health CARE AGENCY

Orange County
Mental Health Services Act

Plan Update
Fiscal Year 2025-26

A Message from the

Chief of Behavioral Health Services

Thank for your interest in what will be Orange County's final Mental Health Services Act (MHSA) Annual Update. The passage of Proposition 1 on March 4, 2024, marks the end of the current Mental Health Services Act categorical funding requirements and introduces a new framework for how these funds will be used moving forward.

Orange County received state approval for its first MHSA Plan on April 1, 2006, launching four Community Services and Supports (CSS) programs. The following year, four additional programs were approved, setting in motion the expansion of a comprehensive system of care. Over the years, this system has evolved into an integrated continuum of services – from prevention and early intervention to intensive outpatient services (Full Service Partnerships). It has strengthened connections to higher levels of care, expanded crisis services, enhanced peer-run recovery supports, and invested in innovative approaches to improve service delivery. MHSA funding has also played a critical role in workforce development, infrastructure expansion, and supporting digital solutions that enhanced clinical data collection, billing, and outcome tracking. What began as four programs has grown into a robust network of more than 60 programs with multiple locations, each contributing to a stronger, more responsive behavioral health system. However, as the field of behavioral health continues to evolve, so must our approach to providing care.

This final MHSA Annual Update for FY 2025-26 marks the beginning of that transition. While change can be difficult, it is also an opportunity. As we prepare to shift to the Behavioral Health Integrated Plan under new state guidelines, I want to recognize the extraordinary work that has been done over the past two decades. The MHSA Plan stands as a testament to what is possible when we come together with a shared commitment to care, treatment, and recovery. I am proud of all that has been accomplished and confident that we will continue to build upon this foundation in the years ahead.

As John Wooden wisely said, "Do not let what you cannot do interfere with what you can do." While we navigate this transition, let us remain focused on what we can do – supporting the individuals, families, and communities who rely on these vital services.

Again, thank you for taking the time to review and provide feedback on this plan. The Orange County Behavioral Health Services Department looks forward to receiving your input at BHSA@ochca.com.

Sincerely,

Ian Kemmer, LMFT
Director,
Orange County Behavioral Health Services

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Executive Summary

MHSA BACKGROUND

In November 2004, California voters passed Proposition 63, also known as the Mental Health Services Act (MHSA). The Act implements a 1% state tax on personal income over $1 million and emphasizes transforming the mental health system to improve the quality of life for individuals living with a serious behavioral health condition and their families. With MHSA, Mental Health Plans ensure that key community stakeholders have the opportunity to provide input into program development, implementation, evaluation, finance and policy resulting in public behavioral health programs that have been tailored to meet the needs of diverse individuals, families, and communities across California. As a result, local communities and their residents are experiencing the benefits of expanded and improved mental health services.

Since the inception of MHSA, Orange County Health Care Agency, Behavioral Health Services (BHS) has used a comprehensive stakeholder engagement process to develop local MHSA programs that range from prevention and crisis services, through an expanded continuum of outpatient 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 the importance of mental wellness, recovery and resilience. The current array of services was developed incrementally, starting with the planning efforts of stakeholders in 2005 and continuing to present day.

This Executive Summary contains a synopsis of the planned changes being proposed in Orange County's MHSA Annual Update for FY 2025-26 (Annual Update. This MHSA Annual Update includes an overview of the ongoing Community Program Planning process (CPP), component program descriptions including target populations, budget projections, data, and supporting documentation in the Appendices.

MHSA COMPONENTS AND FUNDING

To further define the use of this categorical funding, MHSA is broken down into six components, each identifying a targeted population and/or allowable use. The PEI and CSS components provide direct services. The descriptions below also provide an estimate of the cumulative number of individuals that will be served over the entire-three-year time frame of the plan (2023-2026):

Prevention and Early Intervention (PEI): PEI is intended to provide supports or interventions as early as possible to prevent a mental health condition from becoming severe and disabling. The majority of PEI must be directed toward children and youth aged 25 and under and their families/caregivers. Approximately 230,000 individuals are expected participate in a PEI service over the three-year plan period. This number does not include the anticipated numbers of people that may contact the OC LINKS call center or be exposed to large scale campaigns.

Community Services and Supports (CSS): This component provides programs and services geared toward individuals living with serious mental illness, including an allowance for MHSA Housing and a requirement that half of the funds be directed to support intensive outpatient services called Full Service Partnership programs. It is anticipated that over 94,000 individuals will benefit from a CSS program over the course of the three year period of the plan.

Innovation (INN): Innovation is intended to allow the testing and evaluation of new and/or changed practices or strategies in the field of mental health. These short term, learning focused projects, strive to improve an aspect of the public behavioral health system.

Workforce Education and Training (WET): Qualified and competent staff are an essential ingredient to the success of MHSA. WET supports the recruitment, training, development, and retention of public behavioral health employees.

Capital Facilities and Technological Needs (CFTN): CFTN further supports the infrastructure of the public behavioral health system through funding that helps modernize data and information systems and provide funds to build out space to provide MHSA mental health services.

Community Program Planning (CPP): MHSA requires Specialty Mental Health Plans to participate in meaningful stakeholder engagement in the development, implementation, and analysis of MHSA programs. The stakeholder process allows for continuous communication between HCA and stakeholders to allow for real time adjustments and quality improvement. A complete overview of the CPP activities that occurred for the development of this plan can be reviewed in its entirety in the Community Program Planning Section of this Plan.

Regulations provide large counties three years to spend their annual MHSA allocation. After the three-year period, funds revert to the state for redistribution. The values and available funding amounts proposed in the MHSA Annual Update are determined through a budget "true up" process, which helps to identify available funds. The fiscal review includes a detailed process of aligning existing component program budgets more closely with actual program expenditures from the most recent fiscal years. The annual budget "true up" allows BHS to identify cost savings for programs that could be utilized to cover costs of other programs within the same MHSA component. It also supports necessary adjustments to decrease budgets when revenue is not received at the levels anticipated. In addition, the MHSA Administrative team, HCA Finance, and representation from the County CEO office, meet quarterly with a State Financial Consultant to closely monitor three years of MHSA projections, and explore additional state initiatives and legislation changes that could potentially impact MHSA funding. Each quarter, a summary of projections

is presented at the OC Behavioral Health Advisory Board Community Meetings. Finally, BHS managers, fiscal leadership, and the MHSA Administrative team met regularly to coordinate and evaluate program development progress, budgets, expenditures, and proposed plans. An overview of the proposed Annual Update funding level for each component is provided in the table below.

It is noted that these draft Component budgets and values are based on projections and not actual funds received. MHSA funds have historically been volatile and subject to change. More recently MHSA revenue has been significantly less than what was anticipated when the 3-Year MHSA Plan was developed. In addition, BHS has unexpectedly received significantly less realignment funding, exacerbating the financial impacts to all BHS programming. Based on the information available at the time of this report, an overall reduction in funding is expected for the remaining year of the 3-Year Plan. Based on the projections, the plan reflects adjustments across each component.

OVERVIEW OF PROPOSED FUNDING TO SERVE OVER 100,000 INDIVIDUALS PER YEAR

COMPONENT	3 YEAR PLAN FY 2025-26	PROPOSED BUDGET FY 2025-26	DIFFERENCE
Prevention & Early Intervention	$77,753,250	$29,200,871	-$48,552,379
Community Services & Supports	$259,181,497	$185,661,366	-$73,520,131
Innovation	$4,255,557	$20,975,628	+$16,720,071
WET	$8,787,501	$8,371,705	-$415,796
Capital Facilities & Technological Needs	$23,091,028	$21,414,890	-$1,676,138
Total	**$373,068,833**	**$265,624,460**	**-$107,444,373**

The MHSA Three Year Plan was developed based on stakeholder input received through the community program planning process, legislative changes, state policy updates, and with consideration of Orange Counties local initiatives. This MHSA Annual Update (Annual Update) for FY 2025-26 was developed during a time of transition as the state moves toward implementation of the Behavioral Health Transformation (BHT) Initiative. BHT greatly impacts the MHSA and the allowable use of the funds by updating categorical funding requirements.

Californians living with serious mental illness and/or addiction can face many obstacles to receiving both behavioral health and medical care. As a result, these individuals lives may end decades earlier than the general population. The factors that can contribute to the challenge include barriers to transportation, age and cultural factors, beneficiaries needing to navigate separate delivery systems to access care, and, limitations in data sharing/care coordination.

To address the challenge, the state of California, under the direction of the Department of HealthCare Services (DHCS), is implementing Behavioral Health Transformation initiative, also known as Proposition 1. Behavioral Health Transformation complements and builds on California's other major behavioral health initiatives including, but not limited to, California Advancing and Innovating Medi-Cal (CalAIM) initiative, the California Behavioral Health Community-Based Organization Networks of Equitable Care and Treatment (BH-CONNECT) Demonstration proposal the Children and Youth Behavioral Health Initiative (CYBHI), Medi-Cal Mobile Crisis, 988 expansion, and the Behavioral Health Continuum Infrastructure Program (BHCIP). These efforts demonstrate the state's long-term commitment to transform Medi-Cal, with the intention of making the program more equitable, coordinated, and person-centered to help Medi-Cal beneficiaries maximize their health and life trajectory. The intention of this multi-component initiative is a more integrated and flexible behavioral health system that is currently being implemented through improvements to behavioral health policy and payment reform. A link to these initiatives is contained above and summarized below.

California Advancing and Innovating Medi-Cal (CalAIM) – an initiative to improve the quality of life and health outcomes of our population by implementing a broad delivery system, program, and payment reform across the Medi-Cal program.

Mobile Crisis – changes how and when crisis response teams deploy to community members experiencing a behavioral health crisis.

CARE Act – creates a collaborative court for individuals living with untreated schizophrenia spectrum disorders who require intensive collaboration and participation in voluntary treatment.

Senate Bill 43 – changes the legal definition of grave disability to include persons living with severe substance use or co-occurring mental health disorders without any simultaneous or preemptive investments in infrastructure.

Peer and Recovery Services – mandates the inclusion of peer support services with specializations in Medi-Cal, crisis, justice-involvement, housing, and supervisory roles.

Passage of Proposition 1 – A proposition authorizing significant changes to the Mental Health Services Act and mandates the development of a Behavioral Health Integrated Plan to includes all funding sources and program used for public behavioral health services. The updates make broad sweeping changes to existing statute.

Additionally, the proposition establishes a $6.4 billion bond to build treatment facilities, Veterans housing, and permanent supportive housing for individuals who are experiencing or at risk of homelessness and living with a serious mental illness and/ or substance use disorder.

The impacts of Proposition 1, the Behavioral Health Services Act (BHSA), approved by California voters on March 5, 2024, are contained below. The BHSA changes the categorical use of MHSA component funding. The current component funding of CSS, PEI, INN, WET, CFTN will be restricted to:

1. Full Service Partnerships (35% of BHSA Funding)
2. Housing Services and Supports (30% of BHSA Funding)
3. Behavioral Health Services and Supports (35% of BHSA Funding)

The BHSA expands priority populations and will include Substance Use Disorders while prioritizing individuals with Serious Mental Illness, at risk of or experiencing homelessness, justice involved, child welfare involved and/or institutionalization or conservatorship. The BHSA became effective on January 1, 2025, making this the final MHSA Plan Update. The first three year BHSA Integrated Plan will be written and distributed for approvals prior to June 30, 2026.

In this update, many programs in the MHSA Plan Update are reduced to align with actual amount of MHSA funding available to support a program. Because of the current financial picture from the state allocations, and in preparation with the MHSA becoming BHSA, there are no significant programmatic expansions planned for FY 2025-26. The Plan represents significant reductions in programs that will no longer be eligible for funding under BHSA.

The list of the changes to the MHSA Plan are outlined below:

PREVENTION AND EARLY INTERVENTION

The amount of PEI funding received in the last two fiscal years has been less than anticipated, requiring reduction in PEI component funding in comparison to the original three-year plan. Programs that do not meet criteria for sustainability under BHSA have been identified and are being recommended to come to an end, either through the natural end of a contract, or as a transitional year before BHSA requirements begin, July 1, 2026.

PROGRAM	UPDATE	DESCRIPTION OF CHANGE
Prevention Services and Supports for Youth	Program and Contracts End June 30, 2025	The current scope of work of the program does not meet the requirements for early intervention in BHSA. The contract ends June 30, 2025, and will not be renewed. The amount of available PEI funds has been reduced from previously anticipated levels of funding. Programs and services that align with the state requirements under Behavioral Health Transformation and align with stakeholder input will be included in the Behavioral Health Integrated Plan.

PROGRAM	UPDATE	DESCRIPTION OF CHANGE
Infant and Early Childhood Continuum	Removing from Budget	Program has not been operationalized since inclusion in the 3 year MHSA Plan. BHS, in partnership with First 5, is conducting a community program planning process to develop a Families, Infant, and Early Childhood Continuum that can be implemented across the County of Orange. Programs and services developed through the collaborative that meet BHT requirements, upon approval, can be included in the Behavioral Health Integrated Plan.
Mental Health Community Education Events for Reducing Stigma and Discrimination	Program and contracts end	Population-base Prevention will no longer be funded at the local level, as Proposition 1 redirects 4% of state BHSA funds to be implemented by the California Department of Public Health and prohibits the use of BHSA dollars at the local level for this purpose. As contracts come to their natural end, they will not be renewed.
Outreach for Increasing Recognition of Early Signs of Mental Illness	Reduction in program	■ Crisis Intervention Training – Program is moved to CSS as part of Crisis Services as it helps to support implementation of the Crisis Continuum in Orange County. ■ Mental Health and Well Being Promotion for Diverse Communities will no longer be funded. ■ Mental Wellness Campaigns scope of work is revised and will support functions of community program planning.
Crisis Prevention and Support – Suicide Prevention	Reduction in program	Population Based prevention will no longer be funded at the local level, as Proposition 1 prohibits local use for such purposes. The budget is reduced, and the scope of work (SOW) of programs has been updated to support individual-level services and Medi-Cal billing for individuals that meet criteria. Program reduced from $4.7M in the Three Year Plan to $2.7M for the FY 25/26 Annual Update.

PROGRAM	UPDATE	DESCRIPTION OF CHANGE
Transportation Assistance	Removed from PEI	Transportation supports have been removed from MHSA funding, as transportation is a covered benefit under Medi-Cal and does not necessitate identification as a program.
BH Navigation (aka BHS Outreach and Engagement)	Transition to CSS and costs offset by grant.	In alignment with outreach and engagement services in CSS, this program has transitioned to the CSS component. In addition, costs have been offset by a $7M grant received from CalOptima that will be applied over a three year period. The function of outreach and engagement will change under BHSA.
Integrated Justice Involved Services	Moved to CSS	In alignment with state issued guidance, justice involved in-reach and transitional services should be funded under CSS. Programs have been transitioned to reflect this change.
School Aged Mental Health Services	Program End	BHS will continue to serve children meeting eligibility for children's specialty behavioral health services in County and Contracted Clinical programs. DHCS has implemented policy change that has expanded access to school-based mental health services through managed care plans (MCPs). This expands the network to allow schools that opt in to coordinate and deliver care.
OC Parent Wellness Program	Program removed from PEI Budget	The program has suffered from significant staffing shortages for the last several years. The program staff are being integrated into children's outpatient clinics and will support the delivery of services as part of clinic operations.
OC4 Vets	Program Reduced	The program has been reduced as contracted services do not align with BHSA requirements. County operated services continue and a program to meet the needs of this important population can be developed under the BHSA.

PROGRAM	UPDATE	DESCRIPTION OF CHANGE
Community Counseling and Supportive Services	Program ending June 2025	This County operated program will end. The population being served in the program align with the population mandated to be served by managed care plans and will no longer be able to be sustained under BHSA.
PEI Administration	Funding Reduced	PEI administration costs are being reduced to reflect the reduction in PEI programming.

COMMUNITY SERVICES AND SUPPORTS

Reductions in the use of MHSA funding in this component are due to programmatic reductions and completion of some programs. These reductions are largely offset by the intention to increase Medi-Cal billing and by implementation of payment reform mandated by the State. Inability to generate needed revenue may result in additional mid-year reductions.

PROGRAM	UPDATE	DESCRIPTION OF CHANGE
Multi-Service Center for Homeless Mentally Ill	Program ended 2024	Program ended December 31, 2024
BH Navigation	This program (also known as BH Outreach and Engagement) moved from PEI to CSS	Program better aligns with CSS outreach and engagement requirements.
Integrated Justice Involved services	Moved from PEI to CSS	Program services and scope aligns with guidance from DHCS for delivery of services under CSS.

Warmline	Program ending June 2025	The reduction in available MHSA funding and the transition to BHSA contribute to this decision. ■ The amount of existing MHSA and categorical BHSA funding is very limited and mandated services are being prioritized, as new accountability is put in place. ■ Failure to meet those accountability measures for mandated programs will result in fines to the County. ■ The Warmline is not a mandated service, and a state funded WarmLine service is offered to all California residents. ■ California's 24/7 Peer-Run Warmline can be accessed at (855) 845-7415 via talk or text and offers supports in English, Spanish, and 240 other languages.
In-Home Crisis Stabilization	Budget reduced	Program reduced and will only be serving children's programs.
Children and Youth Expansion	MHSA Budget Reduced	Anticipated amount of MHSA dollars needed to sustain services is reduced as payment reform and new Medi-Cal billing standards are implemented. It is not anticipated that services will be affected.
Outpatient Recovery	MHSA Budget Reduced	Anticipated amount of MHSA dollars needed to sustain services is reduced as payment reform and new Medi-Cal billing standards are implemented. It is not anticipated that services will be affected.
Supported Employment	MHSA Budget Reduced	This program will end June 30, 2025. Supported employment will become a mandated part of the delivery of Full Service Partnership program services in BHSA. This support will be transitioned into the requirements and scope of work for FSP in the Behavioral Health Integrated Plan.

TRANSLATED EXECUTIVE SUMMARY

الملخص التنفيذي

معلومات مرجعية عن قانون خدمات الصحة النفسية

وافق الناخبون في كاليفورنيا، في شهر نوفمبر (تشرين الثاني) 2004، على المشروع رقم (63)، والمعروف باسم «قانون خدمات الصحة النفسية» (Mental Health Services Act, MHSA)؛ وهو القانون الذي ينص على فرض ضريبة قدرها واحد بالمئة (1%) على كل فرد يتجاوز دخله مليون دولار، وينصب التركيز فيه على إحداث تحول في منظومة خدمات الصحة النفسية بقصد تعزيز جودة الحياة لدى أولئك الذين يعانون من حالات صحية نفسية خطرة، هم وعائلاتهم. وتتكفل برامج الصحة النفسية، بمقتضى هذا القانون، بضمان إفساح المجال للجهات المعنية الرئيسية في المجتمع للإسهام في تطوير البرامج وتنفيذها وتقييمها وتمويلها وسن السياسات بما يؤدي إلى تلبية برامج الصحة السلوكية العامة المُخصَّصة لحاجات الناس على تنوعهم، أفرادًا وعائلاتٍ ومجتمعاتٍ، في مختلف أنحاء ولاية كاليفورنيا؛ وهو ما كانت ثمرته ما تشهده المجتمعات المحلية وأبناؤها من منافع التوسع في خدمات الصحة النفسية وتعزيزها.

وقد استعانت شعبة خدمات الصحة السلوكية (Behavioral Health Services, BHS)، لدى وكالة الرعاية الصحية في مقاطعة أورانج (Orange County Health Care Agency)، منذ بدء إنفاذ قانون MHSA، بمجموعة شاملة من الإجراءات التي تهدف إلى إشراك الجهات المعنية في تطوير البرامج المحلية التي تُجرَى بمقتضى قانون MHSA، والتي يتراوح نطاق شمولها من خدمات الوقاية والأزمات، ومرورًا بسلسلة مُوسَّعة من خدمات العيادات الخارجية، ووصولاً إلى تقديم خدمات الرعاية المنزلية في حالات الأزمات. وينصب التركيز في وضع جميع تلك البرامج وإجرائها، في المقام الأول، على التعاون المجتمعي، والتمكين الثقافي، وتوجيه الخدمات بما ينفع المستفيدين وعائلاتهم، وتكامل الخدمات المُقدَّمة للأفراد والعائلات، وإعطاء الأولوية لخدمة الفئات المحرومة من تلك الخدمات أو أولئك الذين لا يتلقون ما يكفيهم منها، والتركيز على أهمية الصحة النفسية والتعافي وتعزيز القدرة على التكيف في هذا الشأن. وقد طُوِّرت منظومة الخدمات القائمة في الوقت الراهن تطويرًا تدريجيًّا، وكانت البداية بفضل المساعي التي بذلتها الجهات المعنية في التخطيط لذلك عام 2005، وما زال التطوير مستمرًا حتى يومنا هذا.

وفي هذا الملخص التنفيذي موجز للتغييرات المقترح إجراؤها ضمن التحديث السنوي للبرامج التي تُجرَى بمقتضى قانون MHSA في مقاطعة أورانج للعام المالي 2026/2025؛ وهو التحديث الذي يشتمل على إجمال للإجراءات الجاري تنفيذها بشأن التخطيط للبرامج المجتمعية (Community Program Planning, CPP)، وبيان لمُقوِّمات البرامج، ومنها الفئات المستهدفة فيها، وتقدير الموازنات، والبيانات، فضلاً عن المستندات الداعمة لذلك، والتي تجدونها مشمولة في الملاحق المُرفَقة.

خدمات الصحة النفسية (MHSA): أقسام المُقوِّمات والتمويل

ولتحديد أوجه صرف التمويل بحسب الفئات على نحو أدق، تُصنَّف مُقوِّمات البرامج التي تُجرَى بمقتضى قانون MHSA إلى ستة عناصر، ويشمل كل واحد منها بيان فئة محددة بعينها أو وجهًا من أوجه الصرف المسموح بها، أحدهما أو كليهما. وتشتمل هذه العناصر على برنامج الوقاية والتدخل المبكر (Prevention and Early Intervention, PEI) وكذلك برنامج الخدمات المجتمعية ووسائل الدعم (Community Services and Supports, CSS)، والتي تُقدَّم الخدمات فيهما بشكل مباشر. وفي البيانات الواردة أدناه تقدير لعدد الأفراد المُراد تقديم الخدمات إليهم في غضون المدة المشمولة في هذه الخطة التي تمتد لثلاثة أعوام؛ أي من عام 2023 حتى عام 2026:

قسم برامج الوقاية والتدخل المبكر (PEI)؛ ويهدف إلى إتاحة وسائل الدعم أو التدخل في أسرع وقت ممكن بقصد الوقاية من تفاقم الحالات الصحية النفسية وتحولها إلى معوقات تعترض سبل أصحابها. ويجب أن يُوجَّه معظم التمويل في هذه البرامج إلى خدمة الأطفال والشباب دون الخامسة والعشرين وعائلاتهم ومقدمي خدمات الرعاية إليهم. ومن المتوقع أن يتلقى نحو 230,000 فرد الخدمات من هذه البرامج في غضون مدة الخطة الثلاثية المتقدمة الذكر البالغة ثلاثة أعوام؛ على أن هذه الأعداد لا تشمل الأعداد المتوقعة لأولئك الذين قد يتواصلون مع مركز الاتصال لدى وكالة الرعاية الصحية في مقاطعة أورانج (OC LINKS) أو أولئك الذين قد تشملهم الحملات المُوسَّعة.

قسم برامج الخدمات المجتمعية ووسائل الدعم (CSS)؛ ويُعنَى هذا القسم بإجراء البرامج وتقديم الخدمات المُوجَّهة نحو أولئك الذين يعانون من أمراض ذهنية بالغة، ومنها تخصيص التمويل للإسكان بمقتضى قانون MHSA، مع توجيه نصف هذه الأموال لدعم الخدمات المُركَّزة في العيادات الخارجية، والمعروفة باسم «برامج الشراكة ذات الخدمات الشاملة» (Full Service Partnership). ومن المتوقع أن يستفيد أكثر من 94,000 فرد من برنامج CSS في غضون مدة الخطة الثلاثية هذه.

قسم الابتكار (Innovation, INN)؛ ويهدف هذا الجانب إلى التمكين لاختبار الممارسات أو الإستراتيجيات الجديدة أو المُعدَّلة في مجال الصحة النفسية وتقييمها. ويُقصَد من هذه المشروعات القريبة الأمد، والتي ينصب التركيز فيها على التعلم، إلى تحسين جانب من جوانب المنظومة العامة لخدمات الصحة السلوكية.

قسم برامج التعليم والتدريب المهني (Workforce Education and Training, WET)؛ الموظفون من ذوي الأهلية والكفاءة عنصر لا غنى عنه في نجاح منظومة الخدمات التي تُقدَّم بموجب قانون MHSA. ويُعنَى هذا الجانب بدعم التوظيف والتدريب وتطوير المهارات واستبقاء العاملين في المنظومة العامة لخدمات الصحة السلوكية.

قسم المرافق الكبرى والحاجات التقنية (Capital Facilities and Technological Needs, CFTN)؛ ويُعنى هذا الجانب بدعم المنظومة العامة لخدمات الصحة السلوكية عن طريق التمويل الذي يساعد على تحديث أنظمة البيانات والمعلومات وإتاحة التمويل لتوسعة المساحات اللازمة لتقديم الخدمات بموجب قانون MHSA.

قسم تخطيط البرامج المجتمعية (Community Program Planning, CPP)؛ يقتضي قانون MHSA أن تُسهِم برامج الصحة النفسية المتخصصة إسهامًا جادًّا في الاستعانة بالجهات المعنية على تطوير هذه البرامج وتنفيذها وتحليلها؛ وهو الإجراء الذي يُمكِّن لاستمرار التواصل بين وكالة الرعاية الصحية والجهات المعنية بما يسمح بإجراء التعديلات في حينها والارتقاء بالجودة. وثمة عرض عام لأعمال CPP، التي أُجريت في أثناء وضع هذه الخطة، في قسم «تخطيط البرامج المجتمعية» ضمن هذه الخطة.

وتُجيز التشريعات للمقاطعات الكبرى مدة قدرها ثلاثة أعوام لإنفاق المخصصات السنوية المصروفة لها بموجب قانون MHSA. فإذا انقضت هذه المدة، أُعِيدت تلك الأموال إلى الولاية لإعادة توزيعها. وتُحدَّد القيم والمبالغ المالية المتاحة، والمقترح تقديمها ضمن التحديث السنوي للخدمات المُقدَّمة بموجب قانون MHSA؛ وذلك عن طريق إجراءات «الموازنة بالتسوية الدقيقة» التي تساعد على تحديد الأموال المتاحة بدقة. ويشمل هذا التدقيق المالي إجراءات مُفصَّلة لضبط موازنات برامج المُقومات الراهنة لتتوافق على نحو أدق مع النفقات الفعلية للبرامج في الأعوام المالية الأخيرة. وتسمح إجراءات «الموازنة بالتسوية الدقيقة» للمنظومة العامة لخدمات الصحة السلوكية بتحديد مدخرات البرامج التي يمكن استخدامها لسداد نفقات بقية البرامج المشمولة ضمن القسم ذاته من أقسام مُقوِّمات منظومة خدمات الصحة النفسية، فضلاً عن مساعدتها على إجراء التعديلات اللازمة لخفض الموازنات إذا قلت الإيرادات دون المستويات المتوقعة. كذلك، يلتقي الفريق المعني بإدارة منظومة خدمات الصحة النفسية (MHSA Administrative Team) وفريق التمويل لدى منظومة خدمات الصحة السلوكية (HCA Finance) وممثلو مكتب الرئيس التنفيذي للمقاطعة (County CEO Office) كل ثلاثة أشهر مع أحد المستشارين الماليين لدى الولاية لإجراء رصد دقيق لتوقعات الخطة الثلاثية لمنظومة MHSA واستكشاف المزيد من المبادرات والتغييرات التشريعية التي قد تؤثر في تمويل الخدمات التي تُقدَّم بمقتضى قانون MHSA.

ويُقدَّم، كل ثلاثة أشهر، موجز للتوقعات؛ وذلك في اجتماعات المجلس الاستشاري لمنظومة خدمات الصحة السلوكية في مقاطعة أورانج. ويُضاف إلى ذلك اللقاءات التي تُعقَد على نحو منتظم بين مديري منظومة خدمات الصحة السلوكية والمديرين الماليين الفريق المعني بإدارة منظومة خدمات الصحة النفسية (MHSA Administrative Team) بقصد تنسيق مسارات تطوير البرامج والموازنات والنفقات والخطط المقترحة وتقييمها. وفي الجدول التالي عرض عام لمستوى التمويل المقترح ضمن التحديث السنوي لكل قسم من أقسام المُقوِّمات.

ونود لفت أنظاركم إلى حقيقة أن هذه الموازنات المُقترَحة لأقسام المُقوِّمات هذه قد وضِعت بحسب التوقعات، وليست وفق التمويل الوارد فعليًّا. وتتسم التمويلات الواردة للخدمات التي تُقدَّم بمقتضى قانون MHSA، ووفق ما هو ثابت في بيانات الأعوام السابقة، بالتأرجح وقابلية التغير. وقد جاءت تمويلات MHSA، في الآونة الأخيرة، أدنى بكثير مما كان متوقعًا عند وضع الخطة الثلاثية للخدمات التي تُقدَّم بمقتضى قانون MHSA. كذلك، كانت الأموال المخصصة لخدمات الصحة السلوكية أدنى بكثير، وعلى نحو غير متوقع، من المبالغ المخصصة عند التسوية؛ وهو ما كان له تأثير مالي بالغ في جميع برامج منظومة خدمات الصحة السلوكية. ومن المتوقع، وفق المعلومات المتاحة عند إعداد هذا التقرير، حدوث انخفاض في مُجمَل التمويل المخصص للعام المتبقي من الخطة الثلاثية هذه. ويُجرَى في هذه الخطة إثبات التسويات في كل قسم من أقسام المُقوِّمات، بحسب التوقعات ذات الصلة.

عرض عام للتمويل المُقترَح لتقديم الخدمات إلى أكثر من 100,000 فرد كل عام

قسم المُقوِّمات	الخطة الثلاثية العام المالي 2026/2025	الموازنة المقترحة العام المالي 2026/2025	الفرق
الوقاية والتدخل المبكر	77,753,250 دولارًا	29,200,871 دولارًا	-48,552,379 دولارًا
الخدمات المجتمعية ووسائل الدعم	259,181,497 دولارًا	185,661,336 دولارً	-73,520,131 دلا
الابتكار	4,255,557 دولارًا	20,975,628 دولارً	+16,720,071 دلا
التعليم والتدريب المهني (WET)	8,787,501 دولار	8,371,705 دولارات	-415,796 دولارًا
المرافق الكبرى والحاجات التقنية	23,091,028 دولارًا	21,414,890 دولارًا	-1,676,138 دولارًا
الإجمالي	**373,068,833 دولارًا**	**265,624,460 دولارًا[1]**	**-107,444,373 دولارًا**

وقد وُضِعت الخطة الثلاثية الأعوام بشأن الخدمات المُقدَّمة بمقتضى قانون MHSA استنادًا إلى البيانات الواردة من الجهات المعنية، والتي وردت في أثناء إجراءات التخطيط للبرامج المجتمعية، فضلاً عن التغيرات التشريعية وتحديثات السياسات النافذة في الولاية، إلى جانب المبادرات المحلية في مقاطعة أورانج. كذلك، وُضِع هذا التحديث السنوي لمنظومة خدمات الصحة النفسية للعام المالي 2026/2025 في خضم مرحلة انتقالية تتجه فيها الولاية نحو إجراء مبادرة إحداث التحول في منظومة خدمات الصحة السلوكية (Behavioral Health Transformation, BHT)؛ وهي الخدمات التي تؤثر تأثيرًا بالغًا في منظومة MHSA والأوجه المسموح بها لصرف الأموال بحسب الاشتراطات الموضوعة لتحديث تمويل فئات المُقوِّمات.

ويواجه أهل كاليفورنيا مِمَّن يعانون من الأمراض النفسية المُعضِلة أو الإدمان، أو كليهما، كثيرًا من المُعوقات في سبيل تحصيل خدمات الرعاية السلوكية والطبية؛ وهو ما قد يُعجِّل بوفاتهم كثيرًا، مقارنةً بغيرهم من الناس. ومن العوامل التي تُفاقِم من هذه التحدي تلك المعوقات التي يعانون منها من ناحية سبل النقل، والفئة العمرية والثقافية، والحاجة إلى التنقل بين مختلف أنظمة تقديم الخدمات لتلقي الرعاية، فضلاً عن القيود المفروضة من ناحية تشارك البيانات وتنسيق الرعاية.

وللتصدي لهذه التحديات، تقوم ولاية كاليفورنيا، وبإشراف إدارة خدمات الرعاية الصحية (Department of HealthCare Services, DHCS)، على تنفيذ مبادرة إحداث التحول في منظومة خدمات الصحة السلوكية (Behavioral Health Transformation)، والمعروفة كذلك باسم «المشروع الأول» (Proposition 1)، والتي تُتَمِّم بقية المبادرات الكبرى في ولاية كاليفورنيا في مجال خدمات الصحة السلوكية وتستكمل عليها، ومنها – على سبيل الذكر لا الحصر – مبادرة تعزيز منظومة الرعاية الطبية وتجديدها (California Advancing and Innovating Medi-Cal, CalAIM)، ومقترح شبكات منظمات العمل المجتمعي في مجال الصحة السلوكية والمعنية بتحقيق المساواة في العلاج والرعاية في ولاية كاليفورنيا (BH-CONNECT)، ومبادرة خدمات الصحة السلوكية للأطفال والشباب (Children and Youth Behavioral Health Initiative, CYBHI)، ومبادرة الإغاثة في حالات الطوارئ (Medi-Cal Mobile Crisis)، ومبادرة تطوير الخط المباشر للإغاثة (988)، وبرنامج تطوير مرافق البنية التحتية لبرامج خدمات الصحة السلوكية (Behavioral Health Continuum Infrastructure Program, BHCIP). وتُبرز هذه المساعي قدر التزام الولاية على الأمد البعيد بإحداث التحول في منظومة الرعاية الصحية (Medi-Cal) بهدف تحقيق المزيد من الإنصاف والتنسيق في منظومة البرامج هذه وتعزيز تركيزها على المستفيدين من خدماتها، بما يُمكِّنهم من الانتفاع منها بأكبر قدر من ناحية صحتهم ومسارات حياتهم. والمقصد من هذه المبادرة المتعددة المُقوِّمات إحداث مزيد من التكامل والتيسير في منظومة خدمات الصحة السلوكية القائمة في الوقت الراهن؛ وذلك بتحسين سياسات خدمات الصحة السلوكية وإصلاح منظومة السداد. وقد سبق إدارج الرابط المؤدي إلى تلك المبادرات، وفيما يلي موجز لها.

مبادرة CalAIM؛ وهي مبادرة لتعزيز جودة الحياة ومحصلات خدمات الصحة لأهل الولاية؛ وذلك عن طريق إجراء إصلاح شامل في منظومة تقديم الخدمات وإدخال إصلاحات على البرامج ومنظومة السداد في مختلف برامج منظومة الرعاية الصحية (Medi-Cal).

مبادرة الإغاثة في حالات الطوارئ (Mobile Crisis)؛ وتُعنَى بإحداث التحول في طرق نشر فرق الإغاثة في حالات الأزمات وتوقيتات ذلك، في سبيل إغاثة أبناء المجتمع مِمَّن يعانون من أزمات من ناحية الصحة السلوكية.

قانون المساعدات المجتمعية والتعافي والتمكين (CARE Act)؛ والذي يُمكِّن لتهيئة الأوساط التي تتسم بالتعاون لدى أولئك الذين يعانون من اضطرابات طيف الفصام غير المُعالَجة، والذين يلزمهم تكثيف التعاون والمشاركة في تلقي العلاج طوعًا.

مشروع القانون رقم (43) لدى مجلس الشيوخ (Senate Bill 43)، والذي يُوسِّع نطاق التعريف القانوني لمفهوم الإعاقة البالغة ليشمل أولئك الذين يعانون من اضطرابات تعاطي المواد أو الاضطرابات الذهنية المتزامنة؛ وهي الإعاقات التي لا يوجد بشأنها مرافق بنية تحتية تحظى بالتمويل المتزامن أو الاستباقي.

خدمات دعم الأنداد والتعافي (Peer and Recovery Services)؛ والتي تستوجب اشتمال الاختصاصات الموجودة في منظومة الرعاية الطبية (Medi-Cal) على خدمات دعم الأنداد، فضلاً عن الإغاثة في الأزمات، ورعاية ذوي السوابق القضائية، وإسكان متلقي الرعاية، وتعزيز المسؤوليات الرقابية.

إقرار «المشروع الأول» (Proposition 1)؛ وهو مشروع القانون الذي يُجِيز إجراء تعديلات بالغة الأهمية في قانون خدمات الصحة النفسية، ويستوجب وضع خطة متكاملة في مجال الصحية السلوكية، والتي تشمل جميع مصادر التمويل والبرامج التي يُستعَان بها في المنظومات العامة لخدمات الصحة السلوكية. ومن شأن هذه التعديلات أن تُحدِث تغييرات كبرى في التشريعات النافذة في الوقت الراهن.

ويستحدث مشروع القانون هذا، أيضًا، إصدار سند بقيمة قدرها 6,4 مليارات دولار لإنشاء مؤسسات العلاج وإسكان المحاربين القدامى وإتاحة المساكن الدائمة لأولئك الذين يعانون من التشرد أو الأمراض النفسية المُعضِلة أو اضطرابات تعاطي المخدرات، وأولئك المعرضين لتلك الأخطار.

وفيما يلي بيان آثار إنفاذ مشروع القانون هذا، والمعروف باسم «قانون منظومة خدمات الصحة السلوكية» (Behavioral Health Services Act, BHSA)، والذي أقره الناخبون في ولاية كاليفورنيا يوم 5 مارس (آذار) عام 2024. ومن ذلك أن هذا القانون يُغيّر من تصنيف تمويلات مُقوّمات منظومة MHSA؛ إذ يقصر أوجه صرف التمويل المتاح في الوقت الراهن لمُقوّمات برامج CSS وبرامج PEI وبرامج INN وبرامج WET وبرامج CFTN على هذه الأوجه:

1. برامج الشراكة ذات الخدمات الشاملة (وذلك بنسبة قدرها 35% من التمويل المُقدَّم بموجب قانون BHSA).
2. خدمات الإسكان ووسائل الدعم (وذلك بنسبة قدرها 30% من التمويل المُقدَّم بموجب قانون BHSA).
3. خدمات الصحة السلوكية ووسائل الدعم (وذلك بنسبة قدرها 35% من التمويل المُقدَّم بموجب قانون BHSA).

ويُوسّع قانون BHSA من نطاق شمول الفئات ذات الأولوية ليشمل أولئك الذين يعانون من اضطرابات تعاطي المخدرات، مع إعطاء الأولوية لأولئك الذين يعانون من الأمراض النفسية المُعضِلة والمعرضين لأخطار التشرد وذوي السوابق القضائية وأولئك الموضوعين في رعاية مؤسسات رعاية الأطفال وإصلاحيات الأحداث والوصاية. وقد بدأ إنفاذ هذا القانون في الأول من يناير (كانون الثاني) عام 2025؛ ليكون هذا التحديث بذلك آخر تحديث لخطة الخدمات المُقدَّمة بمقتضى قانون MHSA. وستُدوَّن الخطة المتكاملة للأعوام الثلاثة الأولى بعد إنفاذ قانون BHSA، على أن تُوزَّع بقصد إقرارها في موعد أقصاه يوم 30 يونيو (حزيران) عام 2026.

أما هذا التحديث الراهن لخطة الخدمات المُقدَّمة بمقتضى قانون MHSA، ففيه تقليص لكثير من البرامج ليتسق التمويل فيها مع المبالغ المُخصَّصة فعليًّا لدعمها بمقتضى قانون MHSA. وليس في هذا التحديث توسع كبير ضمن مخطط البرامج للعام المالي 2026/2025؛ وذلك بسبب وضع التخصيصات الراهنة في الولاية، وكذلك بسبب الإعداد للتحول من العمل بقانون MHSA إلى العمل بموجب قانون BHSA. وتشتمل هذه الخطة، من ثم، على تقليص بالغ لأعمال البرامج التي لا تستحق تلقي التمويل بمقتضى قانون BHSA.

وإليكم قائمة للتعديلات التي ستُجرَى في خطة البرامج الموضوعة وفق قانون MHSA:

الوقاية والتدخل المبكر

جاء التمويل الوارد لبرامج PEI في العامين الماليين السابقين أدنى مِمَّا كان متوقعًا؛ وهو ما يستوجب خفض التمويل المُخصَّص لمُقوّم الوقاية والتدخل المبكر مقارنة بما كان عليه في الخطة الثلاثية الأصلية. وقد حُدِّدت البرامج التي لا تستوفي المعايير اللازمة للاستمرار بموجب قانون BHSA، والتي يُستحسَن – من ثم – إنهاء العمل فيها، سواء كان ذلك بانقضاء العقود المعنية فيها انقضاءً عاديًا أو بشمولها ضمن العام الانتقالي قبل بدء العمل بقانون BHSA في الأول من يوليو (تموز) عام 2026.

البرنامج	التحديث	بيان التغيير
خدمات الوقاية ووسائل الدعم للشباب	ينقضي هذا البرنامج والعقود المعنية فيه بتاريخ 30 يونيو (حزيران) عام 2025	لا يتسق نطاق عمل البرنامج الراهن مع الاشتراطات التي ينص عليها قانون BHSA بشأن تمويل برامج التدخل المبكر. وينقضي التعاقد في هذا البرامج يوم 30 يونيو (حزيران) عام 2025، ولن يُجدَّد. وسيُجرَى، كذلك، خفض التمويل المتاح لبرنامج PEI هذا عَمَّا كان متوقعًا بشأنه سابقًا. وستشتمل الخطة المتكاملة لخدمات الصحة السلوكية على تلك البرامج والخدمات التي تستوفي الاشتراطات التي تضعها الولاية بموجب مبادرة إحداث التحول في منظومة خدمات الصحة السلوكية وتتسق مع البيانات الواردة من الجهات المعنية.

البرنامج	التحديث	بيان التغيير
امج الدعم المستمر لرعاية الرُّضَّع طفال الصغار	سيُحذَف من الموازنة	لم يُوضَع هذا البرنامج موضع التنفيذ منذ إدراجه في الخطة الثلاثية الأعوام للخدمات المُقدَّمة بمقتضى قانون MHSA؛ وتتولى منظومة خدمات الصحة السلوكية – وبالتعاون مع مؤسسة First 5 – وضع الخطط لبرنامج مجتمعي يهدف إلى وضع سلسلة من وسائل الدعم للعائلات والرُّضَّع والأطفال الصغار، والذي يُزمَع إجراؤه في مختلف أنحاء مقاطعة أورانج. وستشتمل الخطة المتكاملة لخدمات الصحة السلوكية على تلك البرامج والخدمات التي تستحدثها جهود التعاون هذه، والتي تستوفي الاشتراطات المنصوص عليها بشأن المختصين في BHT، وذلك بعد إقرارها.
اليات المجتمعية للتوعية بشأن حة النفسية للحد من التعيير ميز	ينقضي هذا البرنامج والعقود المعنية فيه	لن يُقدَّم بعد الآن أي تمويل لبرامج وقاية الفئات السكانية على الصعيد المحلي؛ إذ يقضي «المشروع الأول» (Proposition 1) بإعادة توجيه نسبة قدرها 4% من التمويلات المُخصَّصة في الولاية بموجب قانون BHSA إلى وزارة الصحة العامة في ولاية كاليفورنيا (California Department of Public Health, CDPH) لتتولى تقديم هذه الخدمات، ويحظر الاستعانة بتلك التمويلات المُخصَّصة بموجب قانون BHSA على تقديم تلك الخدمات على الصعيد المحلي. ولن تُجدَّد العقود المعنية في هذا الصدد بعد انقضائها في آجالها المُحدَّدة.
ج التوعية لتعزيز الكشف عن لامات المبكرة للأمراض النفسية	تقليص نطاق البرامج	■ التدريب على إجراءات التدخل في الأزمات (Crisis Intervention Training)؛ وهو البرنامج الذي نُقِل إلى قسم CSS ليكون جزءًا من برامج خدمات الأزمات (Crisis Services) لما فيه من مساعدة على دعم حفظ استمرارية تقديم الخدمات في حالات الأزمات في مقاطعة أورانج. ■ لن يُخصَّص بعد الآن أي تمويل لأعمال التوعية بالصحة والسلامة النفسية في المجتمعات المتنوعة الانتماءات (Mental Health and Well Being Promotion for Diverse Communities). ■ رُوجِع نطاق العمل في حملات السلامة النفسية (Mental Wellness Campaigns)، وستُقدَّم فيه وسائل الدعم للوظائف المعنية بتخطيط البرامج المجتمعية.
امج الوقاية من الانتحار ضمن ج الوقاية والدعم في حالات مات	تقليص نطاق البرامج	لن يُقدَّم بعد الآن أي تمويل لبرامج وقاية الفئات السكانية على الصعيد المحلي؛ إذ يحظر «المشروع الأول» (Proposition 1) الاستعانة بالتمويل استيفاءً لهذه المقاصد على الأصعدة المحلية. وقد خُفِّضت الموازنة، وحُدِّث نطاق العمل (Scope Of Work, SOW) في هذا البرنامج بما يُمكِّن من تقديم الدعم للخدمات المُقدَّمة بصورة فردية وسداد فواتير الأفراد المستحقين لدي منظومة الرعاية الصحية (Medi-Cal). وقد خُفِّض التمويل المُخصَّص للبرنامج من مبلغ قدره 4,7 ملايين دولار، بحسب ما كان موضوعًا في الخطة الثلاثية، ليصير 2,7 مليون دولار، وفق التحديث السنوي للعام المالي 2026/2025.

البرنامج	التحديث	بيان التغيير
المساعدات بوسائل النقل	حُذِف من برامج PEI	حُذِفت وسائل الدعم للنقل من التمويل المُخصَّص للخدمات المُقدَّمة بمقتضى قانون MHSA؛ إذ تشمل منظومة الرعاية الصحية (Medi-Cal) هذه الوسائل، وليس من اللازم – من ثم – تخصيص برنامج لها.
برنامج الإرشاد بشأن خدمات الصحة السلوكية (BH Navigation)؛ (والمعروف، كذلك، باسم برنامج BHS Outreach and (Engagement	يُنقَل إلى قسم CSS، وتُسدَّد نفقاته بتمويل من إحدى المِنَح.	نُقِل هذا البرنامج إلى قسم CSS، وذلك لتوافقه مع خدمات التوعية والمشاركة، والمشمولة في القسم المذكور. وتُسدَّد نفقات هذا البرنامج بتمويل من منحة قدرها 7 ملايين دولار، وقد وردت من برنامج التأمين الاجتماعي (CalOptima)، وسيُجرَى صرفها على مدار ثلاثة أعوام. وسيُجرَى تغيير مسؤوليات المعنيين بالتوعية والمشاركة وفق ما يقتضيه قانون BHSA.
برنامج الخدمات المتكاملة لذوي السوابق القضائية	يُنقَل إلى قسم CSS	بحسب التوجيهات الصادرة من الولاية، يجب تمويل خدمات الدعم المُؤيدة بالأدلة والخدمات الانتقالية لذوي السوابق القضائية ضمن قسم CSS؛ وقد نُقِلت هذه البرامج إلى ذلك القسم، استيفاءً لاشتراطات إجراء هذا التغيير.
خدمات الصحة النفسية للأطفال في سن المدرسة	إنهاء البرنامج	ستظل منظومة خدمات الصحة السلوكية على عهدها في خدمة الأطفال الذين يستوفون شروط استحقاق تلقي خدمات الصحة السلوكية المُخصَّصة لهم في البرامج المحلية والجهات المتعاقدة معها. وقد أجرت إدارة DHCS تغييرًا في السياسات ذات الصلة بقصد تعزيز إتاحة خدمات الصحة النفسية للأطفال في سن المدرسة؛ وذلك عن طريق برامج الرعاية المُوجَّهة (MCPs)؛ وهو ما من شأنه توسعة شبكة هذه الخدمات لتمكين المدارس المشتركة فيها من تنسيق خدمات الرعاية هذه وتقديمها.
برنامج سلامة أولياء الأمور في مقاطعة أورانج	حُذِف هذا البرنامج من موازنة برامج PEI	عانى هذا البرنامج، في الأعوام القليلة السابقة، من نقص حاد في عدد الموظفين؛ ولذلك، سيُنقَل موظفوه إلى خدمات العيادات الخارجية للأطفال، وسيُجرَى دعم تقديم هذه الخدمات ضمن أعمال تلك العيادات.
برنامج المحاربين القدامى (OC4 Vets)	تقليص نطاق البرنامج	قُلِّص نطاق العمل في هذا البرنامج لعدم اتساق الخدمات المتعاقد عليها فيه مع الاشتراطات المنصوص عليها في قانون BHSA؛ على أن المقاطعة ستواصل إدارة هذه الخدمات، ومن الممكن إنشاء برنامج مخصص لتلبية حاجات هذه الفئة البالغة الأهمية، وفق مقتضيات قانون BHSA.

البرنامج	التحديث	بيان التغيير
خدمات الإرشاد والدعم المجتمعي	ينقضي هذا البرنامج في شهر يونيو (حزيران) عام 2025	سينقضي هذا البرنامج الذي تتولى المقاطعة إدارته؛ إذ ستتلقى الفئة المشمولة في هذا البرنامج خدماتها من برامج الرعاية المُوجَّهة، وفق مقتضيات قانون BHSA.
إدارة برامج الوقاية والتدخل المبكر (PEI)	خفض التمويل	خُفِّضت نفقات إدارة برامج PEI تبعًا لتقليص نطاق العمل في البرامج ذات الصلة.

قسم برامج الخدمات المجتمعية ووسائل الدعم (CSS)

خُفِّضت أوجه صرف الأموال الممنوحة بموجب قانون MHSA للبرامج المشمولة في هذا القسم بسبب تقليص نطاق العمل في تلك البرامج، فضلاً عن إتمام بعضها. ويُستعَاض عن هذا الخفض، وإلى حد بعيد، بما يُعتزَم إجراؤه من زيادة الأموال المخصصة لسداد نفقات فواتير منظومة الرعاية الصحية (Medi-Cal)، فضلاً عن إصلاح منظومة السداد وفق ما تستوجب الولاية إجراءه. غير أن العجز عن إتاحة الإيرادات اللازمة قد يؤدي إلى إجراء مزيد من التخفيض في منتصف العام.

البرنامج	التحديث	بيان التغيير
المركز المتعدد الخدمات لأصحاب الأمراض النفسية من المشردين	انقضى هذا البرنامج في عام 2024	انقضى هذا البرنامج بتاريخ 31 ديسمبر (كانون الأول) عام 2024.
برنامج الإرشاد بشأن خدمات الصحة السلوكية (BH Navigation)	نُقِل هذا البرنامج BH Navigation (والمعروف، كذلك، باسم برنامج BH Outreach and Engagement) إلى قسم CSS، بدلاً من قسم برامج PEI.	وذلك لاتساقه مع الاشتراطات اللازمة لاشتمال أعمال التوعية بخدمات الصحة السلوكية والمشاركة فيها ضمن قسم ووسائل الدعم (CSS).
برنامج الخدمات المتكاملة لذوي السوابق القضائية	نُقِل إلى قسم CSS، بدلاً من قسم برامج PEI.	يتوافق هذا البرنامج، في نطاقه والخدمات المشمولة فيه، مع التوجيهات الصادرة من إدارة DHCS بشأن تقديم الخدمات المشمولة في قسم CSS.

البرنامج	التحديث	بيان التغيير
الخط المباشر للدعم النفسي (WarmLine)	ينقضي هذا البرنامج في شهر يونيو (حزيران) عام 2025	جاء اتخاذ القرار بشأن إنهاء هذا البرنامج، في جزء منه، بسبب خفض التمويل المُقدَّم بمقتضى قانون MHSA والتحول إلى العمل بمقتضيات قانون BHSA. ■ المبلغ المتاح من التمويل المُخصَّص بموجب قانون MHSA وفئات التمويل بحسب قانون BHSA محدود للغاية؛ والأولوية – من ثم – للخدمات الإلزامية، وذلك بسبب استحداث اشتراطات جديدة للمساءلة في هذا الصدد. ■ والتقاعس دون استيفاء معايير المساءلة تلك بالنسبة للبرامج الإلزامية من شأنه أن يؤدي إلى فرض الغرامات على المقاطعة في هذا الصدد. ■ وخدمة الخط المباشر للدعم النفسي (WarmLine) ليست من الخدمات الإلزامية، فضلاً عن وجود خط مباشر للدعم النفسي، ويتلقى تمويله من ولاية كاليفورنيا، وتُقدَّم الخدمة فيه لجميع المقيمين في الولاية. ■ وباستطاعتكم التواصل مع الخط المباشر للدعم النفسي (WarmLine) في ولاية كاليفورنيا، والذي يتولى إدارته أنداد أصحاب الحالات من المتصلين؛ وهو متاح على مدار الساعة، وطوال أيام الأسبوع، عن طريق الهاتف رقم: 7415-845 (855) عن طريق المكالمات الصوتية أو الرسائل النصية، ويُقدِّم خدمات الدعم باللغتين الإنجليزية والإسبانية، فضلاً عن 240 لغة أخرى.
التثبيت العلاجي للحالات الطارئة في المنازل	خفض الموازنة	حُصِر نطاق العمل في هذا البرنامج، وسيقتصر على تقديم الخدمات للأطفال.
تعزيز الخدمات للأطفال والشباب	خفض الموازنة المخصصة وفق قانون MHSA	خُفِّض مبلغ التمويل المخصص وفق قانون MHSA، واللازم لاستمرار تقديم هذه الخدمات؛ وذلك بسبب التعديلات بشأن منظومة السداد ومعايير إصدار الفواتير الجديدة لدى منظومة الرعاية الصحية (Medi-Cal)؛ غير أنه ليس من المتوقع أن تتأثر هذه الخدمات بذلك.
برنامج الاستشفاء لمرضى العيادات الخارجية	خفض الموازنة المخصصة وفق قانون MHSA	خُفِّض مبلغ التمويل المخصص وفق قانون MHSA، واللازم لاستمرار تقديم هذه الخدمات؛ وذلك بسبب التعديلات بشأن منظومة السداد ومعايير إصدار الفواتير الجديدة لدى منظومة الرعاية الصحية (Medi-Cal)؛ غير أنه ليس من المتوقع أن تتأثر هذه الخدمات بذلك.
خدمات دعم التوظيف	خفض الموازنة المخصصة وفق قانون MHSA	ينقضي هذا البرنامج يوم 30 يونيو (حزيران) عام 2025 وستصير خدمات دعم التوظيف، بذلك، قسمًا إلزاميًّا من أقسام برامج الشراكة ذات الخدمات الشاملة (Full Service Partnership, FSP) لدى BHSA. وسيُجرَى نقل وسائل الدعم هذه بحسب مقتضيات تلك البرامج (FSP) ونطاق العمل فيها، ضمن الخطة المتكاملة لخدمات الصحة السلوكية.

执行摘要

MHSA 背景

2004 年 11 月，加州选民投票通过第 63 号提案，也称为《心理健康服务法案》(Mental Health Services Act, MHSA)。该法案规定，对超过 100 万美元的个人收入征收 1% 的州税，并重点强调大力改革心理健康系统，以改善严重行为健康疾病患者及其家人的生活质量。在 MHSA 的支持下，各心理健康计划可确保主要社区利益相**关者有机会就**计划的制定、实施、评估、财务事宜和相关政策提供宝贵意见，据此打造量身定制的公共行为健康项目，以满足加州各地不同个人、家庭和社区的需求。通过相关计划，当地社区和居民可享受到心理健康服务范围扩大和质量改善所带来的诸多益处。

自 MHSA 颁布以来，橙县卫生保健局 (Orange County Health Care Agency) 行为健康服务部 (Behavioral Health Services, BHS) 借由全面的利益相**关者参与流程打造出本地** MHSA 项目，涵盖从预防和危机服务、扩大连续门诊服务到危机住院治疗。所有项目的制定和实施核心是专注于：社区协作；文化能力；消费者和家庭驱动的服务；针对消费者和家庭的服务整合；优先服务无法获得服务和未获得充分服务者；以及关注心理健康、康复和恢复力的重要性。自 2005 年利益相**关者**着手规划开始，橙县已逐步建立起多样化服务。如今，服务类型和范围仍在不断拓展。

本执行摘要简要介绍了橙县 2025-2026 财年 MHSA 年度更新（“年度更新”）中提议的计划变更。本 MHSA 年度更新包含对进行中社区项目规划 (Community Program Planning, CPP) 流程的概述和组成项目的说明（包括目标人群、预算预测、数据以及附录中的支持文件）。

MHSA 的组成部分和资金

为进一步定义分类资金的用途，MHSA 一分为六，且每个组成部分均已明确目标人群和/或允许用途。PEI 和 CSS 组成部分提供直接服务。下面的说明部分还提供了在本计划三年时间内（2023-2026 年）预计会服务的累计人数：

预防和早期干预 (Prevention and Early Intervention, PEI)：PEI 旨在尽早提供支持或干预，以防止心理健康状况恶化和致残。大多数 PEI 必须面向 25 岁及以下的儿童和青少年及其家人/照护者。三年计划期间，预计将有约 230,000 人参与 PEI 服务。这一数字不包含可能联系 OC LINKS 呼叫中心或接触大规模活动的预期人数。

社区服务和支持 (Community Services and Supports, CSS)：该组成部分所提供的项目和服务主要面向罹患严重心理疾病的个人，其中包括 MHSA 住房津贴，并要求将一半资金用于支持名为“全面服务合作伙伴”(Full Service Partnership) 项目的强化门诊服务。预计将有逾 94,000 人在本计划三年时间内受益于 CSS 项目。

创新 (Innovation, INN)：创新部分旨在测试和评估心理健康领域的全新和/或改良做法或策略。此类短期项目以学习为重点，力求改善公共行为健康系统的某个方面。

人员教育和培训 (Workforce Education and Training, WET)：拥有合格且称职的员工，是 MHSA 取得成功的关键要素。WET 为公共行为健康员工的招聘、培训、发展和留任提供支持。

资本设施和技术需求 (Capital Facilities and Technological Needs, CFTN)：CFTN 通过资金援助，进一步支持公共行为健康系统的基础设施，助力实现数据和信息系统的现代化，同时提供资金，帮助建造提供 MHSA 心理健康服务所需的场所。

社区项目规划 (Community Program Planning, CPP)：MHSA 要求专业心理健康计划让利益相关者有目的地参与 MHSA 项目的制定、实施和分析。利益相关者流程确保 HCA 和各利益相关者能够持续沟通，允许实时调整和改进质量。本计划的社区项目规划部分可供全面审查为制定本计划而开展的各项 CPP 活动完整概况。

有关法规规定，大县可在三年时间内花完每年的 MHSA 拨款。三年期满后，剩余资金将收归州库，以便重新分配。MHSA 年度更新所提及的金额和可用资金数额将通过用于确定可用资金的预算“调整”流程予以确定。财政审查包括细致的审查流程，其目的是使现有组成项目预算与最近财年的实际项目支出更相符。此预算“调整”工作每年进行一次，旨在帮助 BHS 确定各项目可从哪些方面着手削减开支，以弥补同一 MHSA 部分中其他项目的成本。如收入未达到预期水平，还可以进行必要的调整，以期减少预算。此外，MHSA 行政团队、HCA 财务部和县 CEO 办公室的代表每季度都会与州财务顾问会面，以密切监测三年来的 MHSA 预测，并探讨其他可能影响 MHSA 资金的州举措和立法变化。

每个季度，橙县行为健康顾问委员会社区会议 (OC Behavioral Health Advisory Board Community Meetings) 均将提交一份预测摘要。最后，BHS 管理人员、财政领导和 MHSA 行政团队定期会面，以协调和评估项目制定进度、预算、支出和拟议计划。下表概述各个组成部分的拟议年度更新拨款金额。

值得注意的是，该组成部分的预算草案和金额是基于预测，而非实收资金。MHSA 资金历来波动较大，随时可能有变。近期 MHSA 收入显著低于制定三年 MHSA 计划时的预期。此外，BHS 获得的调整资金出乎意料地大幅减少，这加剧了对所有 BHS 项目运作的财务影响。根据本报告发布时可用的信息，预计三年计划的剩余年份整体资金将会减少。根据预测，此计划反映出每个组成部分均进行了调整。

每年服务超过 10 万人的拟议拨款概览

组成部分	三年计划 2025-2026 财年	拟议预算 2025-2026 财年	差额
预防和早期干预	$77,753,250	$29,200,871	-$48,552,379
社区服务和支持	$259,181,497	$185,661,366	-$73,520,131
创新	$4,255,557	$20,975,628	+$16,720,071
WET	$8,787,501	$8,371,705	-$415,796
资本设施和技术需求	$23,091,028	$21,414,890	-$1,676,138
合计	**$373,068,833**	**$265,624,460**	**-$107,444,373**

2025-2026 财年 MHSA 年度更新

该 MHSA 三年计划根据通过社区项目规划流程所征集的利益相关者意见、立法变化和州政策更新制定，并充分考虑橙县的多项地方举措。该 2025-2026 财年 MHSA 年度更新（“年度更新”）是在加州逐步实施行为健康转型 (Behavioral Health Transformation, BHT) 举措的过渡时期制定。BHT 就分类资金相关要求作出更新，对 MHSA 和资金的允许用途产生了重大影响。

加州居民如存在严重精神疾病和/或成瘾问题，则在获得行为健康和医疗护理方面时，可能会面临诸多障碍。因此，与普通人群相比，此类人群可能提前数十年死亡。可能造成这一问题的因素包括交通困难、年龄和文化因素、受益人需要通过单独的服务提供系统获得护理，以及数据共享/护理协调方面的限制。

为了应对这一挑战，加州在医疗保健服务部 (Department of HealthCare Services, DHCS) 的指导下，正积极实施行为健康转型举措（也称为 1 号提案）。行为健康转型以加州其他主要行为健康举措为基础并对其进行补充，此类举措包括但不限于加州推进和创新 Medi-Cal (California Advancing and Innovating Medi-Cal, CalAIM) 举措、加州行为健康社区组织公平护理和治疗网络 (California Behavioral Health Community-Based Organization Networks of Equitable Care and Treatment, BH-CONNECT) 示范提案、儿童和青少年行为健康举措 (Children and Youth Behavioral Health Initiative, CYBHI)、Medi-Cal 移动危机 (Medi-Cal Mobile Crisis)、988 扩展以及行为健康持续性基础设施计划 (Behavioral Health Continuum Infrastructure Program, BHCIP)。这些努力展现了加州长期致力于变革 Medi-Cal 的承诺，旨在提高计划公平性、协调性，加强落实以人为本的理念，从而帮助 Medi-Cal 受益人大幅改善健康和生活质量。此计划包含多个组成部分，其目的是打造更加一体化和灵活的行为健康系统，目前正通过行为健康政策改进和支付改革予以实施。这些举措的链接见上文，并总结如下。

加州推进和创新 Medi-Cal (CalAIM) - 一项通过在整个 Medi-Cal 项目中实施广泛服务提供系统、项目和支付改革来改善民众生活质量和健康状态的举措。

移动危机 - 改变为遇到行为健康危机的社区成员部署危机响应团队的方式和时间。

CARE 法案 - 为罹患精神分裂症谱系障碍但未得到治疗、需要密切合作和参与自愿治疗的个人打造合作法庭。

参议院第 43 号法案 - 更改严重残障的法律定义，以涵盖有严重物质滥用问题或同时罹患心理健康障碍的人群，但没有同步或抢先投资基础设施。

同伴支持和康复服务 - 要求在 Medi-Cal、危机、司法参与、住房和监督角色等专业领域纳入同伴支持服务。

通过 1 号提案 - 该提案授权对《心理健康服务法案》进行重大修改，并要求制定行为健康综合计划，其中有说明用于公共行为健康服务的所有资金来源和项目。此类更新对现有法规进行了广泛而彻底的变更。

此外，该提案还要求斥资 64 亿美元的债券来建造治疗机构、退伍军人住房和永久支持性住房，服务对象为目前无家可归或有无家可归风险的个人，以及存在严重心理疾病和/或物质使用障碍的个人。

加州选民于 2024 年 3 月 5 日投票通过 1 号提案（即《行为健康服务法案》(Behavioral Health Services Act, BHSA)），其产生的影响如下文所述。BHSA 变更了 MHSA 组成部分资金的类别用途。CSS、PEI、INN、WET、CFTN 的当前组成部分资金将限于：

1. 全面服务合作伙伴（35% 的 BHSA 资金）
2. 住房服务和支持（30% 的 BHSA 资金）
3. 行为健康服务和支持（35% 的 BHSA 资金）

BHSA 扩大了优先人群范围，并纳入物质使用障碍，同时优先考虑患有严重心理疾病、面临无家可归风险或目前无家可归、需要司法援助、涉及儿童福利个案和/或需要机构收容或监护的个人。BHSA 于 2025 年 1 月 1 日生效，因此此版 MHSA 计划更新为最终版。首个三年 BHSA 综合计划将于 2026 年 6 月 30 日之前编写并分发以供审批。

此次更新对 MHSA 计划更新中的许多项目进行了缩减，以确保与可用于支持项目的实际 MHSA 资金金额保持一致。考虑到目前的州拨款状况，并且为推进 MHSA 转变为 BHSA 的准备工作，2025-2026 财年未计划进行任何重大的项目扩展。该计划大幅削减根据 BHSA 不再有资格获得资助的项目。

MHSA 计划的变更列表概述如下：

预防和早期干预

过去两个财年获得的 PEI 资金金额低于预期，因此相较于原三年计划，需要减少 PEI 组成部分资金。已确定不符合 BHSA 所规定可持续性标准的项目，并建议终止这些项目，可通过合同自然届满的方式终止，也可作为 2026 年 7 月 1 日 BHSA 要求开始实施前的过渡之年。

项目	更新	变更说明
面向青少年的预防服务和支持	项目和合同将于 2025 年 6 月 30 日终止	该项目当前的工作范围不符合 BHSA 规定的早期干预要求。 该合同将于 2025 年 6 月 30 日到期，且不会续签。 可用 PEI 资金金额相比之前预期的资金水平已有所减少。 符合行为健康转型所规定州政府要求及利益相关者意见的项目和服务将纳入行为健康综合计划。

项目	更新	变更说明
婴幼儿持续护理	从预算中剔除	该项目自纳入三年 MHSA 计划以来一直未实施。BHS 正与 First 5 合作执行社区项目规划流程，以制定可在整个橙县实施的家庭、婴幼儿持续护理计划。若通过合作开发的项目和服务符合 BHT 相关要求，则经批准后可纳入行为健康综合计划中。
针对消除污名化和歧视的心理健康社区教育活动	项目和合同终止	人群预防项目将不再获得地方一级的资助，因为 1 号提案将 4% 的州 BHSA 资金重新分配给加州公共卫生部 (California Department of Public Health) 使用，并禁止将地方一级的 BHSA 资金用于此目的。 当合同自然届满时，将不会续签。
提高对心理疾病早期迹象认识的宣传活动	项目缩减	■ 危机干预培训 – 该项目有助于支持在橙县开展危机持续响应服务 (Crisis Continuum)，被作为危机服务的一部分转移到 CSS。 ■ 针对多元化社区的心理健康和福祉促进将不再获得资助。 ■ 心理健康活动项目的工作范围已修订，将为社区项目规划的职能提供支持。
危机预防与支持 – 自杀预防	项目缩减	基于特定人群的预防将不再获得地方一级的资助，因为 1 号提案禁止地方将资金用于此类目的。预算缩减，项目工作范围 (Scope of Work, SOW) 也已更新，以支持个人层级的服务和符合条件的个人 Medi-Cal 账单支付。 该项目可获得的资金从三年计划所确定的 470 万美元减少到 2025/2026 财年年度更新所述的 270 万美元。

项目	更新	变更说明
交通援助	已从 PEI 中剔除	交通支持已从 MHSA 资金补助中剔除，因为交通属于 Medi-Cal 承保福利，不需要定为单独的项目。
BH 引导（即 BHS 宣传和互动）	过渡到 CSS 并通过拨款实现成本抵消。	为了与 CSS 中的宣传和互动服务保持一致，该项目已过渡到 CSS 组成部分。此外，还通过 CalOptima 提供的一笔 700 万美元拨款来抵消成本，这笔拨款将在三年内使用。根据 BHSA，宣传和互动的功能将发生变化。
整合涉及司法的相关服务	已移至 CSS	根据州政府发布的指导方针，涉及司法的支持服务和过渡服务应获得 CSS 下的资助。相关项目已进行过渡以反映这一变化。
学龄儿童心理健康服务	项目终止	BHS 将继续为符合县和签约临床项目中儿童专科行为健康服务资格的儿童提供服务。DHCS 已实施政策变更，该项变更已通过管理式护理计划 (Managed Care Plan, MCP) 提高获取学校心理健康服务的机会。这有助于扩大服务网络，可让选择加入的学校进行协调和提供护理。
橙县家长健康项目	该项目已从 PEI 剔除预算	过去几年，该项目一直面临严重的人员短缺问题。该项目的工作人员正被整合至儿童门诊诊所，并将作为诊所运营的一部分协助提供服务。
OC4 Vets	项目已缩减	由于签约服务不符合 BHSA 要求，该项目已缩减。县政府运营的服务将继续提供，并且可根据 BHSA 制定一个满足这一重要人群需求的项目。

项目	更新	变更说明
社区咨询和支持服务	项目将于 2025 年 6 月终止	这项由县政府运营的项目将终止。该项目所服务的人群与管理式护理计划必须服务的人群一致，并且将无法再根据 BHSA 获得维持资金。
PEI 管理	资金减少	正在**减少** PEI 管理成本，以反映 PEI **运作**项目的减少。

社区服务和支持		
该组成部分所用 MHSA 资金减少是由于项目削减和某些项目已完成。这些削减在很大程度上通过增加 Medi-Cal 账单的目的和实施州政府**强制要求**执行的支付改革而抵消。无法产生所需收入可能会导致年中进一步削减。		
项目	更新	变更说明
无家可归的心理疾病患者综合服务中心	项目于 2024 年终止	项目于 2024 年 12 月 31 日终止
BH 引导	该项目（也称为 BH 宣传和互动）已从 PEI 转移到 CSS	该项目更符合 CSS 宣传和互动相关要求。
整合涉及司法的相关服务	已从 PEI 转移到 CSS	项目服务和范围与 DHCS 针对在 CSS 下提供服务制定的指南一致。

项目	更新	变更说明
Warmline 精神健康热线	项目将于 2025 年 6 月终止	可用 MHSA 资金的减少和向 BHSA 的过渡促成了这一决定。 ■ 随着实施新的责任制，现有 MHSA 资金和 BHSA 类别资金金额非常有限，且优先考虑提供所要求的服务。 ■ 如果未能满足强制性项目的问责措施相关要求，将受到县政府罚款。 ■ Warmline 精神健康热线不是强制性服务，由州政府资助的 WarmLine 精神健康热线服务提供给所有加州居民。 ■ 全天可致电 (855) 845-7415 或通过短信联系 Peer-Run Warmline 精神健康热线，该热线提供英语、西班牙语和其他 240 种语言的支持。
家庭危机稳定	预算减少	项目规模缩小，仅提供儿童专属项目。
儿童及青少年拓展	MHSA 预算减少	随着支付改革的进行和全新 Medi-Cal 计费标准的实施，维持服务所需的预期 MHSA 资金金额减少。预计服务不会受到影响。
门诊患者恢复	MHSA 预算减少	随着支付改革的进行和全新 Medi-Cal 计费标准的实施，维持服务所需的预期 MHSA 资金金额减少。预计服务不会受到影响。
支持性就业	MHSA 预算减少	该项目将于 2025 年 6 月 30 日终止。支持性就业将成为 BHSA 提供全面服务合作伙伴项目相关服务的必要部分。这一支持将转变为行为健康综合计划中 FSP 的要求和工作范围。

خلاصه اجرایی

پیشینه MHSA

در نوامبر 2004، رأی‌دهندگان کالیفرنیا «طرح پیشنهادی 63»، که با نام «قانون خدمات بهداشت روان» (Mental Health Services Act, MHSA) نیز شناخته می‌شود، را تصویب کردند. بر اساس این قانون، مالیات ایالتی 1% بر درآمد شخصی بالاتر از 1 میلیون وضع می‌شود، و در آن بر متحول کردن سیستم سلامت روان تأکید می‌شود تا از این طریق کیفیت زندگی افراد مبتلا به بیماری‌های جدی سلامت رفتاری و خانواده آنها بهبود یابد. با استفاده از قانون MHSA، «برنامه‌های سلامت روان» اطمینان می‌یابند که ذینفعان کلیدی جامعه فرصت مشارکت در توسعه، اجرا، ارزیابی، امور مالی و سیاستگذاری برنامه‌ها را داشته باشند. این امر منجر به تدوین برنامه‌های بهداشت رفتاری عمومی می‌شود که برای پاسخگویی به نیازهای متنوع افراد، خانواده‌ها و جوامع در سراسر کالیفرنیا طراحی شده‌اند. در نتیجه، جوامع محلی و ساکنان آنها مزایای خدمات سلامت روان گسترده‌تر و بهبود یافته را تجربه می‌کنند.

از زمان آغاز به کار قانون MHSA، «اداره مراقبت‌های بهداشتی اورنج کانتی»، خدمات سلامت رفتاری (Behavioral Health Services, BHS)، از یک فرآیند جامع مشارکت ذینفعان برای توسعه برنامه‌های محلی MHSA استفاده کرده است که از خدمات پیشگیری و بحران، از طریق طیف گسترده‌تری از خدمات سرپایی، تا مراقبت‌های مسکونی بحران را شامل می‌شود. محور اصلی توسعه و اجرای همه برنامه‌ها، تمرکز بر همکاری جامعه؛ صلاحیت فرهنگی؛ خدمات خانواده محور؛ ادغام خدمات برای مصرف‌کنندگان و

خانواده‌ها؛اولویت‌بندی خدمت‌رسانی به افراد بی‌بهره و کم‌بهره از خدمات اجتمائی؛ و تمرکز بر اهمیت سلامت روان، بهبودی و تاب‌آوری است. مجموعه خدمات موجود، طی یک فرایند تدریجی شکل گرفته است، که با تلاش های برنامه‌ریزی مسئولین ذینفع در سال 2005 آغاز و تا امروز ادامه یافته است.

این «خلاصه اجرایی»، شرح مختصری از تغییرات برنامه‌ریزی‌شده پیشنهادی در «به‌روزرسانی سالانه قانون MHSA مربوط به اورنج کانتی» برای سال مالی 2025-2026 (به‌روزرسانی سالانه) را شامل می‌شود. این «به‌روزرسانی سالانه قانون MHSA» شامل مروری بر فرآیند مستمر «طرح‌ریزی برنامه جامعه» (Community Program Planning, CPP)، شرح برنامه‌های مؤلفه‌ای از جمله جمعیت‌های مورد توجه، پیش‌بینی‌های بودجه‌ای، اطلاعات داده‌ها و مستندات در بخش پیوست‌ها می‌باشد.

مؤلفه‌های قانون MHSA و تأمین بودجه

برای تشریح دقیق‌تر استفاده از این بودجه طبقه‌بندی‌شده، قانون MHSA به شش مؤلفه تقسیم شده است که هر کدام یک جامعه هدف و/یا مصرف مجاز را مشخص می‌کند. مؤلفه‌های PEI و CSS خدمات مستقیم را ارائه می‌دهند. توضیحات زیر همچنین تخمینی از تعداد تجمعی افرادی که در کل بازه زمانی سه ساله طرح (2023-2026) تحت پوشش خدمات قرار خواهند گرفت را ارائه می‌دهد.

پیشگیری و مداخله زودهنگام (Prevention and Early Intervention, PEI): PEI قصد دارد تا در سریع‌ترین زمان ممکن پشتیبانی‌ها یا مداخلاتی را ارائه دهد تا از تبدیل شدن مشکل سلامت روان به مشکل شدید و معلول‌کننده جلوگیری کند. بخش عمده PEI باید به کودکان و نوجوانان زیر 25 سال و خانواده‌ها/مراقبین آن‌ها اختصاص یابد. انتظار می‌رود که تقریباً 230,000 نفر در طول دوره برنامه سه ساله در خدمات PEI شرکت کنند. آن تعداد افراد پیش‌بینی‌شده‌ای که ممکن است با مرکز تلفنی لینک اورنج کانتی OC LINKS تماس بگیرند یا در معرض کمپین‌های کلان‌مقیاس قرار بگیرند شامل این دسته از افراد نمی‌شود.

خدمات و حمایت‌های جامعه‌محور (Community Services and Supports, CSS): این مؤلفه برنامه‌ها و خدماتی ارائه می‌دهد که برای افراد دارای بیماری سلامت روان جدی زندگی متناسب‌سازی شده است، از جمله کمک هزینه‌ای برای مسکن MHSA و ایجاد این الزام که نیمی از بودجه‌ها به حمایت از خدمات همه‌جانبهٔ فشرده سرپایی تخصیص می‌یابد که برنامه‌های «مشارکت با خدمات کامل» گفته می‌شود. انتظار می‌رود که در طی مدت سه سال برنامه، حدود 94,000 نفر از برنامه‌های CSS بهره‌مند شوند.

نوآوری (Innovation, INN): برنامه «نوآوری» به منظور آزمایش و ارزیابی رویه‌ها و راهکار جدید و/یا تغییریافته در حوزه سلامت روان است. این پروژه‌های کوتاه‌مدت آموزش‌محور می‌کوشند که جنبه‌ای از سیستم سلامت رفتاری عمومی را بهبود بخشند.

آموزش و پرورش نیروی کار (Workforce Education and Training, WET): کارکنان آموزش‌دیده و کارآمد جزء سازنده و ضروری موفقیت MHSA هستند. WET از جذب نیرو، آموزش، توسعه و نگهداری کارکنان بهداشت رفتاری عمومی حمایت می‌کند.

امکانات کلان و نیازهای فناوری (Capital Facilities and Technological Needs, CFTN): CFTN علاوه بر این از زیرساخت سیستم سلامت رفتاری عمومی از طریق تأمین بودجه حمایت می‌کند که این کار به مدرن‌سازی سیستم‌های داده و اطلاعاتی کمک می‌کند و تأمین‌کننده بودجه برای ایجاد فضا در ارائه خدمات سلامت روان MHSA است.

طرح‌ریزی برنامه جامعه (Community Program Planning, CPP): MHSA به طرح‌های تخصصی سلامت روان برای مشارکت هدفمند ذینفع در توسعه، اجرا و تجزیه و تحلیل برنامه‌های MHSA نیاز دارد. روند مشارکت ذینفعان ارتباط مداوم بین HCA و ذینفعان را هموار می‌کند تا تغییرات همزمان و بهبود باکیفیت ممکن شود. یک بازبینی کامل از فعالیت‌های CPP که برای توسعه این طرح رخ داده است را می‌توان به‌طور کامل در بخش طرح‌ریزی برنامه جامعه این طرح مرور کرد.

بنا بر مقررات، کانتی‌های بزرگ سه سال فرصت دارند تخصیص سالانه MHSA را مصرف کنند. پس از یک دوره سه‌ساله، بودجه‌ها برای توزیع مجدد به ایالت بازمی‌گردد. مقادیر و مبالغ بودجه قابل دسترس پیشنهادی در به‌روزرسانی سالانه MHSA از طریق یک روند «اصلاح» بودجه تعیین می‌شود؛ این روند به مشخص کردن بودجه‌های قابل دسترس کمک می‌کند. بررسی مالی شامل روند دقیقی از تراز کردن دقیق‌تر بودجه‌های فعلی برنامه مؤلفه با هزینه‌های واقعی برنامه می‌شود که از آخرین سال‌های مالی برگرفته شده است. «اصلاح» بودجه سالانه این امکان را به BHS می‌دهد که صرفه‌جویی‌های مالی را در برنامه‌ها تشخیص دهد تا بتوان از آن برای جبران هزینه‌های سایر برنامه‌های موجود در همان مؤلفه قانون MHSA استفاده کرد. همچنین هنگامی‌که درآمد در سطوح مورد انتظار دریافت نمی‌شود، از تغییرات ضروری برای کاهش بودجه‌ها حمایت می‌کند. علاوه بر این، تیم سرپرستی MHSA، امور مالی HCA و نماینده‌ای از دفتر مدیرعامل اجرایی کانتی هر سه ماه با مشاور مالی ایالتی ملاقات می‌کنند تا پیشنهادهای بودجه سه‌ساله MHSA را از نزدیک نظارت کنند و طرح‌های ایالتی بیشتر و تغییرات قانون‌گذاری را که می‌تواند به‌طور بالقوه بر تأمین بودجه MHSA اثرگذار باشد بررسی کنند. هر سه ماه یکبار، گزارشی از پیش‌بینی‌ها

در «جلسات عمومی هیئت مشورتی سلامت رفتاری اورنج کانتی» ارائه می‌گردد. و نهایتاً اینکه، مدیران BHS، واحد رهبری مالی و تیم سرپرستی MHSA مرتباً ملاقات کردند تا پیشرفت توسعه برنامه، بودجه‌ها، مخارج و طرح‌های پیشنهادی را هماهنگ و ارزیابی کنند. یک خلاصه اجمالی از به‌روزرسانی سالانه سطح بودجه پیشنهادی برای هر مؤلفه در جدول زیر ارائه شده است.

قابل ذکر است که این پیش‌نویس بودجه‌های مؤلفه و مقادیر آن بر پایه پیش‌بینی‌ها است و نه بودجه‌های واقعی دریافتی. منابع مالی MHSA در گذشته متغیر بوده و امکان تغییر آن وجود داشته است. درآمد MHSA اخیراً کمتر از میزان پیش‌بینی‌شده هنگام توسعه طرح سه‌ساله MHSA بوده است. علاوه‌براین، BHS به شکل غیرمنتظره‌ای بودجه تعدیل مجدد بسیار پایین‌تری دریافت کرده است، که این موضوع، اثرات مالی بر کل برنامه‌های BHS را تشدید می‌کند. بر اساس اطلاعات موجود در زمان تهیه این گزارش، انتظار می‌رود کاهش کلی در بودجه برای سال باقی‌مانده از طرح سه ساله اعمال شود. طبق پیش‌بینی‌ها، طرح، اصلاحاتی را در تمامی مؤلفه‌ها نشان می‌دهد.

نمای کلی از بودجه پیشنهادی برای خدمت‌دهی به بیش از 100,000 نفر در سال

مؤلفه	طرح سه‌ساله سال مالی 26-2025	بودجه پیشنهادی سال مالی 26-2025	تفاوت
پیشگیری و مداخله زودهنگام	$77,753,250	$29,200,871	-$48,552,379
خدمات و حمایتهای جامعه	$259,181,497	$185,661,366	-$73,520,131
نوآوری	$4,255,557	$20,975,628	+$16,720,071
WET	$8,787,501	$8,371,705	-$415,796
امکانات کلان و نیازهای فناوری	$23,091,028	$21,414,890	-$1,676,138
جمع	**$373,068,833**	**$265,624,460**	**-$107,444,373**

به‌روزرسانی سالانه قانون MHSA برای سال مالی 26-2025

طرح سه‌ساله MHSA بر اساس نظرات دریافتی از ذینفعان ازطریق روند طرح‌ریزی برنامه جامعه، تغییرات قانون‌گذاری، به‌روزرسانی‌های خط مشی ایالتی و با در نظر گرفتن طرح‌های محلی اورنج کانتی توسعه یافت. این «به‌روزرسانی سالانه قانون MHSA» (به‌روزرسانی سالانه) برای سال مالی 26-2025 در دوره ای از تحول و گذار تهیه شد، چرا که ایالت به سمت اجرای «طرح ابتکاری تغییر و تحول سلامت رفتاری» (Behavioral Health Transformation, BHT) در حال حرکت است. BHT تأثیر زیادی بر MHSA و استفاده مجاز از بودجه از طریق به‌روزرسانی الزامات بودجه دسته‌بندی‌شده دارد.

آن دسته از اهالی کالیفرنیا که مشکلات جدی سلامت روان و/یا اعتیاد دارند ممکن است با مشکلات زیادی در دریافت خدمات درمانی و سلامت رفتاری مواجه باشند. در نتیجه، عمر این افراد ممکن است دهه‌ها زودتر از جمعیت عمومی به پایان برسد. عواملی که ممکن است در این چالش دخیل باشد شامل موانع حمل و نقل، سن و عامل‌های فرهنگی است و این ذینفعان لازم است از سیستم‌های مجزا ارائه خدمات برای دسترسی به خدمات مراقبتی استفاده کنند و محدودیت‌هایی برای به‌اشتراک‌گذاری داده‌ها/هماهنگی برای خدمات مراقبتی وجود دارد.

در راستای پاسخگویی به این معضل، ایالت کالیفرنیا، به رهبری «اداره خدمات مراقبت‌های بهداشتی ایالتی (Department of HealthCare Services, DHCS)، طرح ابتکاری «تحول سلامت رفتاری» را که به عنوان طرح پیشنهادی شماره 1 یک نیز شناخته می‌شود رابه اجرا در می‌آورد. طرح «تحول سلامت رفتاری»، مکمل و توسعه‌دهنده سایر طرح‌های بزرگ سلامت رفتاری کالیفرنیا از جمله، اما نه محدود به، «طرح ابتکاری کالیفرنیا برای پیشرفت و نوآوری در مدیکل» (California Advancing and Innovating Medi-Cal, CalAIM)، تلاشهای ازمایشی«شبکه‌های سازمان‌های جامعه‌محورسلامت رفتاری کالیفرنیا برای مراقبت و درمان عادلانه» (California Behavioral Health Community-Based Organization Networks of Equitable Care and Treatment, BH-CONNECT)، «طرح ابتکاری سلامت رفتاری کودکان و جوانان» (Children and Youth Behavioral Health Initiative, CYBHI)، « خدمات حل بحران سیار مدیکل»، گسترش خط 988، و «برنامه زیرساخت تداوم خدمات سلامت رفتاری» (Behavioral Health Continuum Infrastructure Program, BHCIP) است. این تلاش‌ها تعهد بلندمدت ایالت را به تحول مدیکل را نشان می‌دهد، با این هدف که برنامه را عادلانه‌تر، هماهنگ‌تر و فرد محورتر کند تا به ذینفعان مدیکل کمک کند سلامت و مسیر زندگی خود را به حد کمال برسانند. هدف از این طرح چند مؤلفه‌ای یک سیستم سلامت رفتاری کامل‌تر و منعطف‌تر است که درحال حاضر ازطریق به سازی‌هایی در خط مشی سلامت رفتاری و اصلاح پرداخت صورت می‌گیرد. لینک مربوط به این طرح‌های ابتکاری در بالا موجود است و در زیر به صورت خلاصه بیان گردیده است.

«طرح ابتکاری کالیفرنیا برای پیشرفت و نوآوری در مدیکل» (CalAIM) – طرحی ابتکاری برای بهبود کیفیت زندگی و نتایج سلامت جمعیت ما از طریق اجرای یک سیستم ارائه گسترده، برنامه و اصلاح پرداخت در سراسر برنامه مدیکل است.

خدمات حل بحران سیار– نحوه و زمان اعزام تیم‌های واکنش به بحران برای اعضای جامعه‌ای که با بحران سلامت رفتاری دست و پنجه نرم می‌کنند، تغییر می‌دهد.

قانون CARE – یک دادگاه همکاری برای افرادی ایجاد می‌کند که با اختلالات درمان‌نشده طیف کوناگون اسکیزوفرنی زندگی می‌کنند و نیاز به همکاری و مشارکت گسترده در درمان داوطلبانه دارند.

لایه 43 مجلس سنا – تعریف حقوقی ناتوانی شدید را تغییرمی‌دهد: افرادی که دچار اختلال شدید مصرف مواد مخدر یا چند اختلال همزمان سلامت روان هستند، بدون اینکه هیچ سرمایه‌گذاری‌های همزمان یا بازدارنده‌ای در زیرساخت وجود داشته باشد.

خدمات حمایتی و بهبودی – افزوده شدن خدمات حمایت حمایتگر دارای تخصص در حیطه خدمات مدیکل، شرایط بحران، مشارکت در سیستم قضایی، مسکن و نقش‌های نظارتی را اجباری می‌کند.

تصویب طرح پیشنهادی شماره 1 – طرحی پیشنهادی که تغییرات قابل توجهی را در قانون خدمات سلامت روان مجاز می‌کند و توسعه یک طرح یکپارچه سلامت رفتاری را الزامی می‌کند که شامل تمام منابع مالی و برنامه‌های مورد استفاده برای خدمات سلامت رفتاری عمومی است.

به‌روزرسانی‌ها تغییرات قابل توجهی را در قانون موجود اعمال کرده است..

به علاوه، این طرح پیشنهادی، تخصیص اوراق قرضه به ارزش 6.4 میلیارد دلار را برای ساخت و ساز مراکز درمانی، مسکن ویژه جانبازان و مسکن‌های حمایتی دائمی برای افرادی که در معرض بی‌خانمانی قرار دارند یا بی‌خانمان هستند و با اختلالات روانی جدی و/یا اختلالات مصرف مواد دست و پنجه نرم می‌کنند، در نظر گرفته است.

تأثیرات طرح پیشنهادی شماره 1 ، «قانون خدمات سلامت رفتاری» (Behavioral Health Services Act, BHSA)، که توسط رأی‌دهندگان کالیفرنیا در 5 مارس 2024 تصویب شد، در ادامه آمده است. BHSA کاربرد دسته‌بندی‌شده بودجه مؤلفه‌های قانون MHSA را تغییر می‌دهد. بودجه مؤلفه‌های فعلی CSS، PEI، INN، WET، CFTN به موارد زیر محدود می‌شود:

1. مشارکت‌های خدمات کامل (35% از بودجه BHSA)
2. خدمات و حمایت‌های مربوط به مسکن (30% از بودجه BHSA)
3. خدمات و پشتیبانی‌های سلامت رفتاری (35% از بودجه BHSA)

قانون BHSA جمعیت‌های اولویت‌دار را گسترش می‌دهد و «اختلالات مصرف مواد» را شامل خواهد شد، در حالی که افراد مبتلا به «بیماری جدی روانی »، افراد بی‌خانمان یا در معرض خطر بی‌خانمانی، درگیر سیستم قضایی، درگیر سیستم رفاه کودکان و/یا بستری شدن در مؤسسات یا تحت قیمومیت را در اولویت قرار می‌دهد. قانون BHSA از تاریخ 1 ژانویه 2025 به مرحله اجرا گذاشته شد، لذا این، آخرین به‌روزرسانی طرح MHSA خواهد بود. اولین «طرح یکپارچه BHSA» سه ساله قبل از 30 ژوئن 2026 نوشته و برای تأیید توزیع خواهد شد.

در این به‌روزرسانی، بسیاری از برنامه‌های موجود در «به‌روزرسانی طرح MHSA» کاهش یافته‌اند تا با مقدار واقعی بودجه MHSA موجود برای پشتیبانی از یک برنامه همخوانی داشته باشند. به دلیل وضعیت مالی فعلی ناشی از تخصیص‌های ایالتی، و در راستای آماده‌سازی برای تبدیل MHSA به BHSA، هیچ توسعه برنامه‌ای قابل توجهی برای سال مالی 2026-2025 برنامه‌ریزی نشده است. این طرح نشان‌دهنده کاهش‌های قابل توجه در برنامه‌هایی است که دیگر واجد شرایط دریافت بودجه تحت قانون BHSA نخواهند بود.

فهرست تغییرات اعمال شده در طرح MHSA به شرح زیر است:

پیشگیری و مداخله زودهنگام

مقدار بودجه PEI دریافتی در دو سال مالی گذشته کمتر از حد انتظار بوده است، که مستلزم کاهش بودجه مؤلفه PEI در مقایسه با طرح سه ساله اصلی است. برنامه‌هایی که معیارهای پایداری تحت قانون BHSA را برآورده نمی‌کنند، شناسایی شده‌اند و توصیه می‌شود که یا با پایان طبیعی قرارداد به اتمام برسند، یا به عنوان یک سال انتقالی قبل از شروع الزامات BHSA در 1 ژوئیه 2026.

برنامه	به‌روزرسانی	شرح تغییرات
خدمات و حمایت‌های پیشگیری برای جوانان	برنامه‌ها و قراردادها در تاریخ 30 ژوئن 2025 به پایان می‌رسند.	دامنه کاری فعلی این برنامه، الزامات مداخله زودهنگام در قانون BHSA را برآورده نمی‌کند. قرارداد در تاریخ 30 ژوئن 2025 به پایان می‌رسد و تمدید نخواهد شد. مقدار بودجه قابل دسترس PEI از سطوح بودجه‌ی پیش‌بینی‌شده قبلی کمتر شده است. برنامه‌ها و خدماتی که با الزامات ایالتی تحت «طرح تحول بهداشت رفتاری» و با نظرات ذینفعان همسو هستند، در «طرح یکپارچه بهداشت رفتاری» گنجانده خواهند شد.

برنامه	به‌روزرسانی	شرح تغییرات
تداوم خدمات برای نوزادان و اوایل دوران کودکی	حذف از بودجه	این برنامه از زمان گنجاندن در طرح سه ساله MHSA عملیاتی نشده است. BHS، با مشارکت First 5، در حال انجام یک فرآیند طرح‌ریزی برنامه اجتماعی برای توسعه «تداوم خدمات خانواده‌ها، نوزادان و اوایل کودکی» است که می‌تواند در سراسر اورنج کانتی اجرا شود. برنامه‌ها و خدماتی که از طریق همکاری مشترک توسعه یافته و الزامات BHT را برآورده می‌کنند، پس از تأیید، می‌توانند در «طرح یکپارچه سلامت رفتاری» گنجانده شوند.
رویدادهای آموزش سلامت روان در جامعه جهت کاهش بدبینی و تبعیض	پایان برنامه‌ها و قراردادها	پیشگیری در سطح جمعیت، دیگر در سطح محلی بودجه دریافت نخواهد کرد، زیرا طرح پیشنهادی شماره یک، 4 درصد از بودجه قانون BHSA در سطح ایالت را به «اداره بهداشت عمومی کالیفرنیا» اختصاص داده و استفاده از بودجه قانون BHSA در سطح محلی را برای این هدف منع می‌کند. قراردادها با رسیدن به پایان مدت خود، تمدید نمی‌شوند.
یاری‌رسانی در راستای تشخیص بهتر علائم اولیه بیماری روانی	کاهش در برنامه	■ آموزش مداخله در بحران - این برنامه به عنوان بخشی از «خدمات بحران» به CSS منتقل می‌شود، زیرا به پشتیبانی از اجرای «تداوم خدمات بحران» در اورنج کانتی کمک می‌کند. ■ تأمین بودجه برای «ترویج سلامت روان و تندرستی در جامعه متنوع»، متوقف خواهد شد. ■ دامنه کاری «کمپین‌های سلامت روان» بازبینی شده و از عملکردهای طرح‌ریزی برنامه‌های اجتماعی پشتیبانی خواهد کرد.
پیشگیری از بحران و پشتیبانی - پیشگیری از خودکشی	کاهش در برنامه	پیشگیری جمعیت‌محور، دیگر در سطح محلی بودجه دریافت نخواهد کرد، چرا که طرح پیشنهادی یک، استفاده از منابع مالی در سطح محلی را برای این منظور منع می‌کند. بودجه کاهش یافته و دامنه کاری (Scope of Work, SOW) برنامه‌ها به روز شده است تا از خدمات در سطح فردی و صورت‌حسابی مدیکل برای افرادی که معیارهای لازم را دارند، پشتیبانی کند. بودجه برنامه از 4.7 میلیون دلار در «طرح سه ساله»، به 2.7 میلیون دلار در «به‌روزرسانی سالانه سال مالی 2025-2026» کاهش یافته است.

