



WELLNESS • RECOVERY • RESILIENCE

Orange County MHSA Annual Plan Update

for
FY 2021-22





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Annual Plan
Update [online](#)



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2021-2022

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ORANGE COUNTY

Mental Health Services Act



2022 Annual Plan Update



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2021-2022

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Mental Health Services Act



2022 Annual Plan Update



Sections of the Plan

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Program Descriptions

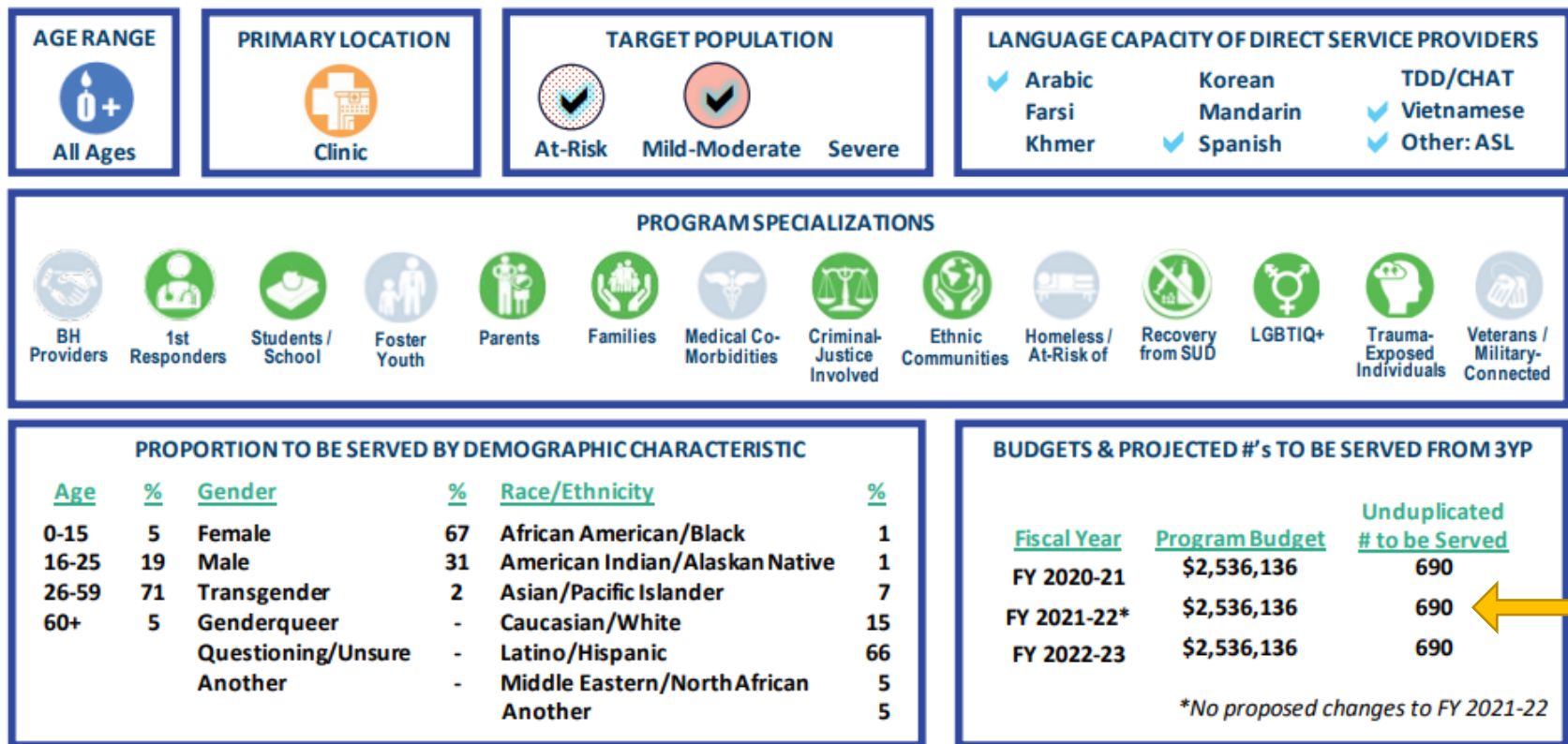
Exhibits & Appendices (pgs 235-576)

- Exhibits A - D: Budget Grids and other certifications
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Community Counseling & Supportive Services (PEI)

Community Counseling and Supportive Services (CCSS) serves residents of all ages who have, or are at risk of developing, a mild to moderate behavioral health condition and limited or no access to behavioral health services. The majority are uninsured or underinsured, monolingual Spanish speaking, and have a history of family or domestic violence and/or early childhood trauma. Beginning FY 2020-21, OC ACCEPT merged with CCSS and expanded its capacity to provide specialized expertise working with individuals identifying as Lesbian, Gay, Bisexual, Transgender, Intersex or Questioning (LGBTIQ), and the important people in their lives.

CCSS is designed to help participants address the early symptoms of depression, anxiety, alcohol and/or drug use, suicidal thoughts, violence and Post Traumatic Stress Disorder (PTSD), as well as the confusion, isolation, grief and loss, high-risk behaviors, self-esteem challenges, victimization by bullying, trauma, homelessness and lack of familial support frequently experienced by individuals identifying as LGBTIQ. Participants are referred to the program by family resource centers, medical offices, community-based organizations, County-operated and County-contracted programs and self-referral.



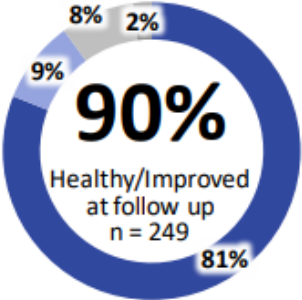
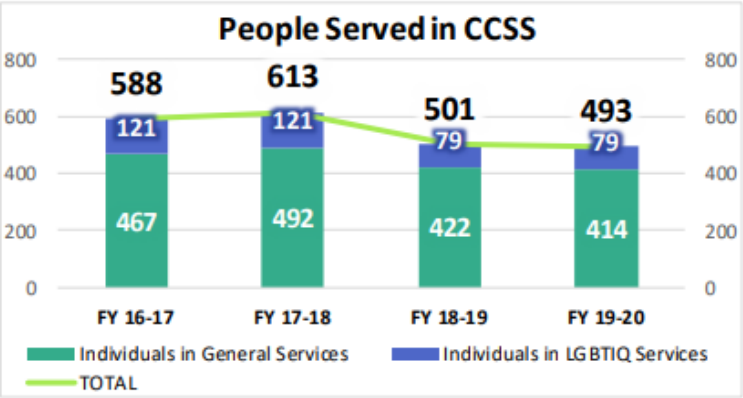
SERVICES

CCSS provides face-to-face individual and collateral counseling, groups (i.e., psychoeducational, skill-building, insight oriented, etc.), clinical case management, and referral and linkage to community services. Clinicians utilize evidence-based practices such as Eye Movement Desensitization and Reprocessing (EMDR), Motivational Interviewing (MI), Cognitive Behavioral Therapy (CBT) and Seeking Safety while working with program participants. In addition, peer specialists provide social, educational and vocational support and offer targeted case management to help individuals access needed resources or meet other goal-specific needs. Services are tailored to meet the age, developmental and cultural needs of each participant.

