Shelter Grade Housing
- Shelter Living Skills Curriculum
- Social Media & Prediction Technology
- Approaches to Stigma Reduction
- Young Children at risk of ADHD

Finally, the following Innovation projects are concluding during FY 2019-20 and will not be continued in the Three-Year Plan. A summary of project outcomes from inception to end date for each of these projects will be provided in their respective Final Innovative Project Report.

- The Religious Leaders Behavioral Health Training Services Innovation Project ended services in June 2019. The training component of this project was identified as a priority during the 2018 PEI Community Planning meetings and incorporated into the Outreach to Increase Recognition of Early Signs of Mental Illness program (Behavioral Health Community Training & Technical Assistance track).
- The Step Forward Onsite Engagement in Collaborative Courts Innovation Project ended services in November 2019.
- The Behavioral Health Services for Independent Living Innovation Project will end services in June 2020.

The INN component budget per FY for currently approved projects is as follows:

- **FY 2020-21**: $18,346,360
- **FY 2021-22**: $9,009,773
- **FY 2022-23**: $2,042,071

Workforce Education and Training Component

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

- **FY 2020-21**: $6,216,634
- **FY 2021-22**: $5,219,984
- **FY 2022-23**: $5,296,662

The increased budget in FY 2020-21 is to cover a one-time transfer of funds in the amount of $1,071,050 to CalMHSA as part of Orange County's contribution to the statewide 2020-2025 WET Five-Year Plan.

A full description of each WET program is provided in the System Supports section.

Capital Facilities and Technological Needs Component

The Capital Facilities and Technological Needs (CFTN) component funds a wide range of projects necessary to support the service delivery system and is currently funded through transfers from CSS. Funds are being transferred to CFTN to support several projects over the next three years:

- Renovations for a behavioral health training facility.
- Continued development and enhanced functionality of the HCA Behavioral Health Services electronic health record (EHR).
- Development and on-going support of a County Data Integration Project, which will facilitate appropriate, allowable data-sharing across County departments and with external stakeholders with the goal of delivering essential and critical services, including behavioral health care, to county residents in a more efficient and timely manner.

The proposed annual CFTN component budgets are as follows:

- **FY 2020-21**: $12,519,749
- **FY 2021-22**: $8,840,752
- **FY 2022-23**: $8,966,158

In addition, if a viable site for another Wellness Campus is identified, additional CSS funds may be transferred into CFTN during this three-year period, pending the availability of funds and compliance with the requirement that the annual combined transfer amount to CFTN, WET and the Prudent Reserve does not exceed 20% of the average amount of total MHSA funds allocated to Orange County for the previous five years.

CSS Housing

Under direction from the Board of Supervisors, a total of $70,500,000 of CSS funds was allocated during FY 2018-19 to the development of permanent supportive housing. It is anticipated that all funds will be allocated to projects in various phases of development by the end of FY 2020-21.

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, 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.). The items may be provided at conferences, meetings, training events, award ceremonies, representation activities, community outreach activities, and other similar events where consumer, family members and/or other potential stakeholders may be likely to attend. In addition, MHSA funds may 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.

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