برنامه	به‌روزرسانی	شرح تغییرات
کمک در حمل و نقل	از PEI حذف شد	پشتیبانی حمل و نقل، از تامین مالی قانون MHSA حذف شده‌است، زیرا حمل و نقل به عنوان یک مزیت تحت پوشش Medi-Calمدیکل ارائه می‌شود و نیازی به اختصاص دادن آن به عنوان یک برنامه مجزا نیست.
هدایت BH (معروف به خدمات اطلاع‌رسانی و مشارکت BHS)	انتقال به CSS و جبران هزینه‌ها با کمک‌های بلاعوض	در راستای همسویی با خدمات اطلاع‌رسانی و مشارکت در CSS، این برنامه به مؤلفه CSS منتقل شده است. علاوه‌براین، هزینه‌ها با کمک مالی 7 میلیون دلاری که از CalOptima دریافت شده و در طی یک دوره سه ساله اعمال خواهد شد، جبران شده‌اند. عملکرد اطلاع‌رسانی و مشارکت با اجرای قانون BHSA دستخوش تغییر می‌شود.
خدمات یکپارچه ویژه پرونده‌های مشمول مجازات کیفری	به CSS منتقل شد	در راستای همسویی با دستورالعمل‌های صادر شده توسط ایالت، خدمات دسترسی و خدمات انتقالی مرتبط با افراد درگیر در نظام قضایی، باید تحت CSS تأمین مالی شوند. برنامه‌ها برای انعکاس این تغییر منتقل شده‌اند.
توسعه خدمات سلامت روان مدرسه‌محور	پایان برنامه	BHS به ارائه خدمات به کودکانی که واجد شرایط خدمات تخصصی سلامت رفتاری کودکان در برنامه‌های بالینی قراردادی و کانتی هستند، ادامه خواهد داد. وزارت خدمات بهداشت مراقبت (DHCS) تغییرات سیاستی را اعمال کرده است که دسترسی به خدمات سلامت روان مدرسه‌محور را از طریق طرح‌های مراقبت مدیریت‌شده (Mangaed Care Plans, MCPs) گسترش داده است. این امر شبکه را گسترش داده و به مدارسی که تمایل دارند، امکان هماهنگی و ارائه خدمات مراقبتی را می‌دهد.
برنامه تندرستی والدین در اورنج کانتی	برنامه از بودجه PEI حذف شد	این برنامه طی چند سال گذشته از کمبود شدید نیروی انسانی رنج برده است. کارکنان برنامه در حال ادغام شدن در کلینیک‌های سرپایی کودکان هستند و از ارائه خدمات به عنوان بخشی از عملیات کلینیک پشتیبانی خواهند کرد.
OC4 Vets	برنامه کاهش یافت	این برنامه کاهش یافته است، زیرا خدمات قراردادی با الزامات BHSA همسو نیستند. خدمات ارائه شده توسط کانتی به فعالیت خود ادامه داده و برنامه‌ای برای رفع نیازهای این جمعیت مهم، در چارچوب قانون BHSA قابل توسعه است.

برنامه	به‌روزرسانی	شرح تغییرات
خدمات مشاوره و پشتیبانی جامعه	پایان برنامه در ژوئن 2025	این برنامه که تحت مدیریت کانتی عمل می‌کند، به پایان خواهد رسید. جمعیتی که توسط این برنامه خدمت دریافت می‌کنند، همسو با جمعیتی است که طرح‌های مراقبت مدیریت‌شده مؤظف به ارائه خدمات به آنها هستند و به همین دلیل، دیگر امکان حفظ این برنامه تحت قانون BHSA وجود ندارد.
مدیریت PEI	تأمین مالی کاهش یافت	هزینه‌های اداری PEI به منظور تطابق با کاهش بودجه طرح‌ریزی PIE، در حال کاهش است.

خدمات و پشتیبانی‌های جامعه

کاهش استفاده از بودجه MHSA در این مؤلفه، به دلیل کاهش برنامه‌ها و پایان یافتن برخی از آنها صورت گرفته است. بخش عمده‌ای از این کاهش‌ها با هدف افزایش خدمات صورت‌حسابی/ پولی مدیکل و اجرای اصلاحات پرداختی که توسط دولت الزامی شده، جبران می‌گردد. ناتوانی در کسب درآمد لازم، می‌تواند به کاهش‌های بودجه‌ای بیشتر در اواسط سال منجر گردد.

برنامه	به‌روزرسانی	شرح تغییرات
مرکز خدمات چندگانه برای بی‌خانمان‌های مبتلا به بیماری روانی	برنامه در سال 2024 پایان یافت	برنامه در 31 دسامبر 2024 پایان یافت.
هدایت BH	این برنامه (که با عنوان اطلاع‌رسانی و مشارکت BH نیز شناخته می‌شود) از PEI به CSS منتقل شد	این برنامه با الزامات اطلاع‌رسانی و مشارکت CSS همخوانی بهتری دارد.
خدمات یکپارچه ویژه پرونده‌های مشمول عدالت کیفری	از PEI به CSS منتقل شد	خدمات برنامه و دامنه آن، با راهنمایی‌های وزارت خدمات بهداشت مراقبت ایالت (DHCS) برای ارائه خدمات تحت CSS همسو است.

برنامه	به‌روزرسانی	شرح تغییرات
خط مشاوره (Warmline)	پایان برنامه در ژوئن 2025	کاهش بودجه قابل دسترس MHSA و تغییر به BHSA به این تصمیم منجر شده است. ■ مقدار بودجه فعلی MHSA و بودجه طبقه‌بندی شده BHSA بسیار محدود است و با توجه به اعمال مسئولیت‌پذیری جدید، خدمات اجباری در اولویت قرار می‌گیرند. ■ عدم رعایت معیارهای پاسخگویی برای برنامه‌های اجباری، منجر به جریمه کانتی خواهد شد. ■ خط مشاوره (Warmline) جزء خدمات اجباری محسوب نمی‌شود و یک خط مشاوره با بودجه ایالتی در اختیار تمامی ساکنان کالیفرنیا قرار دارد. ■ خط تلفن مشاوره حمایتگران کالیفرنیا که به صورت 24 ساعته در 7 روز هفته فعال است، از طریق تماس تلفنی یا پیامک با شماره 7415-845 (855) قابل دسترسی است و پشتیبانی را به زبان‌های انگلیسی، اسپانیایی و 240 زبان دیگر ارائه می‌دهد.
تثبیت شرایط بحرانی در منزل	بودجه کاهش یافت	برنامه کاهش یافته و فقط به برنامه‌های کودکان خدمات ارائه خواهد کرد.
توسعه خدمات کودکان و نوجوانان	بودجه MHSA کاهش یافت	میزان پیش‌بینی‌شده بودجه MHSA مورد نیاز برای حفظ خدمات، با اجرای اصلاحات پرداخت و استانداردهای جدید صورت‌حسابی/ پولی مدیکل، کاهش می‌یابد. انتظار نمی‌رود که خدمات تحت تأثیر قرار گیرند.
بهبودی سرپایی	بودجه MHSA کاهش یافت	میزان پیش‌بینی‌شده بودجه MHSA مورد نیاز برای حفظ خدمات، با اجرای اصلاحات پرداخت و استانداردهای جدید صورت‌حسابی/ پولی مدیکل، کاهش می‌یابد. انتظار نمی‌رود که خدمات تحت تأثیر قرار گیرند.
استخدام تحت حمایت	بودجه MHSA کاهش یافت	این برنامه در 30 ژوئن 2025 پایان می‌یابد. استخدام تحت حمایت، به بخش الزامی در ارائه خدمات برنامه «مشارکت خدمات کامل» در BHSA تبدیل خواهد شد. این حمایت، به الزامات و دامنه کاری FSP در «طرح یکپارچه سلامت رفتاری» منتقل خواهد شد.

요약

MHSA 배경

2004년 11월, 캘리포니아 유권자들에 의해 정신 건강 서비스법(Mental Health Services Act, MHSA)이라고도 알려진 개정안 63(Proposition 63)이 통과되었습니다. 본 법률은 백만 달러 이상의 개인 소득에 1%의 주민세를 부과했으며, 심각한 행동 건강 문제가 있는 개인과 그 가족의 삶의 질을 향상시킬 수 있는 정신 건강 복지 시스템의 변화를 강조합니다. 정신 건강 플랜은 MHSA와 함께 주요 커뮤니티 이해관계자가 프로그램 개발, 구현, 평가, 지원, 정책에 대한 정보를 제공하여 캘리포니아 전역의 다양한 개인, 가족, 커뮤니티의 요구에 따라 맞춤화된 공공 행동 건강 프로그램이 만들어지도록 보장합니다. 그 결과 지역 커뮤니티와 그 주민들은 더욱 확대되고 향상된 정신 건강 서비스 혜택을 받게 되었습니다.

MHSA의 출범 시점부터 오렌지 카운티 보건국 행동 건강 서비스(Behavioral Health Services, BHS)는 종합적인 이해관계자 참여 절차를 활용하여 예방 및 위기 서비스부터 확장된 외래 환자 연속 서비스를 통한 위기 거주 관리를 아우르는 지역 MHSA 프로그램을 개발했습니다. 모든 프로그램 개발 및 실행의 핵심은 커뮤니티 협력, 문화적 역량, 고객 및 가족 주도의 서비스, 고객과 가족을 위한 서비스 통합, 서비스를 받지 못하거나 지원이 부족한 대상을 위한 우선 서비스 제공, 정신 건강 관리, 회복 및 쾌유의 중요성에 중점을 두고 있습니다. 현재 서비스의 구성은 2005년 이해관계자들의 기획 노력을 시작으로 오늘날까지 점차 향상되었습니다.

본 요약에는 회계 연도 2025-26에 대한 오렌지 카운티의 MHSA 연례 업데이트에서 제안된 변경 계획의 개요가 포함되어 있습니다. 이번 MHSA 연례 업데이트에는 진행 중인 커뮤니티 프로그램 커뮤니티 프로그램 플랜 수립 과정(Community Program Planning Process, CPP)의 개요와 대상 집단, 예산 예측, 데이터, 부록의 증빙 자료를 포함하는 구성 요소 프로그램 설명이 포함됩니다.

MHSA 구성 요소 및 자금

이 범주별 자금의 사용을 더 자세히 정의하기 위해 MHSA를 각 대상 집단 및/또는 허용되는 사용을 나타내는 6개의 구성 요소로 분류합니다. PEI 및 CSS 구성 요소는 직접적인 서비스를 제공합니다. 아래 설명은 플랜에서 3년의 전체 기간(2023~2026) 동안 서비스를 받을 개인의 대략적인 누적 수를 제공합니다.

예방 및 조기 개입(Prevention and Early Intervention, PEI): PEI는 최대한 초기에 지원하거나 개입하여 정신 건강 상태가 심각해져 장애가 되는 상황을 방지하는 것을 목적으로 합니다. 대부분의 PEI는 25세 이하의 아동과 청소년 및 그 가족/간병인을 대상으로 해야 합니다. 약 230,000명이 3개년 플랜 기간에 PEI 서비스에 참여할 것으로 예상됩니다. 이 수는 OC LINKS 콜센터에 연락할 수 있거나 대규모 캠페인에 노출될 것으로 예상될 수 있는 사람의 예상 수는 포함하지 않습니다.

커뮤니티 서비스 및 지원(Community Services and Supports, CSS): 이 구성 요소는 MHSA 주택 지원 수당 및 전체 서비스 파트너십 프로그램이라고 하는 집중 외래 환자 서비스를 지원하는 데 자금의 절반을 할애해야 하는 요구사항을 포함하여 중증 정신 질환 환자를 위한 프로그램과 서비스를 제공합니다. 94,000명 이상이 3년의 플랜 기간 동안 CSS 프로그램의 혜택을 받을 것으로 예상됩니다.

혁신(Innovation, INN): 혁신은 정신 건강 분야에서 새로운 및/또는 변경된 관행 또는 전략을 검사하고 평가할 수 있도록 하기 위한 목적입니다. 이러한 단기 학습 중심 프로젝트는 공공 행동 건강 시스템의 한 측면을 개선하기 위해 노력합니다.

근로자 교육 및 트레이닝(Workforce Education and Training, WET): 자격과 역량을 갖춘 직원은 MHSA의 성공에 필수적인 요소입니다. WET는 공공 행동 건강 직원의 채용, 교육, 개발, 유지를 지원합니다.

자본 시설 및 기술적 지원 필요(Capital Facilities and Technological Needs, CFTN): CFTN은 데이터와 정보 시스템을 현대화하고 MHSA 정신 건강 서비스를 제공하는 공간을 구축하기 위한 지원금을 제공하기 위한 재정 지원을 통해 공공 행동 건강 시스템의 인프라를 추가적으로 지원합니다.

커뮤니티 프로그램 플랜 수립(Community Program Planning, CPP): MHSA는 MHSA 프로그램의 개발, 구현, 분석에 대한 이해관계자의 의미 있는 참여를 위해 전문 정신 건강 플랜이 필요합니다. 이해관계자 프로세스는 보건국(Health Care Agency, HCA)과 이해관계자 간의 지속적인 소통을 가능하게 하여 실시간 조정과 품질 개선을 실현합니다. 본 플랜의 개발을 위한 CPP 활동의 통합 개요는 커뮤니티 프로그램 플랜 수립 섹션에서 전체적으로 검토할 수 있습니다.

대규모 카운티의 경우 규정에 따라 연간 MHSA 지원금 할당을 3년 동안 사용할 수 있습니다. 3년 후에는 지원금이 재분배를 위해 주로 귀속됩니다. MHSA 연례 업데이트에 제안된 금액과 사용 가능한 지원금은 사용 가능한 자금을 파악하는 데 도움이 되는 "True Up(조정)" 절차를 통해 결정됩니다. 재정 검토는 가정 최근 회계 연도부터 기존 프로그램 예산을 실제 프로그램 세출에 더욱 근접하도록 조정하는 상세 절차를 포함합니다. 매년 진행하는 예산 "True Up(조정)" 작업을 통해 BHS는 동일한 MHSA 요소 내 여타 프로그램의 실행 비용으로 전환될 수 있는 프로그램의 비용 절감 상황을 파악할 수 있습니다. 또한 수입이 예상 수준에 미치지 못할 때 예산을 줄이는 필수 조정도 지원합니다. 또한 MHSA 행정팀, HCA 재무, 카운티 CEO 사무소의 대표는 주의 재정 컨설턴트와 분기별로 만나 3년 동안의 MHSA 예측을 면밀하게 모니터링하고 MHSA 재정 지원에 영향을 미칠 가능성이 있는 추가적인 주 이니셔티브와 법률 변경 사항을 파악합니다. 분기마다 예측의 요약이 OC 행동 건강 자문 위원회

커뮤니티 회의에서 발표됩니다. 마지막으로 BHS 관리자, 재무 리더십, MHSA 행정팀은 정기적으로 만나 프로그램 개발 진행 상황, 예산, 지출, 플랜 제안을 조정하고 평가했습니다. 각 구성 요소에 제안된 연례 업데이트 재정 지원 수준의 개요는 아래 표와 같습니다.

이 구성 요소 예산 초안과 금액은 실제 수령한 자금이 아닌 예측을 기반으로 합니다. 현재까지 MHSA 자금은 변동적이므로 변경될 수 있습니다. 최근 MHSA 수익은 3개년 MHSA 플랜을 수립할 때 예상했던 것보다 현저히 적었습니다. 게다가 BHS에서 받은 재정비 자금이 예상치 못하게 상당히 줄어들어 모든 BHS 프로그램에 대한 재정적 영향이 더욱 심해졌습니다. 본 보고서 작성 시점에 확인한 정보에 따르면, 3개년 플랜 기간 동안 전반적으로 자금이 증가할 것으로 예상됩니다. 본 플랜은 예측에 기반하여 각 구성 요소를 조정합니다.

연간 100,000명 이상에게 서비스를 제공하기 위해 제안된 자금 개요

구성 요소	3개년 플랜 회계 연도 2025-26	제안 예산 회계 연도 2025-26	차액
예방 및 조기 개입	$77,753,250	$29,200,871	-$48,552,379
커뮤니티 서비스 및 지원	$259,181,497	$185,661,366	-$73,520,131
혁신	$4,255,557	$20,975,628	+$16,720,071
WET	$8,787,501	$8,371,705	-$415,796
자본 시설 및 기술적 필요	$23,091,028	$21,414,890	-$1,676,138
총계	**$373,068,833**	**$265,624,460**	**-$107,444,373**

회계 연도 2025-26 MHSA 연례 업데이트

MHSA 3개년 플랜은 커뮤니티 프로그램 플랜 수립 과정에서 받은 이해관계자의 의견, 법률 변경 사항, 주 정책 업데이트를 기반으로 오렌지 카운티 지역 이니셔티브를 고려하여 수립되었습니다. 본 회계 연도 2025-26 MHSA 연례 업데이트(연례 업데이트)는 주에서 행동 건강 변환(Behavioral Health Transformation, BHT) 이니셔티브를 시행하는 전환기에 수립되었습니다. BHT는 범주별 자금 요건을 업데이트하여 자금의 허용되는 사용 및 MHSA에 큰 영향을 줍니다.

중증 정신 질환 및/또는 중독 증세가 있는 캘리포니아 주민은 행동 건강 및 의료 진료를 받으려고 할 때 여러 난관에 부딪힐 수 있습니다. 그 결과로 이들은 일반 사람들보다 수십 년 더 일찍 삶을 마감할 수 있습니다. 어려움을 겪게 하는 요인에는 이동 수단의 장벽, 나이 및 문화적 요인, 수혜자가 진료를 받기 위해 별도의 서비스 제공 시스템을 찾아야 하는 번거로움, 데이터 공유/진료 배정의 제한 등이 있습니다.

캘리포니아주는 이러한 문제를 해결하기 위해 보건 서비스부국(Department of HealthCare Services, DHCS)의 지시에 따라 행동 건강 변환 이니셔티브, 즉 개정안 1을 시행하고 있습니다. 행동 건강 변환은 캘리포니아의 다른 주요 행동 건강 이니셔티브를 보완하고 이를 기반으로 개발되며, 여기에는 캘리포니아 Medi-Cal 발전 및 혁신(California Advancing and Innovating Medi-Cal, CalAIM) 이니셔티브, 공평한 진료와 치료를 위한 캘리포니아 행동 건강 커뮤니티 기반 단체(California Behavioral Health Community-Based Organization Networks of Equitable Care and Treatment, BH-CONNECT) 시범 제안, 아동 및 청소년 행동 건강 이니셔티브(Children and Youth Behavioral Health Initiative, CYBHI), Medi-Cal 모바일 위기, 988 확장, 행동 건강 연속체 인프라 프로그램(Behavioral Health Continuum Infrastructure Program, BHCIP) 등이 포함되지만 이에 국한되지 않습니다. 이러한 노력은 Medi-Cal 수혜자가 건강과 삶의 여정에서 최대의 진전을 이룰 수 있도록 더 공평하고, 체계적이고, 사람 중심적인 프로그램을 만들기 위해 Medi-Cal을 변화시키고자 하는 주정부의 장기적 약속입니다. 다양한 구성 요소로 이루어진 이 이니셔티브의 목적은 현재 행동 건강 정책 개선과 지급 개혁을 통해 시행되고 있는 보다 통합적이고 유연한 행동 건강 시스템을 갖추는 것입니다. 위에 이러한 이니셔티브에 대한 링크가 있으며, 요약 내용은 아래와 같습니다.

캘리포니아 Medi-Cal 발전 및 혁신(CalAIM) – Medi-Cal 프로그램 전반에 걸쳐 광범위한 제공 시스템, 프로그램 및 지급 개혁을 실행해 주민들의 삶의 질과 건강 성과를 개선하려는 이니셔티브입니다.

모바일 위기 – 행동 건강 위기에 놓인 커뮤니티 구성원에게 위기 대응팀을 파견하는 방법과 시기를 변화시킵니다.

CARE법 – 치료되지 않은 조현병 스펙트럼 장애가 있어 자발적 치료에 집중적인 협조와 참여가 필요한 개인을 위한 협조적 법원을 창설합니다.

상원 법안 43 – 중증 장애의 법적 정의에 인프라에 대한 동시적 혹은 예방적 투입이 없고 심각한 약물 남용이나 반복적 정신 건강 장애를 앓고 있는 사람을 포함하도록 합니다.

동료 및 회복 서비스 – Medi-Cal, 위기, 사법 관여, 주택 및 감독 역할에 특화된 동료 지원 서비스 제공을 의무화합니다.

개정안 1 통과 – 이 개정안은 정신 건강 서비스법을 크게 바꾸는 것과 공공 행동 건강 서비스에 사용되는 모든 자금원과 프로그램을 아우르는 행동 건강 통합 플랜의 수립 의무화를 승인합니다. 이번 업데이트로 기존 법이 대대적으로 바뀌었습니다.

이에 더해, 이 개정안을 통해 노숙 중이거나 노숙 위기에 놓여 있고 중증 정신 질환 및/또는 약물 남용 장애가 있는 개인을 위한 치료 시설, 재향군인 주택 또는 영구 지원 주택을 건축하도록 64억 달러의 채권을 발행합니다.

2024년 3월 5일 캘리포니아 유권자들이 승인한 행동 건강 서비스법(Behavioral Health Services Act, BHSA)인 개정안 1의 영향은 다음과 같습니다. BHSA는 MHSA 구성 자금의 범주별 사용을 변경합니다. CSS, PEI, INN, WET, CFTN의 현재 구성 자금은 다음과 같이 제한됩니다.

1. 전체 서비스 파트너십(BHSA 자금의 35%)
2. 주택 서비스 및 지원(BHSA 자금의 30%)
3. 행동 건강 서비스 및 지원(BHSA 자금의 35%)

BHSA는 우선 대상 인구를 확대하고 약물 남용 장애가 있는 개인을 포함하는 한편, 중증 정신 질환을 앓고 있거나, 노숙, 사법 관여, 아동 복지 관여 및/또는 시설 수용/후견인 제도의 위기에 놓여 있거나 이를 겪고 있는 개인에게 우선순위를 부여합니다. BHSA는 이번 안을 최종 MHSA 플랜 업데이트로 삼아 2025년 1월 1일에 발효되었습니다. 첫 3개년 BHSA 통합 플랜은 2026년 6월 30일 이전에 작성되어 승인을 위해 배포됩니다.

이번 업데이트에서는 MHSA 플랜 업데이트의 상당수 프로그램이 프로그램 지원에 사용할 수 있는 실제 MHSA 자금 금액에 맞춰 축소되었습니다. 주정부 할당에 따른 현재의 재정 상황과 MHSA가 BHSA로 전환되는 것에 대비하여 회계 연도 2025-26에 상당한 프로그램 확장은 계획되어 있지 않습니다. 이 플랜으로 인해 BHSA에서 더 이상 자금 지원을 받을 수 없는 프로그램들에서 상당한 축소가 발생합니다.

MHSA 플랜의 변경 사항은 아래와 같습니다.

예방 및 조기 개입

지난 2개 회계 연도 동안 수령한 PEI 자금 지원액이 예상보다 적어 원래의 3개년 플랜에 비해 PEI 구성 자금 지원을 줄여야 했습니다. BHSA의 지속 가능성 기준을 충족하지 못하는 것으로 확인된 프로그램에 대해서는 BHSA 요구 사항이 시작되는 2026년 7월 1일 전에 계약의 자연스러운 종료 또는 계도 기간을 통해 종료하는 것이 권장되고 있습니다.

프로그램	업데이트 사항	변경 내용 설명
청소년을 위한 예방 서비스 및 지원	2025년 6월 30일에 프로그램 및 계약 종료	현재 프로그램 작업 범위는 BHSA의 조기 개입 요구 사항을 충족하지 못합니다. 2025년 6월 30일에 계약이 종료되며 갱신되지 않습니다. 사용 가능한 PEI 자금액은 이전에 예상했던 자금 수준보다 줄었습니다. 행동 건강 변환에 따른 주정부 요구 사항과 이해 관계자의 의견에 부합하는 프로그램 및 서비스가 행동 건강 통합 플랜에 포함될 예정입니다.

프로그램	업데이트 사항	변경 내용 설명
영유아 연속체	예산에서 제거	이 프로그램은 3개년 MHSA 플랜에 포함된 이후 아직 실행되지 않았습니다. BHS는 First 5와 협력하여 오렌지 카운티 전역에서 시행할 수 있는 가족 및 영유아 연속체를 개발하기 위해 커뮤니티 프로그램 플랜 수립 과정을 진행하고 있습니다. BHT 요구 사항을 충족하는 협업을 통해 개발된 프로그램과 서비스는 승인을 거쳐 행동 건강 통합 플랜에 포함될 수 있습니다.
사회적 낙인 및 차별 줄이기를 위한 정신 건강 커뮤니티 교육 이벤트	프로그램 및 계약 종료	개정안 1호에 따라 주정부 BHSA 자금의 4%가 캘리포니아 공중보건부(California Department of Public Health)에서 집행되도록 전환되었고, 이 목적으로 지방 정부 차원에서 BHSA 자금을 사용하는 것이 금지되어 인구 기반 예방(Population Prevention)은 더 이상 지방 정부 차원에서 자금 지원을 받지 못하게 됩니다. 계약 종료 시점이 다가오고 있으며, 갱신되지 않습니다.
정신 건강 조기 징후 인식을 높이기 위한 아웃리치	프로그램 축소	■ 위기 개입 훈련 – 프로그램이 위기 서비스의 일부로 CSS로 이전되어 오렌지 카운티에서 위기 연속체 시행을 지원하게 됩니다. ■ 다양한 커뮤니티를 위한 정신 건강 및 웰빙 장려는 더 이상 자금 지원을 받지 못하게 됩니다. ■ 정신 건강 관리 캠페인의 업무 범위가 수정되어 커뮤니티 프로그램 플랜 수립 기능을 지원할 것입니다.
위기 예방 및 지원 – 자살 예방	프로그램 축소	개정안 1호에서 지역 차원의 자금 지원을 위한 사용을 금지하므로 인구 기반 예방은 더 이상 이러한 사용 목적으로 자금 지원을 받지 못하게 됩니다. 예산이 축소되었고, 기준을 충족하는 개인에 대한 개인 수준의 서비스와 Medi-Cal 청구를 지원하도록 프로그램의 작업 범위(scope of work, SOW)가 업데이트되었습니다. 3개년 플랜에서는 프로그램 예산이 470만 달러였지만, 회계 연도 25/26의 연례 업데이트에서는 270만 달러로 감소했습니다.

프로그램	업데이트 사항	변경 내용 설명
교통 지원	PEI에서 제거됨	MHSA 자금에서 교통 지원이 제외되었습니다. 교통은 Medi-Cal에 따라 보장되는 혜택이며 프로그램으로 식별될 필요가 없기 때문입니다.
BH 네비게이션 (일명: BHS 아웃리치 및 참여)	CSS로 전환 및 보조금으로 비용 상쇄	CSS의 아웃리치 및 참여 서비스에 맞춰 이 프로그램은 CSS 구성 요소로 전환되었습니다. 또한, CalOptima로부터 받은 700만 달러의 보조금으로 비용이 상쇄되었으며, 이 보조금은 3년에 걸쳐 적용될 예정입니다. BHSA에서는 아웃리치 및 참여 기능이 변경됩니다.
통합 사법 관련 서비스	CSS로 이전	주정부에서 공표한 지침에 따라, 사법 관련 인리치 및 전환 서비스는 CSS에 따라 자금 지원을 받아야 합니다. 이 변경 사항을 반영하도록 프로그램이 전환되었습니다.
취학 연령의 정신 건강 서비스	프로그램 종료	BHS는 카운티 및 계약된 임상 프로그램에서 아동 전문 행동 건강 서비스 자격을 충족하는 아동에게 계속해서 서비스를 제공할 것입니다. DHCS는 관리형 케어 플랜(managed care plan, MCP)을 통해 학교 기반 정신 건강 서비스 이용을 확대하는 정책 변경을 시행했습니다. 덕분에 참여하기로 선택한 학교가 협력하여 치료를 제공할 수 있는 네트워크가 확대됩니다.
OC 부모 웰니스 프로그램	PEI에서 프로그램 제거됨 예산	이 프로그램은 지난 수년간 심각한 인력 부족으로 어려움을 겪었습니다. 프로그램 인력이 소아 외래 진료소에 통합되는 중이며, 진료소 운영의 일환으로 서비스 제공을 지원할 것입니다.
OC4Vets	프로그램 축소	계약된 서비스가 BHSA 요구 사항에 맞지 않아 프로그램이 축소되었습니다. 카운티에서 운영하는 서비스는 계속되며, 이 중요한 인구의 요구를 충족하는 프로그램을 BHSA 예하에서 개발할 수 있습니다.

프로그램	업데이트 사항	변경 내용 설명
커뮤니티 카운셀링 및 지원 서비스	2025년 6월 프로그램 종료	카운티에서 운영하는 이 프로그램은 종료될 예정입니다. 이 프로그램에 따라 서비스를 제공받는 인구는 관리형 케어 플랜에서 서비스를 제공해야 하는 인구에 맞춰 조정되며, 더 이상 BHSA에서 유지될 수 없습니다.
PEI 행정	자금 축소	PEI 행정 비용은 PEI 프로그램의 감소를 반영하여 축소되고 있습니다.

커뮤니티 서비스 및 지원		
이 구성 요소에서 MHSA 자금 사용이 줄어든 것은 프로그램상의 축소와 일부 프로그램의 완료로 인한 것입니다. 이러한 축소는 Medi-Cal 청구를 늘리려는 의도와 주정부에서 의무화한 지급 개혁의 시행으로 크게 상쇄되었습니다. 필요한 수익을 창출하지 못하면 연중 추가적인 축소가 발생할 수 있습니다.		
프로그램	업데이트 사항	변경 내용 설명
정신 질환을 앓고 있는 노숙자를 위한 다중 서비스 센터	2024년에 프로그램이 종료되었음	2024년 12월 31일에 프로그램이 종료되었습니다.
BH 네비게이션	이 프로그램(일명: BH 아웃리치 및 참여)은 PEI에서 CSS로 이전되었습니다.	프로그램이 CSS 아웃리치 및 참여 요구 사항에 맞춰 더 잘 조정됩니다.
통합 사법 관련 서비스	PEI에서 CSS로 이전	CSS에 따라 서비스를 제공할 수 있도록 프로그램 서비스 및 범위가 DHCS의 지침을 준수합니다.

프로그램	업데이트 사항	변경 내용 설명
상담 전화(Warmline)	2025년 6월 프로그램 종료	사용 가능한 MHSA 자금의 축소와 BHSA로의 전환이 이러한 결정에 영향을 미쳤습니다. ■ 기존 MHSA와 범주별 BHSA 자금은 매우 제한적이며, 새로운 책임이 마련됨에 따라 의무화된 서비스가 우선시되고 있습니다. ■ 의무화된 프로그램에 대한 책임성 조치를 충족하지 못할 경우 카운티에 벌금이 부과됩니다. ■ 상담 전화는 의무화된 서비스가 아니며, 주정부에서 자금을 지원하는 상담 전화 서비스는 모든 캘리포니아 주민에게 제공됩니다. ■ 캘리포니아의 24시간 연중무휴 피어런 웜라인(Peer-Run Warmline)은 (855) 845-7415로 전화 통화 또는 문자 메시지를 통해 이용할 수 있으며 영어, 스페인어 등 240개 언어 지원을 제공합니다.
가정 내 위기 안정화	예산 축소됨	프로그램 규모가 축소되었고 아동 프로그램만 제공될 예정입니다.
아동 및 청소년 확대	MHSA 예산 축소	지급 개혁과 새로운 Medi-Cal 청구 기준이 시행됨에 따라 서비스를 유지하는 데 필요한 MHSA 자금의 예상 금액이 줄었습니다. 서비스에 영향이 있을 것으로 예상되지 않습니다.
외래 환자 회복	MHSA 예산 축소	지급 개혁과 새로운 Medi-Cal 청구 기준이 시행됨에 따라 서비스를 유지하는 데 필요한 MHSA 자금의 예상 금액이 줄었습니다. 서비스에 영향이 있을 것으로 예상되지 않습니다.
취업 지원	MHSA 예산 축소	이 프로그램은 2025년 6월 30일에 종료됩니다. 취업 지원은 BHSA의 전체 서비스 파트너십(Full Service Partnership) 프로그램 서비스를 제공하기 위한 필수적인 부분이 됩니다. 이 지원은 행동 건강 통합 플랜의 FSP에 대한 요구 사항 및 작업 범위로 전환됩니다.

Краткий обзор

ПРЕДЫСТОРИЯ MHSA

В ноябре 2004 г. избиратели штата Калифорния одобрили Предложение 63, также известное как Закон о психиатрической помощи (Mental Health Services Act, MHSA). Согласно закону жители штата с доходом более 1 млн долларов должны выплачивать 1 % от этой суммы в качестве налога, который направлен на преобразование системы психического здоровья для улучшения качества жизни людей с серьезными психическими расстройствами и их семей. Благодаря MHSA планы психиатрической помощи гарантируют, что основные заинтересованные лица общественности имеют возможность вносить свой вклад в развитие программы, ее внедрение, оценку, финансирование и политику, что способствует развитию государственных программ по охране психического здоровья, которые были разработаны для удовлетворения потребностей различных людей, семей и сообществ по всему штату Калифорния. В результате местные сообщества и их жители ощущают преимущества расширенных и улучшенных услуг психиатрической помощи.

С момента создания MHSA Служба охраны психического здоровья (Behavioral Health Services, BHS) Агентства здравоохранения округа Оринджж (Orange County Health Care Agency) в рамках комплексного процесса привлекает заинтересованных лиц для разработки местных программ MHSA, которые включают широкий спектр непрерывных услуг: от профилактических и кризисных услуг до расширенного комплекса амбулаторных услуг и кризисного лечения по месту жительства. Ключевым для разработки и реализации всех программ является фокус на общественном сотрудничестве, культурной компетенции, услугах, ориентированных на потребителя и семью, интеграции услуг для потребителей и семей, приоритизации предоставления услуг необслуживаемым вовсе или недостаточно обслуживаемым лицам, а также акцент на важности психического здоровья, выздоровления и психологической устойчивости. Текущий спектр услуг разрабатывался постепенно с участием заинтересованных лиц, начиная с планирования в 2005 г, и действителен сегодня.

В кратком обзоре содержится синопсис запланированных изменений, которые предлагаются в Ежегодном обновлении MHSA (MHSA Annual Update) округа Оринджж на 2025–2026 финансовый год. Это Ежегодное обновление MHSA включает в себя обзор текущих процессов планирования программ сообщества (Community Program Planning, CPP), описание составляющих программы, в том числе целевой группы населения, бюджетный прогноз, данные и подтверждающую документацию в приложениях.

СОСТАВЛЯЮЩИЕ И ФИНАНСИРОВАНИЕ MHSA

Для дальнейшего определения использования этого категориального финансирования закон MHSA разбит на шесть составляющих, каждая из которых устанавливает целевую группу населения и (или) допустимое использование. Как непосредственная помощь предоставляются услуги по предотвращению и раннему вмешательству (Prevention and Early Intervention, PEI), а также услуги и поддержка на уровне сообщества (Community Services and Supports, CSS). Также в описаниях ниже указано приблизительное совокупное количество лиц, которые будут получать услуги на протяжении всего трехлетнего периода действия плана (с 2023 по 2026 год).

PEI. PEI направлено на предоставление поддержки и как можно более раннего вмешательства, чтобы предотвратить переход психического расстройства в тяжелую форму и инвалидность. Большинство услуг PEI должно быть направлено на детей и молодых людей возрастом до 25 лет, а также их семей и опекунов. Ожидается, что в течение трехлетнего периода плана услугами PEI воспользуется приблизительно 230 000 лиц. Это число не включает предполагаемое количество людей, которые могут связаться с колл-центром LINKS округа Ориндж или участвовать в крупномасштабных кампаниях.

CSS. Эта составляющая включает программы и услуги, ориентированные на лиц с серьезными психическими заболеваниями, включая пособие на жилье по закону MHSA и требование того, чтобы половина денег была направлена на поддержку интенсивной амбулаторной помощи в рамках программы партнерского предоставления услуг в полном объеме (Full Service Partnership, FSP). Предполагается, что за трехлетний период действия плана программа CSS принесет пользу 94 000 лицам

Инновация (Innovation, INN). Призвана обеспечить тестирование и оценку новых и (или) измененных практик либо стратегий в области психического здоровья. Эти краткосрочные проекты, ориентированные на обучение, направлены на улучшение одного из аспектов общественной системы психического здоровья.

Обучение и подготовка работников (Workforce Education and Training, WET). Квалифицированные и компетентные сотрудники являются важным элементом в успехе MHSA. WET поддерживает набор, обучение, развитие и удержание сотрудников общественных служб психического здоровья.

Объекты капитального строительства и технологические потребности (Capital Facilities and Technological Needs, CFTN). CFTN поддерживает инфраструктуру общественной системы психического здоровья посредством финансирования, которое помогает модернизировать информационные системы, а также обеспечить средства для застройки мест предоставления услуг психического здоровья MHSA.

CPP. MHSA требует участия планов специализированной психиатрической помощи (Specialty Mental Health Plans) в сотрудничестве с заинтересованными лицами в процессе разработки, реализации и анализа программ MHSA. Процесс работы с заинтересованными лицами позволяет поддерживать постоянную связь между ними и Агентством здравоохранения (Health Care Agency, HCA), что позволяет вносить коррективы и улучшать качество в режиме реального времени. Полный обзор CPP для разработки этого плана можно просмотреть в разделе о планировании программ сообщества настоящего плана.

Согласно нормативным документам крупным округам выделяется три года для расходования ежегодных отчислений MHSA. По истечении трехлетнего периода средства возвращаются в администрацию штата для перераспределения. Суммы финансирования и стоимость, предложенные в Ежегодном обновлении MHSA, определяются в процессе корректировки бюджета, который помогает выявить доступные средства. Финансовый обзор включает в себя подробный процесс согласования бюджетов существующих программных составляющих в соответствии с фактическими расходами по программам за последние финансовые годы. Ежегодная корректировка бюджета позволяет BHS выявлять сэкономленные по программам средства, которые можно использовать для покрытия расходов по другим программам в рамках той же составляющей MHSA. Также поддерживаются необходимые корректировки в сторону уменьшения бюджета, когда доходы не соответствуют ожидаемому уровню. Кроме того, административная команда MHSA, сотрудники финансового отдела HCA и представитель генерального директора округа ежеквартально встречаются с финансовым консультантом штата для тщательного мониторинга трехлетнего прогноза MHSA, а также рассмотрение дополнительных инициатив и изменений в законодательстве штата, которые могут потенциально повлиять на финансирование MHSA. Ежеквартально краткий обзор прогнозов

представляется консультативному совету по вопросам психического здоровья сообщества округа Ориндж. Наконец, координаторы BHS, финансовое руководство и административная команда MHSA регулярно встречаются для согласования и оценки процесса разработки программы, бюджетов, расходов и предлагаемых планов. В таблице ниже приведен обзор предлагаемого уровня финансирования каждой составляющей в рамках Ежегодного обновления.

Следует отметить, что эти проекты бюджетов составляющих и их стоимость основаны на прогнозах, а не на фактически полученных средствах. Исторически сложилось так, что финансирование MHSA нестабильно и постоянно меняется. Недавно доход MHSA оказался значительно меньше, чем предполагалось при разработке трехлетнего плана MHSA. Кроме того, BHS неожиданно получили значительно меньшее финансирование на реорганизацию, что усугубило финансовые последствия для всех программ BHS. Согласно информации, имеющейся на момент подготовки этого отчета, общее сокращение финансирования ожидается в оставшийся год трехлетнего плана. На основе прогнозов в план внесены корректировки по каждой составляющей.

ОБЗОР ПРЕДЛАГАЕМОГО ФИНАНСИРОВАНИЯ ДЛЯ ОБСЛУЖИВАНИЯ БОЛЕЕ 100 000 ЧЕЛОВЕК В ГОД

СОСТАВЛЯЮЩАЯ	ТРЕХЛЕТНИЙ ПЛАН НА 2025–2026 ФИН. ГОД	ПРЕДЛАГАЕМЫЙ БЮДЖЕТ НА 2025–2026 ФИН. ГОД	РАЗНИЦА
PEI	77 753 250 $	29 200 871 $	– 48 552 379 $
CSS	259 181 497 $	185 661 366 $	– 73 520 131 $
Инновация	4 255 557 $	20 975 628 $	+ 16 720 071 $
WET	8 787 501 $	8 371 705 $	– 415 796 $
CFTN	23 091 028 $	21 414 890 $	+ 1 676 138 $
Всего	**373 068 833 $**	**265 624 460 $**	**– 107 444 373 $**

ЕЖЕГОДНОЕ ОБНОВЛЕНИЕ MHSA НА 2025–2026 ФИНАНСОВЫЙ ГОД

Трехлетний план MHSA был разработан с учетом мнения заинтересованных лиц, полученного в процессе планирования программ сообщества, изменений в законодательстве, обновлений политик штата, а также ввиду местных инициатив округа Ориндж. Это Ежегодное обновление MHSA на 2025–2026 финансовый год было разработано в переходный период, когда штат начинает реализацию инициативы преобразования сферы психического здоровья (Behavioral Health Transformation, BHT). BHT оказывает значительное влияние на MHSA и допустимое использование средств путем обновления требований категориального финансирования.

Жители штата Калифорния с серьезными психическими заболеваниями и (или) зависимостями, сталкиваются со многими препятствиями при получении как психиатрической, так и медицинской помощи. В результате жизнь этих людей может закончиться на несколько десятилетий раньше, чем у среднестатистических жителей. Факторы, которые могут способствовать возникновению проблем, включают проблемы с транспортом, возраст и культурные различия, необходимость для бенефициаров перемещаться по отдельным системам оказания услуг, чтобы получить доступ к лечению, а также ограничения в обмене данными и координации лечения.

Чтобы решить эти проблемы, администрация штата Калифорния под руководством Департамента здравоохранения (Department of Health Care Services, DHCS) внедряет инициативу BHT, также известную как Предложение 1. Инициатива BHT дополняет и развивает другие крупные инициативы штата Калифорния в области психического здоровья, включая, помимо прочего, инициативу улучшения и модернизации программы Medi-Cal в штате Калифорния (California Advancing and Innovating Medi-Cal, CalAIM), предложение от сетей организаций сообщества по справедливому уходу и лечению в сфере психического здоровья (BH-CONNECT), инициативы по охране психического здоровья детей и молодежи (Children and Youth Behavioral Health Initiative, CYBHI), телефонную линию Medi-Cal для помощи в кризисных ситуациях (988) и программу непрерывного развития инфраструктуры в области психического здоровья (Behavioral Health Continuum Infrastructure Program, BHCIP). Эти усилия свидетельствуют о долгосрочной приверженности штата преобразованию Medi-Cal с намерением сделать программу более справедливой, скоординированной и ориентированной на людей, чтобы помочь получателям Medi-Cal улучшить свое здоровье и жизнь в полной мере. Целью этой многокомпонентной инициативы является создание более интегрированной и гибкой системы психического здоровья, которая в настоящее время реализуется путем совершенствования политики в области психического здоровья и реформы системы оплаты. Ссылка на эти инициативы приведена выше, а краткое описание — ниже.

CalAIM — это инициатива, направленная на повышение качества жизни и улучшение здоровья населения путем проведения широкой реформы системы оказания услуг и программ, а также системы платежей в рамках программы Medi-Cal.

Телефонная линия помощи в кризисных ситуациях изменяет порядок и время задействования групп реагирования на кризисные ситуации для членов сообщества, переживающих кризис психического здоровья.

Закон о медицинском обслуживании (CARE Act) создает совместную площадку для лиц с нелеченными расстройствами шизофренического спектра, которым требуется интенсивное взаимодействие и участие в добровольном лечении.

Сенатский законопроект 43 (Senate Bill 43) содержит изменение юридического определения тяжелой инвалидности. Теперь лицами с тяжелой инвалидностью считаются и те, у кого выявлены тяжелые расстройства, связанные с употреблением психоактивных веществ, или сопутствующие психические заболевания. При этом каких-либо одновременных либо упреждающих инвестиций в инфраструктуру не предусмотрено.

Группы взаимопомощи и услуги по восстановлению — предусматривает включение групп взаимопомощи со специализацией по Medi-Cal, кризисным ситуациям, правосудию, обеспечению жильем и надзору.

Принятие Предложения 1 — предложение, санкционирующее значительные изменения в MHSA и обязывающее разработать комплексный план в сфере психического здоровья (Behavioral Health Integrated Plan), который включает все источники финансирования и программы, используемые для оказания общественных услуг в области психического здоровья. Поправки включают широкие кардинальные изменения в существующий закон.

Кроме того, предложение устанавливает облигацию в размере 6,4 млрд долларов на строительство лечебных учреждений, жилья для ветеранов и постоянного вспомогательного жилья для лиц, которые его не имеют либо рискуют потерять, а также живут с серьезными психическими заболеваниями и (или) расстройствами, связанными с употреблением психоактивных веществ.

Изменения с учетом Предложения 1 (Закона о предоставлении услуг психиатрической помощи [Behavioral Health Services Act, BHSA]), одобренного избирателями штата Калифорния 5 марта 2024 г., изложены ниже. BHSA изменяет категориальное применение финансирования составляющих MHSA. Текущее финансирование составляющих CSS, PEI, INN, WET, CFTN будет ограничено для:

1. FSP (35 % от финансирования BHSA);
2. жилья и вспомогательных услуг (30 % от финансирования BHSA);
3. психиатрической помощи и вспомогательных услуг (35 % от финансирования BHSA).

BHSA расширяет приоритетные группы населения и включает расстройства, связанные с употреблением психоактивных веществ. При этом приоритет отдается лицам с серьезными психическими заболеваниями, которые могут стать бездомными или уже ими являются, а также лицам, вовлеченным в судебную систему, систему социального обеспечения детей и (или) помещенным в лечебное учреждение либо находящимся под опекой. BHSA вступает в силу 1 января 2025 года и является последним обновлением плана MHSA. Первый трехлетний комплексный план BHSA будет разработан и разослан для утверждения до 30 июня 2026 года.

Множество программ этого обновления плана MHSA сокращаются для соответствия с фактическому финансированию MHSA, доступному для поддержки программы. Из-за текущей финансовой ситуации, связанной с государственными ассигнованиями, и в рамках подготовки к преобразованию MHSA в BHSA, значительного расширения программ на 2025–2026 финансовый год не планируется. План включает значительное сокращение программ, которые больше не будут финансироваться в рамках BHSA.

Список изменений в план MHSA изложен ниже.

PEI

Объем финансирования PEI, полученный в последние два финансовых года, оказался меньше, чем ожидалось. Это привело к сокращению финансирования составляющей PEI по сравнению с первоначальным трехлетним планом. Программы, которые не соответствуют критериям устойчивости в соответствии с BHSA были определены и рекомендованы к завершению либо в связи с естественным окончанием контракта, либо в качестве переходного года перед началом действия требований BHSA 1 июля 2026 г.

ПРОГРАММА	ОБНОВЛЕНИЕ	ОПИСАНИЕ ИЗМЕНЕНИЯ
Профилактические услуги и поддержка для молодежи	Программа и связанные с ней контракты заканчиваются 30 июня 2025 г.	Текущий объем работ программы не соответствует требованиям раннего вмешательства в BHSA. Контракт заканчивается 30 июня 2025 г. и не будет продлен. Доступные средства PEI были сокращены по сравнению с прогнозируемыми ранее уровнями финансирования. Программы и услуги, которые соответствуют требованиям штата в рамках BHT и согласованы с мнением заинтересованных лиц, будут включены в комплексный план психического здоровья.

ПРОГРАММА	ОБНОВЛЕНИЕ	ОПИСАНИЕ ИЗМЕНЕНИЯ
Непрерывные услуги для младенцев и детей младшего возраста	Исключено из бюджета.	Программа не была введена в действие с момента включения в трехлетний план MHSA. BHS совместно с First 5 проводит процесс планирования программ в сообществе для разработки непрерывных услуг, предоставляемых семьям, младенцам и детям младшего возраста, которые могут быть реализованы по всему округу Ориндж. Программы и услуги, разработанные в рамках сотрудничества и отвечающие требованиям BHT, после утверждения могут быть включены в программу комплексного плана психического здоровья.
Образовательные мероприятия для сообщества по вопросам психического здоровья, направленные на снижение стигматизации и дискриминации	Действие программы и контрактов заканчивается.	Профилактика населения больше не будет финансироваться на местном уровне, так как в соответствии с Предложением 1 4 % штатных средств BHSA будут перенаправлены в Департамент здравоохранения штата Калифорния (California Department of Public Health). Для этих целей запрещено использовать средства BHSA на местном уровне. Продление контрактов по их окончанию не планируется.
Программа поддержки для улучшения распознавания ранних признаков психических заболеваний	Программа сокращена.	■ Программа обучения кризисному вмешательству переведена в CSS как часть кризисных услуг, поскольку она помогает поддерживать реализацию непрерывно предоставляемых услуг в кризисных ситуациях в округе Ориндж. ■ Содействие психическому здоровью и благополучию для различных сообществ больше не будет финансироваться. ■ Пересмотрен объем работ по кампаниям психического здоровья, которые будут поддерживать функции планирования программ в сообществе.
Предотвращение кризисных ситуаций и поддержка — профилактика суицида	Программа сокращена.	Профилактика, основанная на демографических показателях, больше не будет финансироваться на местном уровне, поскольку в соответствии с Предложением 1 использование местных средств для таких целей запрещается. Бюджет сокращен, а объем работ (scope of work, SOW) программ обновлен для поддержки услуг на индивидуальном уровне и выставления счетов Medi-Cal для лиц, которые соответствуют критериям. Ресурсы программы по Ежегодному обновлению сократились с 4,7 млн долларов в трехлетнем плане до 2,7 млн долларов на 2025–2026 финансовый год.

ПРОГРАММА	ОБНОВЛЕНИЕ	ОПИСАНИЕ ИЗМЕНЕНИЯ
Помощь в транспортировке	Исключено с PEI.	Помощь в транспортировке была исключена из финансирования MHSA, поскольку транспортировка покрывается по программе Medi-Cal и не требует выделения в отдельную программу.
Ориентирование в услугах психического здоровья (также известно как информационная работа и взаимодействие служб охраны психического здоровья [BHS Outreach and Engagement])	Переход к CSS и компенсация расходов за счет гранта.	В соответствии с услугами по информационной работе и взаимодействию в CSS, эта программа теперь является составляющей CSS. Кроме того, расходы были компенсированы за счет гранта от CalOptima размером 7 млн долларов, который будет применяться в течение трех лет. В рамках BHSA изменится функция информационной работы и взаимодействия.
Комплексные услуги в сфере правосудия	Перенесено в CSS.	В соответствии с руководством штата, услуги по оказанию помощи в сфере правосудия и по переходу должны финансироваться CSS. Программы были переведены с учетом этого изменения.
Услуги по охране психического здоровья детей школьного возраста	Действие программы закончилось.	BHS продолжит обслуживать детей, имеющих право на получение специализированных услуг по охране психического здоровья, в рамках программ округа и клиник, с которыми заключен контракт. DHCS изменил политику, расширив доступ к услугам по охране психического здоровья в школах посредством планов управляемого медицинского обслуживания (Managed Care Plan, MCP). Это расширяет сеть, позволяя школам, участвующим в программе, координировать и оказывать медицинскую помощь.
Оздоровительная программа для родителей округа Ориндж	Программа исключена из бюджета PEI.	В течение последних нескольких лет в программе наблюдалась значительная нехватка кадров. Сотрудники программы присоединяются к работе в детских поликлиниках, где они будут оказывать поддержку в предоставлении услуг.
OC4 Vets	Программа сокращена.	Программа была сокращена, поскольку услуги, предоставляемые по контракту, не соответствуют требованиям BHSA. Руководство округа продолжает предоставлять такие услуги, а программа по удовлетворению потребностей этой важной группы населения может быть разработана в рамках BHSA.

ПРОГРАММА	ОБНОВЛЕНИЕ	ОПИСАНИЕ ИЗМЕНЕНИЯ
Консультирование жителей общин и вспомогательные услуги	Действие программы заканчивается в июне 2025 г.	Эта программа, управляемая округом, будет завершена. Количество жителей, обслуживаемое в рамках программы, совпадает с количеством людей, которым должны предоставляться услуги MSP. Услуги больше не будут поддерживаться в рамках BHSA.
Управление PEI	Финансирование сокращено.	Расходы на управление PEI сокращаются, что отражает сокращение программы PEI.

CSS		
Сокращение использования средств MHSA в этой составляющей связано с сокращением программ и завершением действия некоторых из них. Такие сокращения преимущественно компенсируются намерением увеличить количество счетов Medi-Cal и реализацией реформы системы оплаты, назначенной штатом. Неспособность получить необходимые доходы может привести к дополнительным сокращениям в середине года.		
ПРОГРАММА	**ОБНОВЛЕНИЕ**	**ОПИСАНИЕ ИЗМЕНЕНИЯ**
Программа центра комплексного обслуживания для бездомных с психическими заболеваниями	Программа завершена в 2024 г.	Программа завершена 31 декабря 2024 г.
Ориентирование в услугах психического здоровья	Эта программа (также известная как информационная работа и взаимодействие в области психического здоровья [BH Outreach and Engagement]) перенесена с PEI в CSS.	Программа лучше согласуется с требованиями CSS к информационной работе и взаимодействию.
Комплексные услуги в сфере правосудия	Перенесено с PEI в CSS.	Услуги и назначение программы соответствуют указаниям DHCS по предоставлению услуг в рамках CSS.

ПРОГРАММА	ОБНОВЛЕНИЕ	ОПИСАНИЕ ИЗМЕНЕНИЯ
Горячая линия (Warmline)	Действие программы заканчивается в июне 2025 г.	Данное решение принято из-за сокращения доступного финансирования MHSA и переход в BHSA. ■ Объем существующего финансирования MHSA и категориального финансирования BHSA очень ограничен, а обязательные услуги становятся приоритетными, поскольку вводится новая система отчетности. ■ Несоблюдение этих мер по обеспечению отчетности для обязательных программ приведет к штрафам для округа. ■ Горячая линия не является обязательной услугой. Она финансируется государством и доступна всем жителям штата Калифорния. ■ Круглосуточная горячая линия штата Калифорния по психической поддержке доступна по номеру (855) 845-7415 (также на этот номер можно отправлять сообщения). Взаимодействие возможно на английском, испанском и других 240 языках.
Стабилизация кризисных ситуаций на дому	Бюджет сокращен	Программа сокращена. Услугу будут предоставляться только в рамках детских программ.
Расширение услуг для детей и молодежи	Бюджет MHSA сокращен.	Предполагаемая сумма MHSA (в долларах), необходимая для поддержания услуг, сокращается по мере внедрения реформы системы оплаты и новых стандартов выставления счетов Medi-Cal. Предполагается, что это не повлияет на услуги.
Восстановление амбулаторных пациентов	Бюджет MHSA сокращен.	Предполагаемая сумма MHSA (в долларах), необходимая для поддержания услуг, сокращается по мере внедрения реформы системы оплаты и новых стандартов выставления счетов Medi-Cal. Предполагается, что это не повлияет на услуги.
Поддержка трудоустройства	Бюджет MHSA сокращен.	Действие программы закончится 30 июня 2025 г. Поддержка трудоустройства станет обязательной частью FSP в BHSA и будет перенесена в требования и объем работ FSP в комплексном плане психического здоровья.

Resumen Ejecutivo

ANTECEDENTES DE MHSA

En Noviembre de 2004, los votantes de California aprobaron la Propuesta 63, también llamada. Ley de Servicios de Salud Mental (MHSA). La Ley implementa un impuesto estatal del 1 % sobre los ingresos personales de más de $1 millón y enfatiza la transformación del sistema de salud mental para mejorar la calidad de vida de las personas que viven con una condición de salud conductual grave y sus familias. Con MHSA, los Planes de Salud Mental aseguran que las partes interesadas clave de la comunidad tengan la oportunidad de contribuir con el desarrollo, implementación, evaluación, financiamiento y las políticas del programa, lo que da como resultado programas públicos de salud conductual que se han personalizado para cubrir las necesidades de diversas personas, familias y comunidades de California. Como consecuencia, las comunidades locales y sus residentes están disfrutando de los beneficios de la extensión y la mejora de los servicios de salud mental.

Desde la creación de MHSA, los servicios de Salud Conductual (Behavioral Health Services, BHS) de la Agencia de Cuidado de la Salud (Health Care Agency) del Condado Orange ha usado un proceso de participación de partes interesadas integral para desarrollar programas locales de MHSA que van desde servicios de prevención y crisis hasta una extendida gama de servicios ambulatorios, hasta atención residencial de crisis. Fundamental para el desarrollo y la implementación de todos los programas es el enfoque en la colaboración de la comunidad; la competencia cultural; los servicios orientados al consumidor y la familia; la integración de servicios para consumidores y familias; la priorización de la atención a las poblaciones desatendidas y marginadas; y el enfoque en la importancia del bienestar mental, la recuperación y la resiliencia. La gama actual de servicios se desarrolló de manera gradual, comenzando con las iniciativas de planificación de las partes interesadas en 2005 y continúa hasta hoy.

Este Resumen Ejecutivo incluye una sinopsis de los cambios planificados que se propusieron en la actualización anual de MHSA del Condado Orange para el Año Fiscal FY 2025-2026 (Actualización Anual. Esta Actualización Anual de MHSA incluye información general del proceso continuo de Planificación de Programas de la comunidad (Program Planning process, CPP), descripciones de programas componentes incluyendo proyecciones para poblaciones objetivo, proyecciones de presupuestos, datos y documentación de respaldo en los Apéndices.

COMPONENTES Y FINANCIAMIENTO DE MHSA

Para definir mejor el uso de este financiamiento categórico MHSA se divide en seis componentes, cada uno identifica a una población objetivo o un uso permitido. Los componentes PEI y CSS prestan servicios directos. Las descripciones de abajo incluyen un cálculo de la cantidad acumulativa de personas que se atenderán en el marco de tiempo completo de tres años del plan (2023-2026):

Prevención e Intervención Temprana (PEI): el objetivo de PEI es apoyar o intervenir tan pronto como sea posible para prevenir que una condición de salud mental se vuelva grave y discapacitante. La mayoría de PEI se debe dirigir a niños y jóvenes menores de 25 años y a sus familias/cuidadores. Se espera que aproximadamente 230,000 personas participen en un servicio de PEI durante el período de tres años del plan. Esta cifra no incluye las cantidades anticipadas de gente que podría comunicarse con el call center OC LINKS o estar expuestas a campañas a gran escala.

Servicios y Apoyo a la Comunidad (CSS): Este componente da programas y servicios dirigidos a personas que viven con enfermedades mentales graves, incluyendo un subsidio para Vivienda de MHSA y el requisito de que la mitad de los fondos se dirijan a servicios ambulatorios de apoyo intensivo, llamados Programas de Colaboración de Servicios Completos. Se espera que más de 94,000 personas se beneficien de un programa de CSS en el curso del período de tres años del plan.

Innovación (INN): El objetivo de la innovación es permitir que se prueben y evalúen prácticas o estrategias nuevas o modificadas en el campo de la salud mental. Estos proyectos de corto plazo y centrados en el aprendizaje son un esfuerzo por mejorar un aspecto del sistema público de salud conductual.

Educación y Capacitación de la Fuerza Laboral (WET): El personal calificado y competente es un ingrediente esencial para el éxito de MHSA. WET apoya el reclutamiento, la capacitación, el desarrollo y la retención de los empleados públicos de salud conductual.

Capital de Riesgo y Necesidades Tecnológicas (CFTN): CFTN apoyan la infraestructura del sistema público de salud conductual mediante el financiamiento que ayuda a modernizar los sistemas de datos e información y dan fondos para construir espacios para prestar servicios de salud mental según MHSA.

Planificación de Programas de la Comunidad (CPP): MHSA exige que los Planes Especializados de Salud Mental participen en compromisos significativos de las partes interesadas en el desarrollo, implementación y análisis de los programas de MHSA. El proceso de las partes interesadas permite la comunicación continua entre HCA y las partes interesadas, para permitir ajustes en tiempo real y mejoramiento de la calidad. Hay un resumen completo de las actividades de CPP que se hicieron para desarrollar este plan que puede revisar minuciosamente en la Sección Planificación del Programa de la Comunidad de este Plan.

Las reglamentaciones dan a los condados grandes tres años para gastar su asignación anual de MHSA. Después de ese período, los fondos regresarán al estado para su redistribución. Las cantidades de financiamiento disponibles y los valores propuestos en la Actualización Anual de MHSA son determinados mediante un proceso de “ajuste” de presupuesto que ayuda a identificar los fondos disponibles. La revisión fiscal incluye un proceso detallado para alinear los presupuestos de los programas componentes existentes más estrechamente con los gastos reales de los programas en los años fiscales más recientes. El “ajuste” del presupuesto anual permite que BHS identifique ahorros para programas que se podrían usar para cubrir los costos de otros programas en el mismo componente de MHSA. También apoya los ajustes necesarios para disminuir el presupuesto cuando no se reciben ingresos a los niveles previstos. Además, el equipo Administrativo de MHSA, de Finanzas de HCA y la representación de la oficina del Director General del Condado se reúnen trimestralmente con un Consultor Financiero del Estado para monitorear de cerca los tres años de proyecciones de MHSA y explorar otras iniciativas del estado y los cambios en la legislación que potencialmente podrían afectar el financiamiento de MHSA. Cada

trimestre se presenta un resumen de proyecciones en las Reuniones de la Comunidad de la Junta Asesora de Salud Conductual de OC (Behavioral Heal Advisory Board Community). Finalmente, los administradores de BHS, el equipo de dirección fiscal y el equipo administrativo de MHSA se reunieron con regularidad para coordinar y evaluar el desarrollo, el progreso, los presupuestos, los gastos y los planes propuestos de los programas. En la tabla de abajo hay un resumen del nivel de financiamiento propuesto para cada componente, para la Actualización anual.

Tenga en cuenta que los estos presupuestos y valores provisionales de los Componentes están basados en las proyecciones y no en los fondos recibidos. Los fondos de MHSA históricamente son volátiles y están sujetos a cambios. Recientemente, los ingresos de MHSA fueron mucho menos de lo previsto cuando se desarrolló el Plan de 3 años de MHSA. Además, BHS recibió inesperadamente mucho menos financiamiento para la realineación, lo que exacerbó los impactos financieros negativos a toda la programación de BHS. Basándose en la información disponible en el momento de este reporte, se espera una reducción general del financiamiento para el resto de los 3 años del Plan. Basándose en las proyecciones, el plan refleja ajustas en cada componente.

RESUMEN DEL FINANCIAMIENTO PROPUESTO PARA ATENDER A MÁS DE 100,000 PERSONAS AL AÑO

COMPONENTE	PLAN DE 3 AÑOS AÑO FISCAL 2025-26	PRESUPUESTO PROPUESTO AÑO FISCAL 2025-26	DIFERENCIA
Prevención e Intervención Temprana	$77,753,250	$29,200,871	-$48,552,379
Servicios y Apoyo a la Comunidad	$259,181,497	$185,661,366	-$73,520,131
Innovación	$4,255,557	$20,975,628	+$16,720,071
WET	$8,787,501	$8,371,705	-$415,796
Infraestructura y Necesidades Tecnológicas	$23,091,028	$21,414,890	-$1,676,138
Total	**$373,068,833**	**$265,624,460**	**-$107,444,373**

ACTUALIZACIÓN ANUAL DE MHSA PARA EL AÑO FISCAL 2025-2026

El Plan de Tres años de MHSA se desarrolló basado en las contribuciones de las partes interesadas recibidas mediante el proceso de planificación de programas de la comunidad, cambios en la legislación, actualizaciones de las políticas del estado y considerando las Iniciativas Locales del Condado Orange. Esta Actualización Anual de MHSA (Actualización anual) para el Año Fiscal 2025-2026 se desarrolló en un momento de transición mientras el estado avanzaba a la Implementación de la Iniciativa de Transformación de la Salud Conductual (BHT). BHT afectó grandemente la de MHSA y el uso permitido de los fondos actualizando los requisitos del financiamiento categórico.

Los Californianos que viven con enfermedades mentales o adicciones graves pueden enfrentar muchos obstáculos para recibir atención de salud conductual y atención médica. Como consecuencia, las vidas de estas personas pueden terminar décadas antes que las de la población general. Los factores que pueden contribuir al reto incluyen obstáculos en cuanto al transporte, edad y factores culturares, beneficiarios que necesitan usar distintos sistemas para acceder a la atención y limitaciones en el intercambio de datos/coordinación de la atención.

Para enfrentar el reto, el estado de California, bajo la dirección del Departamento de Servicios de Atención Médica (Department of Health Care Services, DHCS) está implementado la iniciativa Transformación de la Salud Conductual (Behavioral Health Transformation), también llamada Propuesta 1. La Transformación de la Salud Conductual se complementa y se basa en otras iniciativas de salud conductual importantes, incluyendo, entre otros, la iniciativa Avanzando e Innovando Medi-Cal de California (California Advancing and Innovating Medi-Cal, CalAIM), la propuesta de Demostración de Redes de la Organización de Atención y Tratamiento Equitativo de Salud Conductual de la Comunidad de California (California Behavioral Health Community-Based Organization Networks of Equitable Care and Treatment, BH-CONNECT), la Iniciativa de Salud Conductual para Niños y Jóvenes (Children and Youth Behavioral Health Initiative, CYBHI), Crisis Medi-Cal Mobile, expansión 988 y el Programa de Infraestructura de Continuación de la Salud Conductual (Behavioral Health Continuum Infrastructure Program, BHCIP). Estos esfuerzos comprueban el compromiso de largo plazo del estado de transformar Medi-Cal con la intención de lograr que el programa sea más equitativo, coordinado y centrado en las personas para ayudar a los beneficiarios de Medi-Cal a maximizar su salud y trayectoria de vida. La intención de esta iniciativa de varios componentes es un sistema de salud conductual más integrado y flexible que actualmente se está implementando por medio de un mejoramiento en las políticas de salud conductual y reformas en los pagos. Un enlace a estas iniciativas se incluye arriba y se resume abajo.

Avanzando e Innovando Medi-Cal en California (CalAIM) – una iniciativa para mejorar la calidad de vida y resultados médicos de nuestra población implementando un amplio sistema de atención, reformas al programa y a los pagos en todo el programa Medi-Cal.

Crisis Mobile – cambia cómo y cuándo se despachan los equipos de respuesta de crisis a los miembros de la comunidad que tienen una crisis de salud conductual.

Ley CARE – Crea un tribunal cooperativo para personas que viven con trastornos del espectro de esquizofrenia no tratado y que necesitan colaboración intensiva y participación en tratamientos voluntarios.

Proyecto de Ley del Senado 43 – Cambia la definición legal de discapacidad grave para incluir a las personas que viven con trastornos graves de consumo de sustancias o trastornos concomitantes de salud mental, sin inversiones simultáneas ni preventivas en infraestructura.

Servicios entre Pares y de Recuperación – Exige la inclusión de servicios de apoyo entre pares con especialización en Medi-Cal, crisis, intervención de la justicia, vivienda y funciones de supervisión.

Aprobación de la Propuesta 1 – Una propuesta que autoriza cambios significativos en la Ley de Servicios de Salud Mental y exige el desarrollo de un Plan integrado de Salud Conductual que incluya todas las fuentes de financiamiento y programas utilizados para servicios públicos de salud conductual. Las actualizaciones hacen cambios amplios al estatuto existente.

Además, la propuesta establece una bonificación de $6.4 mil millones para construir centros de tratamiento, viviendas para Veteranos y viviendas permanentes de apoyo para personas sin hogar o en riesgo de quedarse sin hogar y que viven con una enfermedad mental grave o un trastorno por consumo de sustancias.

Los efectos de la Propuesta 1, la Ley de Servicios de Salud Conductual (BHSA), aprobada por los votantes de California el 5 de Marzo de 2024, se incluyen abajo. BHSA cambia el uso categórico del financiamiento de componentes de MHSA. El financiamiento de componentes actual de CSS, PEI, INN, WET, CFTN se restringirá a:

1. Asociaciones de Servicio Completo (35 % del Financiamiento de BHSA)
2. Servicios y Apoyo de Vivienda (30 % del Financiamiento de BHSA)
3. Servicios y Apoyo de Salud Conductual (35 % del Financiamiento de BHSA)

BHSA extiende las poblaciones prioritarias e incluirá los Trastornos por Consumo de Sustancias mientras prioriza a las personas con Enfermedades Mentales Graves, en riesgo de quedarse sin hogar, con intervención de la justicia, bienestar infantil o institucionalización o tutela. La fecha de inicio de BHSA es el 1 de Enero de 2025, siendo esta la Actualización final al Plan de MHSA. El primer Plan integrado de tres años de BHSA se redactará y distribuirá para aprobación antes del 30 de Junio de 2026.

En esta actualización, muchos programas de la Actualización del Plan de MHSA se reducen para alinearse con la cantidad real de financiamiento de MHSA disponible para apoyar un programa. Debido al panorama financiero actual de los subsidios del estado y preparándose para que MHSA se vuelva BHSA, no hay extensiones programáticas significativas planificadas para el Año Fiscal 2025-2026. El Plan representa reducciones significativas en programas que ya no serán elegibles para financiamiento según BHSA.

La lista de cambios al Plan de MHSA se describe abajo:

PREVENCIÓN E INTERVENCIÓN TEMPRANA		
La cantidad de financiamiento para PEI recibida en los dos últimos años fiscales fue menor que lo esperado, lo que exigió una reducción del financiamiento del componente PEI comparado con el plan original de tres años. Los programas que no cumplen los criterios de sostenibilidad según BHSA se han identificado y se ha recomendado que finalicen, ya sea mediante el final natural del contrato o como año de transición antes de que comiencen los requisitos de BHSA, el 1 de julio de 2026.		
PROGRAMA	**ACTUALIZACIÓN**	**DESCRIPCIÓN DEL CAMBIO**
Servicios de Prevención y Apoyo para Jóvenes	El programa y los Contratos Finalizan el 30 de Junio de 2025	El alcance del trabajo actual no cumple los requisitos de intervención temprana de BHSA. El contrato termina el 30 de Junio de 2025 y no se renovará. La cantidad de fondos para PEI disponible se redujo de los niveles de financiamiento esperados. Los programas y servicios que se alinean con los requisitos del estado según la Transformación de Salud Conductual y que se alinean con las aportaciones de las partes interesadas se incluirán en el Plan Integrado de Salud Conductual.

PROGRAMA	ACTUALIZACIÓN	DESCRIPCIÓN DEL CAMBIO
Continuidad para Bebés y Primera Infancia	Se Elimina del Presupuesto	El programa no se ha puesto en práctica desde que se incluyó en el Plan de 3 años de MHSA. BHS, en sociedad con First 5, está conduciendo un proceso de planificación de un programa de la comunidad para desarrollar una Continuidad para Familias, Bebés y Primera Infancia que se puede implementar en todo el Condado Orange. Los programas y servicios desarrollados por medio de la cooperativa que cumple los requisitos de BHT, cuando se aprueben, se pueden incluir en el Plan Integrado de Salud Conductual.
Eventos de Educación para la Comunidad de Salud Mental para Reducir los estigmas y la discriminación	El Programa y los contratos terminan	Prevención de la Población ya no se financiará a nivel local ya que la Propuesta 1 redirige 4 % de los fondos estatales de BHSA para que sean implementados por el Departamento de Salud Pública de California (California Department of Public Health) y prohíbe el uso del dinero de BHSA a nivel local para este propósito. Ya que los contratos se aproximan a su final natural, no se renovarán.
Extensión para Aumentar el Reconocimiento de las Primeras Señales de Enfermedad Mental	Reducción del programa	■ Capacitación para Intervención de Crisis – El programa cambia a CSS como parte de Servicios de Crisis ya que ayuda a apoyar la implementación de la Continuidad de Crisis en el Condado Orange. ■ Promoción de Salud y Bienestar Mental para Comunidades Diversas ya no se financiará. ■ La extensión del trabajo de las Campañas de Salud Mental se está revisando y apoyará las funciones de planificación de programas de la comunidad.
Prevención de Crisis y Apoyo – Prevención del Suicidio	Reducción del programa	La Prevención Basada en la población ya no se financiará a nivel local, pues la Propuesta 1 prohíbe el uso local para dichos propósitos. Se reduce el presupuesto y la extensión del trabajo (SOW) de los programas se actualizó para apoyar los servicios a nivel individual y la facturación de Medi-Cal para personas que cumplen los criterios. El Programa se redujo de $4.7 millones en el Plan de Tres Años a $2.7 millones para la Actualización Anual del Año Fiscal 2025/2026.

PROGRAMA	ACTUALIZACIÓN	DESCRIPCIÓN DEL CAMBIO
Asistencia con el Transporte	Se eliminó de PEI	Los apoyos para transporte se eliminaron del financiamiento de MHSA, pues el transporte es un beneficio cubierto por Medi-Cal y no necesita que lo identifiquen como programa.
Navegación en BH (también llamado Extensión y Participación de BHS)	Transición a CSS y compensación de costos por subsidio.	Alineado con los servicios de extensión y participación de CSS, este programa se transfirió al componente de CSS. Además, los costos se compensaron mediante un subsidio de $7 millones recibido de CalOptima que se aplicará en un período de 3 años. La función de extensión y participación cambiará según BHSA.
Servicios Integrados Intervenidos por la Justicia	Cambiaron a CSS	Alineado con la guía publicada por el estado, los servicios de difusión y de transición intervenidos por la justicia los financiará CSS. Los programas se transfirieron para reflejar este cambio.
Servicios de Salud Mental para Niños en Edad Escolar	Fin del Programa	BHS seguirá atendiendo a los niños que cumplen la elegibilidad para servicios de especialidad de salud conductual para niños en el Condado y programas Clínicos Contratados. DHCS ha implementado cambios a la política que extienden el acceso a servicios de salud mental en la escuela por medio de planes de atención administrada (MCP). Esto extiende la red para permitir que las escuelas que se inscriban coordinen y presten la atención.
Programa de Bienestar para Padres de OC	El programa se eliminó del Presupuesto de PEI	El programa ha sufrido recortes significativos en la contratación de personal en los últimos años. El personal del programa se está incorporando a clínicas infantiles para pacientes ambulatorios y apoyará la prestación de servicios como parte de las operaciones de la clínica.
OC4 Vets	Programa Reducido	El programa se redujo pues los servicios contratados no se alinean con los requisitos de BHSA. Los servicios operados por el Condado continúan y se puede desarrollar un programa que cubra las necesidades de esta importante población según BHSA.

PROGRAMA	ACTUALIZACIÓN	DESCRIPCIÓN DEL CAMBIO
Servicios de Consejería y Apoyo de la Comunidad	El programa termina en Junio de 2025	Este programa operado por el Condado terminará. La población que atendía este programa se alinea con la población que se debe atender por ley en los Planes de atención administrada y ya no se podrá sostener según BHSA.
Administración de PEI	Financiamiento Reducido	Los costos de administración de PEI se reducirán para reflejar la reducción en la programación de PEI.

SERVICIOS Y APOYO A LA COMUNIDAD		
Las reducciones en el uso del financiamiento de MHSA en este componente se deben a reducciones programáticas y a la completación de algunos programas. Estas reducciones se compensan grandemente con la intención de aumentar la facturación de Medi-Cal y con la implementación de la reforma a los pagos ordenada por el Estado. La incapacidad de generar los ingresos necesarios puede dar como resultado más reducciones a medio año.		
PROGRAMA	**ACTUALIZACIÓN**	**DESCRIPCIÓN DEL CAMBIO**
Centro Multiservicios para Enfermos Mentales Sin Hogar	El programa terminó en 2024	El programa terminó el 31 de Diciembre de 2024.
Navegación en BH	Este programa (también llamado Extensión y Participación de BH) cambió de PEI a CSS	El programa se alinea mejor con los requisitos de extensión y participación de CSS.
Servicios Integrados Intervenidos por la Justicia	Cambió de PEI a CSS	Los servicios y la extensión del programa se alinean con la guía de DHCS para entrega de servicios según CSS.

PROGRAMA	ACTUALIZACIÓN	DESCRIPCIÓN DEL CAMBIO
Warmline	El programa termina en Junio de 2025	La reducción de financiamiento disponible de MHSA y la transición a BHSA contribuyeron con esta decisión. ■ La cantidad de financiamiento categórico de MHSA y BHSA disponible es muy limitada y los servicios administrados se priorizaron, mientras la nueva responsabilidad entra en vigor. ■ El incumplimiento de estas medidas de responsabilidad de los programas ordenados puede tener como consecuencia multas para el Condado. ■ Warmline no es un servicio ordenado y un servicio de apoyo financiado por el estado se ofrece a todos los residentes de California. ■ Puede comunicarse 24/7 con Warmline dirigida por compañeros de California al (855) 845-7415 por mensajes de voz o de texto y se ofrece apoyo en Inglés, Español y otros 240 idiomas.
Estabilización de Crisis en Casa	Presupuesto Reducido	El programa se redujo y solo atenderá programas infantiles.
Extensión de Niños y Jóvenes	Se Redujo el Presupuesto de MHSA	La cantidad esperada de dinero de MHSA necesaria para sostener los servicios se redujo pues la reforma de pagos y las nuevas normas de facturación de Medi-Cal se están implementando. No se anticipa que esto afecte a los servicios.
Recuperación de Pacientes Ambulatorios	Se Redujo el Presupuesto de MHSA	La cantidad esperada de dinero de MHSA necesaria para sostener los servicios se redujo pues la reforma de pagos y las nuevas normas de facturación de Medi-Cal se están implementando. No se anticipa que esto afecte a los servicios.
Empleo Apoyado	Se Redujo el Presupuesto de MHSA	Este programa terminará el 30 de Junio de 2025. El empleo con ayuda se volverá parte ordenada de la prestación de servicios del programa de la Sociedad de Servicios Completos de BHSA. Este apoyo cambiará a los requisitos y extensión del trabajo de FSP en el Plan Integrado de Salud Conductual.

Tóm Tắt Chương Trình Điều Hành

THÔNG TIN CƠ BẢN VỀ MHSA

Vào tháng 11 năm 2004, cử tri California đã bỏ phiếu thông qua Dự luật 63, còn được gọi là Đạo luật Dịch Vụ Sức Khỏe Tâm Thần (Mental Health Services Act, MHSA). Đạo luật này sẽ áp đặt mức thuế tiểu bang 1% đối với thu nhập cá nhân trên $1 triệu và chú trọng vào việc chuyển đổi hệ thống chăm sóc sức khỏe tâm thần để nâng cao chất lượng cuộc sống cho những người gặp phải vấn đề sức khỏe hành vi nghiêm trọng và gia đình của họ. Thông qua MHSA, các Kế Hoạch Chăm Sóc Sức Khỏe Tâm Thần đảm bảo rằng các bên liên quan chính của cộng đồng có cơ hội đóng góp ý kiến vào quá trình phát triển, triển khai, đánh giá, tài chính và chính sách của chương trình, từ đó tạo ra các chương trình sức khỏe hành vi công cộng phù hợp để đáp ứng nhu cầu của nhiều cá nhân, gia đình và cộng đồng khác nhau trên khắp tiểu bang California. Nhờ đó, các cộng đồng địa phương và cư dân đang được hưởng các lợi ích từ việc mở rộng và cải thiện của các dịch vụ chăm sóc sức khỏe tâm thần.

Kể từ khi MHSA được thông qua, Cơ quan Y tế Quận Cam (Orange County Health Care Agency), Dịch vụ sức khỏe hành vi (Behavioral Health Services, BHS) đã sử dụng một quy trình tham khảo ý kiến toàn diện với các bên liên quan để phát triển các chương trình MHSA địa phương, từ dịch vụ phòng ngừa và ứng phó với khủng hoảng, dịch vụ ngoại trú liên tục với quy mô mở rộng, đến dịch vụ chăm sóc nội trú trường hợp khủng hoảng. Trọng tâm để phát triển và thực hiện tất cả các chương trình là tập trung vào sự phối hợp của cộng đồng; am tường về văn hóa; dịch vụ do bệnh nhân và gia đình chủ động; tích hợp dịch vụ cho bệnh nhân và gia đình; ưu tiên phục vụ những người chưa được phục vụ và phục vụ chưa đầy đủ; cũng như tập trung vào tầm quan trọng của sức khỏe tâm thần, khả năng hồi phục và ý chí kiên cường. Nhóm dịch vụ hiện tại đã được triển khai từng bước, bắt đầu từ nỗ lực lập kế hoạch của các bên liên quan trong năm 2005 và tiếp tục đến hiện tại.

Bản Tóm Tắt Chương Trình Điều Hành này bao gồm nội dung tóm lược về các thay đổi theo kế hoạch được đề xuất trong Bản cập nhật MHSA thường niên của Quận Cam cho Năm Tài Khóa 2025-26 (Bản cập nhật thường niên). Bản cập nhật MHSA thường niên này bao gồm tổng quát về quy trình Lập Kế Hoạch Chương Trình Cộng Đồng (Community Program Planning, CPP) đang diễn ra, mô tả chương trình thành phần, bao gồm nhóm mục tiêu dân số, dự đoán ngân sách, dữ liệu và tài liệu hỗ trợ trong Phụ lục.

THÀNH PHẦN VÀ NGÂN SÁCH CỦA MHSA

Để làm rõ hơn cách sử dụng ngân quỹ theo hạng mục này, MHSA được chia nhỏ làm sáu thành phần, mỗi thành phần xác định một nhóm mục tiêu dân số và/hoặc mục đích sử dụng hợp lệ. Thành phần Phòng ngừa và can thiệp sớm (Prevention and Early Intervention, PEI) cũng như thành phần Dịch vụ và hỗ trợ cộng đồng (Community Services and Supports, CSS) cung cấp dịch vụ trực tiếp. Phần mô tả bên dưới cũng cung cấp ước tính về tổng số lượng cá nhân sẽ được phục vụ trong toàn bộ khung thời gian ba năm của kế hoạch (2023-2026):

Phòng ngừa và can thiệp sớm (Prevention and Early Intervention, PEI): Thành phần PEI nhằm mục đích hỗ trợ hoặc can thiệp càng sớm càng tốt để ngăn ngừa tình trạng sức khỏe tâm thần trở nên nghiêm trọng và gây mất chức năng. Phần lớn ngân sách của PEI phải được hướng đến trẻ em và thanh thiếu niên tuổi từ 25 trở xuống cũng như gia đình/người chăm sóc của họ. Dự kiến, khoảng 230,000 cá nhân sẽ tham gia dịch vụ PEI trong khoảng thời gian ba năm của kế hoạch này. Con số này không bao gồm số người dự kiến có thể liên lạc với tổng đài OC LINKS hoặc đã tiếp xúc với các chiến dịch có quy mô lớn.

Dịch vụ và hỗ trợ cộng đồng (Community Services and Supports, CSS): Thành phần này cung cấp các chương trình và dịch vụ hướng đến những người mắc bệnh tâm thần nghiêm trọng, bao gồm trợ cấp cho Nhà ở MHSA và yêu cầu một nửa ngân quỹ được dùng để hỗ trợ các dịch vụ ngoại trú chuyên sâu, gọi là chương trình Đối Tác Dịch Vụ Toàn Diện. Dự kiến hơn 94,000 người sẽ hưởng phúc lợi từ chương trình CSS trong khoảng thời gian ba năm của kế hoạch này.

Đổi mới (Innovation, INN): Thành phần Đổi mới nhằm hỗ trợ thử nghiệm và đánh giá các chiến lược hoặc phương pháp mới và/hoặc đã thay đổi trong lĩnh vực sức khỏe tâm thần. Những dự án ngắn hạn tập trung vào nghiên cứu này hướng tới cải thiện một khía cạnh của hệ thống chăm sóc sức khỏe hành vi công cộng.

Huấn Luyện và Đào Tạo Lực Lượng Chuyên Môn (Workforce Education and Training, WET): Nhân viên có năng lực và trình độ chuyên môn là yếu tố cần thiết đối với sự thành công của MHSA. WET hỗ trợ việc tuyển dụng, huấn luyện, phát triển và giữ chân những nhân viên chăm sóc sức khỏe hành vi cộng đồng.

Bất động sản và nhu cầu kỹ thuật (Capital Facilities and Technological Needs, CFTN): CFTN hỗ trợ hơn nữa cơ sở hạ tầng của hệ thống chăm sóc sức khỏe hành vi cộng đồng thông qua việc cấp quỹ giúp hiện đại hóa các hệ thống thông tin và dữ liệu cũng như cấp quỹ xây dựng trung tâm để cung cấp các dịch vụ chăm sóc sức khỏe tâm thần của MHSA.

Lập Kế Hoạch Chương Trình Cộng Đồng (Community Program Planning, CPP): MHSA yêu cầu các Kế Hoạch Chăm Sóc Sức Khỏe Tâm Thần Chuyên Khoa phải hợp tác hiệu quả với các bên liên quan chính để phát triển, triển khai và phân tích các chương trình MHSA. Quy trình tham khảo ý kiến của các bên liên quan sẽ tạo điều kiện để HCA và các bên liên quan trao đổi liên tục nhằm cải thiện chất lượng và điều chỉnh đúng lúc. Quý vị có thể xem toàn bộ thông tin tổng quát về các hoạt động CPP đã diễn ra trong quá trình xây dựng kế hoạch tại Phần Lập Kế Hoạch Chương Trình Cộng Đồng của Kế hoạch này.

Theo quy định, các quận lớn có ba năm để chi tiêu khoản phân bổ MHSA hằng năm của họ. Sau khoảng thời gian ba năm, ngân quỹ được hoàn trả lại cho tiểu bang để phân bổ lại. Giá trị và số tiền ngân quỹ có thể chi tiêu mà bảng cập nhật MHSA thường niên đề xuất được xác định qua quy trình "đối chiếu" ngân sách, giúp xác định số tiền có thể chi tiêu. Đánh giá tài chính bao gồm một quy trình chi tiết để sắp xếp ngân sách hiện có của chương trình thành phần cho phù hợp hơn với chi tiêu thực tế của chương trình trong năm tài khóa gần nhất. Quy trình "đối chiếu" ngân sách hằng năm này cho phép BHS xác định được cơ hội tiết kiệm chi phí cho các chương trình và sử dụng khoản tiết kiệm đó để trả chi phí thực hiện các chương trình khác trong cùng một thành phần của MHSA. Quy trình này cũng hỗ trợ điều chỉnh cần thiết để giảm ngân sách khi doanh thu không đạt được mức dự kiến. Ngoài ra, nhóm Quản trị MHSA, Ban Tài chính HCA và đại diện từ văn phòng CEO của Quận sẽ gặp mặt hằng quý với Ban Tư Vấn Tài Chính Tiểu Bang để giám sát chặt chẽ ba năm của dự đoán của MHSA và tìm ra các sáng kiến bổ sung ở cấp tiểu bang cũng như những thay đổi về mặt lập pháp có khả năng tác động đến ngân sách MHSA. Mỗi quý, một bản tóm tắt dự đoán sẽ được

được trình bày tại Cuộc họp cộng đồng của Hội đồng Cố Vấn Sức Khỏe Hành Vi Quận Cam. Cuối cùng, ban quản lý BHS, lãnh đạo tài chính và nhóm Quản trị MHSA sẽ họp định kỳ để điều phối và đánh giá công tác xây dựng chương trình, ngân sách, chi tiêu cũng như các kế hoạch đề xuất. Bản bên dưới trình bày tổng quát về mức ngân sách trong Bản cập nhật thường niên được đề xuất cho từng thành phần.

Xin lưu ý bản dự thảo về giá trị và ngân sách của Thành phần này được dựa trên dự đoán chứ không phải là số tiền thực tế nhận được. Ngân sách MHSA thường biến động trong quá khứ và có thể thay đổi. Gần đây, doanh thu của MHSA thấp hơn đáng kể so với mức dự đoán ở thời điểm xây dựng Kế Hoạch MHSA 3 năm. Ngoài ra, BHS đã bất ngờ nhận được khoản ngân sách tái cơ cấu ít hơn đáng kể, khiến tác động tài chính đến tất cả các chương trình của BHS càng nghiêm trọng hơn. Dựa vào thông tin có sẵn tại thời điểm đưa ra báo cáo này, ngân sách cho năm còn lại của Kế hoạch 3 năm dự kiến sẽ giảm. Dựa trên dự đoán, kế hoạch phản ánh các mức điều chỉnh trên mỗi thành phần.

TỔNG QUÁT VỀ NGÂN QUỸ ĐỀ XUẤT NHẰM PHỤC VỤ HƠN 100,000 NGƯỜI MỖI NĂM

THÀNH PHẦN	KẾ HOẠCH 3 NĂM NĂM TÀI KHÓA 2025-26	NGÂN SÁCH ĐỀ XUẤT NĂM TÀI KHÓA 2025-26	CHÊNH LỆCH
Phòng Ngừa & Can Thiệp Sớm	$77,753,250	$29,200,871	-$48,552,379
Dịch Vụ & Hỗ Trợ Cộng Đồng	$259,181,497	$185,661,366	-$73,520,131
Đổi Mới	$4,255,557	$20,975,628	+$16,720,071
WET	$8,787,501	$8,371,705	-$415,796
Bất Động Sản & Nhu Cầu Kỹ Thuật	$23,091,028	$21,414,890	-$1,676,138
Tổng Số	**$373,068,833**	**$265,624,460**	**-$107,444,373**

BẢN CẬP NHẬT MHSA THƯỜNG NIÊN CHO NĂM TÀI KHÓA 2025-26

Kế hoạch MHSA ba năm được xây dựng dựa trên ý kiến đóng góp của các bên liên quan thông qua quy trình lập kế hoạch chương trình cộng đồng, thay đổi về luật pháp, những điểm cập nhật trong chính sách của tiểu bang, đồng thời xét đến các sáng kiến địa phương của Quận Cam. Bản cập nhật MHSA thường niên này (Bản cập nhật thường niên) cho Năm tài khóa 2025-26 được xây dựng trong giai đoạn chuyển đổi khi tiểu bang tiến tới triển khai Sáng kiến Chuyển đổi sức khỏe hành vi (Behavioral Health Transformation, BHT). BHT tác động lớn đến MHSA và mục đích sử dụng hợp lệ của ngân sách vì có các điểm cập nhật đối với yêu cầu dành cho ngân sách theo danh mục.

Người dân California đang mắc bệnh tâm thần nghiêm trọng và/hoặc chứng nghiện có thể gặp nhiều trở ngại trong việc nhận được cả dịch vụ chăm sóc sức khỏe hành vi và chăm sóc y tế. Do đó, những người này có thể có tuổi thọ thấp hơn hàng chục năm so với nhóm dân số bình thường. Các yếu tố góp phần tạo ra thách thức này bao gồm rào cản về chuyên chở, yếu tố tuổi tác và văn hóa, người thụ hưởng phải sử dụng các hệ thống cung cấp riêng biệt để tiếp cận dịch vụ chăm sóc, cũng như những hạn chế trong hoạt động chia sẻ dữ liệu/điều phối dịch vụ chăm sóc.

Để giải quyết thách thức này, dưới sự chỉ đạo của Sở Dịch Vụ Y Tế (Department of HealthCare Services, DHCS), tiểu bang California đang triển khai sáng kiến Chuyển Đổi Sức Khỏe Hành Vi (Behavioral Health Transformation), còn được gọi là Dự luật 1. Sáng kiến Chuyển Đổi Sức Khỏe Hành Vi sẽ bổ sung và phát huy các sáng kiến quan trọng khác của California về sức khỏe hành vi, bao gồm nhưng không giới hạn ở sáng kiến Medi-Cal tiến bộ và đổi mới của California (California Advancing and Innovating Medi-Cal, CalAIM), đề xuất thành lập Mạng Lưới các Tổ Chức Cộng Đồng về Sức Khỏe Hành Vi vì Mục Tiêu Chăm Sóc và Điều Trị Công Bằng của California (California Behavioral Health Community-Based Organization Networks of Equitable Care and Treatment, BH-CONNECT), Sáng kiến sức khỏe hành vi ở trẻ em và thanh thiếu niên (Children and Youth Behavioral Health Initiative, CYBHI), Dịch Vụ Can Thiệp Khủng Hoảng Lưu Động Medi-Cal (Medi-Cal Mobile Crisis), đường dây hỗ trợ 988 và Chương trình hạ tầng chăm sóc sức khỏe hành vi liên tục (Behavioral Health Continuum Infrastructure Program, BHCIP). Những nỗ lực này thể hiện cam kết lâu dài của tiểu bang trong việc chuyển đổi Medi-Cal, với mục tiêu làm cho chương trình trở nên công bằng hơn, được điều phối tốt hơn và lấy con người làm trung tâm để giúp người thụ hưởng Medi-Cal đạt lợi ích tối đa về sức khỏe và định hướng cuộc sống. Mục đích của sáng kiến nhiều thành phần này là đem lại một hệ thống tích hợp và linh hoạt hơn về sức khỏe hành vi, hiện đang được triển khai bằng cách cải tiến chính sách sức khỏe hành vi và cải cách thanh toán. Liên kết đến các sáng kiến này được đề cập ở trên và được tóm tắt dưới đây.

California Advancing and Innovating Medi-Cal (CalAIM) – một sáng kiến nhằm cải thiện chất lượng cuộc sống và sức khỏe của người dân bằng cách triển khai hệ thống cung cấp, chương trình và cải cách thanh toán rộng khắp trên toàn bộ chương trình Medi-Cal.

Dịch vụ can thiệp khủng hoảng lưu động – thay đổi cách thức và thời điểm cử các nhóm ứng phó khủng hoảng tới các thành viên cộng đồng đang gặp phải khủng hoảng về sức khỏe hành vi.

Đạo luật CARE – tạo ra một tòa án phối hợp dành cho người mắc chứng rối loạn phổ tâm thần phân liệt không được điều trị. Họ là đối tượng cần sự phối hợp và tham gia tích cực trong quá trình điều trị tự nguyện.

Dự luật Thượng viện 43 – thay đổi định nghĩa pháp lý về tình trạng khuyết tật nghiêm trọng để bao gồm cả những người mắc chứng rối loạn sử dụng chất gây nghiện nghiêm trọng hoặc chứng rối loạn sức khỏe tâm thần đồng thời mà không cần đầu tư vào cơ sở hạ tầng dù trước hay trong khi triển khai.

Dịch vụ đồng cảnh và phục hồi – bắt buộc phải sử dụng dịch vụ hỗ trợ đồng cảnh có chuyên môn trong các vai trò liên quan đến Medi-Cal, khủng hoảng, hệ thống tư pháp, nhà ở và giám sát.

Thông qua Dự luật 1 – Một dự luật cho phép những thay đổi quan trọng đối với Đạo luật Dịch vụ sức khỏe tâm thần và yêu cầu Kế hoạch tích hợp về sức khỏe hành vi phải được xây dựng dựa trên tất cả các nguồn ngân sách và chương trình được sử dụng cho các dịch vụ sức khỏe hành vi công cộng. Các điểm cập nhật tạo ra những thay đổi sâu rộng đối với quy chế hiện hành.