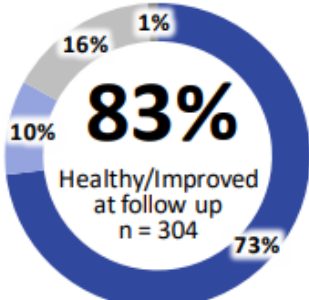
OUTCOMES

The program aims to measure reductions in, or prevention of, prolonged suffering through an age-appropriate form of the OQ® (YOQ® 30.2 for youth, OQ® 30.2 for adults). Participants completed the measure at intake, every three months of program participation, and at discharge. Scores were compared to the measure's clinical benchmarks to determine program effectiveness at improving symptoms and reducing prolonged suffering. This measure reflects cultural competence as it is available in all threshold languages and contains a wide range of symptoms, including somatic symptoms, which may be experienced and/or reported by people from different cultural backgrounds.

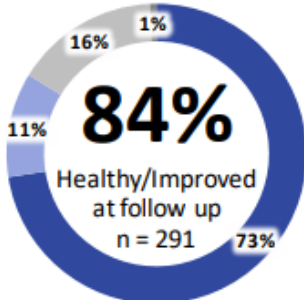
Across all four fiscal years, a majority of participants (83-90%) reported healthy or clinically improved levels of distress at the most recent follow up.



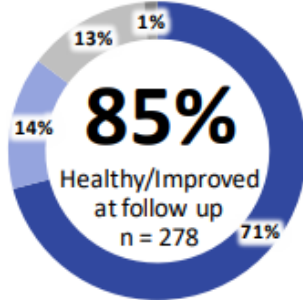
CCSS FY 2016-17



CCSS FY 2017-18



CCSS FY 2018-19



CCSS FY 2019-20

■ Healthy ■ Reliably Improved ■ Stable Distress Level ■ Reliably Worsened

Overall, this improvement in scores between intake and follow up suggests that the services of CCSS were associated both with preventing symptoms of a mental health condition from becoming severe and disabling, as well as with a meaningful reduction in suffering among those who had reported clinically-elevated distress levels upon enrolling. In addition, because it was also noted that LGBTQ+ participants tended to report higher levels of distress based on the OQ scores at baseline and follow up in comparison to cisgender/straight participants, the program implemented procedures to identify those with greater needs and refer them to programs that serve individuals with more severe mental health conditions.

CHALLENGES, BARRIERS AND SOLUTIONS IN PROGRESS

In fiscal 2019-20, as a result of the COVID-19 pandemic, in person services were halted and the program transitioned to a virtual and telephonic platform. The pandemic had a significant impact on the number of referrals received. In response to this challenge, several measures were taken. The program created a dedicated Outlook inbox and modified their referral forms so that they could be completed electronically and securely emailed from community agencies to CCSS. In response to the behavioral health needs of “first responders,” business hours were extended to late evenings to accommodate their schedules. In addition, the number of bilingual clinicians in the program was increased- now over 90% of clinicians are bilingual in two of the County's threshold languages thereby increasing the program's ability to serve monolingual communities. Furthermore, all clinicians have received specialized training in a variety of modalities to better serve participants in the treatment of complex trauma, Post Traumatic Stress Disorder (PTSD), anxiety & depression. An area for further development is to increase outreach efforts in south Orange County, where a satellite CCSS office is open.

In anticipation of the consolidation of CCSS and OC ACCEPT to one CCSS, OC ACCEPT made several adaptations to their screening and intake processes to align practices with CCSS. This included staff training, outreach to new referral sources, clarification of eligibility criteria, and outcome data collection. In FY 2019-20 the program was progressing positively with numerous outreach and training in the community. Additionally, the number of enrollments increased and the program was enrolling more participants by November 2019 compared to the previous fiscal year. However, by January 2020 when the COVID-19 pandemic started, the program was significantly impacted by a significant reduction in outreach and enrollment. In March 2020, OC ACCEPT stopped outreach and trainings to collaborative partners and community members as the program transitioned to a virtual platform. Since that time, referrals have significantly decreased leading to low enrollment numbers for the remainder of the fiscal year.

COMMUNITY IMPACT

CCSS collaborates with community-based organizations to provide culturally responsive services to ethnic minorities, deaf-and-hard-of-hearing, and LGBTIQ communities. Since inception, the expanded program has provided services to more than 2,593 individuals, 510 of whom were part of its LGBTIQ service. Additionally, in FY 2019-20, 743 individuals (of 913 referred to the program), were screened by the Intake Coordinator. The Intake Coordinator position has reinforced the program's ability to accurately identify and enroll participants into services that fall within the mild to moderate spectrum. Conversely, participants presenting with higher severity symptoms are referred and linked to the appropriate level of care that addresses their specific need in a timely manner.

The expanded program has also provided valuable education and resources to various unserved and underserved populations with mental health needs to promote awareness of, and encourage use of, its services. In this FY, the program provided 26 community education presentations and trainings to over 386 attendees, raising awareness and reducing stigma about the LGBTIQ population.

Summary of MHSA Strategies Used by Early Intervention Programs

STRATEGIES TO PROMOTE RECOVERY/RESILIENCE

Early Intervention Outpatient Services are person-centered and strengths-based with a focus on recovery, resilience and well-being. Treatment plans are developed via a collaborative process between the consumer, family, if applicable, and therapist, and incorporate goals such as learning self-care, communicating effectively, preventing additional trauma, improving family relationships and/or parent-child bonding, expanding social networks and support systems, and increasing participation in meaningful activities. Developing and reinforcing these skills early helps promote resilience and protect against long-term challenges later in life.

STRATEGIES TO REDUCE STIGMA AND DISCRIMINATION

These programs utilize culturally congruent, strengths-based approaches when developing the participant's individual care plan and delivering individual, peer, family and group services. Examples of these approaches include recruiting staff who are bicultural and represent different ethnicities and religions, who may be more familiar with how to address the issue of mental health with the program participant, thus allowing them to adjust their approaches to diverse populations readily. Furthermore, the programs employ strategies such as participant and family education, public education and trainings, and community anti-stigma advocacy to decrease both public and self-stigma and discrimination.

In addition, programs work to decrease stigma associated with seeking behavioral health services by staffing the program with people who have similar lived experiences (i.e., military service members, veterans, LGBTIQ, etc.). For example, peer navigators with knowledge of military culture can broach the sensitive topic of mental health with veterans and service members.

Similarly, students often face parent or peer discouragement to engage in program services (stigma), lack of willingness or fear of participation. Program staff work closely with the school administrators and counselors through weekly meetings to assist in creating a school climate that promotes the benefits of seeking help and accessing counseling, providing psychoeducation to promote acceptance, and promoting school bonding to keep students from feeling marginalized. In addition, program staff receive regular in-service training to increase their understanding of the needs, values and challenges faced by the program population so that they are better able to serve them. CCSS staff with expertise also provide educational and program promotion presentations about the needs, challenges and issues faced by the LGBTIQ population to reduce stigma and discrimination by raising awareness of the various barriers and issues this population faces. Presentations are provided to behavioral health providers, school staff/faculty, public health staff, social services staff and other community members.

The program employs bilingual and bicultural staff to provide services in a culturally sensitive manner. As mentioned above, the program has also partnered with community agencies that work with underserved populations who might be reluctant or unwilling to seek out treatment at a behavioral health clinic but will engage in services in non-behavioral health settings.

STRATEGIES TO INCREASE ACCESS TO SERVICES: TIMELY ACCESS FOR UNDERSERVED POPULATIONS AND LINKAGE TO TREATMENT

The providers for the four Early Intervention Outpatient Program categories have expertise in engaging and working with distinct underserved populations, including at risk children, families or older adults, LGBTIQ individuals, ethnic/monolingual communities, veterans and youth experiencing early onset of psychiatric illness. Despite their varied backgrounds and unique experiences, participants across these programs face similar barriers to engaging in behavioral health services.