Ngoài ra, dự luật này còn thiết lập một trái phiếu trị giá $6.4 tỷ để xây dựng các cơ sở điều trị, nhà ở cho Cựu chiến binh và nhà ở hỗ trợ lâu dài cho những người vô gia cư hoặc có nguy cơ vô gia cư và đang mắc bệnh tâm thần nghiêm trọng và/hoặc chứng rối loạn sử dụng chất gây nghiện.

Dự luật 1, Đạo luật Dịch vụ sức khỏe hành vi (Behavioral Health Services Act, BHSA), được cử tri California chấp thuận vào ngày 5 tháng 3 năm 2024, tạo ra những tác động dưới đây. BHSA làm thay đổi mục đích sử dụng theo danh mục của ngân sách thành phần trong MHSA. Ngân sách thành phần hiện tại của CSS, PEI, INN, WET, CFTN sẽ được giới hạn như sau:

1. Đối tác dịch vụ toàn diện (35% ngân sách BHSA)
2. Dịch vụ và hỗ trợ nhà ở (30% ngân sách BHSA)
3. Dịch vụ và hỗ trợ sức khỏe hành vi (35% ngân sách BHSA)

BHSA mở rộng các nhóm dân số ưu tiên và sẽ bao gồm người mắc Chứng rối loạn sử dụng chất gây nghiện, đồng thời ưu tiên những người mắc Bệnh tâm thần nghiêm trọng, người đang vô gia cư hoặc có nguy cơ vô gia cư, người nằm trong hệ thống tư pháp, người nằm trong hệ thống phúc lợi trẻ em và/hoặc người bị đưa vào viện hoặc người nằm dưới quyền bảo hộ. BHSA có hiệu lực từ ngày 1 tháng 1 năm 2025, nên đây là Bản cập nhật kế hoạch MHSA cuối cùng. Kế hoạch BHSA tích hợp ba năm đầu tiên sẽ được soạn thảo và gửi đi để phê duyệt trước ngày 30 tháng 6 năm 2026.

Trong bản cập nhật này, nhiều chương trình trong Bản cập nhật kế hoạch MHSA được cắt giảm cho phù hợp với số tiền ngân sách MHSA được cấp thực tế để hỗ trợ một chương trình. Do tình hình tài chính hiện tại từ các khoản phân bổ của tiểu bang và nhằm chuẩn bị cho việc MHSA chuyển thành BHSA, không có chương trình mở rộng đáng kể nào được lên kế hoạch cho Năm tài khóa 2025-26. Kế hoạch này cho thấy sự cắt giảm đáng kể đối với các chương trình không còn đủ điều kiện được cấp ngân sách theo BHSA.

Dưới đây là danh sách thay đổi đối với Kế hoạch MHSA:

PHÒNG NGỪA VÀ CAN THIỆP SỚM

Số tiền ngân sách PEI nhận được trong hai năm tài khóa vừa qua ít hơn so với dự kiến, dẫn đến việc cắt giảm ngân sách thành phần PEI so với kế hoạch ba năm ban đầu. Những chương trình không đáp ứng các tiêu chí về tính bền vững theo BHSA đã được xác định và đang được khuyến nghị chấm dứt, thông qua hợp đồng kết thúc theo thời hạn hoặc thông qua một năm chuyển tiếp trước khi các yêu cầu của BHSA có hiệu lực vào ngày 1 tháng 7 năm 2026.

CHƯƠNG TRÌNH	CẬP NHẬT	MÔ TẢ THAY ĐỔI
Dịch vụ và hỗ trợ phòng ngừa dành cho thanh thiếu niên	Chương trình và hợp đồng kết thúc vào ngày 30 tháng 6 năm 2025	Phạm vi công việc hiện tại của chương trình không đáp ứng các yêu cầu về can thiệp sớm theo BHSA. Hợp đồng kết thúc vào ngày 30 tháng 6 năm 2025 và sẽ không được gia hạn. Ngân sách PEI được cấp đã bị cắt giảm so với mức phân bổ ngân sách dự kiến trước đó. Các chương trình và dịch vụ phù hợp với yêu cầu của tiểu bang theo sáng kiến Chuyển đổi sức khỏe hành vi và phù hợp với ý kiến của các bên liên quan sẽ được đưa vào Kế hoạch tích hợp về sức khỏe hành vi.

CHƯƠNG TRÌNH	CẬP NHẬT	MÔ TẢ THAY ĐỔI
Chương trình hỗ trợ liên tục dành cho trẻ sơ sinh và trẻ nhỏ (Infant and Early Childhood Continuum)	Loại bỏ khỏi Ngân sách	Chương trình chưa từng được triển khai kể từ khi được đưa vào Kế hoạch MHSA ba năm. BHS, phối hợp với First 5, đang tiến hành quy trình lập kế hoạch chương trình cộng đồng để phát triển chương trình Hỗ trợ liên tục dành cho gia đình, trẻ sơ sinh và trẻ nhỏ (Families,Infant, and Early Childhood Continuum), có thể được triển khai trên toàn Quận Cam. Nếu đáp ứng yêu cầu của BHT, các chương trình và dịch vụ được phát triển thông qua quan hệ hợp tác sẽ được đưa vào Kế hoạch tích hợp về sức khỏe hành vi sau khi được phê duyệt.
Sự kiện giáo dục cộng đồng về sức khỏe tâm thần để giảm kỳ thị và phân biệt đối xử	Chương trình và hợp đồng kết thúc	Chương trình Phòng Ngừa Dân Số (Population Prevention) sẽ không còn được tài trợ ở cấp địa phương, vì Dự luật 1 sẽ chuyển 4% ngân sách BHSA của tiểu bang cho Sở Y tế công cộng California (California Department of Public Health) triển khai và cấm sử dụng ngân sách BHSA ở cấp địa phương cho mục đích này. Khi kết thúc theo thời hạn, các hợp đồng sẽ không được gia hạn.
Tiếp cận để gia tăng khả năng nhận biết các dấu hiệu sớm của bệnh tâm thần	Cắt giảm chương trình	■ Đào tạo can thiệp khủng hoảng – Chương trình được chuyển sang CSS như một phần của Dịch vụ đối phó với khủng hoảng vì chương trình này giúp hỗ trợ triển khai chương trình Hỗ trợ liên tục đối phó với khủng hoảng (Crisis Continuum) tại Quận Cam. ■ Chương trình Thúc đẩy sức khỏe tâm thần và hạnh phúc cho các cộng đồng đa dạng (Mental Health and Well Being Promotion for Diverse Communities) sẽ không còn được tài trợ. ■ Các chiến dịch về sức khỏe tâm thần sẽ được sửa đổi phạm vi công việc và sẽ hỗ trợ các chức năng lập kế hoạch chương trình cộng đồng.
Phòng ngừa và hỗ trợ khủng hoảng – Phòng ngừa tự tử	Cắt giảm chương trình	Chương trình Phòng Ngừa Dân Số sẽ không còn được tài trợ ở cấp địa phương, vì Dự luật 1 cấm sử dụng ngân sách địa phương cho các mục đích này. Ngân sách bị cắt giảm và phạm vi công việc của các chương trình đã được cập nhật để hỗ trợ các dịch vụ ở cấp độ cá nhân và lập hóa đơn Medi-Cal cho những cá nhân đáp ứng các tiêu chí. Chương trình bị thu hẹp từ $4,7 triệu trong Kế hoạch ba năm xuống còn $2,7 triệu trong Bản cập nhật thường niên cho năm tài chính 2025/2026.

CHƯƠNG TRÌNH	CẬP NHẬT	MÔ TẢ THAY ĐỔI
Hỗ trợ chuyên chở	Loại bỏ khỏi PEI	Dịch vụ hỗ trợ chuyên chở đã bị loại bỏ khỏi ngân sách MHSA vì chi phí chuyên chở là một phúc lợi được đài thọ của Medi-Cal và không cần phải được lập thành một chương trình.
BH Navigation (còn gọi là Tiếp cận và gắn kết BHS)	Chuyển sang CSS và bù đắp chi phí bằng khoản tài trợ.	Nhằm phù hợp với các dịch vụ tiếp cận và gắn kết trong CSS, chương trình này đã được chuyển sang thành phần CSS. Ngoài ra, chi phí đã được bù đắp bằng khoản tài trợ $7 triệu nhận được từ CalOptima, sẽ được áp dụng trong thời gian ba năm. Chức năng của chương trình Tiếp cận và gắn kết sẽ thay đổi theo BHSA.
Dịch vụ tích hợp cho những người nằm trong hệ thống tư pháp	Chuyển sang CSS	Nhằm phù hợp với hướng dẫn do tiểu bang ban hành, các dịch vụ tiếp cận và chuyển tiếp dành cho đối tượng nằm trong hệ thống tư pháp cần được tài trợ theo CSS. Các chương trình đã được chuyển đổi để phản ánh sự thay đổi này.
Dịch vụ sức khỏe tâm thần cho trẻ em lứa tuổi đi học	Kết thúc chương trình	BHS sẽ tiếp tục phục vụ đối tượng trẻ em đáp ứng đủ điều kiện để các em được hưởng dịch vụ sức khỏe hành vi chuyên biệt dành cho trẻ em trong các chương trình Lâm sàng theo hợp đồng và chương trình Lâm sàng của Quận. DHCS đã tiến hành thay đổi chính sách, theo đó mở rộng khả năng tiếp cận các dịch vụ sức khỏe tâm thần tại trường học thông qua các kế hoạch chăm sóc được quản lý (managed care plan, MCP). Thay đổi này mở rộng mạng lưới để cho phép các trường học đăng ký tham gia điều phối và cung cấp dịch vụ chăm sóc.
Chương trình sức khỏe toàn diện dành cho phụ huynh của Quận Cam (OC Parent Wellness Program)	Chương trình được loại bỏ khỏi PEI Ngân sách	Chương trình đã gặp phải tình trạng thiếu hụt nhân sự nghiêm trọng trong vài năm qua. Đội ngũ nhân viên của chương trình đang được đưa vào các phòng khám ngoại trú dành cho trẻ em và sẽ hỗ trợ cung cấp dịch vụ như một phần của hoạt động phòng khám.
OC4 Vets	Chương trình bị thu hẹp	Chương trình đã bị thu hẹp do các dịch vụ theo hợp đồng không phù hợp với yêu cầu của BHSA. Các dịch vụ do Quận điều hành vẫn tiếp tục và Quận có thể phát triển một chương trình đáp ứng nhu cầu của nhóm dân số quan trọng này theo BHSA.

CHƯƠNG TRÌNH	CẬP NHẬT	MÔ TẢ THAY ĐỔI
Dịch vụ tư vấn và hỗ trợ cộng đồng	Chương trình kết thúc vào tháng 6 năm 2025	Chương trình do Quận điều hành này sẽ kết thúc. Nhóm dân số đang được phục vụ trong chương trình này phù hợp với nhóm dân số mà các kế hoạch chăm sóc được quản lý bắt buộc phải phục vụ và sẽ không thể tiếp tục được duy trì theo BHSA.
Quản lý PEI	Giảm ngân sách	Chi phí quản lý PEI đang được cắt giảm để phản ánh sự thu hẹp trong chương trình PEI.

DỊCH VỤ VÀ HỖ TRỢ CỘNG ĐỒNG		
Việc giảm sử dụng ngân sách MHSA trong thành phần này là do quyết định thu hẹp chương trình và do một số chương trình đã hoàn thành. Những khoản cắt giảm này phần lớn được bù đắp bằng mục đích tăng cường lập hóa đơn Medi-Cal và thực hiện cải cách thanh toán theo yêu cầu của Tiểu bang. Nếu không tạo ra doanh thu cần thiết, chương trình có thể bị cắt giảm thêm vào giữa năm.		
CHƯƠNG TRÌNH	**CẬP NHẬT**	**MÔ TẢ THAY ĐỔI**
Trung tâm đa dịch vụ dành cho người vô gia cư mắc bệnh tâm thần	Chương trình kết thúc vào năm 2024	Chương trình kết thúc vào ngày 31 tháng 12 năm 2024.
BH Navigation	Chương trình này (còn được gọi là Tiếp cận và gắn kết BH) đã được chuyển từ PEI sang CSS	Chương trình phù hợp hơn với các yêu cầu về tiếp cận và gắn kết của CSS.
Dịch vụ tích hợp cho những người nằm trong hệ thống tư pháp	Đã được chuyển từ PEI sang CSS	Các dịch vụ và phạm vi của chương trình phù hợp với hướng dẫn từ DHCS về việc cung cấp dịch vụ theo CSS.

CHƯƠNG TRÌNH	CẬP NHẬT	MÔ TẢ THAY ĐỔI
Đường dây hỗ trợ	Chương trình kết thúc vào tháng 6 năm 2025	Việc cắt giảm ngân sách MHSA và chuyển đổi sang BHSA góp phần vào việc đưa ra quyết định này. ■ Ngân sách MHSA và ngân sách BHSA theo danh mục hiện có là rất hạn chế và các dịch vụ bắt buộc đang được ưu tiên vì có trách nhiệm giải trình mới được đặt ra. ■ Nếu không đáp ứng các biện pháp trách nhiệm giải trình đó đối với các chương trình bắt buộc, Quận sẽ bị phạt tiền. ■ Đường dây hỗ trợ không phải là một dịch vụ bắt buộc và đã có một dịch vụ Đường dây hỗ trợ do tiểu bang cấp ngân sách dành cho tất cả các cư dân California. ■ Đường dây hỗ trợ đồng cảnh 24/7 của California hoạt động theo số (855) 845-7415 thông qua cuộc gọi hoặc tin nhắn và cung cấp hỗ trợ bằng tiếng Anh, tiếng Tây Ban Nha và 240 ngôn ngữ khác.
Ổn định khủng hoảng tại nhà	Ngân sách bị cắt giảm	Chương trình bị thu hẹp và sẽ chỉ phục vụ các chương trình dành cho trẻ em.
Mở rộng cho trẻ em và thanh thiếu niên	Ngân sách MHSA bị cắt giảm	Số tiền MHSA dự kiến cần thiết để duy trì các dịch vụ đã bị cắt giảm do cải cách thanh toán và các tiêu chuẩn lập hóa đơn Medi-Cal mới được triển khai. Dự kiến, các dịch vụ sẽ không bị ảnh hưởng.
Phục hồi ngoại trú	Ngân sách MHSA bị cắt giảm	Số tiền MHSA dự kiến cần thiết để duy trì các dịch vụ đã bị cắt giảm do cải cách thanh toán và các tiêu chuẩn lập hóa đơn Medi-Cal mới được triển khai. Dự kiến, các dịch vụ sẽ không bị ảnh hưởng.
Hỗ trợ việc làm	Ngân sách MHSA bị cắt giảm	Chương trình này sẽ kết thúc vào ngày 30 tháng 6 năm 2025. Chương trình hỗ trợ việc làm sẽ trở thành một phần bắt buộc trong việc cung cấp các dịch vụ của chương trình Đối tác dịch vụ toàn diện trong BHSA. Chương trình hỗ trợ này sẽ được chuyển thành các yêu cầu và phạm vi công việc cho FSP trong Kế hoạch tích hợp về sức khỏe hành vi.

Community Program Planning (CPP)

MHSA requires Mental Health Plans to participate in meaningful stakeholder engagement in the development, implementation, and analysis of MHSA programs. The Community Program Planning (CPP) process consists of planned meetings with diverse stakeholders from all regions of the County in which HCA reviews MHSA related information and seeks input from community. The CPP process emphasizes the importance of consumer and family member involvement and allows for continuous communication between HCA and stakeholders to allow for implementation of real time program adjustments and quality improvement.

The Mental Health Services Act (MHSA) has been integral in supporting the transformation of the public behavioral health system. Through the MHSA, County agencies ensure that key community stakeholders have the opportunity to provide input into program development, implementation, evaluation, and policy for MHSA funded programs. This approach assists the County in integrating the needs of diverse individuals, families, and communities in its programming. The Orange County Mental Health Services Act (MHSA) Plan Update for FY 2025-26 provides a comprehensive overview of the MHSA programs and services that contribute to sustaining the behavioral health and wellness of Orange County residents. It includes an overview of the ongoing stakeholder community planning process conducted by Behavioral Health Services (BHS), highlights MHSA programs, provides updates to established MHSA programs, and includes a new direction for the local community planning process to meet the new regulations under the revised Behavioral Health Services Act (BHSA) and the BHSA Integrated Plan. The BHSA Integrated Plan is to replace the MHSA 3-Year Plan and these BHSA Integrated Plan requirements go into effect starting on July 1st, 2026. The programs contained in this Plan Update are designed to develop a continuum of services in which consumers, family members, providers, County agencies, faith-based and community-based organizations can work together to systematically improve the public behavioral health system.

The Annual Plan Update is an example of BHS efforts to continue to integrate healthcare services across access points to create pathways that are easy to travel and in a way that allows individuals to navigate resources in the midst of significant changes to public policy that further transform behavioral healthcare in the public system. Program successes are described for each program and areas of opportunity are included, such as continued efforts to improve evaluation of programs across multiple domains, enhancing the use of technology in clinical care, efforts to recruit and retain qualified staff, and responding to significant state policy changes.

The overall purpose of the MHSA Plan is to inform community stakeholders, leadership, and policy makers in the administration and management of public Behavioral Health Programs of changes in the provision of services, as well as meet the regulatory requirements of the MHSA.

The Orange County Health Care Agency, Behavioral Health Services Division

is dedicated to including diverse consumers, family members, stakeholders, and community members from throughout the county in the planning and implementation of MHSA programs and services. The Community Program Planning (CPP) process of MHSA continues to be updated and continues to expand to reach out to diverse community stakeholders and organizations. These enhancements encompass a vision that encourages community participation with the goal of empowering the community for the purpose of generating ideas, providing input that contributes to decision making, and creating a county/community partnership dedicated to improving public behavioral health system and program outcomes for Orange County residents. These efforts include engaging stakeholders in discussion topics related to public behavioral health policy, pending legislation, program planning, implementation, evaluation, and financial resources affiliated with public behavioral health programs, as well as obtaining feedback that is factored into decision-making.

BHS continues to be committed to best practices in planning processes that allow our stakeholders to participate in meaningful discussions around critical behavioral health issues, topics, and populations. Under this updated paradigm, BHS considers community planning a continuous practice, resulting in a CPP component that has been enhanced to become a year-round practice, ensuring, at minimum, monthly engagement with stakeholders around MHSA topics. The CPP process continues to be reviewed and analyzed which allows the MHSA Office to systematically improve community program planning strategies. This has allowed BHS to:

- Be responsive to changes and concerns in the public behavioral health environment.
- Establish and maintain a two-way communication pathway for community identified areas of improvement, which are introduced into BHS's larger process improvement efforts and report results back to the larger community.
- Educate consumers and stakeholders about the MHSA, behavioral health resources and topics, to include the entire public behavioral health system. Meeting locations are coordinated in each region of Orange County and virtual meetings are hosted, at minimum monthly, to discuss prioritized programming and topics identified in previous CPP discussions. Meetings are advertised through established distribution lists, posted on social media, posted on the HCA website, and include the following meetings:
  - Behavioral Health Advisory Board (BHAB) monthly meetings (regular and study meetings)
  - Monthly Planning Advisory Committee (PAC) meetings which focus on an MHSA related topic and includes Subject Matter Experts from both county, contracted and outside organizations
  - Behavioral Health Equity Committee, along with 7 separate subcommittees, which include:
    - Spirituality
    - Deaf and Hard of Hearing
    - Black/African-American
    - LGBTQ+
    - Latinx
    - Asian and Pacific Islander
    - Substance Use Disorder (pending)
  - BHS Contract Provider monthly updates
  - Orange County Community Health Improvement Plan (OC CHIP) Behavioral Health Workgroup

Stakeholder attendance is recorded through meeting sign-in sheets or virtual attendance records and, for some meetings, stakeholder surveys. These optional surveys also document the attendance of underserved, unserved, and inappropriately served populations as outlined in Welfare and Institutions Code (WIC) 5848.

In addition to regularly scheduled meetings, BHS participates as an active partner in several ad hoc planning committees and with stakeholder partners to engage in focused conversation, system planning and improvement processes.

ORANGE COUNTY AT A GLANCE

County and multiple unincorporated or census designated places. The population of the county is estimated at over 3.2 million diverse residents as outlined below, including the demographics of those served in MHSA programs.

CA County Ranking

3rd Most Populous

2nd Most Densely Populated

OC Residents

About **3.1 million**

Veterans: **4.1%**

LGBTQ+ (18+): **3%**

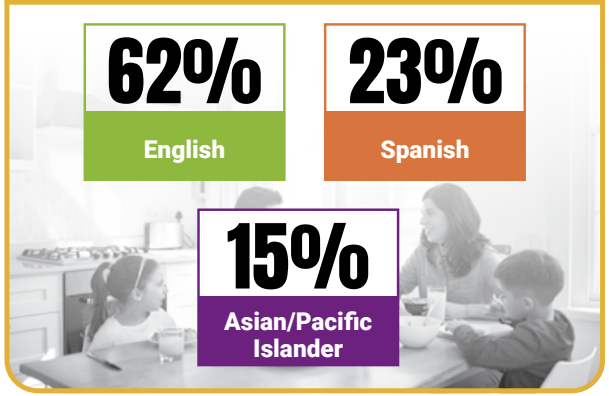
Adults w/HS Diploma: **87.4%**

OC Age Groups

22% Under 18

16% 65 & Older

Language Spoken at Home (18+)



62% English

23% Spanish

15% Asian/Pacific Islander

Highest Cost of Living

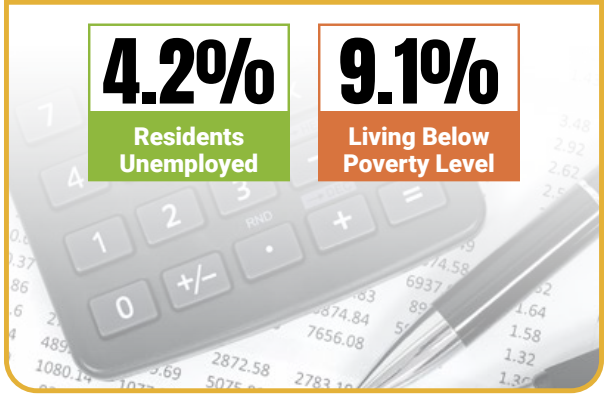
Compared to neighboring counties, driven by high housing costs

Median Household Income **$110,042**

Median Gross Rent **$2,248**

Median House Price **$1,267,500**

Financial Insecurity



4.2% Residents Unemployed

9.1% Living Below Poverty Level

Source: NIH, PubMed, US Census

DEMOGRAPHIC CHARACTERISTICS OF PEOPLE SERVED IN FY 2023-24

OC CENSUS

ORANGE COUNTY RESIDENTS BY DEMOGRAPHIC CHARACTERISTIC

Age	2022 ACS	Gender	2022 ACS	Race/Ethnicity	2022 ACS
0-9 yrs	10%	Female	50%	American Indian/Native Alaskan	<1%
10-19 yrs	13%	Male	50%	Asian/Pacific Islander	23%
20-29 yrs	13%	Transgender	<1%	Black/African-American	2%
30-39 yrs	14%	Genderqueer	<1%	Caucasian/White	36%
40-49 yrs	13%	Questioning/Unsure	<1%	Latino/Hispanic	34%
50-59 yrs	14%	Another	<1%	Two or more races	4%
60+ yrs	23%				

2022 Population: 3,135,755

Source: American Community Survey (ACS) 2023, US Census

CSS/MHSA

DEMOGRPAHIC CHARACTERISTICS OF PEOPLE SERVED IN FY 2023-24

Age	Estimated	Gender Identity	Estimated	Race/Ethnicity	Estimated
0-15 yrs	27%	Female	47%	American Indian/Alaskan Native	1%
16-25 yrs	20%	Male	58%	Asian	7%
26-59 yrs	47%	Transgender	< 1%	Black/African-American	5%
60+ yrs	6%	Genderqueer	< 1%	Hispanic/Latino	48%
		Questioning/Unsure	< 1%	Native Hawaiian/Pacific Islander	<1%
Served: 43,423		Another	< 1%	Middle Eastern / North African (MENA)	1%
				White	30%
				Another	8%
				Two or more	17%

Estimated demographic breakdowns for FY 2025-26 Annual Plan Update are based on individuals entered into the Electronic Health Record in FY 2023-24.

PEI/MHSA

INDIVIDUALS SERVED IN PEI PROGRAMS BY DEMOGRAPHIC CHARACTERISTIC

Age	Estimated
0-15 yrs	8%
16-25 yrs	61%
26-59 yrs	35%
60+ yrs	4%

Gender Identity	Estimated
Female	57%
Male	41%
Other	1%
Transgender	0%
Genderqueer	0%
Questioning/Unsure	0%
Another	2%

Race/Ethnicity	Estimated
American Indian/Alaskan Native	1%
Asian	12%
Black/African-American	2%
Hispanic/Latino	58%
Native Hawaiian/Pacific Islander	1%
Middle Eastern / North African (MENA)	1%
White	19%
Another	6%
Two or More	11%

Served: 237,952

Age reflects the age of the person served. These percentages do not reflect the expenditure breakdown, where programs that enroll adult caregivers and guardians in support of children and youth count as youth-focused programming. Participant data could not be unduplicated. These numbers do not reflect those reached through social media or large community events.

Michelle Smith hosting the Planning Advisory Committee meeting on August 20, 2024.

MHSA COMMUNITY PROGRAM PLANNING PROCESS

WIC § 5848 states that counties shall demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on:

- Mental health policy
- Implementation
- Quality improvement
- Budget allocations
- Program planning
- Monitoring
- Evaluation

9 CCR § 3300(c) states that involvement of clients and their family members be in all aspects of the community planning process and that training shall be offered, as needed, to stakeholders, clients, and clients' families who are participating in the process

CULTURALLY AND LINGUISTICALLY CONGRUENT APPROACHES

BHS has a commitment to cultural competency and ensuring that this value is incorporated into all aspects of BHS policy, programming, and services, including planning, implementing, and evaluating programs and services. To ensure culturally sensitive approaches in each of these areas, BHS has established the Office of Equity, which reports to the Chief of BHS. The Office of Equity works with the Behavioral Health Equity Committee (BHEC), which currently consists of diverse, equitable representation from county and community members and entails various population-specific subcommittees. Currently, the subcommittees include spirituality, LGBTQ+, Black and African American Community, Deaf and Hard of Hearing, Latinx, Asian/Pacific Islander and Substance Use Disorder. The Office of Equity is led by an Ethnic Services Manager (ESM), who reports directly to the Chief of BHS. The ESM oversees the BHEC Steering Committee, the Cultural Competency Training(s), and works closely in conjunction with the MHSA program leads to ensure compliance with Culturally and Linguistically Appropriate Services (CLAS) standards to ensure that the services provided address cultural and linguistic needs. The ESM or OE staff will regularly sit on boards or committees to provide input or affect change regarding program planning.

OE also weighs in on development of program plans and policy. Language regarding cultural competence is included in all agency contracts with community-based organizations and individual providers to ensure contract services are provided through a framework of cultural humility. Behavioral Health Trainings are also reviewed to ensure they address cultural congruence and responsiveness.

BHS is highly committed to including consumers, family members, and other stakeholders within all levels of our organizational structure. It continues to be our mission to include consumers and family members into an active system of stakeholders. Outreach and support for consumers and family members will be performed through the Office of Equity, MHSA Planning and Administration, Prevention and Intervention office, Innovations team, community partners and contracted provider agencies, to encourage regular participation in MHSA activities. Consumer engagement occurs through regularly scheduled Community Program Planning process meetings, community events, department activities, and committee meetings. Consumer input is always considered when making MHSA related system decisions in BHS.

COMMUNITY PLANNING PROCESS UPDATES

In prior years, Orange County had utilized a 51-member Steering Committee as part of a formal group to support the community planning process. In June 2021, the Steering Committee was dissolved, and a new process was to be established. During this time of reorganization, the MHSA Program Planning and Administration office continued to engage with the community for the development of the last MHSA Three-Year Plan through informational meetings to maintain communication and share information while the new structure was in development. The meetings focus on Behavioral Health Services information, community Behavioral Health issues and needs, and presentations by MHSA funded programs. During the 2022/23 fiscal year, an updated Community Program Planning (CPP) process began to emerge. BHS continued to host monthly virtual Community Engagement Meetings (CEM) and began to build on this infrastructure through hosting population specific meetings, focus groups, community meetings, and an MHSA Summit. During this time, MHSA Office set aside time at the end of each meeting to ask stakeholders about meeting satisfaction, preferences, and the best ways to engage stakeholders.

Taking the community feedback collected to heart, MHSA Program Planning and Administration (MHSA Office) began holding monthly community planning meetings with representatives from stakeholder groups on the third Thursday of each month to form the Planning Advisory Committee (PAC). Stakeholders identified the need to establish an open meeting and process that did not include a centralized committee and requested an open, equitable, and inclusive process that allowed for a variety of view points and discussion from all attendees. In addition, stakeholders requested hosting of both in-person and virtual meetings and, through a survey, identified prioritized topics for discussion throughout the fiscal year. To honor the request, the MHSA Office established a regular meeting schedule to include seven, 2-hour virtual meetings and four, 4-hour in-person meetings to be held throughout the fiscal year. In August of 2023, the MHSA Office hosted the first PAC meeting, reviewed the PAC structure and purpose, provided the draft schedule of topics for the fiscal year, and provided an “MHSA 101” training to ensure attendees understood the MHSA basics.

In review of previous year’s CPP data, the MHSA office identified an opportunity to integrate and improve participation of consumers and family members in the PAC meetings. While in-person meetings were well attended by our individuals and families with lived experience, the virtual meetings were not as well attended. To support inclusion, MHSA Office staff deployed to each of the CSS funded Wellness Centers to support consumer participation in virtual PAC meetings, ensuring voice and choice are part of every MHSA conversation.

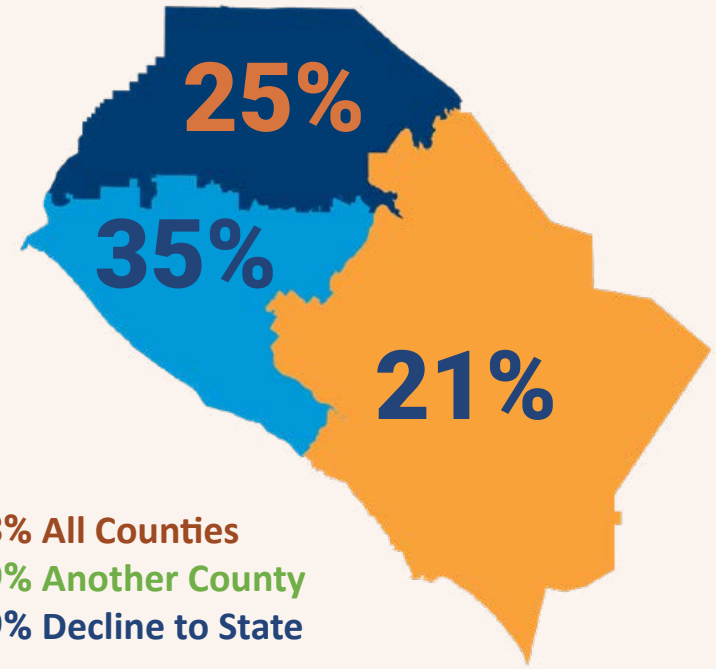
BEHAVIORAL HEALTH SERVICES ACT (BHSA)

Proposition 1, passed by California voters in May 2024, amends the state's Mental Health Services Act (MHSA) to address evolving mental health and housing needs. Originally enacted in 2004, the MHSA imposes a 1% tax on personal incomes over $1 million to fund mental health programs. With the approval of Prop 1, the act has been revised to allocate a significant portion of its funds toward combating homelessness and expanding supportive housing for individuals with severe mental health conditions. This change reflects growing recognition of the intersection between homelessness and mental health issues.

The updated MHSA also aims to enhance accountability and transparency in fund allocation while prioritizing services for children, youth, and other vulnerable populations. By focusing resources on housing solutions and preventive care, Prop 1 seeks to create a more holistic approach to addressing mental health challenges in California. The reform aligns with the state’s broader efforts to reduce homelessness and improve mental health outcomes for its residents.

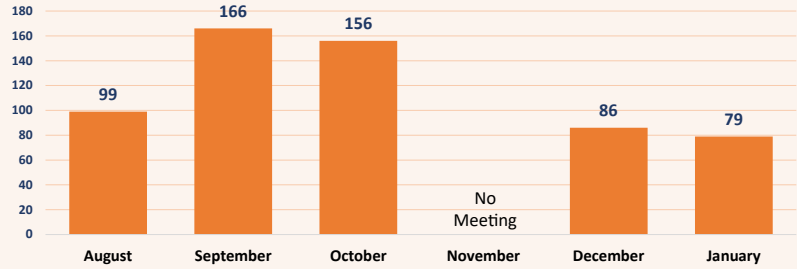
STAKEHOLDER DEMOGRAPHICS FROM JULY 2023 TO FEBRUARY 2024*

REGIONS REPRESENTED



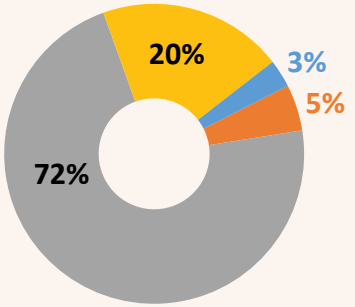
3% All Counties
9% Another County
9% Decline to State

MONTHLY ATTENDANCE



AGE

- Children (0-15 Years)
- TAY (16-25 Years)
- Adult (26-59 Years)
- Older Adult (60+ Years)
- Decline to Answer

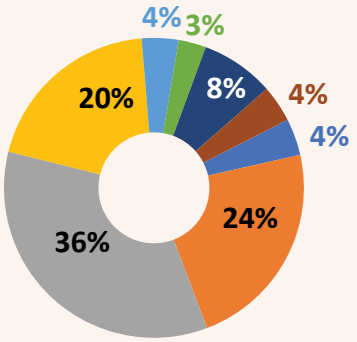


GENDER

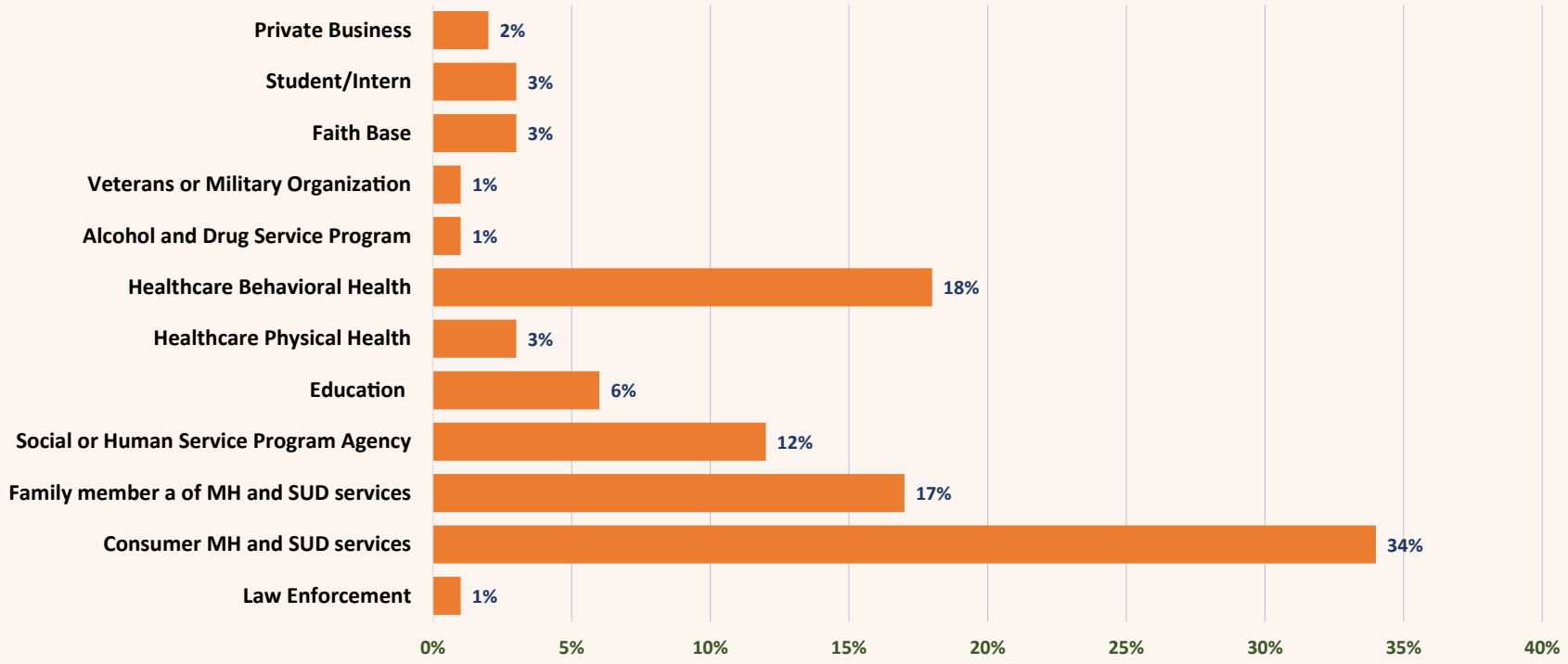
33%	62%	3%	3%
Male	Female	Other Gender	Declined or No Listed

ETHNICITY

- African American/Black
- Asian
- Caucasian/White
- Hispanic/Latino
- Native American
- Native Hawaiian/Pacific Islander
- More than One Race
- Decline to State

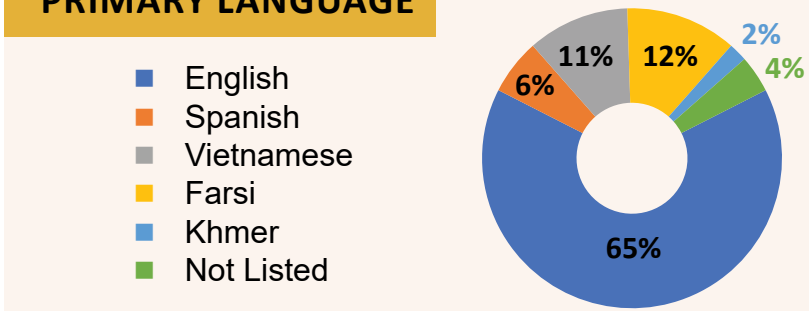


WORK IN OR REPRESENT ANY OF THE FOLLOWING AREAS/FIELDS

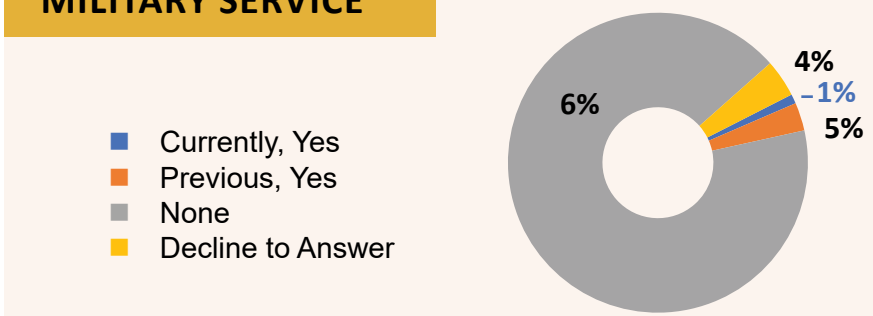


Note: Individuals were able to select more than one group

PRIMARY LANGUAGE



MILITARY SERVICE

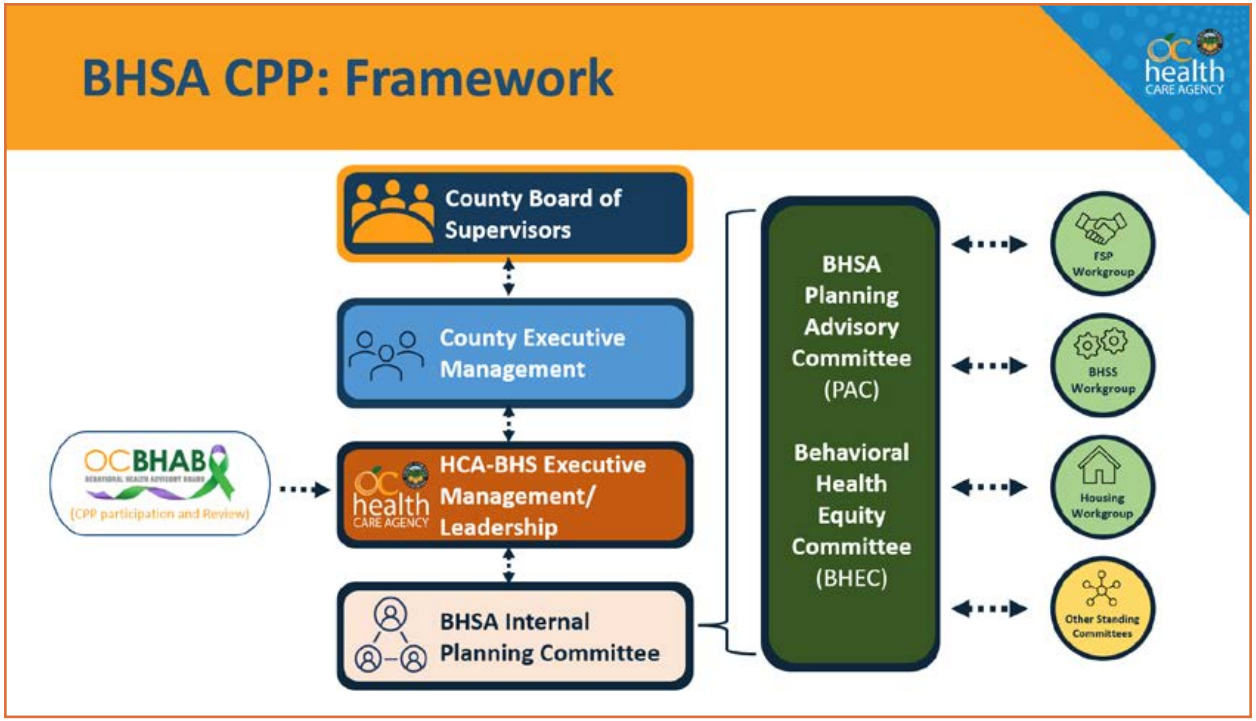


Proposition 1 also changes the community planning process that were implemented under the Mental Health Services Act (MHSA). These revisions aim to enhance collaboration with system partners and ensure that funding decisions reflect the needs of local communities. Counties are now required to engage a broader range of stakeholders, including individuals with lived experience, their families, service providers, and advocates, to develop more inclusive and equitable mental health strategies. Additionally, the planning process now places greater emphasis on measurable outcomes, data driven decision-making, and accountability to ensure that programs funded by the BHSA effectively address the needs of underserved populations. These changes are intended to create a more transparent and participatory system that aligns with the act's goal of providing comprehensive mental health care.

Orange County has embraced the changes introduced by Proposition 1, adopting a new Community Planning Process framework to align with BHSA and the new Behavioral Health Integrated Plan due June 30, 2026. The new BHSA CPP framework includes the continued community engagement through the BHSA Planning Advisory Committee (PAC) and Behavioral Health Equity Committee (BHEC). The BHSA PAC will also include (4) Ad-Hoc Workgroups to develop each of the BHSA funding components and the addition of Substance Use Disorder (SUD) treatment throughout the BHSA funded programs. Behavioral Health Services and Support (BHSS), Full Services Partnerships (FSP), SUD and Housing Component Ad Hoc Workgroups will be led by (2) Co-Chair appointees, as approved by the OCHCA BHS Director, to provide organizational support, leadership, and subject matter expertise for each Workgroup. Co-Chairs should demonstrate an understanding of BHSA, DHCS regulations, and the public behavioral health system. Co-Chairs will be appointed to a 12-month term of volunteer service, or as needed.

Ad Hoc Groups will meet regularly to develop and review program ideas/improvements for BHSA target populations. Co-Chairs will present recommendations at BHSA PAC meetings. Group members will focus on requirements for each component under the new requirements of Proposition 1.

These recommendations, guidance, and community input will continue to be provided to the BHSA leadership at the BHSA Internal Planning Committee meetings, HCA-BHSA Executive Management/ Leadership Meetings, County Executive Management meetings and County Board of Supervisor meetings.



STAKEHOLDER INFORMATION SHARING

Comprehensive Materials and Reports

To improve education and communicate information to our stakeholders, comprehensive materials and reports have been created to better reflect the information that is being presented or discussed. Additionally, the stakeholder feedback that is received from each PAC meeting is summarized and shared at subsequent meetings. These snapshot reports include stakeholder demographics, a summary of the feedback in the form of text, charts, and infographics to communicate this information. At each subsequent PAC meeting, an overview of the analysis is presented that allows for additional conversation or feedback. This change has allowed BHS to better communicate information and its services to the community and has allowed stakeholders to see how their involvement and suggestions shape and influence program planning and the services BHS provides.

In addition, BHS has improved the collection and tracking of stakeholder demographics related to Community Program Planning. A standard set of questions has been developed and are requested of each participant at each stakeholder meeting. The demographics are collected via live polls launched during virtual meetings, a link to an online survey that can be accessed directly from the link or through a Quick Response (QR) code, and/or paper copies of the survey. All data is combined into a centralized data set. Monthly reports summarizing demographics related to stakeholder engagement are then provided to the OC Behavioral Health Advisory Board as part of their monthly report from the BHS Chief.

Finally, the MHSA Office updated the MHSA webpage. The webpage now includes information on BHSA Community Planning PAC Ad-Hoc Committees and the Co-Chair Application is available to all community members to apply. Further the webpage

The newly redesigned MHSA landing page reflects a significant enhancement in organization and user-friendliness, underscoring our unwavering commitment to accessibility and community engagement. With the introduction of the MHSA Component section, users can now access. Each stakeholder meeting is now showcased with its dedicated event page fostering transparency and inviting community involvement with detailed information, flyers, and PowerPoint presentations readily available. Additionally, the MHSA Plans and Reports section has been visually transformed to feature cover images and translated languages, ensuring clarity and effective communication for our diverse audience.

Approaches to Education and Information Sharing

To better advertise, communicate, and educate our diverse stakeholders and staff to the agencies' activities, events, goals, resources, and programs, the HCA incorporates multiple approaches to information sharing which will include, but are not limited to, enhanced use of social media platforms, distribution of newsletters and information to the community and partners, and plan for hosting information listening sessions in collaboration with the Behavioral Health Advisory Committee (BHAB).

Town Hall Meetings

As a means to engage and inform BHS staff, executive leadership hosts monthly virtual Behavioral Health Townhall meetings. The meetings include updates on legislation, new and expanded programming, and highlights program, team, and staff successes. Subject matter experts outside of BHS are invited to participate and include, but are not limited to, union representatives, human resources staff, Managed Care Plan leadership, and representatives from other county departments.

Provider Meetings

The BHS Contract Provider Monthly updates meeting provides the medium for regular information sharing, dialogue, and discussion of changes in policies, legislation, and procedures within and across the extended mental health plan. In addition, BHS makes certain providers are aware of MHSA requirements and programming.

MHSA Internal Planning Meetings

The purpose of this monthly meeting is to discuss the "nuts and bolts" of MHSA including topics such as MHSA related legislation,

program planning and implementation, community program planning, component updates, continuum planning, and/or program evaluation. BHS staff engage in discussions around MHSA program improvements, review, and are provided an overview of stakeholder feedback.

Wellness and Recovery Events

From July 2024 through February 2025, BHS has hosted or attended 504 community events. Each event provides the opportunity to inform attendees about the vast array of Behavioral Health Services that are provided, how to access services, and supports normalizing the importance of behavioral health care.

Program Updates

BHS continues to plan for a volatile and reduced amount of MHSA funds available in FY 2025-26 across all MHSA components. This MHSA Plan reflects updates primarily consisting of the ending of programs and budget modifications to already approved programs with Prevention and Early Intervention (PEI), Community Services and Support (CSS), and Innovation programs.

The program changes and updates are outlined in the tables below. Full budget details can be found in the Fiscal section of this plan. Full program descriptions and outcomes can be found in each component section.

CPP SCHEDULED MEETINGS FOR 2024-25

Thursday, May 16, 2024

10:00 am to 2:00 pm, In-Person

Behavioral Health Training Center

Wellness, Resilience, And Recovery: Integrating Recovery Principles Into Full Service Partnerships

Thursday, June 20, 2024

10:00 am to 12:00 pm, Virtual

CPP Review, Analysis, and Future Planning Discussion

Thursday, August 15, 2024

10:00 am to 2:00 pm, In-Person

Behavioral Health Training Center,

An Overview of Finances FY 2025-2026 and Review of Prevention and Early Intervention (PEI) Funding.

Thursday, September 19, 2024

10:00 am to 12:00 pm, Virtual

Prevention Early Intervention (PEI)

Funding Discussion Part Two

CPP SCHEDULED MEETINGS FOR 2024-25

Thursday, October 17, 2024

10:00 am to 12:00 pm, Virtual

Overview and Discussion of Available Community Services and Supports (CSS) Component Funding

Thursday, December 12, 2024

10:00 am to 2:00 pm, In-Person

Behavioral Health Training Center

Review and Discussion Proposed Updates for the MHSA Annual Update for FY 2025-2026

Thursday, January 30, 2025

10:00 am to 2:00 pm, In-Person

Behavioral Health Training Center

Behavioral Health Integrated Plan Community Planning Launch

Thursday, March 6, 2025

4:00 pm to 6:00 pm, In-Person

Council on Aging Southern California

Community Listening Sessions

Thursday, March 19, 2025

6:00 pm to 8:00 pm, In-Person

Capistrano Union High School

Community Listening Sessions

Thursday, March 20, 2025

4:00 pm to 6:00 pm, In-Person

Access California Services

Community Listening Sessions

SUMMARY OF PROGRAM CHANGES

PREVENTION AND EARLY INTERVENTION		
The amount of PEI funding received in the last two fiscal years has been less than anticipated, requiring reduction in PEI component funding in comparison to the original three-year plan. Programs that do not meet criteria for sustainability under BHSA have been identified and are being recommended to come to an end, either through the natural end of a contract, or as a transitional year before BHSA requirements begin, July 1, 2026.		
PROGRAM	**UPDATE**	**DESCRIPTION OF CHANGE**
Prevention Services and Supports for Youth	Program and Contracts End June 30, 2025	The current scope of work of the program does not meet the requirements for early intervention in BHSA. The contract ends June 30, 2025, and will not be renewed. The amount of available PEI funds has been reduced from previously anticipated levels of funding. Programs and services that align with the state requirements under Behavioral Health Transformation and align with stakeholder input will be included in the Behavioral Health Integrated Plan.
Infant and Early Childhood Continuum	Removing from Budget	Program has not been operationalized since inclusion in the 3 year MHSA Plan. BHS, in partnership with First 5, is conducting a community program planning process to develop a Families, Infant, and Early Childhood Continuum that can be implemented across the County of Orange. Programs and services developed through the collaborative that meet BHT requirements, upon approval, can be included in the Behavioral Health Integrated Plan.

PROGRAM	UPDATE	DESCRIPTION OF CHANGE
Mental Health Community Education Events for Reducing Stigma and Discrimination	Program and contracts end	Population Prevention will no longer be funded at the local level, as Proposition 1 redirects 4% of state BHSA funds to be implemented by the California Department of Public Health and prohibits the use of BHSA dollars at the local level for this purpose. As contracts come to their natural end, they will not be renewed.
Outreach for Increasing Recognition of Early Signs of Mental Illness	Reduction in program	■ Crisis Intervention Training – Program is moved to CSS as part of Crisis Services as it helps to support implementation of the Crisis Continuum in Orange County. ■ Mental Health and Well Being Promotion for Diverse Communities will no longer be funded. ■ Mental Wellness Campaigns scope of work is revised and will support functions of community program planning.
Crisis Prevention and Support – Suicide Prevention	Reduction in program	Population Based prevention will no longer be funded at the local level, as Proposition 1 prohibits local use for such purposes. The budget is reduced, and the scope of work (SOW) of programs has been updated to support individual-level services and Medi-Cal billing for individuals that meet criteria. Program reduced from $4.7M in the Three Year Plan to $2.7M for the FY 25/26 Annual Update.
Transportation Assistance	Removed from PEI	Transportation supports have been removed from MHSA funding, as transportation is a covered benefit under Medi-Cal and does not necessitate identification as a program.
BH Navigation (aka BHS Outreach and Engagement)	Transition to CSS and costs offset by grant.	In alignment with outreach and engagement services in CSS, this program has transitioned to the CSS component. In addition, costs have been offset by a $7M grant received from CalOptima that will be applied over a three year period. The function of outreach and engagement will change under BHSA.

PROGRAM	UPDATE	DESCRIPTION OF CHANGE
Integrated Justice Involved Services	Moved to CSS	In alignment with state issued guidance, justice involved in-reach and transitional services should be funded under CSS. Programs have been transitioned to reflect this change.
School Aged Mental Health Services	Program End	BHS will continue to serve children meeting eligibility for children's specialty behavioral health services in County and Contracted Clinical programs. DHCS has implemented policy change that has expanded access to school-based mental health services through managed care plans (MCPs). This expands the network to allow schools that opt in to coordinate and deliver care.
OC Parent Wellness Program	Program removed from PEI Budget	The program has suffered from significant staffing shortages for the last several years. The program staff are being integrated into children's outpatient clinics and will support the delivery of services as part of clinic operations.
OC4 Vets	Program Reduced	The program has been reduced as contracted services do not align with BHSA requirements. County operated services continue and a program to meet the needs of this important population can be developed under the BHSA.
Community Counseling and Supportive Services	Program ending June 2025	This County operated program will end. The population being served in the program align with the population mandated to be served by managed care plans and will no longer be able to be sustained under BHSA.
PEI Administration	Funding Reduced	PEI Admin costs are being reduced to reflect the reduction in PEI programming.

COMMUNITY SERVICES AND SUPPORTS		
Reductions in the use of MHSA funding in this component are due to programmatic reductions and ending of some programs. These reductions are largely offset by the intention to increase Medi-Cal billing and by implementation of payment reform mandated by the State. Inability to generate needed revenue may result in additional mid-year reductions.		
PROGRAM	**UPDATE**	**DESCRIPTION OF CHANGE**
Multi-Service Center for Homeless Mentally Ill	Program ended 2024	Program ended December 31, 2024
BH Navigation	This program (also known as BH Outreach and Engagement) moved from PEI to CSS	Program better aligns with CSS outreach and engagement requirements.
Integrated Justice Involved services	Moved from PEI to CSS	Program services and scope aligns with guidance from DHCS for delivery of services under CSS.
Warmline	Program ending June 2025	The reduction in available MHSA funding and the transition to BHSA contribute to this decision. ■ The amount of existing MHSA and categorical BHSA funding is very limited and mandated services are being prioritized, as new accountability is put in place. ■ Failure to meet those accountability measures for mandated programs will result in fines to the County. ■ The Warmline is not a mandated service, and a state funded WarmLine service is offered to all California residents. ■ California's 24/7 Peer-Run Warmline can be accessed at (855) 845-7415 via talk or text and offers supports in English, Spanish, and 240 other languages.

PROGRAM	UPDATE	DESCRIPTION OF CHANGE
In-Home Crisis Stabilization	Budget reduced	Program reduced and will only be serving children's programs.
Children and Youth Expansion	MHSA Budget Reduced	Anticipated amount of MHSA dollars needed to sustain services is reduced as payment reform and new Medi-Cal billing standards are implemented. It is not anticipated that services will be affected.
Outpatient Recovery	MHSA Budget Reduced	Anticipated amount of MHSA dollars needed to sustain services is reduced as payment reform and new Medi-Cal billing standards are implemented. It is not anticipated that services will be affected.
Supported Employment	MHSA Budget Reduced	This program will end June 30, 2025. Supported employment will become a mandated part of the delivery of Full Service Partnership program services in BHSA. This support will be transitioned into the requirements and scope of work for FSP in the Behavioral Health Integrated Plan.

OVERVIEW OF 30 DAY PUBLIC POSTING AND COMMENT PERIOD

Cal. Code Regs. Title 9 §3315 states:

(a) Prior to submitting the Three-Year Program and Expenditure Plans or annual updates to the Department, the County shall conduct a local review process that includes:(1) A 30-day public comment period.(A) The County shall submit documentation, including a description of the methods used to circulate, for the purpose of public comment, a copy of the draft Three-Year Program and Expenditure Plan, or annual update, to representatives of stakeholders' interests and any other interested parties who request the draft.(2) Documentation that a public hearing was held by the local mental health board/commission, including the date of the hearing.(3) A summary and analysis of any substantive recommendations.(4) A description of any substantive changes made to the proposed Three-Year Program and Expenditure Plan or annual update that was circulated.(b) For updates, other than the annual update required in Section 3310(c), the County shall conduct a local review process that includes:(1) A 30-day public comment period.(A) The County shall submit documentation, including a description of the methods used to circulate, for the purpose of public comment, a copy of the update, to representatives of stakeholders' interests and any other interested parties who request the draft.(2) A summary and analysis of any substantive recommendations.(3) A description of any substantive changes made to the proposed update that was circulated.

PUBLIC REVIEW

The MHSA Annual Update was posted on HCA's website for stakeholder review and comment from March 4, 2025 through April 7, 2025 at 9:00 a.m. at MHSA_2025-26_UpdatePlan.pdf. The Public Hearing to affirm the stakeholder process took place at the regularly scheduled Behavioral Health Advisory Board study meeting that was held at County Administration – South in Santa Ana from 10:00 a.m. until 11:45 a.m. on April 9, 2025.

Summary and Analysis of Substantive Changes

An analysis of substantive recommendations received during the 30-day posting process is required for each MHSA Three-Year and Annual Update Plan. BHS is open to ongoing stakeholder feedback, outside of the formal Community Program Planning structure. Comments/recommendations can be submitted via email to the MHSA email box at MHSA@ ochca.gov. During the time the MHSA Annual Update draft is posted for public comment, stakeholders are informed that comments can be received anytime through the year but will not be included in the final MHSA Annual Update unless written comment is provided during the 30-day comment period. The MHSA Annual Update is required to be posted for 30-days, per Welfare and Institutions Code 5848. BHS exceeded that standard by making the Plan available for 33 days between March 4, 2025, and April 7, 2025. If you would like to provide comments/recommendations after the close of the 30-day posting period, you may request a comment form be sent to you by contacting MHSA Program Planning and Administration at MHSA@ ochca.gov or calling (714) 834-3104.

During stakeholder meetings, community members asked how they might get additional information on what behavioral health services are available in the County. The County has a Beneficiary Access line that can be called for assistance in locating services and can be reached at 800-723-8641. The OCLINKS phone number can be accessed at 855-625-4657. Service directories are also available online at https://www.ochealthcareagency.com/mhp/. The www.OCNavigator.org also contains contact information for curated resources for our OC communities.

During stakeholder meetings, it was noted that community organizations would like information about how to access funds related to MHSA programs and housing for their areas. HCA releases several Requests for Proposals (RFPs) every year through a procurement process. MHSA funds can be accessed by successful applicants who participate in the procurement process and are determined to meet criteria for program services through the competitive RFPs. Information about open procurements can be access at https://cpo.ocgov.com/open-bids.

The Orange County Behavioral Health Advisory Board (BHAB) hosts regular meetings open to stakeholders. Meeting dates can be accessed at the following link https://www.ochealthinfo.com/providers-partners/county-partnerships/medical/behavioral-health-plan-and-provider-information-2.

Community members do not have to wait for a meeting to provide feedback to BHS. Feedback can be provided at any time via email at MHSA@ochca.com or phone by calling 714-834-3104. As program data, outcomes, statistics, and ongoing operations are discussed on a regular basis, regular attendance at one or more of the meetings listed above is encouraged. The Planning Advisory Committee (PAC) specifically addresses MHSA programs and occurs regularly. If you would like to be added to the MHSA listserv for PAC meetings and other updates, please email MHSA@ochca.com.

Overview of Public Posting and Comment Period

Behavioral Health Services would like to thank those who participated in the public review and comment portion of the stakeholder comment process. During the 30 day public posting of the MHSA Plan Update for Fiscal Year 2025-26, that occurred from March 4, 2025, through April 7, 2025, BHS continued to promote the 30 day posting and provided overviews and information related to the MHSA Plan. All BHS, community providers, Behavioral Health Equity and Planning Advisory Committee members, and contract agency stakeholders received a notice of the posting and public comment forms. An executive Summary was posted with translations made available in threshold languages as they became available including Arabic, Chinese, Farsi, Korean, Russian, Spanish, and Vietnamese. Three hard copies of the Plan were provided upon request. The press is notified of the posting and Public Hearing through 2,669 media contacts. A series of email blasts were released to the Planning Advisory Committee, the Behavioral Health Equity Committee, and all associated cultural sub-committees, the contracted providers, and the Behavioral Health Advisory Board. This information was also advertised on all HCA sponsored social media sites, including Facebook, Instagram, and Twitter and it was posted on the HCA website. As a result, the plan was accessed 530 times during the posting and 10 individual stakeholder forms with written comments and one verbal comment about data were received during the 30 day public posting and comment period.

Summary and Analysis of Substantive Comments

BHS would like to thank everyone who reviewed the plan and/or submitted a comment. BHS encourages and supports community collaboration, particularly the involvement of stakeholders, in all aspects of MHSA. For the purposes of this plan, a substantive comment is defined as a comment that provides new information about the proposed action; suggests alternate methodologies and the reason(s)

why they should be used and results in a significant change to the Plan. Examples of what are not substantive comments include:

- Comments in favor of or against the proposed action or alternatives without reasoning.
- Comments based on perception and personal opinions as opposed to having a firm basis in and based on facts.
- Comments outside of the item being presented and discussed.

The following contains a summary and analysis of a sample of the comments received during the 30 day public posting period, along with responses. The comment forms received can be found in the Appendices of this Plan.

Comment:
I have a great concern about the amount of PEI services that need to be eliminated and the impact it will have on Orange County and the state. I understand that the new law is making it so PEI will not be at the local level and all the progress that has been made is now being taken away. Michelle has been very transparent at her meetings about what is happening, and I am appreciative of how transparent she has been. I would like to recommend that we make sure that how we budget in the future lets us roll over money to eliminate having to make drastic cuts.

Response:
Thank you for your response and input. Proposition 1 and, upon approval, the related Behavioral Health Integrated Plan will become effective July 1, 2026. The significant reductions in PEI as described in this Annual Update Plan for 2025-26 are a result of decreases of available MHSA PEI funding for FY 2025-26. We appreciate your recommendation for flexible funding.

Comment:
How do you become and FSP or CPT partner? how will these funds be distributed and who will vote on this? How can entities apply for funds? What entities will be providing these services? Will other counties be able to be partners with BHSAOC?

Response:
Thank you for your questions and your response. To ensure BHS adequately responds to the questions in the comment form, additional details are included. Individuals who qualify for FSP services are children/youth or adults/older adults who are living with a serious emotional disturbance or behavioral health illness and are at-risk of/are experiencing homelessness, justice involvement, institutionalization, removal of home, or frequent psychiatric hospitalizations. Entities that provide this level of service are qualified Medi-Cal certified Behavioral Health provider agencies that successfully applied for and were awarded contracted funds to administer FSP services. In addition, OC BHS administers FSP type programs. HCA releases several Requests for Proposals (RFPs) every year through a procurement process. MHSA funds can be accessed by successful applicants who participate in the procurement process and are determined to meet criteria for delivery of program services through the competitive RFPs. Qualified entities are welcome to apply. Information about open procurements can be access at https://cpo.ocgov.com/open-bids.

For information about specialty behavioral health services available for OC Medi-Cal members, including FSPs, please review the service directories that are available online at https://www.ochealthcareagency.com/mhp/.

The County has a Beneficiary Access line that can be called for assistance in locating services and can be reached at 800-723-8641. The OCLINKS phone number can be accessed at 855-625-4657. The www.OCNavigator.org also contains contact information for resources for our OC communities.

Comment:
I recognize the large effort to create a 200-page amendment, it is too much to discuss individual program,s here, my concern i ; Pg 7 Proposed CSS spending does not match the fiscal section on pages 194-200., Pages 19-20 Demographic Section Census vs PEI/

CSS use different age bands. One section that is consistent, Adults 60+ suggests significant under delivery (Census 23%, CSS 6%, PEI 4%). Page 21- Culturally and Linguistically Congruent does not integrate data from the annual state submission for the Cultural Competency Plan Amendment., A review of the BHEC webpage will show delayed reporting of agendas. minutes, no committee postings and only 4 of 12 annual meetings are open to the public, Page 22 - How much did the county spend on community planning versus what status allows, Annual Revenue and Expenditure Report (ARER) submitted annually to the state (12/31/xx) will show past history Page 25 BHSA CPP Framework shows no direct access to the community and seems out of sync with WIC 5604.2 Pages 35- 167 for PEI and CSS do not show program details for individual FSPs, CEO financial reporting shows significant variations in spending, County meets monthly with contacted providers, to review spending and outcomes- would be nice if the plan offered a mid-year FY 24/25 status (July –December 2024), there is no research of community awareness of OC Links, OC Navigator and NAMI OC Warmline to learn and access services nor an indication of a relationship to 211 OC or the Carelon MHP beneficiary line) Pages 194-200 Fiscal Section Page 194- Why is PEI Administration at 33% of total versus all other areas at 10% and below. What does $32.4 million in total plan administration deliver in staff and services, other? What is the source of $9.7m in "Other Funds). What is county general funds investment? What is the plan to increase Med-Cal FFP across programs and particularly the certified peers.

Response:

Thank you for your time in responding to the draft plan. The function and intention of the MHSA Annual Update is to reflect the programmatic outcomes from the prior fiscal year and to make available the planned use for the component funds and the related component programs. Programmatic information includes the projected populations, ages, and numbers of individuals to be served for the period of time covered in the Plan. The function of the Annual Update is different than the Three Year Plan. Each Three Year Plan includes analysis of unmet needs and priorities which is entitled Capacity Assessment. The Capacity Assessment can be accessed on page 121 of the Three Year Plan. This Annual Update is the last Update to the MHSA Three-Year Plan for FYs 2023/24 through 2025/26. The future Three Year Integrated Plan will contain different sets of data and metrics, as DHCS updates requirements and provides data for review.

As articulated in the CPP section, MHSA PAC meetings are open to the public, as are related workgroups. Several years ago, the MHSA office revamped the CPP process from a Steering Committee and Consumer Advisory Committee structure to opt for a more inclusive stakeholder meeting that allows all stakeholders to openly participate. For information related to MHSA meetings, please email MHSA@ochca.com. The BHEC and subcommittee meetings are open to all stakeholders. Information for how to join and participate in the BHEC can be accessed by contacting wshain@ochca.com. The CPP process continues to be strengthened as BHS invests in implementing the Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM).

BHS is aware of inconsistent data across the draft plan and has corrected those typos and errors in the final version of the plan.

PUBLIC HEARING

The Public Hearing was hosted by the Orange County Behavioral Health Advisory Board (BHAB) was conducted April 9, 2025. Each attendee was offered an agenda, a public comment form, and a copy of the MHSA public hearing PowerPoint presentation. The presentation reviewing the CPP process and summary of stakeholder feedback was presented by the MHSA Senior Manager. At the conclusion of the presentation, the BHAB opened the meeting for public comment. As with all public meetings, interpretive services and materials were available upon request. Approximately 45 stakeholders attended the Public Hearing.

There were three public comments received during the Public

Hearing and discussion from the BHAB:

Public Comment:

- One attendee shared their positive experience and gratitude for the help received from the Wellness Center and treatment team. In addition, they expressed their desire to continue to help others.
- Another attendee explained how they have benefited from the help and support of the Early Intervention for Older Adults program and reiterated the importance of the program. They requested the program continue to fill gaps in the underserved cultural communities.
- Comment was received expressing concern about the current decrease in available fund for Prevention services and the inability for BHS to use MHSA funds for prevention services in the future and the impact it would have on underserved communities in Orange County and across the state.

BHAB Discussion:

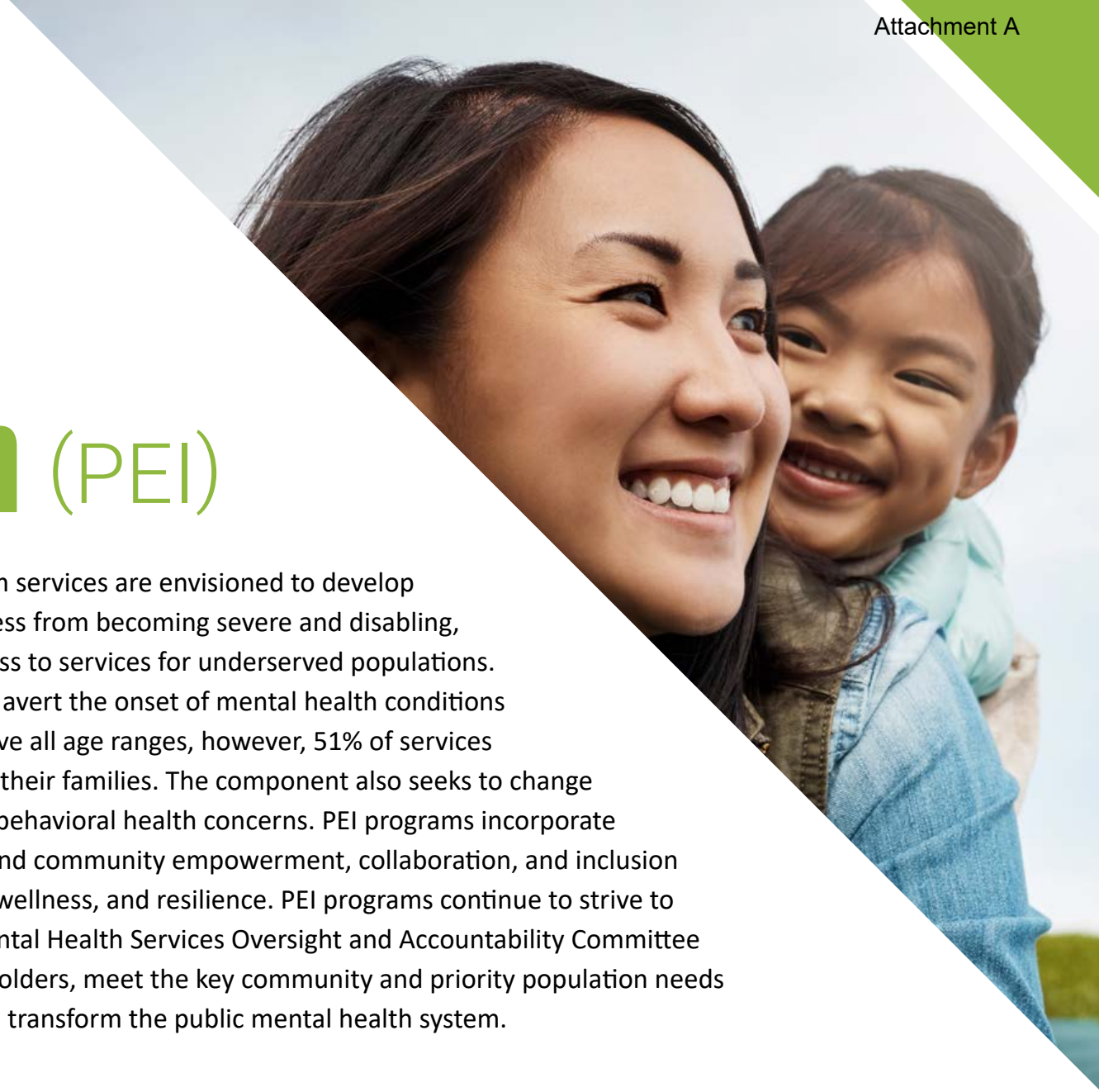
At the conclusion of Public Comment, the Chair closed the hearing and opened the floor to Members for questions and discussion. The discussion included:

- The amount of funding that could be utilized to support community program planning and how use of the maximum amount could affect the ability to support treatment services, should funds be directed to CPP instead of program.
- The steps BHS is taking to increase Medi-Cal billing.
- Some of the differences between a Three-Year Plan and an Annual Update, as related to assessing capacity.
- Acknowledgement of BHS's transparency and communication with stakeholders.

The Behavioral Health Advisory Board affirmed that BHS adhered to the MHSA CPP process and supported the submission of the MHSA Plan Update for Fiscal Year 2025-26 to the Orange County Board of Supervisors for approval, which is tentatively scheduled for the May 20, 2025, meeting and the subsequent submission to the Department of Health Care Services and the Behavioral Health Services Oversight and Accountability Commission. No substantive comments were received from the Behavioral Health Advisory Board.

The summary of the results and feedback resulted in non-substantive changes to the Plan. Changes included alignment of data elements across the plan, fixing of typographical errors, non-substantive changes to budgets, including providing an updated Budget Summary sheet, inclusion of required signed attestations and an appendices section.

Prevention and Early Intervention (PEI)

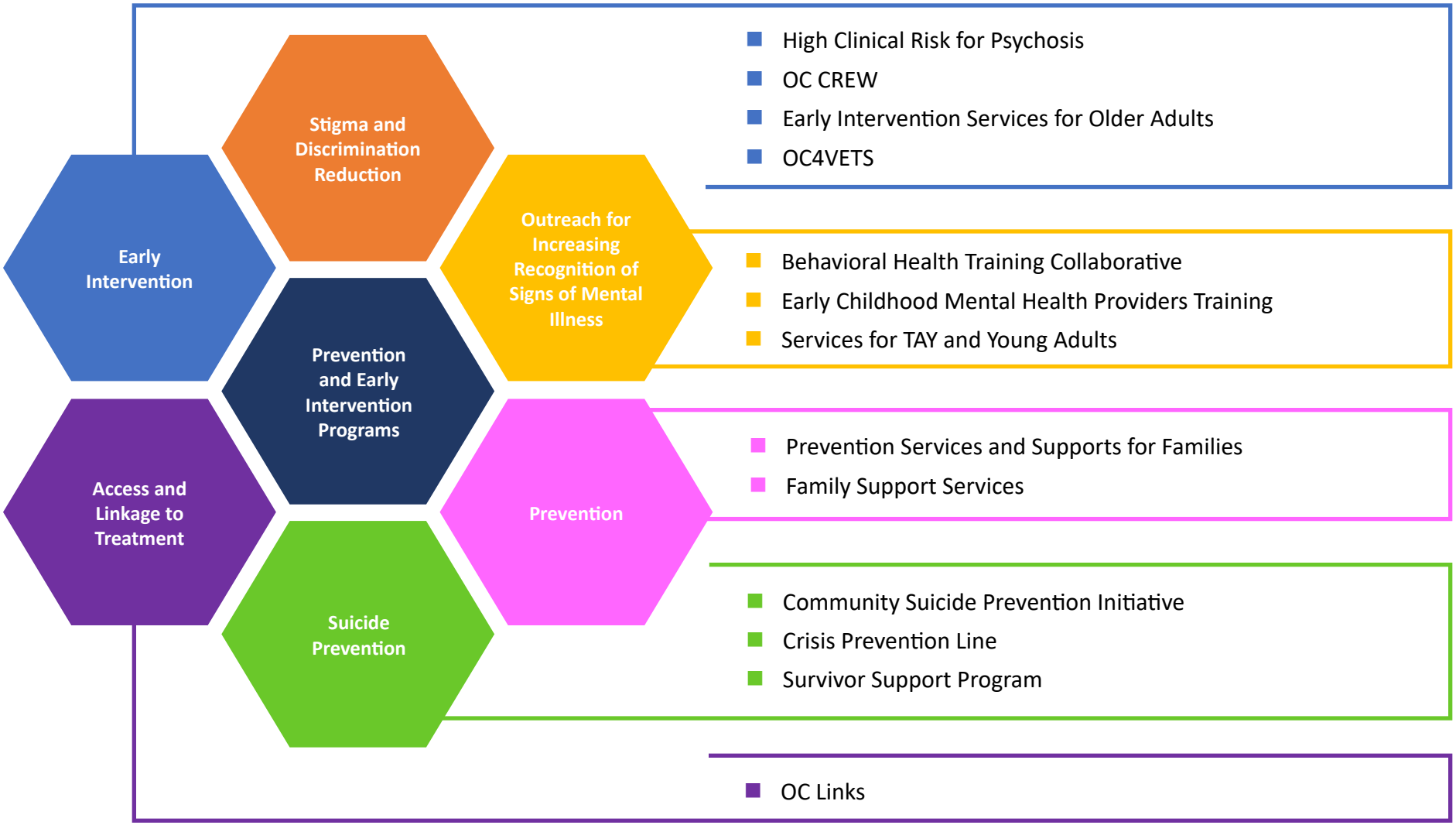


Prevention and Early Intervention (PEI) program services are envisioned to develop and implement strategies that stop mental illness from becoming severe and disabling, giving emphasis to improvement in timely access to services for underserved populations. Strategies and activities are applied early on to avert the onset of mental health conditions or relapse among individuals. PEI programs serve all age ranges, however, 51% of services must target individuals aged 25 and under and their families. The component also seeks to change community conditions known to contribute to behavioral health concerns. PEI programs incorporate the values of cultural competence, consumer and community empowerment, collaboration, and inclusion in providing services that emphasize recovery, wellness, and resilience. PEI programs continue to strive to meet the needs identified by the California Mental Health Services Oversight and Accountability Committee (MHSOAC) and local diverse community stakeholders, meet the key community and priority population needs outlined in the Mental Health Services Act, and transform the public mental health system.

INTRODUCTION AND SB 1004 COMPLIANCE SUMMARY

The State defines specific Prevention and Early Intervention Programs. Per statute, a program is defined as "a stand-alone organized and planned work, action, or approach that evidence indicates is likely to bring about positive mental health outcomes either for individuals and families with or at risk of serious mental illness or for the mental health system (WIC §3701 (b))."

These State-Defined programs areas are:



SB 1004 PEI PROGRAM PRIORITY AREAS

All PEI programs are required to comply with WIC Section 5840.7 enacted by Senate Bill 1004 which necessitates counties to specify how they are incorporating the following six Mental Health Services Oversight and Accountability Commission (MHSOAC) identified priorities in the MHSA plan:

Per WIC section 5840.7/SB1004, counties are required to provide an estimate of the share of PEI funding allocated to each MHSOAC identified priority. The following provides these estimates for each fiscal year of Plan:

SB 1004 IDENTIFIED PEI PROGRAM PRIORITY CATEGORIES:	PERCENTAGE OF FUNDING ALLOCATED TO PRIORITY:
1. Childhood trauma prevention and early intervention to deal with early origins of mental health needs.	34%
2. Early Psychosis and mood disorder detection and intervention; and mood disorder and suicide prevention programming that occurs across the lifespan.	21%
3. Youth outreach and engagement strategies that target secondary school and transitional age youth, with priority on partnership with college and mental health programs.	15%
4. Culturally competent and linguistically appropriate prevention and intervention.	15%
5. Strategies targeting the mental health needs of older adults.	14%
6. Early identification programming of mental health symptoms and disorders, including but not limited to, anxiety, depression, and psychosis.	1%

Each of these priorities outlined in WIC Section 5840.7/SB 1004 are integrated into the OC MHSA plan and aligned with our previously outlined programs and strategies.

PEI STATE PROGRAM CATEGORY	LOCAL PROGRAM	SB 1004 IDENTIFIED PRIORITY					
		CHILD TRAUMA	EARLY PSYCHOSIS/ MOOD	YOUTH OUTREACH	CULTURE COMP	OLDER ADULTS	EARLY ID
Stigma and Discrimination Reduction	MH Community Education Events for Reducing Stigma & Discrimination	X		X	X	X	
Outreach for Increasing Recognition of Early Signs of Mental Illness	Behavioral Health Training Services	X			X	X	
	Early Childhood Mental Health Providers Training	X			X		
	MH & Well-Being Promotion for Diverse Communities			X	X	X	
	Services for TAY and Young Adults			X	X		
	K-12 School-Based MH Services			X	X		
	Statewide Projects			X	X		
Prevention	Prevention Services and Supports for Families	X			X		
	Prevention Services and Supports for Youth	X		X	X		X
Early Intervention	Community Counseling & Supportive Services	X	X		X	X	X
	School-Based Mental Health Services		X		X		X
	Early Intervention Services for Older Adults				X	X	X
	OC Parent Wellness Program	X	X		X		X
	Thrive Together OC		X		X		
	OC CREW		X		X		
	OC4Vets	X	X	X	X	X	X
Suicide Prevention	Suicide Prevention Services	X	X	X	X	X	X
Access and Linkage to Treatment	OC Links	X	X	X	X	X	X
	OC Outreach and Engagement for Homeless				X	X	X
	Integrated Justice Involved Services				X		

STATEWIDE PEI PROJECTS

Prevention and Early Intervention (PEI) Statewide Projects are intended to support PEI strategies and messaging across the state as well as locally via the California Mental Health Services Authority (CalMHSA), a joint powers authority (JPA), working on behalf of California Public Behavioral Health plans. The PEI Statewide effort was jointly initiated with other California counties for the purpose of making both a statewide and local impact. Orange County is a member of the JPA and a contributor to statewide PEI Projects.

The PEI Statewide Project is a collection of campaigns which seek to expand the awareness of mental health needs and supports, reduce stigma, prevent suicides, and teach individuals how to achieve mental wellness. All initiatives implemented under the Statewide PEI Project are collectively known as "Take Action for Mental Health/ Toma Accion Para Las Salud." The initiative is marketed as the campaign for California's ongoing mental health movement. It builds upon established approaches and provides resources to support Californians' mental health needs.

Take Action for Mental Health is an evolution of the previous statewide initiative, the Each Mind Matters campaign. Over the last decade, Each Mind Matters has had a positive impact on reducing stigma of mental illness and increasing awareness of mental health needs and resources. Two hallmark projects from the Each Mind Matters campaign, Know the Signs, and Directing Change, continue under the Take Action for Mental Health initiative.

- Know the Signs/Reconozca Las Senales is California's suicide prevention campaign that encourages individuals to know the signs of suicide, find the words to ask a loved one if they are thinking about suicide, and reach out to local resources.
- The Directing Change Program and Film Contest engages students and young people throughout California to learn about the topics of suicide prevention and mental health through the medium of film.

Take Action for Mental Health builds on this progress and asks Californians to take action to support ourselves and the people we care about through a three-pronged approach: Check-in, Learn More, and Get Support.

Strategies administered by CalMHSA in support of the statewide efforts include:

- Distribution of campaign materials and messaging,
- Technical Assistance
- Suicide Prevention training
- Administration and engagement of youth and adult allies through the Directing Change program.

All program and statewide evaluations conducted by the RAND Corporation on behalf of CalMHSA can be found at: https://www.rand.org/health/projects/calmhsa/publications.html

ORANGE COUNTY LOCAL PARTNERSHIP AND IMPACT

Statewide Projects serve the Orange County community at large through building on the state initiatives at the local level and through participation in CalMHSA-sponsored initiatives and technical assistance.

Suicide Prevention: These activities include social marketing and technical assistance designed to support helpers and gatekeepers appropriately identify and respond to suicide risk. This program also works with local suicide prevention partners to respond to individuals in crisis through hotlines.

In FY 2022-23, CalMHSA's PEI Program Contractor, Your Social Marketer (YSM), provided technical assistance to the OC HCA's Office of Suicide Prevention (OSP) and the Orange County Community Suicide Prevention Initiative (CSPI) leadership team with technical assistance related to advancing the goals of the Orange County's Community Suicide Prevention Initiative (CSPI) in the following areas:

Strategic Planning

- Short-term and long- term strategic planning including assisting the County with planning and writing the Suicide Prevention Strategic Plan draft for Orange County.

Organizational Structure of CSPI

- Technical assistance was provided to the CSPI leadership on a variety of subjects, including recruiting members for CSPI and expanding the reach within the community.

Firearm Safety Initiative

- Technical assistance to the Firearm Safety subcommittee of CSPI to continue outreach to gun shop owners for safe messaging on Firearm Safety.

Directing Change Program & Film Contest: The Directing Change Program and Film Contest engages students and young people throughout California to learn about the topics of suicide prevention and mental health through the medium of film.

- The Directing Change team provided subject matter expertise to school students and staff advisors in preparing 60 second videos on topics related to suicide prevention, stigma reduction and mental health awareness. Supports also included the award of mini grants for selected schools.
- The Directing Change team also submitted prompts and contest details to their monthly newsletter, the Hub, and participated in regular meetings to promote the program.
- The Directing Change Team assisted OC HCA and staff from one of its partners, the Los Angeles baseball team, to select and edit a 30 second film submission that was played at a home game and aired on the television.

As a result of these efforts, 27 eligible Orange County schools submitted 161 entries to the Directing Change Program & Film Contest. Orange County students performed exceptionally well in the Statewide and Regional competitions. At the Regional level, Canyon High School's entry "Through a Different Lens" won third place for the Suicide Prevention Category; Los Alamitos's entry "Beyond the Surface" won first place in the Mental Health Category with El Dorado High School's entry "Seasons of Hope" winning second place. Los Alamitos High School's entry "Hot Pot" won first place in the Through the Lens of Culture Category with La Quinta High School's submissions "Half-Rinsed" and "Who Am I to Complain", Woodbridge High School's "No Estas Solo", and San Clemente High School's "Cambiemos el Pasado" winning second, third, fourth, and fifth places respectively. In the Walk in Our Shoes Category, Las Flores K-8's entry "Dealing with Anxiety" won first place with Las Flores Middle School's "Rabbit Hole" taking second; Las Flores K-8's "Depression & Empathy" and Carr Intermediate's "You Are Not Alone" tied with a third place win. For more information about Directing change please visit DirectingChangeCA.org/OrangeCounty.

LOCAL RESULTS	NUMBERS
Entries	161
Schools	27
Participants	521
Mini Grants	0
Total Estimated Reach	1,500

Stigma and Discrimination Reduction: These activities include implementation of best practices to develop policies, protocols and procedures that support help-seeking behavior and/ or build knowledge and change attitudes about mental illness. This initiative also provides informational and online resources, training and educational programs, and culturally responsive media and social marketing campaigns to engage and inform diverse communities about mental wellness.

The table below outlines the resources and materials expected to be distributed throughout the year in FY 2023-24:

CAMPAIGN MATERIALS DISTRIBUTED	EXPECTED QUANTITY FY 2023-24
Take Action Green Ribbons	40,000
Wristbands	10,000
SWAG pens (English +Spanish)	10,000
Keychains	5,000
Stress balls	20,000
Phone Wallets	0
Mental Health Support Guide Brochures English	2,000
Mental Health Support Guide Brochures Spanish	2,000
Know The Signs (KTS) Brochures and tent cards English	3,500
KTS Spanish	500
KTS brochure for parents (English and Spanish combined)	1,000
Mental Health Thrival kits	0
Be True and Be You - A Basic Guide for LGBTQ+ Youth Booklets (Eng)	500
Be True and Be You - A Basic Guide for LGBTQ+ Youth Booklets (Spanish)	500

OUTREACH FOR INCREASED RECOGNITION OF SIGNS OF MENTAL ILLNESS

BEHAVIORAL HEALTH TRAINING COLLABORATIVE

WIC § 3715 defines "Outreach" as a process of engaging, encouraging, educating, and/or training, and learning from potential responders about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness.

"Potential responders" include, but are not limited to, families, employers, primary health care providers, visiting nurses, school personnel, community service providers, peer providers, cultural brokers, law enforcement personnel, emergency medical service providers, people who provide services to individuals who are homeless, family law practitioners such as mediators, child protective services, leaders of faith-based organizations, and others in a position to identify early signs of potentially severe and disabling mental illness, provide support, and/or refer individuals who need treatment or other mental health services.

PROGRAM SUMMARY	
Program Serves	Children
	TAY (16-25)
	Adults (26-59)
	Older Adults
Location of Services	Virtual, Community-Based
Numbers of Individuals to be Served	550
Annual Budget	$622,710
Avg. Est. Cost per Person	$1,132
Services Offered	Community Engagement
	Training

OVERVIEW OF THE PROGRAM

The Behavioral Health Training Collaborative (BHTC) is a partnership between Behavioral Health Services (BHS) and Western Youth Services (WYS). This project collaborates with a network of community partners to provide trainings related to increasing awareness of signs and symptoms of mental health conditions and/or substance use issues. To meet the needs of the community, the program offers educational sessions and resources in both virtual and in-person, community-based settings.

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

The goal of BHTC is to increase awareness and knowledge of signs and symptoms of mental health conditions and/or substance use issues in the community.

DESCRIPTION OF SERVICES

BHTC utilizes curricula based in best practices or evidenced-based practices to engage the community, school personnel, students, youth, parents, and the general community to increase knowledge and understanding of the information being provided. Subject matter experts are utilized to train the community on behavioral health focused topics such as, but not limited to, skills that improve mental

health and support resilience in addressing future life challenges for both community members and providers. Additionally, BHTC provides education focused on prevention and early intervention (PEI), wellness promotion, building resilient communities to support those with mental illness, and ameliorating associated challenges.

TARGET POPULATION

There are 3 primary populations targeted to support through this program: Community at large, non-clinical providers, and clinical providers.

- Community at large (Tier 1): General public such as parents, family members, community centers, etc.
- Non-clinical provider (Tier 2): A person who interacts with or provides services to those who may experience a behavioral health condition. Examples would be staff at public or private schools, child-care sites, colleges/universities, veteran service agencies; law enforcement, probation/parole, homeless or housing providers, religious leaders, faith-based centers, business owners, etc.
- Clinical providers (Tier 3): A direct service provider who provides services to a potential or current behavioral health client who wants more information on behavioral health topics, continuing education, or needs skills or techniques to assist the client or their family member.

OUTCOMES

Over the past three fiscal years, between 8,400 to 10,000 individuals participated in BHTC trainings:

TRAINING COLLABORATIVE ACTIVITY			
Fiscal Year	**2021-22**	**2022-23**	**2023-24**
# Trainings	546	528	614
# Trained	10,000	8,397	8,841
% Satisfied (Target: >=80%)	99%	98%	93%

Trainings were offered to a variety of potential responders:

POTENTIAL RESPONDERS TYPE	
Behavioral Health Providers	Child Welfare
Medical Co-Morbidities Providers	Cultural and Ethnic Communities
Individuals Working with Substance Use	Homeless/At risk of Homelessness
Individuals Working with Criminal-Justice	Families
First Responders	LGBTQI+
Parents/Students/Schools	Trauma Exposed Individuals

Satisfaction surveys were collected from participants on all trainings conducted, with a goal of maintaining an overall course satisfaction rate of 80%. The goal was met across all three fiscal years.

TRAINING COLLABORATIVE SATISFACTION			
Fiscal Year	**2021-22**	**2022-23**	**2023-24**
% Satisfied (Target: >=80%)	99%	98%	93%

MENTAL HEALTH AND WELL BEING PROMOTION FOR DIVERSE COMMUNITIES

OVERVIEW OF THE PROGRAM

The Mental Health and Well Being Promotion for Diverse Communities program utilizes a peer supported approach to promote mental health and wellness, reduce stigma, raise awareness regarding preventing behavioral health conditions (recognizing signs and symptoms), increase resilience and recovery by building on protective factors, address the risk factors and providing peer support. This is accomplished through outreach, information dissemination, community education and events, skill building, socialization group activities, and one-to-one interactions and relationships with families and individuals representing diverse populations. Appropriate referrals and linkages to community resources and support are also provided, as needed.

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

The goal of the Mental Health and Well Being Promotion for Diverse Communities program is to educate community members regarding mental health, seek to improve mental health outcomes, increase help seeking behaviors and prevent the progression of untreated behavioral health conditions.

The following outcome measure goals are utilized to determine the effectiveness of the services provided:

- On average, participants will report an increased awareness of mental health needs pertaining to the target population.
- On average, participants will report an increase in knowledge of community mental health resources.
- On average, participants will report an increase in confidence to navigate the mental health system.
- On average, participants will report a decrease in stigma related to mental health conditions.
- On average, participants will report an increase in confidence to facilitate help seeking behaviors

DESCRIPTION OF SERVICES

Outreach

Community outreach is used to engage diverse communities to raise awareness, increase recognition of early signs of mental illness and disseminate information regarding mental health and wellness. Community outreach also creates the opportunity to connect with individuals who may be experiencing or at an elevated risk of experiencing a mental health challenge. A combination of individualized and broad outreach strategies are utilized across traditional and nontraditional settings such as religious organizations, shelters, community gathering places, hospitals, health fairs, community centers, in homes, community businesses, or any other location from which mental health awareness may be promoted. Outreach is conducted by diverse peers who are trusted and are able to build rapport and trust within their communities.

Educational Workshops

Educational workshops are provided as part of these services. The workshops promote awareness of a wide variety of mental health topics, stigma reduction, suicide prevention, and help to increase help seeking behaviors. Workshops may include activities such as educational groups, socialization or skill building workshops which are designed to raise awareness about behavioral health conditions and develop protective factors. The educational content of the workshops and groups address specific perceptions and beliefs about stigma,

mental health conditions, substance use disorders, and barriers to help seeking. The workshops are also designed to be culturally relevant and appropriate to the audience.

Educational Material Development and Information Dissemination
Culturally responsive mental health related educational, informational, and/or resource materials are developed and made available in print, via podcasts or online, as applicable, and appropriate for the target audience. These informational materials may include items such as brochures, pamphlets, posters, and other resource materials published via various online outlets such as email, websites and social media.

Events
Community events are organized, in partnership with collaborating community organizations, to engage diverse and vulnerable communities. These culturally informed events focus on reducing mental health stigma and raising awareness around a variety of health and wellness topics. The events may range from activities such as art exhibits, community performances, conferences highlighting mental health topics, or pop-up events and community forums. Services also incorporate social marketing and media campaigns via print, radio, television and social media platforms to raise awareness of mental health and wellness topics, suicide prevention and information about resources available to the community.

Peer Support
Services also incorporate peers with lived experience to support the events, workshops, and community events. The peers also engage vulnerable and at-risk community members on an individual basis to provide mentoring, support, education, advocacy, leadership, coaching, and referral and linkage assistance. Peers are recruited directly from the communities in which the services are provided and trained to engage their communities in support of enhancing stigma reduction, increasing mental health awareness, facilitating help seeking behaviors, and improving the overall health and wellness of their communities.

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
Participants Served	**1,115,835**
Age Group	
Child 0-15	1%
TAY 16-25	10%
Adult 26-59	67%
Older Adult 60+	17%
Declined to State/Not Reported	6%
Gender	
Female	72%
Male	14%
Transgender	2%
Genderqueer	3%
Questioning/Unsure	0%
Another	0%
Declined to State/Not Reported	8%
Race/Ethnicity	
American Indian/Alaska Native	Not Collected
Asian/Pacific Islander	Not Collected
Black/African-American	Not Collected
Hispanic/Latino	Not Collected
Middle Eastern/North African	Not Collected
Native Hawaiian/Pacific Islander	Not Collected
Caucasian/White	Not Collected
Another	Not Collected
Declined to State/Not Reported	Not Collected

TARGET POPULATION

Mental Health and Well-Being Promotion for Diverse Communities support Orange County residents who are at risk of developing a behavioral health condition or who are exhibiting early signs of behavioral health conditions including mental illness and substance use disorders due to their risk factors or environmental conditions. Services target individuals who are unserved, underserved especially individuals from racially and ethnically diverse communities including monolingual non-English speakers, recent immigrants and refugees in Orange County. The target populations also include veterans and LGBTQI+ individuals who have typically been underserved and disproportionately impacted by risk factors for mental illness.

OUTCOMES

At the conclusion of each workshop and/or presentation, participants were encouraged to fill out an anonymous rating form. Of those who opted to return a survey, the majority highly rated the quality of the presentations/workshops that they had attended:

WORKSHOP/PRESENTATION FEEDBACK	FY 2023-24
Surveys returned	833
% Agree/Strongly Agree:	
Staff presented the information in a way that I could understand.	94%
I would recommend this workshop/ presentation to someone I know.	93%
I will use what I learned today in my daily life.	90%
I know where to get help for someone experiencing a mental health condition.	86%
I increased my knowledge of the topic presented.	91%

Finally, participants rated their level of satisfaction with the services they received, which were very highly rated, as can be seen in the table below.

ANONYMOUS FEEDBACK SURVEY	FY 2023-24
surveys returned	170
% Agree/Strongly Agree:	
I like the services that I received here.	97%
I would recommend this agency program to a friend or family member.	99%
Staff were sensitive to my cultural background (race, religion, language, sexual orientation, gender identity, etc.).	99%
I was able to get all the services/support I thought I needed.	93%

The contract and program ended on June 30, 2024 and does not appear to meet BHSA requirements.

	FY 2023-24
Outreach	**Total**
OC Navigator Trainings	3
Community Outreach Activities	1,069
Community Outreach Participants (duplicated)	140,567
Material Development & Information Dissemination	**FY 23/24**
Material Development	Total
Resource Directory/Database	1
Resource Toolkits	6
Culturally Tailored Outreach Materials (3/ provider)	15
Curricula Development	1
Calendar of Events	1
"Listening Sessions (for needs assessment)"	6
Information Dissemination	**Total**
Curricula Training	1
Peer -to-peer follow-up collaborative partner	6
Communities of Practice	5
Peer-to-peer Learning participants	245
Training Participants	21
Website Visits	10,018

	FY 2023-24
Events	**Total**
Social Media/Digital Marketing Campaigns	31
Total Followers	341,175
Total Accounts Reached	550,151
Social Media Engagements	110,314
Large Community Events	32
Small Community Events	136
Large Events Participants Impacted (100 mim./ event)	7,238
Small Events Participants impacted	3,339
Peer Support	**Total**
Peer Support Sessions	8,464
Peer Individuals Trained	4,215
Individuals Engaged Through Peer Support	4,620
Educational Workshops	**Total**
Workshop/Education Groups	124
Individuals (duplicated)	746

EARLY CHILDHOOD MENTAL HEALTH CONSULTATION SERVICES

OVERVIEW OF THE PROGRAM

The Early Childhood Mental Health Consultation Services are a prevention based early childhood mental health consultation and training service with a goal to support the effective management of challenging behaviors in children up to 8 years of age and promotes healthy social emotional development of young developing children in Early Childhood and Education (ECE) expanded learning settings. This is accomplished by supporting and building the capacity of ECE providers, including site directors, owners and/or administrators and teachers, and the families they serve throughout Orange County through mental health consultation, education, training and support services utilizing evidence-based practices (EBP).

PROGRAM SUMMARY	
Program Serves	Children (0-8)
Location of Services	Virtual, ECE Settings, After School Programs, Schools
Numbers of Individuals to be Served	5,000
Annual Budget	$1,000,000
Avg. Est. Cost per Person	$200
Services Offered	Consultation
	Training
	Practice-Based Coaching

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

Performance outcomes for Early Childhood Mental Health Consultation Services will measure the impact of services to increase the ability of ECE providers to manage challenging behaviors of children and promote prosocial behaviors.

DESCRIPTION OF SERVICES

Consultation services educate and build capacity, increase knowledge and awareness of early childhood providers to provide appropriate behavior support for those children exhibiting ongoing challenging behaviors and promote development of healthy identities in young children. Consultation services include consultation, practice-based coaching, direct observation, and follow-up support.

Early Childhood Mental Health Consultation Services are provided to ECE providers in:

1) Areas of the county with the highest vulnerability in social and emotional development based on the Early Development Index (EDI),
2) ECE sites who have identified children with challenging behaviors and are at risk of expulsions, and
3) ECE providers who may not have access to other state or federal funding.

TARGET POPULATION

Children 0-8 years of age exhibiting challenging behaviors and at risk of developing a severe emotional disturbance in Early Childhood and Education settings throughout Orange County, transitional kindergarten programs through third grade, and before and after school programs.

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
Unique Individuals Served	**5,392**
Age Group	
Child 0-15	0%
TAY 16-25	24%
Adult 26-59	72%
Older Adult 60+	5%
Gender	
Female	94%
Male	5%
Transgender	0%
Genderqueer	0%
Questioning/Unsure	0%
Another	<1%
Race/Ethnicity	
American Indian/Alaska Native	0%
Asian/Pacific Islander	
Black/African-American	0%
Hispanic/Latino*	
Middle Eastern/North African	22%
Native Hawaiian/Pacific Islander*	
Caucasian/White	70%
Another	8%

** Combined into "Another" due to low counts*

OUTCOMES

FY 2023-24	
Care Sites Served	58
Children Served	4,740
Parents/Families Served	4,003
ECE Provider Staff Served	652
Indirect Consultation Services for Children	3,990
Direct Consultation Services for Children	263

Based on survey responses provided over the past three years, respondents reported variable perceptions on the consultation services received. An increasing percentage of ECE site directors, owners and administrators reported that fewer children were exhibiting persistently challenging behaviors, whereas a decreasing percentage of teachers reported an increased ability to manage challenging behaviors effectively after receiving consultation services. Respondents reported an increase in children's prosocial behavior and classroom engagement over several years.

AREA OF BEHAVIORAL IMPROVEMENT			
Fiscal Year	**2021-22**	**2022-23**	**2023-24**
ECE site directors, owners and administrators reporting fewer hildren exhibited persistent challenging behaviors.	46%	63%	76%
Teachers demonstrating an increase in ability and knowledge to manage children's challenging behaviors effectively.	73%	37%	36%
Children demonstrating a decrease in challenging behaviors.	100%	*item discontinued*	
Children maintaining good engagement in classroom activities.	-	82%	75%
Children demonstrating an increase in prosocial behaviors.	83%	100%	100%

The program also provided referrals for clinical services and parent education support to parent participants, as needed, with 62-80% having linked to the referred service.

Fiscal Year	2021-22	2022-23	2023-24
Referrals	21	25	28
Linkage rate	62%	80%	71%

CHALLENGES/SOLUTIONS

Recruiting the anticipated number of ECE sites has proven difficult throughout the term of the services. In FY 24-25 a second provider was added in hopes of expanding both the awareness of these services and the number of ECE programs receiving services. This program could be subject to decreases in funding or elimination based on available funding for FY 2025-26. These services as provided will not meet the criteria for continuance under BHSA guidelines.

SERVICE FOR TRANSITIONAL AGE YOUTH (TAY) AND YOUNG ADULTS

OVERVIEW OF THE PROGRAM

The Services for Transitional Age Youth and Young Adults program services are designed to support, engage, and empower TAY and young adults between the ages 16-24 years who may be at risk of developing behavioral health conditions or experiencing an increase in severity of an existing condition. The services are provided through community building and networking activities, outreach, and raising knowledge and awareness on mental health education and available resources. These services include three components:

1) TAY Mental Health Community Networking Services,
2) TAY Mental Health Outreach Services, and
3) TAY Mental Health Education Activities.

PROGRAM SUMMARY	
Program Serves	TAY (16-25)
Location of Services	School-Based, Online/Virtual Community-Based
Numbers of Individuals to be Served	1,015,240
Annual Budget	$700,871
Avg. Est. Cost per Person	$1.45
Services Offered	Community Outreach
	Educational Workshops
	Coalition Building and Networking

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

A unifying goal of these three components is, through outreach to the TAY population, to raise awareness about mental health, increase youth connectedness, reduce behavioral health stigma, improve resource navigation, and increase access to behavioral health services and supports by increasing knowledge of available resources and improving help-seeking behaviors.

DESCRIPTION OF SERVICES

TAY Mental Health Community Networking Services

The TAY Mental Health Community Networking Services support active collaborations with Orange County colleges, universities, trade schools and community-based organizations serving TAY and young adults to increase coalition building through Connect OC, a peer-based Countywide Coalition (Coalition) for TAY individuals. Connect OC is comprised of TAY from the community, peer youth leaders from the college and university campuses, faculty/staff, and representatives from various organizations serving TAY and young adults throughout Orange County. The Coalition provides a space for youth to connect, learn and share their experiences. Through coalition meetings and activities, community mental health educational forums, social media promotion and website resources, Connect OC enhances community collaborations across Orange County and expands behavioral health knowledge and awareness of community resources, specific to TAY and young adults.

Connect OC promotes mental health educational events throughout Orange County and educates the community on a wide array of behavioral health topics impacting TAY and young adults including

anxiety, depression, stress, trauma, suicide prevention, substance use prevention, signs and symptoms of mental illness, coping skills and community resources. Furthermore, Connect OC ensures community efforts towards raising mental health awareness are further aligned and strategize to implement the most effective ways of disseminating information to TAY and young adults, their friends and family members and individuals who serve these populations.

TAY Mental Health Outreach Services

The TAY Mental Health Outreach provides Outreach Services to community organizations and local colleges utilizing creative performance arts as a mechanism to reach TAY and young adults. Services include professional theater productions by youth under the guidance of professional artists and program staff, that highlight a variety of mental health topics focusing on TAY and young adults. The partnering community organizations and the youth they serve are invited to view these theatre performances, which are followed by panel discussions facilitated by mental health professionals and includes information on behavioral health resources. In addition, TAY have an opportunity to participate in a 10-12 week evidence-based program called "Life Stories" designed for creative self-expression through the formation of original dramatic works where participants use their own life experiences as inspiration to others. The Life Stories program is designed to connect with the hardest to reach TAY and young adults who may be experiencing challenging life events and engage them in creative self-expression.

TAY Mental Health Educational Activities

The TAY Mental Health Educational Activities provides a variety of educational activities to raise awareness and increase knowledge about mental health. Services seek to improve help-seeking behaviors among TAY and young adults and increase access to resources and services as well as improve linkage to on and off-campus community mental health services. This is accomplished by organizing student-led activities, engaging students to start on-campus clubs and host on-campus events, hosting educational presentations on campus and in the community, podcasts, and events.

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
Participants Served	**15,750**
Age Group	
Child 0-15	5%
TAY 16-25	21%
Adult 26-59	14%
Older Adult 60+	1%
Declined to State/Not Reported	60%
Gender	
Female	25%
Male	12%
Transgender	0%
Genderqueer	0%
Questioning/Unsure	0%
Another	0%
Declined to State/Not Reported	63%
Race/Ethnicity	
American Indian/Alaska Native	0%
Asian/Pacific Islander	7%
Black/African-American	3%
Hispanic/Latino	7%
Middle Eastern/North African	0%
Native Hawaiian/Pacific Islander	0%
Caucasian/White	16%
Another	0%
Declined to State/Not Reported	68%

TARGET POPULATION

TAY and young adults ages 16-25 years including students in colleges and universities, and youth who are not enrolled in the educational institutions but may be at risk of behavioral health conditions developing or getting worse.
Services focus on youth who may be unserved and underserved including those who identify as lesbian, gay, bisexual, transgender, Intersex, Questioning (LGBTIQ), veterans, new immigrants, individuals from diverse ethnic communities and/or at-risk foster youth. Family and friends of these TAY and young adults and any individuals who support them are also included.

OUTCOMES AND RESULTS

In line with the program's goals, those who provided feedback following an event hosted by the various providers consistently supported positive statements about mental health and people living with mental health conditions. Additionally, feedback from participants indicated that the events continue to increase a willingness to talk about mental health with others. However, depending on the year, 6% or fewer attendees completed a feedback survey so it is unknown to what extent the events helped inform or shape the perspectives of the majority of attendees who did not share their feedback.

	FY 2021-22	FY 2022-23	FY 2023-24
TAY Mental Health Community Networking & Outreach			Total
Mental Health Forums			7
Website:	Not Tracked	Not Tracked	
Welcome Page Views			3,825
Resource Page Views			1,750
Events Page Views			627
Coalition Page Views			330
Total Users			4,870
Social Media:			
Total Followers			1,024
Total Accounts Reached			319,672
TAY Suicide Prevention PSA - Social Media Accounts Reached			387,227
Outreach:			
General Outreach Events			15
Mental Health Art Outreach Events			3
Total participants reached			> 2409
TAY Mental Health Educational Activities			Total
On-campus Club	Not Tracked	Not Tracked	20
ETS Presentations			17
ETS Presenter Trainings			5
Student Led Activities			33
Pop-Up Talks			14
Podcast Episode			26
NAMI Talks Events			1

MENTAL HEALTH AWARENESS AND STIGMA REDUCTION SURVEY ITEMS	FY 2021-22	FY 2022-23	FY 2023-24
participants	10,393	17,587	16,413
surveys returned	608	184	66
Survey Items (%Agree/Strongly Agree)			
I learned how to find help for people living with a mental illness.	78%	85%	96%
I believe people living with a mental illness can have similar problems as I do.	90%	95%	82%
I believe anyone can have a mental illness at some point in their lives.	93%	97%	94%
I would be willing to talk about mental health with people I meet	86%	83%	86%*
I am willing to talk with someone about my mental health.	87%	89%	Discontinued
I learned how to treat people who are living with a mental illness.	75%	83%	
I understand that mental health ranges from mental wellness to emotional distress.	New in FY 2023-24		94%
Physical health is closely related to mental health.	New in FY 2023-24		94%
I will talk with someone in the next three (3) months about how I support my own mental health.	New in FY 2023-24		88%

* *Item revised in FY 2023-24 to "I will talk about mental health and wellness with other people in the next three (3) months."*

Beginning in FY 2023-24, participants were also given the opportunity to rate the quality of the presentations/workshops that they had attended, which they rated highly. Fewer than 100 surveys were returned, however, so it is unknown to what extent these ratings are generalizable to all who attended.

	FY 2021-22	FY 2022-23	FY 2023-24
Educational Workshops	**Total**	**Total**	**Total**
Workshop/Education Groups	N/A		-
Individuals (duplicated)	N/A		-
Workshop/Presentation Feedback Surveys returned	N/A		90
Workshop/Presentation Feedback Survey Responses (% Agree/Strongly Agree):			
Staff presented the information in a way that I could understand.	N/A		97%
I would recommend this workshop/ presentation to someone I know.	N/A		92%
I increased my knowledge of the topic presented.	N/A		93%
I will use what I learned today in my daily life.	N/A		87%
I know where to get help for someone experiencing a mental health condition.	N/A		96%

CHALLENGES/SOLUTIONS

Student participation and ongoing engagement of students especially during the school year continues to be a challenge. After initial interest and enthusiasm, students are not very responsive. Conflicting class and work schedules, short-term timing of student leadership and commuter campus culture are some of the reasons cited. Programs continue to engage the students in in-person programming and have created more opportunities and resources for students.

This program could be subject to decreases in funding or elimination based on available funding.

MENTAL WELLNESS CAMPAIGN

OVERVIEW OF THE PROGRAM

The Mental Wellness Campaign program was started as an extension of the PEI Statewide Projects Initiative. Orange County was able to leverage statewide efforts to maximize the local impact by implementing a targeted local campaign to start this program. This program covers large-scale, local mental health awareness campaigns and community educational activities. These efforts partner with and leverage the community reach and existing efforts of local professional sports teams (i.e., Angels Baseball, Anaheim Ducks hockey), County Agency partners, etc. Beginning in FY 2021-22, local campaigns focused on promotion of the OC Navigator, Orange County's self-guided, online resource navigation tool (see Behavioral Health System Transformation for more information on the OC Navigator).

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

The services provided address the limitations of HCA's existing mental health and well-being outreach efforts by strategically placing its messaging in a professional sports venue attended by families and fans of all ages. These activities considerably increase the total number of people reached through HCA's mental health awareness campaigns and reach Orange County residents who might not otherwise be exposed to these messages and information. By continuing this large-scale outreach effort, HCA has the opportunity to connect with a diverse Orange County audience not normally reached in its usual mental health campaigns, which supports efforts to promote upstream wellness strategies, awareness of available mental health resources, and to reduce mental health-related stigma.

DESCRIPTION OF SERVICES

- Mental health awareness branding and advertising for local fans attending an Angels Baseball or Anaheim Ducks hockey home game or hosted event
- In-person outreach events co-sponsored by the professional sports team
- Digital media support from the professional sports team
- Broadcast regional media support (sports league radio, Bally Sports West television)
- Wellness outreach incentives in partnership with the professional sports team

TARGET POPULATION

The target population includes all Orange County residents and individuals and families that may attend or watch professional sporting events.

OUTCOMES

Over the past three seasons, mental wellness advertising assets for each team resulted in nearly one billion impressions annually per team, reflecting the substantial reach of OC Navigator branding through professional sports campaigns. Counts increased from about 16,000 page views by nearly 9,000 new and returning users during the 2022 Angels season to 91,000 pageviews by 66,000 users in their Season 2024. For the Ducks, the campaign saw 15,000 page views by 10,000 users during the 2022 season to about 65,500 pageviews by 39,000 users in Season 2023. The 2024 Season is still on-going and final metrics are not yet available. The scope of work is being updated to explore education and outreach efforts to enhance community planning efforts.

	SEASON 2022		SEASON 2023		SEASON 2024	
	ANGELS BASEBALL March-April	DUCKS HOCKEY October-September	ANGELS BASEBALL March-April	DUCKS HOCKEY October-September	ANGELS BASEBALL March-April	DUCKS HOCKEY October-September
CAMPAIGN ASSET	**923**	**355**	**1110**	**530**	**727**	
Mental Health Awareness (In-stadium/arena and, external signage)	800.7 million impressions	182.4 million impressions	939.3 million impressions	292.1 million impressions	684.2 million impressions	Season on-going. Final assets not yet available.
Digital Media (Team website and social media)	24.1 million impressions	42.5 million impressions	14.2 million impressions	109.9 million impressions	15.5 million impressions	
Broadcast Regional Media (i.e., Bally Sports West television, Angels radio)	98.9 million impressions	130.5 million impressions	157.3 million impressions	128.0 million impressions	27.8 million impressions	
OC NAVIGATOR WEBSITE						
Total Page Views (Self-guided wellness tools, local mental health and other resources)	15,996	14,681	65,888	65,541	91,018	32,017
Total New and Returning Users	8,825	10,429	40,006	39,103	65,848	19,587
Total Engagement Time (hh:mm:ss)	41:40:19	27:11:02	126:39:03	105:57:14	92:20:09	48:29:54

MENTAL HEALTH COMMUNITY EDUCATION EVENTS FOR REDUCING STIGMA AND DISCRIMINATION

OVERVIEW OF THE PROGRAM

The Mental Health Community Education Events for Reducing Stigma and Discrimination program hosts mental health-related educational and artistic events that aim to reduce stigma and discrimination related to mental health. Collectively, the events are open to individuals of all ages living in Orange County, with specific events intended to reach identified unserved and underserved communities. Examples of events that have received funding include art workshops and exhibits, plays, conferences, multi-cultural musical and dance performances, and other related activities.

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

The program encourages participants and their family members to attend and participate in stigma reduction activities in their community. Recovery is promoted by tapping into participant's creative energy, encouraging their self-expression to reduce feelings of self-stigma, shame and/or isolation, and building connections with the larger community through interactive events open to all.

DESCRIPTION OF SERVICES

The program hosts events that are open to all Orange County residents and are sensitive and responsive to participant's backgrounds. Care is taken to host events in communities of underserved populations where stigma is particularly prevalent. The projects attempt to educate the surrounding community and dispel misperceptions regarding mental health. This strategy is employed because art transcends socioeconomic status, ethnicity, culture, language, mental health condition and other factors that are sometimes a source of discrimination.

When art is appreciated, it can open the door to acceptance. Creating and sharing artwork also builds self-esteem and encourages people living with a mental health condition to define themselves by their abilities rather than their disabilities.

Participants are invited to take part in activities designed to help them learn about and/or express their thoughts and feelings about mental health and stigma. Activities can include viewing or creating artwork, watching performances or presentations, creating videos, storytelling and other forms of self-expression and group-learning. While each event is different, they all provide messaging aimed at educating the public on mental health conditions, the stigma surrounding mental health conditions and the mental health resources available in their communities.

The events also seek to educate the public about the abilities and experiences of those living with a behavioral health issue and to instill self-confidence and hope in people living with a mental health condition and their family members.

TARGET POPULATION

The program is inclusive of those living with mental health conditions and their loved ones. Community partners who specialize in working with underserved cultural populations are involved to improve community members' access to the events. By having trusted cultural ambassadors host the activities, the program provides an opportunity for these partner agencies to interact with residents living with mental health conditions, thereby encouraging them to seek the Agency's services in the future.

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
Age Group	
Child 0-15	4%
TAY 16-25	25%
Adult 26-59	43%
Older Adult 60+	21%
Declined to State/Not Reported	7%
Gender	
Female	56%
Male	30%
Transgender	0%
Genderqueer	0%
Questioning/Unsure	0%
Another	0%
Declined to State/Not Reported	14%
Race/Ethnicity	
American Indian/Alaska Native	1%
Asian/Pacific Islander	33%
Black/African-American	9%
Hispanic/Latino	19%
Middle Eastern/North African	18%
Native Hawaiian/Pacific Islander	1%
Caucasian/White	15%
Another	0%
Declined to State/Not Reported	5%

OUTCOMES

In line with the program's goals, those who provided feedback following an event hosted by the various providers consistently supported positive statements about mental health and people living with mental health conditions. Additionally, feedback from participants indicated that the events increase their willingness to talk about mental health with others. However, depending on the year, 11% to 44% of attendees completed a feedback survey so it is unknown to what extent the events helped inform or shape the perspectives of the majority of attendees who did not share their feedback.

MENTAL HEALTH AWARENESS AND STIGMA REDUCTION SURVEY ITEMS	FY 2021-22	FY 2022-23	FY 2023-24
participants		2,325	14,648
surveys returned		1,029	1,599
Survey Items (%Agree/Strongly Agree)			
I learned how to find help for people living with a mental illness.		77%	76%
I believe people living with a mental illness can have similar problems as I do.		85%	78%
I believe anyone can have a mental illness at some point in their lives.		92%	90%
I would be willing to talk about mental health with people I meet		79%	77%*
I am willing to talk with someone about my mental health.		83%	Discontinued
I learned how to treat people who are living with a mental illness.		80%	
I understand that mental health ranges from mental wellness to emotional distress.		New in FY 2023-24	90%
Physical health is closely related to mental health.			87%
I will talk with someone in the next three (3) months about how I support my own mental health.			70%

* *Item revised in FY 2023-24 to "I will talk about mental health and wellness with other people in the next three (3) months."*

CHALLENGES/SOLUTIONS

Mental health stigma continues to be a challenge. Program staff attempts to provide very creative programming and events to reach out to the community and has seen success in attendance. One challenge seems to be the participants' unwillingness to complete the survey to collect demographic and other data. One solution has been the addition of data collection through the web-based data collection tool – Qualtrics, providing an additional means to capture the information.

The contract and program ended on June 30, 2024 and does not appear to meet BHSA requirements.

PREVENTION

PREVENTION SERVICES AND SUPPORT FOR YOUTH

OVERVIEW OF THE PROGRAM

The Prevention Services and Supports for Youth program is the result of a consolidation of two previously approved Prevention Category programs: School-Based Behavioral Health Intervention and Support Services and School-Based Gang Prevention Services. These two prevention programs have been combined to streamline programming and service delivery. Services shall include specialized group education to address a spectrum of risk factors that may impact youth, including stress, trauma, exposure to violence/bullying, and substance use and education and supports for strengthening family relationships, involving the youth, their caregivers and siblings of the youth as appropriate.

PROGRAM SUMMARY	
Program Serves	Children (0-15)
	TAY (16-25)
Location of Services	Virtual, Community-Based
Numbers of Individuals to be Served	0
Annual Budget	$0
Avg. Est. Cost per Person	$0
Services Offered	Case Management
	Group Education

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

The primary goal of these new services is to strengthen the coping skills, prosocial behaviors, personal empowerment, and resilience of youth to prevent and address distress and high-risk behaviors to positively impact youth attitudes and behaviors.

DESCRIPTION OF SERVICES

The program's design utilizes evidence-based, promising, and community defined practices as relevant to providing direct services to youth and families. Services include: group educational services and activities for strengthening coping skills, pro-social behaviors, personal empowerment, and resiliency for vulnerable youth; family intervention(s) for vulnerable youth to reduce multiple risk factors such as those for alcohol and drug use, mental health, and maladaptive behaviors through parent and youth life skill building activities, and; assessment, case management, parent education, and referral(s) and linkages to community resources when appropriate. Outreach to the target population and promotion of these services are also completed to ensure services are provided throughout Orange County.

TARGET POPULATION

Prevention Services and Supports for Youth will be available to youth ages 8-18 and their families in Orange County who are at the highest risk as determined by behavioral challenges, substance use, or other indicators of being at risk of developing mental health concerns. Special emphasis will be placed on reaching underserved, isolated, or hard-to-engage populations due to cultural, linguistic, or other barriers.

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
Participants Served	**944**
Age Group	
Child 0-15	0%
TAY 16-25	1%
Adult 26-59	28%
Older Adult 60+	1%
Declined to State/Not Reported	69%
Gender	
Female	23%
Male	3%
Transgender	0%
Genderqueer	0%
Questioning/Unsure	0%
Another	0%
Declined to State/Not Reported	74%
Race/Ethnicity	
American Indian/Alaska Native	0%
Asian/Pacific Islander	4%
Black/African-American	0%
Hispanic/Latino	29%
Middle Eastern/North African	0%
Native Hawaiian/Pacific Islander	0%
Caucasian/White	15%
Another	0%
Declined to State/Not Reported	51%

During FY 2023-24, PEI providers switched data collection systems and output continues to be reviewed.

OUTCOMES

	FY 2023-24
Prevention Education Participant Count	**Total**
Group Education Participants (from PH)	0
Prevention Education Events - Students	**Total**
Group Education Events (large, small)	240
Student Enrichment Activities Offered	139

About two-thirds of the 1,500 faculty who attended a workshop rated the workshop highly.

	FY 2023-24
Prevention Education Events - Faculty	**Total**
Faculty Workshops Offered	48
Faculty Workshop Feedback Surveys returned	1,534
	% Agree/Strongly Agree
Staff presented the information in a way that I could understand.	78%
I would recommend this workshop/ presentation to someone I know.	60%
I increased my knowledge of the topic presented.	66%
I will use what I learned today in my daily life.	65%
I know where to get help for someone experiencing a mental health condition.	68%

	FY 2023-24	
Supportive Services	**Sessions**	**Participants**
Individual Case Management	17,182	944
Curriculum Groups	67	102

Beginning in FY 2023-24, participants rated the level of impact they believed program services had on their lives and daily functioning as they discharged from the program. As seen in the table, most (70-88%) agreed or strongly agreed that they were better at handling daily life and had improved social relationships and social connection as a "direct result of the services" they had received. In addition, 60% of participants reported they had learned how to find resources and support.

ANONYMOUS FEEDBACK SURVEY ITEMS	FY 2023-24
Surveys returned	204
As a direct result of the services I received...	% Agree/Strongly Agree
I am better at handling daily life.	80%
I get along better with family members.	78%
I get along better with friends and other people.	88%
I do things that are more meaningful to me.	84%
I have people that I am comfortable talking with about my problems.	78%
I feel I belong in my community.	70%
I know where to find resources and /or support when I need it.	60%

The program also provided participants with referrals to community services, as needed, with 87% having linked to the referred service.

REFERRALS AND LINKAGES FOR SUPPORTIVE SERVICES PARTICIPANTS	FY 2023-24	
Referrals	1,968	944
Linkage Rate	87%	102

Finally, participants rated their level of satisfaction with the services they received and/or activities and workshops they attended. About one-half to two-thirds provided high ratings, as can be seen in the table below.

ANONYMOUS FEEDBACK SURVEY ITEMS - SUPPORTIVE SERVICES	FY 2023-24
surveys completed	3,046
Survey Items (%Agree/Strongly Agree)	
I like the services that I received here.	68%
I would recommend this agency program to a friend or family member.	55%
Staff were sensitive to my cultural background (race, religion, language, sexual orientation, gender identity, etc.).	50%
I was able to get all the services/support I thought I needed.	64%

CHALLENGES/SOLUTIONS

These services terminate in June 2025 and will not be renewed as the do not meet the requirement for continuance under BHSA. HCA may include similar or updated programs or services that meet BHSA guidelines in the future.

PREVENTION SERVICES AND SUPPORT FOR FAMILIES

OVERVIEW OF THE PROGRAM

The Prevention Services and Supports for Families is a comprehensive programmatic approach that provides a milieu of prevention services designed to be delivered in a culturally and linguistically congruent manner to diverse county residents.

Services improve proactive parenting skills that enhance well-being in children, strengthen relationships with children, increase family cooperation, encourage healthy identities and further develop problem solving skills within familial settings.

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

The primary goals of the program are to establish a unified support system for families and caretakers of those who are challenged with behavioral health conditions and other stressful conditions putting the family at risk. Services include fostering effective parenting skills and family communication; ensuring healthy identities in children.

PROGRAM SUMMARY	
Program Serves	Children
	TAY (16-25)
	Adults (26-59)
	Older Adults
Location of Services	Community Based, Field Based
Numbers of Individuals to be Served	3,924
Annual Budget	$4,000,000
Avg. Est. Cost per Person	$1,019
Services Offered	Prevention Education
	Case Management
	Referral and Linkage

DESCRIPTION OF SERVICES

Services include general screening and assessment for the early identification of emotional and behavioral conditions in young children birth to age 8. Services include case management and referral/ linkages to other community services and supports. Program services also include advocacy and ongoing support to families by developing a network of contacts and mutual support including a broad range of personalized and peer to peer social development services and educational courses designed to improve behavioral health and encourage improved parenting skills and prevent the development of behavioral health conditions while establishing a unified family support system focused on supporting and educating families about behavioral health issues. All services utilize evidence-based practices or curricula and are provided in a culturally and linguistically appropriate manner for the targeted populations.

Services are provided county wide and open to all residents with a focus on children and families who are underserved, isolated, difficult to engage, and at-greater risk, including but not limited to, parents of children with disabilities (cognitive, emotional, and/or physical), foster/ adoptive parents, single parents, individuals with partners or a loved one with a history of substance use disorder or co-occur[1]ring disorders, families experiencing homelessness, incarceration (including parents who are themselves in Juvenile Hall or parents with children in Juvenile Hall), reunification, military families, LGBTQI families and families who are victims of domestic/school violence or other trauma, monolingual speaking communities, new immigrants, and refugees.

PARTICIPANTS SERVED BY EMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
Participants Served	**6,513**
Age Group	
Child 0-15	21%
TAY 16-25	9%
Adult 26-59	64%
Older Adult 60+	4%
Declined to State/Not Reported	3%
Gender	
Female	64%
Male	29%
Transgender	0%
Genderqueer	0%
Questioning/Unsure	0%
Another	2%
Declined to State/Not Reported	5%
Race/Ethnicity	
American Indian/Alaska Native	3%
Asian/Pacific Islander	13%
Black/African-American	4%
Hispanic/Latino	58%
Middle Eastern/North African	4%
Native Hawaiian/Pacific Islander	<1%
Caucasian/White	14%
Another	1%
Declined to State/Not Reported	4%

Only 5% of participants provided demographics
During FY 2023-24, PEI providers switched data collection systems and output continues to be reviewed.

TARGET POPULATION

Orange County families and individuals in families challenged with behavioral health conditions or other stressful conditions placing the family at risk. Parents, grandparents, relatives, guardians or caregivers who have the responsibility for caring for children and youth birth to eighteen years of age, who are vulnerable to behavioral health problems. Families living with children birth to age 8 to identify children exhibiting challenging behaviors and early signs of emotional disturbance, putting them at increased risk of developing mental illness. Of special interest are those children and families that are underserved, isolated or difficult to engage due to cultural, linguistic, or other factors.

OUTCOMES

Participants were given the opportunity to rate the quality of the presentations/workshops that they had attended, which they tended to rate highly. However, only 13% of participants returned a feedback survey so it is unknown to what extent these ratings are generalizable to all who attended.

PREVENTION EDUCATION	FY 2023-24
Fairs & Seminars Offered	155
Parent Education Courses Offered	309
participants (duplicated)	4,225
Workshop Feedback Surveys # returned	551
Workshop Feedback Surveys % returned	13%
Workshop/Presentation Feedback Survey Responses (% Agree/Strongly Agree):	
Staff presented the information in a way that I could understand.	86%
I would recommend this workshop/ presentation to someone I know.	79%
I increased my knowledge of the topic presented.	82%
I will use what I learned today in my daily life.	75%
I know where to get help for someone experiencing a mental health condition.	83%

PARTICIPANT ENROLLMENT IN SERVICES BY TYPE	FY 2023-24
Non-Clinical Case Management	1,014
Family Counseling	560
Group Counseling	2,651

Participants also rated the level of impact they believed program services had on their lives and daily functioning as they discharged from the program. As seen in the table below, about 70% agreed or strongly agreed that they were better at handling daily life and had improved social relationshps and social connection as "a direct result of the services" they had received.

PERCEIVED IMPACT-PARENTING	FY 2023-24
Setting Limits (Target: >=75% often or always)	**Combined**
Tell your child what you want them to do rather than telling them to stop doing something.	70%
Proactive Parenting (Target: >=75% often or always)	
Avoid struggles with your child by giving clear choices.	69%
Break a task or chore into small steps.	69%
Supporting Good Behavior (Target: >=85% often or always)	
Stand back and let your child work through problems they might be able to solve.	70%
Notice and praise your child's good behavior.	71%
Invite your child to play a game with you or share an enjoyable activity.	73%

The program also provided participants with referrals to community services, as needed, with 30% having linked to the referred service.

REFERRALS AND LINKAGES	FY 2023-24
Referrals	366
Linkages	108
Linkage Rate	30%

Finally, participants rated their level of satisfaction with the services they received, which were very highly rated, as can be seen in the table below

ANONYMOUS FEEDBACK SURVEY ITEMS	FY 2023-24
participants (duplicated)	4,225
surveys completed	1,010
Workshop Feedback Surveys % returned	24%
Survey Items (%Agree/Strongly Agree)	
I like the services that I received here.	95%
I would recommend this agency program to a friend or family member.	95%
Staff were sensitive to my cultural background (race, religion, language, sexual orientation, gender identity, etc.).	92%
I was able to get all the services/support I thought I needed.	93%

CHALLENGES/SOLUTIONS

The biggest challenge continues to be establishing new relationships to increase awareness and visibility in the community. However, providers continue to meet regularly with other service providers to promote all services and reach out to their communities to bring greater awareness to the variety of services offered. The program provides referrals to parent participants for clinical services and parent education support.

Services as provided will not meet the criteria for continuance under BHSA guidelines. However, HCA may solicit for similar updated services or programs that meet the BHSA guidelines in the future.

SUICIDE PREVENTION

SUICIDE PREVENTION SERVICES AND SUPPORT

OVERVIEW OF THE PROGRAM

The Suicide Prevention Services program is available to individuals of all ages who

1) are experiencing a behavioral health crisis and/or suicidal thoughts,
2) have attempted suicide and may be living with depression,
3) are concerned about a loved one possibly attempting suicide, and/or
4) are coping with the loss of a loved one who died by suicide.

The program serves a broad range of people across all age groups, and individuals can be self-referred or referred by family members, providers or other partner agencies. This program is supported by the Office of Wellness and Suicide Prevention, which was established in the HCA's Behavioral Health Services area upon the direction of the Orange County Board of Supervisors in 2021.

PROGRAM SUMMARY	
Program Targets	All age groups
Location of Services	In person, Community locations, Online
Numbers of Individuals to be Served	35,500
Annual Budget	$2,750,000
Avg. Est. Cost per Person	$77
Services Offered	Crisis Support and Counseling

PROGRAM GOALS

The goal of the Suicide Prevention and Support services is to help assess the risk of and prevent crises; prevent and reduce suicidal behavior and its impact; provide bereavement services and support to individuals whose lives are impacted by suicidal and provide a network of professional and peer support available round-the-clock for those at risk of suicide.

Crisis Prevention 988 Lifeline (Hotline); On average, callers rating themselves at high or imminent risk will show a decrease in their self-rated intent by the end of the call. On average, callers rating themselves at medium risk will show a decrease in their self-rated intent by the end of the call. Survivor Support Services On average, participants will increase their ability to manage grief based on the SSS survey. On average, Participants will show a reduction in depression based on the PHQ-9 scores. On average, participants will show a decrease in depression severity.

DESCRIPTION OF SERVICES

Suicide prevention services are available to anyone in crisis or experiencing suicidal thoughts or to someone who is concerned about a loved one attempting suicide.

Crisis Hotline Telephone/Chat Support:

- Crisis Prevention 988 lifeline (Hotline) Services include immediate 24/7 telephone support, referral and follow-up services and are available in English and Spanish. Korean services are available eight hours per day during peak evening hours between 4:30 p.m. - 12:30 a.m. Other language coverage is available through volunteers or translation services via the Lifeline Language Line,

which has the capacity to translate over 240 languages, including Vietnamese. Trained counselors provide immediate, confidential, over-the phone/text/ chat assistance and initiate active rescues when necessary. For callers who give their consent, counselors conduct follow-up calls to ensure continued safety and reduce the likelihood of attempts and emergency room visits. Callers who are not experiencing a crisis are triaged and offered access to the WarmLine or other appropriate resources. The Survivor Support Services are prevention, intervention and postvention services including crisis assessment and support, individual and group therapy, emergency interventions and bereavement support to any Orange County resident who may have either experienced the loss of someone to suicide or may have attempted suicide.

- Survivors After Suicide - Support Groups for all eligible participants affected by suicide. After Participants finish the Support Groups, they can attend any of the monthly Drop-In Support Groups - designed to help individuals to continue the healing process in the months and years following their losses. Individual Counseling for survivors after suicide for individuals and a short-term counseling to a family who are coping with the loss of someone to suicide to improve their functioning.
- Survivors of Suicide Attempts (SOSA) Support Groups – designed to support the recovery for people who have survived a suicide attempt and provide them with coping skills. Postvention suicide prevention stepdown care services are designed for individuals who are discharged from higher level treatment settings including emergency departments, inpatient/outpatient programs, inpatient behavioral health units or other higher level of care services to Didi Hirsch's Survivor Support Services via a dedicated referral line. Individuals who are either assessed for suicidal ideation or at high risk for suicide, or who may have attempted a suicide are linked prior to being discharged, to Didi Hirsch's step- down therapeutic intervention, prevention and postvention services. Additionally, upon discharge from Didi Hirsch, two-month follow-up care by a therapist and up to 12 months of extended follow-up care is

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2024-25

	Hotline	Survivor Support Services
Participants Served	**10,656**	**269**
Age Group		
Child 0-15	8%	27%
TAY 16-25	26%	19%
Adult 26-59	41%	45%
Older Adult 60+	8%	9%
Declined to State/Not Reported	17%	0%
Gender		
Female	49%	73%
Male	49%	23%
Transgender	0%	0%
Genderqueer	0%	0%
Questioning/Unsure	0%	0%
Another	2%	4%
Declined to State/Not Reported	0%	0%
Race/Ethnicity		
American Indian/Alaska Native	<1%	*
Asian/Pacific Islander	7%	11%
Black/African-American	2%	*
Hispanic/Latino	17%	54%
Middle Eastern/North African	0%	*
Native Hawaiian/Pacific Islander	<1%	*
Caucasian/White	73%	32%
Another	1%	3%

** Combined into "Another" race/ethnicity due to low counts*

also available. Trainings in the community are designed to address prevention for family members, clinicians, first responders, and medical providers. Various types of outreach activities are conducted to educate the community about suicide; signs and symptoms and inform them about available resources.

TARGET POPULATION

The services are available to all OC residents, regardless of their background, who are in crisis, experiencing suicidal thoughts or may have attempted suicide or who is concerned about a loved one who may have attempted suicide or lost a family member, friend, or loved one to suicide.

OUTCOMES

HOTLINE	FY 2019-20	FY 2020-21	FY 2021-22
Calls to Hotline	14,832	17,254	18,495
Unduplicated Callers	10,726	11,461	10,656

Self-Rated Intent (SRI) of Suicidal Behavior

Participants were asked to rate their suicidal intent at the start and end of calls. Risk of suicidal behavior was rated as follows:

- Low-risk = 1 or 2
- Moderate-risk = 3
- High-risk = 4 or 5

Across the past three fiscal years, callers typically expressed moderate risk at the start of the call and low risk at the end of the call. When looking at high-risk callers only, their average ratings dropped from high to medium risk.

CHANGE IN SUICIDAL INTENT RATINGS BY FY						
	FY 2021-22		FY 2022-23		FY 2023-24	
	All Callers	High-Risk Only	All Callers	High-Risk Only	All Callers	High-Risk Only
Call Start	2.6	4.3	2.5	4.3	2.6	4.3
Call End	1.7	2.5	1.7	2.8	1.8	2.9

Across the past three fiscal years, survivors of suicide attempts reported reductions in the severity of their depression symptoms as measured by the PHQ-9, with average scores falling from the moderate range to the mild-to-moderate range after enrolling in services. In addition, individuals who experienced the loss of a loved one to suicide (survivors after suicide) reported moderate decreases in their overall grief as measured by the Grief Experienced Questionnaire.

CHANGE IN SUICIDAL INTENT RATINGS BY FY						
	FY 2021-22		FY 2022-23		FY 2023-24	
	"Survivors of Suicide Attempts (Depression Symptoms)"	"Survivors After Suicide (Overall Grief)"	"Survivors of Suicide Attempts (Depression Symptoms)"	"Survivors After Suicide (Overall Grief)"	"Survivors of Suicide Attempts (Depression Symptoms)"	"Survivors After Suicide (Overall Grief)"
Start of Services	10.0	136.6	12.4	132.5	10.9	143.4
Follow Up	5.8	120.8	7.0	115.2	4.7	116.1

CHALLENGES/SOLUTIONS

The challenges are mostly associated with the prevailing mental health stigma in the community, especially in ethnic communities. Thus, there could be difficulties with obtaining referrals for suicide bereavement counseling and support groups due to the cultural barriers and stigma. Mental health stigma, especially in ethnic communities, makes it difficult to heal. Another challenge is the ability of the program to hire qualified clinical staff.

Community Suicide Prevention Coalition is a community led coalition that serves to promote, support, and participate in suicide prevention activities in Orange County (CSPC). In January of 2024, the Community Suicide Prevention Initiative (CSPI), established in March 2019, became Orange County's Community Suicide Prevention Coalition (CSPC) and continues to achieve the mission: to prevent suicide by promoting hope and purposeful life in the community, especially among survivors, those at risk and their loved ones. The CSPC is led by a co-chair from the OC Health Care Agency and the community.There are over 100 Coalition members who are represented from a variety of organizations including OCHCA, OC Sheriff's Coroner Department, public and private organizations, family members as well as community stakeholders to provide strategic guidance to CSPC planning activities. A smaller group of dedicated CSPC partners constitute the Advisory Work Groups. Each Advisory Work Group represents a particular community perspective/voice and/or priority population of interest. Currently there are four active works groups. 1) Community Resource sharing 2) Means Safety 3) Older Adults, 4) Building Hope and Connections. The Advisory Workgroups convene at least twice every quarter to advance the priorities established in the Community's Suicide Prevention Action Plan. The CSPC co-chairs, with guidance from the CSPC members, are in the process of drafting a strategic Suicide Prevention Plan for Orange County.

These services will cease after June 2025 and will not be renewed as the do not meet the requirement for continuance under BHSA. HCA may look to continue with an updated program or services that meet BHSA guidelines in the future.

ACCESS AND LINKAGE TO TREATMENT

OC LINKS

OVERVIEW OF THE PROGRAM

OC Links is the Behavioral Health Services (BHS) line that provides information and linkage to any of the OC Health Care Agency's BHS, including crisis services, via telephone and online chat. Because the navigators who staff the line are clinicians and mental health professionals, they can work with callers and chatters experiencing any level of behavioral health issue, ranging from prevention through crisis identification and response. Beginning January 2021, OC Links began operating 24 hours a day, 7 days a week.

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

Serving as an entry point for the HCA BHS System of Care, OC Links provides telephone and internet, chat-based support for any Orange County resident seeking HCA Behavioral Health services. OC Links operates 24 hours a day, 7 days a week, year-round. Callers receive assistance with navigating behavioral health services through a toll-free phone number (855-OC-Links or 855-625-4657) or a live chat option available on the OC Links webpage (www.ochealthinfo.com/oclinks). Individuals may also access information about BHS resources on the website at any time (OC Navigator).

DESCRIPTION OF SERVICES

During a call or live chat, trained navigators provide screening, information, and referral and linkage directly to BHS programs that best meet the needs of callers. Navigators make every attempt to connect callers directly to services while they are still on the line. Once the caller is linked to a service or offered resources, the navigator offers a follow-up call within the next 1-2 days to ensure a linkage has occurred. Beginning January 2021, when OC Links began operating 24/7, the staff also absorbed phone triage and dispatch duties for BHS' mobile crisis assessment teams and OC Outreach and Engagement. FY 2021- 22 also represents a full year of OC Links services being provided 24/7, compared to the previous fiscal year.

In addition, staff attends numerous community events each year where they provide outreach and education on mental health awareness and the availability of OC Links.

PROGRAM SUMMARY	
Program Targets	Children
	TAY (16-25)
	Adults (26-59)
	Older Adults
Location of Services	Virtual, Telephone, Online (Chat)
Estimated Number of Calls	50,000
Annual Budget	$5,000,000
Avg. Est. Cost per Person	$100
Services Offered	Crisis Services
	Referral and Linkage

TARGET POPULATION

OC LINKS is available to all age groups and populations.

OUTCOMES

OC Links has answered an average of about 46,000 calls over the past

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2024-25	
TOTAL CALLS ANSWERED	**45,320**
Age Group	
Children (0-15 years)	7%
TAY (16-25 years)	10%
Adults (26-59 years)	34%
Older Adults (60+ years)	7%
Unknown/Declined to State	40%
Gender	
Female	22%
Male	27%
Transgender	<1%
Genderqueer	<1%
Questioning/Unsure	<1%
Another Not Listed	<1%
Decline to State/Not Reported	50%
Race/Ethnicity	
American Indian/Alaska Native	<1%
Asian/Pacific Islander	3%
Black/African-American	2%
Hispanic/Latino	10%
Middle Eastern/North African	<1%
Native Hawaiian/Pacific Islander	<1%
Caucasian/White	11%
Another	<1%
Declined to State/Not Reported	72%

three fiscal years, about one-quarter of which were identified as crisis-related. The top referral made each of these years was to the mobile Crisis Assessment Team/Psychiatric Emergency Response Team, followed by the OC Outreach and Engagement program and the Medi-Cal Member Access Line. FY 2023-24 was the first time in three years that referrals to the AOABH Assessment for Residential Treatment (ART) Team exceeded those to CalOptima Behavioral Health.

KEY PERFORMANCE INDICATORS			
	FY 2021-22	**FY 2022-23**	**FY 2023-24**
Total Calls Answered	48,781	44,322	45,320
Number of Cases ID'd as Crisis-Related	12,716	12,207	12,584
Number of Resource Recommendations/Referrals	22,008	21,096	21,928

CHALLENGES/SOLUTIONS

Increasing community awareness about OC Links and the services available through the County of Orange is a constant challenge that must continually be addressed. To better educate the public about OC Links on an ongoing basis, the team participates in community events and offers presentations to service providers and community groups. The program also provides OC Links informational cards to locations throughout the community in the threshold languages to promote services. HCA will be launching a new media campaign called "Where Wellness Begins," to get the word out about what OC Links has to offer.

As utilization has increased, the program has noted an increasing need for bilingual speakers. Thus, OC Links continues its recruitment efforts to hire bilingual clinicians who are knowledgeable about the County BHS. Challenges that arose due to COVID-19 impacted the daily work shifts and the type of outreach OC Links was able to perform. In response to the pandemic, hours of operation were expanded to cover from 8 a.m. to 8 p.m., and then in January 2021 the program permanently shifted to operate 24/7. Community outreach in the form of tabling events was also suspended. There was a small impact felt by callers who identified specific issues relating to COVID-19 and these issues were addressed by shifting work schedules to cover the additional hours. Local organizations that requested presentations were able to be accommodated by using meeting software platforms.

This program could be subject to decreases in funding or elimination based on available funding.

EARLY INTERVENTION

EARLY IDENTIFICATION OF YOUTH AT CLINICAL HIGH RISK FOR PSYCHOSIS

OVERVIEW OF THE PROGRAM

Services include outreach, screening, and engagement of youth to earlier identify those who may be at Clinical High Risk for Psychosis (CHR-P). Services include the use of social supports, comprehensive psychosocial assessment, symptom monitoring, psychoeducational training, peer support, case management, referrals and linkages to community-based care, and participant and family consultation.

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

Services aim to increase awareness and access to mental health services for youth at Clinical High Risk for Psychosis.

DESCRIPTION OF SERVICES

This program includes specialized health screening and assessments, providing care plan recommendations, case management, and referrals and linkages to other levels of treatment as needed. Training is offered to three (3) broad categories: the youth social network, the healthcare provider network, and law enforcement and aims to improve the knowledge and skills of those who are present within naturally existing social networks of youth, so they are better equipped with how to recognize youth who may be experiencing symptoms of CHR-P.

TARGET POPULATION

Youth ages twelve to twenty-five (12 to 25) years who are identified as clinical high risk for psychosis, as well as educators, healthcare and other service providers who may work with or encounter youth at risk of developing psychosis symptoms.

OUTCOMES AND RESULTS

Consultation Services	FY23/24
Participants Served	
Healthcare Providers	51
Families, Caregivers, etc.	37
Total Case Management Sessions Provided	**178**
Outreach & Training Services	
Total Sessions Provided to Healthcare Providers	**138**

CHALLENGES/SOLUTIONS

A low number of referrals led to a decrease in full assessments and/or professional consultations. Therefore, the program has focused on increasing the understanding and awareness of the symptoms of CHR-P among providers by reinforcing provider learning, increasing provider engagement and promoting professional consultations. Provider continues to experience staffing vacancies. Contingency planning for future staff vacancies will be addressed by , utilizing resources such as university interns and/or graduate students in order to meet service requests with minimal or no delay.

This program could be subject to decreases in funding or elimination based on available funding for FY 2025-26. These services as provided will not meet the criteria for continuance under BHSA guidelines. However, HCA may solicit for similar updated services or programs that meet the BHSA guidelines in the future.

The program has suffered from significant staffing shortages for the last several years. The program staff are being integrated into children's outpatient clinics and will support the delivery of services as part of clinic operations

OC CENTER FOR RESILIENCY, EDUCATION, AND WELLNESS (OC CREW)

OVERVIEW OF THE PROGRAM

The First Onset of Psychiatric Illness program, also known as Orange County Center for Resiliency, Education and Wellness (OC CREW), serves youth ages 12 through 25 who are experiencing a first episode of psychotic illness with symptom onset within the past 24 months. To be eligible for services, the youths' symptoms cannot be caused by the effects of substance use, a known medical condition, depression, bipolar disorder or trauma. The program also serves the families of eligible youth. The program receives self-referrals and referrals from County-operated and County-contracted specialty mental health clinics and community providers.

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

Reductions in the severity of participants' overall psychiatric symptoms will be observed while enrolled in services.

DESCRIPTION OF SERVICES

OC CREW uses Early Detection and Intervention for the Prevention of Psychosis (EDIPP) and a Wellness Recovery Action Plan (WRAP) to guide service planning and delivery. The services offered include screening, assessment, individual therapy, case management, psychiatric care, psychoeducation, vocational and educational support, social wellness activities, substance use services, client and family consultation, and referral and linkage to community resources. In addition to collateral services and evidence-based practices, including Cognitive Behavioral Therapy for Psychosis, Assertive Community Treatment, medication services and Multi-Family Groups (MFG), the program offers community and professional training on the First Onset of Psychosis.

PROGRAM SUMMARY	
Program Serves	Children and TAY, Ages 12-24
Location of Services	Field; Clinic
Numbers of Individuals to be Served	100
Annual Budget	$1,250,000
Avg. Est. Cost per Person	$12,500
Services Offered	Screening and Assessment
	Therapy
	Case Management
	Medication Management
	Psychoeducation

TARGET POPULATION

OC CREW provides services to youth ages 12 through 25 who are experiencing a first episode of psychotic illness with symptom onset within the past 24 months.

OUTCOMES

	FY 2021-22	FY 2022-23	FY 2023-24
Participants Served	91	100	98

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
PARTICIPANT SERVED	**98**
Age Group	
Child 0-15	23%
TAY 16-25	74%
Adult 26-59	0%
Older Adult 60+	0%
Declined to State/Not Reported	0%
Gender	
Female	38%
Male	61%
Transgender	0%
Genderqueer	0%
Questioning/Unsure	0%
Another Not Listed	1%
Decline to State/Not Reported	0%
Race/Ethnicity	
American Indian/Alaska Native	0%
Asian/Pacific Islander	16%
Black/African-American	0%
Hispanic/Latino	61%
Middle Eastern/North African	0%
Native Hawaiian/Pacific Islander	0%
Caucasian/White	12%
Another Not Listed	10%
Decline to State/Not Reported	0%

Average psychiatric symptom ratings (as measured by the Brief Psychiatric Rating Scale) consistently decreased over the past three fiscal years for both youth and adults.

CHANGE IN AVERAGE PSYCHIATRIC SYMPTOM SCORES BY FY AND AGE GROUP						
	FY 2021-22		**FY 2022-23**		**FY 2023-24**	
	Youth	Adults	Youth	Adults	Youth	Adults
Start of Services	62	54	60	54	38	32
Follow up	47	46	45	41	24	15

CHALLENGES/SOLUTIONS

In FY 2023-24 OC CREW was able to fill staffing vacancies, significantly increasing community outreach efforts, social wellness activities and nutritional education groups for participants and their families. All program staff were trained in Multi-Family Group Therapy, resulting in increased participation from caregivers and families.

The program continued to have difficulty recruiting for a psychiatrist and instead linked youth to outpatient clinics for psychiatric services.

This program could be subject to decreases in funding based on available funding.

OC PARENT WELLNESS PROGRAM

OVERVIEW OF THE PROGRAM

The Orange County Parent Wellness Program (OCPWP) offers specialized mental health services to expectant women with perinatal mood and/or anxiety disorders due to pregnancy or birth of a child within the past 12 months. Due to reductions in funding, this program is scheduled to end in June 2025. Enrolled participants will be linked to other programs within the County's system of care, to the Managed Care Plans, or to other community-based providers based on individual needs.

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

The program goal is to reduce perinatal mood and anxiety symptoms.

DESCRIPTION OF SERVICES

The OC Parent Wellness Program provides early intervention outpatient treatment that includes screening and needs assessment, clinical case management, individual counseling, psychoeducational support groups, referral and linkage to community resources, and community outreach and education. Clinicians utilize Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), Solution Focused Brief Therapy (SFBT), Emotional Freedom Technique (EFT), and Eye Movement Desensitization and Reprocessing (EMDR) when clinically indicated in their work with clients. Additionally, clinical staff are trained in the use of the evidence-based curriculum, Mothers and Babies (MB), intended for pregnant individuals and new parents to help manage stress and prevent postpartum depression.

Clinical staff are also trained and/or certified as Perinatal Mental Health Professionals (PMH-C). Referrals come from a variety of sources including self-referrals, hospitals, schools, behavioral health outpatient facilities, community agencies servicing families, and medical offices.

TARGET POPULATION

Program provides mental health services to women with perinatal mood and anxiety disorders due to pregnancy or birth of a child within the past 12 months.

OUTCOMES AND RESULTS

The majority of individuals receiving individual counseling services over the past three fiscal years reported healthy or reliably improved levels of distress after starting services, although as the program experienced increasing challenges with staff vacancies the rate dropped to 64%. For the few who experienced worsening symptoms, staff referred them to an appropriate level of care.

HEALTHY/RELIABLY IMPROVED			
Clinical Distress Level at Follow-Up by FY	**FY 2021-22**	**FY 2022-23**	**FY 2023-24**
Nondistressed (Healthy)	77%	85%	59%
Reliably Improved	6%	6%	5%
Stable Distress	13%	8%	33%
Reliably worsened	4%	0%	3%

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
PARTICIPANT SERVED	**259**
Age Group	
Child 0-15	0%
TAY 16-25	27%
Adult 26-59	73%
Older Adult 60+	0%
Declined to State/Not Reported	0%
Gender	
Female	95%
Male	5%
Transgender	0%
Genderqueer	0%
Questioning/Unsure	0%
Another Not Listed	0%
Decline to State/Not Reported	0%
Race/Ethnicity	
American Indian/Alaska Native	0%
Asian/Pacific Islander	6%
Black/African-American	3%
Hispanic/Latino	77%
Middle Eastern/North African	0%
Native Hawaiian/Pacific Islander	0%
Caucasian/White	9%
Another*	5%
Decline to State/Not Reported	0%

** Combined into Another due to low counts*

CHALLENGES/SOLUTIONS

This County operated program will end. The population being served in the program align with the population mandated to be served by managed care plans and will no longer be able to be sustained under BHSA.

COMMUNITY COUNSELING AND SUPPORTIVE SERVICES (CCSS)

OVERVIEW OF THE PROGRAM

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 have limited or no access to behavioral health services with face-to-face individual and collateral counseling, groups (i.e., psycho-educational, skill-building, insight oriented, etc.), clinical case management, and referral and linkage to community services.

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

As an early intervention program, the intended goal of the program is to improve wellbeing, reduce symptoms of mental health issues, and improve quality of life.

PROGRAM SUMMARY	
Program Serves	All Ages
Location of Services	Online; Clinic
Numbers of Individuals to be Served	700
Annual Budget	$2,000,000
Avg. Est. Cost per Person	$2,857
Services Offered	Counseling
	Case Management
	Referral and Linkage

DESCRIPTION OF SERVICES

Participants are referred to the CCSS program by family resource centers, medical offices, community-based organizations, County-operated and County-contracted programs and self-referral. CCSS provides face-to-face individual and collateral counseling, groups (i.e., psycho-educational, 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. Services are tailored to meet the age, developmental and cultural needs of each participant.

TARGET POPULATION

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, speak a language other than English, and have a history of trauma. In 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 SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
PARTICIPANT SERVED	**317**
Age Group	
Child 0-15	7%
TAY 16-25	20%
Adult 26-59	68%
Older Adult 60+	5%
Declined to State/Not Reported	0%
Gender	
Female	68%
Male	28%
Transgender*	
Genderqueer*	
Questioning/Unsure	0%
Another*	3%
Decline to State/Not Reported	<1%
Race/Ethnicity	
American Indian/Alaska Native*	
Asian/Pacific Islander	6%
Black/African-American*	
Hispanic/Latino	71%
Middle Eastern/North African*	
Native Hawaiian/Pacific Islander	0%
Caucasian/White	15%
Another*	5%
Decline to State/Not Reported	0%

** Combined into "**Another**" due to low counts*

OUTCOMES AND RESULTS

The majority of individuals receiving individual counseling services over the past three fiscal years reported healthy or reliably improved levels of distress after starting services. For the few who experienced worsening symptoms, staff referred them to an appropriate level of care.

HEALTHY/RELIABLY IMPROVED			
Clinical Distress Level at Follow-Up by FY	**FY 2021-22**	**FY 2022-23**	**FY 2023-24**
Nondistressed (Healthy)	82%	78%	78%
Reliably Improved	6%	9%	8%
Stable Distress	11%	12%	13%
Reliably worsened	1%	1%	1%

CHALLENGES/SOLUTION

In FY 2023-24, CCSS offered several presentations to contracted partners to provide program information and explain the services provided. As a result, CCSS received referrals. In addition, CCSS participated in community events which allowed opportunities to showcase the program.

MHSA Funding for this program will end on June 30, 2025.

EARLY INTERVENTION SERVICES FOR OLDER ADULTS

OVERVIEW OF THE PROGRAM

The Early Intervention Services for Older Adults (EISOA) program serves diverse adults, 60 years of age and older, living in Orange County who are experiencing early onset of mental illness or those at risk of mental illness or behavioral health conditions due to being isolated, homebound or unserved/ underserved as a result of stigma related to behavioral health issues. These individuals become less physically active, isolated and often misuse or abuse prescription medications, drugs or alcohol, which increases their likelihood of developing behavioral health conditions. Designed to address these risk factors and build protective factors, services will include in-home assessment, an individualized service plan, case management, educational workshops and skills groups, peer support and peer mentor training, outreach, referral and linkage to support services, socialization activities in the community, transportation assistance and geropsychiatric services.

PROGRAM SUMMARY	
Program Serves	Ages 60+
Location of Services	Field; Community
Numbers of Individuals to be Served	1,190
Annual Budget	$2,500,000
Avg. Est. Cost per Person	$2,101
Services Offered	Psychosocial Assessments
	Treatment Planning
	Support Groups
	Medication Supports

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

Early Intervention Services for Older Adults aims to prevent mental illness from becoming severe and disabling by providing individual, group, and community interventions. Services shall also increase supports for substance use disorders and behavioral health conditions in the diverse population of adults 60 years and older.

DESCRIPTION OF SERVICES

EISOA utilizes the evidence-based practice Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors) which employs an observation, systematic, team-based approach to identifying and reducing the severity of depressive symptoms in older adults via case management, community linkages and behavioral activation services. The program provides staff with comprehensive training on the Healthy IDEAS model, program goals and deliverables, evidence-based interventions, education on mental health and theories of aging, behavioral activation techniques, ethical and legal considerations, cultural competence and humility, field safety, assessment tools and outcome measures, care planning, and effective communication strategies when working with older adults. The program conducts staff development workshops and in-service trainings and will help those with mild to moderate conditions get linked to a managed care plan when appropriate services are available.

Program staff conducts a comprehensive in-home evaluation that includes psychosocial assessment, screening for depression,

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
PARTICIPANT SERVED	**1,093**
Age Group	
Child 0-15	0%
TAY 16-25	0%
Adult 26-59	1%
Older Adult 60+	99%
Declined to State/Not Reported	<1%
Gender	
Female	72%
Male	27%
Transgender	<1%
Genderqueer	<1%
Questioning/Unsure	<1%
Another	2%
Decline to State/Not Reported	1%
Race/Ethnicity	
American Indian/Alaska Native	*
Asian/Pacific Islander	33%
Black/African-American	*
Hispanic/Latino	15%
Middle Eastern/North African	*
Native Hawaiian/Pacific Islander	*
Caucasian/White	37%
Another	3%
Decline to State/Not Reported	11%

* *Combined into "Another" race/ethnicity due to low counts*

measurement of social functioning, well-being and cognitive impairment. Using these results, staff then connects older adults to case managers who develop individualized care plans and facilitate participant's involvement in support groups, educational training, physical activity, workshops and other activities. A gero-psychiatrist is also available to provide a psychiatric assessment of older adults who may have undiagnosed mental health conditions, as well as medication monitoring and management.

Peer support is an essential component of services and is structured to allow for ongoing recruitment and training of peers.

TARGET POPULATION

The target population is diverse adults, 60 years of age and older, living in Orange County who are experiencing early onset of mental illness and behavioral health conditions or those at risk of mental illness or behavioral health conditions due to being isolated, homebound or unserved/ underserved as a result of stigma related to behavioral health issues. Adults, aged 50 years will be considered on an as needed basis.

OUTCOMES

Over the past three fiscal years, participants receiving counseling support consistently reported decreases in their symptoms of depression and anxiety after beginning program services. Depression tended to decrease from the moderate range to mild range, and anxiety from the mild/moderate range to mild range.

REDUCTION IN MOOD-RELATED SYMPTOMS BY FY						
	FY 2021-22		**FY 2022-23**		**FY 2023-24**	
	Depression (PHQ-9)	Anxiety (GAD-7)	Depression (PHQ-9)	Anxiety (GAD-7)	Depression (PHQ-9)	Anxiety (GAD-7)
Start of Services	12.8	7.8	9.2	8.1	7.3	7.5
Follow Up	6.5	4.0	4.9	4.2	4.9	4.6

Beginning in FY 2023-24, participants rated the level of impact they believed program services had on their lives and daily functioning as they discharged from the program. As seen in the table, nearly all (84-92%) agreed or strongly agreed that they were better at handling daily life and had improved social relationships and social connection as "a direct result of the services" they had received.

PERCEIVED IMPACT	FY 2023-24
I am better at handling daily life.	91%
I get along better with family members.	84%
I get along better with friends and other people.	90%
I do things that are more meaningful to me	92%
I have people that I am comfortable talking with about my problems.	91%
I feel I belong in my community.	89%

CHALLENGES/SOLUTIONS

These services received a reduction in funding for FY 2024-25, which will continue for FY 2025-26 due to a lack of available MHSA funds. Despite the reduction in funding providers have been able to continue to provide the full breadth of services previously provided. Additionally, one of the providers added a new veterans case manager to their staffing to focus on services to older adult veterans.

These services could be subject to decreases in funding or elimination based on available funding for FY 2025-26. Services as provided will not meet the criteria for continuance under BHSA guidelines.

OC4VETS

OVERVIEW OF THE PROGRAM

OC4Vets are veteran-focused early intervention programs that support targeted subpopulations within the Orange County veteran community: adult veterans and military connected individuals, veterans engaged with County Courts, veteran college students, and military connected families with children under the age of 18 (the latter of which used to be the stand-alone Innovation project, Behavioral Health Services for Military Families).

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

The OC4Vets, County and contract-operated providers serve Orange County veterans and families who currently or previously served in the United States Armed Forces, regardless of the branch, component, era, location(s) or characterization of discharge from their service.

Referrals into the programs come from established collaborative relationships with outside community programs supporting Orange County veterans, veteran groups within the county, the Veterans Affairs Administration, Veterans Resource Centers at local community colleges, the Veterans Service Office (VSO), and directly from the veterans and family members looking for support.

DESCRIPTION OF SERVICES

OC4Vets has five distinct service delivery options for the veteran community, each with a distinct referral path that offers a wide range of services and supports for veterans, military-connected individuals, and their families. The array of services are tailored to meet the needs of the individuals and/or the families and can include peer support, community outreach, housing navigation and assistance, employment support, behavioral health screening and assessment, referral and linkages to community and behavioral health resources, clinical case management, individual counseling, family counseling, group counseling, domestic violence support, workshops and educational support groups for families, and legal support and advocacy services. Each referral path is described in more detail below:

- **Referral Path 1:** Adult veterans who have not yet integrated into the Department of Veterans Affairs (VA) system, do not have access to the VA system, are unaware of their need for behavioral health services, or are seeking alternative services to the VA system.
- **Referral Path 2:** Veterans and military connected adults who

PROGRAM SUMMARY	
Program Serves	All Ages
Location of Services	Field; Community
Numbers of Individuals to be Served	750
Annual Budget	$1,000,000
Avg. Est. Cost per Person	$1,333
Services Offered	Screening and Assessments
	Counseling
	Case Management
	Peer Supports

would benefit from partnering with peer navigators. Peer navigators have an understanding of military culture and are veterans or immediate family members of veterans themselves who work with program participants to identify their behavioral health needs, overcome barriers that may limit access to care and connect to ongoing treatment.

- **Referral Path 3:** Veterans and military connected adults engaged with the Orange County Courts (i.e., Veterans Treatment, Military Diversion, Family), many of whom exhibit mental health symptoms related to trauma exposure.
- **Referral Path 4:** Military connected students in local community colleges who would benefit from a military connected behavioral health clinician located on campus. The clinician also provides outreach and engagement on Orange County campuses using veteran-specific events and support groups to encourage discussion of barriers to a successful transition to college and civilian life. Services are provided on campus, in areas that are comfortable and accessible to the veterans, such as the campus Veterans Resource Center and virtually for groups and individual services.
- **Referral Path 5:** Military connected families who would benefit from working with trained clinicians and peer navigators with experience and knowledge of military culture to address mental health concerns encountered by veterans that may affect the whole family, such as Post Traumatic Stress Disorder (PTSD), traumatic brain injury (TBI), substance use and other conditions. Services are inclusive of the entire family unit, which allows for more effective family communication, functioning and support. Services can be provided via telehealth.

TARGET POPULATION

OC4VETS provides services to veterans and military connected veterans 18 years +.

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
PARTICIPANT SERVED	**705**
Age Group	
Child 0-15	0%
TAY 16-25	6%
Adult 26-59	34%
Older Adult 60+	8%
Declined to State/Not Reported	52%
Gender	
Female	35%
Male	64%
Transgender	0%
Genderqueer	0%
Questioning/Unsure	0%
Another	0%
Decline to State/Not Reported	1%
Race/Ethnicity	
American Indian/Alaska Native	2%
Asian/Pacific Islander	7%
Black/African-American	10%
Hispanic/Latino	23%
Middle Eastern/North African	<1%
Native Hawaiian/Pacific Islander	1%
Caucasian/White	34%
Another	16%
Decline to State/Not Reported	7%

OUTCOMES AND RESULTS

Individuals receiving individual counseling completed an age-appropriate measure of symptom distress (Outcome Questionnaire, Youth Outcome Questionnaire) at different time points while enrolled in services. During the past three fiscal years, about 60% of OC4Vets participants reporting healthy or reliably improved levels of distress at follow up.

In FY 2023-24, 65% of OC4Vets participants receiving individual counseling reporting healthy or reliably improved levels of distress at follow up.

In FY 2022-23, 61% of OC4Vets participants receiving individual counseling reporting healthy or reliably improved levels of distress at follow up.

In FY 2021-22, 62% of OC4Vets participants receiving individual counseling reporting healthy or reliably improved levels of distress at follow up.

Over the past three fiscal years, about two-thirds of participants receiving counseling services reported healthy or reliably improved levels of distress after starting services. For those who experienced worsening symptoms, staff referred them to an appropriate level of care.

CLINICAL DISTRESS LEVEL AT FOLLOW-UP BY FY	FY 2021-22	FY 2022-23	FY 2023-24
Nondistressed (Healthy)	49%	49%	52%
Reliably Improved	13%	12%	14%
Stable Distress	26%	33%	28%
Reliably worsened	12%	6%	6%

CHALLENGES/SOLUTIONS

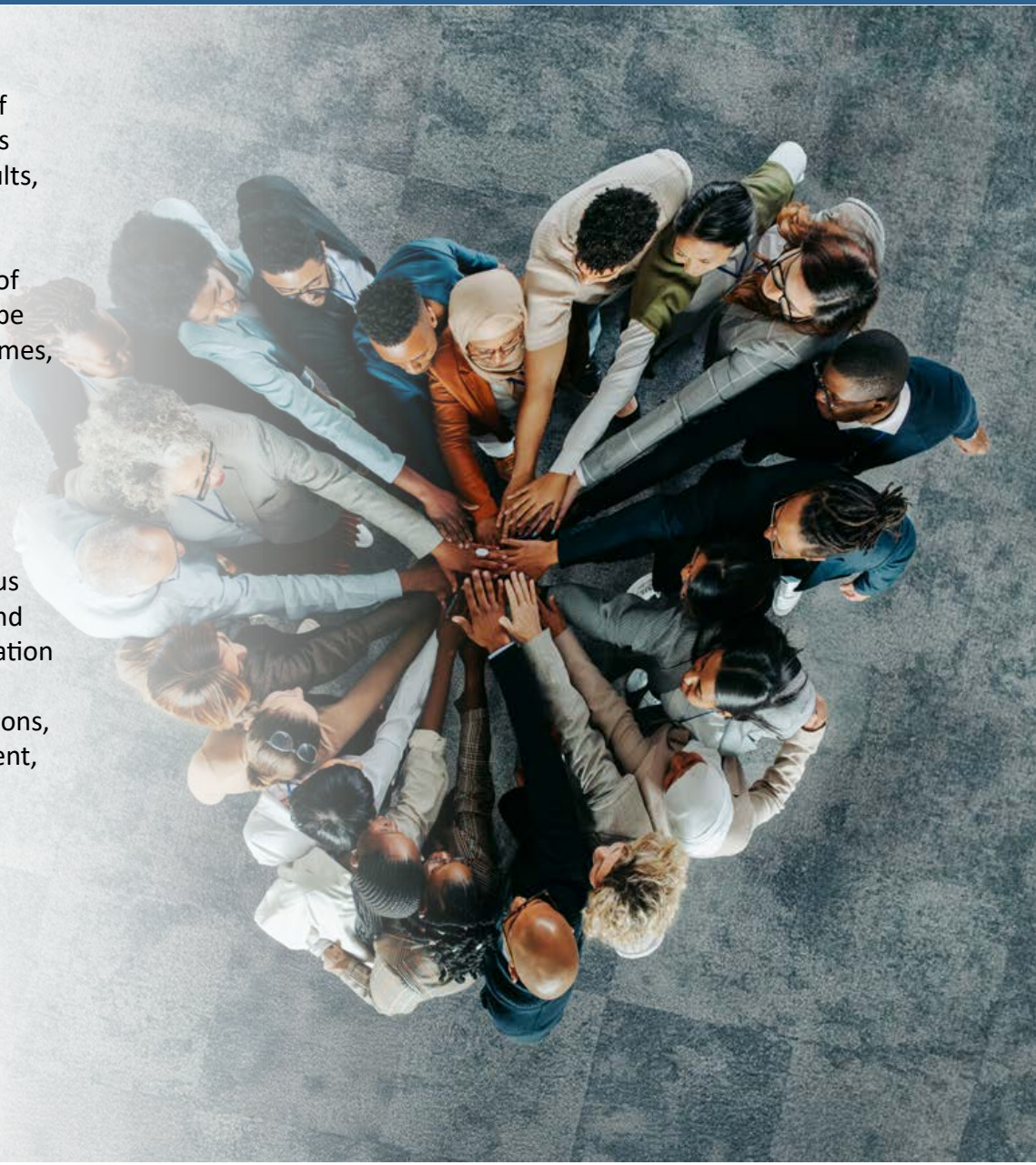
The providers continue to work toward improving Outcome Questionnaire (OQ) administration procedures and use as a clinical tool. OC Health Care Agency (HCA) staff continue to provide guidance and course corrective actions to providers to ensure data were collected reliably and consistently. Steps have been taken to encourage more timely completion of forms, including providing training on administration timing and procedures, how to incorporate the results into care planning, and continuous support and follow up. County and contracted providers continue to maintain relationships with, as well as develop new community partnerships, coordinating with Veterans Affairs services, and other veteran-serving partners. They have increased outreach efforts to engage those who are more difficult to reach. The military culture can enhance the stigma associated with seeking support and cultural beliefs often deter veterans from asking for help. In many cases, veterans do not seek out help until their behavioral health conditions have severely affected their ability to function at work, school or within their relationships. To address these barriers, the program is designed to support timely access to services by co-locating services in non-mental health settings already frequented by veterans (i.e., college campuses, Veteran Services Organizations, Court).

The contracted programs will end June 30, 2025. The program has been reduced as contracted services do not align with BHSA requirements. County operated services continue and a program to meet the needs of this important population can be developed under the BHSA.

Community Services and Supports (CSS)

Under the Mental Health Services Act (MHSA), 76% of MHSA funding is directed toward the Community Services and Supports (CSS) component. The CSS component provides access to an expanded continuum of care for persons living with a serious mental illness (SMI) or serious emotional disturbance (SED). The CSS section is organized according to programs that operate with similar service responsibilities but may serve different target populations. Programs intended to provide interventions or supports during a mental health crisis are described in the Crisis System of Care section. There are seven Full Service Partnership (FSP) Programs contained in the FSP section and two FSP programs as part of Homeless Services, Long-Term Supports, and Transitional Care programs. FSP programs provide “whatever it takes” services. Peer Support Programs are consumer driven and feature a lived experience perspective. The goal of all CSS programs is providing the necessary services and supports that help consumers achieve mental health and wellness and recovery goals.

INTRODUCTION



The Community Services and Supports component is comprised of twenty-two programs designed to support a continuum of services that support the mental health needs of diverse children, TAY, Adults, and Older Adults according to need. In accordance with 9 CCR § 3650, 9 CA ADC §3650, each program was developed through the Community Program Planning process and includes a description of services, goals of the program, the targeted number of people to be served by age group, demographics of consumers, program outcomes, and includes a summary of challenges and solutions related to program implementation.

MHSA statute requires an assessment for CSS programs.

As part of program implementation, BHS is committed to ongoing review of community behavioral health needs, staff capacity, the public behavioral health system, and implementation of continuous improvement efforts based on qualitative and quantitative data and informatics. BHS collects, prepares, and presents data and information to its stakeholders. Stakeholders review the information, provide feedback related to affirming existing programs, services, populations, strategies, identifying additional populations, program improvement, design, priorities, as well as unmet need.

CRISIS SYSTEM OF CARE

MOBILE CRISIS ASSESSMENT TEAMS

OVERVIEW OF THE PROGRAM

The mobile **Crisis Assessment Team** (CAT) program serves individuals of all ages who are experiencing behavioral health crises. Clinicians respond to calls from anyone, anywhere in Orange County 24 hours a day, 7 days a week, 365 days a year-and dispatch to locations in the community where the crisis is occurring. The CAT also includes the Psychiatric Emergency Response Teams (PERTs), which consists of CAT clinicians who are stationed at/ assigned to police departments to address mental health-related calls in their assigned cities or regionally.

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

The program is evaluated by the timeliness with which teams are able to respond to calls, with the goal of a dispatch-to-arrival time that is 30 minutes or less at least 70% of the time. Starting 12/31/2023 a new state mandated metric of arrival within 60 minutes or less from the point the need for a crisis evaluation has been determined.

DESCRIPTION OF SERVICES

The CAT program has a multi-disciplinary team that provides prompt response in the community when an individual is experiencing a behavioral health crisis. Clinicians receive specialized training and are designated to conduct evaluations and crisis risk assessments.

The evaluations include interviews with the individual, as well as parents, guardians, family members, and/or school personnel to assist with the evaluation process. CAT clinicians link individuals to an appropriate level of care to ensure safety, which involves linking to Crisis Stabilization

PROGRAM SUMMARY	
Program Serves	All Ages
Symptom Severity	At-Risk
	Severe
Location of Services	Telephone
	Field-Based
Numbers of Individuals to be Served	7,000
Annual Budget	$11,874,086
Avg. Est. Cost per Person	$1,692
Typical Population Characteristic	BH Providers
	1st Responders
	Parents
	Families
	Medical Co-Morbidities
	Criminal Justice Involved
	Ethnic Communities
	Homeless/At Risk of
	Recovery from SUD
	LGBTIQ+
	Trauma Exposed
	Veterans/Military Connected

Units, Crisis Residential or In Home Crisis Stabilization programs. CAT clinicians also conduct follow-up services with clients and/or parents/guardians to provide information, referrals and linkage to ongoing mental health services that may help reduce the need for future crisis interventions and prevent recidivism. CAT also provides ongoing consultation and education to schools, school districts, hospitals, police departments and other community stakeholders. CAT clinicians educate law enforcement regarding mental health issues and work closely with law enforcement to determine when clinicians can respond and when law enforcement involvement is needed. There are currently 72 licensed and/or licensed waivered clinician positions and 5 Mental Health Specialists on the CAT serving children & youth, TAY, Adults and Older Adult populations. The team is also in process of expanding the program by 47 positions to support the implementation of the Mobile Crisis Benefit which will add additional Mental Health Specialists, Certified Peer specialists, Parent partners and Service Chiefs. The Service Chiefs are responsible for overseeing the day-to-day operations of the program. In addition, the HCA currently has 17 PERT collaborations across Orange County, including the Orange County Sherif's Department (OCSD)and police departments in the cities of Anaheim, Buena Park, Costa Mesa, Fullerton, Fountain Valley, Garden Grove, Huntington Beach, Irvine, Laguna Beach, Newport Beach, Orange, Santa Ana, Seal Beach, Tustin, University of California at Irvine and Westminster. The collaboration with OCSD includes PERT responses in the cities of Aliso Viejo, Dana Point, Laguna Hills, Laguna Niguel, Laguna Woods, Lake Forest, Mission Viejo, Rancho Santa Margarita, San Clemente, San Juan Capistrano, Stanton, Villa Park, Yorba Linda, John Wayne Airport, Harbor Patrol and Orange County Transportation Authority (OCTA).

TARGET POPULATION

The mobile Crisis Assessment Team (CAT) program serves individuals of all ages who are experiencing a behavioral health crisis within Orange County.

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
Total Distinct Served	**6,791**
Age Group	
Children (0-15 years)	20%
TAY (16-25 years)	21%
Adults (26-59 years)	46%
Older Adults (60+ years)	11%
Declined to State/Not Reported	2%
Gender	
Male	41%
Female	40%
Transgender	1%
Genderqueer	0%
Questioning/Unsure	<1%
Another	<1%
Declined to State/Not Reported	17%
Race/Ethnicity	
American Indian/Alaska Native	<1%
Asian	6%
Black/African American	3%
Hispanic/Latino	20%
Middle Eastern/North African	1%
Native Hawaiian/Pacific Islander	<1%
White	20%
Another	2%
Declined to State/Not Reported	48%

OUTCOMES

The program evaluates its processes by monitoring the timeliness with which CAT is able to respond to calls, with the goal that the dispatch to-arrival time is 30 minutes or less at least 70% of the time.* In large part due to the number of staffing vacancies, the mobile CAT did not meet this target over the past three fiscal years for all age groups except adults. This metric will be updated in future years due to the new mobile crisis benefit standards that went into effect January 2024.

METRIC: DISPATCH TO ARRIVAL IN 30 MINUTE OR LESS			
Age Group at Evaluation	**FY 21-22**	**FY 22-23**	**FY 23-24***
Children (< 16 years)	32%	41%	54%
TAY (16 to < 26)	58%	53%	61%
Adult (26 to < 60)	70%	70%	69%
Older Adult (60+)	61%	64%	65%

* *Mobile crisis benefit launched in January 2024 and established a requirement for a two-person team to respond. Goal is to arrive within 60 minutes from the time the need for a mobile response is identified. In future years, this new standard will be used.*

Across the past three fiscal years, about one-third to one-half of clients who were assessed by CAT were hospitalized, with rates varying somewhat by age group.

METRIC: HOSP RATE (INVOL + VOL)			
Age Group at Evaluation	**FY 21-22**	**FY 22-23**	**FY 23-24***
Children (< 16 years)	51%	37%	37%
TAY (16 to < 26)	51%	42%	47%
Adult (26 to < 60)	48%	50%	51%
Older Adult (60+)	39%	41%	41%

SUCCESSES

The Medi-Cal Mobile Crisis Benefit is a result of Information Notice (IN) 22-064 (now IN 23-025) that required counties to submit an Implementation Plan to the state by October 31, 2023, which was reviewed and approved by the Department of Health Care Services (DHCS) prior to the implementation date of December 31, 2023. All CAT team members have completed the required trainings and the program began full Implementation of the plan on 12/31/2023.

CHALLENGES/SOLUTIONS

Over the past year, the HCA has engaged with collaborative partners including, OC Sheriff's Department and other police departments, first responders, EMS, Fire Departments, Family and Consumer Advocacy groups, local hospitals and treatment providers to start the development of Regional Crisis Intervention Teams (CIT). The goals of a CIT are to improve safety during law enforcement encounters with people experiencing a mental health crisis for everyone involved, to increase connections to effective and timely mental health services for people in mental health crisis, to use law enforcement strategically during crisis situations, such as when there is an imminent threat to safety or a criminal concern, increase the role mental health professionals, peer support specialists and other community supports and also to reduce the trauma that people experience during a mental health crisis and thus contribute to their long-term recovery. A CIT Steering Committee was created in April 2021, meets monthly and has worked to develop crisis intercept mapping to help individuals navigate through our mental health and criminal justice systems. It also provides a feedback loop and a place to provide feedback on best practices and identify gaps/needs. The CIT Steering Committee has submitted our CIT International Regional Application to CIT International and we are currently awaiting certification approval.

The HCA has also been exploring options that include the addition of CAT vehicles, a peer/clinician co-responder model, and only using law enforcement under special, clearly delineated circumstances. The HCA will continue to meet with stakeholders to increase and develop a collaborative model of crisis response.

The demands of crisis work can take a toll on crisis services team members, leading to burnout and vicarious trauma. Challenges such as the 24/7 nature of crisis programs and a shortage of qualified mental health professionals exacerbate these difficulties. Despite these challenges, the HCA has addressed recruitment challenges by offering special assignment pay and a pay differential for bilingual staff and for those who work the night and late-night shifts. The CAT has also implemented a 4-10 schedule as of 12/29/2023 for all clinical staff and Service Chiefs to improve work life balance while also ensuring consistent coverage and enhancing operational efficiency.

The CAT is also looking at ways to enhance response times for all ages by optimizing staffing levels, leveraging technology and improving dispatching systems. The CAT is currently utilizing the CHORUS platform and timestamps to improve response times by providing a clear record of when calls are received, when interventions are initiated and when calls are completed by leveraging time stamps updated by clinicians in the field, dispatchers can efficiently

coordinate and dispatch mobile teams on a real time availability, enabling a quicker community response. These efforts aim to streamline processes and ensure timely support for individuals in crisis. The HCA is also working to purchase vehicles for the transport of clients in crisis to treatment destinations minimizing wait times for ambulances and expediting access to the appropriate level of care.

This program could be subject to decreases in funding or elimination based on available funding.

CRISIS INTERVENTION TRAINING (CIT)

OVERVIEW OF THE PROGRAM

The contract is currently held by Western Youth Services (WYS) and they sub-contract with NAMI-OC to provide various Crisis Intervention Trainings to first responders across Orange County.

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

The primary goal of Crisis Intervention Training (CIT) is to provide a training and educational sessions to first responders to reviewing types of mental illnesses, basic intervention techniques to de-escalate mental health crisis and help identify signs and symptoms of behavioral health challenges.

CIT intends to provide a minimum of 516 trainings hours to 1,250 first responders in FY 2024-2025 with minimum rating of 80% of service satisfaction from participants.

DESCRIPTION OF SERVICES

Crisis Intervention Training (CIT) provides training and educational sessions to first responders to provide a review of types of mental illnesses, basic intervention techniques to de-escalate mental health crises and help identify signs and symptoms of behavioral health challenges. CIT collaborates with law enforcement staff, County behavioral health staff, consumers, others with lived experience and subject matter experts to create and provide evidence-based trainings using a trauma-informed approach. Training topics cover competencies in but are not limited to: Effective crisis intervention skills working with diverse communities and responding to community members with behavioral health challenges, identifying and utilizing resources, recovery and resiliency, de-escalation, and conflict resolution, and supporting the mental health of the first responder community.

PROGRAM SUMMARY	
Program Serves: Diverse Cultural Communities	First Responders in Orange County
Location of Services	Virtual and/or community-based
Numbers of Individuals to be Served	1650
Annual Budget	$570,836
Avg. Est. Cost per Person	$345
Services Offered	Crisis Intervention Training to first responders

TARGET POPULATION

First responders including law enforcement, firefighters, emergency dispatchers, EMTs, paramedics, corrections officers, school campus safety officers, and any other individual working with someone experiencing a mental health crisis in OC.

OUTCOMES

During FY 2023-2024, there were 551 hours of Crisis Intervention Training and 3,116 first responders were trained. Satisfaction surveys were collected from participants on all trainings conducted, with a goal of maintaining an overall course satisfaction rate of 80%. 94.1% of the participants reported they were satisfied with these trainings.

IN-HOME CRISIS STABILIZATION

OVERVIEW OF THE PROGRAM

The In-Home Crisis Stabilization (IHCS) program operates on a 24-hour, 7-days a week, 365 days a year basis, and consists of crisis stabilization teams that provide short-term, intensive in-home services to individuals who have been assessed to be at imminent risk of psychiatric hospitalization or out-of-home placement but are capable of remaining safely in the community and out of the hospital with the appropriate support. The teams include clinicians, case managers and peers with lived experience who serve individuals ranging from youth, ages 0-17 years, TAY and adults and older adults. Individuals are referred by County and County contracted behavioral health programs, including Crisis Stabilization Units and Crisis Assessment Teams. Families can also self-refer through OC Links to the adult program.

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

The goal of IHCS is to help individuals manage their mental health crisis and make gains in recovery by successfully linking to ongoing behavioral health resources, to reduce unnecessary psychiatric hospitalizations which is quantified as achieving a psychiatric hospitalization rate of 20% or less in the 60 days after discharging from the program.

DESCRIPTION OF SERVICES

Individuals and their families or identified support networks (i.e., "family"), are typically referred to IHCS after a clinician has evaluated an individual for possible hospitalization and determined that, while they may not meet criteria for hospitalization, they and their family would safely benefit from supportive services. When the referring party determines there is a need for an immediate response, the evaluator calls the crisis stabilization team to the site of the evaluation and the team is required to respond in person within 75 minutes, immediately working with the individual in crisis and their family or identified support network to develop rapport and increase chances of successful linkage. The stabilization team will also work on identifying triggers and creating an immediate safety plan. Additional in-home appointments are scheduled over the next three weeks. The

PROGRAM SUMMARY	
Program Serves	All Ages
Symptom Severity	At-Risk
	Mild-Moderate
	Severe
Location of Services	Community Based
	Field-Based
Numbers of Individuals to be Served	1,468
Annual Budget	$2,026,000
Avg. Est. Cost per Person	$1,380
Typical Population Characteristic	Students/Schools
	Parents
	Families
	Homeless/At-Risk of
	Trauma-Exposed

IHCS teams provide crisis intervention strategies, assessment, short-term individual therapy, peer support services, collateral services and case management to help the individual and their family develop coping strategies and ultimately transition to appropriate ongoing supports. Length of stay in the program can be extended beyond the initial three weeks based on clinical need and the amount of time it takes before an individual is linked to long-term services. All IHCS services are mobile and provided in the home, at the identified residence or anywhere in the community where the individual or family feels comfortable.

TARGET POPULATION

Individuals from children ages 0 years and adults and older adults who have experienced a recent mental health crisis event that requires increased support for stabilization and transition to ongoing services.

OUTCOMES

Across all three fiscal years for all age groups, the In-Home Crisis Stabilization program met its goal of maintaining a hospitalization rate* of 25% or less during the 60 days following discharge from services.

METRIC: HOSPITALIZATION WITHIN 60 DAYS OF DISCHARGE FROM PROGRAM

Age Group at Evaluation	FY 21-22	FY 22-23	FY 23-24*
Children (< 16 years)	32%	41%	54%
TAY (16 to < 26)	58%	53%	61%
Adult (26 to < 60)	70%	70%	69%
Older Adult (60+)	61%	64%	65%

* *Calculated for Medi-Cal beneficiaries and uninsured clients only.*

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24

Total Distinct Served	**1,096**
Age Group	
Child 0-15	13%
TAY 16-25	24%
Adult 26-59	47%
Older Adult 60+	5%
Declined to State/Not Reported	11%
Gender	
Female	42%
Male	45%
Transgender	< 1%
Genderqueer	< 1%
Questioning or Unsure	< 1%
Another Not Listed	< 1%
Decline to State/Not Reported	11%
Race/Ethnicity	
American Indian/Alaska Native	1%
Asian	4%
Black/African American	7%
Hispanic/Latino	33%
Middle Eastern/North African	< 1%
Native Hawaiian/Pacific Islander	< 1%
White	39%
Another	< 1%
Declined to State/Not Reported	14%

CHALLENGES/SOLUTIONS

The Children's team strives to stay within the three-week timeframe to address crisis events for children and youth. The program has made progress in maintaining the three-week structure of the program.

The program is continuing to focus on the discharge process and working to link children, and their families, as early as possible during the treatment period. Linking children with private insurance has continued to be a challenge for the Children's team. The program continues to address this by increasing outreach to private insurance providers to educate about its program services and increase collaboration for linkages to covered outpatient or other appropriate services. The adult team is always looking for ways to further enhance client engagement and participation in services during intake and also consolidating treatment gains following treatment. One way they have done this is by partnering with the Crisis Residential Services program to serve as a step down for Older Adult clients in order to help them move to the next level of care successfully.

This program could be subject to decreases in funding or elimination based on available funding.

CRISIS STABILIZATION UNITS

OVERVIEW OF THE PROGRAM

Crisis Stabilization Units (CSUs) operate on a 24-hour, 7-days a week, 365 days a year basis and provide services for individuals who are experiencing behavioral health crises requiring emergent stabilization that cannot wait until regularly scheduled appointments. One of the units serves individuals in Orange County ages 13 to 17 years and the other three units serve individuals ages 18 years and older, the majority of whom may be on a 72-hour civil detention for psychiatric evaluation due to danger to self, others or grave disability resulting from mental health disorders (i.e., Welfare and Institutions Code 5150/5585). The CSUs can be accessed directly by individuals experiencing crises who are walking in, as well as by family members, law enforcement and others in the community who believe an individual has an emergent mental health need.

PROGRAM SUMMARY	
Program Serves	Ages 13+
Symptom Severity	At-Risk
	Moderate
	Severe
Location of Services	Community Based
	Field-Based
Numbers of Individuals to be Served	10,000
Annual Budget	$15,300,000
Avg. Est. Cost per Person	$1,530
Typical Population Characteristic	Students/Schools
	Parents
	Families
	Homeless/At-Risk of
	Trauma-Exposed

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

The goals of CSU services are to provide timely and effective crisis intervention and stabilization for individuals experiencing behavioral health emergencies that cannot wait for their regularly scheduled appointments. Goals are achieved through: minimizing distress for the client and family resulting from lengthy waits in emergency departments and treating the client in the least restrictive, most appropriate setting in lieu of inpatient settings. CSUs utilize alternative, less restrictive treatment options whenever possible to mitigate acute behavioral health episodes to the benefit of the client and the community. Services are provided in compliance with Welfare & Institutions Codes and consistent with all Patients' Rights regulations, upholding the dignity and respect of all clients served. The CSUs utilize Trauma Informed Care and Recovery/ Resiliency based principles that focus on the person's strengths and are individualized to instill hope and the notion that recovery/resiliency is possible for all individuals. Services are tailored to the unique strengths of each client and use shared decision-making to encourage clients to manage their behavioral health treatment, set their own paths toward recovery and meet their treatment goals. The monthly performance outcome metrics of CSU services are:

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
Total Distinct Served	**5,251**
Age Group	
Children (0-15 years)	5%
TAY (16-25 years)	23%
Adults (26-59 years)	62%
Older Adults (60+ years)	5%
Decline to State/Not Reported	5%
Gender	
Female	40%
Male	54%
Transgender	<1%
Questioning or Unsure	0%
Another Not Listed	<1%
Decline to State/Not Reported	5%
Race/Ethnicity	
American Indian/Alaska Native	<1%
Asian/Pacific Islander	9%
Black/African-American	7%
Hispanic/Latino	32%
Middle Eastern/North African	<1%
Native Hawaiian/Pacific Islander	<1%
Caucasian/White	40%
Another Not Listed	1%
Decline to State/Not Reported	8%

Ninety-five percent (95%) of clients will be seen by a doctor within one hour of admission .

At least 60% of individuals admitted shall be successfully stabilized and returned to the community

DESCRIPTION OF SERVICES

Crisis Stabilization Services are designed to last no longer than 23 hours and 59 minutes, and include psychiatric evaluation, basic medical services, individual and group therapy as appropriate, nursing assessment, collateral services with significant others, individual and family education, medication services, crisis intervention, peer mentor services, referral and linkage to follow-up services and transfer to an acute psychiatric inpatient level of care as appropriate. Services also include support with linking to substance use treatment for individuals who have co-occurring substance use diagnoses.