These include mental health stigma, lack of support from family or others to seek mental health services, lack of transportation or childcare, and/or an inability to take time off work during traditional business hours for appointments.

Increasing timely access begins with program staff participating in community outreach events and giving presentations throughout Orange County in locations and venues likely to be frequented by individuals from the underserved populations identified above. Using culturally responsive education and materials, program staff strive to de-stigmatize mental health, help others learn to recognize and appropriately respond to the early signs of mental health challenges, and promote awareness of available services. In addition, the programs build relationships with community agencies and other individuals who may come into contact with eligible individuals/families to raise awareness and increase referrals for program services.

For enrolled participants, programs offer transportation assistance to their services, onsite childcare, and extended program hours. Clinicians are also able to meet participants in their homes or other preferred community locations, including parks, Family Resource Centers, restaurants, school/college campuses, etc. To encourage timely access by individuals with limited English proficiency, programs prioritize hiring bilingual/bicultural staff and, in the case of CCSS, partner with community agencies to set up “satellite” locations and provide services to highly marginalized populations such as the Middle Eastern and North African refugee and the deaf and hard of hearing communities.

In addition, clinicians refer and link participants to an appropriate level and type of community resource, as summarized below.

Early Intervention Programs: Specialized Services		Linkage Metrics		
		# Referrals	# Linkages	Types of Linkages
CCSS	FY 16-17	424	204	Behavioral health services; legal services, advocacy; health care benefits/services LGBTIQ individuals also referred/linked to food/nutrition, housing
	FY 17-18	371	185	
	FY 18-19	139	97	
	FY 19-20	197	131	
EISOA	FY 16-17	9,028	3,957	Social support; basic needs; community events; ancillary services; education; Behavioral Health Outpatient Services; legal/financial; medical; employment; family support; peer support, housing support
	FY 17-18	10,880	6,191	
	FY 18-19	5,156	3,054	
	FY 19-20	9,779	5,567	

Early Intervention Programs: Child, Youth, Parent Focused		Linkage Metrics		
		# Referrals	# Linkages	Types of Linkages
SB MHS	FY 16-17	397	49	Basic needs items; behavioral health outpatient services; PEI programs; crisis services; health education, disease prevention, wellness, physical fitness services
	FY 17-18	391	44	
	FY 18-19	293	59	
	FY 19-20	455	110	
OC Parent Wellness	FY 16-17	809	261	Family support services, legal services, advocacy; basic needs (i.e., donated items, financial assistance); recreation; Behavioral Health Outpatient; Behavioral Health Recovery Support; other Prevention & Early Intervention Programs; information and referral services; health care services
	FY 17-18	600	155	
	FY 18-19	540	226	
	FY 19-20	461	243	
OC CREW	FY 16-17	104	28	
	FY 17-18	64	22	



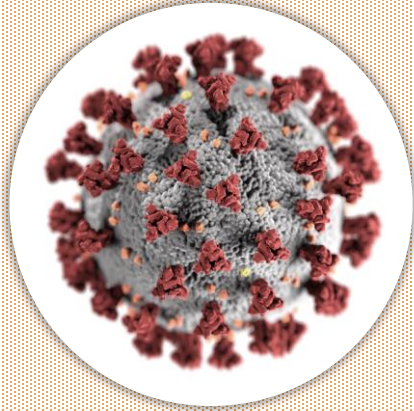
Synopsis of the 2021 CPPP



A Snapshot of Emotional Well-Being in Orange County during COVID-19

Results from the OC COVID-19 Surveys

OC COVID-19 SURVEYS: WHY?



Assess emotional well-being of OC residents during COVID-19 pandemic (Nov–Dec 2020)



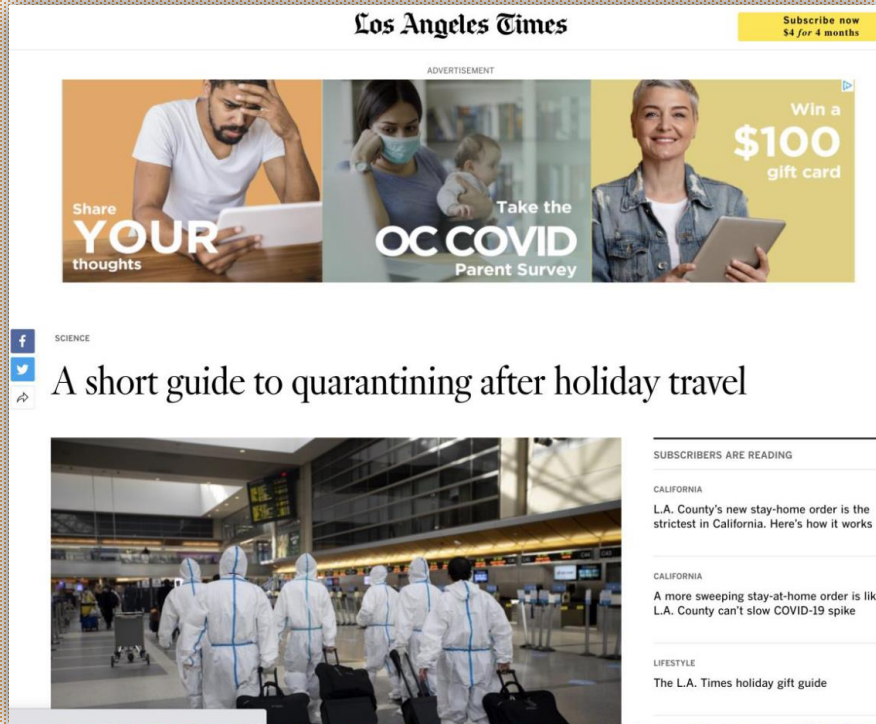
Assist the HCA in anticipating the potential impact of the pandemic on mental health



Help improve responsiveness of county behavioral health services



OC COVID-19 SURVEYS: WHAT?



COVID-19 Related Items:
Adapted from CDC survey



Distress Items:
Kessler-6 (*adults*); Pediatric Symptom Checklist-17



Checklists on:
Coping Strategies, Healthcare Access, Barriers



OC COVID-19 Surveys: SUMMARY

- **COVID-19 has taken its toll on Orange County adults' well-being:**
 - over 1/2 reporting high levels of stress or anger,
 - 1/3 reporting increased or new use of substances or gambling,
 - over 1/4 reporting an elevated level of serious psychological distress, and
 - nearly 1/3 indicating they were having a “very” or “extremely” difficult time coping during the pandemic
- Orange County parents similarly noted that their **children's well-being was affected during COVID-19:**
 - approximately 1/5 of children exhibiting elevated levels of disruptive behavior and
 - nearly 1/2 experiencing elevated sadness or worry
- Fortunately, **Orange County residents have been resilient**, with an overwhelming number having stayed connected with their friends, family or social network and relying on them as a resource for maintaining their well-being during the pandemic (78% adults, 62% youth/parents).
- About 1/4 each of adults and children/parents also **sought help from a healthcare professional** for their stress or emotions during the pandemic, with the majority who tried having successfully connected with a therapist or a physician.
- Nevertheless, Orange County residents still face multiple **barriers when trying to connect to mental health care** (28% adults, 18% children/parents), with some of the most common challenges being lack of insurance or an ability to pay, inconvenient or delayed appointment times and uncertainty over who to call.
- **Less than 5% of adults or parents/youth had used a warmline, hotline or crisis line**, suggesting a potential area for improved outreach and marketing.