OUTCOMES

The CSUs strive to provide the least restrictive options for care, and effective medication interventions for individuals admitted to their programs, with the goal of utilizing seclusion and restraints in 1.6% or fewer admissions per month. This target was met across the past three fiscal years.

METRIC: SECLUSION AND RESTRAINT USE (target is < 1.6%)		
FY 21-22	**FY 22-23**	**FY 23-24**
50%	56%	55%

The rate at which Medi-Cal members and insured clients were linked to County-operated or contracted services within 30 days of discharge from the CSU varied by age group. Children were typically linked to follow up care within 30 days of discharge about half the time, and

TAY and adults were typically linked about one-third of the time. Older adults experienced the lowest rates of linkage (about one-quarter), although the rate dropped to 12% in FY 2023-24. It is unclear if this decline was related to a delay in these providers getting service data entered into the EHR due to State mandates that necessitated updates to HCA's Electronic Health Record (EHR).

OUTPATIENT LINKAGE W/IN 30 DAYS OF PROGRAM DISCHARGE			
Age Group at Evaluation	**FY 21-22**	**FY 22-23**	**FY 23-24**
Children (< 16 years)	50%	56%	55%
TAY (16 to < 26)	38%	36%	37%
Adult (26 to < 60)	30%	32%	31%
Older Adult (60+)	26%	24%	12%

CRISIS RESIDENTIAL SERVICES

OVERVIEW OF THE PROGRAM

The **Crisis Residential Program** (CRP) program provides highly structured, voluntary services in home-like environments for individuals who are experiencing behavioral health crises and meet eligibility requirements. Individuals who are experiencing considerable distress ages 12 and older can be referred after they have been assessed and determined to be able to participate safely in a less restrictive, lower level of care. Individuals are referred to the CRP by any MHP LPS designated staff and hospitals. Individuals 18 and older are referred by County CAT/PERT or Adult and Older Adult County or County-contracted Specialty Mental Health Plan programs. The Children's CRP has a total of 16 beds across three locations and TAY CRP has 6 beds at 1 location. The Adult CRPs are currently managed by three contractors with a total of 42 beds across four sites located throughout Orange County.

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

The goal of the program is to help individuals manage their behavioral health crises and make positive gains in recovery, which is quantified as achieving a psychiatric re-hospitalization rate of 25% or less in the 60 days following discharge from the program.

DESCRIPTION OF SERVICES

Crisis Residential Services has several sites across the county tailored to meet the needs of different age groups:

- Children ages 12 to 17 receive services at three sites (Laguna Beach, Huntington Beach, Tustin) with a total of 16 beds. Services generally last for three weeks.
- Transitional Age Youth (TAY) ages 18-25 receive services at a site (Tustin) operated by CYBHS with six beds. Services generally last for three weeks.
- Adults ages 18 and older receive services at four sites (2 locations in Orange, Anaheim,Mission Viejo) with a total of 42 beds, six of

PROGRAM SUMMARY	
Program Serves	Ages 12+
Symptom Severity	At-Risk
	Mild-Moderate
	Severe
Location of Services	Residential Based
Numbers of Individuals to be Served	1,500
Annual Budget	$11,400,000
Avg. Est. Cost per Person	$7,600
Typical Population Characteristic	Foster Youth
	Parents
	Families
	Criminal Justice Involved
	Homeless/At Risk of
	Recovery from SUD
	LGBTIQ+
	Trauma-Exposed

which are Americans with Disabilities Act (ADA)-compliant. The location in Anaheim is exclusively for Older Adults ages 50 years and over. Services generally last for three weeks, with a current average stay of 14 to 21 days.

The residences emulate home-like environments. Intensive and structured psychosocial, trauma-informed and resiliency/recovery services are offered at each location. Depending on the individual's age and needs, services can include crisis intervention, individual, group and family counseling/therapy, group education and rehabilitation, self-administration of medications under observation , training in skills of daily living, case management, development of a Wellness Recovery Action Plan (WRAP), prevention education, recreational activities, activities to build social skills, parent education and skill-building, mindfulness training, narrative therapy, and educational and didactic groups. In addition, there are services specific to older adults, including issues associated with aging, stigma associated with aging, safety issues, adaptive equipment, fragility issues, "silver" fitness groups, outings/ activities, reminiscence groups and nursing assessments. Evidence-based practices utilized include Cognitive Behavior Therapy (CBT), Dialectical Behavioral Therapy (DBT) and trauma-informed care. Programs provide substance use disorder education and treatment services for people who have co-occurring disorders. Discharge planning starts upon admission to integrate individuals back into the community efficiently. Key aspects of discharge planning involves building resilience and promoting recovery through the cooperative development of an aftercare plan which links clients to appropriate community resources (i.e., FSPs and other ongoing mental health services; victim's assistance; local art, music, cooking, self-protection classes; animal therapy; activity groups designed to support the individual; etc.). Children also have the option to participate in a weekly graduate drop-in group.

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
Total Distinct Served	**1,226**
Age Group	
Child 0-15	28%
TAY 16-25	24%
Adult 26-59	42%
Older Adult 60+	4%
Declined to State/Not Reported	3%
Gender	
Female	47%
Male	49%
Transgender	1%
Genderqueer	0%
Questioning/Unsure	0%
Another	0%
Declined to State/Not Reported	3%
Race/Ethnicity	
American Indian/Alaska Native	1%
Asian/Pacific Islander	5%
Black/African-American	8%
Hispanic/Latino	39%
Middle Eastern/North African	1%
Native Hawaiian/Pacific Islander	0%
Caucasian/White	39%
Another Not Listed	1%
Decline to State/Not Reported	6%

OUTCOMES

For all age groups, Crisis Residential Services met its goal of maintaining a hospitalization rate* of 25% or less during the 60 days following discharge from services across the past three fiscal years.

METRIC: HOSPITALIZATION WITHIN 60 DAYS OF DISCHARGE FROM PROGRAM			
Age Group at Evaluation	**FY 21-22**	**FY 22-23**	**FY 23-24**
Children (< 16 years)	50%	56%	55%
TAY (16 to < 26)	38%	36%	37%
Adult (26 to < 60)	30%	32%	31%
Older Adult (60+)	26%	24%	12%

* *Calculated for Medi-Cal beneficiaries and uninsured clients only.*

SUCCESS STORY

Since inception, the program has assisted thousands of children, TAY, adults and older adults with intensive services provided in a therapeutic, home-like environment. The program reduces admissions to local emergency departments and provides a strength-based, recovery-oriented alternative to psychiatric hospitals for those experiencing a behavioral health crisis.

CHALLENGES/SOLUTIONS

An ongoing, primary challenge has been the increased demand for Crisis Residential Services, with the community identifying a particular need for a facility specifically geared towards older adults. The HCA has addressed this service gap with the implementation of the Silver Treehouse on September 1, 2020, that exclusively addresses the needs of older adults in mental health crisis. This home has been at capacity and is well utilized by our community partners. TAY continue to face challenges with the lack of stable housing available when youth are ready for a lower level of care. The Children's Crisis Residential Programs periodically showed an increased demand for services throughout the past two calendar years and, clients had been diverted to other crisis services such as in-home crisis. The HCA is examining these trends to determine projected need for Children's Crisis Residential Services over the course of the next three year period. As part of this, the HCA is considering how the CCRP level of care fits into the continuum of crisis residential services for youth.

This program could be subject to decreases in funding or elimination based on available funding. The funding amount includes an expansion to provide services at a newly constructed BeWell Campus in Irvine.

WARMLINE

OVERVIEW OF THE PROGRAM

The **WarmLine** is a peer-based, toll-free, 24 hour a day, 7 days a week, non-crisis, confidential telephone, live chat and texting service available to any Orange County resident needing behavioral health support. The peer services are available in all threshold languages. Trained peer mentors, individuals who have experienced a similar journey, either as a consumer of behavioral health services, or as a family member of an individual receiving these services, provide these services. Incoming calls/chat and texts are screened for potential warning signs to determine the level of need. Those in crisis are immediately linked to 988. Callers who do not indicate an imminent safety concern are provided emotional support and resources and referred to appropriate services as needed.

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

The goal of the WarmLine is to provide timely emotional support to individuals who are experiencing grief, sadness, anxiety, anger, fear or loneliness and to reach those who are hesitant to seek behavioral health services due to stigma or other social factors.

DESCRIPTION OF SERVICES

The WarmLine plays an important role in Orange County's Crisis and Suicide Prevention continuum by providing non-crisis or crisis prevention support over the phone, text or through live chat, for anyone struggling with mental health and substance use issues. Upon connecting with the WarmLine, individuals are assessed for needed behavioral health information, support and resources. Staff draw upon their lived experience to connect with callers and provide them with emotional support and referrals to ongoing services as needed. Callers who are experiencing a behavioral health crisis are immediately referred to the 988 Lifeline or OCLinks. WarmLine staff work closely with the Hotline staff (see Crisis and Prevention Section) in

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
People Served (unduplicated)	**69,323**
Age Group	
Child 0-15	<1%
TAY 16-25	4%
Adult 26-59	55%
Older Adult 60+	14%
Declined to State/Not Reported	26%
Gender	
Female	35%
Male	38%
Transgender	<1%
Genderqueer	<1%
Questioning/Unsure	<1%
Another	<1%
Declined to State/Not Reported	26%
Race/Ethnicity	
American Indian/Alaska Native	2%
Asian/Pacific Islander	7%
Black/African-American	6%
Hispanic/Latino	9%
Middle Eastern/North African	13%
Native Hawaiian/Pacific Islander	<1%
Caucasian/White	14%
Another Not Listed	<1%
Decline to State/Not Reported	49%

providing a continuum of care. Active listening, a person-centered motivational interviewing skill, are effective in establishing rapport and demonstrating empathy and can be especially useful with callers in the pre-contemplative or contemplative stages of change. The WarmLine also uses Positive Psychology, a resilience-based model that focuses on positive emotions, traits and institutions. This model trains mentors to focus on the positive influences in callers' lives such as character, optimism, emotions, relationships and resources in order to reduce risk factors and enhance protective ones.

OUTCOMES

Of the callers who agreed to answer the outcomes survey on their mood state over the past three years, 86% to 92% reported feeling less anxious, overwhelmed, depressed or other negative mood at the end of the call.

CALLERS REPORTING DECREASED NEGATIVE MOOD AT END OF CALL			
Age Group at Evaluation	**FY 21-22**	**FY 22-23**	**FY 23-24**
Anxious	92%		81%
Overwhelmed	90%		86%
Depressed	86%		81%
Worried	85%		70%
Annoyed	83%		78%
Uncertain	79%		N/A
Helpless	79%		66%
Confused	78%		70%
Agitated (manic)	64%		52%
Unweighted Average:	82%	86%	92%
Average Top 3:	89%		

	FY 21-22	FY 22-23	FY 23-24
Total Unduplicated Callers	86,211	100,667	65,404
Total Calls Answered	127,855	127,428	128,362
Total Texts/Chats	3,857	2,522	4,767

CHALLENGES/SOLUTIONS

The reduction in available MHSA funding and the transition to BHSA contribute to this decision.

- The amount of existing MHSA and categorical BHSA funding is very limited and mandated services are being prioritized, as new accountability is put in place.
- Failure to meet those accountability measures for mandated programs will result in fines to the County.
- The Warmline is not a mandated service, and a state funded WarmLine service is offered to all California residents.

California's 24/7 Peer-Run Warmline can be accessed at (855) 845-7415 via talk or text and offers supports in English, Spanish, and 240 other languages.

OUTREACH, ENGAGEMENT, & ACCESS TO TREATMENT

MULTI-SERVICE CENTER FOR HOMELESS MENTALLY ILL ADULTS

OVERVIEW OF THE PROGRAM

The **Multi-Service Center for Homeless Mentally Ill Adults** (MSC) program in Santa Ana offers a safe facility for adults 18 years of age and older with serious mental illness who may have a co-occurring substance use disorder and are experiencing homelessness. The program provides an array of services to meet the most basic and immediate needs of adults including, but not limited to access to showers and laundry facilities, the provision of a mailing address, clothing assistance, access to phones and internet to contact family or conduct a job search and nutritious snacks and beverages. Clients also receive appropriate screening, assessment and linkage to behavioral health treatment and emergency housing, assistance with access to medical services, benefits acquisition and additional food resources. Permanent housing placement assistance and access to pre-vocational services and employment opportunities are available. The program operates Monday through Friday, with the ability to serve 80 clients per day.

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

The goal is to provide basic needs, and referrals/linkages to various resources in the community.

The program ended December 31, 2024.

DESCRIPTION OF SERVICES

The MSC outreach workers assess residents' strengths and resources to determine their level of psychosocial impairment, substance use, physical health problems, support network, adequacy of living arrangements, financial status, employment status and basic needs. They facilitate linking participants to the most appropriate services for each individual (i.e., case management, outpatient mental health, medical appointments, housing, employment, SSI/SSDI and additional services such as obtaining identification or other personal documents,

PROPORTION TO BE SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
Total Distinct Served	**695**
Age Group	
Child 0-15	0%
TAY 16-25	5%
Adult 26-59	82%
Older Adult 60+	13%
Declined to State/Not Reported	1%
Gender	
Female	27%
Male	70%
Transgender	1%
Genderqueer	0%
Questioning/Unsure	0%
Another	0%
Declined to State/Not Reported	1%
Race/Ethnicity	
American Indian/Alaska Native	0%
Asian/Pacific Islander	0%
Black/African-American	0%
Hispanic/Latino	33%
Middle Eastern/North African	0%
Native Hawaiian/Pacific Islander	0%
Caucasian/White	0%
Another Not Listed	64%
Decline to State/Not Reported	3%

etc.). The team can transport, or facilitate the transportation of, residents to those services as needed.

TARGET POPULATION

Orange County adults aged 18+ who are experiencing homelessness and have a serious mental illness.

OUTCOMES

The MSC provided clients with multiple referrals for a variety of different service types and tracked the number of clients who linked to that service. MSA had a linkage rate of 78-93% for supportive services (i.e., primary health care, dental care, income assistance, acquisition of medical benefits or identification documents, temporary shelter, etc.); 75-95% for vocational services; 36-80% for mental health services; 41-71% for substance use services; and 26-62% for housing over the past three years.

FY 2021-2022	#REFERRALS	LINKAGE RATE
Mental Health Services	230	36%
Substance Use Services	181	49%
Vocational Services	178	81%
Supportive Services	3,025	78%
Housing Placements	505	50%

FY 2022-2023	#REFERRALS	LINKAGE RATE
Mental Health Services	378	48%
Substance Use Services	142	41%
Vocational Services	243	95%
Supportive Services	3,875	83%
Housing Placements	787	26%

FY 2023-2024	#REFERRALS	LINKAGE RATE
Mental Health Services	469	70%
Substance Use Services	113	71%
Vocational Services	188	75%
Supportive Services	5,279	92%
Housing Placements	527	62%

OPEN ACCESS

OVERVIEW OF THE PROGRAM

Open Access serves individuals ages 18 and older who are living with serious mental illness and may also have a co-occurring disorder. It serves as a central intake location for those seeking outpatient behavioral health services. The target population includes adults who need to access the County mental health system, including those who have recently been discharged from psychiatric hospitals or released from jail. Individuals in these situations are at heightened risk of further hospitalization or incarceration if they are not quickly connected to behavioral health services. To support this, an appointment will be offered within 48 hours of discharge.

PROGRAM SUMMARY	
Program Serves	Ages 18+
Symptom Severity	Severe
Location of Services	Clinic Based
Numbers of Individuals to be Served	2,000
Annual Budget	$3,000,000
Avg. Est. Cost per Person	$1,500
Typical Population Characteristic	Criminal Justice Involved
	Recovery from SUD

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

Establish a central intake point for adults needing behavioral health services. Ensure timely access for adults requiring these services.

DESCRIPTION OF SERVICES

Recovery Open Access serves two key functions:

(1) It connects adults living with serious mental illnesses to ongoing and appropriate behavioral health services.

(2) It provides access to short-term integrated behavioral health services, including brief assessments, case management, crisis counseling and interventions, substance use disorder (SUD) services, and temporary medication support, while individuals are waiting for their first appointment.

To reduce the risk of re-hospitalization or recidivism, staff members aim to meet with participants within 24 hours of their discharge from the hospital or jail. They also work to keep participants engaged in services until they are connected to ongoing care.

TARGET POPULATION

Orange County adults aged 18+ with a serious mental illness who need access to outpatient behavioral health services.

OUTCOMES

Over the past three years, Open Access has struggled to meet their targets for linking individuals to medication services within three days or to on-going care within 30 days, reflecting the impact of ongoing staffing vacancies combined with a significant increase in individuals served each year over the past two years.

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
Total Distinct Served	**695**
Age Group	
Child 0-15	0%
TAY 16-25	25%
Adult 26-59	75%
Older Adult 60+	<1%
Declined to State/Not Reported	0%
Gender	
Female	51%
Male	48%
Transgender	1%
Genderqueer	<1%
Questioning/Unsure	0%
Another	<1%
Declined to State/Not Reported	<1%
Race/Ethnicity	
American Indian/Alaska Native	1%
Asian/Pacific Islander	10%
Black/African-American	6%
Hispanic/Latino	43%
Middle Eastern/North African	1%
Native Hawaiian/Pacific Islander	<1%
Caucasian/White	34%
Another Not Listed	1%
Decline to State/Not Reported	3%

INDICATOR	TARGET	FY 2021-22	FY 2022-23	FY 2023-24
Linkage to medication services within 3 business days after discharge from a hospital	≥ 80%	78% n = 431	73% n = 328	74% n = 82
Linkage to medication services within 3 business days of release from jail	≥ 80%	81% n = 100	84% n = 55	69% n = 16
Linkage to Ongoing Care within 30 Days	≥ 80%	88%	64%	55%
		n = 1,071	n = 1,123	n = 1,353

CHALLENGES\SOLUTIONS

The Open Access program was updated for fiscal year 2025/2026 to establish a central intake point. This single access point will serve adults living with serious mental illness who require behavioral health services. This change aims to ensure timely access to the necessary care.

The Doctor vacancies have resulted in longer wait times for clients seeking Open Access services. Doctors have been assigned to cover multiple programs, which has hindered the program's ability to meet its goal of seeing clients within three days of their request for Open Access services.

OC OUTREACH AND ENGAGEMENT (O&E) FOR HOMELESS

OVERVIEW OF THE PROGRAM

OC Outreach and Engagement (OC O&E) facilitates field-based access and linkage to essential services, including mental health, substance use, physical health, housing, and other support services for individuals experiencing unsheltered homelessness in Orange County. Our staff identifies participants through street outreach and community referrals.

PROGRAM GOALS

To improve the health and well-being of the population by connecting with individuals experiencing unsheltered homelessness where they are at.

To effectively respond to the needs of individuals experiencing homelessness through a timely, comprehensive, and whole-person approach by creating an individualized and coordinated field outreach response across multiple disciplines and service areas.

To build trusting relationships with individuals experiencing homelessness and to collaborate with other service providers.

OC O&E performs outreach in the community, including locations and events likely to be frequented by individuals experiencing unsheltered homelessness and/ or the providers that work with the population in non-mental health capacities (i.e., street outreach, homeless service provider locations, food distribution sites, etc.).

DESCRIPTION OF SERVICES

OC Outreach & Engagement provides field-based services to individuals experiencing unsheltered homelessness in Orange County.

PROGRAM SUMMARY	
Program Serves	Children
	TAY (16-25)
	Adults (26-59)
	Older Adults
Location of Services	Field; Community-Based
Numbers of Contacts	30,000
Annual Budget	$4,820,000
Avg. Est. Cost per Contact	$161
Services Offered	Community Outreach & Engagement
	Psychoeducation
	Access and Linkage

Referrals may be received through the program's 800 number or through conducting street outreach in the community. OC O&E identifies the unique needs of each individual and provides case management, advocacy, psychoeducation, and support to address barriers to successful linkage to mental health, substance use, physical health, housing, and other supportive services. Staff utilizes motivational interviewing, trauma-informed, and strengths-based techniques when working with participants to achieve their goals. Outreach services are focused on making referrals and ensuring linkages to ongoing behavioral health and support services by assisting with scheduling appointments, providing transportation to services, addressing barriers, and offering ongoing follow-up.

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2024-25	
NUMBER SERVED	**18,218**
Age Group	
Child 0-15	0%
TAY 16-25	2%
Adult 26-59	81%
Older Adult 60+	17%
Declined to State/Not Reported	0%
Gender	
Female	29%
Male	71%
Transgender	<1%
Genderqueer	Not Collected
Questioning/Unsure	Not Collected
Another Not Listed	Not Collected
Decline to State/Not Reported	Not Collected
Race/Ethnicity	
American Indian/Alaska Native	Not Collected
Asian/Pacific Islander	6%
Black/African-American	8%
Hispanic/Latino	38%
Middle Eastern/North African	Not Collected
Native Hawaiian/Pacific Islander	0%
Caucasian/White	46%
Another Not Listed	1%
Decline to State/Not Reported	Not Collected

TARGET POPULATION

OC Outreach & Engagement serves individuals experiencing unsheltered homelessness in Orange County who need assistance linking to mental health, substance use, physical health, housing, and other supportive services.

OUTCOMES

Although the number of visits made by OC O&E more than doubled from FY 2022-23 to FY 2023-24, the number of times a visit resulted in no contact with an individual dramatically increased from about 350 no-contact visits to 5,450 , thus leaving the total number of contacts about the same as the prior year.

METRICS			
	FY 2021-22	**FY 2022-23**	**FY 2023-24**
Number of Visits	Not Collected	7,131	14,982
Number of Contacts	29,424	23,557	22,965

The number of referrals provided to individuals has decreased over the past three years. The linkage rate remained between 31 and 46%, and the top linkage categories were to housing support, medical services, mental health services, benefits and basic needs.

METRICS			
	FY 2021-22	**FY 2022-23**	**FY 2023-24**
Number of Referrals Provided	9,708	6,682	3,461
Linkage Rate	37.9%	31.3%	45.7%
Top linkage categories	Housing, Benefits, Medical	Housing, Medical, Mental Health	Housing, Basic Needs, Mental Health

CHALLENGES/SOLUTIONS

The persistent issue of affordable housing scarcity and emergency shelter options to meet the diverse needs of the population, remains a significant obstacle for individuals facing homelessness. The program collaborates with various agencies to enhance access to various housing options and serves as an access point to the Coordinated Entry System (CES), which matches individuals with eligible housing opportunities. Additionally, access to immediate resources has also been challenging. Participants who are ready for a service can find that there are processes or criteria that may prohibit them from receiving that service immediately, or the service might not be available in their area. To address this, the program was transparent with participants on processes and proactively partnered with trusted community organizations to put together plans to achieve the individual's desired goals. These collaborations have underscored our commitment to meeting participants' needs and facilitating their access to necessary referrals. Building strong rapport has proven instrumental in our success, fostering participant engagement in ongoing services.

In recent years, the OC O&E team has been instrumental in connecting with individuals experiencing homelessness in encampments throughout the county. This effort has been in collaboration with municipal governments, local law enforcement, and other county entities. The program's cultural competency has garnered requests from cities and law enforcement departments for OC O&E's assistance in both one-time and continuous community engagement initiatives.

The program operates seven days a week, with extended hours Monday through Friday from 7:00 a.m. to 7:00 p.m., and on weekends from 8:00 a.m. to 5:30 p.m. This expansion enables the OC O&E to adopt a more comprehensive approach to addressing the needs of those experiencing unsheltered homelessness, ensuring a focus on behavioral health, housing stability, physical health, and additional supportive services.

Outreach response referrals can be made via the program's triage line at 800-364-2221, which is operational 24/7 through OC Links support. This ensures a continuous and accessible line of communication for those in need, reinforcing the program's dedication to facilitating access to essential services and support for our community's most vulnerable populations.

This program could be subject to decreases in funding or elimination based on available funding. Funding for this program will be moving from the PEI component to CSS for 2025-26. Future iterations of this program will contain an updated scope of work to align with component requirements under BHSA.

INTEGRATED JUSTICE INVOLVED SERVICES

OVERVIEW OF THE PROGRAM

Integrated Justice Involved Services focuses on adults ages 18 and older who are living with mental illness, detained in an Orange County Jail, and transitioning back to the community. Integrated Justice Involved Services comprises two programs, the Jail to Community Re-Entry Program (JCRP) and the Re-Entry Success Center. JCRP is embedded in Orange County jail facilities, and services are coordinated with correctional health services, whereas the Re-Entry Success Center (RSC) is a contracted service that provides peer outreach to adults being released from custody at an Orange County jail facility who are experiencing mild to moderate mental health or substance use issues. Upon their release, they have access to needed resources such as clothing, access to a phone charging station, food, hygiene kits, and the RSC itself for resources, counseling services, transportation, and housing assistance.

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

The Jail to Community Re-Entry Program (JCRP) program was developed in response to the high rates of recidivism observed among inmates living with mental illness and aims to decrease rates of people returning to jail by providing access and linkage to needed behavioral health and supportive services.

The overarching goal of the Jail to Community Re-Entry Program (JCRP) is to build trust to successfully engage individuals aged 18 and older who were diagnosed with a severe mental illness and incarcerated in Orange County Jail facilities into mental health services. JCRP provides behavioral health services while the individual is detained in an Orange County jail facility and coordinates linkage to services upon discharge.

PROGRAM SUMMARY	
Program Serves	Adults (18+)
Location of Services	Other (Jail)
Numbers of Individuals to be Served	8,750
Annual Budget	$8,314,804
Avg. Est. Cost per Person	$950
Services Offered	Assessment
	Case Management
	Individual and Group Therapy
	Peer Supports

The RSC provides assertive and timely engagement to the target population with re-entry support and behavioral health services initiated by in-reach and outreach. A minimum of 1,950 outreach contacts are provided per fiscal year. Of these outreach contacts, a goal of 390 individuals will be enrolled for case management services in addition to receiving recovery support, individual counseling, housing assistance, employment assistance, and transportation assistance.

Other performance outcomes for this program include the following:

- 80% of clients who require a higher level of care receive a warm handoff to HCA Behavioral Health Services
- 50% of clients who need housing receive housing assistance
- 50 % of client referrals will result in confirmed linkages
- 60% of clients receiving mental health counseling services will report improvement in well-being and quality of life as indicated by the Outcome Questionnaire (OQ)

- 40% of enrolled clients will receive employment /education assistance from the provider.

DESCRIPTION OF SERVICES

Jail to Community Re-Entry Program (JCRP) utilizes a comprehensive service delivery approach to individuals with severe mental illness that is initiated during incarceration. The program provides individualized case management, brief psychotherapy, ASAM assessments, psychiatric evaluations, medication support, discharge planning, linkage and coordination, and seamless transition to community partners. JCRP employs Mental Health Specialists and Behavioral Health Clinicians to establish rapport and trust with clients, identify individualized needs through evidence-based practices such as Moral Reconation Therapy, Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Motivational Interviewing, and Seeking Safety, and coordinates behavioral health service linkage upon release for continuity of care.

Case management and rehabilitative services also include facilitation of linkage to a range of supportive services upon release, such as housing assistance, Medi-Cal enrollment, and essential needs such as clothing and transportation. Connections with family and support systems such as peer support mentors are also facilitated.

JCRP staff work in collaboration with other stakeholders, including the Orange County Probation Department, Orange County Public Defender, Social Services Agency, Orange County Housing Authority, and other ancillary agencies to identify gaps in service delivery and solidify linkage with external stakeholders for a smooth transition from jail to the community. JCRP has established a release process that provides face-to-face contact and re-entry resources for all inmates leaving the Central Jail Complex and the Theo Lacy Facility. Additionally, the JCRP makes direct referrals to the HCA Residential Treatment programs and facilitates transitions for clients requiring residential in-treatment services.

The Re-Entry Success Center (RSC) uses a comprehensive approach to conduct in-reach, outreach, and services to individuals being released from Orange County jails who are experiencing mild to moderate mental health and substance use issues. The program utilizes In-reach Peer Navigators who will work in close collaboration with System Navigators located in the Intake and Release Center (IRC), Theo Lacy, Correctional Mental Health, and County Sheriff's Department to coordinate linkage to immediate and ongoing behavioral health services upon release from custody. The contractor is stationed outside the Orange County Main Jail and Theo Lacy facilities and facilitates linkage to essential needs such as clothing, phone charging, screening for eligible services, and transportation. Once enrolled at the RSC, clients are offered case management, mental health counseling, substance use counseling, Recovery Circles, vocational and educational counseling, transportation, and housing assistance.

Short-term mental health and substance use counseling is provided at the RSC. Those needing a higher level of care are linked to the County's Behavioral Health System of Care. This intervention uses a modified 12-Step Model that incorporates Seeking Safety trauma-informed practices to promote problem-solving, recognition of triggers, and supports community-building for the individual. Housing assistance includes providing sessions that prepare the individual for housing, assisting the individual in obtaining needed documents for housing, and providing transitional housing. The RSC serves as an access point for the Coordinated Entry System. The program employs evidence-based models in delivering services, including but not limited to motivational interviewing and a "whatever it takes" approach to remove barriers for individuals to access the support needed to integrate fully into the community. Additionally, the program utilizes the Sanctuary Model, which is a nonhierarchical, highly participatory, "trauma-informed and evidence-supported" operating system for human services organizations, which assists them in functioning in a humane, democratic, and socially responsible manner, thereby providing effective treatment for clients in a clinical

setting. All enrolled clients are assigned a case manager and a Peer Navigator upon enrollment in the RSC. The Peer Navigator actively participates with the clinical team to work with the client to achieve established goals and support and mentor individuals through knowledge and skills gained from their lived experiences.

TARGET POPULATION

The target population served by the Jail to Community Re-Entry Program (JCRP) includes individuals incarcerated in Orange County Jails, ages 18 and older, who are experiencing severe or persistent mental illness. JCRP provides services only while the client remains incarcerated and ceases services once the individual is released. Referrals and linkage coordination with external partners are crucial components of the JCRP.

The target population for the Re-Entry Success Center (RSC) program includes individuals being released from the Orange County Jails who are ages 18 and older and experiencing mild to moderate mental health and/or substance use issues. Given the number of late-night releases, the RSC Peer Navigation assistance outside of the jails expanded to 24/7, except on approved holidays. It is important to note that services outside the jails are available to anyone who needs them. Once it is identified that they meet the criteria for the RSC, they can be transported to the RSC, where more in-depth services will be provided.

OUTCOMES AND RESULTS

In FY 2023-24, 4,060 clients were served by JCRP. There were 1,233 referrals made to a community provider and 851 who was accepted by the community provider and received an appointment.

The number of people served has nearly doubled each year with a second provider beginning to provide services in the latter half of FY 2022-23.

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
NUMBER SERVED	**4,966**
Age Group	
Child 0-15	0%
TAY 16-25	9%
Adult 26-59	88%
Older Adult 60+	3%
Declined to State/Not Reported	0%
Gender	
Female	17%
Male	83%
Transgender	Not Collected
Genderqueer	Not Collected
Questioning/Unsure	Not Collected
Another Not Listed	Not Collected
Decline to State/Not Reported	Not Collected
Race/Ethnicity	
American Indian/Alaska Native	<1%
Asian/Pacific Islander	5%
Black/African-American	2%
Hispanic/Latino	47%
Middle Eastern/North African	Not Collected
Native Hawaiian/Pacific Islander	Not Collected
Caucasian/White	39%
Another Not Listed	1%
Decline to State/Not Reported	<1%

	FY 2021-22	FY 2022-23	FY 2023-24
Participants Served	3,567	6,249	12,323

In the last two years, about 2,000 referrals to one or more community providers were offered to participants. The one provider tracking linkages in FY2023-24 connected 331 unique individuals to one or more services. HCA is working to improve tracking of linkages across both providers.

	FY 2021-22	FY 2022-23	FY 2023-24
Referrals Offered (duplicated)	1,416	2,047	2,072
People Linked (unduplicated)	not tracked	not tracked	331*

* *Although both providers provided referrals, only one tracked linkages in FY 2023-24*

CHALLENGES/SOLUTIONS

Jail to Community Re-Entry Program (JCRP) was initially managed under Correctional Health Services and transitioned to Behavioral Health Services in January 2024. This transition leveraged the expertise and relationships established under Correctional Health Services, enabling ongoing access to electronic health records and fostering collaboration on individualized treatment plans. JCRP relies on its partnership with OCSD to ensure access to incarcerated individuals and to gather collateral information relevant to treatment planning. When the James Musick facility reopened, JCRP expanded services to the new location by replicating best practices and fostering established partnerships. By maintaining a presence at all Orange County Jail facilities, JCRP enhanced access to services, increased rapport and trust, and improved receptiveness to continued behavioral health interventions, including individual, group, and support services provided by Behavioral Health Services.

JCRP also undertook several new initiatives to enhance its services across the behavioral health continuum. For example, JCRP staff began completing CARE petitions for appropriate clients. Additionally, following the implementation of Proposition 36 in December 2024, JCRP began completing assessments for substance use treatment level of care for incarcerated individuals referred by the Orange County Courts and Public Defenders streamlining the process and increasing timeliness. Lastly, JCRP participated in implementation planning for the CalAIM Justice-Involved (JI) Initiative, which aimed to activate Medi-Cal benefits 90 days before release. This initiative will facilitate smooth transitions to Behavioral Health Services and Enhanced Care Management by conducting health risk assessments, creating re-entry care plans, and providing professional consultations with re-entry Behavioral Health Links clinicians.

One of the challenges JCRP faces is linking clients who have been released after serving only a short period in jail (0-7 days), which is about 16% of individuals released from custody in the fiscal year of 2023 – 2024. Discharge planning can be a complex process depending on the client's needs. Time becomes extremely valuable when limited, and JCRP staff must remain flexible and ready to coordinate transitions. JCRP has been working with Open Access North/South and full-service partnership providers to close the gap in service accessibility. Due to the high incidence of individuals experiencing homelessness upon release, JCRP increased its partnership and collaboration with OC Outreach and Engagement (O&E). Once JCRP obtains authorizations to disclose information, staff discuss barriers and needs such as shelter and transportation with O&E. This effort facilitated multiple successful connections, including referrals to shelters, transportation support for probation appointments, and reconnections to behavioral health services.

The RSC faces a significant challenge due to the lack of adequate

temporary shelter during the late-night and early-morning hours when releases from correctional facilities are most common. As a result, vulnerable individuals may find themselves without access to shelter or bus transportation. Additional RSC peer navigators encounter difficulties when individuals are released while still detoxing from substances or experiencing a mental health crisis that does not meet the criteria for a 5150 hold.

Some potential solutions that have been identified include transporting individuals who are detoxing to a sobering center and utilizing bridge beds at a county shelter until they can be assessed the following morning for more appropriate solutions.

Funding for this program will be moving from the PEI component to CSS for 2025-26. Future iterations of this program will contain updated scope of work to align with component requirements under BHSA, including the ability to bill for specialty mental health services.

PEER AND FAMILY SUPPORT

PEER MENTOR AND PARENT PARTNER SUPPORT

OVERVIEW OF THE PROGRAM

The **Peer Mentor and Parent Partner Support** program serves individuals who are living with a serious emotional disturbance (SED) or serious mental illness (SMI), may also have a co-occurring substance use disorder, and would benefit from the supportive services of a Peer Specialist. Peer Specialists may include peer or youth mentors and/or parent partners who work with participant's family members who would benefit from the supportive services of a parent mentor.

Individuals referred to this program can receive support with linkage to services and/or with achieving one or more recovery goals.

Peer Support programs are staffed with individuals who have lived experience with mental health and/or substance use recovery, and their family members (i.e., parent partners of child/youth participants). While Orange County includes peers and parent partners as part of the service delivery teams of many of its behavioral health programs (i.e., FSPs, PACT, Veteran-Focused Early Intervention Outpatient, Suicide Prevention Services, etc.) the programs described here are different in that the full scope of services they offer are provided exclusively by peers and their family members. By sharing their lived experience, peers and parent partners are able to help support and encourage participants in their own recovery journeys.

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

The program goals are for adults/older adults, engaged in outpatient care to successfully achieve skill-building goals with the support of their peer. Goals most often associated include navigating public transportation system, obtaining identification cards/drivers licenses, completing housing applications and increase socialization skills/activities.

PROGRAM SUMMARY	
Program Serves	All Ages
Symptom Severity	Mild-Moderate
	Severe
Location of Services	Clinic Based
	Field Based
Numbers of Individuals to be Served	1,000
Annual Budget	$4,000,000
Avg. Est. Cost per Person	$4,000
Typical Population Characteristic	Foster Youth
	Parents
	Families
	Medical Co-Morbidities
	Criminal Justice Involved
	Ethnic Communities
	Homeless/At Risk of
	Recovery from SUD
	LGBTIQ+
	Veterans/Military Connected

Additional goals for clients who are coming out of a crisis program is to ensure linkage is obtained for ongoing behavioral health treatment.

The program goals for children and youth clients are to increase referral and linkage to ongoing care and supports and maintain client

and family engagement for children, youth and their families.

DESCRIPTION OF SERVICES

Through this program, Peer Specialists work with participants to help them achieve identified goals. By sharing their lived experience, Peer Specialists are often able to provide the encouragement and support a person needs to engage in ongoing services and achieve their personal goals. The support provided is customized depending on the individuals' needs and personal recovery goals, and can include the following:

Support in linking to services that may involve activities such as:

- Accessing mental health or medical appointments
- Accessing community-based services such as food pantries or emergency overnight shelters as needed
- Re-integrating into the community following discharge from inpatient care, hospitalization, emergency department visits and/ or incarceration/in-custody stays.

Support in building skills that may involve activities such as:

- Learning independent living skills, such as how to use and navigate the public transportation system
- Increasing socialization activities such as attending groups or activities at the Wellness Centers and/or facilitating or assisting with groups
- Managing and preventing mental health crises
- Obtaining identification cards or driver's licenses
- Learning skills to find, obtain, and/or sustain housing placements, which may include landlord negotiations, housekeeping, food shopping and preparation, financial management, medication management, transportation, medical care, arranging utilities, phone, insurance, and access to community supports and services.

Peers assist with linkage to services for referrals made by:

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
Total Distinct Served	**654**
Age Group	
Child 0-15	0%
TAY 16-25	14%
Adult 26-59	64%
Older Adult 60+	21%
Declined to State/Not Reported	1%
Gender	
Female	47%
Male	45%
Transgender	1%
Genderqueer	0%
Questioning/Unsure	0%
Another	0%
Declined to State/Not Reported	7%
Race/Ethnicity	
American Indian/Alaska Native	<1%
Asian/Pacific Islander	4%
Black/African-American	4%
Hispanic/Latino	14%
Middle Eastern/North African	1%
Native Hawaiian/Pacific Islander	1%
Caucasian/White	16%
Another Not Listed	2%
Decline to State/Not Reported	59%

1) Therapists working with individuals who need additional support when transitioning between mental health services and/or levels of care;
2) Staff in a Crisis Stabilization Unit (CSU), Royale Therapeutic Residential Center or crisis services program connecting individuals into ongoing outpatient care
3) Therapists or Personal Service Coordinators working with an individual as they reintegrate into their community following a recent hospitalization, incarceration/ juvenile detention, or shelter stay (i.e., Orangewood, etc.)
4) BHS Outreach & Engagement (O&E) team
5) Housing Navigators working with individuals in need of housing sustainability assistance after being placed as part of Orange County's Whole Person Care plan.

TARGET POPULATION

Orange County residents living with SED or SMI who would benefit from having a peer specialist as a part of their recovery.

OUTCOMES

The number of people enrolled in peer services has been increasing post-pandemic, particularly in Track 2 which focuses on linking clients to services.

Peers consistently helped nearly all participants achieve their skill-building. During the past two years, about two-thirds of participants were linked to care, nearly double the rate seen in FY 2021-22.

PEER MENTORING ENROLLMENT BY TRACK AND FY

	FY 21-22	FY 22-23	FY 23-24
Track 1 (Skill-Building)	280	247	268
Track 2 (Linkage to Care)	201	372	386
Total	481	619	654

CHALLENGES AND SOLUTIONS

GOAL ACHIEVEMENT RATE BY TRACK AND FY

	FY 21-22	FY 22-23	FY 23-24
Track 1 (Skill-Building)	89%	93%	91%
Track 2 (Linkage to Care)	31%	63%	61%

During Fiscal Year 2023-24, Children and Youth Services experienced difficulties recruiting peers to work in Probation facilities. Part of the difficulties with recruitment, were due to a new requirement for peers to go through a lengthy Probation clearance process.

This program could be subject to decreases in funding or elimination based on available funding.

WELLNESS CENTERS

OVERVIEW OF THE PROGRAM

Orange County funds three Wellness Center locations that serve adults 18 and older who are living with a serious mental illness and may have a co-occurring disorder. Members are relatively stable and actively working on their recovery, which allows them to maximize the benefits of participating in Wellness Center groups, classes and activities. The Centers serve a diverse member base and Wellness Center West has a unique dual track program that provides groups, classes, and activities in English and monolingual threshold languages that meet the cultural and language needs of the population located in the city of Garden Grove. The predominant threshold language in the monolingual track is Vietnamese.

PROGRAM SUMMARY	
Program Serves	Ages 18+
Symptom Severity	At Risk
	Mild-Moderate
	Severe
Location of Services	Community Based
	Field Based
Numbers of Individuals to be Served	1,500
Annual Budget	$4,300,000
Avg. Est. Cost per Person	$2,867
Typical Population Characteristic	Recovery from SUD
	LGBTIQ+
	Trauma Exposed
	Veterans/Military Connected

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

Wellness Centers monitor their success in supporting recovery through social inclusion and self-reliance.

DESCRIPTION OF SERVICES

Wellness Centers are grounded in the Recovery Model and provide a support system of peers to assist members in maintaining their stability while continuing to progress in their personal growth and development. The programs are culturally and linguistically appropriate while focusing on personalized socialization, relationship building, assistance with maintaining benefits, setting educational and employment goals, and giving back to the community via volunteer opportunities.

Recovery interventions are member-directed and embedded within the following array of services: individualized wellness recovery action plans, peer supports, social outings, recreational activities, and linkage to community services and supports. Services are provided by individuals with lived experience and are based upon a model of peer-to-peer support in a non-judgmental environment. A wide variety of weekend, evening and holiday social activities are provided for members to increase socialization and encourage (re)integration into the community. The ultimate goal is to reduce reliance on the mental health system and to increase self-reliance by building a healthy network of support which may involve the members' family, friends or significant others.

The Wellness Centers utilize Member Advisory Boards (MABs)composed of members who develop or modify programming and evaluate the successes or failures of groups, activities, and classes. They also use a community townhall model and member Satisfaction and Quality of Life surveys to make decisions about programming and activities.

TARGET POPULATION

Adults aged 18+ who are living with a serious mental illness. The current Wellness Center located in Garden Grove has a monolingual track for Vietnamese speakers.

OUTCOME

The Wellness Centers monitor their success in supporting recovery through two broad categories: social inclusion and self-reliance. Social inclusion is evaluated in two ways. First, the Wellness Centers strive to encourage at least 30% of their total participants to engage in two or more groups or social activities each month, which has been met across the past three fiscal years. Second, the Centers encourage at least 90 members per month to engage in community integration activities as a key aspect of promoting their recovery. This goal was met in all but one month over the past three years. In addition, the Centers have continued to offer telegroups that began in FY 2020-21 in response to COVID.

FY 21-22	FY 22-23	FY 23-24
280	247	268

INDICATORS OF SOCIAL INCLUSION BY FY			
Fiscal Year	**2021-2022**	**2022-2023**	**2023-2024**
Monthly Group Participation (in-person)			
Monthly Participants (average)	384	521	630
Months Target Met (Target: >= 30%)	12/12	12/12	12/12
Monthly Average Participation 2+ Groups	77%	79%	78%
Monthly Community Integration (in-person)			
Monthly Participants (average)	384	521	630
Months Target Met (Target: >= 90	12/12	12/12	11/12
Monthly Group Participation (virtual)			
Monthly Participants (average)	74	49	32
Average Monthly Rate of Participation 2+ Groups	48	28	19

INDICATORS OF SELF-RELIANCE BY FY			
Fiscal Year	**2021-2022**	**2022-2023**	**2023-2024**
Meeting Facilitation			
Members Who Facilitated Meetings (Target: >= 300)	380	639	879
Employment			
Paid (Target: >=100)	96	139	158
Volunteer	258	481	650
Education			
Members Enrolled (Target: >=150)	98	193	281

The Wellness Centers also strive to increase a member's self-reliance, which is evaluated in three ways. The Centers have a goal of having at least 300 members facilitate a meeting each year, which was met all three fiscal years. They also have a goal of having at least 100 members employed and 150 members enrolled in school/courses, each of which was met the past two years. The employment (n=96) and, in particular, the education goals (n=98) were not met in FY 2021-22, which may, in part, reflect more limited opportunities available that year as the county transitioned out of the pandemic.

CHALLENGES AND SOLUTIONS

During FY 2023-24, transportation support was offered to the members at all three centers who identified transportation as a barrier. Transportation support is offered through California Yellow Cab (CYC) offering limited transportation to and from the center. Additionally, many members are still reluctant, hesitant to participate in in-person groups due to fear of possible exposure to communicable diseases; therefore, all three centers continue to offer hybrid groups in which members can join virtually. Staff at all three centers are continuously reaching out to members to check in on their well-being and encourage them to return to the center.

This program could be subject to decreases in funding or elimination based on available funding.

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
Total Distinct Served	**2210**
Age Group	
Child 0-15	0%
TAY 16-25	7%
Adult 26-59	72%
Older Adult 60+	20%
Declined to State/Not Reported	1%
Gender	
Female	53%
Male	46%
Transgender	0%
Genderqueer	0%
Questioning/Unsure	0%
Another	1%
Declined to State/Not Reported	1%
Race/Ethnicity	
American Indian/Alaska Native	1%
Asian/Pacific Islander	14%
Black/African-American	5%
Hispanic/Latino	24%
Middle Eastern/North African	2%
Native Hawaiian/Pacific Islander	1%
Caucasian/White	37%
Another Not Listed	10%
Decline to State/Not Reported	5%

SUPPORTED EMPLOYMENT

OVERVIEW OF THE PROGRAM

The Adult Supported Employment (ASE) program serves seriously and persistently mentally ill adults eighteen (18) years and older who are legally residing in Orange County and who require job assistance to obtain competitive or volunteer employment. Direct referrals shall be made to the Supported Employment Program from County and contracted Outpatient, Substance Use Disorder, Recovery programs, Full Service Partnerships, select Prevention and Intervention and Innovations programs and the Wellness Centers. Clients referred to and enrolled in the Supported Employment program must be engaged in mental health services during their entire enrollment in the program and must have an assigned Plan Coordinator or Personal Services Coordinator who will collaborate with the Supported Employment staff to assist with mental or treatment issues that may arise with their clients.

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

The goal includes tracking of participants who graduate after achieving State of California job retention benchmark of 90 days in paid employment or 90 days of volunteer placement.

DESCRIPTION OF SERVICES

The Supported Employment Program Individual Employment Plans are developed by the employment team with the participant and closely follow the evidence-based Individual Placement & Support employment model to provide services such as volunteer or competitive job placement, ongoing work-based vocational assessment, benefits planning, individualized program planning, time-unlimited job coaching, counseling, and peer support services. Employment Specialists (ES) and Peer Support Specialists (PSS) work together as an Employment Team. The ES assists participants with employment preparation including, but not limited to, locating job leads, assisting with application submissions and assessments, interviewing, image consultation, and transportation issues. The ES also provides one-on-one job support, either by telephone or at the participant's workplace, to ensure successful job retention. The PSS are individuals with lived experience with mental health and substance use challenges, and who possess skills learned in formal training, and/or professional roles, to deliver services in a mental health setting to promote mind-body recovery and resiliency. The PSS work with participants to develop job skills and assist the ES in helping the participant identify areas of need for development, and may use techniques such as role modeling, field mentoring, mutual support, and others that foster independence and promote recovery.

For those who may not yet be ready for competitive employment, the program offers volunteer opportunities at places of business around the county as a way for them to gain work-related skills and confidence.

TARGET POPULATION

Adults aged 18+ who are receiving mental health services and require job assistance.

OUTCOMES

Program performance is evaluated by the number of participants who graduate after achieving the State of California job retention benchmark of 90 days of paid employment. Over the past two fiscal years, 70% of those placed in paid employment met this benchmark. The rate in FY 2021-22 was lower (46%), likely reflecting fewer

PROPORTION TO BE SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
Supported Employment Total Distinct Served	**266**
Age Group	
Child 0-15	0%
TAY 16-25	19%
Adult 26-59	77%
Older Adult 60+	4%
Declined to State/Not Reported	0%
Gender	
Female	35%
Male	64%
Transgender	0%
Genderqueer	0%
Questioning/Unsure	0%
Another	2%
Declined to State/Not Reported	0%
Race/Ethnicity	
American Indian/Alaska Native*	0%
Asian/Pacific Islander	14%
Black/African-American	7%
Hispanic/Latino	44%
Middle Eastern/North African*	0%
Native Hawaiian/Pacific Islander*	0%
Caucasian/White	29%
Another	6%
Decline to State/Not Reported	1%

** Combined into Another race/ethnicity due to low counts*

opportunities available that year as the county transitioned out of the pandemic.

SUPPORTED EMPLOYMENT INDICATORS			
Fiscal Year	**2021-22**	**2022-23**	**2023-24**
Total Participants Served in FY:	245	376	440
Total Participants Enrolled in FY:	194	286	266
Employment Placements Made by FY:	131	106	115
Total Graduations by FY:	60	74	80
% Employed who Graduated	46%	70%	70%

CHALLENGES/SOLUTIONS

Adult Supported Employment (ASE) is dependent on referrals. During FY 2023-24, all Substance Use Disorder outpatient clinics were added as approved referring parties to the ASE program. This demonstrated to be very successful. The program continues to coordinate monthly presentations to educate referral sources on what services are offered through the ASE program. ASE continued to offer virtual monthly Job Club presentations to make community partners aware of valuable services the program has to offer allowing members and non-members to participate in job development skills virtually. Through a strong collaboration with the Wellness Centers, viewing parties are hosted at all three centers.

This program will end June 30, 2025. Supported employment will become a mandated part of the delivery of Full Service Partnership program services in BHSA. This support will be transitioned into the requirements and scope of work for FSP in the Behavioral Health Integrated Plan.

OUTPATIENT CLINIC EXPANSION

CHILDREN AND YOUTH EXPANSION

OVERVIEW OF THE PROGRAM

The Children and Youth Outpatient Services program serves youth under age 21 who meet the following eligibility criteria:

Living with serious emotional disturbance (SED) or serious mental illness (SMI) and a) qualifies for Early and Periodic Screening, Diagnosis, and Treatment as part of having full-scope Medi-Cal; b) has a condition placing the child/youth at high risk for a mental health disorder due to the experience of trauma evidenced by scoring in the high-risk range under a trauma screening tool, involvement with child welfare or juvenile justice systems, or experiencing homelessness; c) requires medically necessary treatment services to address the child's mental health condition. Youth can be referred by community agencies, other mental health providers, pediatricians, SSA, probation, school personnel, general community, families, etc.

Where possible, MHSA funds will act as a match to draw down Federal Financial Participation (FFP) funds and increase the number of youth who can be served through this program. It is anticipated that the need for MHSA funds to be used in this way will be significantly reduced or eliminated with the shift to Payment Reform in FY 2025-26. Services will be primarily, if not entirely, funded by FFP which would result in MHSA funding for this program being reduced or eliminated.

PROGRAM SUMMARY	
Program Serves	Ages 0-21
Symptom Severity	Moderate – Severe
	Severe
Location of Services	Clinic Based
	Community Based
	Field Based
	Home Based
Numbers of Individuals to be Served	2,400
Annual Budget	$6,000,000
Avg. Est. Cost per Person	$2,500
Typical Population Characteristic	Students/Schools
	Foster Youth, Justice Involved Youth
	Parents
	Families
	Ethnic Communities
	Trauma Exposed

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

The program looks to reduce clinical symptoms and distress over time.

DESCRIPTION OF SERVICES

Outpatient services provided through this program are tailored to meet the needs of the youth and their family, and can include peer/parent support services, screening/ assessment, individual and family outpatient therapy, group therapy, crisis intervention and support, case management, referral and linkage to supportive services, and/or medication management, if needed. Services are linguistically matched to the needs of the client and provided in a culturally competent manner in the clinic, in the community, or at a school

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
Total Distinct Served	**14,228**
Age Group	
Child 0-15	54%
TAY 16-25	18%
Adult 26-59	<1%
Older Adult 60+	0%
Declined to State/Not Reported	27%
Gender	
Female	42%
Male	30%
Transgender	0%
Genderqueer	<1%
Another	<1%
Declined to State/Not Reported	27%
Race/Ethnicity	
American Indian/Alaska Native	<1%
Asian/Pacific Islander	4%
Black/African-American	3%
Hispanic/Latino	24%
Middle Eastern/North African	1%
Native Hawaiian/Pacific Islander	<1%
Caucasian/White	11%
Another Not Listed	1%
Decline to State/Not Reported	56%

depending on what the youth/family prefers or is clinically appropriate. For foster and probation youth who qualify under Pathways to Well-Being, services will comply with program requirements, including those for Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS) and Child and Family Teams.

Clinic Expansion - The OC Health Care Agency offers the overwhelming majority of its outpatient clinic services through non-Mental Health Services Act County-operated and County- contracted facilities located across Orange County. Because demand for services exceeds the clinics' capacity, the outpatient clinic programs have been able to increase services through the MHSA to address gaps in care, specifically in County-contracted outpatient clinics.

TARGET POPULATION

Children and adolescents under the age of 21 with serious emotional disturbance or serious mental illness.

OUTCOMES

The program was evaluated by examining the percent of children and youth who were not (or were no longer) experiencing a level of clinical distress requiring active therapeutic intervention at follow up. As measured by the Child and Adolescent Needs and Strengths (CANS), about two-thirds were not experiencing significant levels of anxiety or depression, about 85% were not experiencing significant anger control issues, and nearly all were not experiencing suicide risk or psychosis at the time of follow up.

% YOUTH NOT EXPERIENCING CLINICAL DISTRESS AT FOLLOW-UP			
Fiscal Year	**2021-22**	**2022-23**	**2023-24**
Anxiety	68%	67%	68%
Depression	68%	71%	71%
Suicide Risk	94%	94%	97%
Anger Control	86%	85%	83%
Psychosis and Thought Disorder	99%	99%	99%

SUCCESSES

The impact of the Children and Youth Expansion has been significant. It has allowed contracted outpatient service providers to increase access to clinic services, ensure services are provided in a timelier manner by significantly reducing wait times, and increasing capacity by hiring and retaining qualified mental health professionals. The expansion has also allowed providers to leverage the effectiveness of Peer Support Specialist services and increased access to evidenced based practices such as, Parent-Child Interaction Therapy (PCIT) and Dialectical Behavior Therapy (DBT).

CHALLENGES/SOLUTIONS

Due to the start of a new contract cycle, there were a couple of contract providers that needed to establish new outpatient clinic facilities and staff these clinic facilities with the appropriate number of clinicians and administrative support staff. This created some delay in providing services immediately in the targeted geographic areas of the County.

As a result of CalAIM Payment Reform changes, contract providers need to learn and be trained in such changes. This included new workflows and processes for documentation and billing of services. Although trainings and support were in place and provided as needed, the impact of the CalAIM changes were significant.

Although workforce recruitment and retention issues were partially addressed through the expansion, statewide and local workforces shortages continued to have some negative impact on how quickly contract providers could fill staffing vacancies for positions that provided direct service to clients.

SERVICES FOR SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAMS

OVERVIEW OF THE PROGRAM

Starting in FY 2017-18, **Services for the Short-Term Residential Therapeutic Program** (S-STRTP; previously a track in the former Youth Core Services program called STRTP) was established to serve Wards and Dependents of the Court ages six to 17 and Non-Minor Dependents (NMD) ages 18 up to 21 who need intensive mental health care in a trauma-informed residential setting. Residential costs are paid through the foster care system, and the HCA contracts with the STRTP facilities to provide Medi-Cal Specialty Mental Health Services (SMHS) to eligible youth and NMDs placed under the Assembly Bill 403 mandate. All referrals to the program are made by Child Welfare or Probation with approval from the Interagency Placement Committee (IPC), which includes staff from Child Welfare, Probation and the HCA. The HCA is contracted for 115 beds with six STRTP providers who have 17 facilities across the county.

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

The goal of the program is to reduce clinical symptoms and distress in order to stabilize the mental health of the youth for transition to lower levels of care.

DESCRIPTION OF SERVICES

Per State legislation, youth who meet eligibility criteria may be placed in an STRTP facility up to six months, with an option for a six-month extension, as needed, before transitioning to a less restrictive, more family-like setting. While in the placement, the STRTP will provide an integrated program of specialized and intensive mental health services that may include the following: individual, group and family therapy; collateral services; medication support services; intensive home-based services/mental health rehabilitation services; intensive care coordination/case management; and crisis intervention. Per the regulations, STRTP facilities are required to provide evidence- based practices (EBPs) that meet the needs of its targeted population. Thus, the specific treatment interventions may vary among the providers. In addition, the legislation requires that all providers must deliver trauma-informed and culturally relevant core services that include:

- Specialty Mental Health Services under the Medi-Cal Early and Periodic Screening, Diagnosis and Treatment program
- Transition services to support children, youth, and their families during changes in placement
- Educational and physical, mental health supports, including extra-curricular activities and social supports
- Activities designed to support transitional-age youth and nonminor dependents in achieving a successful adulthood, and
- Services to achieve permanency, including supporting efforts for adoption, reunification, or guardianship and efforts to maintain or establish relationships with family members, tribes, or others important to the child or youth, as appropriate.

PROGRAM SUMMARY	
Program Serves	Ages 6-20
Symptom Severity	Severe
Location of Services	Residential Based
Numbers of Individuals to be Served	200
Annual Budget	$6,000,000
Avg. Est. Cost per Person	$30,000
Typical Population Characteristic	Foster Youth
	Criminal Justice Involved
	Trauma Exposed

PROPORTION TO BE SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
Total Distinct Served	**553**
Age Group	
Child 0-15	74%
TAY 16-25	24%
Adult 26-59	0%
Older Adult 60+	0%
Declined to State/Not Reported	2%
Gender	
Female	53%
Male	44%
Transgender*	
Genderqueer*	
Questioning/Unsure*	
Another	3%
Declined to State/Not Reported*	
Race/Ethnicity	
American Indian/Alaska Native*	
Asian/Pacific Islander	3%
Black/African-American	9%
Hispanic/Latino	54%
Middle Eastern/North African*	
*Native Hawaiian/Pacific Islander	
Caucasian/White	22%
Another	3%
Decline to State/Not Reported	10%

** Combined into **"Another"** due to low counts in Gender and race/ethnicity*

TARGET POPULATION

Children and youth ages 6-17 and non-minor dependents 18-21, in need of a high level of mental health care, who are Wards and Dependents of the Court.

OUTCOMES

The program was evaluated by examining the percent of children and youth who were not (or were no longer) experiencing a level of clinical distress requiring active therapeutic intervention at follow up. As measured by the Child and Adolescent Needs and Strengths (CANS), two-thirds were not experiencing significant levels of anxiety, suicide risk or anger control issues at the time of follow up. About half to two-thirds were not experiencing significant distress in adjusting to trauma at the time of follow up.

SUCCESSES/CHALLENGES

STRTPs have had ongoing challenges in staff recruitment and retention due to the intensive clinical nature of the work. When group homes transitioned to STRTPs, the congregate care of multiple youth who have significant trauma, high risk behavioral and mental health challenges, and history of multiple placement disruptions proved to be difficult. However, all six STRTP providers in Orange County have been able to maintain their status as licensed STRTPs and Medi-Cal Certified providers, and able to provide ongoing intensive clinical treatment to the youth placed in their facilities.

% YOUTH NOT EXPERIENCING CLINICAL DISTRESS AT FOLLOW-UP			
Fiscal Year	**2021-22**	**2022-23**	**2023-24**
Anxiety	94%	85%	72%
Adjustment to Trauma	67%	54%	48%
Suicide Risk	96%	93%	90%
Anger Control	80%	66%	62%

OUTPATIENT SERVICES

OVERVIEW OF THE PROGRAM

The Outpatient Services program is designed for adults aged 18 and older who are living with a serious mental illness and may also have a co-occurring substance use disorder. This program operates at multiple locations throughout the county, with the County-contracted locations referred to as Outpatient Clinics.

Outpatient Services provide therapeutic mental health support in an outpatient setting, specifically catering to individuals with significant mental health needs. The clinical services offered prioritize the individual needs, strengths, choices, and involvement of each client in the planning and implementation of their services. The goal is to empower clients to take charge of their lives through informed decision-making.

Services are available Monday through Friday during hours that are most accessible for clients and include Medication Management Services, Mental Health Services, and Evaluation of Program Effectiveness. All clients must be referred or approved by HCA, except for walk-ins at HCA-approved Direct Access sites.

PROGRAM SUMMARY	
Program Serves	Ages 18+
Symptom Severity	Severe
Location of Services	Clinic Based
	Field Based
Numbers of Individuals to be Served	1,050
Annual Budget	$6,400,000
Avg. Est. Cost per Person	$6,095
Typical Population Characteristic	Ethnic Communities
	Recovery from SUD
	Trauma Exposed

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

There are three goals of the Outpatient program:

1. **Statewide Behavioral Health Goals:**
   The Department of Health Care Services (DHCS) is anticipated to require the following proposed population behavioral health goals: Goals for Improvement and Goals for Reduction.
2. **Behavioral Health Accountability:**
   - Measurement Year (MY), track program performance according to the Behavioral Health Accountability Set (BHAS).
   - Regularly monitor program BHAS rates, calculated according to HEDISTM standards, and implement quality improvement and/or process changes, as needed, to meet or exceed the minimum performance level (MPL).
   - Regularly monitor program performance and implement strategies to address disparities in health outcomes.
   - Incorporate any changes to the BHAS and/or HEDISTM methodology as quickly as possible and/or update metrics as DHCS releases data performance and outcome standards for BHSA-funded programs.
3. **Timely Access Standards:**
   Track and report all scheduling and appointment data for both initial and follow-up appointments with non-physician mental health providers and with physicians/psychiatrists.

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
Total Distinct Served	**3,942**
Age Group	
Child 0-15	< 1%
TAY 16-25	16%
Adult 26-59	67%
Older Adult 60+	7%
Declined to State/Not Reported	10%
Gender	
Female	42%
Male	47%
Transgender	1%
Genderqueer	< 1%
Questioning/Unsure	0%
Another	< 1%
Declined to State/Not Reported	10%
Race/Ethnicity	
American Indian/Alaska Native	1%
Asian/Pacific Islander	10%
Black/African-American	5%
Hispanic/Latino	40%
Middle Eastern/North African	1%
Native Hawaiian/Pacific Islander	0%
Caucasian/White	28%
Another Not Listed	1%
Decline to State/Not Reported	13%

DESCRIPTION OF SERVICES

The outpatient clinics offer case management, medication services, individual and group counseling, crisis intervention, educational and vocational services, and peer support activities. The main goals of these programs are to help adults enhance their engagement within the community, establish a social support network, increase employment and volunteer opportunities, and connect to lower levels of care.

OUTCOMES

Over the past three years, the Recovery Centers were successful in meeting their target hospitalization rate of less than 1% when discharging clients from the program, reflecting their success in helping individuals maintain recovery and remain within their communities. In contrast, the program did not meet the target of linking at least 60% of clients to community-based mental health care after discharging from the program during any of the past three years.

INDICATORS	FY 2021-22	FY 2022-23	FY 2023-24
Discharging to Hospital (Target < 1%)	0%	<.05%	<.05%
Linkage to community-based care (Target > 60%)	41%	58%	38%

SUCCESSES

The needs of the individuals accessing the Recovery Centers and Clinics are uniquely met through services focused on reintegration into the community and overall independence. Individuals and their families are educated about the system of care, exposed to community resources, and encouraged to set and meet new goals beyond those achieved at the program. Through obtaining employment,

pursuing education and/or participating in meaningful activities, individuals who graduate have a better understanding of the tools they can use to support and maintain their recovery after discharge.

CHALLENGES/SOLUTIONS

After reviewing program data, the HCA modified how it calculated the rate of discharge to a lower level of care by removing from the calculation participants who dropped out of treatment for unidentified reasons (i.e., n=55 at Recovery Centers and 15 at Recovery Clinics in FY 2018- 19). Because these participants have left unexpectedly, a level of care determination cannot be made. In FY 2019-20, the HCA began tracking the progress a participant was making towards their goals (i.e., satisfactory, unsatisfactory), and goal progress at the time a participant leaves treatment for unknown reasons will be reported in future Plan Updates.

Nevertheless, the program recognizes that individuals can struggle with staying engaged in services when they experience changes in their treatment team or uncertainty over graduating from the program. Therefore, the program has taken steps to minimize premature discontinuation of services, such as providing peer support, planning social activities to help create a home-away-from-home environment for participants, offering to attend the first appointment with the new provider prior to discharge, and linking participants to community-based programs for continued social support prior to graduation. Programs have also identified graduates who are willing to return to speak with participants at the graduation ceremonies. This helps to encourage participants and allay concerns associated with obtaining treatment in the community and leaving the program where they have become comfortable.

Due to challenges with receiving appropriate referrals, the HCA has diligently worked on collaborating with referral sources and providing them with education on when, in the individual's recovery journey, it is most appropriate to refer clients to the program. In addition, the HCA has increased peer support provided in this program and hired 17 peers whose main focus is to assist individuals with transitions to different levels of care.

This program could be subject to decreases in funding or elimination based on available funding.

OLDER ADULT SERVICES

OVERVIEW OF THE PROGRAM

Older Adult Services (OAS) serves individuals ages 60 years and older who are living with serious mental illness (SMI), experience multiple functional impairments and may also have a co-occurring substance use disorder. Many of the older adults served in this program are homebound due to physical, mental, financial or other impairments. They are diverse and come from African American, Latino, Vietnamese, Korean and Iranian communities. OAS accepts referrals from all sources.

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

There are two goals of the Outpatient Recovery program:

1. Have psychiatric hospitalization rate of less than 1% while participants are enrolled
2. Discharging at least 60% of those with known discharge dispositions into a lower level of care.

DESCRIPTION OF SERVICES

OAS provides case management, referral and linkages to various community resources, geriatric psychiatry, vocational and educational support, substance use services, nursing services, crisis intervention, medication monitoring, pharmacist consultation, peer counseling, therapy services (individual, group, and family), and psychoeducation for participants, family members, and caregivers. Evidence-based practices include Cognitive Behavioral Therapy, Motivational Interviewing, Eye Movement Desensitization and Reprocessing (EMDR), Dialectical Behavioral Therapy (DBT), problem-solving therapy, solution focused therapy, harm reduction, Seeking Safety, and trauma-informed care.

PROGRAM SUMMARY	
Program Serves	Ages 60+
Symptom Severity	Severe
Location of Services	Community Based
	Field Based
Numbers of Individuals to be Served	530
Annual Budget	$2,600,000
Avg. Est. Cost per Person	$4,906
Typical Population Characteristic	Medical Co-Morbidities
	Criminal Justice Involved
	Homeless/At Risk of
	Recovery from SUD
	Trauma Exposed

TARGET POPULATION

Orange County residents 60+ living with Serious and Persistent Mental Illness (SPMI).

OUTCOMES

Over the past three years, Older Adult Services was successful in meeting its target hospitalization rate of less than 1% when discharging clients from the program, reflecting their success in helping individuals maintain recovery and remain within their communities. The program continued to struggle with linking clients to community-based mental health and did not meet the target of 60% or higher in any of the past three fiscal years.

PROPORTION TO BE SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
Total Distinct Served	**591**
Age Group	
Child 0-15	0%
TAY 16-25	< 1%
Adult 26-59	10%
Older Adult 60+	87%
Declined to State/Not Reported	3%
Gender	
Female	51%
Male	47%
Transgender	0%
Genderqueer	0%
Questioning/Unsure	0%
Another	0%
Declined to State/Not Reported	3%
Race/Ethnicity	
American Indian/Alaska Native	1%
Asian/Pacific Islander	11%
Black/African-American	4%
Hispanic/Latino	17%
Middle Eastern/North African	1%
Native Hawaiian/Pacific Islander	0%
Caucasian/White	42%
Another Not Listed	1%
Decline to State/Not Reported	23%

METRICS	FY 2021-22	FY 2022-23	FY 2023-24
Discharging to Hosp (Target < 1%)	0.6%	0.4%	0.0%
Linkage to community-based care (Target > 60%)	20%	35%	33%

SUCCESSES

OAS collaborates with the Public Health Services Senior Health Outreach and Prevention Program (SHOPP), Council on Aging, Social Services Agency (Adult Protective Services), community senior centers, adult day health care, Alzheimer's Association, Ageless Alliance, local police departments, OC Probation Department, hospitals and residential programs, etc. These relationships are important to address the many complicated issues that Orange County older adults face, which can include ensuring the safety of seniors, reaching out to homebound seniors in need of mental health services, coordinating joint home visits with the HCA Public Health nurses to ensure that participant's mental and physical health needs are addressed, and providing educational events for older adults and professionals on issues relevant to seniors, such as medication management, health- and mental health-related matters and community services.

CHALLENGES/SOLUTIONS

OAS continues to encounter ongoing issues collecting outcome measures that evaluate the program's performance (i.e., selection of a feasible measure of symptom reduction, adequate completion rates, etc.). Program staff has continued meeting to identify metrics appropriate for the target population being served such as implementing the PHQ-9 every six months.

Future Plan Updates will report these outcomes once implemented. With the move to a new location, OAS staff can now offer evidence-based practice groups and education for participants and their family members in a clubhouse atmosphere. During COVID-19, older adults became even more vulnerable since they were sheltering at home. OAS was able to obtain a small amount of CARES ACT funding to provide participants with sanitation packages, hygiene items, nutrition drinks, home delivered healthy meals, needed food items for companion animals and other essential items. Because of their co-morbid medical issues and mental health symptoms, they were not able to stand in line at food banks or go to multiple grocery stores for essential items. OAS staff were able to deliver items and simultaneously provide mental health services while practicing social distancing.

This program could be subject to decreases in funding or elimination based on available funding.

FULL SERVICE PARTNERSHIPS (FSP)

CHILDREN FULL SERVICE PARTNERSHIP

OVERVIEW OF THE PROGRAM

The Children's Full Service Partnership/Wraparound programs provide intensive, community-based services to promote wellness and resilience in children living with serious emotional disturbance and their families. Services include individual, group and family therapy, case management; crisis intervention; medication support, education support; transportation; housing; and socialization and recreational activities. FSPs employ a "whatever it takes" team approach, are available 24/7, and provide flex funding. There are currently six distinct programs within the Children's Full Service Partnership (FSP)/ Wraparound category, and each program focuses on a specific target population as described below.

- **Project Reaching Everyone Needing Effective Wrap (RENEW) FSP** provides services to children from birth to age 18 who are living with Serious Emotional Disturbance (SED). The program accepts referrals from the Outreach and Engagement teams, Crisis Assessment Team, schools, hospitals, general public, and County and contract clinics. Prominent among these referrals are children and youth who are homeless or at risk of homelessness. In addition to the treatment services provided to the children and youth, the parents frequently receive job assistance, especially when the needs of their child or youth with SED impact their ability to maintain employment.
- **Project For Our Children's Ultimate Success (FOCUS) FSP** specializes in serving culturally- and/or linguistically-isolated Asian-Pacific Islander youth living with SED or Serious Mental Illness (SMI), with a particular focus on the Korean and Vietnamese communities in the County. The program serves children, youth and Transitional Age Youth (TAY) ages 0-25 and their families.

PROGRAM SUMMARY	
Program Serves	0-15
Symptom Severity	Severe
Location of Services	Community Based
	Field Based
Numbers of Individuals to be Served	500
Annual Budget	$10,827,800
Avg. Est. Cost per Person	$19,687
Typical Population Characteristic	Students/Schools
	Parents
	Families
	Medical Co-Morbidities
	Criminal Justice Involved
	Ethnic Communities
	Homeless/At Risk-of
	Recovery from SUD
	Trauma Exposed

- **Youthful Offender Wraparound (YOW) FSP** serves children and youth through age 25 who are experiencing SED/SMI, co-occurring disorders and involved with the juvenile justice system. The program focuses on maintaining the gains the youth made while receiving services in custody and reintegrating the youth into the community. Learning how to obtain and maintain employment

despite significant mental health issues is a particular focus of this FSP.

- **Collaborative Courts FSP** program primarily works with the Juvenile Court, including Juvenile Recovery Court (JRC), Teen Court and Truancy Court, to support youth through age 25 with SED/SMI and co-occurring disorders. This program provides mental health and recovery services to youth and families in coordination with Probation, Social Services and attorneys representing youth and their families. Many of these youth are or were in the foster care system and have experienced multiple placement failures. These youth face a considerable number of problems and stressors and may require services well into early adulthood. The goal of the program is to assist with alternative coping skills, educational opportunities and job training. This FSP also supports the Juvenile Court's Truancy Response Program, providing services to youth with SED/SMI. Many of these youth face multiple problems and stressors. This is often the first time they have come to the attention of the "helping system."
- **The Children and Youth Services Program of Assertive Community Treatment (CYS PACT)** is an individualized treatment approach that offers intensive services in the community. The children and transitional age youth served in this program struggle with the onset of acute and chronic symptoms of mental illness and often present with co-occurring diagnoses and multiple functional impairments. This diverse population needs frequent and consistent contact to engage in services and remain in treatment; intensive family involvement is also typically required. The target population is children and youth ages 14 through 20 with Serious Emotional Disturbance (SED) or Serious Mental Illness (SMI) who have had a previous hospitalization or incarceration or are in need of more intensive mental health services than those provided in a traditional outpatient program.
- **Harnessing Every Ability for Lifelong Total Health (Project Health) FSP** serves children and youth with co-occurring mental health and physical health issues. The mental health issues experienced by these children and youth may complicate or exacerbate their physical health issues and conversely, their physical health issues may exacerbate their mental health symptoms. Also included in this group are children and youth with severe eating disorders. The target population for this program is youth through age 18 who are being seen primarily by Oncology, Endocrinology and Neurology specialists at a local hospital. Parents and siblings are an integral part of the treatment process, given the disruption to the family structure when the survival of one family member becomes the family's main focus.

PROGRAM GOAL(S) AND INTENDED OUTCOME(S)

The goals of the Children FSP Program, as well as all FSP programs, are related to youth remaining safely in the community, maintaining shelter/housing (i.e., not experiencing unsheltered homelessness) without requiring psychiatric hospitalization and/or juvenile justice arrest or detention.

DESCRIPTION OF SERVICES

The FSP programs use a coordinated team approach to provide "whatever it takes," including 24/7 crisis intervention and flexible funding to support people on their recovery journeys. FSP programs follow the Assertive Community Treatment (ACT) model and the Wraparound model of providing comprehensive, community-based interventions, linguistically and culturally congruent services, and around-the-clock crisis intervention and support by coordinated, multidisciplinary teams. The teams can include Marriage and Family Therapists, Clinical Social Workers, Professional Clinical Counselors, Personal Services Coordinators, Peer Mentors, Youth Mentors, Parent Partners, Housing Coordinators, Employment Coordinators, Clinical Dietitians, Licensed Clinical Supervisors, Psychiatrists and/or Nurses who are committed to the recovery model and the success of their participants. Working together, the teams provide intensive services that include counseling, case management and peer support, which are described in more detail below.

With regard to clinical interventions, the FSP provides individual, family and group therapy to help individuals reduce and manage their symptoms, improve functional impairments and assist with family/caregiver dynamics. A wide array of evidence-based practices are available and, depending on the age and needs of the individual, can include Motivational Interviewing, Cognitive Behavioral Therapy (CBT), Trauma-Focused CBT, Eye Movement Desensitization and Reprocessing (EMDR), Dialectical Behavior Therapy, Integrated Treatment for Co-Occurring Disorders, Parent Child Interaction Therapy (PCIT), Seeking Safety, Illness Management and Recovery, behavior modification and others. Individuals enrolled in an FSP program also receive psychiatric care, medication management, psychoeducation, co-occurring substance use disorder services, mindfulness training, crisis intervention and/or 24/7 support as needed.

Personal Services Coordinators (PSCs) provide intensive case management to help individuals access crucial medical care, educational support, social and recreational opportunities, mental health rehabilitation, benefits and entitlements, transportation resources, basic needs and other resources available in the community. PSCs and/or other FSP staff also help individuals develop skills to manage challenging symptoms, behaviors or impairments and work with significant others and caregivers, when available, to support client learning and practicing new skills.

Peer Recovery Specialists/Coaches and Parent Partners are key members of the FSP teams and play an integral role in promoting wellness and resilience. By sharing their lived experience and learned skills, peer staff support recovery, empowerment and community integration. In addition, Parent/Family Partners work closely with parents, legal guardians, caregivers, significant others and other family members to provide suggestions on how they can best support the participant. Parent Partners also assist with the psychoeducational process to close the generational gap and shift the way parents and caregivers view mental health, as well as provide respite care.

Family involvement in treatment and services can be critical to supporting and maintaining an individual's recovery and has been

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
Total Distinct Served	**516**
Age Group	
Child 0-15	100%
TAY 16-25	0%
Adult 26-59	0%
Older Adult 60+	0%
Gender	
Female	32%
Male	31%
Transgender*	0%
Genderqueer	0%
Questioning/Unsure	0%
Another*	3%
Declined to State/Not Reported	34%
Race/Ethnicity	
American Indian/Alaska Native*	
Asian/Pacific Islander*	
Black/African-American	5%
Hispanic/Latino	44%
Middle Eastern/North African*	
Native Hawaiian/Pacific Islander	9%
Caucasian/White	4%
Another	38%
Decline to State/Not Reported	13%

** Combined into **"Another"** due to low counts*

central to the Children FSP program's approach to service and care planning. FSP programs offer family support groups, to provide families with information, education, guidance and support for their own needs, as well as to enable them to assist their family member's recovery.

TARGET POPULATION

Children, adolescents, and Transitional Age Youth (TAY) who meet the following criteria: homeless/risk of homelessness; history of multiple psychiatric hospitalizations; experiencing first psychotic episode; exiting Social Services or Probation system; child of parent with SMI; age 0-5 who are unable to function in mainstream education setting due to emotional/behavioral problems; resident of Orange County.

OUTCOMES

FSP programs do "whatever it takes" to support the wellness, recovery and safety of its members, with the goal that at least 80% of members remain safely in the community and do not require psychiatric hospitalization, remain out of custody, avoid arrest and/or do not experience unsheltered homelessness while enrolled in FSP services. Children (based on their age at the start of the fiscal year) met all targets across the past three fiscal years.

CHILDREN			
Fiscal Year	**2021-22**	**2022-23**	**2023-24**
Number served	465	599	516
Number served w/ outcomes data	458	588	474
No Psychiatric Hospitalization	92.7%	90.0%	95.1%
No Incarceration	95.8%	95.0%	93.7%
No Arrests	96.6%	96.0%	95.8%
No Unsheltered Homelessness	100.0%	99.0%	99.6%

SUCCESS STORY

The FSP programs provide a strong base in participant-driven services that build on individual strengths using a "whatever it takes" approach and field-based services that break down barriers to accessing treatment. With the continued implementation of co-occurring services, the programs have increased their collaboration with community substance use programs, residential substance use treatment programs and/or detoxification centers. In addition, providers work collaboratively with the Courts, Probation Department, Public Defender's Office, District Attorney's Office, and/or County Counsel to prioritize developing treatment approaches that reduce recidivism in the criminal justice system.

The FSP programs also work closely with various providers and other community groups to support participants on their recovery journeys. This includes the Social Security Administration, Social Services Agency, primary care physicians and other medical providers, hospitals, board and care homes, room and boards, recovery residences, housing providers, shelters, Family Resource Centers, legal resources, food banks, vocational trade programs, LGBTIQ centers, Salvation Army, Goodwill, Wellness Centers, NAMI, immigration services, thrift shops, faith-based leaders, school districts, policymakers, community based organizations and community clinics. By establishing such depth and breadth to their network of collaborators, the FSPs continue to be a leading force for mental health recovery in the community.

The FSP programs have also held special events to reinforce the importance of natural support systems the children/youth participants rely on to maintain the progress they have made in the program. For example, one FSP program emphasizes the importance and role of family and community within the Asian American culture by holding cultural events such as the "Annual Winter Gathering " to celebrate the Lunar New Year. This event has had consistent participation and is highly anticipated by the FSP program's children/youth and their families.

CHALLENGES/SOLUTIONS

In FY 2023-24, all Children's FSP programs continued to experience staff turnover and an increased demand for services. All FSP programs have continued to address their recruitment and retention issue by increasing efforts to reach more qualified candidates and offering greater training and experience opportunities after being hired. This program could be subject to decreases in funding or elimination based on available funding.

TRANSITIONAL AGED YOUTH FULL SERVICE PARTNERSHIP

OVERVIEW OF THE PROGRAM

The Transitional Aged Youth (TAY) Full Service Partnership (FSP) serves youth aged 16-25 who are homeless or at risk of homelessness, who are culturally or linguistically isolated, and/or who are at risk of incarceration or psychiatric hospitalization due to Serious Emotional Disturbance (SED) or Serious Mental Illness (SMI), frequently complicated by substance use. There are currently five programs within the Transitional Age Youth FSP category, which serve particular target populations. Younger TAY may also be served in the children's RENEW FSP and older TAY may also be served in the Adult FSP programs depending on their age and needs.

- **Support Transitional Age Youth (STAY) Process FSP** serves TAY who are living with SED or Serious Mental Illness (SMI) that is frequently complicated by substance use, almost all of whom are at some risk of homelessness. TAY are provided support and guidance to help them increase their abilities and skills essential to being self-sufficient adults.
- **Project For Our Children's Ultimate Success (FOCUS) FSP** specializes in serving culturally and/or linguistically-isolated Asian-Pacific Islander youth living with SED or SMI, with a particular focus on the Korean and Vietnamese communities in the County. The program serves youth through age 25 and their families.
- **Youthful Offender Wraparound (YOW) FSP** serves youth through age 25 who are experiencing SED/SMI, and involved with the juvenile justice system. The program focuses on maintaining the gains the youth made while receiving services in custody and reintegrating the youth into the community, assessing and providing any housing and social rehabilitation needs. Learning how to obtain and maintain employment despite significant mental health issues is a particular focus of this FSP.

PROGRAM SUMMARY	
Program Serves	16-25
Symptom Severity	Severe
Location of Services	Community Based
	Field Based
Numbers of Individuals to be Served	1,100
Annual Budget	$13,060,000
Avg. Est. Cost per Person	$11,872
Typical Population Characteristic	Students/Schools
	Parents
	Families
	Medical Co-Morbidities
	Criminal Justice Involved
	Ethnic Communities
	Homeless/At Risk-of
	Recovery from SUD
	Trauma Exposed
	Foster Youth

- **Collaborative Courts FSP** program primarily works with the Juvenile Court, including Juvenile Recovery Court (JRC), GRACE Court, Teen Court, Crossover Youth Court (CYC),and Truancy Court, to support youth through age 25 with SED/SMI and co-occurring disorders. This program provides mental health and recovery

services to youth and families in coordination with Probation, Social Services and attorneys representing youth and their families. Many of these youth are or were in the foster care system and have experienced multiple placement failures. These youth face a considerable number of problems and stressors and may require services well into early adulthood. The goal of the program is to assist with alternative coping skills, educational opportunities and job training.

- **The Program of Assertive Community Treatment (PACT)** is the County-operated version of a Full-Service Partnership program. PACT utilizes the evidence-based Assertive Community Treatment model to provide comprehensive, "whatever it takes," field-based outpatient services to persons ages 14-21 who are living with serious emotional disturbance (SED) or serious mental illness (SMI). Individuals enrolled in the PACT may also have a co-occurring substance use disorder, experience social, cultural and/or linguistic isolation, and have had difficulty engaging with more traditional outpatient mental health services.

PROGRAM GOAL(S) AND INTENDED OUTCOMES

The goals of the TAY FSP Program, as well as all FSP programs, are related to youth remaining safely in the community by maintaining shelter/housing (i.e., not experiencing unsheltered homelessness) without requiring psychiatric hospitalization, or being arrested or detained in a correctional facility.

DESCRIPTION OF SERVICES

The FSP programs use a coordinated team approach to provide "whatever it takes," including 24/7 crisis intervention and flexible funding to support people on their recovery journeys. FSP programs follow the Assertive Community Treatment (ACT) model by providing comprehensive, community-based interventions, linguistically and culturally congruent services, and around-the-clock crisis intervention and support by coordinated, multidisciplinary teams. The teams can include a combination of clinical and non-clinical staff, including peers, to address mental health, substance use, housing, case management, and employment needs of the consumer. All team members are committed to the recovery model and the success of their participants. Working together, the teams provide intensive services that include counseling, case management, and peer support, which are described in more detail below.

FSPs provides individual, family, and group therapy to help individuals reduce and manage their symptoms, improve functional impairments and assist with family/caregiver dynamics. A wide array of evidence-based practices are available and, depending on the needs of the

TAY, can include Motivational Interviewing, Cognitive Behavioral Therapy (CBT), Trauma-Focused CBT, Eye Movement Desensitization and Reprocessing (EMDR), Dialectical Behavior Therapy, Integrated Treatment for Co-Occurring Disorders, Seeking Safety, behavioral modification, and others.

Individuals enrolled in an FSP program also receive psychiatric care, medication management, psychoeducation, co-occurring substance use disorder services, mindfulness training, crisis intervention, and/or 24/7 support as needed.

Personal Services Coordinators (PSCs) provide intensive case management to help individuals access crucial medical care, educational support, social and recreational opportunities, mental health rehabilitation, benefits and entitlements, transportation resources, basic needs and other resources available in the community. PSCs and/or other FSP staff also help individuals develop skills to manage challenging symptoms, behaviors, or impairments and work with significant others and caregivers, when available, to support client learning and practicing new skills.

Employment and/or housing support and coordination services are provided to assist and support participants in these essential elements of recovery. Numerous workshops and classes to teach

and hone prevocational and vocational skills such as resume writing, interviewing skills, computer skills, etc. are offered. Housing coordination services are provided to assist individuals with finding and maintaining safe, suitable housing, as reducing homelessness is one of the target outcomes for the FSPs.

Peer Recovery Specialists/Coaches are key members of the FSP teams and play an integral role in promoting wellness and resilience. By sharing their lived experience and learned skills, peer staff support recovery, empowerment, and community integration.

Family involvement in treatment and services can be critical to supporting and maintaining an individual's recovery and has been central to the TAY FSP program providers' approach to service and care planning.

TARGET POPULATION

Children/ adolescents, Transitional Age Youth (TAY) who meet the following criteria: homeless/risk of homelessness; history of multiple psychiatric hospitalizations; experiencing first psychotic episode; exiting Social Services or Probation system; child of parent with SMI; age 0-5 who are unable to function in mainstream education setting due to emotional/ behavioral problems; resident of Orange County.

OUTCOMES

FSP programs do "whatever it takes" to support the wellness, recovery and safety of its members, with the goal that at least 80% of members remain safely in the community and do not require psychiatric hospitalization, remain out of custody, avoid arrest and/or do not experience unsheltered homelessness while enrolled in FSP services. TAY (based on their age at the start of the fiscal year) met all targets across the past three fiscal years.

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
Total Distinct Served	**1,245**
Age Group	
Child 0-15	0%
TAY 16-25	100%
Adult 26-59	0%
Older Adult 60+	0%
Gender	
Female	34%
Male	42%
Transgender*	0%
Genderqueer	0%
Questioning/Unsure	0%
Another*	2%
Declined to State/Not Reported	23%
Race/Ethnicity	
American Indian/Alaska Native	<1%
Asian/Pacific Islander	5%
Black/African-American	4%
Hispanic/Latino	46%
Middle Eastern/North African	<1%
Native Hawaiian/Pacific Islander	0%
Caucasian/White	14%
Another Not Listed	2%
Decline to State/Not Reported	29%

** Combined into **"Another"** due to low counts*

TAY			
Fiscal Year	**2021-22**	**2022-23**	**2023-24**
Number served	1,064	1,154	1,245
Number served w/ outcomes data	935	1,087	1,076
No Psychiatric Hospitalization	92%	90%	91%
No Incarceration	88%	86%	86%
No Arrests	92%	90%	90%
No Unsheltered Homelessness	96%	95%	94%

SUCCESS STORY

The FSP programs provide a strong base in participant-driven services that build on individual strengths using a "whatever it takes" approach and field-based services that break down barriers to accessing treatment. With the continued implementation of co-occurring services, the programs have increased their collaboration with community substance use programs, residential substance use treatment programs and/or detoxification centers. In addition, providers that work collaboratively with the Courts, Probation Department, Public Defender's Office, District Attorney's Office, and/or County Counsel continue to prioritize developing treatment approaches that reduce recidivism in the criminal justice system.

The FSP programs also work closely with various providers and other community groups to support participants on their recovery journeys. This includes the Social Security Administration, Social Services Agency, primary care physicians and other medical providers, hospitals, board and care homes, room and boards, recovery residences, housing providers, shelters, Family Resource Centers, legal resources, food banks, vocational trade programs, LGBTIQ centers, Salvation Army, Goodwill, Wellness Centers, NAMI, immigration services, thrift shops, faith-based leaders, school districts, policymakers, community-based organizations, and community clinics. By establishing such depth and breadth to their network of collaborators, the FSPs continue to be a leading force for mental health recovery in the community.

The FSP programs for TAY recognize the importance of building a sense of fellowship and a community of shared experiences among the participants in their programs. One way TAY FSPs have had much success in fostering this sense of fellowship and community is by holding events such as the TAY Prom for all participants. Not only does the event bring participants together, but it also affords those TAY who did not experience a formal event or their own school prom an opportunity to enjoy this experience. Many participants have given positive feedback about the event and their experience.

CHALLENGES/SOLUTIONS

Finding safe, affordable, and permanent housing in the neighborhoods in which TAY have support networks has continued to be challenging. To address immediate concerns with supply, FSP housing specialists work to build relationships in the community and develop housing resources for their participants. Once participants have been placed in housing, FSPs utilize a housing assistance strategy in which the individual TAY becomes increasingly responsible for housing costs so that, when clinical goals are met, the individual is able to maintain housing independently. This strategy creates stability so that clinical advances can be maintained upon discharge from the program.

Employment has also continued to be an ongoing and significant challenge despite the recovering job market. FSP programs can encounter difficulties identifying employers who are amenable to employing individuals who may need schedule flexibility or time away from work to support their recovery. Yet employment serves as a critical component of recovery by helping increase people's connection with their community, providing a sense of purpose and increasing self-sufficiency. Drawing upon these principles, as well as an expanded definition of employment, the programs are working to increase individuals'

participation in meaningful, employment-related activities such as volunteer work and enrollment in educational/training courses as a way to enhance vocational skills, gain experience, and increase self-confidence about their ability to succeed in the workforce.

Addressing co-occurring substance use issues among TAY participants continues to be a challenge. FSP programs continue to focus efforts supporting co-occurring treatment by offering co-occurring groups, working to partner with community substance use treatment programs to expand resources, including residential programs that specialize in co-occurring treatment, and creating their own co-occurring supports and interventions to fill identified services gaps.

FSP staff also work collaboratively with Housing and Supportive Services staff to help individuals with co-occurring issues maintain their housing.

This program could be subject to decreases in funding or elimination based on available funding.

ADULT FULL SERVICE PARTNERSHIP

OVERVIEW OF THE PROGRAM

The Adult Full Service Partnership (FSP) programs provide intensive outpatient services and case management for individuals living with serious behavioral health conditions. The FSP framework is based on a "no fail" philosophy and does "whatever it takes" to meet the needs of clients, and when appropriate their families, including providing supportive services. The framework builds strong connections to community resources and provides field-based treatment and recovery services including crisis response 24 hours per day, 7 days per week. The primary goal of FSP programs is to improve quality of life by implementing practices which consistently promote good outcomes for the client. These outcomes include increasing safe and permanent housing, reducing criminal/justice involvement, and reducing high frequency use of psychiatric hospitalizations or emergency and crisis services. FSP programs strive to provide stabilizing services for the client at the lowest level of care allowing for maximum flexibility to support wellness, resilience and recovery.

The adult FSP programs operating in Orange County each target unique populations:

- **Criminal Justice FSP** serves adults living with serious mental illness (SMI) or co-occurring disorder (COD) who have current legal issues or experience recidivism with the criminal justice system.
- **General Population FSP** serves adults living with SMI or COD who are homeless or at risk of homelessness. These individuals typically have not been able to access or benefit from traditional models of treatment.
- **Enhanced Recovery FSP** serves adults who are on LPS conservatorship and returning to the community from long-term care placements such as Institutions for Mental Disease (IMDs), and adults who are referred through the Mental Health Collaborative Court for Assisted Intervention Court.
- **Collaborative Court FSP** serves adults who are referred through the Mental Health Collaborative Court. The program works in collaboration with Probation Department, court team and judge, District Attorney's Office, the Public Defender's Office, and HCA Mental Health Collaborative Court liaisons to provide services that re-integrates clients into the community and reduces recidivism.

PROGRAM SUMMARY	
Program Serves	18-59
Symptom Severity	Severe
Location of Services	Community Based
	Field Based
Numbers of Individuals to be Served	2,758
Annual Budget	$42,856,059
Avg. Est. Cost per Person	$15,538
Typical Population Characteristic	Parents
	Families
	Medical Co-Morbidities
	Criminal Justice Involved
	Ethnic Communities
	Homeless/At Risk-of
	Recovery from SUD
	Trauma Exposed

- **Assisted Outpatient Treatment (AOT) FSP** serves adults who have been court-ordered to participate in assisted outpatient treatment and individuals who have voluntarily agreed to participate in treatment and are referred by the county HCA Assisted Outpatient Treatment Assessment and Linkage Team. In addition, AOT FSP also serves individuals who are participating in CARE Court and referred by the HCA CARE team.
- **Vietnamese Speaking FSP** serves Vietnamese speaking adults living with SMI or COD who may be homeless or at risk of homelessness. These individuals typically have not been able to access or benefit from traditional models of treatment.
- **The Program of Assertive Community Treatment (PACT)** is the County-operated version of a Full Service Partnership program. PACT serves adults living with SMI or COD who are experiencing significant functional impairments and have had two or more episodes of psychiatric hospitalizations and/or mental health incarceration, or at least one episode of extended psychiatric hospitalization, within the past 12 months.

PROGRAM GOAL(S) AND INTENDED OUTCOMES

The goals of the Adult FSP Program, as well as all FSP programs, are related to participants remaining safely in the community and not requiring psychiatric hospitalization, remaining out of custody, and are not arrested and/or remain in shelter/housing (e.g., do not experience unsheltered homelessness).

DESCRIPTION OF SERVICES

The FSP programs, grounded in the Assertive Community Treatment model, have small caseloads and provide comprehensive and integrated services through a coordinated and multidisciplinary team approach. FSP teams includes a combination of clinical and non-clinical staff, including peers, to provide behavioral health and supportive services including case management, individual, family and group therapy, psychosocial rehabilitation, co-occurring substance use support, medication support, nursing support, crisis intervention, 24/7 crisis response, housing support, and employment support.

To maintain high quality delivery of services, FSP teams are trained in a wide array of evidence-based practices (EBPs) including Motivational Interviewing (MI), Cognitive Behavioral Therapy (CBT), Trauma-Focused CBT, Eye Movement Desensitization and Reprocessing (EMDR), Dialectical Behavior Therapy (DBT), Integrated Treatment for Co-Occurring Disorders, Seeking Safety, Illness Management and Recovery, and Moral Reconation Therapy (MRT).