CBO PARTNERS IN 2021 CEMS

Children, Families, Parents



Parent Partners, Peers



Older Adults



Veterans



Substance Use Recovery



LGBTIQ+



Ethnic Communities



2021 CEM Outreach to Priority Populations

<u>CEM (n=21 meetings)</u>	<u># Registered (n=480)</u>	<u>Children</u>	<u>TAY</u>	<u>Adults</u>	<u>Older Adults</u>	<u>Additional Population Characteristics</u>
Arabic/Muslim Community	8			X	X	
Parents/Families (in Spanish)	8	X	X			Latino/Hispanic
BHS Consumers	31			X	X	Persons In Recovery w/ SUD
HCA Peers	12			X	X	
Cambodian Community	16			X	X	Asian/Pacific Islander
Chinese Community	6			X	X	Asian/Pacific Islander
Filipino Community	5			X	X	Asian/Pacific Islander
Family Resource Centers of OC	61	X	X			Latino/Hispanic
Korean Community	8			X	X	Asian/Pacific Islander
LatinX Transwomen	28					LGBTIQ, Latino/Hispanic
LGBTQ Community (in English)	6		X	X		LGBTIQ
LGBTQ Community (in Spanish)	4		X	X		LGBTIQ, Latino/Hispanic
LGBTQ Community (in Vietnamese/English)	6		X	X		LGBTIQ, Asian/Pacific Islander
Older Adults (two meetings)	26 / 31				X	
Parent Partners	11	X	X			
Permanent Supportive Housing Residents	9		X	X		Persons in Recovery, (Homeless Individuals)
Persons In Recovery	41			X		Persons in Recovery w/ SUD
Veterans / Military-Connected Families	30	X	X	X	X	Veterans
Vietnamese Community	107		X	X	X	Asian/Pacific Islander
Wellness Center Members	30			X		



Strategies programs can use to improve outreach, advertising and messaging on mental health and suicide prevention in diverse communities



Strategies programs can use to make mental health services more welcoming and easier to connect with, especially for individuals from unserved communities

2021 Provider Engagement Meeting (PEM)

Breakout Room Questions



Improving Technology Skills & Access

NEEDS IDENTIFIED IN COMMUNITY MEETINGS

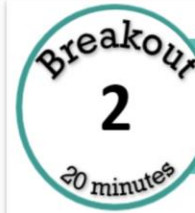
Despite existing challenges, CEM participants overwhelmingly expressed a preference for a hybrid of in-person and remote/virtual services even after COVID-19 restrictions are lifted. The challenges with telehealth or virtual services they reported include:

- Easier to share when face-to-face
- Lack of privacy during telehealth/virtual services
- Need for education and training on technology and devices, including digital literacy and digital health literacy
- Access to devices and Wi-Fi

QUESTIONS

- What strategies have you tried to address one or more of these challenges (i.e., improving skills/comfort/privacy during virtual services)? Which approaches worked? Didn't work?
- Of the strategies discussed and/or considered, what are you interested in trying?
- Are there barriers that you or your organization might face trying to implement these preferred strategies?

Corresponds to CEM Breakout Room 2:
Strategies to Improve Access



Mental Health Terms & Language

NEEDS IDENTIFIED IN COMMUNITY MEETINGS

Across the various meetings, participants continued to emphasize the role that words play in reducing stigma and making services feel more welcoming. They also stressed the importance of using culturally appropriate language.

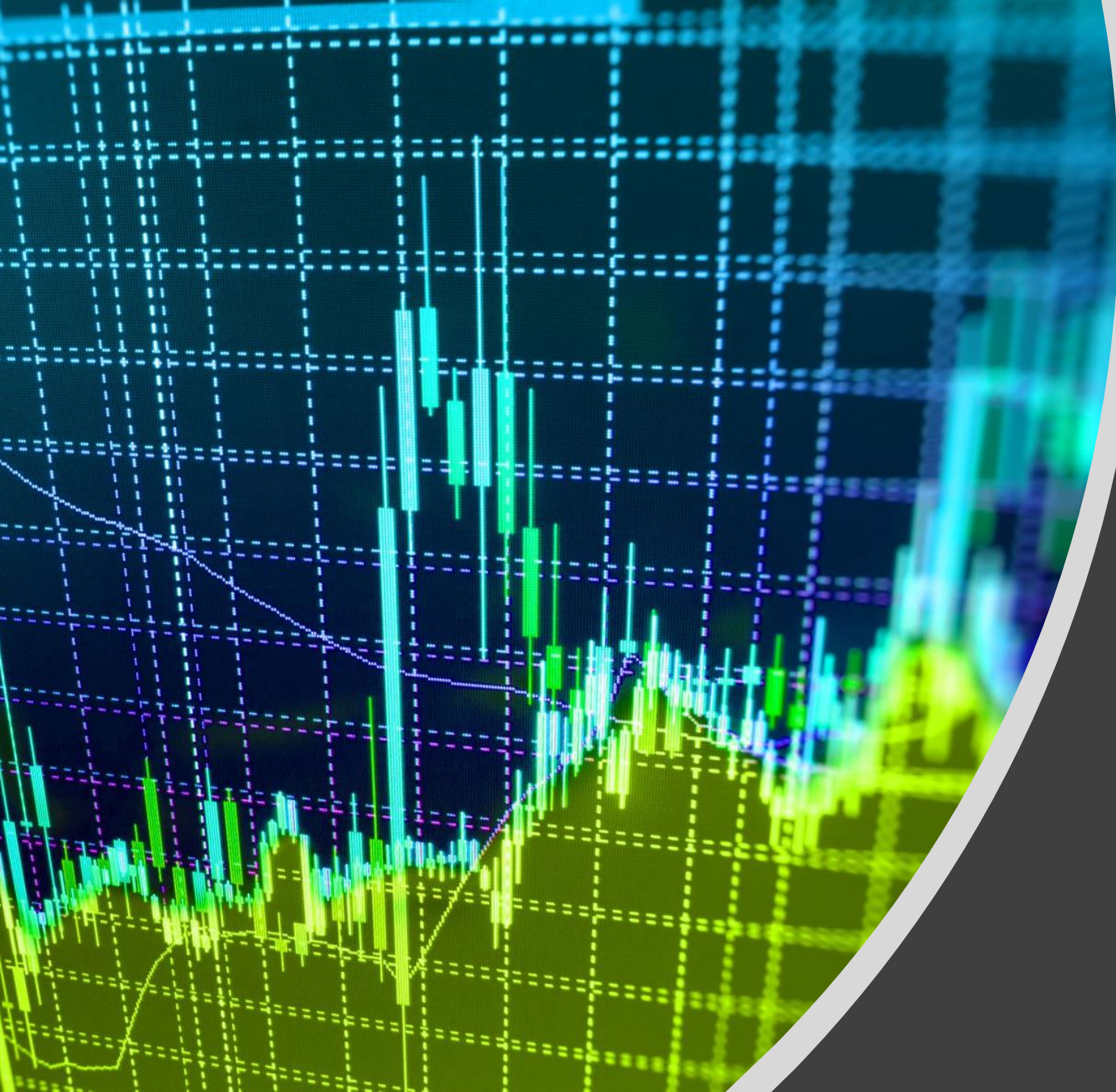
QUESTIONS

- When creating outreach and advertising materials, what terms have you (seen) used for the following constructs?
 - Mental illness, mental health disorder, behavioral health, etc.
 - Substance use disorder, substance use, drug use, addiction, etc.
 - Specific conditions, such as anxiety, depression, OCD/obsessive-compulsive disorder, etc.
 - Clients, consumers, etc.
- What impact have you noticed when different terms are used?
- Which words/phrases seem to be preferred? Should be avoided?