Personal Services Coordinators (PSCs) provide intensive case management to help clients access crucial medical care, educational support, social and recreational opportunities, mental health rehabilitation, benefits and entitlements, transportation support, basic needs, and other resources available in the community. FSP team members also help clients develop skills to manage challenging symptoms, behaviors, or impairments and work with significant others and caregivers, when available, to support client learning and practicing new skills. Peer staff are key members of the FSP teams and play an integral role in engagement and promoting wellness and resilience. By sharing their lived experience and learned skills, peer staff support recovery, empowerment, and community integration.

Employment and/or housing support and co-occurring services are provided to assist and support clients in these essential elements of recovery. Numerous workshops and groups to teach prevocational and vocational skills such as resume writing, interviewing skills, computer skills are offered. Housing services are provided to assist individuals with finding and maintaining safe, suitable housing, as reducing homelessness is one of the target outcomes for the FSPs. In addition, FSPs provide co-occurring services including screening and individual counseling and groups in the office and the community to support individuals with co-occurring substance use issues.

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
Total Distinct Served	**2,216**
Age Group	
Child 0-15	0%
TAY 16-25	0%
Adult 26-59	100%
Older Adult 60+	0%
Gender	
Female	33%
Male	54%
Transgender*	0%
Genderqueer	0%
Questioning/Unsure	0%
Another*	<1%
Declined to State/Not Reported	13%
Race/Ethnicity	
American Indian/Alaska Native	1%
Asian/Pacific Islander	12%
Black/African-American	8%
Hispanic/Latino	22%
Middle Eastern/North African	1%
Native Hawaiian/Pacific Islander	0%
Caucasian/White	37%
Another Not Listed	1%
Decline to State/Not Reported	17%

** Combined into **"Another"** gender due to low counts*

TARGET POPULATION

Adults living with serious mental illness or co-occurring disorders who may be homeless or at risk of home- lessness, involved in the criminal justice system, or are frequent users of inpatient psychiatric treatment.

OUTCOMES

FSP programs do "whatever it takes" to support the wellness, recovery and safety of its members, with the goal that at least 80% of members remain safely in the community and do not require psychiatric hospitalization, remain out of custody, avoid arrest and/or do not experience unsheltered homelessness while enrolled in FSP services. Adults (based on their age at the start of the fiscal year) met three targets and narrowly missed the target for unsheltered homelessness during the past two fiscal years.

ADULT			
Fiscal Year	**2021-22**	**2022-23**	**2023-24**
Number served	1,668	1,908	2,216
Number served w/ outcomes data	1,577	1,638	2,020
No Psychiatric Hospitalization	86%	86%	84%
No Incarceration	86%	85%	89%
No Arrests	96%	94%	94%
No Unsheltered Homelessness	80%	78%	79%

SUCCESS STORY

FSP programs provide a strong base in participant-driven services that build on individual strengths using a "whatever it takes" approach and field-based services that break down barriers to accessing treatment. The FSP programs have been successful at working with various service providers and community resources to support

clients on their recovery journeys. This includes the Social Security Administration, Social Services Agency, primary care physicians and other medical providers, hospitals, board and care homes, room and boards, recovery residences, housing providers, shelters, Family Resource Centers, legal resources, food banks, vocational trade programs, LGBTIQ centers, Wellness Centers, NAMI, immigration services, faith-based organizations, other community-based organizations and community clinics. By establishing such depth and breadth to their network of collaborators, the FSPs continue to be a leading force for mental health recovery in the community. In recent years, the FSP programs have also increased collaboration with other HCA departments such as Housing and Supportive Services, Correctional Health Services, Jail-to-Community Reentry Program and OC Outreach and Engagement to increase access and coordinate services for individuals who are homeless and/or involved with the justice system. Additionally, the FSP programs have increased collaboration with justice involved partners, including the Orange County Superior Court, Probation Department, Public Defender's Office, and District Attorney's Office, expanding their capacity to serve the justice involved population and developing treatment strategies to support the collaboration and increase individuals' chances of successful completion of court program.

The newest Vietnamese Speaking FSP, which successfully launched in September 2023, provided active community outreach and was to serve over 100 individuals during FY 2023-24.

CHALLENGES/SOLUTIONS

Finding safe, affordable and permanent housing in the neighborhoods in which the individuals/families have support networks continues to be challenging. FSP housing specialists work to build relationships with housing vendors in the community and develop housing resources for their clients. This has led to developing collaborative partnerships with some housing vendors to secure housing exclusive for FSP clients where services may be provided on site to promote recovery. In addition, FSP housing specialists actively work to submit housing applications quickly upon enrollment. As needed, FSPs work with client/family to be able to maintain housing independently. To address the shortage of permanent supportive housing, the HCA, along with the support of the Orange County Board of Supervisors, is continuing to identify and fund new housing development opportunities.

Addressing co-occurring substance use issues among clients continues to be a challenge. The FSP programs are offering more co-occurring group education, supporting clients to attend 12-step groups, working with substance use treatment programs to expand resources and coordinating care, and developing co-occurring interventions and supports to fill identified service gaps. In addition, FSP programs increased co-occurring trainings for staff and hired more certified substance use specialists with experience working with co-occurring issues. Additionally, FSP programs are exploring providing medication assisted treatment (MAT) on site to further support clients with co-occurring issues.

This program could be subject to decreases in funding or elimination based on available funding.

OLDER ADULT FULL SERVICE PARTNERSHIP

OVERVIEW OF THE PROGRAM

The Older Adult Full Service Partnership (FSP) includes both County operated Program of Assertive Community Treatment (PACT) and contracted Older Adult FSP program services. The FSP program provides intensive, community-based outpatient mental health services. The program strives to reduce barriers to access by bringing treatment out into the community. The team provides many services in the field, seeing the individuals at home, in hospitals, or in jail in order to reduce barriers to access treatment. Services are provided in a linguistically and culturally congruent manner to the diverse, under- served older adult population in Orange County. FSP programs utilize multidisciplinary teams, which include mental health specialists, clinical social workers, marriage family therapists, life coaches, and psychiatrists.

The target population for the Older Adult FSP program is unserved adults ages 60 and older living with a mental illness and who may be homeless or at risk of homelessness, involved in the criminal justice system, frequent users of inpatient psychiatric treatment or emergency rooms, and/or experiencing a reduction in personal and/ or community functioning. In addition, those who have repeated emergency room visits or excessive 911 calls due to behavioral health issues are also appropriate for PACT.

PROGRAM GOAL(S) AND INTENDED OUTCOMES

The program's overarching goals include engaging individuals into voluntary treatment and assisting them in reintegrating into the community through stable housing, education, employment, and linking to community-based support.

PROGRAM SUMMARY	
Program Serves	60+
Symptom Severity	Severe
Location of Services	Community Based
	Field Based
Numbers of Individuals to be Served	350
Annual Budget	$4,910,000
Avg. Est. Cost per Person	$14,028
Typical Population Characteristic	Families
	Medical Co-Morbidities
	Criminal Justice Involved
	Ethnic Communities
	Homeless/At Risk-of
	Recovery from SUD
	Trauma Exposed

DESCRIPTION OF SERVICES

The FSP programs provide personalized services through a coordinated team approach that operates from a "no fail" and "whatever it takes" philosophy, to meet the needs of consumers. This approach includes 24/7 access and crisis intervention, along with flexible funding to support individuals in meeting their recovery goals. FSP programs are grounded in the Assertive Community Treatment (ACT)

model of providing comprehensive, community-based interventions, linguistically and culturally congruent services, and around-the-clock crisis intervention and support through coordinated, multidisciplinary teams. The teams can include a combination of clinical and non-clinical staff, including peers, to support mental health, co-occurring substance use disorder services, housing support, case management, and employment needs of the consumer. All team members are committed to the recovery model and the success of their participants. Peer Recovery Specialists/Coaches are key members of the FSP teams and play an integral role in promoting wellness and resilience. By sharing their lived experience and learned skills, peer staff support recovery, empowerment, and community integration.

Services include individual, family, and group counseling and therapy to help individuals reduce and manage their behavioral health symptoms, improve daily functioning, and assist with self-defined family/caregiver dynamics. Participants enrolled in an FSP programs also receive psychiatric care, medication management, psychoeducation, co-occurring substance use disorder services, mindfulness training, crisis intervention, and/or 24/7 support as needed. To maintain high quality delivery of services, FSP teams are trained in a wide array of evidence-based practices (EBPs) that may be utilized based on individual's needs. EBPs can include Motivational Interviewing, Cognitive Behavioral Therapy (CBT), Trauma-Focused CBT, Eye Movement Desensitization and Reprocessing (EMDR), Dialectical Behavior Therapy, Integrated Treatment for Co-Occurring Disorders, Seeking Safety, Illness Management and Recovery, behavior modification and others. Personal Services Coordinators (PSCs) provide intensive case management to help consumers access crucial medical care, educational support, social and recreational opportunities, mental health rehabilitation, benefits and entitlements, transportation resources, basic needs, and other resources available in the community. PSCs and/or other FSP staff also help individuals develop skills to manage challenging symptoms, behaviors or impairments and work with significant others and caregivers, when available, to support client learning and practicing new skills.

PARTICIPANTS SERVED BY DEMOGRAPHIC CHARACTERISTIC FOR FY 2023-24	
Total Distinct Served	**495**
Age Group	
Child 0-15	0%
TAY 16-25	0%
Adult 26-59	0%
Older Adult 60+	100%
Gender	
Female	29%
Male	28%
Transgender	0%
Genderqueer	0%
Questioning/Unsure	0%
Another	%
Declined to State/Not Reported	43%
Race/Ethnicity	
American Indian/Alaska Native*	0%
Asian/Pacific Islander	8%
Black/African-American	4%
Hispanic/Latino	6%
Middle Eastern/North African*	0%
Native Hawaiian/Pacific Islander	0%
Caucasian/White	30%
Another Not Listed	4%
Decline to State/Not Reported	47%

** Combined into **"Another"** race/ethnicity due to low counts*

Housing coordination services are provided to assist individuals with finding and maintaining safe, suitable housing, as reducing homelessness is one of the target outcomes for the FSPs.

TARGET POPULATION

Adults 60 and above.

OUTCOMES

FSP programs do "whatever it takes" to support the wellness, recovery and safety of its members, with the goal that at least 80% of members remain safely in the community and do not require psychiatric hospitalization, remain out of custody, avoid arrest and/or do not experience unsheltered homelessness while enrolled in FSP services. Older adults (based on their age at the start of the fiscal year) met all targets across the past three fiscal years.

OLDER ADULT			
Fiscal Year	**2021-22**	**2022-23**	**2023-24**
Number served	361	423	495
Number served w/ outcomes data	293	348	461
No Psychiatric Hospitalization	92%	92%	97%
No Incarceration	99%	97%	99%
No Arrests	100%	99%	99%
No Unsheltered Homelessness	84%	84%	89%

CHALLENGES/SOLUTIONS

A significant challenge with the Older Adult population has been the increased number of individuals with mental health needs and complex medical issues. Many of the older adult population are home-bound and have difficulty getting their complex medical issues met, because primary care physician services are typically not delivered in-home.

This program could be subject to decreases in funding or elimination based on available funding.

HOUSING AND HOMELESS

HOUSING AND YEAR ROUND EMERGENCY SHELTER

OVERVIEW OF THE PROGRAM

Year-Round Emergency Shelter (formerly called Short-Term Housing) serves adults living with a serious mental illness who may have a co-occurring substance use disorder, are experiencing homelessness and in need of immediate shelter. Individuals referred to the program are actively participating in services at Behavioral Health Services Adult and Older Adult County clinics including PACT or County-contracted outpatient clinic.

PROGRAM GOAL(S) AND INTENDED OUTCOMES

Providers are expected to have the following outcomes

- The average length of stay will be 180 days or less
- Twenty-five percent (25%) of the participants will find transitional or permanent housing within 180 days.

PROGRAM SUMMARY	
Program Serves	Ages 18+
Symptom Severity	At Risk
	Severe
Location of Services	Residential Based
Numbers of Individuals to be Served	90
Annual Budget	$1,750,000
Avg. Est. Cost per Person	$19,444
Typical Population Characteristic	Criminal Justice Involved
	Homeless/At Risk of
	Trauma Exposed

DESCRIPTION OF SERVICES

This program has MHSA-dedicated beds within four existing shelters. In addition to daily shelter, the program provides basic needs items such as food, clothing and hygiene goods. The individuals are also receiving case management and linkage to services designed to assist them in their transition from shelter and into a permanent housing situation. The estimated length of stay for each episode of shelter housing is 180 days. Extensions are considered on a case-by-case basis.

TARGET POPULATION

Individuals eighteen years and older that are experiencing homelessness and need of immediate shelter that are living with a serious mental illness and may have a co-occurring substance use disorder and are actively participating in Behavioral Health Services Adult and Older Adult clinic services.

POSITIVE RESULTS/OUTCOMES

During Fiscal Year 2023/24, a total of 53 clients were served by the Year-Round Emergency Shelter program. 53% of participants obtained transitional, or permanent housing within 180 days and the average length of stay was 98 days. For FY 2024/25, as of December 2024, 43 individuals have been served.

CHALLENGES/SOLUTIONS

The Year-Round Emergency Shelter program plays a critical role in providing support for individuals experiencing homelessness.

BRIDGE HOUSING FOR HOMELESS

OVERVIEW OF THE PROGRAM

Homeless Bridge Housing offers interim housing for adults who have been matched to a permanent housing opportunity. The program also serves adults experiencing homelessness who are in the beginning stages of obtaining permanent housing. Adults (including women with children) are eligible if they are experiencing homeless, are living with a serious mental illness, and may have a co-occurring substance use disorder. Referrals for the Homeless Bridge Housing Services are accepted on an ongoing basis by Behavioral Health Services, Adult and Older Adult Services, Housing and Supportive Services. Participants can only be referred to the Homeless Bridge Housing Services if they are actively participating in treatment at a BHS outpatient clinic or a County contracted Full Service Partnership (FSP). The Bridge Re-Entry program serves individuals exiting jail that are in need of shelter and permanent housing.

PROGRAM GOAL(S) AND INTENDED OUTCOMES

- 90% of Participants will have an Individualized Housing and Service Plan within 60 calendar days of program enrollment.
- 90% of Participants will be connected to the CES within 60 calendar days of program enrollment.
- 50% of Participants will transition to a permanent housing destination within two years of program enrollment.
- 90% of Participants will report an increase in life well-being and life satisfaction within 12 months of program enrollment.
- 90% of Participants will increase independent living skills within 12 months of program enrollment.

PROGRAM SUMMARY	
Program Serves	Ages 18+
Symptom Severity	At Risk
	Severe
Location of Services	Residential Based
Numbers of Individuals to be Served	80
Annual Budget	$1,500,000
Avg. Est. Cost per Person	$18,750
Typical Population Characteristic	Criminal Justice Involved
	Homeless/At Risk of
	Trauma Exposed

DESCRIPTION OF SERVICES

The program provides interim shelter, along with housing coordination and navigation to assist participants in acquiring permanent housing. The provider also provides life skills and independent living skills training to support the participant's transition to independent living. The provider assists participants in obtaining housing opportunities that include Continuum of Care certificates, housing vouchers, locating rental units, negotiating leases, and securing other housing options. The estimated length of stay is 18 months. Participants who are not able to find housing within the 18-month period are able to stay in Bridge Housing Services and continue to look for permanent housing as long as they are actively working towards their housing goals.

TARGET POPULATION

Adults eighteen years or older that are experiencing homelessness in Orange County that are living with a serious mental illness and their income does not exceed 30% Area Median Income (typically around the SSI/SSDI rate or lower). Individuals also need to be actively participating in treatment at a BHS outpatient clinic or a County contracted Full Service Partnership (FSP).

POSITIVE RESULTS/OUTCOMES

During Fiscal Year 2023-24, a total of 205 individuals were served by the Homeless Bridge Housing program. 63% of clients with a housing subsidy moved into permanent housing within 6 months of enrollment. 31% of clients without a housing subsidy moved into permanent housing within 18 months.

CHALLENGES/SOLUTIONS

The Bridge Housing program plays a critical role in providing and support for individuals experiencing homelessness and transitioning to permanent housing. However, ensuring effective staffing presents several challenges that can impact the shelter's ability to deliver services efficiently. Some key staffing challenges encountered are Recruitment and Retention, Training and Development, Compassion Fatigue and Burnout, Safety and Security Concerns, Staff Diversity and Cultural Competence. Addressing these staffing challenges requires a multi-faceted approach that encompasses recruitment strategies, professional development, and employee support. The County recognizes the unique demands of working in interim housing and supports and collaborates with each provider in prioritizing the well-being and training of staff members, so each provider can better fulfill their mission of providing refuge and support to those in need.

This program could be subject to decreases in funding or elimination based on available funding.

CSS HOUSING

OVERVIEW OF THE PROGRAM

In contrast to the programs described that provide time-limited shelter in combination with behavioral health services and supports, the MHSA/CSS Housing Program facilitates the creation of long-term, independent supportive housing for transitional aged youth, adults and older adults living with serious mental illness who may have aco-occurring substance use disorder and are experiencing homelessness or risk of homelessness. Additional eligibility requirements can vary at each location due to requirements of other funding partners. The program funds development costs and Capitalized Operating Subsidy Reserves (COSR). Development costs are used for the acquisition, construction and/or rehabilitation of permanent supportive housing. COSR primarily helps cover the difference between what a resident is able to pay and the cost of operating the unit during the time the resident is working on obtaining entitlement and/or employment income. Behavioral health and other supportive services are located on- and off-site to ensure access to a continuum of services that help residents adjust to and maintain their independent housing.

PROGRAM GOAL(S) AND INTENDED OUTCOMES

A one-time State allocation of $8 million in FY 2006-07 to develop permanent supportive housing for individuals living with serious mental illness who were receiving services in the Full Service Partnership programs. Funds were used to develop 34 housing units in two developments.

- A one-time State allocation of $33 million in FY 2007-08 carved out of the CSS allocation (i.e., MHSA Housing Program) and used for 10 housing developments that created an additional 194 new units of PSH in Orange County.

PROGRAM SUMMARY	
Program Serves	Ages 18+
Symptom Severity	Severe
Location of Services	Residential Based
Numbers of Individuals to be Served	N/A
Annual Budget	$919,427
Avg. Est. Cost per Person	N/A
Typical Population Characteristic	Criminal Justice Involved
	Homeless/At Risk of
	Trauma Exposed

- FY 2020/21 – FY 2022/23 CSS allocation (SNHP) has created 12 additional housing developments (228 new units). Creating a total of 25 MHSA housing developments totaling 452 MHSA units.

DESCRIPTION OF SERVICES

When the MHSA Housing Program concluded in May 2016, the state created the Local Government Special Needs Housing Program (SNHP). Local stakeholders identified an ongoing and persistent need for housing for individuals living with serious mental illness and who are experiencing homeless or at risk of homelessness. As such, multiple CSS funds were transferred to the SNHP, operated by the California Housing Finance Agency's (CalHFA) occurred over several years totaling $95.5 million:

- $5 million in FY 2016-17 following local community planning input
- 35 million total in FY 2017-18 upon directive by the Board of Supervisors

POSITIVE RESULTS/OUTCOMES

COMPLETED MHSA HOUSING PROJECTS				
Name	**City**	**Total MHSA Units**	**Total Units**	**Opened**
Airport Inn Apartments (Asent)	Buena Park	28	58	1/2023
Alegre	Irvine	11	104	8/2015
Altrudy Lane Seniors	Yorba Linda	10	48	7/2022
Anaheim Midway/ Mira Flores	Anaheim	8	86	5/2024
Avenida Villas	Anaheim	28	29	3/2013
Buena Esperanza	Anaheim	35	70	12/2021
Capestone Family Apartments	Anaheim	19	60	12/2014
Casa Paloma	Midway City	24	71	10/2023
Casa Querencia	Santa Ana	28	57	1/2021
Center of Hope	Anaheim	34	72	11/2023
Cotton's Point	San Clemente	15	76	11/2014
Crossroads at Washington	Santa Ana	20	86	3/2024
Depot at Santiago	Santa Ana	10	70	4/2018
Diamond Apartments	Anaheim	24	25	2008
Doria I Apartment Homes	Irvine	10		9/2011
Doria II Apartment Homes	Irvine	10	134	12/2013
Estrella Springs/ North Harbor Village	Santa Ana	14	91	1/2024
Francis Xavier	Santa Ana	16	17	6/2024
Fullerton Heights	Fullerton	24	36	8/2018
Henderson House	San Clemente	14	14	3/2016

COMPLETED MHSA HOUSING PROJECTS				
Name	**City**	**Total MHSA Units**	**Total Units**	**Opened**
Hero's Landing	Santa Ana	20	76	6/2020
Huntington Beach Senior Housing/ Pelican Harbor	Huntington Beach	21	43	7/2024
Iluma (Stanton Inn)	Stanton	10	71	11/2023
Legacy Square	Santa Ana	16	93	5/2023
Meadows Senior Apartments	Lake Forest	7	65	8/2025
Mesa Vista/Motel 6	Costa Mesa	10	85	3/2024
Mountain View	Lake Forest	8	71	12/2023
Oakcrest Heights	Yorba Linda	14	54	2018
Orchard View Gardens	Buena Park	13	66	10/2024
Riviera (Aurora Vista)	Stanton	9	21	7/2024
Rockwood Apartments	Anaheim	15	70	10/2016
Santa Ana Arts Collective	Santa Ana	15	58	7/2020
Santa Angelina Senior Community	Placentia	21	65	1/2024
The Grove Senior Apt.	San Juan Capistrano	10	75	10/2022
Villa St. Joseph	Orange	18	50	5/2024
Westmnister Crossing	Westminster	20	65	9/2021
Westview/Archways	Santa Ana	26	85	3/2024
Wise Place	Santa Ana	14	48	10/2024
Total		**649**	**1453**	

MHSA HOUSING PROJECTS 2023-2025 PIPELINE PROJECTS*					
Project Name	**City**	**SNHP Units**	**Total MHSA Unit**	**Total Units**	**Estimated Completion**
15081 Jackson	Midway City		20	71	
Aspan Court	Lake Forest		15	50	
Cartwright Family Apartments	Irvine	10	10	60	2/2025
Costa Mesa Senior	Costa Mesa		11	59	
Cypress Village	Irvine		11	200	
Goldenwest Apartments	Westminster		14	29	
Lincoln Avenue Apartments	Buena Park	10	13	55	10/2026
Marks Way	Orange		13	51	12/2026
Meadows Senior Apartments	Lake Forest	7	7	65	8/2025
Orion	Orange		8	166	12/2025
St. Anselm	Garden Grove		31	105	12/2025
Travel Lodge/1400 Bristol	Costa Mesa		24	78	1/2025
Total		**27**	**177**	**989**	

For a complete breakdown of Housing Projects funded by SNHP/NPLH/Trust/NOFA please see page 276 of the MHSA FY 2022-23 Plan Update

- $25 million total in FY 2018-19
- $30.5 million total in FY 2019-20 On May 19, 2020, the Board approved allocating $15.5 million to the 2020 Supportive Housing Notice of Funding Availability (OCCR 2020 NOFA) and $20.5 million to the Orange County Housing Finance Trust (Trust).
- $40 million total in FY 2022-23. On June 28,2022, the Board approved allocating $30 million to the OCCR 2023 NOFA and $10 million to the Trust Each MHSA funded housing development provides onsite support services to all residents. Services are focused on housing sustainability and helping residents meet life goals. Some examples of services include groups that focus on life skills and promote wellness, therapeutic interventions and assessments, linkage to treatment, monthly events calendars, advocacy, and open office hours.

Innovation

The MHSA Innovation (INN) component is designed to evaluate the effectiveness of new and/or changed practices or strategies in the field of mental health, with a primary focus on learning and process change, rather than filling a program need or gap. As such, INN strives to change some aspect of the public behavioral health system that may include system or administrative modifications. According to the MHSA INN Project Regulations, each project must focus on mental health, identify an innovative element, and clearly state the learning objectives.

An INN project is required to contribute to learning in one or more of the following ways:

- Introduce a mental health practice or approach that is new to the overall mental health system, including, but not limited to, prevention and early intervention.
- Make a change to an existing practice in the field of mental health, including, but not limited to, application to a different population.
- Apply to the mental health system a promising community-driven practice or approach that has been successful in non-mental health contexts or settings.

In addition, an INN project must serve one or more of the following purposes:

- Increase access to mental health services to underserved groups.
- Increase the quality of mental health services, including measurable outcomes.
- Promote interagency and community collaboration related to mental health services or supports or outcomes.
- Increase access to mental health services.

Each project must be approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC). Projects are time-limited to a maximum of five years, after which successful approaches, strategies, or elements may be integrated into existing programs or continued through an alternative source of funding. INN funds are subject to reversion if not spent within three years of allocation or encumbered under an approved INN project.

STATEWIDE EARLY PSYCHOSIS LEARNING HEALTH CARE COLLABORATIVE NETWORK

OVERVIEW OF THE PROGRAM

The **Early Psychosis Learning Health Care Network (EP LHCN)** is a multi-county INN project that seeks to evaluate early psychosis (EP) programs across the state. The primary purpose is to increase the quality of mental health services, including measurable outcomes with the goal of introducing a mental health practice or approach that is new to the overall mental health system, including, but not limited to, prevention and early intervention.

Orange County was approved by the MHSOAC to participate in EP LHCN in December 2018. The project began on January 30, 2020, and will end on December 31, 2024.

PROGRAM GOAL(S) AND INTENDED OUTCOMES

The aim of the EP LHCN project is to standardize the evaluation of EP programs across participating counties; establish shared learning; and provide an opportunity to improve OC CREW outcomes, program impact and cost-effectiveness.

Details on project activities, lessons learned from implementation and evaluation activities within OC CREW and other first onset programs in participating counties can be found in the Early Psychosis Program Evaluation Annual Report.

DESCRIPTION OF SERVICES

The EP LHCN INN project does not provide direct services. Orange County is implementing this project in partnership with its First Onset of Psychiatric Illness program (i.e., OC CREW). OC CREW participants and their families will have the option of participating in the INN project while they are enrolled in OC CREW and/or for the length of this INN project, whichever is shorter. This project will not require OC CREW to change the clinical services that it provides. To further support this INN project, Orange County also partnered with PEI to develop Thrive Together OC (TTOC) to provide screening and assessment to youth up to 25 years and their families, who are at clinical high risk of experiencing an early psychosis spectrum condition. TTOC also provides consultation and training to County and community behavioral health providers seeking support in serving this target population. The TTOC program transitioned to PEI on July 1, 2023 to continue their screening, assessment, consultation and training services.

TARGET POPULATION

The target population for the EP LHCN project includes participants of the OC CREW program.

BEHAVIORAL HEALTH SYSTEM TRANSFORMATION

OVERVIEW OF THE PROGRAM

The **Behavioral Health System Transformation** (BHST) project was a project designed to create a system that can serve all Orange County residents, regardless of insurance status, type, or level of clinical need. Its primary purpose was to promote interagency and community collaboration related to mental health services, supports, or outcomes, with the goal of introducing a new practice or approach to the overall mental health system, including prevention and early intervention.

Orange County's BHST project proposal was approved by the MHSOAC in May 2019. The project began on October 15, 2019, and the Innovation funding for this project ended on October 14, 2024.

PROGRAM GOAL(S) AND INTENDED OUTCOMES

Due to its focus on identifying methods to change processes and integrate policies across the public and private sectors, BHST utilized a formative evaluation to identify influences on the progress and/or effectiveness of a project's implementation. Information was collected at all phases of execution and used as part of a continuous feedback loop to improve the ultimate likelihood of successful project implementation. The evaluation allowed Orange County to identify successful and unsuccessful strategies employed throughout the various project activities, including interagency and interdepartmental meetings and workgroups. Similarly, the formative evaluation helped determine whether Orange County was able to identify ways to engage a diverse group of community stakeholders successfully and elicit meaningful participation, guidance, and feedback.

PROGRAM SUMMARY	
Program Serves	Adults 18+
Symptom Severity	Mild
	Moderate
	Severe
Location of Services	Online
Typical Population Characteristic	BH Providers
	1st Responders
	Parents
	Families
	Medical Co-Morbidities
	Criminal Justice Involved
	Ethnic Communities
	Homeless/At Risk of
	LGBTIQ+
	Trauma Exposed
	Veterans/Military Connected

DESCRIPTION OF SERVICES

The BHST project was a planning proposal and did not provide direct services. The project included two components: Performance and Value Based contracting and development of a Digital Resource Navigation tool.

The Performance and Value-Based Contracting component involved:

- Establishing community-defined values and metrics
- Identifying braiding strategies for public and private funding
- Aligning community-defined outcomes with legal, fiscal, and regulatory requirements
- Developing new provider contract templates
- Providing technical assistance to assist providers

The performance and value based contracting component of this project ended June 30, 2023.

The second component involved the development of a digital navigation tool (i.e., OC Navigator) to guide individuals to resources that support their behavioral health and wellbeing. The development of the OC Navigator, such as features, functionality, and resources to include, involved a participatory engagement process with consumers, family members and behavioral health providers throughout Orange County. The OC Navigator launched in April 2022, enabling Orange County residents to search for needed behavioral health and support resources. This final component of the BHST project ended on June 30, 2024; however, the OC Navigator continues to be utilized by Orange County residents. Core features of the OC Navigator include an optional wellness check-in survey, a curated list of resources across various categories of health and wellbeing, translation in the County's threshold languages, and ability to update resource information in real-time.

Additional details about the BHST project activities during FY 2023-2024 and the Final Project Report are pending and will be shared when it is available.

PSYCHIATRIC ADVANCE DIRECTIVES

OVERVIEW OF THE PROGRAM

The **Psychiatric Advance Directives (PADs)** project is a multi-county INN project designed to educate the community about the purpose and use of PADs, develop a standardized template, and create a technology platform where the document can be created, stored, shared, and accessed by individuals and providers. Participating counties will pilot PADs with adults (ages 18+) from a specific population to identify learnings across diverse groups. The project is led by a Multi-County Project Manager and supported by various subject matter experts with experience and knowledge in the development, implementation, and evaluation of PADs. The PADs INN Project is categorized into two separate phases, each requiring approval from the MHSOAC.

Orange County was approved by the MHSOAC to participate in the PADs INN Project Phase I in June 2021. Phase I began on May 5, 2022, and will end on May 4, 2026. The County was also approved to participate in PADs Phase II Project in August 22, 2024. Phase II will begin in July 2025, and anticipated to end in June 2029.

PROGRAM GOAL(S) AND INTENDED OUTCOMES

Phase I of the project seeks to pilot and evaluate the use of PADs across seven participating counties that represent small, medium and large populations. The intended outcomes in this initial phase of the project are focused on evaluating participant awareness, acceptance, and adoption of PADs within these pilot sites.
Phase II of the project seeks to increase county participation from seven to up to 15 counties (based on MHSOAC approval), expand implementation efforts to the broader community (e.g., law enforcement, hospitals, etc.), enhance accessibility of the digital platform and advance legislative support for sustainability.

PROGRAM SUMMARY	
Program Serves	Adults 18+
Symptom Severity	Mild
	Moderate
	Severe
Location of Services	Online
Typical Population Characteristic	Consumers of Behavioral Health
	First Responders
	Behavioral Health Providers
	Parents/ Families of Consumers
	Criminal Justice Involved

TARGET POPULATION

Orange County will pilot PADs with participants from the Program for Assertive Community Treatment (PACT), Community Assistance, Recovery and Empowerment (CARE), and Assisted Outpatient Treatment (AOT) programs. Additional programs may be added in later phases of the project.

DESCRIPTION OF SERVICES

During FY 2023-2024, Phase I activities included developing the standardized PADs template and platform, enhancing the PADs template and platform through community and stakeholder feedback, developing branding and marketing tools, providing a train-the-trainer curriculum, training pilot sites, and engaging in discussions with state lawmakers on PADs legislation.

In August 2024, Orange County requested and received approval from the MHSOAC to participate in PADs Phase II. Phase II activities will begin in July 2025 and include:

- Continued multi-county collaboration.
- Continued outreach and engagement of stakeholders.
- Creation of a toolkit and finalization of all training videos.
- Training of first responders, hospitals, Peer Support Specialist, and priority populations trained in use and access.
- Evaluation of PADs rollout with access users, first responders, crisis teams and hospitals.
- Creation and dissemination of an Ad campaign in threshold languages.
- Commencing a longitudinal study of reducing recidivism with the use and access to the digital PAD.
- Identifying further legislative needs.
- Collaborating with Police Officer Standards and Training (POST) to develop a statewide law enforcement academy training.

OUTCOMES

The evaluation of PADs Phase I focuses on the development, adoption and use of the PADs digital platform and does not include client outcomes. A detailed description of collaborative and local county activities and evaluation efforts is available in the PADs INN Project Annual Report.

YOUNG ADULT COURT

OVERVIEW OF THE PROGRAM

The **Young Adult Court (YAC)** is a five-year INN Project that expands and extends an existing program within the Orange County pilot Young Adult Court. There are two primary innovation purposes or goals within this project; **1.** increase access to mental health services to underserved groups, **2.** and promote interagency and community collaboration related to mental health service or supports or outcomes. Orange County's project proposal was approved by the MHSOAC in May 2022. The project began on October 6, 2022, and will end on October 5, 2027.

PROGRAM SUMMARY	
Program Serves	Tranistional Aged Youth (ages 18-25)
Symptom Severity	Mild
	Moderate
	Severe
Location of Services	Clinic and Field Based
Typical Population Characteristic	Justice Involved

PROGRAM GOAL(S) AND INTENDED OUTCOMES

The overall goal is to make a change to an existing practice in the field of mental health, including, but not limited to, application of a practice for a different population.

The program goal is to determine the extent to which the YAC, compared to traditional court proceedings, reduces recidivism, prevents the onset of serious mental illness, and/or promotes other positive outcomes, such as improved educational and employment attainment, and whether positive outcomes, if any, are sustained long-term.

DESCRIPTION OF SERVICES

This project uses a randomized controlled trial (RCT) research design to evaluate whether an inter-agency collaboration integrating early intervention services within the YAC effectively reduces recidivism and promotes positive life outcomes for eligible YAC young men ages 18-25. This collaboration includes the Superior Court, District Attorney's Office, Public Defender's Office, Orange County Health Care Agency, Probation Department, community service providers, and University of California, Irvine. This pilot collaborative court addresses the multiple needs of the court participants while holding them accountable in a developmentally appropriate way. The program consists of two components. The first component integrates a broad range of resources and supports including housing, employment, educational, and behavioral health support, directly into the court to prevent the worsening of mental health and substance use conditions. The second component leverages the existing RCT design to evaluate those in the YAC compared to those youth participating in a traditional court. During FY 2023-24, three new interview intervals were added to the design to follow up with both YAC and traditional court participants at the five-, six- and seven-year follow up period to better evaluate any long-term effects of the YAC.

TARGET POPULATION

Adults 18 + with Mild, Moderate, Severe symptoms. Men, ages 18 to 25 years old, who live in Orange County, and are charged in Orange County with an eligible felony offense that is able to be dismissed upon YAC completion. Eligibility criteria were determined by the Court and District Attorney's Office and cannot be adjusted for this project.

OUTCOMES

To protect the rigor of the RCT design, outcomes centered on recidivism, justice involvement rates (arrests, incarceration time), self report data, etc. will not be reported until after a large enough sample of data have been collected and/or the five-year project has been concluded. However, process outcomes will be shared on an annual basis.

During FY 2023-24, the second year of services, up to 47 young men were enrolled in YAC, including six young fathers.

Based on preliminary data collected thus far, the young men enrolled in the research study have significant histories of trauma, behavioral health need, and other serious risk factors. For example, approximately three-fourths of the sample have witnessed or experienced a serious violent event prior to the study, with 26% reporting that they have seen someone get killed as a result of violence and 38% reporting that they have been shot or shot at in their lifetime. Furthermore, approximately 37% report having symptoms consistent with moderate or serious anxiety and/or depression at study enrollment.

To address these needs, voluntary therapeutic services are offered to all YAC participants and up to 60% of the court youth were actively engaged in individual, group and/or couples therapy during FY 2023-24, with most participants preferring individual therapy. The program therapist consults regularly with the case managers and the court probation officer to provide clinical guidance, assess needs and/or risks, and to offer therapeutic intervention and support. For participants needing substance use treatment, the Health Care Agency Substance Use Disorder (SUD) team partners with the YAC team to assist with linkages to SUD treatment. During FY 2023-24, 10 referrals were made to SUD services, resulting in 8 linkages.

The program also employs two YAC graduates as peer mentors who help legitimize the program to new participants. Peer Mentors regularly engage in various professional development meetings aimed at gaining insight into topics such as communication, boundaries and problem solving to better support their mentees. They also lead youth support groups, assist with the orientation and onboarding process for incoming court participants, and consult with case managers and probation officers to help guide treatment approaches.

In addition to these efforts, to further build trust with the team and foster and strengthen positive relationships amongst participants, the YAC team continues to organize regular prosocial activities for the participants and peer mentors including family enrichment events for the young fathers in the court, social mixers, bowling and go- kart outings. In addition to therapy, prosocial activities, and peer mentorship, UCI partnered with several community organizations to be able to offer eight financial and life skill workshops to court participants in FY 2023-24. These included topics such as budgeting basics, buying and leasing a car, home and student loans, debt relief strategies, protection from identity theft, and automobile maintenance and safety.

There continues to be a high need for basic essentials and behavioral health services by YAC participants. Program staff provided a total of 115 external referrals, with 28 linkages to services during the second year. Housing, mental health care for themselves or family members, finance management and substance use treatment have been the most needed services and made up the top four referrals to services. The top three linkages were in the domains of substance use treatment, mental health services and education/clothing and donations/ finance management equally.

To date, 35 young men completed all programming, successfully graduated from the YAC, and had their felony convictions dismissed.

INN COMMUNITY PROGRAM PLANNING PROPOSAL

OVERVIEW OF THE PROGRAM

The community program planning process is a required element of the MHSA, intended to meaningfully involve the community in identifying mental health needs and priorities, program planning, implementation, etc. (Welfare and Institutions Code, [WIC] § 5848[a]). Orange County's MHSA Office invests a great deal of time and effort in the community program planning process, both for its MHSA Plans and INN projects. The input from the community is vital to effective planning and program development that reflects the voice and needs of Orange County's diverse communities. Over the years, the MHSA Office has strived to continuously improve on its process for more robust community planning, but additional efforts are needed to reach the broader community and gather meaningful input, particularly for INN projects. This proposal will utilize INN funds toward community planning and related activities for INN Plans over five years.

The MHSOAC approved the **INN Community Program Planning (CPP)** proposal on May 25, 2022. The project began on September 24, 2024.

PROGRAM GOAL(S) AND INTENDED OUTCOMES

The goal of the INN CPP Project is to gather meaningful stakeholder input on MHSA and INN projects. The intended outcomes include increased community engagement, including but not limited to the type of engagement meetings held, target populations reached, and number of community members who participated in the planning process.

DESCRIPTION OF SERVICES

The INN CPP Project will support the following activities:

- Staff time dedicated to researching concepts, developing materials, coordinating and/or facilitating meetings, drafting proposals, etc.
- Translation and interpretation services to support Orange County's diverse community. Orange County's threshold languages currently include Arabic, Chinese, Farsi, Korean, Spanish, and Vietnamese. Since the approval of the INN CPP Project, Russian was added as a new threshold language. Materials will also be translated in Khmer and Tagalog to support these sub-threshold communities that are highly active and engaged in community planning meetings.
- Consultants/Subject Matter Experts to support and/or facilitate meetings. These may include individuals with expertise in a specific field, consultants with lived experience (i.e., Peers, family members) or individuals from diverse groups (e.g., Veterans and/or military-connected families, LGBTQ, older adults, deaf and hard of hearing, young adults/transitional age youth, etc.). This effort will also support more culturally responsive INN projects by engaging Orange County's diverse communities and incorporating varying cultural views and perspectives into proposals.
- Marketing strategies and materials to reach the broader community (i.e., flyers/announcements, online surveys, etc.).
- Program supplies (i.e., Stipends for consumers and family members; transportation costs for consumers and family members to attend in-person meetings, as appropriate; presentation/discussion materials; printing costs, etc.).

TARGET POPULATION

The INN CPP project will focus on gathering community input from

MHSA and BHSA stakeholders. Stakeholders include individuals or entities with an interest in public behavioral health services who represent the diversity of the community, including unserved and/or underserved populations and their family members.

OUTCOMES

As Orange County prepared to launch the INN CPP Project, the State began discussions around Senate Bill 326 and Proposition 1. Due to the potential impact on MHSA, and more specifically the INN component, the County delayed the start of the project to utilize the outcome of the election to inform next steps for the project. In March of 2024, voters passed Proposition 1, Behavioral Health Services Act (BHSA), resulting in significant changes to the MHSA funding components, CPP process and reporting structure. While this redesign and development is taking place, the County must continue to implement and wrap up the final years of the FY 2023-2026 Three-Year Plan. In response to these upcoming changes under BHSA, Orange County requested and was approved for an increase in the project budget to support the restructuring and redesign of the community planning process. The additional scope of work includes the following:

- Develop and implement a comprehensive strategy and structure for conducting a robust CPP and stakeholder engagement process to help inform the Integrated Plan.
- Identify all relevant stakeholders across the behavioral health system, including the additional stakeholders under BHSA; and implement a stakeholder engagement plan to increase attendance at stakeholder meetings and successfully gain the participation of diverse communities and subject matter experts throughout Orange County.
- Conduct planning discussions related to financial administration of public sector specialty behavioral health programs, which may include but not be limited to financial and economic analysis of funding streams, cost allocation and rate setting; behavioral health finance in relation to program policy, statutes, regulations, and mandates; meetings with internal and external stakeholders; and financial performance measures.
- Facilitate key informant interviews, listening sessions, focus groups and/or large community gatherings with key County staff and stakeholders to discuss current and unmet needs to address behavioral health concerns, including housing, homeless services and all aspects of supportive housing for behavioral health clients.
- Conduct and/or review a variety of reports, assessments and/or data sets to determine client, program and system-level needs, such as:
  - Capacity assessment to determine the behavioral health needs of unserved, underserved, and fully served county residents who qualify for MHSA/BHSA services.
  - Population assessment of behavioral health needs to identify the cultural and linguistic needs of served and unserved county residents.
  - Workforce needs assessment focusing on linguistic capability, provider diversity and education and training needs.
  - Capacity assessment to determine system capacity and network adequacy.
  - Assessment of homeless services and supports, supportive housing, and housing models for individuals living with serious behavioral health conditions.
  - Environment/Landscape Scan to understand the current continuum of treatment services and supports available as well as the administrative, provider, and funding components that collectively define the current system.
  - Assessment of the sustainability of current programs to identify gaps in supports and services, assess equity, and prioritize needs.

- ☐ Design and administer web-based or paper surveys and collect responses from stakeholder groups, including but not limited to consumers, family members, and/or government and community sectors involved in the education, early intervention, and treatment of behavioral health conditions and/or substance use.

During FY 2023-24, Orange County released a Request for Proposals (RFP) to identify subject matter experts who can support MHSA and INN community planning and related activities. Potential vendors were identified, and contract negotiations are pending. Project updates will be provided in future Plans.

Flor YousefianTehrani, MHSA Manager speaking at December 12, 2025 Planning Advisory Committee (PAC) meeting.

PROGRESSIVE IMPROVEMENTS FOR VALUED OUTPATIENT TREATMENT (PIVOT) INNOVATION PROJECT

OVERVIEW OF THE PROGRAM

The Progressive Improvements for Valued Outpatient Treatment (PIVOT) INN Project proposes to redesign the Orange County Behavioral Health Services system by piloting changes in behavioral health operations and programs that are in alignment with initiatives under Behavioral Health Transformation and the Behavioral Health Services Act (BHSA).

The project was approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC) in November 2024.

PROGRAM GOAL(S) AND INTENDED OUTCOMES

This multi-component project will result in an overall system redesign that simultaneously addresses local areas of need identified through stakeholder feedback, prepares for the transition to BHSA and allows successful strategies to be integrated across the system of care. Each component will require its own evaluation plan and research team to track lessons learned. In addition, counties will have the opportunity to participate in PIVOT components that best align with their needs, resulting in multicounty and statewide learning opportunities.

DESCRIPTION OF SERVICES

PIVOT includes five components, each with its own activities and learning objectives. These components, include:

Full-Service Partnership (FSP) Re-Boot: Focuses on changing administrative processes and building the data infrastructure necessary to align county FSP programs with the new funding and program requirements under BHSA. This component also includes exploring the integration of mental health and Substance Use Disorder (SUD) services, and/or the development of an SUD FSP Program.

Integrated Complex Care Management for Older Adults: Strives to develop a system of care for older adults living with co-occurring mental health and neurocognitive conditions who may also be homeless or at risk of homelessness.

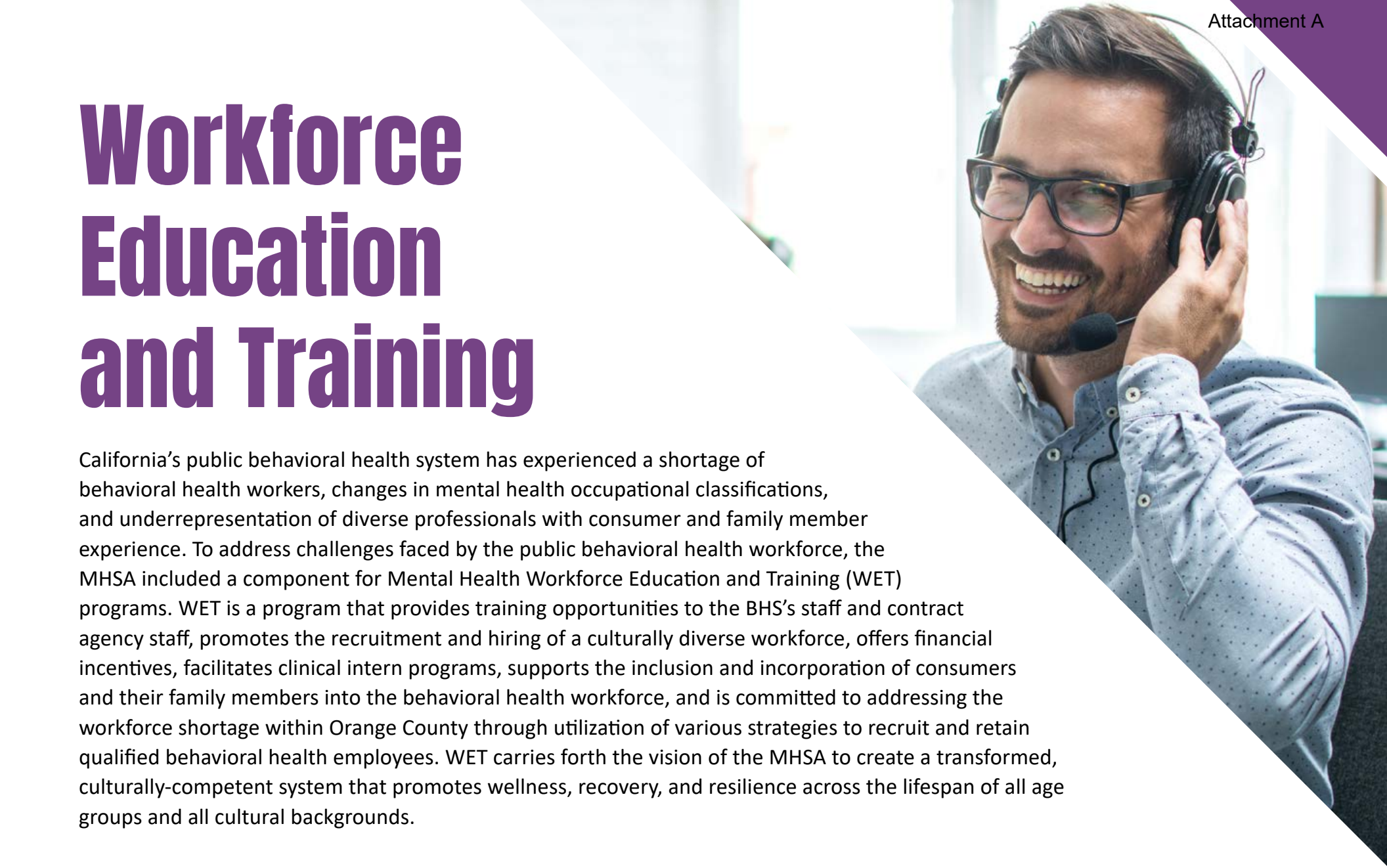
Developing Capacity for Specialty Mental Health Plan Services with Diverse Communities: Strives to develop the capacity of community-based organizations to become specialty mental health providers to ensure equitable access and advance community defined evidence based (CDEPs) practices.

Innovative, Countywide Workforce Initiative: Proposes to address workforce shortages and increase access to services by exploring an alternative strategy to building a culturally competent and well-trained behavioral health workforce of professionals and paraprofessionals.

Innovative Approaches to Delivery of Care: Seeks to create a more culturally responsive, inclusive, and efficient delivery of care, utilizing a User Experience model to gather input from consumers and their family members.

A detailed description of component activities is available in the Orange County PIVOT INN Project Proposal.

Workforce Education and Training



California's public behavioral health system has experienced a shortage of behavioral health workers, changes in mental health occupational classifications, and underrepresentation of diverse professionals with consumer and family member experience. To address challenges faced by the public behavioral health workforce, the MHSA included a component for Mental Health Workforce Education and Training (WET) programs. WET is a program that provides training opportunities to the BHS's staff and contract agency staff, promotes the recruitment and hiring of a culturally diverse workforce, offers financial incentives, facilitates clinical intern programs, supports the inclusion and incorporation of consumers and their family members into the behavioral health workforce, and is committed to addressing the workforce shortage within Orange County through utilization of various strategies to recruit and retain qualified behavioral health employees. WET carries forth the vision of the MHSA to create a transformed, culturally-competent system that promotes wellness, recovery, and resilience across the lifespan of all age groups and all cultural backgrounds.

WORKFORCE STAFFING SUPPORT

PROGRAM DESCRIPTION

The Workforce Staffing Support (WSS) program performs three functions: (1) Workforce Education and Training Coordination;

(2) Consumer Employment Specialist Trainings and One-on-One Consultations; and (3) the Liaison to the Regional Workforce Education and Training Partnership. WSS services are provided for the OC behavioral health workforce, consumers, family members, and the wider OC community.

(1) Workforce Education and Training Coordination
Orange County regards coordination of workforce education and training as a key strategy to promoting recovery, resilience, and culturally competent services. Multidisciplinary staff members design and monitor WET programs, research pertinent training topics and content, and provide and coordinate trainings.

(2) Consumer Employment Specialist Trainings and One-on-One Consultations
As part of WSS, the Consumer Employment Support (CES) Specialist works with Behavioral Health Services staff, contract providers, and community partners to educate consumers on disability benefits. The specialist provided training on topics such as Ticket to Work, Reporting Overpayment, and Supplemental Security Income/ Social Security Disability Insurance (SSI/SSDI). One-on-one SSI/ SSDI Work Incentive consultations was also provided to consumers who requested more in-depth guidance. Additional services for those who are deaf and hard of hearing include advocacy/education, group or individual consultations, and information/referral to resources.

(3) Liaison to the Regional Workforce Education and Training Partnership
The Liaison to the Regional Partnership is the designated WET Coordinator who represents OC by coordinating regional educational programs; disseminating information and strategies about consumer and family member employment throughout the region; and sharing strategies that increase diversity in the public mental health system workforce. They are also responsible for disseminating OC program information to other programs counties in the region; and coordinating regional actions that take place in OC such as Trauma-Informed trainings, cultural humility trainings, and support for building our Mental Health First Aid trainer capacity. Furthermore, through the SCRP, the Health Care Access and Information (HCAI) WET grant components will be implemented. The focus areas are Staff Retention, Workforce Recruitment, and Workforce Development/Pipeline programs.

PROGRAM GOALS

1. Coordinate and support trainings as needed and requested by BHS departments
2. Provide trainings and consultations on benefits and pathways to employment
3. Represent HCA BHS at the SCRP meetings to decide on workforce retention strategies, recruitment of bi-lingual/ bi-cultural staff, and pipeline projects

TARGET POPULATION

(1) BHS staff and contract providers

(2) Behavioral health consumers, providers and community

(3) Staff

OUTCOMES

In FY 2023-24, WET offered 72 trainings to Staff and contract providers of Orange County either virtually or in-person. The Consumer Employment Support Specialist has been able to offer trainings and consultations either virtually or in-person, which has helped consumers and community providers receive valuable information on returning to work and their benefits. The CES provided 79 trainings and consultations in FY 2023-24.

Through the SCRP funded loan repayment program to address staff retention, Orange County approved 94 BHS staff or contract providers with the loan repayment award. Furthermore, Orange County also participated in the graduate student stipend program, which provided a stipend to graduate student interns placed in an eligible public mental health setting for one academic year, with 3 student interns receiving this award of $6,000.

BUDGET

$1,694,758

FY 2024-25

TRAINING AND TECHNICAL ASSISTANCE

PROGRAM DESCRIPTION

The Training and Technical Assistance (TTA) component of WET offers trainings on evidence-based practices, consumer and family member perspectives, and multicultural competency trainings and support for behavioral health providers. The number of trainings offered in this area fluctuates from year to year depending on the number of professional development requests from HCA staff and community members. Additionally, the TTA program not only hosts several behavioral health trainings each year, but also provides Continuing Education (CE) units and/or Continuing Medical Education (CME) to BHS staff and other departments across the HCA and partners in Orange County requesting trainings for their clinical or medical staff.

PROGRAM GOALS

- To provide evidenced based trainings to staff as needed
- To offer trainings that meet eligibility for Cultural Competence
- To provide CE and/or CME credits to staff and contract providers whenever possible

TARGET POPULATION

BHS Staff and contract providers.

OUTCOMES

In FY 2023-24, TTA provided a total number of 162 trainings to 5,945 attendees. Of these, 55 trainings were focused on specific evidenced- based practices and 95 trainings were offered CE or CME credits.

Training topics included Breaking Down Binaries: Psychosis & the Transgender Community; Coping with the Journey of Mourning and Grief; Exploring the Depths of Clinical Supervision; How to Maintain Ethical and Legal Boundaries While Using Technology in your Mental Health Practice; LEAP (Listen – Empathize – Agree – Partner); Learn to

Thrive: Acceptance Commitment Therapy; Recent Traumatic Events Protocol (R-TEP) and Group Traumatic Events Protocol – An Advanced EMDR Training.

During FY 2023-24, there was a continued need for interpretation services provided in Spanish, Vietnamese, Arabic, Farsi and ASL both onsite and over the phone. Program staff translated, reviewed and field-tested a total of 383 documents into the threshold languages of Spanish, Vietnamese, Farsi, Korean, Arabic, and Simplified Chinese in FY 2023-2024, Additionally, staff provided 89 live, in-person interpretation sessions to community members attending various trainings, conferences, or meetings. In addition, a Licensed Marriage Family Therapist serves in the MDP as a Deaf and Hard-of- Hearing Coordinator to ensure that American Sign Language interpretation support is provided at trainings and community meetings.

In FY 2023-24, the Behavioral Health Equity Committee (BHEC) continued to meet regularly through in-person , meetings at the Behavioral Health Training Center .The BHEC consists of multi-ethnic partners and multi-cultural experts in OC who meet to provide input on how to incorporate cultural sensitivity and awareness into the Behavioral Health Services (BHS) system of care and how to provide linguistically and culturally appropriate (CLAS) behavioral health information, resources, and trainings to underserved consumers and family members.

The BHEC efforts are focused on the promotion of behavioral health equity for unserved and underserved racial and ethnic communities, as well as lesbian, gay, bisexual, transgender, questioning/queer, and intersex (LGBTQI), Veterans, Deaf and Hard of Hearing, and other cultural groups. The BHEC consists of the steering committee, along with members from multiple workgroups/subcommittees:

- Deaf and Hard of Hearing
- Spirituality
- Outreach to the Black/African American Communities
- Latino/a,
- Asian/Pacific Islander (API),
- LGBTQ+.

More subcommittees are being developed, including Substance Use Disorder (SUD) and the Native/Indigenous Communities.

During FY 2023-24, BHEC held quarterly public meetings, bringing together steering committee members, workgroup/subcommittee members, and the public, and provided opportunities for direct feedback and input on how to operationalize the CLAS standards' implementation at program/clinic levels; continue to deepen relationships with the communities that we serve; continue to develop diversity, equity, and inclusion in the County's work; and continue to address racism as a public health crisis. Some of the accomplishments include:

- Increasing community participation
- Participating in the MHSA Plan review and providing input into the 3-year plan
- Exploring ways to reach the spiritual/faith communities and collaborate on ways to increase mental health awareness and access to resources and information
- Conducting multiple presentations about resources available through HCA at community events to raise awareness and reduce stigma around mental health and recovery practices

BUDGET

$2,973,329

FY 2024-25

MENTAL HEALTH CAREER PATHWAYS

INTRODUCTION

The Mental Health Career pathways component seeks to engage individuals in the community to enter the behavioral health field through a variety of pathways. One of the primary strategies has been to assist consumers and family members of consumers with higher education to seek gainful employment in the behavioral health field (or public mental health system).

PROGRAM DESCRIPTION

The Recovery Education Institute's (REI) primary goal is to provide training services to current Behavioral Health Services consumers and family members of consumers as they move into higher levels of recovery. Training services are participant/family member driven and provided by qualified instructors. Services focus on addressing the shortage of skilled human services workers with lived experience in the behavioral health field, including peer training, academic advisement and support, and career preparedness skills a. Students enrolled in the program must be consumers or family members of consumers within the public behavioral health system of the County of Orange. Services provided at the Recovery Education Institute include four (4) basic components: Workshop Courses that include Peer Support Specialist (PSS) training; Pre-Vocational Courses; College Credit Courses; and Extended Education Courses. College credit courses are offered by regionally accredited post-secondary educational institutions, and all courses are culturally appropriate for the behavioral health population(s) served.

The Peer Support Specialist training is eighty (80) hours cohort training which prepares students and current peers working in the behavioral health field for the PSS CalMHSA certification. Student advisement sessions support academic counseling, student code of conduct, a student grievance process, and student disciplinary procedures, and success coaches provide students with additional academic support,- such as tutoring sessions, career coaching, and much more.

In partnership with Cal State Fullerton, BHS has helped to support Health Education Pathways Program (HEPP) which aims to increase interest and awareness of high school and early college students to enter the behavioral health workforce.

A Leadership Development Program is being developed to support existing BHS staff with mentorship and training to prepare them for leadership roles.

The Behavioral Health and Wellness Coaching program will train BHS staff and community based contracted program staff in coaching techniques and strategies.

PROGRAM GOALS

The Mental Health Career pathways component seeks to engage individuals in the community to enter the behavioral health field through a variety of pathways.

- To develop leaders within BHS for future promotional opportunities
- To better equip staff to work with diverse populations in a more holistic and integrative approach

TARGET POPULATION

- Behavioral health consumers and their family members
- High school and early college students
- BHS staff
- BHS Staff and contract providers

OUTCOMES

In FY 2023-24, REI offered 1,855 academic advisement sessions, 439 success coach sessions, 229 peer partner sessions, and 300 employment specialist support sessions. In addition, 88 workshops, 76 pre-vocational courses, 16 extended education courses, 24 college courses, and 3 peer support specialist trainings were offered. During each course and workshop, students were asked to rate their satisfaction with REI's program, staff, and services. 97% of those surveyed were satisfied with the trainings, and 88% of those surveyed had increase in student's knowledge upon completion of courses.

In March 2024, BHTS supported the HEPP through a Professions and Majors Fair hosted by Cal State Fullerton University. 251 high school and early college students attended to learn more about different professions, careers, and majors in the behavioral health and allied health fields. BHTS also helped to place 20 undergraduate students for a Summer Internship in May 2024. These students were placed across BHS to better understand how BHS serves the community and in hopes of encouraging the students to pursue a career in BHS.

BHTS engaged in discussion with a potential consultant to support the development of the Leadership Development program. It is expected to begin the contract for a needs assessment and program development in FY 20224-25

FISCAL YEAR 2024-25

$1,700,000	500	$3,400
BUDGET	NUMBER TO BE SERVED	COST PER CLIENT

RESIDENCIES AND INTERNSHIP PROGRAMS

PROGRAM DESCRIPTION

The Residencies and Internships program trains and supports individuals who aspire to work in the public mental health system. Through agreements with various colleges and universities across Orange County, residents, fellows, and interns are placed in BHS programs.

These interns/residents are provided with trainings that teach the recovery philosophy; enhance cultural humility and understanding from the consumer and family perspectives; and recruit talented mental health workers into the public mental health system. In addition, the centralized clinical supervision and internship program, is being expanded to provide a more streamlined onboarding of interns, track clinical supervision, provide better support to the clinical supervisors, ensure compliance with state mandates, improve clinical training, and strengthen the formation of new clinicians.

PROGRAM GOALS

To recruit highly trained and experienced mental health professionals and MD's into BHS

TARGET POPULATION

Graduate student interns, psychiatry residents and fellows.

OUTCOMES

Since beginning implementation, the Clinical Supervision program has provided in-house clinical supervision trainings including five (5) 6-hour clinical supervision update trainings for current supervisors,

6-hour clinical supervision update trainings and two (2) nine-hour clinical supervision training for potential new clinical supervisors. The program trained 66 new clinical supervisors over a two-year period; of those 44 were HCA BHS employees.

The Clinical Supervision program has created six (6) monthly consultation groups for new and current clinical supervisors. These groups provide on-going consultation to strengthen supervisory skills and manage issues with their supervisees. The groups provide regular updates on new guidelines promulgated by the Board of Behavioral Sciences and the Board of Psychology. The consultation group facilitators provide training in clinical supervision models to assist supervisors in understanding and facilitating their supervisees' growth and clinical development.

The team has created an outcomes research program to track the effectiveness of the consultation groups. The data will be used to improve client outcomes and to assess future changes to the Clinical Supervision Program. The team works to support clinicians in non-traditional settings, such as in Correctional Mental Health and with Justice-Involved clients. The Clinical Supervision program has set a goal of having all HCA BHS clinical supervisors participate in consultation groups.

The Clinical Supervision Team also acts as consultants by regularly providing ad-hoc consultation from clinical supervisors about any issue related to the provision of clinical supervision. The Team Lead spends on average 1 hour per week handling questions from various HCA BHS programs related to clinical supervision.

A training program was developed for student interns from local universities who spend an internship year at the Health Care Agency. The team interviewed and placed approximately 27 master's and doctoral level interns from local universities in challenging and important placements across HCA BHS.

The team provided or facilitated 11 trainings and networking events for the interns including the following:

- Overview of Mental Health and Recovery Services
- Risk Assessments
- Substance Use Disorders and Medication-Assisted Therapy Services
- Holiday Gathering & Networking
- Affirmative Therapy
- Trauma Informed Treatment
- Play Therapy
- The Licensing Process
- Psychopharmacology
- Chalkboard Case Conceptualization
- 2 Graduation Celebrations/Meetings (MSW, and MA/Psy.D./Ph.D.)

The team had current staff members speak to the interns about the road to clinical licensure and the road to full-time employment with HCA BHS. During the final meeting, an HR representative provided an overview of how to complete a formal application to the County including the application and interview process. The team also had three recently hired staff from different disciplines speak to the interns about the hiring process and their current roles with HCA BHS.

FINANCIAL INCENTIVE PROGRAMS

PROGRAM DESCRIPTION

The Financial Incentive Program (FIP) is designed to assist with retention of existing BHS staff. The original FIP was a program to expand a diverse bilingual and bicultural workforce by providing tuition coverage through a scholarship to existing BHS County employees seeking bachelor's (BA/BS) and master's (MA/MS) degrees, and to address the community psychiatrist shortage by offering loan repayment for psychiatrists working in the OC public mental health system. Recently, this program has expanded to include the Southern Counties Regional Partnership (SCRP) funded Loan Repayment program for existing BHS and contract provider staff. This program is a loan forgiveness program to those that qualify and commit to serving the public mental health system (BHS) for one year.

PROGRAM GOALS

To retain existing BHS and contract providers.

TARGET POPULATION

Hard-to-fill workforce such as psychiatrists and clinicians.

OUTCOMES

In FY 2023-24, 94 BHS staff or contract providers were awarded up to $10,000 towards their school loan with the commitment of working in BHS (or one of its contracted programs) for an additional year. Additionally, 16 psychiatrists utilized the loan forgiveness program for a total of $270,000 spent towards paying down their loans.

In FY 2023-24, no individuals were enrolled in the FIP since the loan repayment program supports this retention goal.

FISCAL YEAR 2024-25

$418,468	71	$5,894
BUDGET	NUMBER TO BE SERVED	COST PER CLIENT

CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS (CFTN)

The Capital Facilities and Technological Needs (CFTN) component must support the goals of the Mental Health Services Act (MHSA) and the provision of MHSA services. The planned use of CFTN funds produce long-term impacts with lasting benefits to include the development of a variety of technological advancements, strategies, and/or community-based facilities to house MHSA and public behavioral health services that support culturally and linguistically appropriate integrated service experiences. Funds may also be used to support an increase in:

- Peer-support and consumer-run facilities,
- Development of community-based, least restrictive settings that will reduce the need for incarceration or institutionalization, and
- The development of technological infrastructure for the public behavioral health system to facilitate high quality, cost-effective services and supports for consumers and their families

CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS (CFTN)

OVERVIEW OF THE PROGRAM

The Capital Facilities and Technological Needs (CFTN) component of the Mental Health Services Act (MHSA) was designed to enhance the existing public mental health services infrastructure. It provides resources for two types of infrastructure:

1. Capital facilities funding may be used to purchase, build, or renovate land and/or facilities for the delivery of MHSA programs and services to consumers and their families or used for MHSA administrative offices.
2. Technology funding may be used to modernize and transform clinical and administrative information systems and increase consumer and family empowerment by providing the tools for secure consumer and family access to health information. CFTN projects are now funded through transfers from CSS as allowed by the Act and accompanying regulations.

PROGRAM DESCRIPTION

Requirements for Capital Facilities Funds: A county may use MHSA Capital Facility funds for the following types of projects:

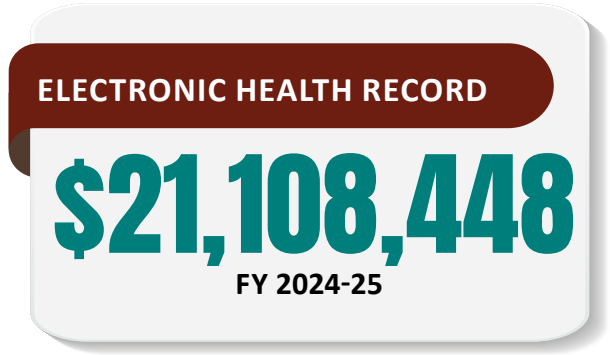
- Acquire and build upon land that will be County-owned.
- Acquire buildings that will be County-owned.
- Construct buildings that will be County-owned.
- Renovate buildings that are County-owned.
- Renovate buildings that are privately-owned, dedicated, and used to provide MHSA services if certain provisions are met (i.e., renovations to benefit MHSA participants or MHSA administration's ability to provide services/programs in County's Three-Year Plan, costs are reasonable and consistent with what a prudent buyer would incur, and a method for protecting the capital interest in the renovation is in place).
- Establish a capitalized repair and replacement reserve for buildings acquired or constructed with CF funds and/or the personnel cost directly associated with a CF project (i.e., project manager, with the reserve controlled, managed, and disbursed by the County). The former California Department of Mental Health (now Department of Health Care Services) outlined the following requirements for Capital Facilities funds:
- CF funds can only be used for those portions of land and buildings where MHSA programs, services, and administrative supports are provided and must be consistent with the goals identified in the CSS and PEI components of the County's Three-Year Plan.
- Land acquired and built upon or construction/renovation of buildings using CF funds shall be used to provide MHSA programs, services, and/or supports for a minimum of 20 years.
- All buildings through CF must comply with federal, state, and local laws and regulations, including zoning and building codes and requirements; licensing requirements, where applicable; fire safety requirements; environmental reporting and requirements; hazardous materials requirements; the Americans with Disabilities Act (ADA), California Government Code Section 11135; and other applicable requirements.
- The County shall ensure that the property is updated to comply with applicable requirements, and maintained as necessary, and that appropriate fire, disaster, and liability insurance coverage is maintained.
- Under limited circumstances counties may "lease (rent) to own"

a building. The County must provide justification why "lease (rent) to own" is preferable to the outright purchase of the building and why the purchase of such property with MHSA CF funds is not feasible.

Requirements for use of Technology Needs funds: Any MHSA-funded technology project must meet certain requirements to be considered appropriate for this funding category:

- It must fit in with the state's long-term goal to develop an Integrated Information Systems Infrastructure where all counties have integrated information systems that can securely access and exchange information.
- It must be part of and support the County's overall plan to achieve an Integrated Information Systems Infrastructure through the implementation of an Electronic Health Record (EHR).

TECHNOLOGICAL NEEDS PROJECT



PROGRAM UPDATES

In the MHSA Three Year Plan for FY 2023-24 through FY 2025-26, $20 million was approved for the use of a planned Wellness Campus in Irvine. The projections were to spend $10 million in FY 2023-24 and the remaining $10 million in FY 2024-25. The FY 2023-24 transfer for the campus did not occur. Therefore, the transfer will occur during the 2024-25 reporting period.

HCA Electronic Health Record (EHR): The county Behavioral Health Services (BHS) continues to make progress on its planned trajectory of increased deployment and utilization of the Cerner based electronic health record system (EHR), and efforts at promoting increased adoption and effective use to allow better coordination of care with access to more comprehensive data, and realize improvements in outcomes and quality. The goals and objectives of this effort support the goals of MHSA to promote well-being, recovery, and resilience. There is an ongoing effort to continue to expand to include all areas of BHS, and to continue to implement additional functionality that supports operational efficiency, the planning and delivery of care, and to comply with all emerging laws and regulations, security, and privacy guidelines. The scope of work includes a combination of software, technology infrastructure, and services to develop and enhance the overall system. BHS continues to plan and develop implementation strategies on supporting compliance with goals and objectives of current and emerging complex and large mandated state initiatives.

For a more comprehensive look at the details for the Electronic Health Record, please refer to pages 256-257 in the Three Year Plan for FY 2023-24 through FY 2025-26.

Fiscal

As part of continued fiscal accountability, management, and transparency in the use of MHSA funds, BHS continues the reporting of program expenditures and revenues for this MHSA Three-Year Plan to be in-line with anticipated utilization values that are based on historical trends, as well as anticipated growth and/or decreases in MHSA funding.

This method of tracking and planning supports more accurate reporting of usage and availability of the MHSA funds received from the State. Should the anticipated revenues not be realized, the Plan will be adjusted, in accordance with related statute. MHSA funds may be used to support the transition to meet Behavioral Health Transformation requirements.

MENTAL HEALTH SERVICES ACT EXPENDITURE PLAN - FY 2025-2026 ANNUAL PLAN UPDATE
EXHIBIT SUMMARY

County: Orange | Date: 04/14/2025

		MHSA Funding					
		A	B	C	D	E	F
		Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2023-24 Funding							
1.	Estimated Unspent Funds from Prior Fiscal Years	41,341,038	4,810,163	34,586,681	-	17,155,842	33,258,769
2.	Estimated New FY 2023-24 Funding	236,832,800	59,008,200	16,839,000	-	520,000	
3.	Transfer in FY 2023-24	(20,009,380)	-	-	6,404,658	13,604,722	-
4.	Access Local Prudent Reserve in FY 2023-24	-	-				-
5.	Estimated Available Funding for FY 2023-24	258,164,458	63,818,363	51,425,681	6,404,658	31,280,564	33,258,769
B. Estimated FY2023-24 Expenditures		(163,744,805)	(56,413,315)	(9,997,504)	(6,404,658)	(30,899,803)	
Estimated FY 2024-25 Funding							
1.	Estimated Unspent Funds from Prior Fiscal Years	94,419,653	7,405,048	41,428,177	-	380,761	33,258,769
2.	Estimated New FY 2024-25 Funding	169,442,000	42,360,500	11,147,500	-	-	-
3.	Transfer in FY 2024-25	(31,497,768)	-	-	8,787,501	22,710,267	-
4.	Access Local Prudent Reserve in FY 2024-25	-	-				-
5.	Estimated Available Funding for FY 2024-25	232,363,885	49,765,548	52,575,677	8,787,501	23,091,028	33,258,769
	Estimated FY 2024-25 Expenditures	185,661,366)	(29,200,871)	(18,255,557)	(8,371,705)	(21,414,890)	
	Estimated FY 2024-25 Unspent Fund Balance	**$46,702,519**	**$20,564,677**	**$34,320,120**	**$415,796**	**$1,676,138**	**$33,258,769**

Estimated Local Prudent Reserve Balance	
4. Estimated Local Prudent Reserve Balance on June 30, 2024	$33,258,769
5. Contributions to the Local Prudent Reserve in FY 2024-25	-
6. Distributions from the Local Prudent Reserve in FY 2024-25	-
Estimated Local Prudent Reserve Balance on June 30, 2025	**$33,258,769**

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the average amount of total MHSA funds allocated to that County for the previous five years.

'b/ Per MHSUDS Info Notice No. 19-017 dated March 20, 2019, each county is now required to establish a Prudent Reserve that does not exceed 33 percent of the average Community Services and Supports (CSS) revenue received for the Local Mental Health Serices Fund in the preceding five years. Maximum Prudent Reserve amount for FY 2020-21 is capped at the average of 33% of the previous 5 FY's CSS allocation. Orange County's current Prudent Reserve amount is $33,258,769 and this same amount is budgeted for FY 2023-24 through FY 2025-26. Orange County's Prudent Reserve will be re-assessed in FY 2023-24 by using the actuals from FY 2018-19 through FY 2022-23.

c/ Estimated Unspent Fund Balances in CSS and PEI are allocated to support the Strategic Priorities identified in the three-year plan.

MENTAL HEALTH SERVICES ACT EXPENDITURE PLAN - FY 2025-2026 ANNUAL PLAN UPDATE PREVENTION AND EARLY INTERVENTION (PEI) EXHIBIT							
County: Orange							Date: 03/04/2025
Program Description		Fiscal Year 2025-2026					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PREVENTION: CHILD, YOUTH AND PARENT PROGRAMS							
1.	**Prevention Services and Supports for Families**	**$4,000,000**	**$4,000,000**				
MENTAL HEALTH AWARENESS & STIGMA REDUCTION CAMPAIGNS & EDUCATION							
2.	**Outreach for Increasing Recognition of Early Signs of Mental Illness**	**$1,700,871**	**$1,700,871**	-	-	-	
	Behavioral Health Training Services	$1,547,086	$1,547,086				
	Early Childhood Mental Health Providers Training	$1,000,000	$1,000,000				
	Services for TAY and Young Adults	$700,871	$700,871				
CRISIS PREVENTION & SUPPORT							
3.	**Suicide Prevention Services**	**$2,775,826**	**$2,750,000**				**$25,826**
ACCESS & LINKAGE TO TREATMENT (TX)							
4.	**OCLinks**	**$5,000,000**	**$5,000,000**				
OUTPATIENT TREATMENT - EARLY INTERVENTION							
5.	**Clinical High Risk for Psychosis**	**$1,000,000**	**$1,000,000**				
6.	**1st Onset of Psychiatric Illness**	**$1,511,932**	**$1,250,000**	**$191,218**			**$70,714**
7.	**Early Intervention Services for Older Adults**	**$2,500,000**	**$2,500,000**				
8.	**OC4VETS**	**$1,017,663**	**$1,000,000**				**$17,663**
	PEI Administration	10,000,000	$10,000,000				
	Total PEI Program Estimated Expenditures	**$29,506,292**	**$29,200,871**	**$191,218**			**$114,203**

MENTAL HEALTH SERVICES ACT EXPENDITURE PLAN - FY 2025-2026 ANNUAL PLAN UPDATE
COMMUNITY SERVICES AND SUPPORTS (CSS) EXHIBIT

County: Orange | Date: 03/04/2025

Program Description		Fiscal Year 2025-2026					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FULL SERVICE PARTNERSHIP (FSP PROGRAMS)							
1.	**Children's Full Service Partnership**	**$14,200,000**	**$10,000,000**	**$4,000,000**	**-**	**-**	**$200,000**
2.	**Transitional Age Youth (TAY) Full Service Partnership**	**$17,660,000**	**$12,500,000**	**$5,000,000**	**-**	**-**	**$160,000**
3.	**Adult Full Service Partnership**	**$53,195,299**	**$34,215,841**	**$17,518,610**	**-**	**-**	**$1,460,848**
	Adults	$33,991,700	$21,000,000	$12,391,700	-	-	$600,000
	Assisted Outpatient Treatment Assessment & Linkage	$5,751,689	$4,715,841	$975,000	-	-	$60,848
	CARE Court	$3,800,000	$2,500,000	$600,000	-	-	$700,000
	Supportive services for clients in permanent housing	$9,651,910	$6,000,000	$3,551,910	-	-	$100,000
4.	**Older Adult Full Service Partnership**	**$5,100,000**	**$4,000,000**	**$1,000,000**	**-**	**-**	**$100,000**
5.	**Program for Assertive Community Treatment**	**$15,273,138**	**$11,438,018**	**$3,515,120**	**-**	**-**	**$320,000**
NON-FSP PROGRAMS PARTIALLY CATEGORIZED AS FSP:							
Access and Linkage to Treatment Section:							
1.	**Open Access**	**$1,975,000**	**$1,500,000**	**$400,000**	**-**	**-**	**$75,000**
Crisis & Crisis Prevention Section:							-
2.	**Mobile Crisis Assessment Team**	**$6,137,306**	**$4,852,428**	**$1,118,535**	-	-	**$166,344**
3.	**Crisis Stabilization Units (CSUs)**	**$4,683,038**	**$2,745,000**	**$1,867,500**	-	-	**$70,538**
4.	**In-Home Crisis Stabilization**	**$2,000,530**	**$1,418,830**	**$581,700**	**-**	**-**	-
5.	**Crisis Residential Services**	**$7,745,600**	**$5,172,600**	**$2,473,000**	**-**	**-**	**$100,000**
Outpatient Treatment: Clinic Expansion							
6.	**Outpatient Recovery**	**$201,100**	**$128,000**	**$63,100**	**-**	**-**	**$10,000**
7.	**Older Adult Services**	**$213,600**	**$156,000**	**$54,000**	**-**	**-**	**$3,600**

MENTAL HEALTH SERVICES ACT EXPENDITURE PLAN - FY 2025-2026 ANNUAL PLAN UPDATE COMMUNITY SERVICES AND SUPPORTS (CSS) EXHIBIT							
County: Orange							Date: 03/04/2025
Program Description		**Fiscal Year 2025-2026**					
		A	**B**	**C**	**D**	**E**	**F**
		Estimated Total Mental Health Expenditures	**Estimated CSS Funding**	**Estimated Medi-Cal FFP**	**Estimated 1991 Realignment**	**Estimated Behavioral Health Subaccount**	**Estimated Other Funding**
Supportive Services Section:							
9.	**Wellness Centers**	-	-	-	-	-	-
10.	**Supported Employment**	**$508,200**	**$508,200**	-	-	-	-
Supportive Housing/Homelessness Section:							
11.	**Housing & Year Round Emergency Shelter**	**$525,000**	**$525,000**	-	-	-	-
12.	**Bridge Housing for the Homeless**	**$975,000**	**$975,000**	-	-	-	-
13.	**CSS Housing**	**$689,570**	**$689,570**	-	-	-	-
	FSP Sub-Total	***$131,082,380***	***$90,824,487***	***$37,591,564***	-	-	***$2,666,329***
NON-FSP PROGRAMS NOT CATEGORIZED AS FSP:							
Access and Linkage to Treatment Section:							
1.	**Open Access**	**$1,975,000**	**$1,500,000**	**$400,000**			
2.	**BHS Navigation**	**$7,120,000**	**$4,820,000**	-	-	-	**$21,102**
3.	**Integrated Justice Involved Services**	**$8,314,804**	**$8,314,804**	-			
Crisis & Crisis Prevention Section:							
4.	**Mobile Crisis Assessment Team**	$8,054,295	$6,371,948	$1,535,830	-	-	$146,516
5.	**Crisis Stabilization Units (CSUs)**	$26,537,213	$15,555,000	$10,582,500	-	-	$399,713
6.	**In-Home Crisis Stabilization**	$857,370	$608,070	$249,300	-	-	-
7.	**Crisis Residential Services**	$13,066,400	$6,859,400	$5,807,000	-	-	$400,000

MENTAL HEALTH SERVICES ACT EXPENDITURE PLAN - FY 2025-2026 ANNUAL PLAN UPDATE COMMUNITY SERVICES AND SUPPORTS (CSS) EXHIBIT							
County: Orange							Date: 03/04/2025
Program Description		Fiscal Year 2025-2026					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Outpatient Treatment: Clinic Expansion							
8.	Children & Youth Expansion	$13,085,000	$6,000,000	$7,000,000	-	-	$85,000
9.	Outpatient Recovery	$9,853,877	$6,272,000	$3,091,877	-	-	$490,000
10.	Older Adult Services	$3,346,400	$2,444,000	$846,000	-	-	$56,400
11.	Services for the Short-Term Residential Therapeutic Program	$8,585,000	$6,000,000	$2,500,000	-	-	$85,000
Supportive Services Section:							
12.	Peer Mentor and Parent Partner Support	$4,000,000	$4,000,000	-	-	-	-
13.	Wellness Centers	$4,111,800	$4,111,800	-	-	-	-
14.	Supported Employment	-	-	-	-	-	-
15.	Transportation	-	-	-	-	-	-
Supportive Housing/Homelessness Section:							
16.	Housing & Year Round Emergency Shelter	$1,225,000	$1,225,000	-	-	-	-
17.	Bridge Housing for the Homeless	$525,000	$525,000	-	-	-	-
18.	CSS Housing	$229,857	$229,857	-	-	-	-
	Sub-Total	***$110,887,015***	***$74,836,879***	***$32,012,508***	**-**	**-**	***$4,037,629***
	CSS Administration	$20,000,000	$20,000,000	-	-	-	-
	Total CSS Program Estimated Expenditures	***$261,969,396***	***$185,661,366***	***$69,604,072***	**-**	**-**	***$6,703,958***
	FSP Programs as Percent of Total	**50%**					

MENTAL HEALTH SERVICES ACT EXPENDITURE PLAN - FY 2025-2026 ANNUAL PLAN UPDATE INNOVATIONS (INN) EXHIBIT						
County: Orange						Date: 03/04/2025
Program Description	**Fiscal Year 2025-2026**					
	A	**B**	**C**	**D**	**E**	**F**
	Estimated Total Mental Health Expenditures	**Estimated INN Funding**	**Estimated Medi-Cal FFP**	**Estimated 1991 Realignment**	**Estimated Behavioral Health Subaccount**	**Estimated Other Funding**
Psychiatric Advance Directives (PADS) - Part II	$7,720,071	$7,720,071	-	-	-	-
Young Adult Court	$2,584,720	$2,584,720	-	-	-	-
Community Planning	$1,190,000	$1,190,000				
Progressive Improvements of Valued Treatment (PIVOT)	$8,000,000	$8,000,000				
Subtotal Of All INN Programs	**$19,494,791**	**$19,494,791**	**-**	**-**	**-**	**-**
INN Administration	**$1,480,837**	**$1,480,837**	**-**	**-**	**-**	**-**
Total INN Program Estimated Expenditures	**$20,975,628**	**$20,975,628**	**-**	**-**	**-**	**-**

MENTAL HEALTH SERVICES ACT EXPENDITURE PLAN - FY 2025-2026 ANNUAL PLAN UPDATE WORKFORCE, EDUCATION AND TRAINING (WET) EXHIBIT						
County: Orange						Date: 03/04/2025
	Fiscal Year 2025-2026					
	A	B	C	D	E	F
Program Description	**Estimated Total Mental Health Expenditures**	**Estimated WET Funding**	**Estimated Medi-Cal FFP**	**Estimated 1991 Realignment**	**Estimated Behavioral Health Subaccount**	**Estimated Other Funding**
Workforce Staffing Support	$1,694,758	$1,694,758	-	-	-	-
Training and Technical Assistance	$2,973,329	$2,973,329	-	-	-	-
Mental Health Career Pathways	$1,700,000	$1,700,000	-	-	-	-
Residencies and Internships	$1,000,000	$1,000,000	-	-	-	-
Financial Incentives Programs	$418,468	$418,468	-	-	-	-
Subtotal Of All WET Programs	**$7,786,555**	**$7,786,555**	**-**	**-**	**-**	**-**
WET Administration	$585,150	$585,150	**-**	**-**	**-**	**-**
Total WET Program Estimated Expenditures	**$8,371,705**	**$8,371,705**	**-**	**-**	**-**	**-**

MENTAL HEALTH SERVICES ACT EXPENDITURE PLAN - FY 2025-2026 ANNUAL PLAN UPDATE CAPITAL FACILITIES/TECHNOLOGICAL NEEDS (CFTN) EXHIBIT							
County: Orange							Date: 03/04/2025
Program Description		**Fiscal Year 2024-2025**					
		A	**B**	**C**	**D**	**E**	**F**
		Estimated Total Mental Health Expenditures	**Estimated CFTN Funding**	**Estimated Medi-Cal FFP**	**Estimated 1991 Realignment**	**Estimated Behavioral Health Subaccount**	**Estimated Other Funding**
Capital Facilities Projects							
1.	Behavioral Health Training Facility	$25,000	$25,000	-	-	-	-
Technological Needs Projects							
2.	Electronic Health Record (E.H.R)	$21,108,448	$21,108,448	-	-	-	-
	CFTN Administration	**$281,442**	**$281,442**	**-**	**-**	**-**	**-**
	Total CFTN Program Estimated Expenditures	**$21,414,890**	**$21,414,890**	**-**	**-**	**-**	**-**

APPENDICES

COUNTY COMPLIANCE CERTIFICATION

MHSA COUNTY COMPLIANCE CERTIFICATION

County: Orange County

Local Mental Health Director	Program Lead
Name: Ian Kemmer	Name: Michelle Smith
Telephone Number: 714-834-2160	Telephone Number: 714-834-5937
E-mail: ikemmer@ochca.com	E-mail: msmith@ochca.com
County Mental Health Mailing Address: Orange County Health Care Agency 405 W. Fifth St Santa Ana, CA 92701	

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this annual update, including stakeholder participation and nonsupplantation requirements.

This annual update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft annual update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on _____.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached annual update are true and correct.

Ian Kemmer
Local Mental Health Director/Designee (PRINT)

Signature

3/26/25
Date

County: Orange County

Date: March 26, 2025

COUNTY FISCAL CERTIFICATION

Enclosure 1

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Orange County

- ☐ Three-Year Program and Expenditure Plan
- ☐ Annual Update
- ☐ Annual Revenue and Expenditure Report

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Ian Kemmer	Name: Andrew Hamilton
Telephone Number: 714-834-2160	Telephone Number: 714-834-2457
E-mail: ikemmer@ochca.com	E-mail: Andrew.Hamilton@ac.ocgov.com
Local Mental Health Mailing Address: Orange County Health Care Agency 405 W. Fifth St. Santa Ana, CA 92701	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/revenue and expenditure report is true and correct to the best of my knowledge.

Ian Kemmer
Local Mental Health Director (PRINT)

Signature

3/26/25
Date

I hereby certify that for the fiscal year ended June 30, _____, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated _____ for the fiscal year ended June 30,_____. I further certify that for the fiscal year ended June 30,_____, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

Andrew Hamilton
County Auditor Controller / City Financial Officer (PRINT)

Signature

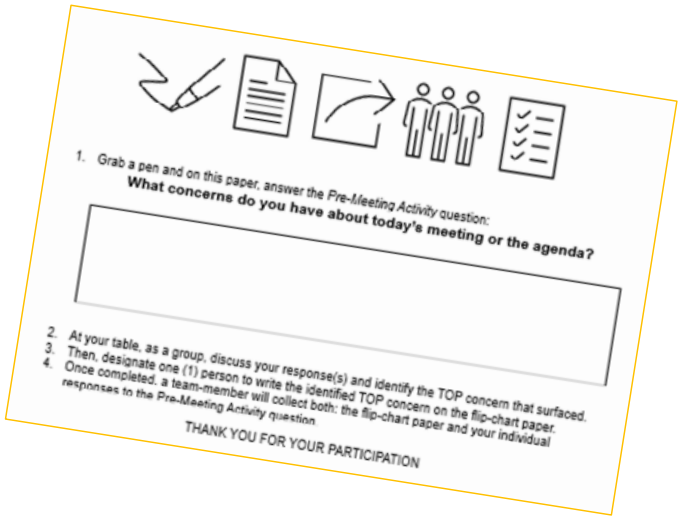
3/26/2025
Date

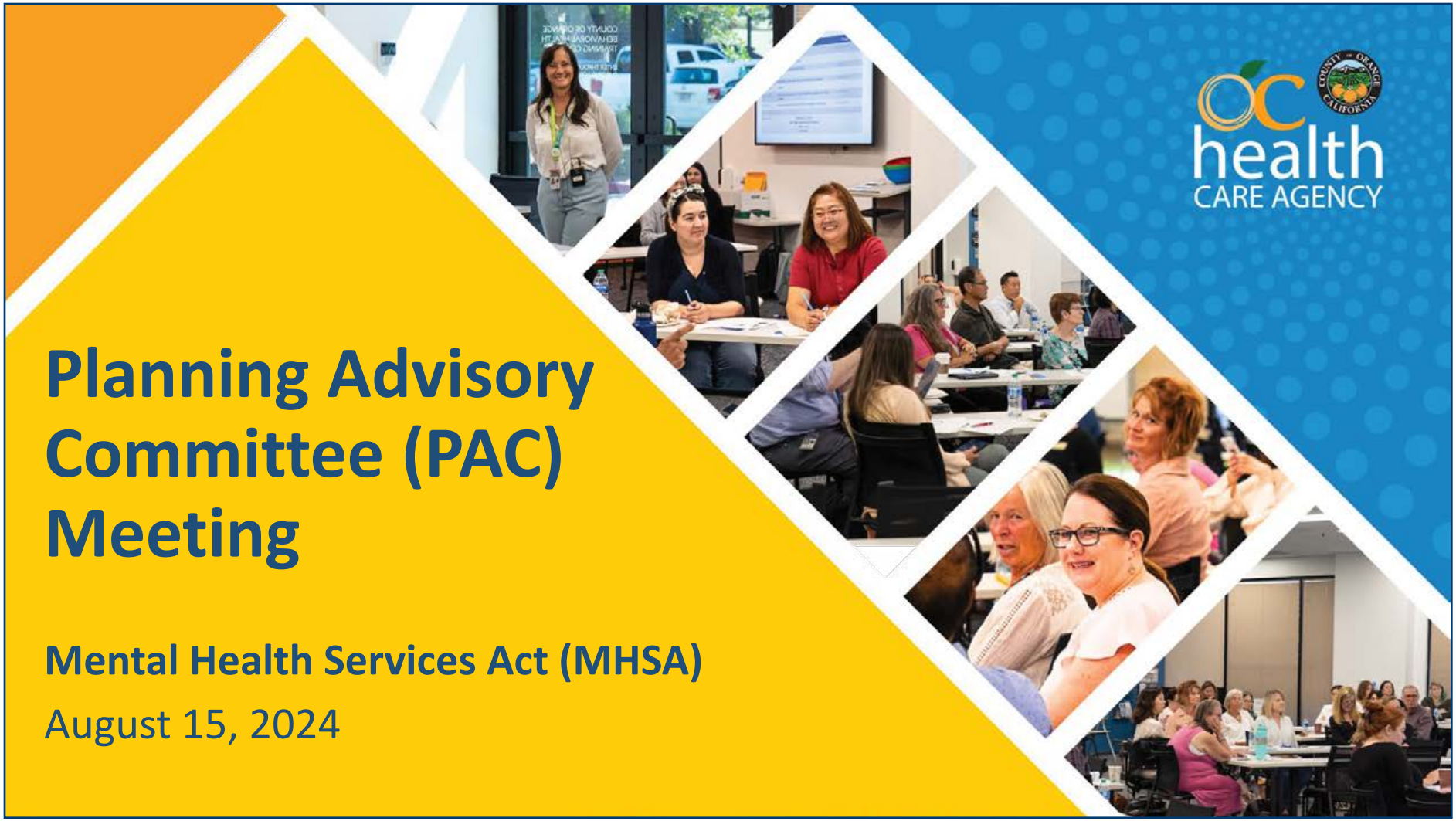
[1] Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)

STAKEHOLDER ENGAGEMENT MEETING MATERIALS

Pre-Meeting Activity

- What concerns do you have going into or about today's agenda?
- ¿Qué preocupaciones tiene usted de cara o sobre la agenda de hoy?
- Quý vị có mối quan tâm về việc tham gia chương trình buổi họp kế hoạch ngày hôm nay không?




health
CARE AGENCY
Planning Advisory Committee (PAC) Meeting
Mental Health Services Act (MHSA)
August 15, 2024

Today's Agenda

- Welcome and Introductions
- Pre-Meeting Activity
- June MHSA PAC Meeting Recap
- MHSA Financial Overview
  - What the law says
  - Forecast
- Prevention and Early Intervention – Part One
- Announcements
- Closing

9

How has system networking increased

Written Open Ended Responses:

"Networking and increase communication"

"Learning, better understanding"

“Partnering on meetings could increase stakeholder engagement"

“Involvement was valued when CAAC met"

"Awareness"

"Informing us about the stakeholder meetings through communications allows us to show up"

"It helps me understand what is happening and what the potential partnerships I can engage with as a member of the UCI community"

"Growth"

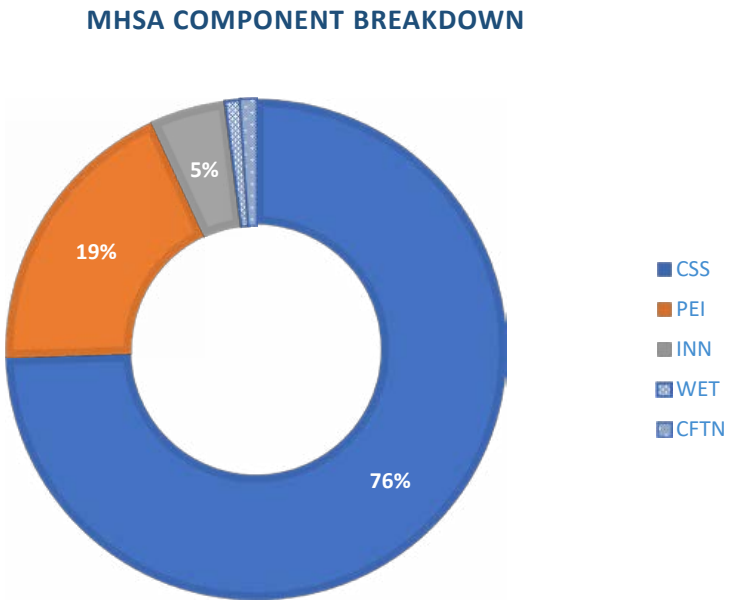
1
2
3
4
GREAT BRITAIN
adidas
TEAM GB
Rio2016
Pre-Pulse Check:
How are we feeling?
18

MHSA Finance – The Basics

- Allowable Use
  - Components
- Tools for Managing Fund Volatility
  - Reversion Period
  - Prudent Reserve
- Accountability
  - Revenue and Expenditure Report

20

MHSA Finance – Components



CSS: Community Services and Supports
PEI: Prevention and Early Intervention
INN: Innovation
WET: Workforce Education and Training
CFTN: Capital Facilities and Technological Needs

Note: Up to 5% can be used to support Community Planning Activities

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MHSA Finance – Management Tools

- Reversion Period
  - Three Years to spend from the time received (CSS, PEI)
  - Innovation: Funds can be encumbered and used over the lifespan of a project (max 5 years)
  - Infrastructure components (WET, CFTN) had 10-year reversion periods and are now sustained through transferred CSS funds

MHSA County Reversion Enclosures (ca.gov)

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MHSA Finance – Management Tools

- Prudent Reserve
  - Required to establish and maintain prudent reserve
  - Funded with CSS dollars
  - Cannot exceed 33% of the County's average CSS distribution for the previous five years.
  - Funding levels must be assessed and certified every 5 years
  - Use of Prudent Reserve funds must be approved by DHCS and can only be accessed during an economic downturn

MHSA Finance – Accountability

MHSA Annual Revenue and Expenditure Reports | Orange County California - Health Care Agency (ochealthinfo.com)

MHSA Finance – The Big Picture

- MHSA Funds are highly volatile and are projected to be reduced by ($71M) in FY 2024/25 and an additional ($91M) in FY 2025/26.
- HCA Plans to expend all MHSA funds by end of FY 2025/26.
- Must significantly reduce expenses in FY 2025-26.