Corresponds to CEM Breakout Room 1:
Strategies to Improve Awareness

Summary of Community & Provider Feedback

- Consumers' outreach and communication preferences tended to **vary by age** (i.e., social media vs newspapers) or were **universally shared** (i.e., focus on hope, positive messaging, culture of the person you are trying to reach). Differences related to cultural background emerged when discussing specifics around preferred terms, images, etc., thus underscoring the critical importance of involving members of the intended audience during the creation and/or approval of content.
- While individuals expressed a preference for face-to-face services and generally found it easier to share in person, an overwhelming majority of this with a preference (76%) nevertheless stated they would **like to engage in telehealth services at least some of the time**, even after COVID-19 was “done” and there were no restrictions on in-person meetings.
- Both individuals and providers reported they would be interested in and could benefit from **learning how to use and navigate technology**.
- Some individuals and/or groups also had **need for reliable devices and/or Wi-Fi**.
- Finally, meeting people “where they were at” is core to fostering hope, healing and health. An essential element of this is **authentically engaging with people from diverse cultural backgrounds as we seek to support them on their recovery journeys**.



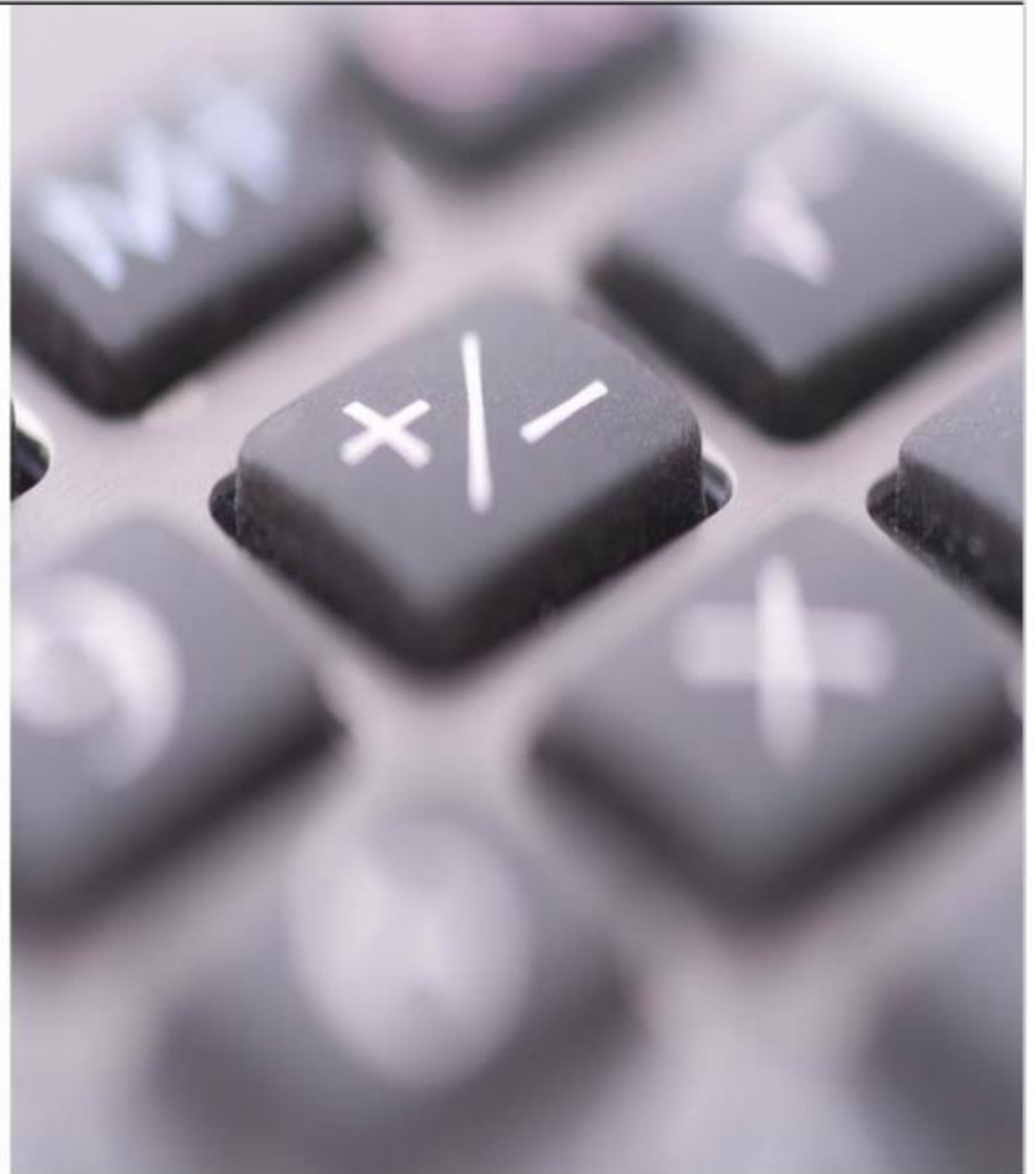
Proposed Updates to FY 2021-22 MHSA Component Budgets

Fiscal Planning Recap

Local MHSA budget planning conducted by HCA and reviewed with the MHSA Steering Committee during the end of 2020 were from State projections provided two months prior in December 2020.

State Fiscal Consultant Mike Geiss provided updated State MHSA projections in early February 2021.

There was a significant shift in the anticipated fiscal landscape with the February 2021 projections.



Anticipated Increase in OC'S CSS Allocation

REVISED 2-4-2021

OC CSS Projections	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23
Projected Revenue as of 12-9-20	\$112,568,067	\$128,987,800	\$125,115,114	\$95,422,728
Projected Revenue as of 2-4-21	\$112,568,067	\$149,997,573	\$157,742,884	\$132,391,790
Change from 12-9-20 to 2-4-21	N/A	+ \$21,009,773	+ \$32,627,740	+ \$36,969,062

- FY 2019-20 Revenue are actuals.
- Total projected CSS revenue increase of \$90,606,575 through FY 22/23 (cumulative)

Approved in 3YP

FY 2020-21

\$155,088,175

FY 2021-22

\$164,627,171

FY 2022-23*

\$165,320,336

** FY 2022-23 Budget as reported in the approved 3YP.
Does not reflect potential changes resulting from proposed FY 2021-22 updates.*

COMMUNITY SERVICES & SUPPORTS



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

CSS

	PROGRAM	ORIGINAL PROPOSED UPDATE per presentation on March 15, 2021; see Appendix II	MODIFIED PROPOSED UPDATE as reflected in Exhibit A FY 2021-22 Budget Grids
ACCESS & LINKAGE TO TREATMENT	BHS Outreach & Engagement	Transfer all costs to PEI (~\$2.6m CSS savings annually)	<i>No change from March 15, 2021 budget worksheet</i>
	Recovery Open Access	Right-size and increase annual budget to \$2.6m	<i>No change from March 15, 2021 budget worksheet</i>
CRISIS PREVENTION & SUPPORT	Crisis Residential Services (CRS)	Net decrease of \$265k due to: Delaying expansion of Children’s Crisis Residential Program for 6 months to start of FY 2021-22; Maintaining CYBH-managed TAY CRS beds at 6 rather than expanding to 12 (this provider’s services were significantly under-utilized by TAY relative to those offered by the AOABH-operated CRS provider, thus planned expansion not proceeding); and Increasing budget due to lease costs at Anita Be Well Campus	No decrease to CRS budget. Remain level at \$11,280,845 and instead encumber the \$265k net savings for psychiatrist to support CRS; depending on how long candidate search and hiring process goes, funds may be spent in later FY. In addition, should DHCS release requirements for children’s Psychiatric Residential Treatment Facilities (PRTF), additional unencumbered CSS funds (above \$265k in originally proposed savings) may be used to expand CRS for children’s PRTF beds

CSS

	PROGRAM	ORIGINAL PROPOSED UPDATE per presentation on March 15, 2021; see Appendix II	MODIFIED PROPOSED UPDATE as reflected in Exhibit A FY 2021-22 Budget Grids
CLINIC EXPANSION	Children & Youth Clinic Services	Time-limited decrease to account for decreased expenditures resulting from COVID-19 impacts and related delays impacting start-up	<i>No change from March 15, 2021 budget worksheet.</i> However, should start-up go faster than anticipated, available CSS funds may be added during FY 21/22 if demand for services exceeds proposed budget
	Services for the Short-Term Residential Therapeutic Program (STRTP)	Time-limited decrease so budget better reflects savings accrued during lengthy DHCS licensure/approval process that results in significant delays before services can be offered	<i>No change from March 15, 2021 budget worksheet</i>
	Outpatient Recovery	Decrease to right-size, including savings from vacancies	<i>No change from March 15, 2021 budget worksheet</i>
	Integrated Community Services	Retire as a result of services having been transitioned to CalOptima during FY 2019-2020	<i>No change from March 15, 2021 budget worksheet</i>
	Telehealth/Virtual Behavioral Health Care	Cancel implementation of new program offering telehealth and virtual behavioral health care solutions	In response to community feedback, reinstate new program, with program implementation and ramp up including needs assessment and initial focus on increasing digital literacy and digital health literacy both of consumers and service providers <i>(see description under NEW CSS EXPENDITURES)</i>
FSP / PACT	Full Service Partnership (FSP)	Overall decrease of \$2m due to 1) right-sizing TAY provider budget and 2) a time-limited decrease in the Adult Housing FSP provider budget resulting from reduced expenditures during program ramp up combined with use of alternative funding	No decrease to combined FSP budget; remain level funding at ~\$53.8m, adding \$500k to each age group (Children increased to ~\$11.6m, TAY level at ~\$8.2m, Adult increased to ~\$30.3m, Older Adult increased to ~\$3.7m) so several providers that recently began operating at full capacity can continue to serve participants at an appropriate, reduced FSP-caseload. Actual adjustments may vary depending on need.
	Program for Assertive Community Treatment (PACT)	On-going increase to cover increased staffing for Older Adult team, enhanced flexible funding for non-billable services that support the “Whatever It Takes” intervention model, and after-hours coverage	<i>No change from March 15, 2021 budget worksheet</i>

CSS

	PROGRAM	ORIGINAL PROPOSED UPDATE per presentation on March 15, 2021; see Appendix II	MODIFIED PROPOSED UPDATE as reflected in Exhibit A FY 2021-22 Budget Grids
SUPPORTIVE SERVICES	CSS Housing	On-going increase to cover increase in staff salaries covered by MOU with OCCR that were the result of recent labor negotiations	<i>No change from March 15, 2021 budget worksheet</i>
	Mentoring Program for Children and Youth	Retire program due to multiple factors, including challenges with ability to demonstrate program efficacy; youth and parents will continue to receive peer/parent partner support through the Peer Mentoring and Parent Partner Support program	<i>No change from March 15, 2021 budget worksheet</i>
ADMIN	CSS Administrative Costs	Net increase of \$71k to transition CSS programs into OC Navigator, the digital tool being developed as part of the BH System Transformation INN Project. Funds will also support development of automated/electronic features designed to increase productivity and operational efficiency (i.e., electronic bed board for CSUs, CRS, etc.; dashboards, reports; integration with HCA EHR, etc.)	In response to community feedback, add additional, time-limited funds , in an amount not to exceed \$400k, for BHS facility improvements <i>(see description under NEW CSS EXPENDITURES)</i>

New CSS Expenditures Proposed as a Result of the CPPP: 1

STRATEGIC PRIORITY: Access to Behavioral Health Services

Improve access to behavioral health services and address transportation challenges

Priority Populations

- Youth
- Families with children living with a mental health condition
- Asian/Pacific Islander
- Latino/Hispanic
- Black/African-American

Strategies Discussed During PEMs

WHAT WORKED

- **Training** staff on mobile technology, telehealth, other remote service options
- Scheduling **one-on-one meetings** with up-to-date information and in a combination of synchronous (i.e., live) and asynchronous format

WHAT DIDN'T WORK

- Merely providing devices (ex. Headsets and phones) due to issues with privacy and Wi-fi access
- **Using a one-sized fits all** approach with both the language of content and the content itself, all material should be population specific

Proposal: Reinstate and expand scope of Telehealth Virtual Healthcare

- Reinstate CSS Telehealth/Virtual Behavioral Health Care program
- Conduct an assessment of consumer and provider needs around devices, Wi-Fi and/or cellular data to better understand their barriers and challenges when trying to utilize telehealth during the pandemic
- Incorporate a variety of training and technical assistance tools for consumers and providers to improve digital literacy
- Partner with local agencies and organizations to ensure the materials/trainings are culturally responsive and linguistically appropriate
- Accelerate the implementation of digital literacy basics for individuals and groups most in need of in-person training by the end of Summer 2021 to provide those with the greatest gaps in digital knowledge the opportunity to receive hands-on assistance while in-person gatherings and meetings are permitted, since it remains unknown whether there will be new safer-at-home orders in the fall/winter

New CSS Expenditures Proposed as a Result of the CPPP: 2

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

STRATEGIC PRIORITY: Access to Behavioral Health Services

Improve access to behavioral health services and address transportation challenges

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

Approved in 3YP

FY 2020-21

\$155,088,175

FY 2021-22

\$164,627,171

FY 2022-23*

\$165,320,336

Proposed Update*

\$158,785,110

Projected Balance*

\$26,089,149

** FY 2022-23 Budget as reported in the approved 3YP.
Does not reflect potential changes resulting from proposed FY 2021-22 updates.*

COMMUNITY SERVICES & SUPPORTS



PREVENTION

and EARLY INTERVENTION

Approved in 3YP

FY 2020-21

\$47,061,483

FY 2021-22

\$49,286,926

FY 2022-23*

\$40,988,101

** FY 2022-23 Budget as reported in the approved 3YP.
Does not reflect potential changes resulting from proposed FY 2021-22 updates.*



Anticipated Increase in OC'S PEI Allocation

REVISED 2-4-2021

OC PEI Projections	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23
Projected Revenue as of 12-9-20	\$28,142,017	\$32,246,950	\$31,278,786	\$23,855,682
Projected Revenue as of 2-4-21	\$28,142,017	\$37,499,393	\$39,435,721	\$33,097,947
Change from 12-9-20 to 2-4-21	N/A	+ \$5,252,443	+ \$8,156,935	+ \$9,242,265

- FY 2019-20 Revenue are actuals.
- Total projected PEI revenue increase of \$22,651,643 through FY 22/23 (cumulative)