Fiscal Year	MHSA Revenue Received inc. Interest	MHSA Funds Spent	Balance at the end of Fiscal Year
Carry over Funds from Prior years			$124M
FY 2021-22	$256M	($191M)	$189M
FY 2022-23	$178M	($296M)	$71M
FY 2023-24	$330M	($303M)	$98M
FY 2024-25	$259M (Proj)	($304M) (Proj)	$53M (Proj)
FY 2025-26	$168M (Proj)	($221M) (Proj)	$0 (Proj)

25

MHSA Finance – Component Summary

- MHSA Funds must be spent on the component it belongs to except for CSS.
- CSS Funds can be shifted to fund WET and CFTN programs.
- Must significantly reduce expenses in FY 2025-26. Significant impact to PEI.

Component	FY 23-24 Ending balance $98M	Component	Projected Funds available for FY 25/26 $221M	Current FY 25-26 3-yr Plan Budget
CSS	$41M	CSS	$149M ($31M to WET/CFTN)	($259M)
PEI	$5M	PEI	$32M	($78M)
INN	$35M	INN	$8M	($4M)
WET	$0	WET	$9M (From CSS)	($9M)
CFTN	$17M	CFTN	$23M (From CSS)	($23M)

MHSA Finance – PEI

- PEI Funds allocated are projected to be reduced by ($13M) in FY 2024/25 and an additional ($17M) in FY 2025/26.
- PEI's Budget for FY 25/26 is currently $78M.
- PEI must significantly reduce expenses in FY 2025-26.

Fiscal Year	PEI Revenue Received inc. Interest	PEI Funds Spent	PEI Balance at the end of Fiscal Year
Carry over PEI Funds from Prior years			$34M
FY 2021-22	$48M	($47M)	$35M
FY 2022-23	$33M	($57M)	$11M
FY 2023-24	$62M	($68M)	$5M
FY 2024-25	$49M (Proj)	($54M) (Proj)	$0 (Proj)
FY 2025-26	$32M (Proj)	($32M) (Proj)	$0 (Proj)

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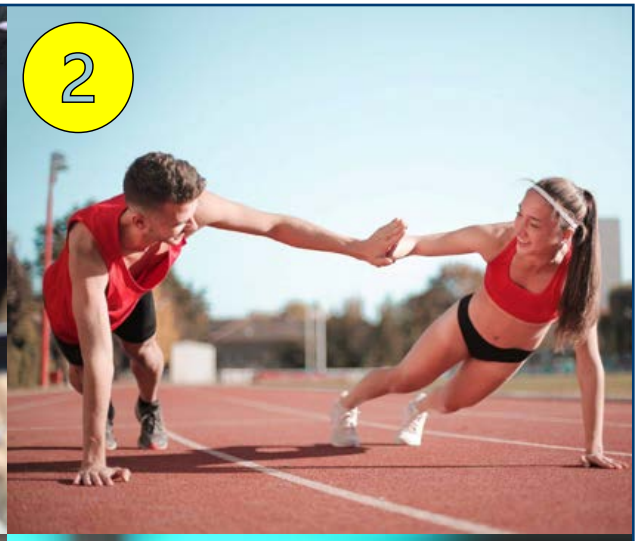
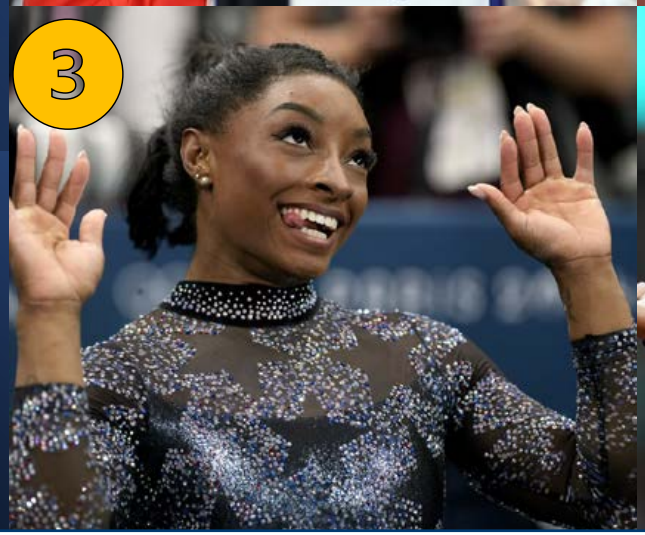
Post-Pulse Check: *How are we feeling?*





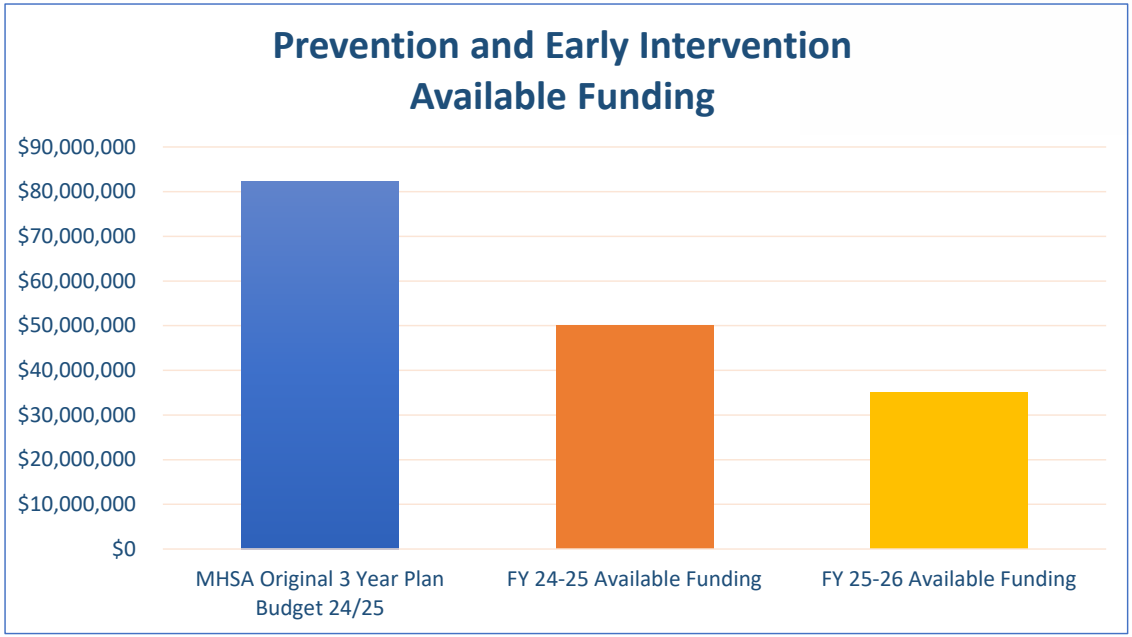
Let’s Take a Break
29

Participant Dialogue

As you know Prop 1 passed in March 2024. What actions/planning have you taken to continue to be able to provide or receive services under the new BHSA?

30

MHSA Finance - PEI



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Current PEI Standards

The State defines six specific Prevention and Early Intervention Programs. Per statute, a program is defined as "a stand-alone organized and planned work, action, or approach that evidence indicates is likely to bring about positive mental health outcomes either for individuals and families with or at risk of serious mental illness or for the mental health system (WIC §3701 (b))."

These State-Defined programs areas are:

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BHSA Funding Shifts Allowable BHS Investments
health CARE AGENCY
Community Conditions
Upstream
Individual Social Needs
Midstream
Clinical Care
Downstream
CA Department of Public Health
OC Behavioral Health Services
Community Impact
Individual Impact
33
Campbell, L.A., & Anderko, L. (2020). Moving Upstream From the Individual to the Community: Addressing Social Determinants of Health. NASN School Nurse, 35, 152 - 157.

BHS Mitigation Plan

Primary driver of BHS decision making is sustainability

- Can the program be funded under BHSA?
- When will the program/contract come to a natural end?
- Can the program be leveraged with Medi-Cal or braided with other funding?
- Does the program serve the BHSA identified priority populations?

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Working Lunch

Providers and Organizations:

After today's discussion, how will your agency or organization establish new collaborations and or new funding sources to continue to provide program services?

Participants:

Based on today's topic what plans/resources will you utilize to continue to receive services?

35

Check In, Questions, and Networking

1. How will/does today's discussion about the budget impact your program's services or the services you receive?

2.What changes will you need to make to continue to provide/receive services based on today's topic?

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Planning for PEI Budget Part Two

Please use the paper on the tables to:

- Provide additional feedback on any of these discussion questions to HCA
- Provide topics you'd like to see addressed at the next PAC Meeting, September 19, 2024

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BHS and Stakeholder Announcements

38

Meeting Satisfaction Survey

39

Bring some Wellness to Your Summer

THE FUN AND HAPPY ZONE

I'M APPROACHING,
THE FUN AND HAPPY ZONE.
BRINGING MY FRIENDS,
WITHOUT BEING ALONE.
GOING ON RIDERS,
CHECKING THE ARCADES.
BETTER THAN EVER,
IN PAST DECADES.
HAVING SOME FUN,
AT A PARK NEARBY.
I'M SO HAPPY,
DON'T NEED TO CRY.

By:
Craig Costello

The Bay

By: Pamela Blaser

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Thank you for your participation

For questions or to request a meeting, please contact

Michelle Smith at msmith@ochca.com
or call (714) 834-3104

For MHSA information

please call (714) 834-3104 or email mhsa@ochca.com

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Stay Connected!

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OC Health Care Agency

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42

OC
health
CARE AGENCY
Planning Advisory Committee (PAC) Meeting
September 19, 2024

Summary of Concerns Identified from August PAC Meeting

1	Funding & Budget Cuts	▪ Concerns about shifts in BHS funding and decrease in PEI funding. ▪ Impact of Prop 1 funding on current and future services. ▪ Future funding and sustainability for existing programs. ▪ Fluctuations in funding towards mental health programs. ▪ How funds will be made accessible to SUD services and Peer Navigation.
2	Impact on Services	▪ How changes in funding will affect services. ▪ Impact on mental health programs, especially those at risk of being canceled. ▪ Concerns about losing programs for older adults. ▪ How to continue supporting prevention programming financially. ▪ MHSA to BHSA transitions and their impact on services.
3	Community Needs	▪ Meeting the needs of the community with changes in funding. ▪ Ensuring continued community engagement during the transition period. ▪ Providing mental shelters, jobs, healthcare for people experiencing homelessness, and activity places for older adults. ▪ Categorizing “Early Intervention” differently depending on the organization/topic.
4	Specific Program Concerns	▪ How changes in funding affect prevention services. ▪ Ensuring stakeholders have opportunity to participate in BHSA planning. ▪ Understanding implications of funding changes on services over the next 2+ years. ▪ Demonstrating alternative ways to fund programs.
5	General Concerns	▪ Agencies’ expectations going forward. ▪ Concerns about the forecast and how laws will affect things. ▪ How funds will be made accessible to SUD services.

Summary of Recommendations from August PAC Meeting

Develop a Funding Strategy:	▪ Create a comprehensive plan to pivot services currently funded to be funded later in 2026. ▪ Explore alternative funding sources and partnerships to ensure sustainability.
Engage with Stakeholders:	▪ Communicate with stakeholders about the impact of funding changes and involve them in finding solutions. ▪ Ensure transparency about funding shifts and their implications.
Focus on Community Needs:	▪ Prioritize services that meet the community's most critical needs, such as mental health support, shelters, and activities for older people. ▪ Ensure that changes in funding do not disproportionately affect vulnerable populations.
Advocate for Support:	▪ Advocate for continued or increased funding from state and local governments. ▪ Highlight prevention programs' importance and long-term benefits to secure funding.
Monitor and Adapt:	▪ Regularly monitor the impact of funding changes on services and adapt strategies as needed. ▪ Collect feedback from the community and service providers to ensure needs for specialty behavioral health clients are being met.

Community Program Planning

Who Participated in August 2024 Meeting

COUNTY REGION

25% North
37% Central
19% South
19% Other/Decline

CONSUMER/FAMILY MEMBER

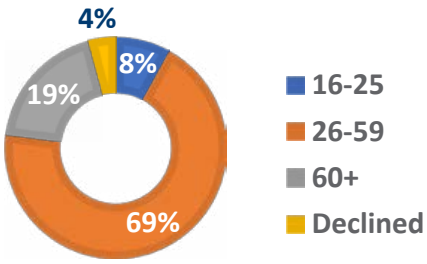
28% Family Members

25% Consumer

MILITARY SERVICE

2% Current
6% Previous
88% None
4% Decline

AGES (YEARS)



Primary Language

77% English
4% Spanish
6% Vietnamese
2% Arabic
6% Khmer
6% Not Listed

GENDER IDENTITY

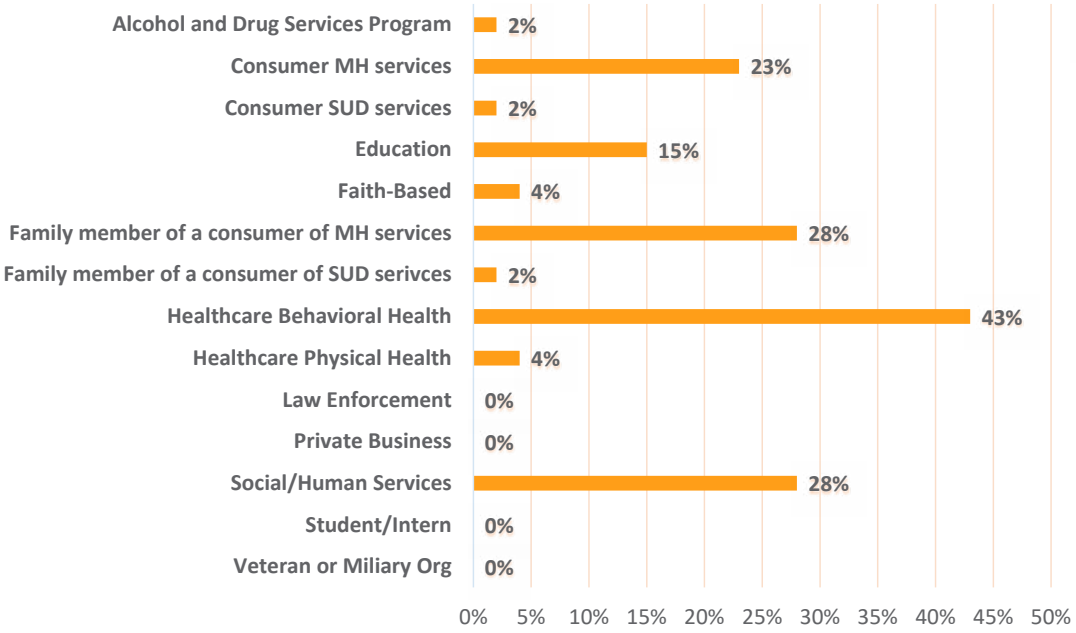
21%	75%	0%	2%
Male	Female	Transgender	Nonbinary

09/2024

Community Program Planning

Who Participated in August 2024 Meeting

Stakeholder Groups*



*Applicants are allowed to select more than one

Race/Ethnicity

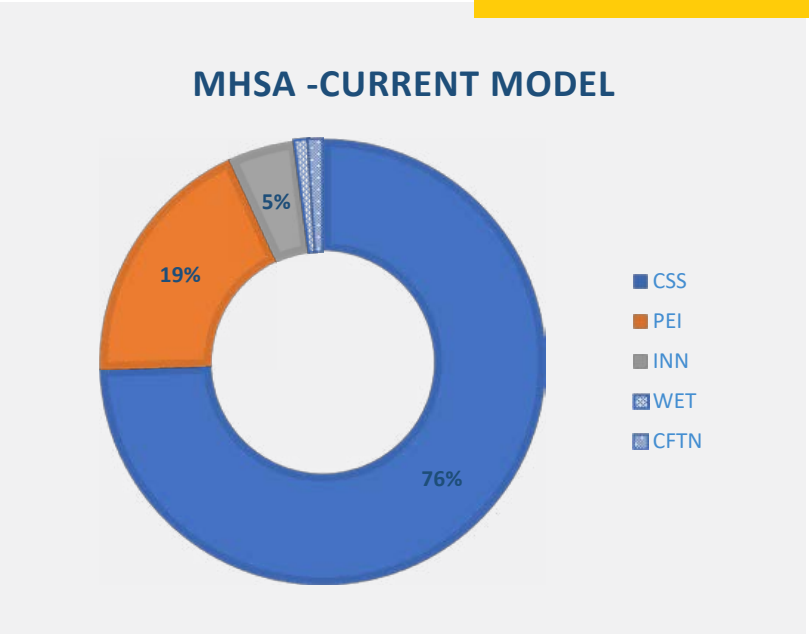
6%	African American/Black
2%	American Indian or Alaskan Native
29%	Asian
29%	Caucasian/White
20%	Hispanic/Latino
4%	Native Hawaiian/Pacific Islander
6%	More than One Race
4%	Decline

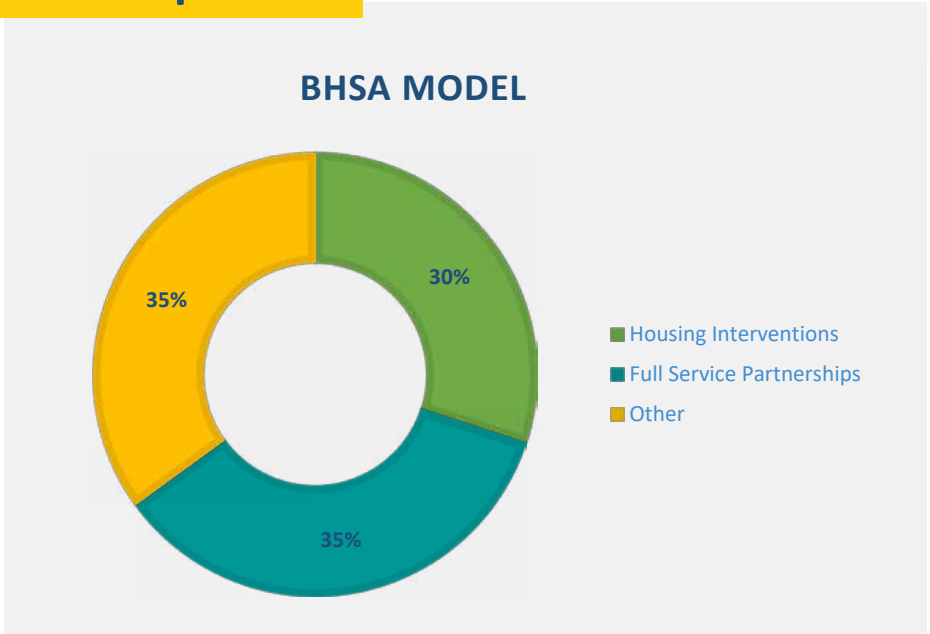
09/2024

MHSA Modernization Review

Updated Categorical Funding and Use

Revenue Breakup





Prop 1: Population-Based Prevention and Early Intervention*

Population-Based Prevention under CDPH

- Targets a whole population, not just those at-risk
- Aims to prevent a mental health or substance use disorder from ever developing

(similar to current local Mental Health Wellbeing and Promotion, Stigma and Discrimination Reduction programs under PEI)

BHSA BHSS Early Intervention under DHCS

- Targets those at risk of or showing signs of a severe mental health or substance use disorder
- Aims to prevent existing mental health or substance use disorder from becoming severe and disabling

*Note: *Counties have not received the final language related to Prop 1 requirements. The information is subject to change, based on the state guidance and any subsequent updates to regulation*

Acronym Key	
CDPH	California Department of Public Health
DHCS	Department of Health Care Services

MHSA to BHSA: Priorities for Early Intervention Funds

MHSA Priorities	▪ Childhood trauma to address early origins of mental health needs ▪ Early psychosis and mood disorder detection, and suicide prevention programming ▪ Youth outreach for secondary school and transition aged youth ▪ Culturally competent and linguistically appropriate prevention ▪ Target the mental health needs of older adults
BHSA Updates	▪ Target early childhood 0-5 years of age, including infant and early childhood mental health ▪ Advance equity and reduce disparities ▪ Programs that include community-defined evidence-based practices and mental health and substance use disorder treatment services similar to programs that have been effective and successful in the past ▪ Address the needs of individuals at high risk/experiencing behavioral health crises

MHSA Prevention and Early Intervention (PEI) Impacts

NOW

CURRENT IMPACTS

FY 2025/26 Estimates	
$82M	3 Year Plan PEI Estimate
$50M	Available FY 2024/25 PEI
$35M	Available FY 2025/26 PEI
$17.8M	Individuals 25-years-old and under

LATER

BHSA IMPACTS

Future BHSA Estimates	
$31M-$37M	Estimate for FY 2026/27 Early Intervention (EI)
$15.8M-$18.8M	Estimate for FY 2026/27 Early Intervention(EI) individuals 25-years-old and under

Mental Health Services Act Expenditure Plan
FY 2024-2025 Annual Plan Update

Prevention And Early Intervention (PEI) Exhibit

Program Description		Fiscal Year 2024-2025					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PREVENTION: CHILD, YOUTH AND PARENT PROGRAMS							
1.	Prevention Services and Supports for Families	4,400,000	4,400,000				
2.	Prevention Services and Support for Youth	5,634,172	4,892,086				742,086
3.	Infant and Early Childhood Continuum	1,000,000	1,000,000				
MENTAL HEALTH AWARENESS & STIGMA REDUCTION CAMPAIGNS & EDUCATION							
4.	Mental Health Community Educ. Events for Reducing Stigma & Discrimination	930,000	930,000				
5.	Outreach for Increasing Recognition of Early Signs of Mental Illness	16,132,232	16,122,232	-	-	-	10,000
	Behavioral Health Training Services	1,547,086	1,547,086				
	Early Childhood Mental Health Providers Training	1,000,000	1,000,000				
	Mental Health & Well-Being Promotion for Diverse Communities	6,236,752	6,226,752				10,000
	K-12 School-Based Mental Health Services Expansion	-	-				
	Services for TAY and Young Adults	700,871	700,871				
	Statewide Projects	6,647,523	6,647,523				
CRISIS PREVENTION & SUPPORT							
6.	Suicide Prevention Services	4,200,000	4,200,000				0

Mental Health Services Act Expenditure Plan
FY 2024-2025 Annual Plan Update

Prevention And Early Intervention (PEI) Exhibit

Program Description		Fiscal Year 2024-2025					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
ACCESS & LINKAGE TO TREATMENT (TX)							
8.	OCLinks	5,000,000	5,000,000				
9.	BHS Outreach & Engagement (O&E)	7,150,000	7,150,000				0
10.	Integrated Justice Involved Services	7,007,402	7,007,402				
OUTPATIENT TREATMENT - EARLY INTERVENTION							
11.	School-Based Mental Health Services	670,000	600,000	30,000			40,000
12.	Clinical High Risk for Psychosis	1,000,000	1,000,000				
13.	1st Onset of Psychiatric Illness	1,525,000	1,250,000	250,000			25,000
14.	OC Parent Wellness Program	1,900,000	1,900,000				
15.	Community Counseling & Supportive Services	2,036,136	2,036,136				
16.	Early Intervention Services for Older Adults	3,000,000	3,000,000				
17.	OC4VETS	2,615,000	2,600,000				15,000
	PEI Administration	9,000,000	9,000,000				
	Total PEI Program Estimated Expenditures	$73,215,514	$72,087,856	$280,000	-	-	$847,658

MHSA Prevention and Early Intervention (PEI) Impacts

NOW

CURRENT IMPACTS

MHSA FY 2025/26 Estimates	
$82M	3 Year Plan PEI Estimate
$50M	Available FY 2024/25 PEI
$35M	Available FY 2025/26 PEI
$17.8M	Individuals 25-years-old and under

LATER

BHSA IMPACTS

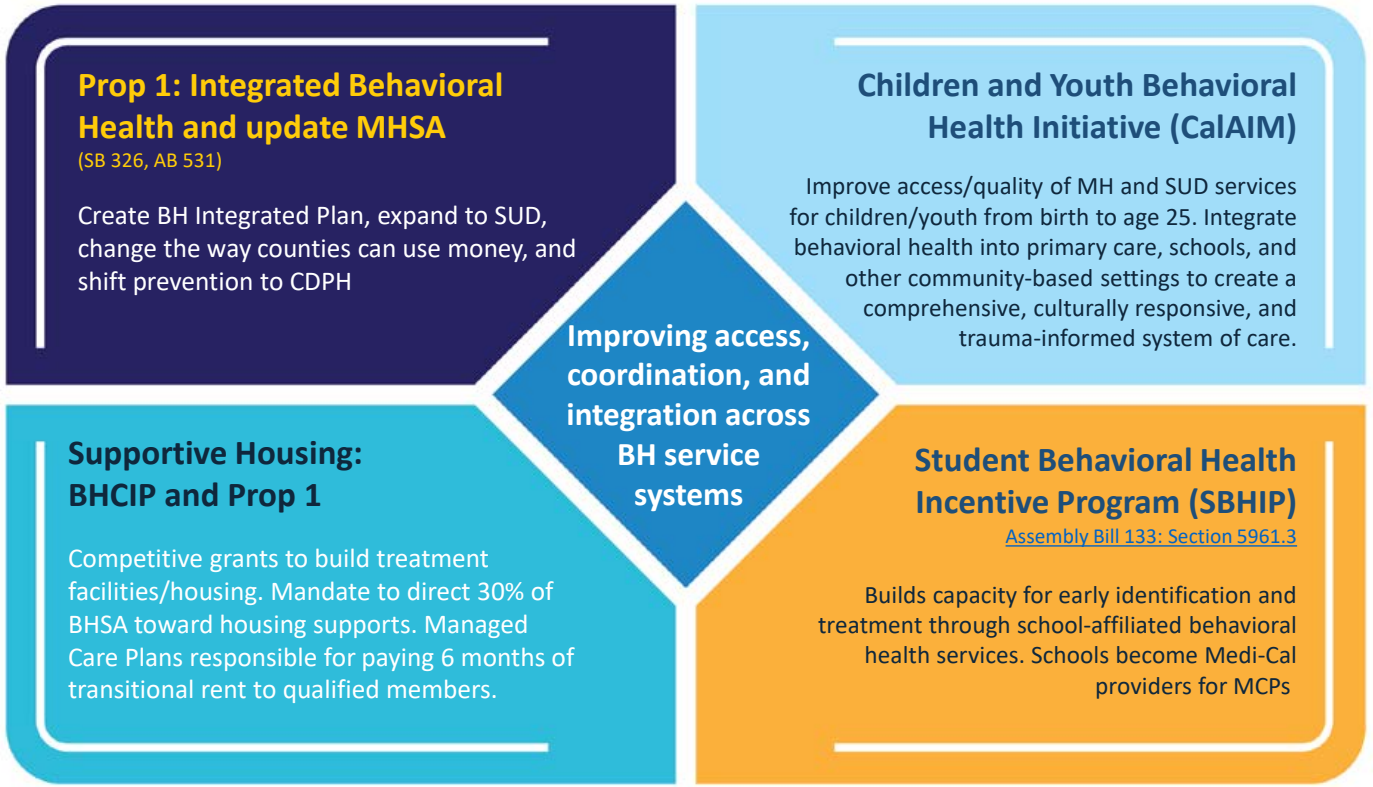
Future BHSA Estimates	
$31M-$37M	Estimate for FY 2026/27 Early Intervention (EI)
$15.8M-$18.8M	Estimate for FY 2026/27 Early Intervention(EI) individuals 25-years-old and under

OPEN DISCUSSION

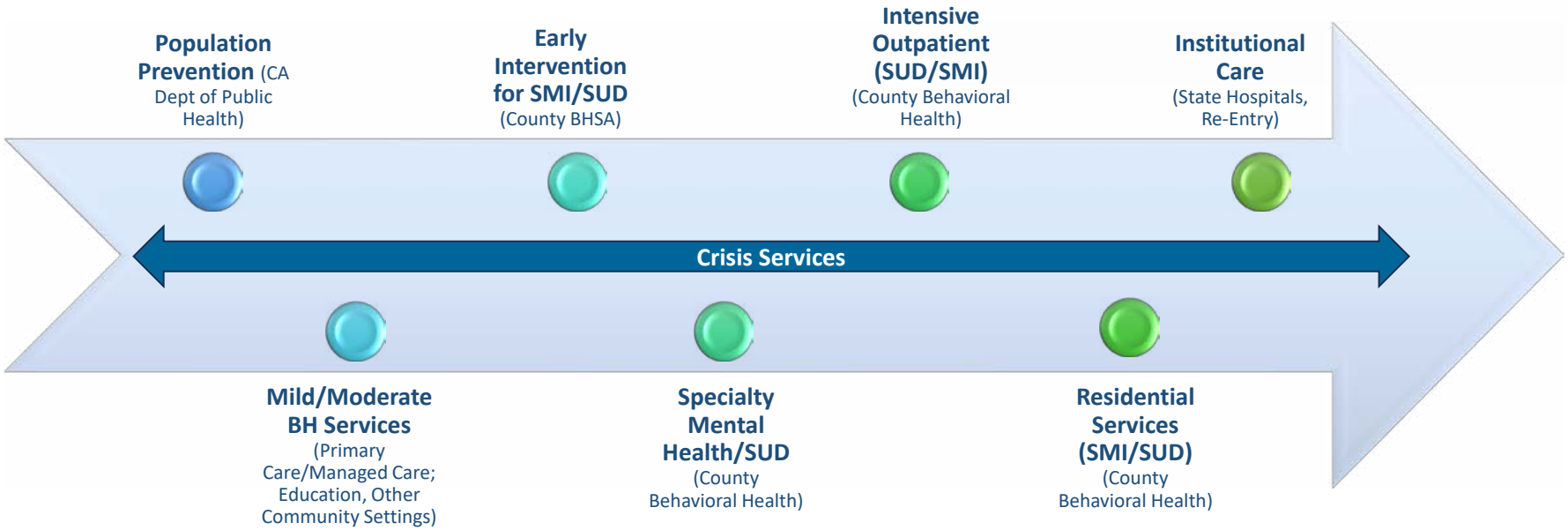
Behavioral Health Transformation Overview

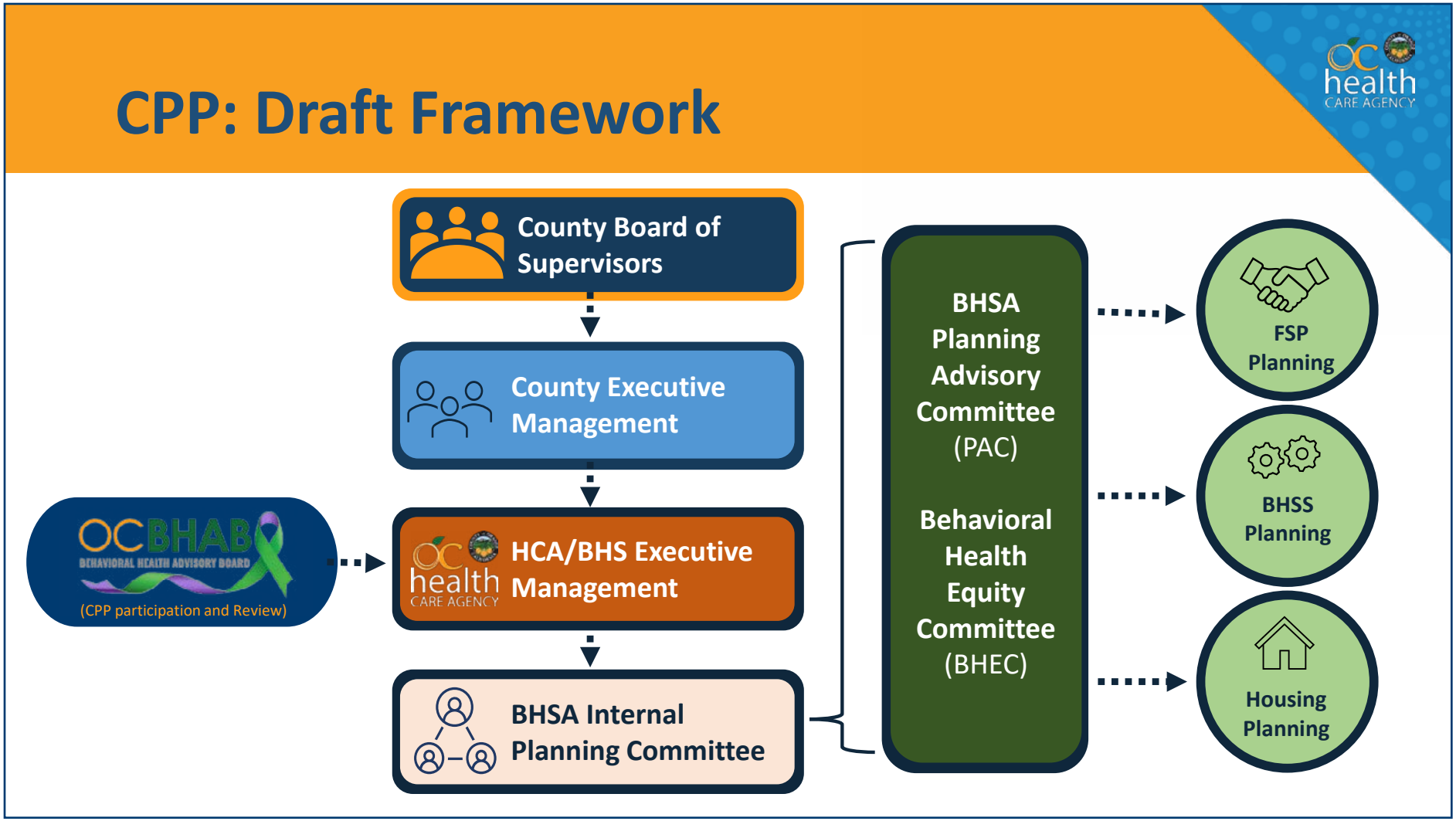
a.k.a. Michelle's feeble attempt to explain something complex and detailed in a simple, easy(ish) to understand way

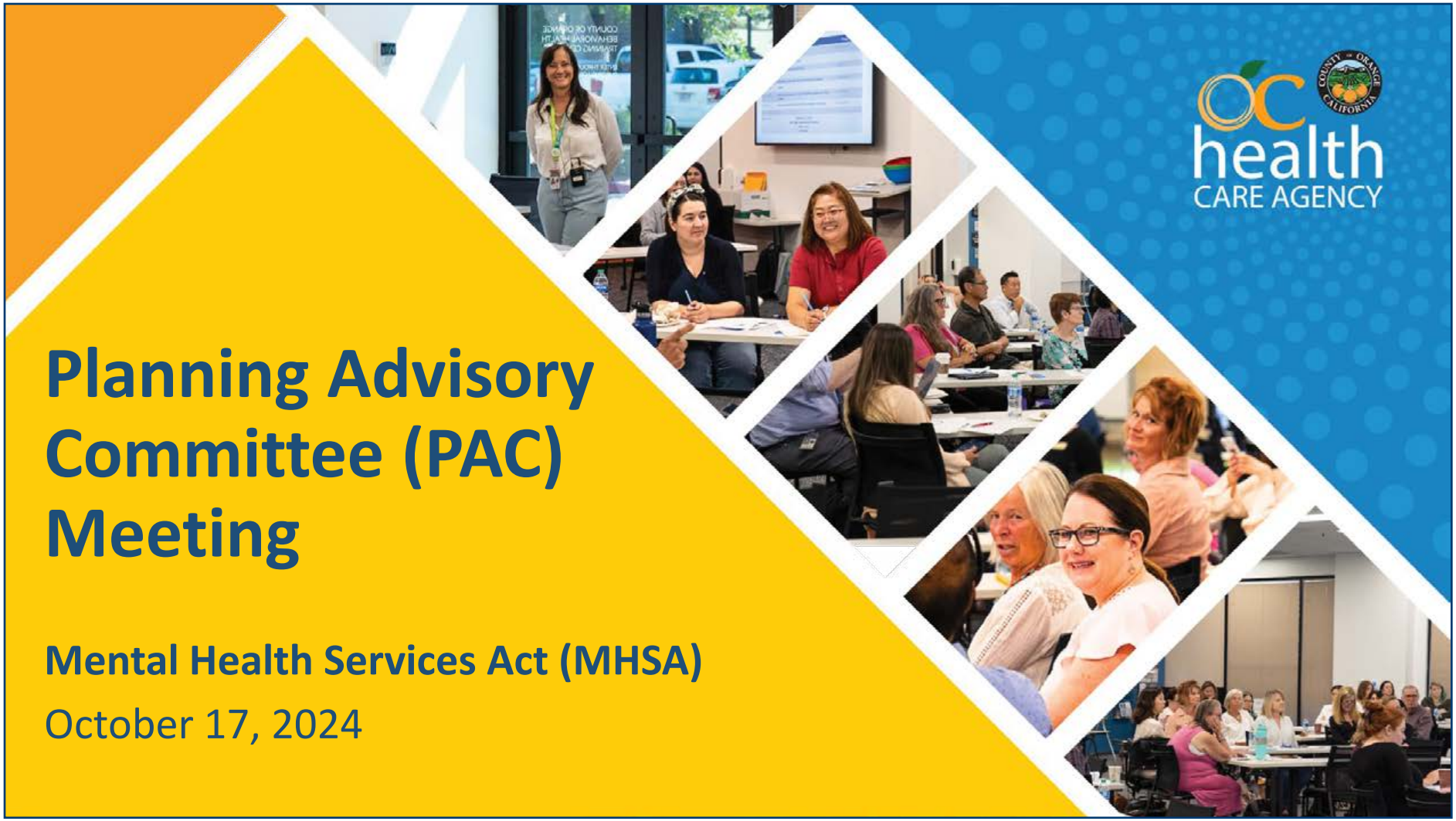
Interconnected Behavioral Health Initiatives for California



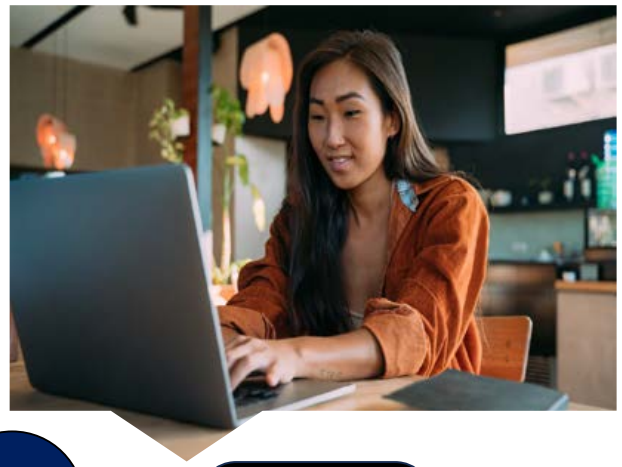
Public Behavioral Health Continuum Framework for Medi-Cal Members




CPP: Draft Framework
health CARE AGENCY
County Board of Supervisors
County Executive Management
HCA/BHS Executive Management
BHSA Internal Planning Committee
OCBHAB
BEHAVIORAL HEALTH ADVISORY BOARD
(CPP participation and Review)
BHSA Planning Advisory Committee (PAC)
Behavioral Health Equity Committee (BHEC)
FSP Planning
BHSS Planning
Housing Planning


OC health
CARE AGENCY
Planning Advisory Committee (PAC) Meeting
Mental Health Services Act (MHSA)
October 17, 2024

Interpretation | Interpretación | Giải thích | ការបកស្រាយ | 통역



1

Interpretation

2

Off
EN English
ES Spanish
VI Vietnamese
Mute Original Audio

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Interpretation | Interpretación | Giải thích | ការបកស្រាយ | 통역

1

ES Spanish and English Interpretation available!

Mute | Stop Video | Share Content | Participants | More

2

Chat
Meeting Settings
Minimize Meeting
Language Interpretation
Disconnect Audio
Cancel

3

Language Interpretation Done

Original Audio
English
Spanish
Mute Original Audio

4

Language Interpretation Done

Original Audio
English
Spanish
Mute Original Audio

Pick Your Language Now

Ahora, seleccione su idioma

Bây giờ hãy chọn ngôn ngữ của quý vị

지금 언어를 선택하세요

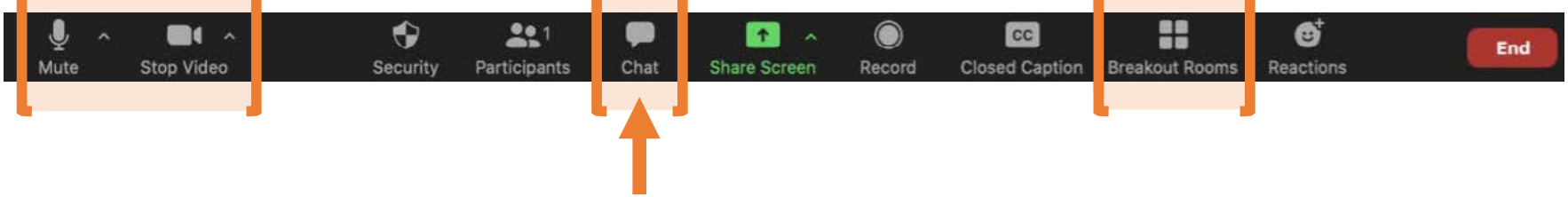
ជ្រើសរើសភាសារបស់អ្នក

4

Zoom Support

Mic and Video

Breakout Rooms



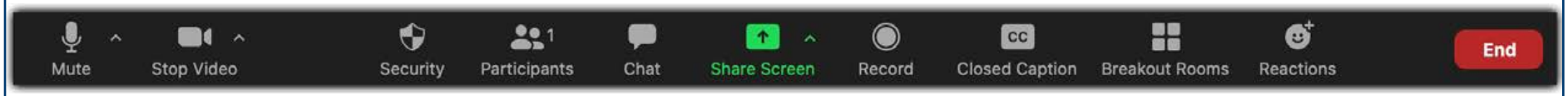
Chat with **John Doe** with any tech issues and questions

5

Zoom Support

Mic and Video

Breakout Rooms



Chat <**Name**> with any tech issues and questions

6

Today's Agenda

- Welcome and Introductions
- Announcements
- September MHSA PAC Meeting Recap
- Check-In
- Community Services and Supports – Part One
- Closing

7

BHS and Stakeholder Announcements

8

Community Program Planning

COUNTY REGION

24% North
57% Central
38% South
11% Other/Decline

CONSUMER/FAMILY MEMBER

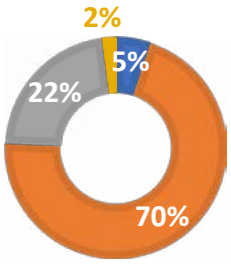
30% Family Members

47% Consumer

MILITARY SERVICE

3% Current
3% Previous
91% None
3% Decline

AGES (YEARS)



16-25
26-59
60+
Declined

Primary Language

66% English
7% Spanish
19% Vietnamese
1% Farsi
2% Khmer
1% Chinese
2% Not Listed

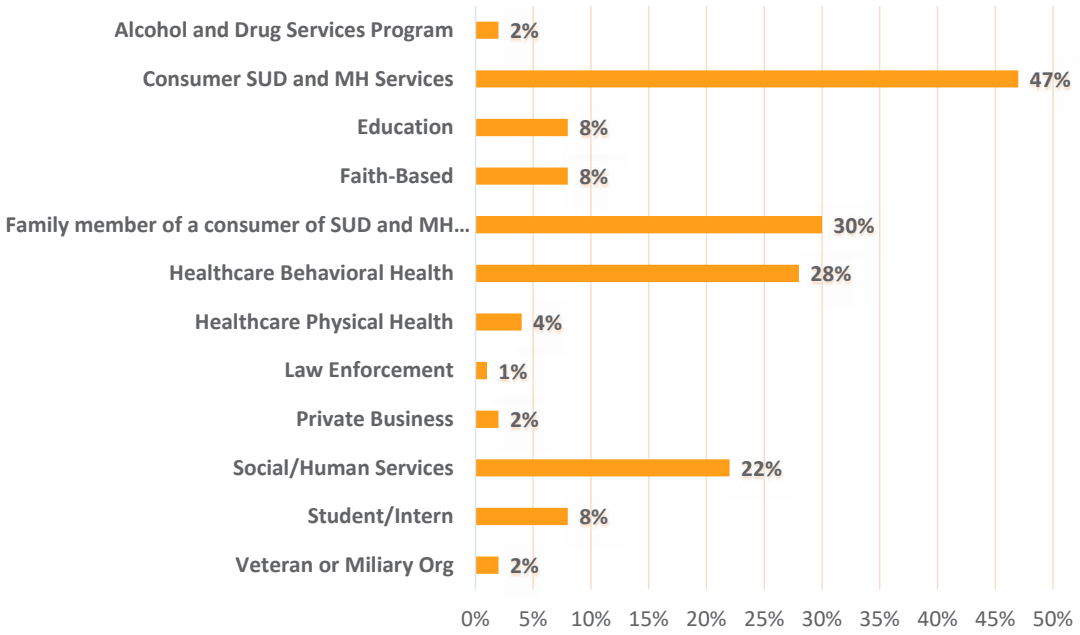
GENDER IDENTITY

35%	60%	2%	1%
Male	Female	Transgender	Nonbinary

10/2024

Community Program Planning

Stakeholder Groups*



*Applicants are allowed to select more than one

Race/Ethnicity

4%	African American/Black
1%	American Indian or Alaskan Native
28%	Asian
31%	Caucasian/White
20%	Hispanic/Latino
2%	Native Hawaiian/Pacific Islander
10%	More than One Race
4%	Decline

10/2024

September 2024 PAC Feedback

Do you feel that we achieved the goals outlined in the meeting agenda?	0%	3%	12%	50%	35%
Did you feel engaged at this meeting?	2%	2%	18%	45%	33%
Do our meetings give you space to interact with fellow team members in ways...	<1%	5%	19%	44%	31%
Were you able to ask questions and voice your opinions?	<1%	3%	23%	44%	29%
Was everyone given the chance to contribute their ideas?	<1%	0%	7%	51%	40%
Overall, I am satisfied with this meeting.	<1%	<1%	13%	44%	41%

11

Stakeholder Feedback

Positive Feedback

1	2	3	4
Overall, the meeting was informative/ useful and the audience shared appreciation for the level of detail	Good onsite environments (at wellness centers) and presentation	Participants thought the engagement and format led opportunities for question and answers.	Overall, the audience expressed appreciation of the efforts from HCA

Stakeholder Feedback

Opportunities

1	2	3	4	5
Participants were concerned about the funding and resource allocations being presented.	High level of concern for wellness centers and current mental health services	Inclusivity and accessibility – having interpreters at wellness center locations	Meeting structure and interaction – participants felt the meeting could be more interactive	Various concerns were raised for the need for more trainings, housing issues, and diverse educational topics

Stakeholder Feedback

Summary

Did we miss anything?

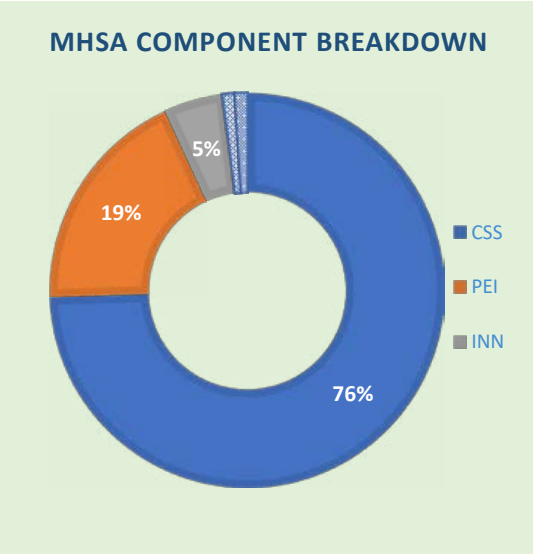
Overall, the feedback indicates that the meeting was well-received with participants finding it informative.

MHSA Finance – The Community Services and Supports (CSS) Basics

- Allowable Use
  - Program Components
  - Transfers
- Tools for Managing Fund Volatility
  - Reversion Period
  - Prudent Reserve
- Anticipated Available Funds

15

MHSA Finance – CSS Allowable Use



Community Services and Supports (CSS) Allowable Use

- Outreach and Engagement
- General System Development
- Full Service Partnership

Able to transfer up to 20% of the last 3 years average CSS Funds

- Workforce Education and Training
- Capital Facilities and Technological Needs

Note: Up to 5% can be used to support Community Planning Activities

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MHSA Finance – Tools for Managing Volatility

- Reversion Period
  - Three Years to spend from the time received (CSS)
  - Infrastructure components (WET, CFTN) had 10-year reversion periods and are now sustained through transferred CSS funds
- Prudent Reserve
  - Maximum amount is 33% of 5-year average of CSS funds

MHSA County Reversion Enclosures (ca.gov)

17

MHSA Finance – Management Tools

- Prudent Reserve
  - Required to establish and maintain prudent reserve
  - Funded with CSS dollars
  - Cannot exceed 33% of the County's average CSS distribution for the previous five years.
  - Funding levels must be assessed and certified every 5 years
  - Use of Prudent Reserve funds must be approved by DHCS and can only be accessed during an economic downturn

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MHSA Finance – Accountability

MHSA Annual Revenue and Expenditure Reports | Orange County California - Health Care Agency (ochealthinfo.com)

MHSA Finance – The Big Picture

- MHSA Funds are highly volatile and are projected to be reduced by ($71M) in FY 2024/25 and an additional ($91M) in FY 2025/26.
- BHS Plans to expend/encumber all MHSA funds by end of FY 2025/26.
- Must significantly reduce expenses in FY 2025-26.

Fiscal Year	MHSA Revenue Received inc. Interest	MHSA Funds Spent	Balance at the end of Fiscal Year
Carry over Funds from Prior years			$124M
FY 2021-22	$256M	($191M)	$189M
FY 2022-23	$178M	($296M)	$71M
FY 2023-24	$330M	($303M)	$98M
FY 2024-25	$259M (Proj)	($304M) (Proj)	$53M (Proj)
FY 2025-26	$168M (Proj)	($221M) (Proj)	$0 (Proj)

20

MHSA Finance – Component Summary

- MHSA Funds must be spent on the component it belongs to except for CSS.
- CSS Funds can be shifted to fund WET and CFTN programs.
- Must significantly reduce expenses in FY 2025-26. Significant impact to PEI.

Component	FY 23-24 Ending balance $98M
CSS	$41M
PEI	$5M
INN	$35M
WET	$0
CFTN	$17M

Component	Projected Funds available for FY 25/26 $221M	Current FY 25-26 3-yr Plan Budget
CSS	$149M ($31M to WET/CFTN)	($259M)
PEI	$32M	($78M)
INN	$8M	($4M)
WET	$9M (From CSS)	($9M)
CFTN	$23M (From CSS)	($23M)

MHSA Finance – CSS

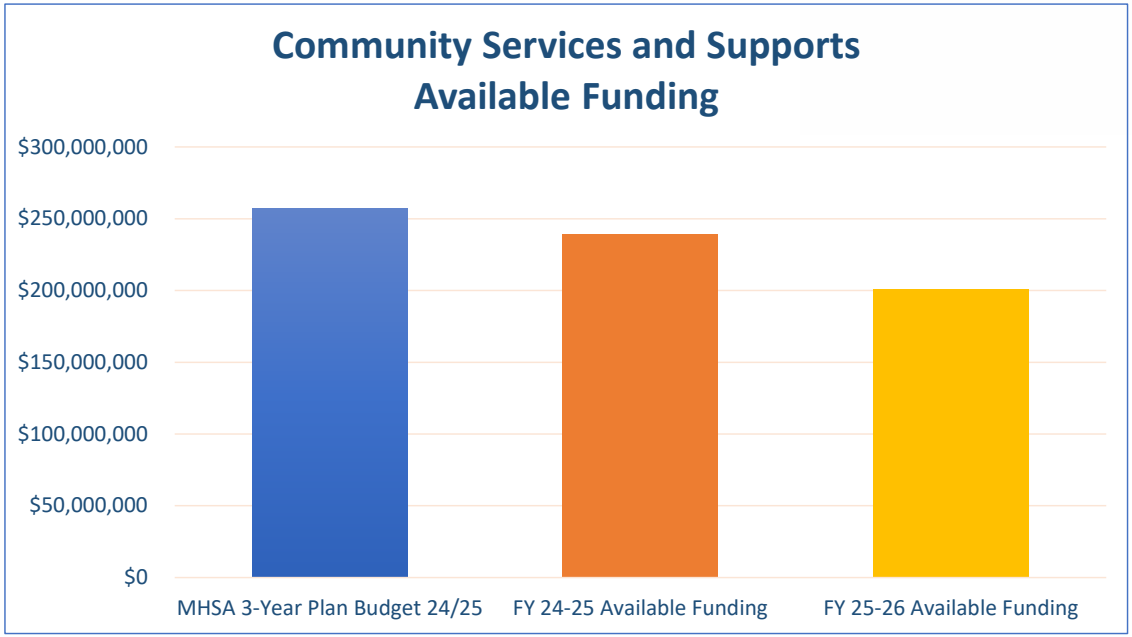
- CSS Funds allocated are projected to be reduced by ($50.1 M) in FY 2024/25 and an additional ($51.7 M) in FY 2025/26.
- CSS Budget for FY 25/26 is currently $199 M.
- CSS must reduce expenses in FY 2025-26.

Fiscal Year	CSS Revenue Received inc. Interest	CSS Funds Spent	CSS Balance at the end of Fiscal Year
Carry over PEI Funds from Prior years			$62.8M
FY 2021-22	$194.9M	($123.3M)	$100.7M
FY 2022-23	$135M	($234.9M)	$800K
FY 2023-24	$248.4M	($207.8M)	$41.4M
FY 2024-25	$198.3M (Proj)	($185.2M) (Proj)	$54.5 (Proj)
FY 2025-26	$146.6M (Proj)	($201.1M) (Proj)	$0 (Proj)

22

Questions
Thoughts
Discussion
23

MHSA Finance - CSS



24

Current MHSA CSS Programs

- Full Service Partnership
- Program for Assertive Community Treatment
- Multi-Service Center for Homeless for Mentally Ill Adults
- Open Access
- Mobile Crisis Assessment Team
- Crisis Stabilization Units
- In-Home Crisis Stabilization
- Crisis Residential Services
- WarmLine
- Outpatient Recovery
- Older Adult Services
- Peer Mentor and Parent Partner Support
- Wellness Centers
- Supported Employment
- Transportation
- Housing & Year-Round Emergency Shelter
- Bridge Housing for Homeless
- CSS Housing

25

CSS Mitigation Plan

Primary driver of BHS decision making is sustainability

- Can the program be funded under BHSA?
- When will the program/contract come to a natural end?
- Can the program be leveraged with Medi-Cal or braided with other funding?
- Can the program be supported with other funding?
- Does the program serve the BHSA identified priority populations?

26

Proposed CSS Changes for Final MHSA FY 2025/26 Update

Overview of Updates

All Programs

- All CSS program budgets will be reduced to align with the amount of funding being used.
- All CSS programs that can bill Medi-Cal will be required to maximize Medi-Cal billing
- Stand alone programs that are required supports of other programs will be incorporated into the Scope of Work of those programs.

Crisis Services

- Use Realignment funding for Crisis Stabilization Units
- Reduce Warmline funding

Full Service Partnerships

Require maximum Medi-Cal billing

Housing

No transfer to housing trust

Multi-Service Center

Contract comes to natural end

27

Check In, Questions, and Open Dialogue

1. The proposed updates to the CSS section of the plan, largely maintain the currently funded programs. Moving forward, are there any types of programs that should be prioritized?

2.What changes will you need to make to continue to provide/receive services based on today's topic?

28

Meeting Satisfaction Survey

29

Thank you for your participation.

For questions or to request a meeting, please contact

Michelle Smith at msmith@ochca.com
or call (714) 834-3104

For MHSA information

please call (714) 834-3104 or email mhsa@ochca.com

30

Stay Connected!

ochealth CARE AGENCY

www.ochealthinfo.com

OC Health Care Agency

@ochealthinfo

@ochealth

@oc_hca

@ochealth

31

assess.

discuss.

improve.

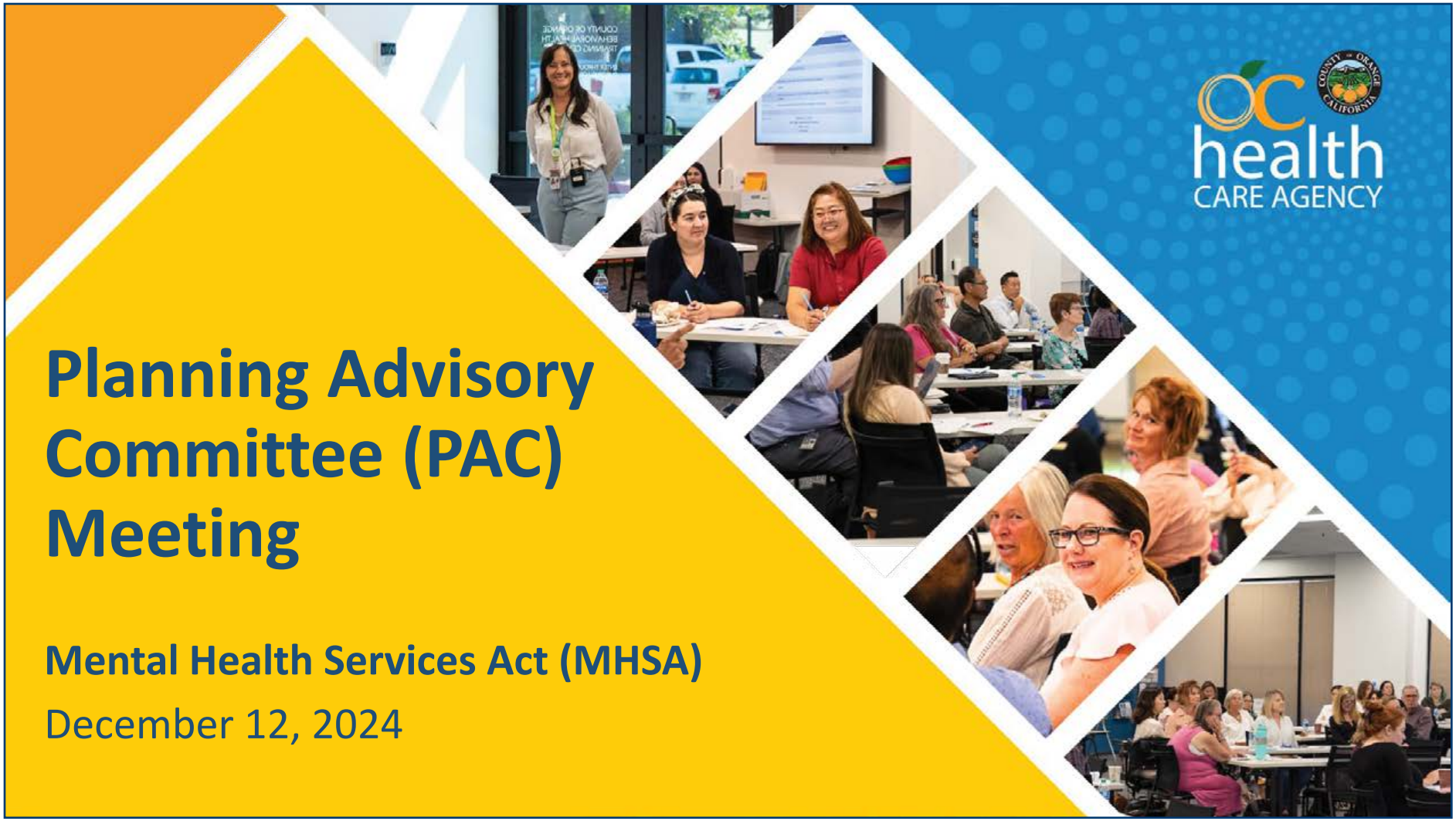
#MHSA

Next meeting, Thursday

November 21, 2024

Scan the QR code below for more information

32


OC health
CARE AGENCY
Planning Advisory Committee (PAC) Meeting
Mental Health Services Act (MHSA)
December 12, 2024

Today's Agenda

- Welcome and Introductions
- Announcements
- Gratitude Activity
- Innovation – PIVOT
- Break
- Opioid Overdose Prevention Training
- MHSA Annual Update for FY 2025/26 Overview
- Lunch, Networking, and Open Forum

2

BHS and Stakeholder Announcements

Community Program Planning

COUNTY REGION

27% North
39% Central
15% South
19% Other/Decline

CONSUMER/FAMILY MEMBER

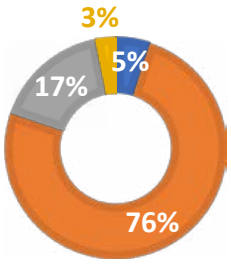
20% Family Members

46% Consumer

MILITARY SERVICE

1% Current
1% Previous
97% None
1% Decline

AGES (YEARS)



16-25
26-59
60+
Declined

Primary Language

70% English
10% Spanish
15% Vietnamese
1% Farsi
1% Arabic
3% Not Listed

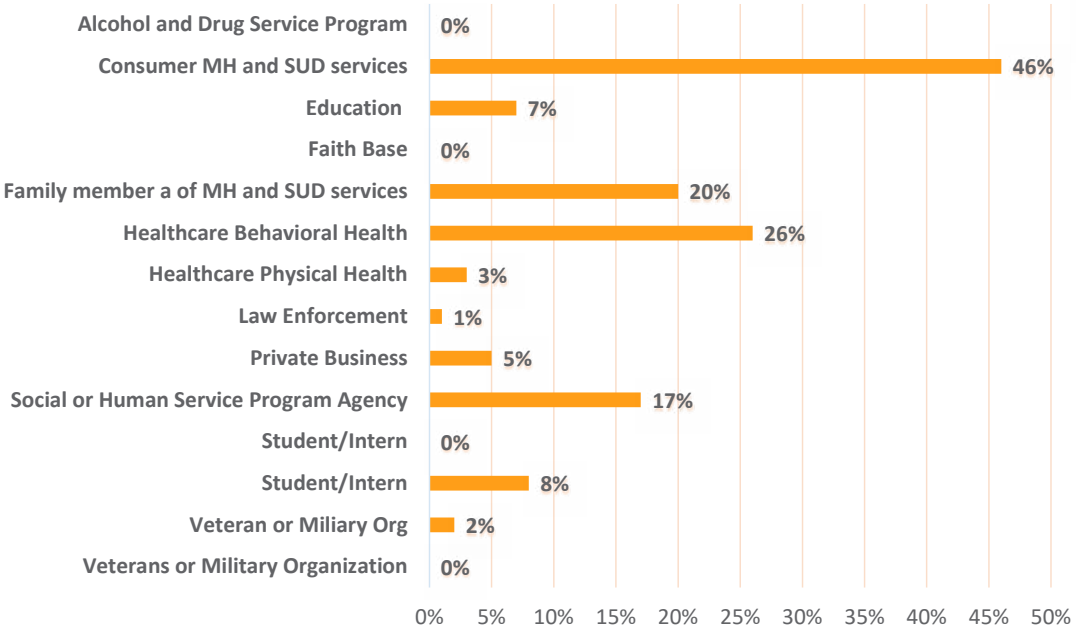
GENDER IDENTITY

36%	58%	1%	1%
Male	Female	Transgender	Nonbinary/ Genderqueer

10/2024

Community Program Planning

Stakeholder Groups*



*Attendees are allowed to select more than one

Race/Ethnicity

3%	African American/Black
3%	American Indian or Alaskan Native
22%	Asian
37%	Caucasian/White
21%	Hispanic/Latino
1%	Native Hawaiian/Pacific Islander
8%	More than One Race
5%	Decline

10/2024

Stakeholder Feedback

Positive Feedback

1

Informative and Useful

Many participants found the meeting informative and useful, appreciating the detailed information provided.

2

Inclusivity and Accessibility

Suggestions were made to improve inclusivity, such as having interpreters and considering the needs of different demographics.

3

Engagement and Format

Participants enjoyed the format and engagement opportunities, including open discussions and Q&A sessions.

4

Appreciation for Efforts

There was appreciation for the effort put into organizing the meeting and the hospitality provided.

Stakeholder Feedback

Opportunities

1

Funding and Resource Allocation

There were strong opinions on the need for more funding, especially for wellness centers and mental health services.

2

Inclusivity and Accessibility

Suggestions were made to improve inclusivity, such as considering the needs of different demographics.

3

Meeting Structure and Interaction

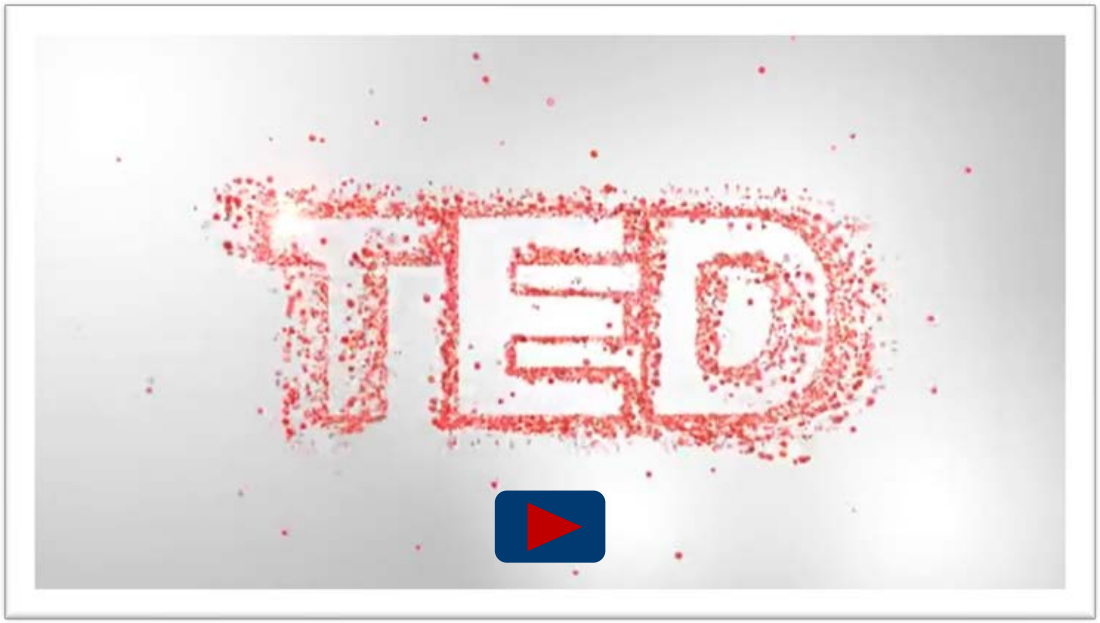
Some participants felt the meeting could be more interactive and better structured.

4

Specific Concerns and Suggestions

Various specific concerns and suggestions were raised, such as the need for more training, addressing housing issues, and including diverse educational topics.

Gratitude Activity



8

Transformational Power of Gratitude Activity

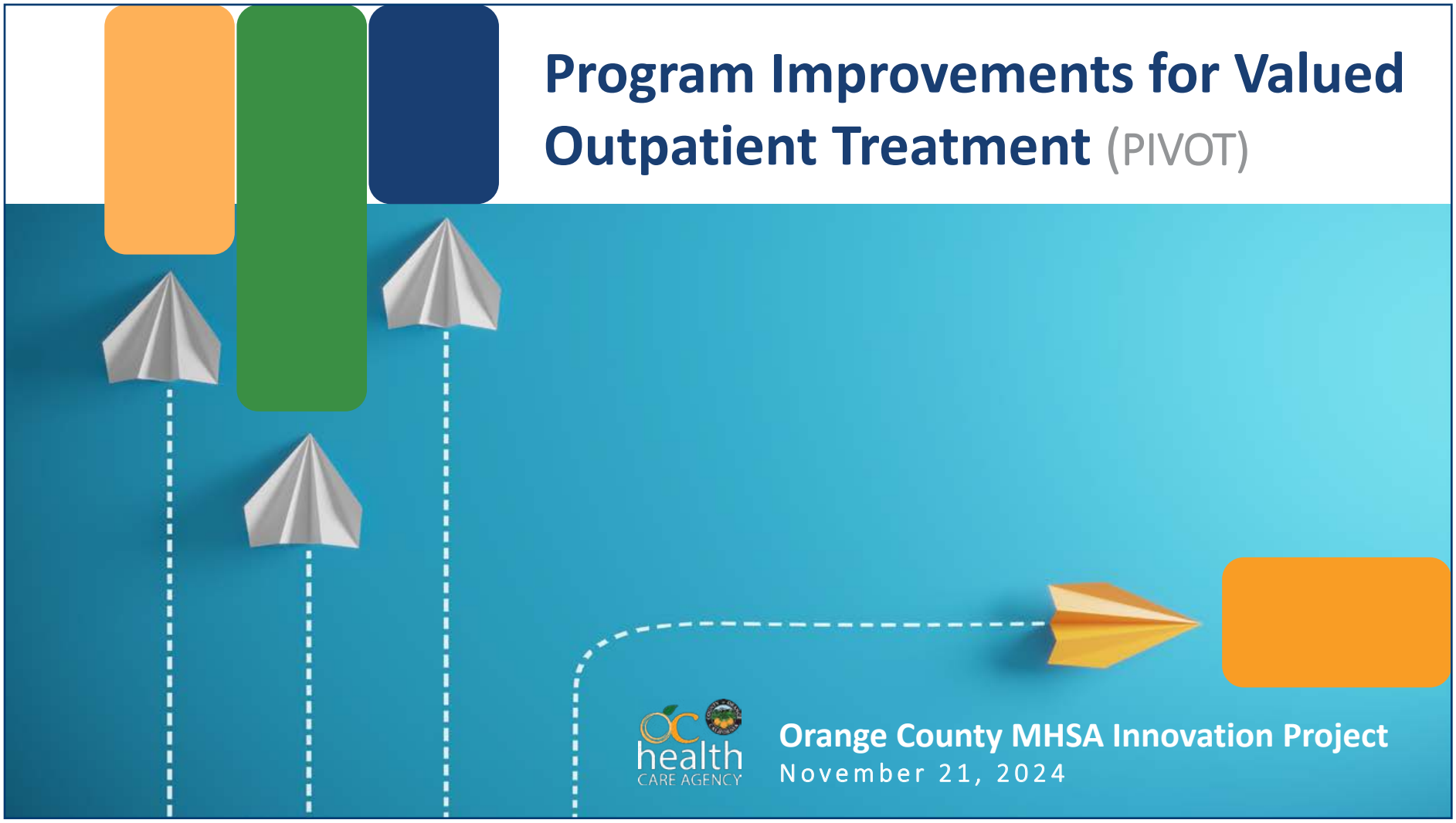
Today, look around - “People everywhere are dying - dying to be seen and dying to hear how they matter; they are dying to receive your ‘Gracenote’:

➔ You are the only person I know who _____

➔ I always laugh when I think about _____

➔ You will leave a legacy around _____

9


Program Improvements for Valued Outpatient Treatment (PIVOT)
health
CARE AGENCY
Orange County MHSA Innovation Project
November 21, 2024

Project Description

Primary Problem

- Behavioral Health Transformation initiatives, including BHSA, will require changes in behavioral health operations and programs.
- Several areas within the system of care require administrative and/or program changes to improve access to and quality of services.

Response to Need

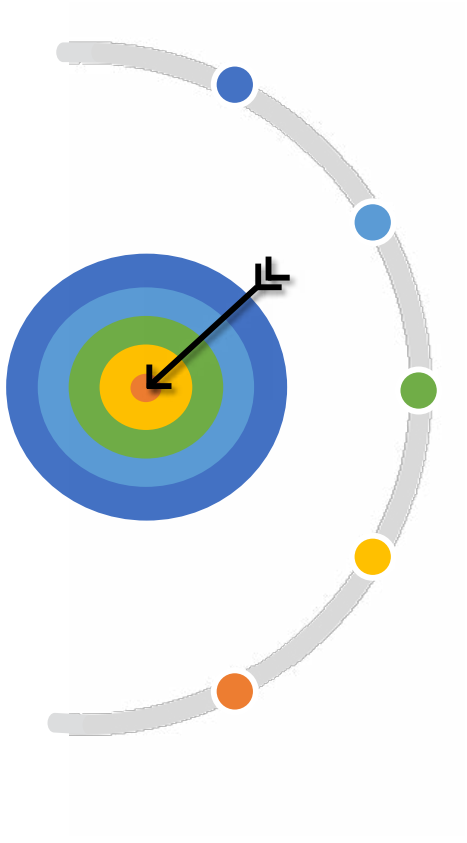
Create an overarching proposal that:

- Identifies successful strategies and administrative changes needed to prepare for the transition to BHSA and share lessons learned.
- Proposes innovative strategies to address local areas of need identified through stakeholder feedback.
- Offers counties with similar challenges the opportunity to participate in PIVOT components that best align with their local needs.

PIVOT

1	2	3	4	5
Full-Service Partnership Reboot	**Integrated Complex Care Management for Older Adults**	**Developing Capacity for Specialty MH Plan Services with Diverse Communities**	**Innovative Countywide Workforce Initiatives**	**Innovative Approaches to Delivery of Care**
Establish the local administrative processes and data infrastructure needed to prepare the county for changes to FSP programs under BHSA.	Develop a system of care for older adults living with co-occurring mental health and neurocognitive conditions, who may also be homeless or at risk of homelessness.	Identify the minimum capacity of a community-based organization to be able to become a specialty mental health plan/DMC-ODS contracted provider.	Explore an alternative strategy to build a culturally competent and well-trained behavioral health workforce of professionals and paraprofessionals.	Identify a more culturally responsive, inclusive and efficient delivery of care, utilizing a User Experience model to gather input from consumers and their family members.

Behavioral Health Transformation Alignment



1

Full-Service Partnership Reboot
Focuses on changing administrative processes and building the data infrastructure necessary to align with the new funding and program requirements under BHSA

2

Innovative Countywide Workforce Initiatives
Proposes to address workforce shortage and increase access to services, which aligns with workforce infrastructure proposed under BHSA.

3

Developing Capacity for Specialty MH Plan Services with Diverse Communities
Strives to develop capacity of CBOs to become specialty mental heath providers to ensure equitable access, and advance CDEPs, which aligns with efforts under BHSA.

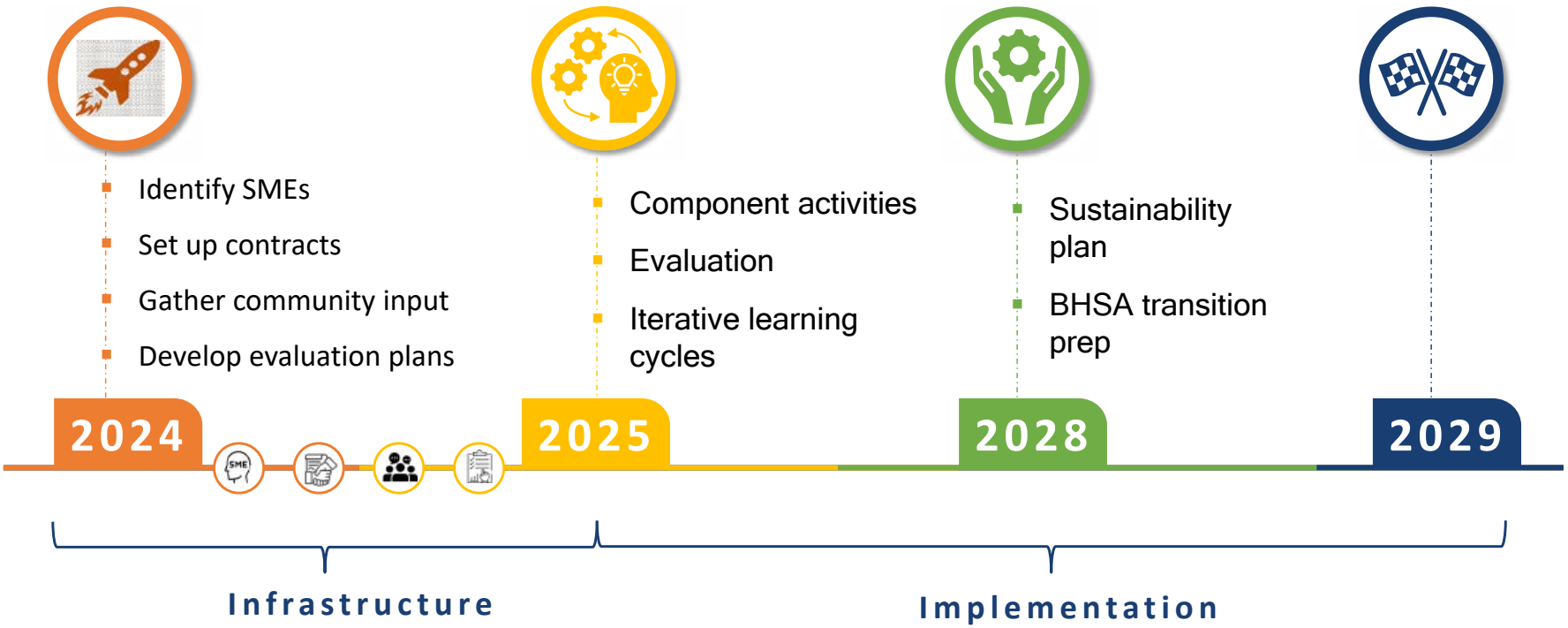
4

Integrated Complex Care Management for Older Adults
Strives to provide culturally responsive care and create pathways for equitable access to housing and care to reduce disparities, which aligns with several goals under BHSA.

5

Innovative Approaches to Delivery of Care
Seeks to create a more efficient clinic experience for clients, and provide access to wholistic, integrated services, which aligns with BHSA's goal of providing culturally responsive services.

5-Year Project Timeline



Sustainability

Developing Capacity for Specialty MH Plan Services with Diverse Communities

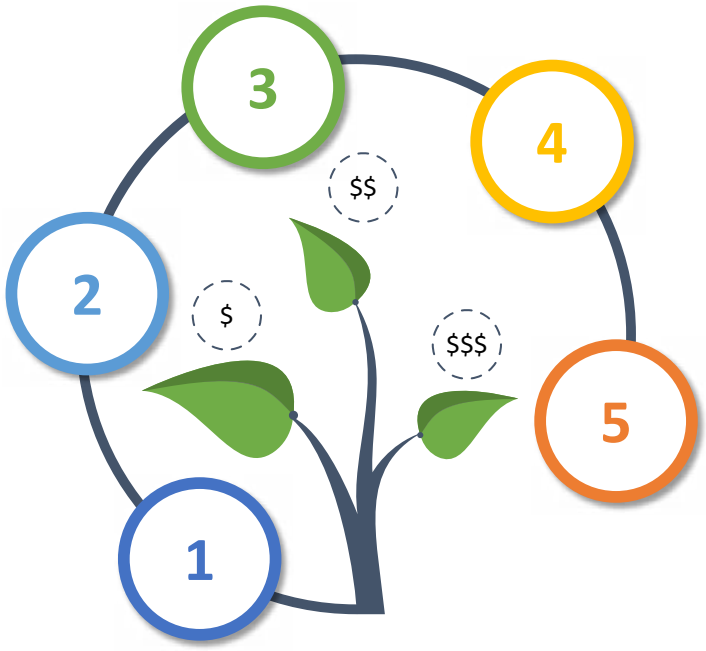
Provide CBOs with minimum steps to become Medi-Cal providers. CBOs will sustain services through Medi-Cal billing.

Integrated Complex Care Management for Older Adults

Sustain through proposed blend of funding structure.

Full-Service Partnership Reboot

Implement new changes into FSP programs to support ongoing operations and sustain service delivery under BHSA.



Innovative Countywide Workforce Initiatives

Embed successful strategies into administrative policies; apply for additional workforce development grants and opportunities with partners; collaboration with Managed Care Plans and explore ability to maintain through the BHSS component.

Innovative Approaches to Delivery of Care

Integrate successful approaches into daily program operations, where possible. Infuse culture of change to normalize piloting different approaches to care to establish a culture of continued learning.

$	Integrate successful approaches and strategies into administrative processes or program operations.
$$	Identify and/or set up alternative sources of funding (Medi-Cal, grants).
$$$	Explore ability to sustain through BHSS funding component.

Project Budget

Total 5-Yr Requested Budget
$34,950,000

Contractors	$27,500,000	• Project Managers • Evaluators • Subject Matter Experts
Staffing	$4,825,000	• County Staff time • Component Champions • Peer Support Specialists
Program	$2,500,000	• Program Supplies • Translation/ Interpretation • Travel
Indirect	$125,000	• 5%

ochealth
CARE AGENCY
Thank you!

Opioid Overdose Prevention Training

MHSA

December 12, 2024

Agenda

Naloxone

What it is, how to administer it and where to get it

Naloxone

What is Naloxone?

Naloxone reverses opioid overdoses and saves lives

Know the Signs of an Opioid Overdose

Symptoms of overdose could include:

- Small, constricted “pinpoint pupils”
- Falling asleep or losing consciousness
- Slow, weak, or no breathing
- Choking or gurgling sounds
- Limp body
- Cold and/pr clammy skin
- Discolored skin (especially in lips and nails)

How to Administer Naloxone

1

Open Box
Remove Naloxone (Narcan®/Kloxxodo ™) from packaging.

2

Support Head
Support the person under their neck with one hand, tipping their head back slightly.

3

Hold Spray
with your thumb on the plunger and first two fingers on either side of the nozzle.

4

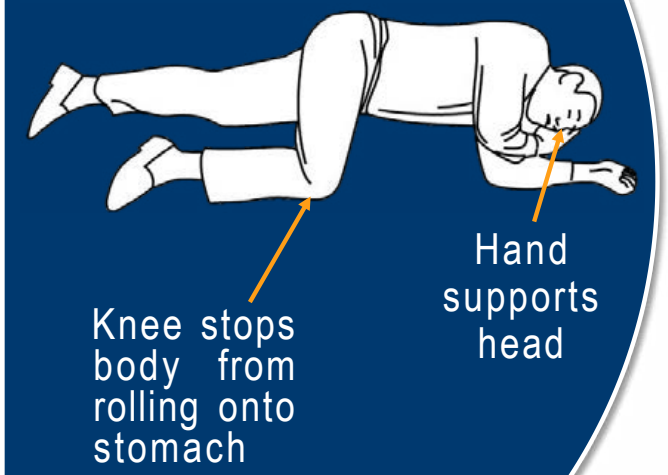
Insert Nozzle
into one nostril using your other hand, until your fingers are at the based of the person's nose.

5

Press Plunger
firmly and all the way down to administer Naloxone.

When Administering Naloxone

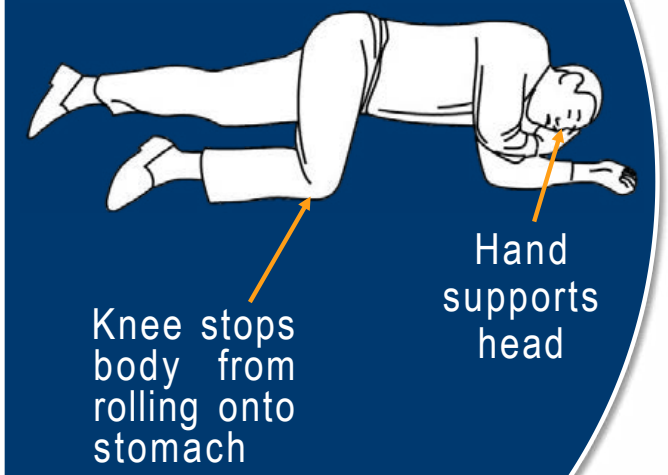
Recovery Position



1. **Call 911**
2. Move the person onto their side, into Recovery Position
3. Watch the person closely for signs of waking up

When Administering Naloxone

Recovery Position



4. If trained, consider CPR (rescue breaths if person is not breathing and chest compressions if person has no pulse)

5. If the person does not wake up after 2-3 minutes, give another Naloxone dose in the other nostril

   Naloxone can be given every 2-3 minutes until the person wakes or emergency medical help arrives

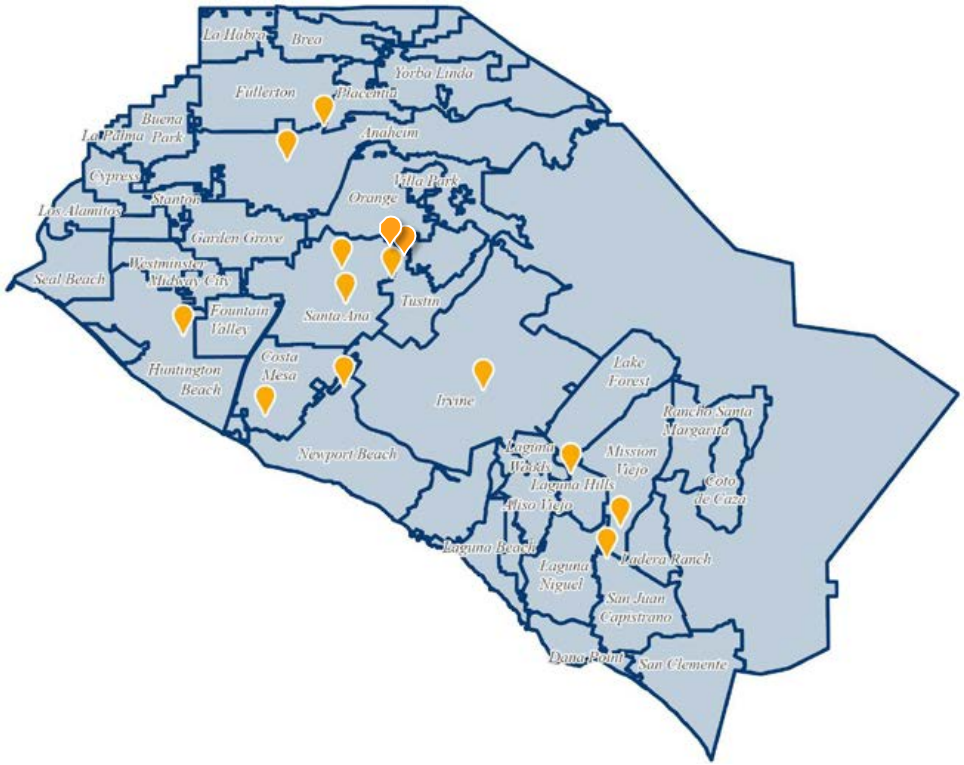
6. Stay with the person until medical help arrives

California's Good Samaritan Law

Call for help

California's Good Samaritan Law will protect you

Get Free Naloxone and Save Lives



Anaheim
Costa Mesa
Huntington Beach
Irvine
Laguna Hills
Mission Viejo
Newport Beach
San Juan Capistrano
Santa Ana
Tustin

For More Information

Centers for Disease Control and Prevention
www.cdc.gov/opioids/basics/fentanyl.html

U.S. Drug Enforcement Administration
www.dea.gov/resources/facts-about-fentanyl

National Institute on Drug Abuse
https://nida.nih.gov/drug-topics/fentanyl

Substance Abuse Mental Health Services Administration Health and Human Services
https://www.hhs.gov/overdose-prevention

OC health CARE AGENCY
Proposed Draft
MHSA
Annual Update for
FY 2025-2026
28

MHSA Finance FY 2025-26 – The Big Picture

- MHSA Funds are highly volatile and are projected to be reduced by ($91M) in FY 2025/26.
- Must significantly reduce expenses in FY 2025-26.
- BHS Plans to expend/encumber all MHSA funds by end of FY 2025/26. This coincides with the implementation of the new BHSA requirements

Fiscal Year	MHSA Revenue Received inc. Interest	MHSA Funds Spent	Balance at the end of Fiscal Year
Carry over Funds from Prior years			$124M
FY 2021-22	$256M	($191M)	$189M
FY 2022-23	$178M	($296M)	$71M
FY 2023-24	$330M	($303M)	$98M
FY 2024-25	$259M (Proj)	($304M) (Proj)	$53M (Proj)
FY 2025-26	$168M (Proj)	($221M) (Proj)	$0 (Proj)

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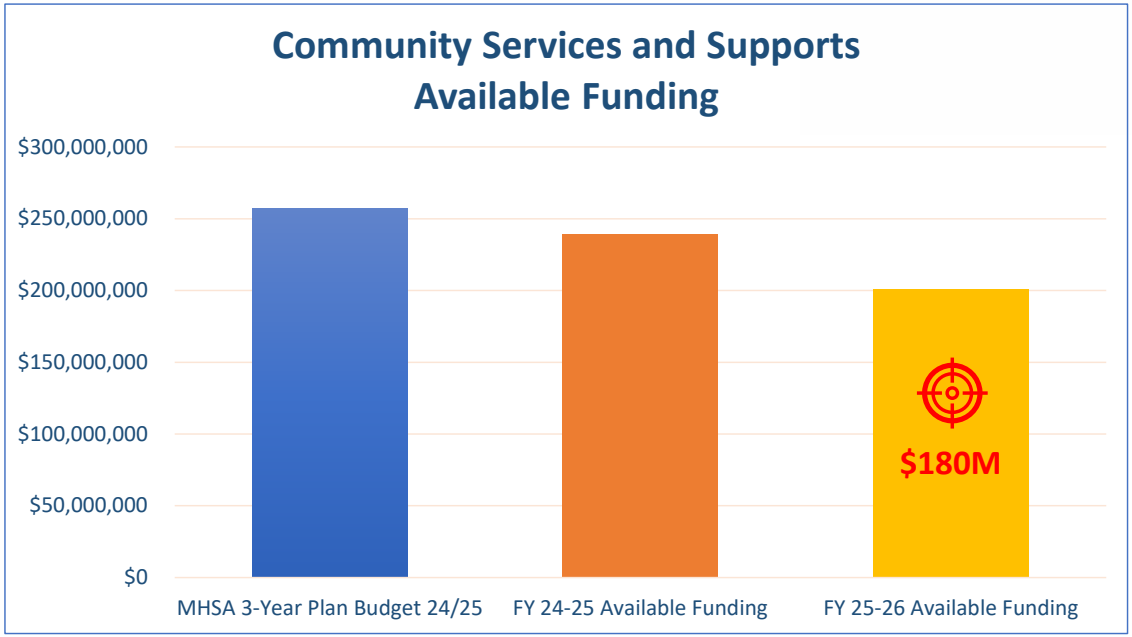
MHSA Finance – Component Summary

- MHSA Funds must be spent on the component it belongs to except for CSS.
  - CSS Funds can be shifted to fund WET and CFTN programs.
- Must significantly reduce expenses in FY 2025-26.
  - Significant impact to PEI.

Component	Projected Funds available for FY 25/26 $221M	Current FY 25-26 3-yr Plan Budget
CSS	$149M ($31M to WET/CFTN)	($259M)
PEI	$32M	($78M)
INN	$8M	($4M)
WET	$9M (From CSS)	($9M)
CFTN	$23M (From CSS)	($23M)

MHSA Finance - CSS



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MHSA Finance – CSS

- CSS Funds allocated are projected to be reduced by ($50.1 M) in FY 2024/25 and an additional ($51.7 M) in FY 2025/26.
- CSS Budget for FY 25/26 is currently $199 M.
- CSS must reduce expenses in FY 2025-26.

Fiscal Year	CSS Revenue Received inc. Interest	CSS Funds Spent	CSS Balance at the end of Fiscal Year
Carry over PEI Funds from Prior years			$62.8M
FY 2021-22	$194.9M	($123.3M)	$100.7M
FY 2022-23	$135M	($234.9M)	$800K
FY 2023-24	$248.4M	($207.8M)	$41.4M
FY 2024-25	$198.3M (Proj)	($185.2M) (Proj)	$54.5 (Proj)
FY 2025-26	$146.6M (Proj)	($201.1M) (Proj)	$0 (Proj)

32

Proposed CSS Changes for MHSA FY 2025/26 Update

Overview of Updates

All Programs

- All CSS program budgets will be reduced to align with the amount of funding being used.
- All CSS programs that can bill Medi-Cal will be required to maximize Medi-Cal billing
- Stand alone programs that can be included as a support for other programs will be integrated into the Scope of Work of those programs.
- WET will remain funded at the same level
- CFTN transfers amount will be reduced

Crisis Services

- Use Realignment funding for Crisis Stabilization Units
- Reduce Warmline funding

Full Service Partnerships

Require maximum Medi-Cal billing

Housing

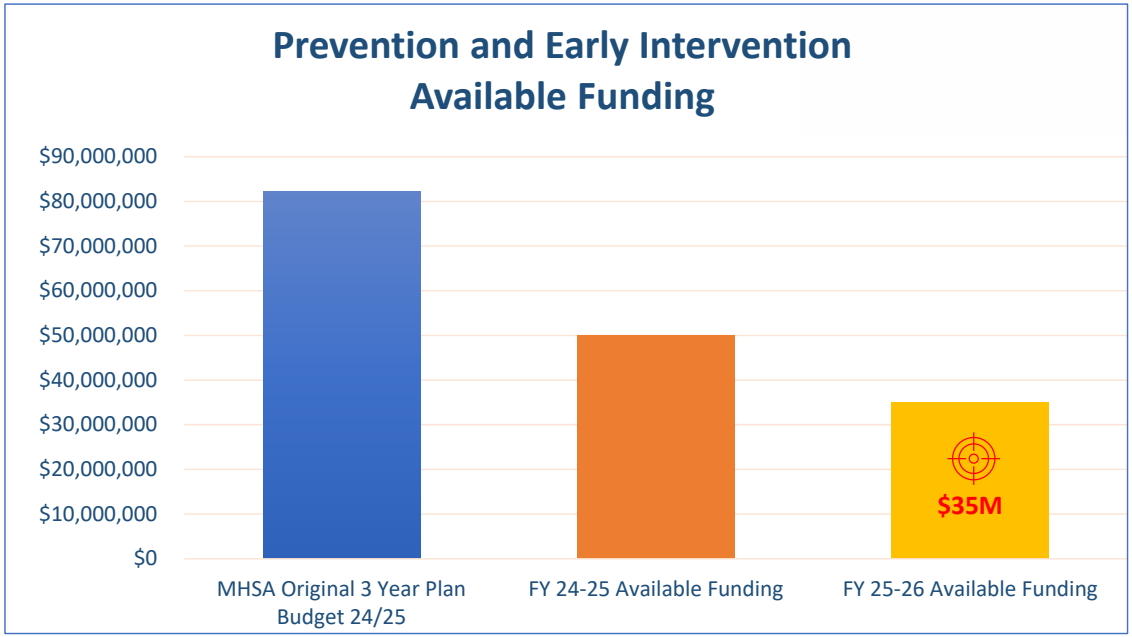
No transfer to housing trust

Multi-Service Center

Contract comes to natural end

33

MHSA Finance - PEI



34

MHSA Finance – PEI

- PEI Funds allocated are projected to be reduced by ($13M) in FY 2024/25 and an additional ($17M) in FY 2025/26.
- PEI's Budget is currently $78M.
- PEI must significantly reduce expenses in FY 2025-26 to $35M.