PEI

PEI	PROGRAM	ORIGINAL PROPOSED UPDATE per presentation on March 15, 2021; see Appendix II	MODIFIED PROPOSED UPDATE as reflected in Exhibit A FY 2021-22 Budget Grids
MH AWARENESS & STIGMA REDUCTION	MH Community Education Events for Reducing Stigma and Discrimination	No proposed change	Time-limited increase of \$319k to FY 21-22 budget, resulting in a total budget of \$1.2m with set-aside for Veteran-specific event (see description under NEW PEI EXPENDITURES)
	Outreach for Increasing Recognition of Early Signs of Mental Illness	Time-limited net decrease due to impact of COVID-19 and restrictions/limitations on large events/mass gatherings	In response to community feedback, increase by ~\$2.7million (see description under NEW PEI EXPENDITURES)
PREVENTION	School Readiness	Decrease due to one provider contract not being renewed	<i>No change from March 15, 2021 budget worksheet</i>
	Parent Education Services	Increase Parent Education Services using funds from School Readiness budget reduction to provide support to families with children ages 0-8 years	<i>No change from March 15, 2021 budget worksheet</i>
	Children's Support & Parenting Program	Decrease due to savings from vacancies and temporary staff re-deployments to other programs in response to COVID-19	<i>No change from March 15, 2021 budget worksheet</i>
	School-Based Health Intervention & Support	Reduce back to on-going budget level due to ending of time-limited expansion using carryover funds	<i>No change from March 15, 2021 budget worksheet</i>
	School-Based Stress Management Services	Following the retirement of the provider's Subject Matter Expert, discontinue standalone program and continue to provide mindfulness training for students/school staff through BH Training Services	<i>No change from March 15, 2021 budget worksheet</i>

PEI

PROGRAM

ORIGINAL PROPOSED UPDATE
per presentation on March 15, 2021; see Appendix II

MODIFIED PROPOSED UPDATE
as reflected in Exhibit A FY 2021-22 Budget Grids

ACCESS & LINKAGE TO TREATMENT	OC Links	In response to Board Directive for HCA to create a 24/7 Behavioral Health Line, OC Links budget increased by \$1.2m annually to cover 24/7 expansion including crisis calls and dispatch	Add a total of \$3m (\$1.8 additional) to cover additional staffing needs beyond what was first projected when program shifted to 24/7 operations, as well as county-wide marketing campaign advertising the BHS single access line; per CEM/community feedback, ensure that materials are tailored/customized to the specific target audiences (language, images, culture, etc)
	BHS Outreach and Engagement	On-going increase to cover shift of program MHSA-related costs to be covered entirely by PEI (rather than being shared with CSS; other funding sources also being used)	<i>No change from March 15, 2021 budget worksheet</i>
CRISIS PREVENTION & SUPPORT	Warmline	On-going increase to cover increased staffing costs due to services being increased to 24/7 and time-limited increase to cover increased lease costs at Anita Be Well Campus	On-going increase by \$500k to improve staffing/shift coverage now that program has shifted to 24/7 operations, bringing total budget to \$2 million
	Suicide Prevention Services	No proposed change	Increase ongoing budget of contracted provider by \$500k in response to community need, and increase on-going budget by additional \$1million to implement programming through the BHS Office of Suicide Prevention, established in response to Board Directive (see description under NEW PEI EXPENDITURES)

PEI	PROGRAM	ORIGINAL PROPOSED UPDATE (per presentation on March 15, 2021; see Appendix II)	MODIFIED PROPOSED UPDATE (as reflected in Exhibit A FY 2021-22 Budget Grids)
EARLY INTERVENTION OUTPATIENT	School-Based Mental Health Services (SB MHS)	On-going decrease of PEI funds due to anticipated Medi-Cal revenue generation	No decrease ; keep level PEI funding due to unanticipated effect of Medi-Cal billing process resulting in reduced referrals to program
	OC CREW	On-going decrease of PEI funds due to anticipated Medi-Cal revenue generation	Adjust projected PEI savings from \$204k to \$50k due to lower than anticipated Medi-Cal revenue as program readjusts to new billing requirements. In contrast to SB MHS, OC CREW not experiencing same impact on referrals after beginning to bill Medi-Cal
SUPPORTIVE SERVICES	Transportation	Time-limited decrease, resulting from impact of COVID-19 on delaying start-up of program in PEI	No change from March 15, 2021 budget worksheet. However, available PEI funds may be added during FY 21/22 if demand for transportation exceeds current proposed budget
ADMIN	PEI Administrative Costs	Net increase of \$600k to transition PEI programs into OC Navigator, the digital tool being developed as part of the BH System Transformation INN Project. Funds will also support development of automated/electronic features designed to increase productivity and operational efficiency (i.e., electronic bed board for CSUs, CRS, etc.; dashboards, reports; integration with HCA EHR, etc.)	No change from March 15, 2021 budget worksheet

New PEI Expenditures Proposed as a Result of the CPPP

STRATEGIC PRIORITY: Mental Health Awareness & Stigma Reduction

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

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

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

New PEI Expenditures per a Board Directive

STRATEGIC PRIORITY: Office of Suicide Prevention

Expand support for suicide prevention efforts

Priority Populations

- People from all MHSA age groups
- Homeless individuals
- Individuals living with co-occurring mental health and substance use conditions
- LGBTIQ individuals
- Veterans

Board of Supervisors Directive

- On October 6, 2020, the Board directed the County Executive Officer and HCA Director to create an Office of Suicide Prevention 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

Proposed Activities

- The newly formed Office will be responsible for identifying and implementing promising pilot programs utilizing the above-referenced systems-approach for each of the initial populations of focus: youth and young adults, men in their middle years and older adults. The Office will also be responsible for integrating new and existing services and supports across the suicide prevention continuum and throughout the entire County to ensure all suicide prevention activities are linked to other behavioral health activities/services and directly targeted populations in need. The Office will create a systems approach to suicide prevention that leverages existing community and agency resources to build hope, purpose and connection for individuals in need.
- The Office and its activities will be a component of the Suicide Prevention Services program in the Orange County MHSA Plan. The Office will be funded through PEI and have a **budget of \$1.5 million in FY 2021-22.**

PREVENTION

and EARLY INTERVENTION

Approved in 3YP

FY 2020-21

\$47,061,483

FY 2021-22

\$49,286,926

FY 2022-23*

\$40,988,101

Proposed Update

\$56,144,101

Projected Balance*

\$15,024,304

** FY 2022-23 Budget as reported in the approved 3YP.
Does not reflect potential changes resulting from proposed FY 2021-22 updates.*



Approved in 3YP

FY 2020-21

\$18,346,360

FY 2021-22

\$9,009,773

FY 2022-23

\$2,042,071

Updated amount includes adding into the FY 2021-22 Innovation budget the final year of MHSOAC-approved funding for the Continuum of Care for Veterans and Military Families project.

In addition, Community planning for potential projects is currently underway or in the queue to begin in the next few months; projected ending available balance subject to change if any ideas are approved



INNOVATION

Approved in 3YP

FY 2020-21

\$6,216,634

FY 2021-22

\$5,219,984

FY 2022-23

\$5,296,662

Proposed Update

No change



WORKFORCE EDUCATION & TRAINING

Approved in 3YP

FY 2020-21

\$12,519,749

FY 2021-22

\$8,840,752

FY 2022-23

\$8,966,158

Adding funds to cover costs of transitioning County BHS EHR functions to the Cerner cloud, which will become necessary over the next year due to a shift in the Cerner business model

CAPITAL FACILITIES & TECHNOLOGICAL NEEDS



Estimated Total Three-Year Budget



REDACTED & CONFIDENTIAL INFORMATION

FY 2020-21

\$239,232,401

FY 2021-22

\$236,984,606

FY 2022-23

\$222,613,328

Proposed Update

\$247,455,769

An illustration featuring two hands holding a horizontal orange banner. The hands are positioned at the bottom corners of the banner, with fingers wrapped around black vertical poles. The hands are light-skinned and are wearing dark suit sleeves with white cuffs. The banner is a vibrant orange color and has the words 'THANK YOU' written in large, bold, white capital letters. The background is a solid light blue color.

**THANK
YOU**

Psychiatric Advance Directives (PADs) Multi-County Innovation Project

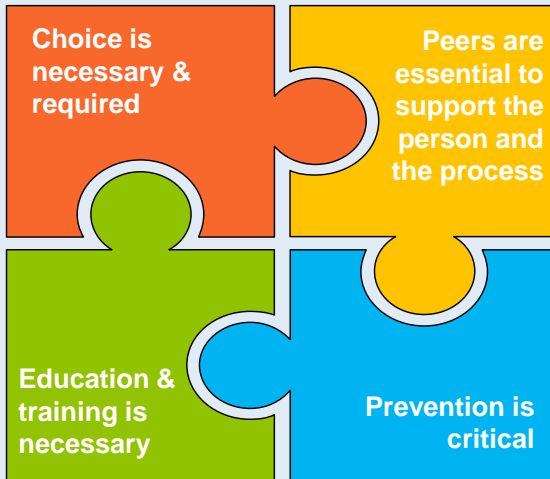
(click on link above to access project proposal)

A PAD allows a person in a mental health crisis to retain their decision-making capacity by choosing supporters to help advocate for their choices. Research has shown that consumers who have executed PADs express and endorse feelings of self-determination, autonomy, and empowerment and have less negative coercive treatment experiences.

What do we already know?

PADs are currently available in 27 states.

Key Elements



Identified Challenges

Barriers with implementation

Lack of standardized process

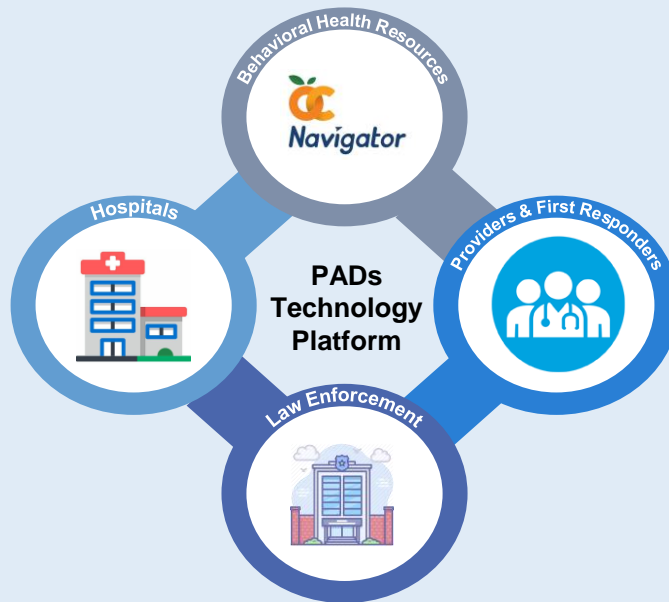
Lack of knowledge, awareness

What is this statewide project proposing to do?

- ✦ Provide standardized PADs training to communities and stakeholders.
- ✦ Standardize a statewide PADs template.
- ✦ Standardize a PADs training "tool-kit" to be replicated from county to county.
- ✦ Utilize a Learning Management System for access to PADs training and materials.
- ✦ Utilize Peers to help consumers create individualized PADs.
- ✦ Create a fully functioning cloud-based PADs Platform for ease of use by consumers, law enforcement or hospitals for in the moment use.
- ✦ Explore fidelity and legal structure to enforce individual choice and acceptance of standardized PADs in California.

What makes this project transformative?


Creating a coordinated system to facilitate PAD adoption and utilization



What type of technology is available?

Features & Functionality	oscER (NAMI San Diego; mobile app)	Mental Health Crisis Plan (SAMHSA; mobile app)	Chorus (proposed mobile app)
Ability to create, update and store an individualized PAD		✓	✓
Ability to upload existing PAD		✓	✓
Ability for person to share PAD with providers (e.g., PDF, QR code)	✓	✓	✓
Direct access to call crisis resources within the app	✓	✓	✓
Direct access to call a broad range of behavioral health and community support services	✓	✓	✓
Access to in-app training and educational information		✓	✓
Interoperability for exchange of health information allowing providers to directly access PADs (i.e., hospitals, CLETS)			✓
Direct access to online or digital support systems (i.e., CalHope, OC Navigator)			✓
Interactive platform, using Artificial Intelligence			✓
Ability to create an enhanced personal profile for multi-purpose use (i.e., OC Navigator)			✓
Community involvement in development (i.e., design, user interface, features and functionality)			✓

Is there support for this project?



**California Association of Local Behavioral Health
Boards and Commissions**

April 20, 2021

Lynne Ashbeck, Chair
Mara Madrigal-Weiss, Vice Chair
Mental Health Services Oversight & Accountability Commission
& MHSOAC Commissioners
Via Email

Dear Chair Ashbeck, Vice Chair Madrigal-Weiss and Commissioners,

CALBHB/C's Governing Board is in strong support of the proposed multi-county collaborative **Psychiatric Advanced Directives (PADs) MHSA Innovation Project**.

PADs are an important tool to minimize mental health crisis and involuntary care. Drafted when a person is well enough to consider preferences for future mental health treatment, PADs allow:

- Individuals to document their preferences for mental health treatment.
- The appointment of a health proxy to interpret those preferences during a crisis.
- Use when a person becomes unable to make decisions during a mental health crisis.

This Innovation Project will help counties improve access to appropriate and effective care, while respecting a person's preferences. We are glad to see goals toward scaling the effective use of PADs throughout California, with efforts to standardize, integrate, communicate, train and provide ready access to PADs, while engaging the expertise of diverse ethnic, racial and cultural communities, "Peer Support Specialists", individuals with lived experience and their family members.

We encourage your support for the multi-county collaborative PADs MHSA Innovation Project.


Sincerely,

Harriette S. Stevens
Harriette S. Stevens, Ed.D., President

Theresa Comstock
Theresa Comstock, Executive Director

cc: Toby Ewing, Ph.D., Executive Director, MHSOAC

CALBHB/C supports the work of California's 59 local mental/behavioral health boards and commissions.
www.calbhbc.org • info@calbhbc.com • 717 K Street, Suite 427, Sacramento CA 95814 • 916-917-5444



nami California
National Alliance on Mental Illness

Jessica Cruz, MPA/HS
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Member

Andrew Bertagnoli, PhD
Member

Paul Lu
Member

Lynne Ashbeck, Chair
Mara Madrigal-Weiss, Vice Chair
Mental Health Services Oversight & Accountability Commission
& MHSOAC Commissioners

April 26, 2021

Dear Chair Ashbek, Vice Chair Madrigal-Weiss and Commissioners,

NAMI California is in strong support of the proposed multi-county collaborative **Psychiatric Advanced Directives (PADs) MHSA Innovation Project**. PADs are an important tool to minimize mental health crisis and involuntary care. Drafted when a person is well enough to consider preferences for future mental health treatment, PADs allow:

- Individuals to document their preferences for mental health treatment.
- The appointment of a health proxy to interpret those preferences during a crisis.
- Use when a person becomes unable to make decisions during a mental health crisis.

This Innovation Project will help counties improve access to appropriate and effective care, while respecting a person's preferences. We are glad to see goals toward scaling the effective use of PADs throughout California, with efforts to standardize, integrate, communicate, train and provide ready access to PADs, while engaging the expertise of diverse ethnic, racial and cultural communities, "Peer Support Specialists", individuals with lived experience and their family members.

We encourage your support for the multi-county collaborative PADs MHSA Innovation Project.

Sincerely,

Jessica Cruz
Jessica Cruz, MPA/HS
CEO
NAMI California

NAMI California
425 University Ave., Suite 222
Sacramento, CA 95825
916-567-0163

Where can I go for more information on PADs?

Community Engagement & Informational Sessions

Click on dates below to view available recordings

March 18th



April 1st

April 7th
(video pending)



April 20th

May 5th
(video pending)