Fiscal Year	PEI Revenue Received inc. Interest	PEI Funds Spent	PEI Balance at the end of Fiscal Year
Carry over PEI Funds from Prior years			$34M
FY 2021-22	$48M	($47M)	$35M
FY 2022-23	$33M	($57M)	$11M
FY 2023-24	$62M	($68M)	$5M
FY 2024-25	$49M (Proj)	($54M) (Proj)	$0 (Proj)
FY 2025-26	$32M (Proj)	($32M) (Proj)	$0 (Proj)

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Proposed PEI Changes for MHSA FY 2025/26 Update

Overview of Updates

All Programs

- All PEI program budgets will be reduced to align with the amount of funding being used.
- Contracted PEI programs that are unable to continue under BHSA will end June 30, 2025.
- All PEI programs that do not meet requirements of BHSA/other mandates will come to an end either June 30, 2025, or June 30, 2026.

Mental Health Awareness and Stigma Reduction

- Mental Health Community Education Events for Reducing Stigma will end June 30, 2025

Outreach to Increase Recognition of Signs/Symptoms

- Crisis Intervention Training and Well-Being promotion for Diverse Communities contracts end June 30, 2025
- Mental Wellness Campaigns will no longer be PEI funded.

Access and Linkage to Treatment

- Integrated Justice Involved Services will move to CSS.
- Offset BHS Outreach with grant funds.
- Possibly offset funding for OC Links

Outpatient Services

- Outpatient treatment services will integrate with clinics
- OC4Vets Reduced
- Outpatient services that are serving mild/moderate will be reduced and then end.

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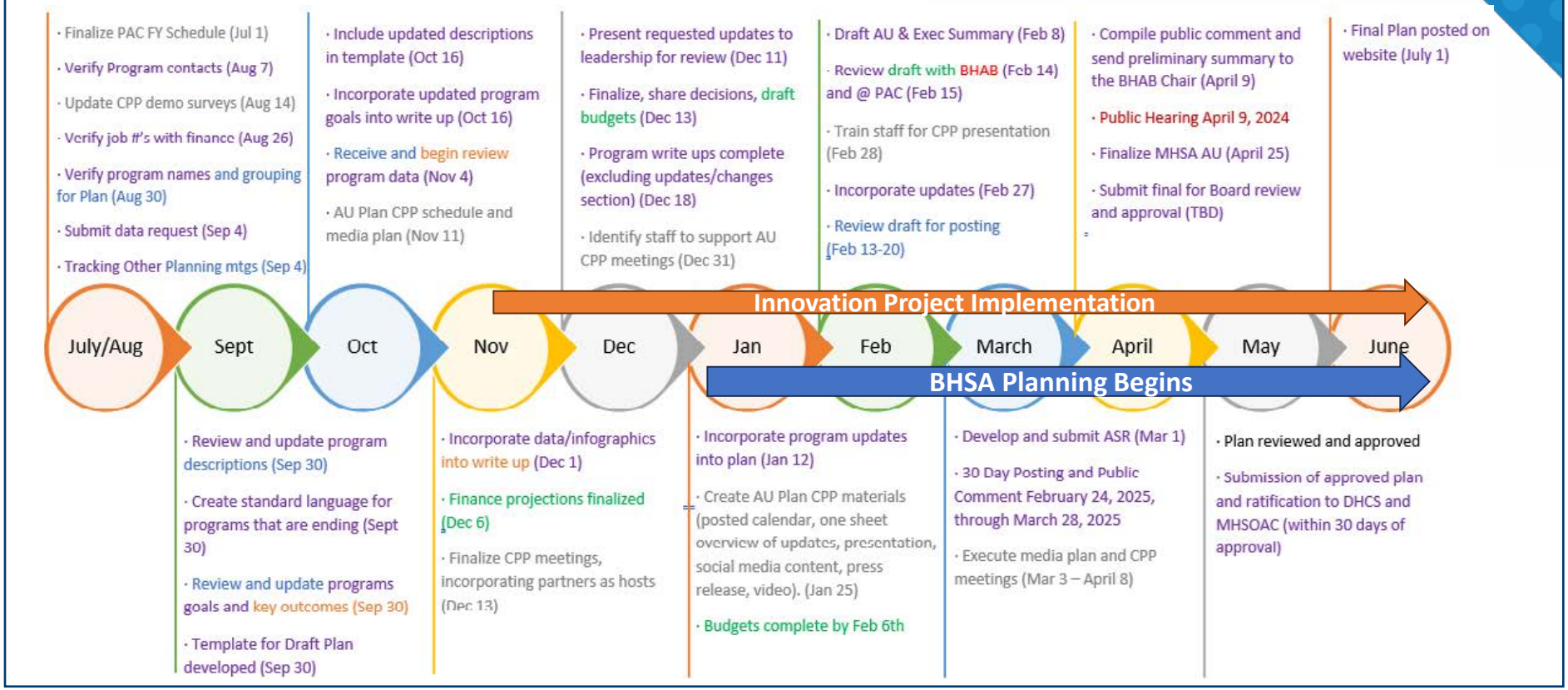
Questions
Thoughts
Discussion
37

BH Integrated Plan Community Planning Timeline
Jan – March 2025
Plan & Assess
Community planning PAC Kick-Off, listening and data sessions throughout county, co-chair(s) recruitment and selection process
April –June 2025
Committees
PAC (April) data summary, committee co-chair selected and announced, committee work begins; BHAB CPP report out (April)
July – Sept 2025
Program Planning
PAC (July) - Committee Report Outs, review for program/system intersectionality, finalize draft programs, align evaluation plans/metrics with state requirements; BHAB CPP report out (July)
Oct – Dec 2025
Draft Plan Review
Draft Plan finalized, internal review, overview at BHAB, PAC (October) and throughout county; CPP report out at BHAB (October)
Jan – March 2026
Approve & Post
DHCS transfer approval, 30 day posting, continue Plan overview meetings during posting, implementation planning, setting up administrative infrastructure
April – May 2026
Public Hearing
Host Public Hearing, implementation planning, establishing admin infrastructure (RFPs, contract modification development, set up of financial tracking mechanisms, evaluation systems, policies and procedures, etc.)
June 2026
Board Approval
Approval, implementation continues Upon approval

Concurrent Process for MHSA Annual Update FY 2025/26 (timeline shows actions taking place in FY 2024/25)



Meeting Satisfaction Survey

Thank you for your participation.

For questions or to request a meeting, please contact

Michelle Smith at msmith@ochca.com
or call (714) 834-3104

For MHSA information

please call (714) 834-3104 or email mhsa@ochca.com

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Stay Connected!

ochealth CARE AGENCY

www.ochealthinfo.com

OC Health Care Agency

@ochealthinfo

@ochealth

@oc_hca

@ochealth

42

assess.

discuss.

improve.

#MHSA

Next meeting, Thursday

January 30, 2025

Scan the QR code below for more information

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health
CARE AGENCY
Planning Advisory Committee (PAC) Meeting
Behavioral Health Services Act (BHSA)
January 30, 2025

Today's Agenda

- Welcome and Introductions
- Announcements
- Community Program Planning
- Break
- Activity
- BHSA Initiatives and Continuum
- BHSA Component Briefing
- Lunch, Networking, and Open Forum
- BHSA Workgroups and Co-Chair Applications
- Stakeholder Feedback from December 2024

2

Stakeholder Announcements

3

health
CARE AGENCY
Community Program Planning for the Upcoming Year
4

Purpose of Community Program Planning

- Community program planning (CPP) aims to improve the health and well-being of a specific community by identifying community-defined needs, developing strategies, and implementing programs to address those needs.
- CPP is a collaborative process involving consumers/family members, system partners, healthcare professionals, and other stakeholders to create a healthier and more equitable environment.
- By planning BH intervention, treatment and support programs strategically, initiatives are aligned with community priorities, resources are used effectively, and desired outcomes are achieved.

The Behavioral Health Integrated Plan

https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC&sectionNum=5963.02.

5

Stakeholder Involvement Requirements MHSA and BHSA

Counties shall demonstrate a partnership with stakeholders throughout the CPP process that includes meaningful stakeholder involvement on mental health and substance use disorder:

MHSA
Mental health policy
Program planning and implementation
Monitoring
Quality improvement
Evaluation
Budget allocations
Requires participation from unserved/underserved populations, individuals with SMI or SED and their families; providers of mental health, physical health, and/or social services; educators or their reps; law enforcement

BHSA*
Mental health **and substance use disorder policy**
Program planning and implementation
Monitoring
Workforce
Quality improvement
Health equity
Evaluation
Budget allocations
Requires sufficient participation from diverse groups

*Beginning January 1, 2025. **BOLD** is new.

6

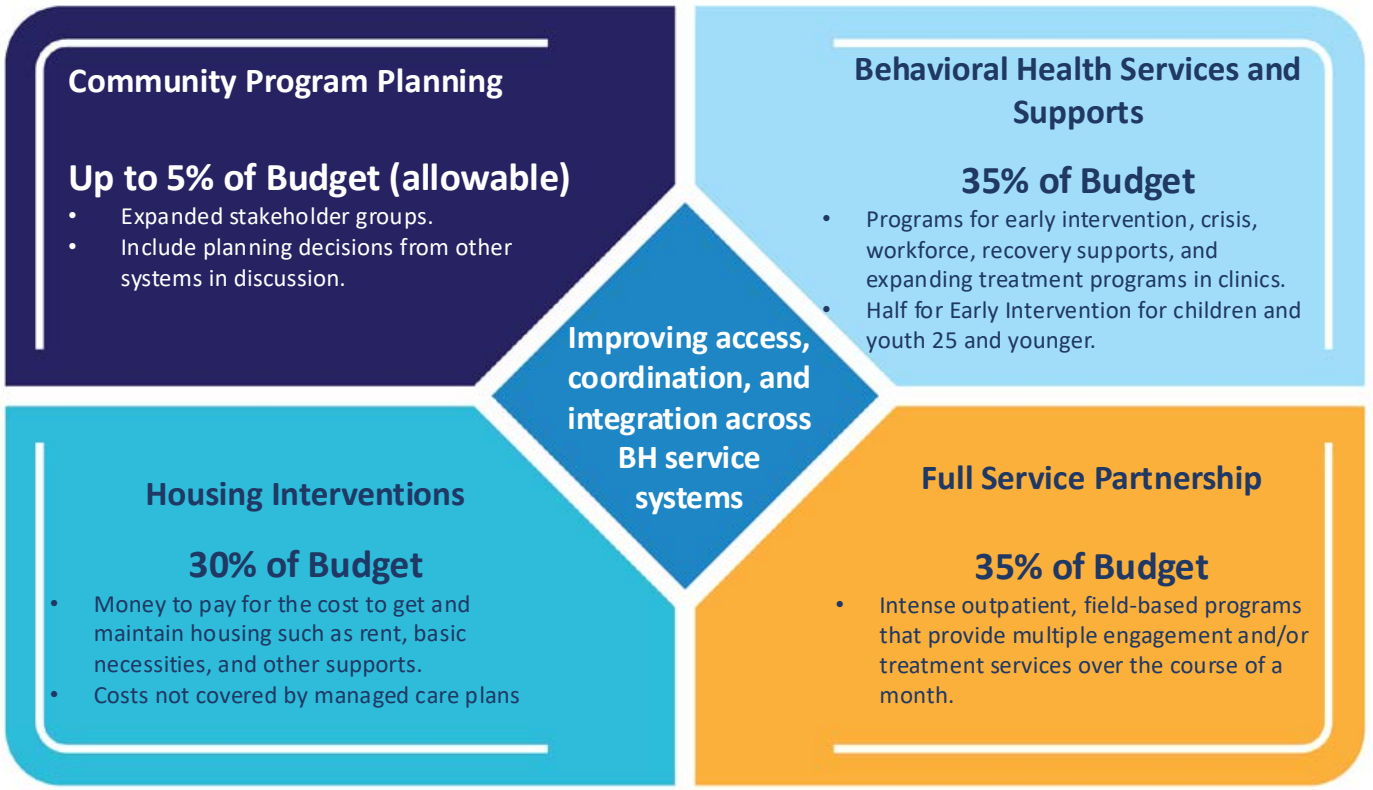
https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=5963.03.&lawCode=WIC#:%7E:text=(2)%20(A)%20(,improvement%2C%20health%20equity%2C%20evaluation%2C

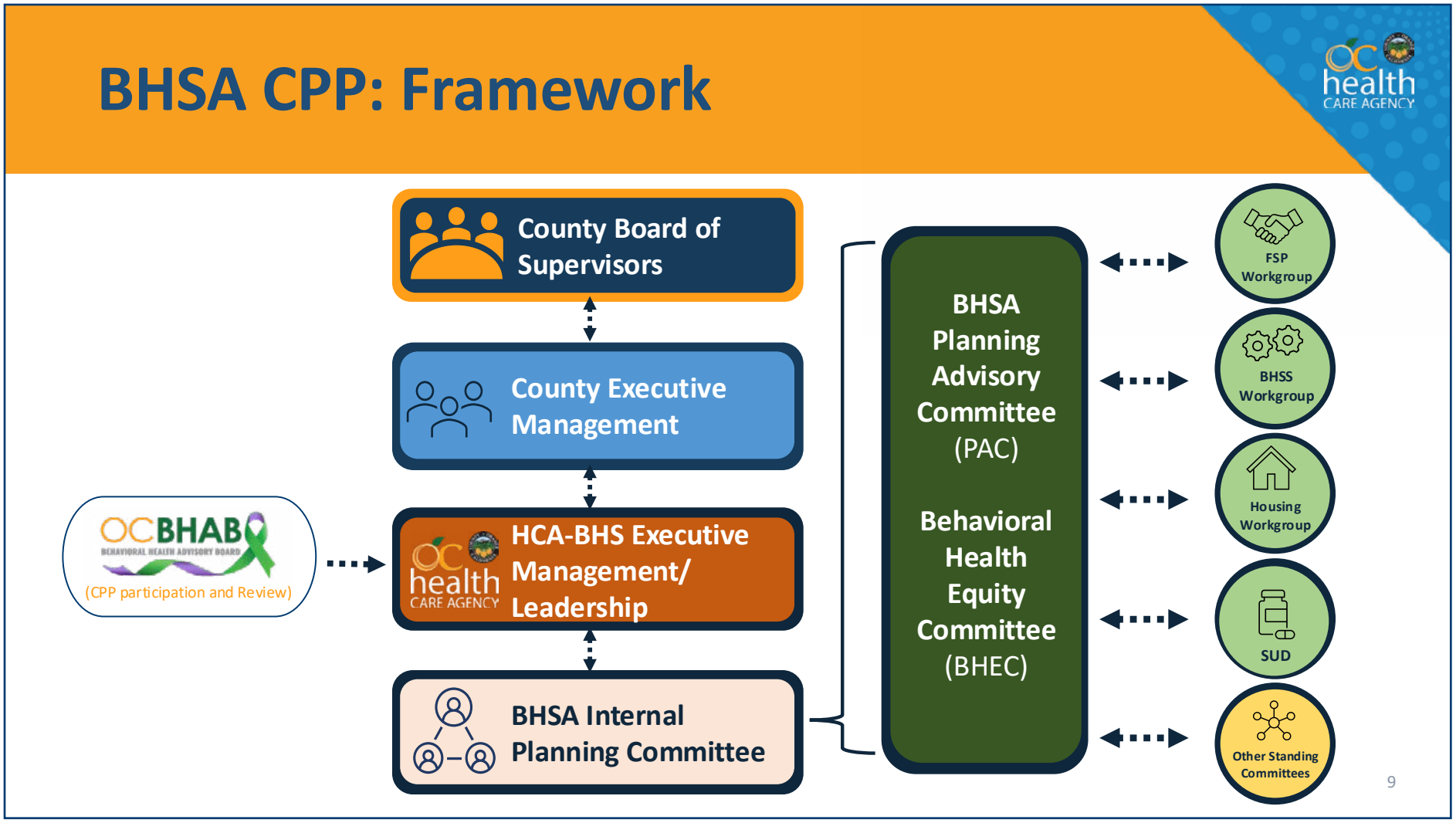
BHSA Examples of Engagement Activities

- Public Comment on DRAFT IP and Annual Updates
- Public Hearings on the DRAFT IP and Updates
- Workgroups and Committees
- Focus Groups
- Surveys
- Key Informant Interviews
- Subject Matter Experts Engagement
- Community Training, Education, and Outreach

7

BHSA Components




BHSA CPP: Framework
health CARE AGENCY
County Board of Supervisors
County Executive Management
HCA-BHS Executive Management/ Leadership
BHSA Internal Planning Committee
OCBHAB
BEHAVIORAL HEALTH ADVISORY BOARD
(CPP participation and Review)
BHSA Planning Advisory Committee (PAC)
Behavioral Health Equity Committee (BHEC)
FSP Workgroup
BHSS Workgroup
Housing Workgroup
SUD
Other Standing Committees
9

BH Integrated Plan Community Planning Timeline
Jan – March 2025
Plan & Assess
Community planning PAC Kick-Off, listening and data sessions throughout county, co-chair(s) recruitment and selection process
Listening and Data Overview Sessions
April –June 2025
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Workgroups Start
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Approve & Post
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June 2026
Board Approval
Approval, implementation continues Upon approval
10

Upcoming Community Opportunities

Listening Sessions

- Hosted by the Behavioral Health Advisory Board (BHAB)
- Opportunity for the Community and Stakeholders to help inform the development of our BHSA plan to deliver services to those with SMI receiving Medi-Cal
- Held regionally – Open to the public

TENTATIVE DATES – details to follow

Date		Time	Location
Thursday	March 6, 2025	4:00 pm – 6:00 pm	Council on Aging Southern California, Irvine
Wednesday	March 19, 2025	6:00 pm – 8:00 pm	Wellness & Prevention Center, San Juan Capistrano
Thursday	March 20, 2025	4:00 pm – 6:00 pm	Access California Services, Anaheim

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Upcoming Community Opportunities – Cont'd

Data Discussions

- Review and discussion of County-wide Behavioral Health related data and information.
- Held at community and provider sites throughout the County.
- In-Person or virtual opportunities.
- Open to providers, clients, family members, and public at large.

Providers wishing to host a Data Discussion at your site, please email BHSA@ochca.com for a request form with Community Data Request in the subject line

Upcoming Community Opportunities – Cont'd

PAC Meetings – NOW QUARTERLY ONLY

- An opportunity to engage stakeholders in discussions about Behavioral Health Policies, planning, program improvements, announce upcoming stakeholder engagement activities, and summarize stakeholder engagement activities held since the last meeting.
- Held quarterly at BHTC
- Open to ALL stakeholders

Future Meeting Dates:

2nd Quarter
April 24, 2025

3rd Quarter
July, TBD

4th Quarter
October, TBD

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Activity

“One Word”

Think about how you feel about this upcoming year and describe it in one (1) word.

"Una Palabra"

Piensa en cómo te sientes sobre este año que comienza y descríbelo en una (1) palabra.

“Một Chữ”

Quý vị hãy suy nghĩ về một (1) chữ để mình phải cần làm gì về năm sắp tới đây

“មួយពាក្យ”

គិតថាផតើផោកអ្នកមានអារមមណ៍ យ៉ា ងដូចផមតច្តីឆ្ន ំបន្ទា ប់ និង ពិពណ៌ន្ទពាកយមួយផន្ទោះផោយពាកយមួយ។

15

Activity Pt. 1 - Strengths & Core Values

Q: What are the things you love most about this community?

P: ¿Qué es lo que más le gusta de esta comunidad?

Câu Hỏi: Quý vị yêu thích điều gì nhất ở cộng đồng này?

សំនួរ: ផតើមានអ្វីផ្សេងផទៀតផទបដលផោកអ្នករសោញ្ចប់ តកនុងស គមន៏ របស់ផោកអ្នក?

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Activity Pt. 1 - Strengths & Core Values

Q: What values define our community?

P: ¿Qué valores definen a nuestra comunidad?

Câu Hỏi: Quý trọng nào xác định cộng đồng của chúng ta?

សំនួរ: ផតើតនមលអ្វីបដលតំណាងផអាយស គមន៏របស់ផោក-អ្នក?

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Activity Pt. 1 - *Continued*

“What’s Your Vision”

Briefly describe **one (1) thing** you hope to achieve in the next year with the Community Planning Process (CPP).

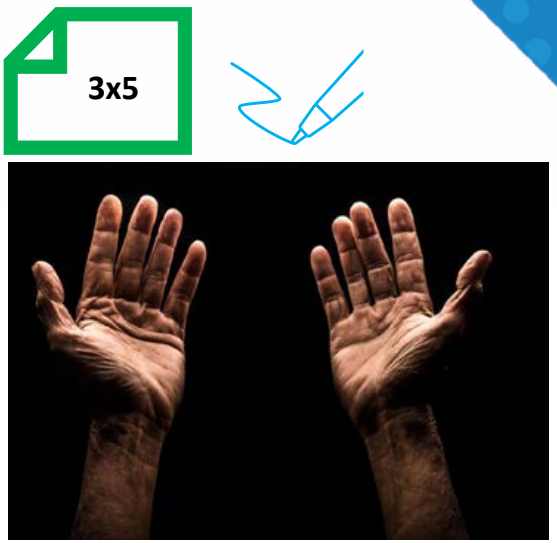
¿Cuál es su Visión?

Describa brevementa **una (1) cosa** que espera lograr en el próximo año con el Proceso De Planificación Comunitaria.

Tầm Nhìn Của Quý Vị Cho Tương Lai Là Gì?

Mô tả ngắn gọn một (1) điều quý vị hy vọng đạt được trong năm tới với Community Planning Process (CPP).

"ផតើអ្វីជាចក្ខុវិស័យរបស់អ្នក" - ពិពណ៌នាដោយសង្ខេបនូវរឿងមួយ (1) បដលអ្នកសង្ឃឹមថានឹង សមរមច្បាននៅឆ្នាំ ំជរោយជាមួយនឹងដំជណើរោរច្នោរស គមន៍(CPP)។



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Activity Pt. 2 – Planning & Steps Forward

Q: What support, resources, and partnerships can be leveraged for this upcoming year?

P: ¿Qué apoyo, recursos y asociaciones pueden movilizarse para el año que viene?

Câu Hỏi: Những hỗ trợ, nguồn lực và quan hệ đối tác nào có thể được tận dụng cho năm sắp tới?

សំនួរ៖ អ្វីជាជំនួយ ធនធាន និងភាពជាដៃគូដែលអាចប្រើប្រាស់សម្រាប់ឆ្នាំបន្ទាប់?

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OC health
CARE AGENCY
Behavioral Health
Transformation

Behavioral Health Transformation Initiatives

Builds upon and aligns with other major behavioral health initiatives in California including:

- California Advancing and Innovating Medi-Cal (CalAIM) initiative
- California Behavioral Health Community-Based Organization Networks of Equitable Care and Treatment (BH-CONNECT) initiative
- Children and Youth Behavioral Health Initiative (CYBHI)
- Medi-Cal Mobile Crisis services
- Behavioral Health Bridge Housing program
- Community Assistance, Recovery, and Empowerment (CARE) Act, Lanterman-Petris-Short Conservatorship reforms
- 988 expansion,
- Behavioral Health Continuum Infrastructure Program (BHCIP)

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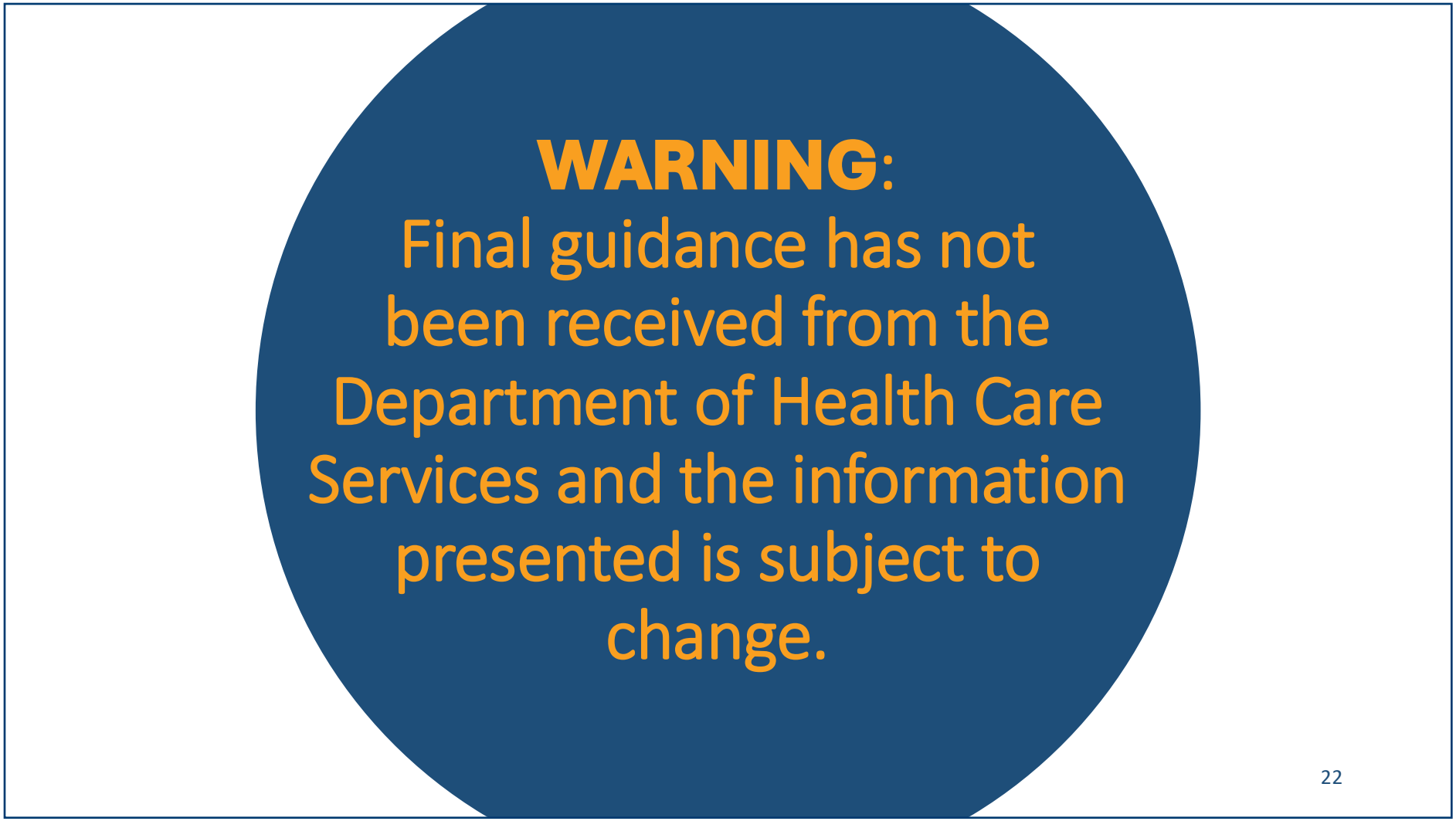
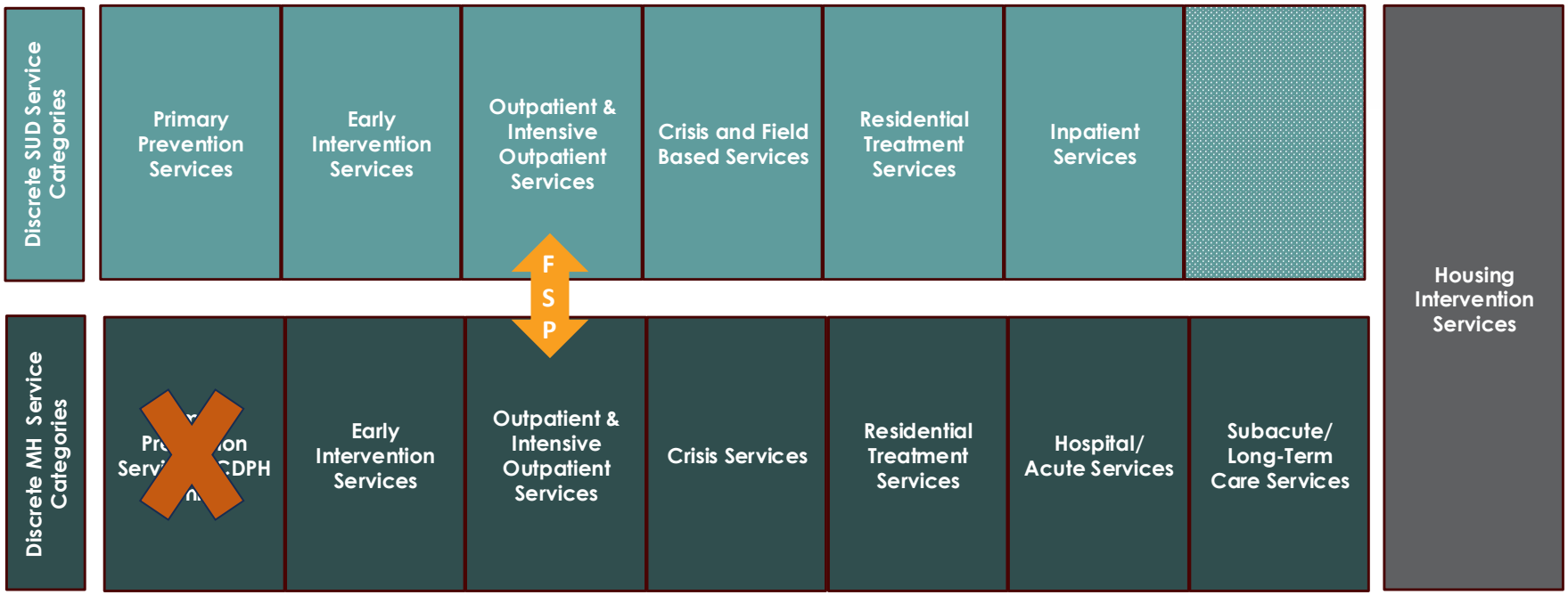

WARNING:
Final guidance has not been received from the Department of Health Care Services and the information presented is subject to change.
22

Behavioral Health Continuum

DHCS Behavioral Health Continuum (DRAFT)



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Behavioral Health Services Act Priority Populations

***Individuals living with serious mental illness and individuals living with substance use disorders who qualify for specialty mental health services:**

Eligible Children and Youth who:	Eligible Adults and Older Adults who:
Are chronically homeless or experiencing homelessness or at risk of homelessness	Are chronically homeless or experiencing homelessness or at risk of homelessness
Are in, or at risk of being in, the juvenile justice system	Are in, or at risk of being in, the justice system
Are reentering the community from a youth correctional facility	Are reentering the community from state prison or county jail
Are in the child welfare system	Are at risk of conservatorship
Are at risk of institutionalization	Are at risk of institutionalization

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Behavioral Health Services and Supports
BHSS Overview

BHSS includes:
Early Intervention
Programs and treatment services to enhance the Children's, Adult, and Older Adult Mental Health and Substance Use Disorder Systems of Care
Outreach and Engagement Programs **Outreach with the intention of connecting individuals with medically necessary care.*
Workforce, Education, and Training Strategies
Capital Facilities and Technological Needs *Build space to deliver service and support billing and data systems.*
Innovative behavioral health pilots and projects **Innovative pilots and projects may be included under each component*

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BHSS Continued

Early Intervention Services

Programs Allowed

- ✓ Outreach

**Outreach with the intention of connecting individuals with medically necessary care*

- ✓ Access and Linkage to treatment
- ✓ Mental Health Treatment Services and Support
- ✓ Substance Use Disorder Treatment Services and Support

Target Populations

- ✓ Mental illness and SUD focus

**BH diagnosis not needed*

- ✓ Identification of clinical high risk for psychosis and early treatment

Children and Youth

- ✓ Prioritize root cause of childhood trauma
- ✓ Focus on youth:
  - Experiencing Homelessness
  - Justice-involved
  - Child welfare-involved, with a history of trauma
  - Other populations at risk
  - Youth in populations with identified disparities.

Policy Goals

- ✓ Reduce adverse outcomes that may result from untreated mental illness

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BHSS Continued

Other Services

Systems of Care

- ✓ Individuals not enrolled in an FSP
- ✓ Systems of care will largely remain the same

Outreach and Engagement

- ✓ Outreach with the intention of connecting individuals with medically necessary care
  **Includes peers and families*
- ✓ O&E is funded under each component

Workforce, Education, and Training (WET)

- ✓ Addresses county needs to support employment in the Public Behavioral Health System
- ✓ May **not** use WET funding to address workforce recruitment and retention needs outside of Public Behavioral Health

Innovative Behavioral Health Pilots/Projects

- ✓ Counties may pilot and test innovative BH models of care through each funded component
- ✓ Goal is to build the evidence base for new statewide strategies

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BHSA - Substance Use Disorders

NEW in BHSA

The Behavioral Health Care Continuum is composed of two distinct frameworks for substance use disorder (SUD) and mental health (MH) services.

- Continue to reduce the stigma associated with SUDs
- Increased need often related to other MH conditions
- SUD services based on community identified needs
- Expand services by using BHSA with federal funding

28

BHSA - Treatment of Substance Use Disorders

Who is eligible:

- Children and youth 25 and under, and
- Adults/older adults 26 or older with:
  - A diagnosis of a moderate to severe substance use disorder*
    *(except tobacco-related)

SUD Services Include:

- Early Intervention
- Outpatient
- Intensive Outpatient
- Crisis and Field Based
- Residential Treatment
- Inpatient
- Housing Intervention (optional)

29

Full-Service Partnership (FSP)

Full-Service Partnerships (FSP) are comprehensive and intensive care for those with the most complex needs at any age.

Standards of Care:

- Levels based on individual needs
- Goal for step-down into the least intensive level of care

30

Full-Service Partnership (FSP)

FSP Continuum

Required Services
Mental health services, supportive services, and SUD services
Assertive field-based initiation for SUD, (including medications for addiction treatment)
Outpatient BH, either clinic or field-based for the ongoing evaluation and stabilization of participant
Ongoing engagement services to maintain enrolled individuals in their treatment plan
Service Planning
Housing Interventions*
Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT), or FSP Intensive Case Management (ICM)
High-Fidelity Wraparound (HFW)
Individual Placement and Support (IPS) model of Supported Employment

*Housing Interventions must be funded through Housing Interventions funding

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Full-Service Partnership (FSP)

Assertive Community Treatment (ACT)	Intensive Case Management (ICM)	Individual Placement and Support (IPS)	High Fidelity Wraparound (HFW)
Highest level of care MUST monitor to fidelity MUST mirror components outlined in Medi-Cal and be available to non-Medi-Cal members	Step-down option for those with moderate needs Comprehensive community-based services *(similar to ACT)* NOT monitored to fidelity	Strength-based approach Supports individuals with SMI find and maintain employment	For children and youth Team-based, family-centered Intensive services in the family home or community.

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Full-Service Partnership (FSP)

Service Components

ACT

- Assessment
- Crisis intervention
- Employment and education support
- Medication support services
- Peer support services
- Psychosocial rehabilitation
- Referral and linkages
- Therapy
- Treatment and Planning

IPS

- Pre-employment services directly related to recovery goals
- Employment sustaining services directly related to recovery goals

HFW

- Engagement and Team Preparation
- Plan Development
- Implementation
- Transition

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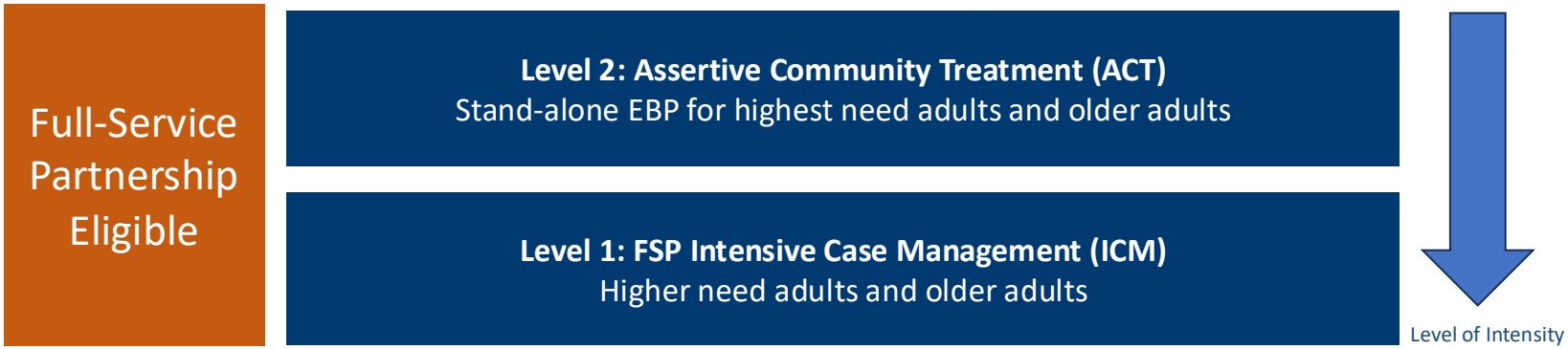
Full-Service Partnership (FSP)

Levels of Care Framework



High Fidelity Wraparound (HFW) required for children/youth

34

Housing Interventions

Housing Interventions include:

- Rental subsidies
- Operating subsidies
- Shared housing (including recovery housing)
- Family housing
- Nonfederal share for Transitional Rent
- Other housing supports, including the community supports
- Capital development projects
- Project-based housing assistance, including master leasing

Permanent Settings without time-limits include:

- Apartments
- Supportive housing
- Master-lease apartments
- Single room occupancy
- Shared housing (i.e., living with roommates)
- Recovery Housing
- Assisted Living (Adult Residential Care Facilities, Residential Care Facilities for the Elderly, Unlicensed Board and Care Patches)

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Housing Interventions

Target Populations

Children and youth or adults and older adults MUST meet one of the following:
a. Are chronically homeless or experiencing homelessness or are at risk of homelessness.
b. Are in, or at risk of being in the Justice or juvenile justice system.
c. Are reentering the community from a youth correctional facility, prison, or jail.
d. Are in the child welfare system (children), or At risk of conservatorship (adults)
e. Are at risk of institutionalization.

36

Goals for Housing

Focus Area: Chronic homelessness, especially in encampments.

Key Interventions:
✅ **Access to Care**
✅ **Low-Barrier Entry**
✅ **Diverse Housing Options**
Expanding Housing Availability:
📌 Increase **quality housing settings** (temporary → permanent).
📌 Provide **flexibility** for counties
Building on Existing Programs:
🏠 Leverage current Housing Programs, Behavioral Health Bridge Housing, and Homekey.
📈 Ensure continuity, advancement, and expansion.
Maximizing Funding Efficiency:
💰 Optimize BHSA funding by integrating Medi-Cal & HUD housing vouchers.

37

Housing First

Core Components:

🏠 Inclusive Screening & Selection

- ✔ Applicants accepted regardless of sobriety, substance use, treatment completion, or service participation.
- ✔ No rejections due to:
  - Poor credit or financial history
  - Lack of rental history
  - Criminal convictions unrelated to tenancy
  - Perceived "housing readiness"

📌 Low-Barrier Entry

- ✅ Direct referrals from shelters, street outreach, drop-in centers, and crisis response systems.
- ✅ No requirement for program participation or service compliance as a condition for tenancy.

⚖️ Tenant Rights & Responsibilities

- 📜 Leases granted with full tenant rights & responsibilities.
- 🚫 No eviction solely for alcohol or drug use unless other lease violations occur.

🏠 Prioritization & Case Management

🎯 **Selection based on need**, not "first-come-first-serve"—factors include:

- Chronic homelessness duration
- Vulnerability to early mortality
- High crisis service utilization

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Housing First

Core Components (continued):

Case managers & service coordinators trained in evidence-based practices:

Motivational interviewing

- Harm Reduction
- Nonjudgmental communication
- Connects tenants to evidence-based treatment

Client-centered counseling

- Recognizes substance use & addiction as part of tenants' lives.
- Offers education on reducing risky behaviors & safer practices.
- Safe & Supportive Environments

Housing includes physical features to:

- Accommodate disabilities
- Reduce harm
- Promote health, independence, & community

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health
CARE AGENCY
Partnership
Opportunities

BHSA Workgroup Overview

Introduction	**4 BHSA Component Workgroups** 1. Full-Service Partnership (FSP) 2. Behavioral Health Services and Supports (BHSS) 3. Housing Interventions 4. Substance Use Disorder (SUD)	**Term**	**One-Year** ✓ Ending around January 2026 ✓ No maximum term enforced
Workgroup Makeup	**Co-chairs (2)** ✓ One elected community member ✓ One HCA representative **Committee Members** ✓ Interested community and HCA staff members	**Time Commitment**	**Meetings** ✓ In-Person or virtually ✓ At least 1-2 times/month (TBD by workgroup)

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BHSA Workgroup Co-Chair Applications

Co-Chair Applications

- Workgroup co-chair applications available via email at BHSA@ochca.com
- Applications currently being accepted
- Review process approximately 30 days

Alternates

Co-chairs may nominate an alternate

Alternates must follow the same application process as co-chairs

Scoring

- Applications reviewed by:
- HCA Ethnic Services Manager, Two BHSA Division Staff, One BHAB member and a Peer

Scoring criteria

- Relevant Experience, commitment to role, communication skills, collaborative skills, understanding of BHSA component goals
- Final recommendation:
- BHS Director

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BHSA Workgroup Co-Chair Job Aide

Responsibilities
Plan meetings and schedule conference calls.
Prepare and distribute agendas and meeting minutes.
Coordinate the distribution of materials.
Lead the development of programs and services for the Integrated Plan.
Monitor progress of workgroup.
Hold individual workgroup members accountable.

Skills
Strong leadership and collaboration skills.
Knowledge of publicly funded behavioral health services, BHSA components and related policies.
Cultural competence and sensitivity.
Strategic planning and problem-solving.
Effective communication and stakeholder engagement.

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Proposed BHSA Workgroup County Co-chairs

Full-Service Partnership (FSP)	Behavioral Health Services and Supports (BHSS)	Housing Interventions	Substance Use Disorder (SUD)
Chi Lam	TBD	Christina Weckerly	Mark Lawrenz

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BHSA Workgroup Members

- No applications needed
- Interested? Email your interest to BHSA@ochca.com or sign up now!

WORKGROUPS BEGINNING ON OR AROUND APRIL 1ST

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December 2024 PAC Demographics

COUNTY REGION

23% North
35% Central
28% South
14% Decline to State

CONSUMER/FAMILY MEMBER

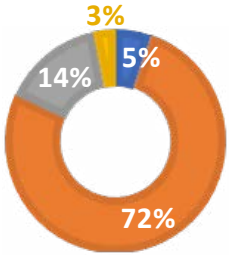
21% Family Members

41% Consumer

MILITARY SERVICE

0% Current
0% Previous
91% None
9% Decline

AGES (YEARS)



16-25
26-59
60+
Declined

Primary Language

79% English
2% Spanish
2% Farsi
5% Khmer
9% Not Listed
2% Decline to State

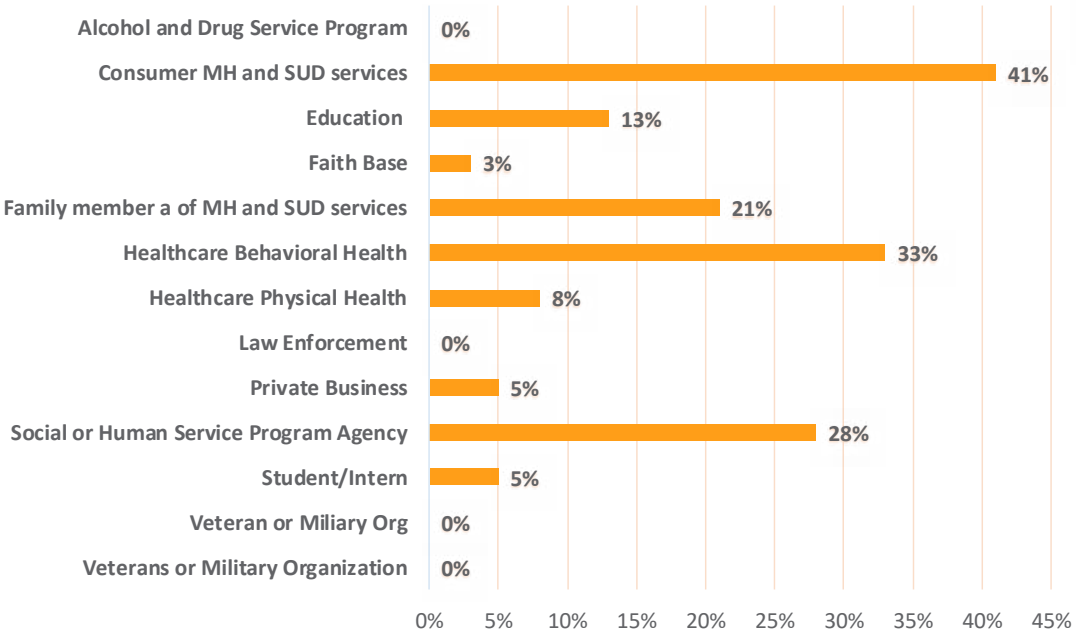
GENDER IDENTITY

28% Male
60% Female
2% Nonbinary
9% Not Listed

47

December 2024 PAC Demographics – Con't

Stakeholder Groups*



*Attendees are allowed to select more than one

Race/Ethnicity

2%	African American/Black
2%	American Indian or Alaskan Native
16%	Asian
35%	Caucasian/White
19%	Hispanic/Latino
9%	More than One Race
16%	Decline

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December 2024 PAC Feedback

Do you feel that we achieved the goals outlined in the meeting agenda?	7%	14%	53%	26%
Did you feel engaged at this meeting?	2%	24%	53%	21%
Do our meetings give you space to interact with fellow team members in ways…	3%	24%	49%	24%
Were you able to ask questions and voice your opinions?	2%	26%	45%	27%
Was everyone given the chance to contribute their ideas?	5%	19%	37%	39%
Overall, I am satisfied with this meeting.	5%	12%	46%	37%

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Stakeholder Feedback from December

Language and Accessibility

- Emphasis on improving language support to enhance understanding.
- Positive feedback on previous improvements in language support, encouraging continuation.
- Requests for simplification of complex terms (e.g., legal jargon) for better comprehension.

Meeting Structure and Engagement

- Appreciation for the structured approach but challenges with the meeting's full length.
- Suggestions to:
  - Share the agenda ahead of time.
  - Reserve questions for the end of presentations to maintain flow.
  - Incorporate more interactive activities to engage participants actively.
  - Allow opportunities for pre-submitted or live questions during meetings.
  - Divide meetings for community members and contracted providers for tailored discussions.

Content and Goals

- Requests for clearer meeting goals and objectives.
- Desire for actionable, working meetings that involve collaborative tasks.
- Suggestions to clarify updates and changes (e.g., highlighting what's new vs. unchanged).
- Questions about services for specific groups, like children.

Additional Features and Requests

- Ability to include links on websites for resources such as budgets and plans.
- Proposals for periodic reviews of plans (e.g., at 3, 6, 9, and 12 months).

50

Stakeholder Feedback from December – Con't

Feedback and Gratitude

- Positive comments on the informativeness, conciseness, and value of meetings.
- Appreciation for presentations, engagement, and keeping attendees informed, even with challenging news.
- Specific praise for naloxone training as a valuable and inclusive experience.

Suggestions for Improvement

- Provide clear opportunities for participants to contribute ideas.
- Offer forms for submitting questions before, during, or after meetings.
- Enhance the depth of discussions and address unanswered questions in follow-ups.

General Sentiments

- Satisfaction with the overall meeting experience.
- Gratitude for meals provided and efforts made to keep attendees engaged.

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Satisfaction Survey

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Thank you for your participation.

For questions or to request a meeting, please contact

Michelle Smith at msmith@ochca.com
or call (714) 834-3104

For BHSA information

please call (714) 834-3104 or email bhsa@ochca.com

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54

assess.

discuss.

improve.

#BHSA

Next meeting, Thursday

April 24, 2025

Scan the QR code below for more information

55

OC health
CARE AGENCY
Behavioral Health Advisory Board Public Hearing
Mental Health Services Act (MHSA) Annual Update for Fiscal Year (FY) 2025-26
April 9, 2025

Mental Health Services Act

- The Mental Health Services Act (MHSA), Prop 63, was passed by California voters in November 2004 and went into effect in January 2005.
- The MHSA provides increased funding for mental health programs across the state.
- The MHSA is funded by a 1% tax surcharge on personal income over $1 million per year.
- Fluctuations in tax payments impact fiscal projections and available funding.

(9 CCR § 3310; WIC §5847; WIC §5848)

3

Mental Health Services Act Purpose

Per the California Department of Mental Health Vision Statement and Guiding Principles (2005):

To create a culturally competent system that promotes recovery/wellness for adults and older adults with serious mental illness, resiliency for children with severe emotional disturbance, and their families.

4

MHSA Annual Update for FY 2025-26

The California Welfare and Institutions Code (WIC) § 5847 and California Code of Regulations (CCR) Title 9 Section 3310 state that a Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan, including subsequent updates, shall address each component:

- Community Services and Supports (CSS) (WIC § 5800, 5850)
- Prevention and Early Intervention (PEI) (WIC § 5840)
- Innovation (INN) (WIC § 5830)
- Workforce Education and Training (WET) (WIC § 5820)
- Capital Facilities and Technological Needs (CFTN) (WIC § 5847)

5

MHSA Annual Update for FY 2025-26 (cont'd)

Further, the county must:

- Update the MHSA Plan annually;
- Address elements that have changed; and
- Include estimated expenditure projections for each component per fiscal year.

(9 CCR § 3310)

Why Are We Having a Public Hearing?

- The MHSA Plan/Update shall be prepared and circulated for review and comment for at least 30 days to representatives of stakeholder interests.
- The Mental Health Board shall conduct a Public Hearing on the Draft Three-Year Plan or Annual Update at the close of the 30-day comment period.

(WIC § 5848)

7

Who Should be Included in the Stakeholder Process?

Each Three-Year Plan and Annual Update shall be developed with local stakeholders, including consumers, families, service providers, law enforcement agencies, educators, social services agencies, veterans and veteran representatives, providers of alcohol and drug services, and health care organizations (WIC § 5848).

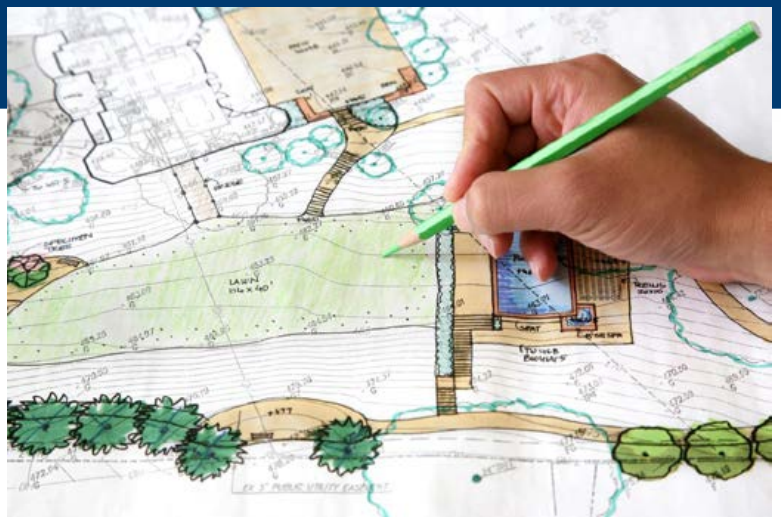
Additionally, stakeholders include:

- Representatives of unserved and/or underserved populations and family members
- Stakeholders who represent the diverse demographics of the county including, but not limited to, age, gender, race/ethnicity, and location
- Consumers living with serious mental illness and/or serious emotional disturbance and their family members (9 CCR § 3300)

8

What Should be Included in the Stakeholder Process (cont.)?

WIC § 5848 states that counties shall work with constituents and stakeholders throughout the process that includes stakeholder involvement in:



- Mental Health Policy
- Program Planning
- Implementation
- Monitoring
- Quality Improvement
- Evaluation
- Budget Allocations

CCR Title 9 Section 3300 requires involvement of consumers and their family members in all aspects of the community planning process and states training shall be offered as needed, to stakeholders, consumers, and consumers' families who are participating in the process.

9

Standards

Counties shall adopt the following standards in planning, implementing, and evaluating programs:

- Community collaboration
- Cultural competence
- Client-driven
- Wellness, recovery, and resilience focused
- Integrated service experiences for clients and their families.

10

How BHS Reaches Out

A variety of types of communication are used to regularly inform stakeholders and the public of MHSA/Behavioral Health policy, activities, services and programs, postings, and stakeholder engagement opportunities throughout the year. In addition, we reach out through community events.

- From July 2024 through February 2025, BHS has hosted or attended 504 community events.
- Distribution of email to lists of nearly 1,500 individuals
- Inclusion in cross systems newsletters
- Creation of flyers for posting and distribution
- Conference presentations
- Participation in panel discussions
- Interviews and news articles
- Distribution to media outlets

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How BHS Reaches Out

Throughout the year, regular stakeholder meetings are held.

Examples include:

- MHSA Planning Advisory Committee (PAC)
- Behavioral Health Equity Committee (BHEC) and workgroups
- Community Suicide Prevention Committee (CSPC)
- Crisis Intervention Team (CIT) Steering Committee
- Innovation Planning Meetings
- BHS Contracted Provider Meetings
- Community Quality Improvement Committee (CQIC)
- Behavioral Health Advisory Board (BHAB) and subcommittees
- In partnership with First 5-Orange County, Families, Infant, and Early Childhood Mental Health (FIECMH) Collaborative.

How BHS Reaches Out

Throughout the year, BHS participates in system planning meetings.

Examples include but are not limited to:

- CalOptima/HCA Collaborative Meeting
- OC Department of Education Superintendent Mental Health Planning Meetings
- Veterans Collaborative
- Housing Provider Meeting
- Master Plan on Aging
- Street Outreach Team Meetings
- Orange County Juvenile Justice Coordinating Council
- Continuum of Care Reform System of Care Coordination Steering Committee
- First 5 Technical Advisory Committee
- Home Visitation Collaborative
- Child Welfare System Improvement Plan Committee
- MHSA Internal Planning Committee
- County Health Improvement Project Mental Health, Substance Use, and Housing Committees; Steering Committees, and Executive Committee

How BHS Reaches Out: Annual Update

BHS conducted outreach to promote the Annual Update stakeholder process and reach diverse populations.

Information was disseminated through:

- Informational release to **2,669** media contacts
- Email and flyer with a link/QR code to access the plan, executive summary in threshold languages, MHSA Plan Overview meetings, and the video distributed to:
  - MHSA email distribution list of over **1,200** people,
  - Community partners,
  - Community and contracted organizations,
  - County of Orange (County) Agencies,
  - Behavioral Health Equity Committee, subcommittees and coalitions, and
  - Regularly scheduled stakeholder meetings
- Posting on HCA website and HCA social media sites such as Facebook, Instagram, and Twitter
- Regular announcements in meetings
- Posted video providing an overview of the proposed Annual Update

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How BHS Reaches Out: Annual Update

A series of meetings were hosted prior to and throughout the 30-day posting period to provide an overview of the draft plan.

The MHSA Policy Advisory Committee meeting was held:
January 30, 2025, from 10:00am to 2:00 pm to review the funding changes.

Three virtual meetings were held at different times to allow a variety of times and opportunities for participation.		
MHSA Annual Update FY 25/26 Overview	03/19/2025	9:00 am – 10:00 am
	03/24/2025	1:00 pm – 2:00 pm
	03/26/2025	3:00 pm – 4:00 pm
Special internal sessions included:		
BHS Ops Meeting:	03/18/2025	3:00 pm – 4:30 pm
BHSA Internal Planning Meeting:	04/02/2025	2:00 pm – 4:00 pm

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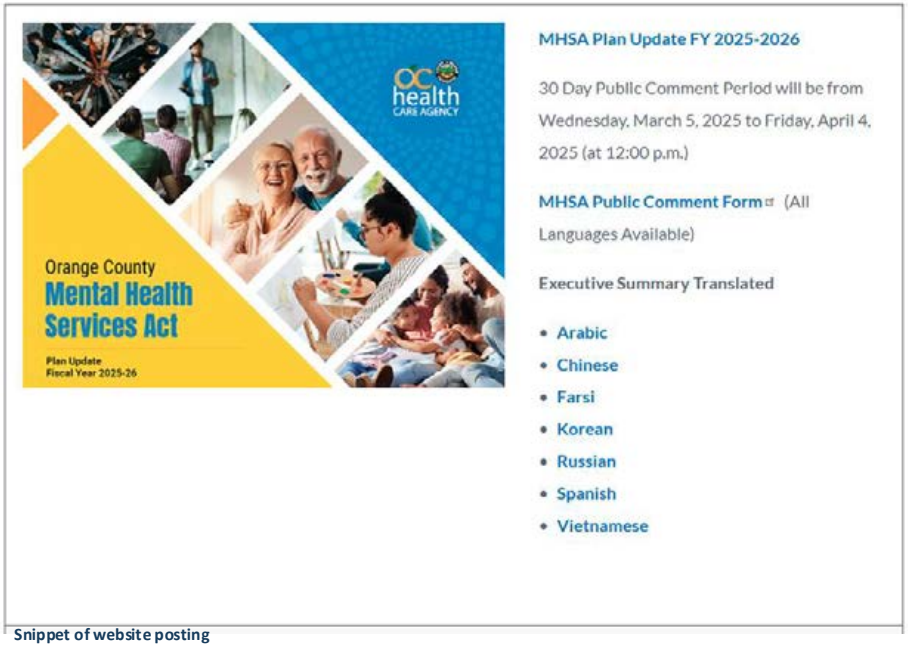
How BHS Reaches Out: Annual Update

Plan and Public Comment forms, along with posting notices were available on HCA website and advertised via listserv and social media – comments remained open through **April 7, 2025, at 9:00 am.**



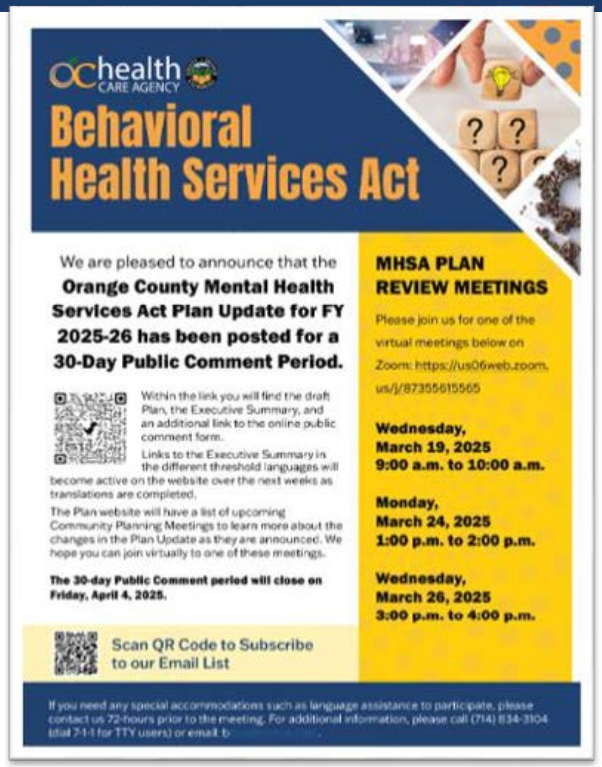
Snippet of website posting

Snippet of social media posting

16

How BHS Reaches Out: Annual Update

Flyers were distributed to promote Posting



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Behavioral Health Services Act

We are pleased to announce that the **Orange County Mental Health Services Act Plan Update for FY 2025-26 has been posted for a 30-Day Public Comment Period.**

Within the link you will find the draft Plan, the Executive Summary, and an additional link to the online public comment form.

Links to the Executive Summary in the different threshold languages will become active on the website over the next weeks as translations are completed.

The Plan website will have a list of upcoming Community Planning Meetings to learn more about the changes in the Plan Update as they are announced. We hope you can join virtually to one of these meetings.

The 30-day Public Comment period will close on Friday, April 4, 2025.

Scan QR Code to Subscribe to our Email List

MHSA PLAN REVIEW MEETINGS

Please join us for one of the virtual meetings below on Zoom: https://us06web.zoom.us/j/87355615565

Wednesday, March 19, 2025 9:00 a.m. to 10:00 a.m.

Monday, March 24, 2025 1:00 p.m. to 2:00 p.m.

Wednesday, March 26, 2025 3:00 p.m. to 4:00 p.m.

If you need any special accommodations such as language assistance to participate, please contact us 72-hours prior to the meeting. For additional information, please call (714) 834-3104 (dial 7-1-1 for TTY users) or email b

ochealth CARE AGENCY 17

How BHS Reaches Out: Annual Update

Plan Update for public comment was featured on Social Media

facebook

1,723 Views

1,222 Reach

twitter

2,272 Impressions

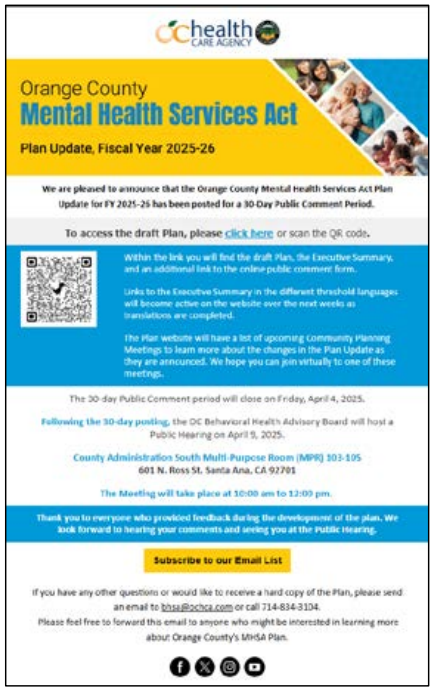
Instagram

2,351 Views

18

How BHS Reaches Out: Annual Update

Email blast sent to all stakeholders



1,248
Email Sent

45.9%
Open Rate

Emailed March 5, 2025

Opens	524
Successful Deliveries	1141
Bounces	107
Desktop Open Percentage	96.5%
Mobile Open Percentage	3.5%
Did Not Open	617
Unsubscribed	2

19

How BHS Reaches Out: Community Meetings

Email blast sent to all stakeholders

1,248
Email Sent

46.8%
Open Rate

Opens 536
Successful Deliveries 1145
Bounces 103
Desktop Open Percentage.....96.4%
Mobile Open Percentage 3.6%
Did Not Open 609
Unsubscribed 0

Emailed March 17, 2025

20

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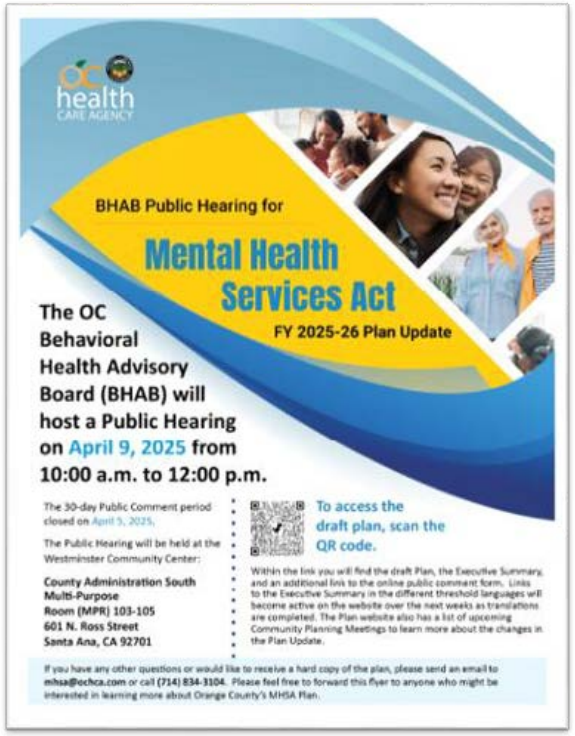
How BHS Reaches Out: Public Hearing

Flyers were distributed to promote Public Hearing



How BHS Reaches Out: Public Hearing

Email blast sent to all stakeholders

1,252
Email Sent

43.9%
Open Rate

Opens	500
Successful Deliveries	1140
Bounces	112
Desktop Open Percentage	97.1%
Mobile Open Percentage	2.9%
Did Not Open	640
Unsubscribed	3

Emailed March 31, 2025

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Public Review Period

The 30-day Public Posting and Comment Period was March 4, 2025, through April 7, 2024, for a total of 33 days

Copies of the draft MHSA Annual Update Plan for Fiscal Year 2025-26 were available in the following formats:

- Online for electronic viewing at www.ochealthinfo.com/mhsa.
- Hard Copies were available upon request.
- Stakeholders were provided with several options for submission of comments including:
  - email
  - in-person
  - telephonic
  - live survey/chat (for virtual meetings) and
  - online survey
- Comment Forms and surveys were available in English, Spanish, Vietnamese, Chinese, Korean, Arabic, Russian, and Farsi and hard copy versions were available upon request.
- The Executive Summary was available in English, Spanish, Vietnamese, Chinese, Korean, Arabic, Russian, and Farsi and posted as received.

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FISCAL YEAR 2024-25

Community Program Planning

Starting in August 2024, MHSA Program Planning and Administration began collecting data and information related to BHS hosted stakeholder engagement meetings for FY 2024/25. The data do not include meetings that were hosted in collaboration with other entities and covers July 2024 through March 2025.

FY 2023/24

1,236

participants

FY 2024/25

977

participants

Note: numbers reflect three additional months

FY 24/25

6,346

Social Media Impressions

FY 24/25

513

Views of the posted draft plan

24

FISCAL YEAR 2024-25

Community Program Planning

Who Participated

COUNTY REGION

25% North
37% Central
18% South
20% Other/Decline

CONSUMER/FAMILY MEMBER

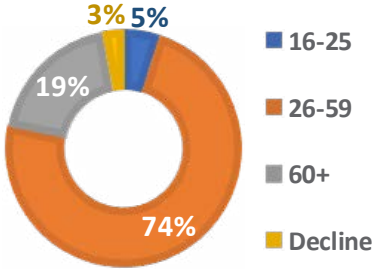
23% Family Members

38% Consumer

MILITARY SERVICE

4% Current
10% Previous
83% None
3% Decline

AGES (YEARS)



LANGUAGE

73% English
7% Spanish
11% Vietnamese
1% Farsi
1% Korean
1% Chinese
2% Khmer
4% Other

GENDER IDENTITY

33%	62%	>1%	1%
Male	Female	Transgender	Nonbinary

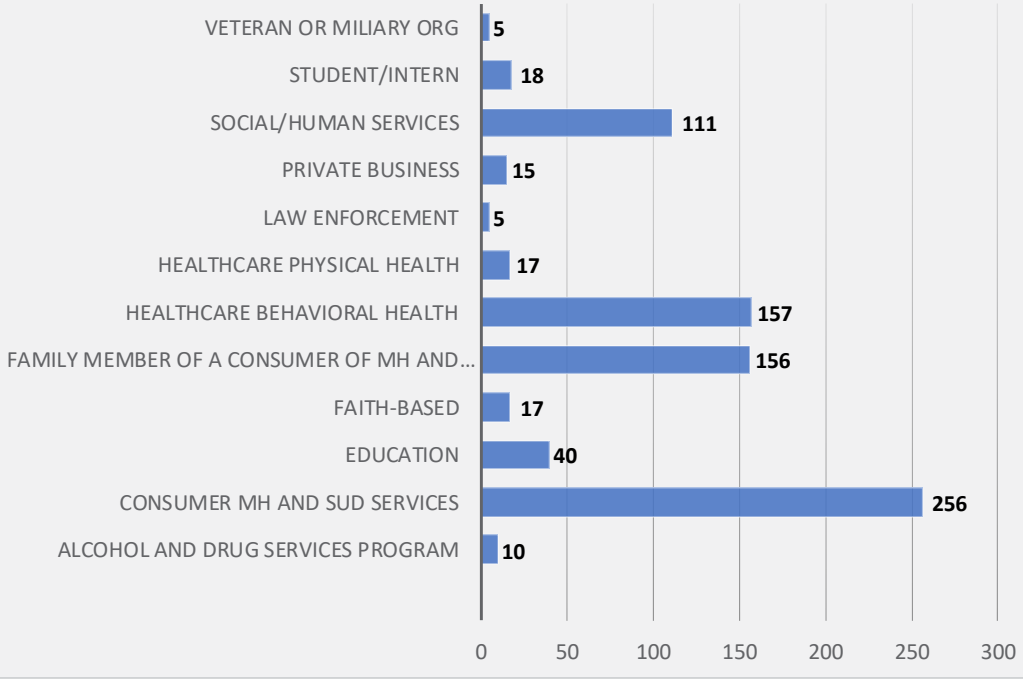
25

FISCAL YEAR 2024-25

Community Program Planning

Who Participated

STAKEHOLDER GROUPS



Race/Ethnicity

4% African American/Black
23% Asian
34% Caucasian/White
21% Hispanic/Latino
4% Native American
3% Native Hawaiian/Pacific Islander
7% More than One Race
5% Declined

OC health CARE AGENCY

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FISCAL YEAR 2024-25

Community Program Planning

Behavioral Health Equity Committee (BHEC)

BHEC includes the following sub-committees:

- Spirituality
- Deaf and Hard of Hearing
- Black/African-American
- LGBTQI+
- Latinx
- Asian and Pacific Islander
- Substance Use Disorder
- Native/Indigenous

FY 2024-2025 Results:

Monthly Meetings

120 unduplicated attendees

47 Community Organizations

Types of Organizations:

- Community
- Managed Care Plan
- Behavioral Health Providers
- Hospitals
- Cultural/Ethnic Communities
- Child Serving Organizations
- Homeless Services Organizations
- Faith-Based Organizations
- Families
- LGBTQI+
- Consumer
- Education

Overview of Public Comments

FY 2024-25 Planning Year Results

451 stakeholders completed a stakeholder comment form as a result of attending a stakeholder session and/or responding to the 30-day Public Comment and Posting.
10 respondents provided written comment to the MHSA Annual Update specifically during the 30-day public posting.
Overall, **90%** of stakeholders who responded to the posting indicated they were very satisfied to satisfied with the MHSA Annual Update Plan for FY 2025/26.

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Overview of Public Comments

Summary of Comments During Posting Period:

BHS provided BHAB with written copies of the written public comments received during the posting period.

- Significant concerns around the reduced funding available for Prevention and Early Intervention (PEI) component programs and impact of Proposition 1
- Wanting to know how much money will be available under BHSA for programs/understand the changes over the next few years.
- Desire to know how to become an FSP provider, how to apply for funds, and how to partner with the BHSOAC.
- Requests to align data and correct typos.
- Information about the Community Planning Process.
- Acknowledgment of MHSA team efforts around transparency.

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All written public comments and responses will be included in the final version of the MHSA Annual Update for FY 2025-26

Public Comment

We welcome you to come forward to provide the Behavioral Health Advisory Board with your comments.

Your input in important to us!

Please submit your comments ***in writing*** to be included in the public record. We will be taking note of your comments, and an overview of comments will be included in the Community Program Planning section of the final version of the MHSA Plan. In addition, the written comments will be included in the Appendices of the Plan.

Additionally, the information provided will be incorporated into future community planning for consideration in the development of the Behavioral Health Integrated Plan.

Please limit your verbal comments to three (3) minutes

Next Steps

- The next step is to ask the Behavioral Health Advisory Board to affirm that the stakeholder process was conducted to meet the regulations.

Upon Affirmation

- The MHSA Annual Update Plan for FY 2025-26 is *tentatively* scheduled to be presented to the OC Board of Supervisors (BOS) on May 20, 2025, for approval.
- The Final MHSA Annual Update Plan for FY 2025-26 will be posted on the HCA website and submitted to the Department of Healthcare Services (DHCS) and the Behavioral Health Services Oversight and Accountability Commission (BHSOAC) within 30 days of BOS approval.

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Thank you for your participation

For MHSA questions and information, including how to be included in stakeholder engagement meetings,

please contact (714) 834-3104 or

email mhsa@ochca.com

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Stay Connected!

OC Health Care Agency

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GLOSSARY OF OUTCOME MEASURES

Generalized Anxiety Disorder (GAD-7)

- **Description:** The GAD-7 is a widely used, 7-item measure of anxiety. It assesses the severity of symptoms related to social phobia, post-traumatic stress disorder and panic disorder. Scores can be classified according to their severity level (i.e., minimal, mild, moderate, severe, etc.).
- . **Rater:** Clinician, staff, self-report; for individuals ages 18 and older

Grief Experiences Questionnaire (GEQ)

- **Description:** The GEQ is a 55-item measure of grief that captures the unique experience associated with losing someone to suicide. It assesses various components of grief and generates on overall score, as well as the following subscale scores:
  - Somatic Reactions
  - General Grief Reactions
  - Search for Explanation
  - Loss of Social Support
  - Stigmatization
  - Self-destructive Behavior or Orientation
  - Feelings of Guilt
  - Responsibility
  - Shame or Embarrassment
  - Abandonment or Rejection
  - Unique Reactions (i.e., reactions specific to this unique form of death).
- **Rater:** Self-report for adults ages 18 and older

North Carolina Family Assessment Scale (NCFAS)

- **Description:** The NCFAS is an assessment tool designed to examine family functioning at the individual and aggregate level. Family functioning is measured on five domains. It is used to inform the development of a service plan, as well as assess changes in family functioning between pre-and post-service delivery.

  The family functioning domains assessed include:
  - Environment (i.e., housing stability/habitability, neighborhood safety, etc.).
  - Parental Capabilities (i.e., supervision/ disciplinary practices, enrichment opportunities, etc.).
  - Family Interactions (i.e., emotional support, family bonding, etc.).
  - Family Safety (i.e., abuse and/or neglect of children).
  - Child Well-Being (i.e., mental health, behavior, school performance, etc.).

  The NCFAS-General Services also assesses the following general functioning domains:
  - Social/Community Life (i.e., social relationships, connection to neighborhood/cultural/ ethnic community, relationships with child care, schools, extracurricular services, etc.).
  - Self-Sufficiency (i.e., stability of caregiver employment, family income).
  - Family Health. (i.e., physical and mental health of the caregiver).
- **Rater:** Clinician, Staff

Outcome Questionnaire (OQ) 30 .2

- Description: The OQ measures the treatment progress for adults receiving any form of behavioral health treatment. This 30-item scale is sensitive to short-term change and assesses the frequency with which adults are experiencing general psychopathology symptoms and functioning related to intrapersonal distress, somatic concerns, interpersonal relations, social problems, behavioral dysfunction, and more. The measure contains a clinical cutoffs that identifies scores

that fall in the clinical range of severity, as well as a reliable change index that quantifies whether the difference between baseline and follow-up scores is clinically meaningful rather than the result of random fluctuations.

- Rater: Self-Report for adults ages 18 and older

Parenting Children and Adolescents (PARCA-SE)

- **Description:** The PARCA-SE is a brief self-report measure designed to assess the frequency in which parents engaged in three important types of parenting behaviors. This measure consists of 19 questions that generate an Overall Score, as well as the following three subscale scores:
  - Supporting Positive Behavior (e.g., "Notice and praise your child's good behavior?").
  - Setting Limits (e.g., "Make sure your child followed the rules you set all or most of the time?")
  - Proactive Parenting (e.g., "Prepare your child for a challenging situation.").

  Each question rates how often they were able to engage in each parenting strategy on a scale from 1 (not at all) to 7 (most of the time) during the last month.
- **Rater:** Self-report for parents/caregivers

Patient Health Questionnaire (PHQ-9)

- **Description:** The PHQ-9 is a widely used, 9-item screening instrument for diagnosing, monitoring and measuring the severity of depression. Scores can be classified according to their severity level (i.e., minimal, mild, moderate, moderately severe, severe).
- **Rater:** Clinician, staff, self-report; for individuals ages 18 and older

Profile of Mood States (POMS)

- **Description:** The POMS is a scale that assesses the extent to which an individual is experiencing affective mood states: calm, agitated, annoyed, anxious, confused, depressed, helpless, overwhelmed, uncertain and worried.
- **Rater:** Self-rated (verbal rating) by individuals of any age calling the WarmLine

PROMIS Global Health

- **Description:** The PROMIS Global Health is a 10-item self-assessment of a participant's perceived overall health and functioning. This measure is from the National Institutes of Health (NIH) Patient Reported Outcome Measurement Information System (PROMIS) and includes subscales for Global Mental Health and Global Physical Health with a measure-defined cutoff score for each of the subscales.
- **Rater:** Self-report for adults ages 18 and older

PROMIS Pediatric Global Health

- **Description:** The PROMIS Pediatric and PROMIS Parent Proxy Global Health are 7-item measures that assess a child's overall evaluations of their physical, mental and social health. These scales are conceptually equivalent to its PROMIS adult counterpart, except these measures yield a single global health score that do not have a cutoff.
- **Rater:** Self-report for youth ages 8-17; parent-report for youth ages 5-17

Youth Outcome Questionnaire (YOQ)

- **YOQ 30.2 Description:** The YOQ is the youth analog of the OQ 30.2. It is sensitive to short-term change and assesses the frequency with which youth are experiencing general psychopathology symptoms and functioning related to intrapersonal distress, somatic concerns, interpersonal relations, social problems, behavioral dysfunction, and more. The measure contains a clinical cutoff that identifies scores

that fall in the clinical range of severity, as well as a reliable change index that quantifies whether the difference between baseline and follow-up scores is clinically meaningful.

- **YOQ 2.0 Description:** The YOQ is the youth analog of the OQ 30.2. It is sensitive to short-term change and assesses the frequency with which youth are experiencing general psychopathology symptoms and functioning related to intrapersonal distress, somatic concerns, interpersonal relations, social problems, behavioral dysfunction, and more. The measure contains a clinical cutoff that identifies scores that fall in the clinical range of severity, as well as a reliable change index that quantifies whether the difference between baseline and follow-up scores is clinically meaningful.
- **Rater (Both instruments):** Self-report for youth ages 12-18; parent-report for youth ages 4-17.

MHSA PROGRAM PROVIDERS AND CONTRACTS

PEI: OUTREACH FOR INCREASED RECOGNITION OF SIGNS OF MENTAL ILLNESS	
Behavioral Health Training Collaborative	**Provider:** County
	Provider: Western Youth Services **Contract Name:** Behavioral Health Training Services
Early Childhood Mental Health Providers Training	**Provider:** Charitable Ventures of Orange County **Contract Name:** Early Childhood Mental Health Consultation Services **Provider:** Boys and Girls Club of Garden Grove **Contract Name:** Early Childhood Mental Health Consultation Services
Service for Transitional Age Youth (TAY) and Young Adults	**Provider:** National Council on Alcoholism and Drug Dependency **Contract Name:** Mental Health and Well Being for Transitional Age Youth Services
Mental Health & Well-Being Promotion for Diverse Communities	**Provider:** Orange County Asian and Pacific Islander Community Alliance (OCAPICA) **Contract Name:** Mental Health and Well-Being Promotion for Diverse Communities
	Provider: Special Services for Groups **Contract Name:** Mental Health and Well-Being Promotion for Diverse Communities
	Provider: Latino Health Access **Contract Name:** Mental Health and Well-Being Promotion for Diverse Communities
	Provider: US Vets **Contract Name:** Mental Health and Well-Being Promotion for Diverse Communities
	Provider: Center for Applied Research Solutions (CARS) **Contract Name:** Mental Health and Well-Being Promotion for Diverse Communities
Mental Wellness Campaigns	**Provider:** County
	Provider: Angels Baseball LP **Contract Name:** Outreach and Community Awareness Campaign
	Provider: Anaheim Arena Management, LLC **Contract Name:** Outreach and Community Awareness Campaign
Operated by PEI formerly operated through Behavioral Health Training Services	**Provider:** Western Youth Services **Contract Name:** Crisis Intervention Training for Public Safety Personnel

PEI: STIGMA AND DISCRIMINATION REDUCTION	
Mental Health Community Education Events for Reducing Stigma and Discrimination	**Provider:** Gay and Lesbian Community Services Center of Orange County **Contract Name:** Mental Health Community Educational Event Services
	Provider: Advance OC **Contract Name:** Mental Health Community Educational Event Services
	Provider: Access California Contract Name: Mental Health Community Educational Event Services
	Provider: Alianza Translatinx **Contract Name:** Mental Health Community Educational Event Services
	Provider: Council on Aging **Contract Name:** Mental Health Community Educational Event Services
	Provider: ETN Medical Infusion **Contract Name:** Mental Health Community Educational Event Services
	Provider: National Alliance on Mental Illness (NAMI) Orange County **Contract Name:** Mental Health Community Educational Event Services
	Provider: Sowing Seeds Health, Inc. **Contract Name:** Mental Health Community Educational Event Services
	Provider: Villages of California, Inc. **Contract Name:** Mental Health Community Educational Event Services
	Provider: Wellness and Prevention Foundation dba Wellness Prevention Center **Contract Name:** Mental Health Community Educational Event Services
	Provider: Norooz Clinic Foundation **Contract Name:** Mental Health Community Educational Event Services
	Provider: AltaMed Health Services Corporation **Contract Name:** Mental Health Community Educational Event Services

PEI: PREVENTION PROGRAMS	
Prevention Services and Support for Youth	**Provider:** Phoenix House Orange County, Inc. **Contract Name:** Group Educational Services
	Provider: Phoenix House Orange County, Inc. **Contract Name:** Family Interventions
Prevention Services and Support for Families	**Provider:** National Alliance on Mental Illness (NAMI) Orange County **Contract Name:** Family Support Services
	Provider: Tourette Association of America **Contract Name:** Family Support Services
	Provider: Multi-Ethnic Collaborative of Community Agencies (MECCA) **Contract Name**: Family Support Services
	Provider: Wellness and Prevention Foundation (WPF) **Contract Name:** Family Support Services
	Provider: The Priority Center Ending the Generational Cycle of Trauma, Inc. **Contract Name:** Family Support Services
	Provider: Olive Crest **Contract Name:** Family Support Services

PEI: SUICIDE PREVENTION	
Crisis Prevention Line (Hotline) and Survivor Support Services	**Provider:** Didi Hirsch Psychiatric Service dba Didi Hirsch Mental Health Services **Contract Name:** Suicide Prevention and Support Services

PEI: ACCESS AND LINKAGE TO TREATMENT/SERVICES	
OC Links (PEI)	**Provider:** County
OC Outreach and Engagement (O&E) for Homeless	**Provider:** County
Integrated Justice Involved Services (combination of the Jail to Community Re-entry Program (JCRP) and Re-Entry Adult Success Center	**Provider:** County

PEI: EARLY INTERVENTION	
Community Counseling and Supportive Services (CCSS)	**Provider:** County
School-Based Mental Health Services	**Provider:** County
Early Intervention Services for Older Adults	**Provider:** Multi-Ethnic Collaborative of Community Agencies (MECCA) **Contract Name:** Early Intervention Services for Older Adults
	Provider: Council on Aging Southern California **Contract Name:** Early Intervention Services for Older Adults
OC Parent Wellness Program	**Provider:** County
First Onset of Psychiatric Illness (OC CREW)	**Provider:** County
OC4 Vets	**Provider:** County **Provider:** Working Wardrobes for a New Start **Contract Name:** Veteran Behavioral Health Peer Support Services
	Provider: United States Veterans Initiative **Contract Name:** Early Intervention Services for Veteran College Students
	Provider: Child Guidance Center, Inc. **Contract Name:** Behavioral Health Services for Military Families

CSS: CRISIS SYSTEM OF CARE	
Mobile Crisis Assessment Team/PERT	**Provider:** County
Crisis Stabilization Units	**Provider:** Exodus Recovery, Inc. **Contract Name:** Crisis Stabilization Services
	Provider: College Hospital Costa Mesa **Contract Name:** CSU, LLC, dba College Hospital Crisis Stabilization Unit
	Provider: CEP America-Psychiatry, PC dba Vituity **Contract Name:** Psychiatric and Basic Medical Services
In Home Crisis Stabilization	**Provider:** The Priority Center Ending the Generational Cycle of Trauma, Inc. **Contract Name:** Children's In-Home Crisis Stabilization Services
	Provider: The Priority Center Ending the Generational Cycle of Trauma, Inc. **Contract Name:** Adults In-Home Crisis Stabilization Services
Crisis Residential	**Provider:** Waymakers (children) **Contract Name:** Children's Crisis Residential Services
	Provider: Waymakers (TAY) **Contract Name:** Transitional Age Youth Crisis Residential Services
	Provider: Telecare Corporation (Adult/OA) **Contract Name:** Adult Crisis Residential Services North Region
	Provider: STARS Behavioral Health Group **Contract Name:** Adult Crisis Residential Services Central Region
	Provider: Telecare Corporation (Adult/OA) **Contract Name:** Adult Crisis Residential Services South Region
	Provider: Exodus Recovery, Inc. **Contract Name:** Adult Crisis Residential Services North Campus
Warmline	**Provider:** National Alliance on Mental Illness (NAMI) Orange County **Contract Name:** Warmline Network Services
Open Access	**Provider:** County

CSS: PEER AND FAMILY SUPPORT	
Peer Mentor and Parent Partner Support	**Provider:** Clarvida **Contract Name:** Peer Mentoring Services for Adults and Older Adults
Wellness Centers	**Provider:** Clarvida **Contract Name:** Mental Health Peer Support and Wellness Center Services Central Region
	Provider: Clarvida **Contract Name:** Mental Health Peer Support and Wellness Center Services South Region
	Provider: Orange County Association for Mental Health dba Mental Health Association of Orange County **Contract Name:** Mental Health Peer Support and Wellness Center Services West Region
Transportation	**Provider:** CABCO Yellow, Inc. dba California Yellow Cab **Contract Name:** Non-Emergency Transportation Services
Supported Employment	**Provider:** Goodwill Industries of Orange County **Contract Name:** Adult Supported Employment Services

CSS: SYSTEM DEVELOPMENT OUTPATIENT CLINIC EXPANSION	
Children and Youth Clinic Services *(Formerly, in part, Youth Core Services)*	**Provider:** Western Youth Services **Contract Name:** Behavioral Health Outpatient Services for Children and Youth
	Provider: Child Guidance Center, Inc **Contract Name:** Behavioral Health Outpatient Services for Children and Youth
	Provider: Clarvida **Contract Name:** Behavioral Health Outpatient Services for Children and Youth
	Provider: Seneca Family of Agencies **Contract Name:** Behavioral Health Outpatient Services for Children and Youth
Services for Short-Term Residential Therapeutic Programs (STRTP)	**Provider:** New Alternatives, Inc. **Contract Name:** Short-Term Residential Therapeutic Programs
	Provider: Olive Crest **Contract Name:** Short-Term Residential Therapeutic Programs
	Provider: Rite of Passage Adolescent Treatment Centers and Schools, Inc. **Contract Name:** Short-Term Residential Therapeutic Programs

CSS: SYSTEM DEVELOPMENT OUTPATIENT CLINIC EXPANSION	
Services for Short-Term Residential Therapeutic Programs (STRTP)	**Provider:** Hart Community Homes **Contract Name:** Short-Term Residential Therapeutic Programs
	Provider: Mary's Shelter DBA Mary's Path **Contract Name:** Short-Term Residential Therapeutic Programs
	Provider: South Coast Children's Society, Inc **Contract Name:** Short-Term Residential Therapeutic Programs
Outpatient Recovery	**Provider:** Clarvida **Contract Name:** Adult Behavioral Health Outpatient Recovery Center Service
	Provider: Orange County Association for Mental Health dba Mental Health Association of Orange County **Contract Name:** Adult Behavioral Health Outpatient Recovery Center Service
	Provider: County
Older Adult Services	**Provider:** County

CSS: FULL SERVICE PARTNERSHIPS	
Children's and Transitional Aged Youth (TAY) Full Service Partnership/ Wraparound	**Provider:** Clarvida **Contract Name:** Transitional Age Youth Full Service Partnership/Wraparound Services
	Provider: Clarvida **Contract Name:** Children's Full Service Partnership/Wraparound Services
	Provider: Orange County Asian and Pacific Islander Community Alliance, Inc. **Contract Name:** Children and Transitional Age Youth Full Service Partnership/Wraparound Services
	Provider: Children's Hospital of Orange County, DBA CHOC Children's **Contract Name:** Children and Transitional Age youth Full Service Partnership/Wraparound Services for Co-Occurring Disorders

CSS: FULL SERVICE PARTNERSHIPS	
Children's and Transitional Aged Youth (TAY) Full Service Partnership/ Wraparound	**Provider:** Waymakers **Contract Name:** Collaborative Courts Full Service Partnership/Wraparound Services
	Provider: Waymakers **Contract Name:** Full Service Partnership/Wraparound Services for Youthful Offenders
Adult Full Service Partnership	**Provider:** College Community Services **Contract Name:** Criminal Justice Full Service Partnership Services
	Provider: Telecare Corporation **Contract Name:** General Population Region A Full Service Partnership Services
	Provider: Telecare Corporation **Contract Name:** General Population Region B Full Service Partnership Services
	Provider: Telecare Corporation **Contract Name:** General Population Region C Full Service Partnership Services
	Provider: Telecare Corporation **Contract Name:** Assisted Outpatient Treatment Full Service Partnership Services
	Provider: Telecare Corporation **Contract Name:** Collaborative Court Full Service Partnership Services
	Provider: Telecare Corporation **Contract Name:** Enhanced Recovery Full Service Partnership Services
	Provider: Orange County Asian and Pacific Islander Community Alliance, Inc. **Contract Name:** Vietnamese Speaking Full Service Partnership Services
Older Adult Full Service Partnership	**Provider:** College Community Services **Contract Name:** Older Adult Full Service Partnership Services
Home First FSP	**Provider:** Telecare **Contract Name:** Supportive Services at Permanent Housing

OUTPATIENT TREATMENT: PROGRAM FOR ASSERTIVE COMMUNITY TREATMENT	
PACT	**Provider:** County

CSS: SUPPORTIVE SERVICES-HOUSING SUPPORT	
Housing and Year-Round Emergency Shelter	**Provider:** Grandma's House of Hope **Contract Name:** Short Term Housing Services
	Provider: Friendship Shelter **Contract Name:** Short Term Housing Services
	Provider: Mercy House **Contract Name:** Bridges at Kraemer Place
	Provider: PATH **Contract Name:** Yale Navigation Center
Bridge Housing for the Homeless	**Provider:** Grandma's House of Hope **Contract Name:** Homeless Bridge Housing Services
	Provider: Friendship Shelter **Contract Name:** Homeless Bridge Housing Services
	Provider: Colette's Children's Home **Contract Name:** Homeless Bridge Housing Services
CSS Housing	**Provider:** County

INNOVATION	
Psychiatric Advance Directives Part II	**Fiscal Intermediary Provider:** Syracuse University **Participation Agreement Name:** Psychiatric Advance Directives **Evaluation Provider:** Syracuse University **Contract Name:** Evaluation of The Psychiatric Advance Directives Project
Orange County Community Program Planning	**Provider:** County and Contracted Providers (TBD)
Program for Valued Outpatient Treatment (PIVOT)	**Provider:** County and Contracted Providers (TBD)
Young Adult Court	**Provider:** Regents of the University of California **Contract Name:** Young Adult Court Innovation Project

WORKFORCE, EDUCATION AND TRAINING	
Psychiatric Advance Directives Part II	**Provider:** Pacific Clinics **Contract Name:** Recovery Education Institute Services

PUBLIC COMMENT AND RESPONSES

Orange County Health Care Agency
Behavioral Health Services
MHSA Coordination Office
405 W. 5th St.
Santa Ana, CA 92701

Phone: (714) 834-3104 E-mail: mhsa@ochca.com

Mental Health Services Act

30-Day Public Comment Form

English Español Tiếng Việt فارسی العربية 한국어 简体中文

What group(s) do you represent? (Select all that apply)

Current or Former Consumer of Mental Health Services	Student/Intern
Current or Former Consumer of Alcohol and Drug Services	Veterans/Military Service
Family Member	Community Based Organization
Service Provider	Faith Community
Law Enforcement/Criminal Justice	Behavioral Health Advisory Board (BHAB) Member
Education	Other (please state) សមាជិកក្រុមសហគមន៍ Community Member
Social/Human Services	

What is your general feeling about the MHSA Plan in Orange County?

Very satisfied | (Somewhat Satisfied) | Satisfied | Unsatisfied | Very Unsatisfied

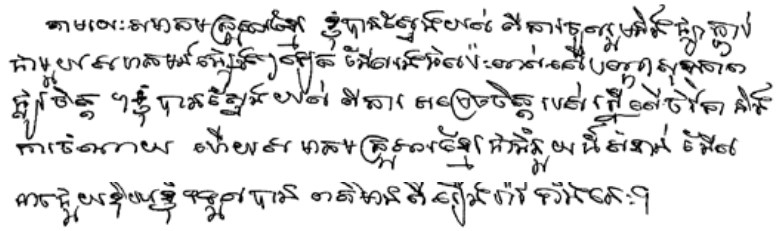
Do you have other concerns not addressed in this discussion?

ខ្ញុំបានចូលរួមក្នុងកម្មវិធីសេវាកម្មការពារជំងឺសម្រាប់មនុស្សចាស់ទាំងអស់ដែលមានវ័យចាស់ជរា (EISOA) ហើយវាមានសារៈសំខាន់សម្រាប់សុខភាពផ្លូវចិត្តរបស់ខ្ញុំ និងសង្គមរបស់ខ្ញុំ។ ក្នុងនាមជាសមាជិកសហគមន៍ដែលមិនសូវចេះនិយាយភាសាអង់គ្លេសច្បាស់ ការយល់ដឹងពីផែនការ MHSA គឺពិបាក ប៉ុន្តែជាមួយនឹងជំនួយពីអ្នកបកប្រែសហគមន៍ខ្មែរ ខ្ញុំយ៉ាងហោចណាស់អាចយល់ថាសេវាកម្មការពារជំងឺទាំងនេះសម្រាប់មនុស្សដូចជាខ្ញុំនឹងត្រូវបានកាត់បន្ថយ។ នេះមិនអាចកើតឡើងបានទេ ដោយសារសេវាកម្មទាំងនេះមានសារៈសំខាន់សម្រាប់ខ្ញុំ និងសហគមន៍របស់ខ្ញុំដែលជួបប្រទះនូវការមើលងាយច្រើនជុំវិញសុខភាពផ្លូវចិត្ត។

I have been involved with The Cambodian Family's Early Intervention Services for Older Adults (EISOA) and it has been important for my mental health and my socializing. As a community member who cannot speak English very well, it is difficult to understand the MHSA plan, but with the help of Cambodian community translators, I can at least understand that these Early Intervention services for people like me will be getting reduced. This cannot happen, because these services are so important for me and my community who experience a lot of stigma around mental health.

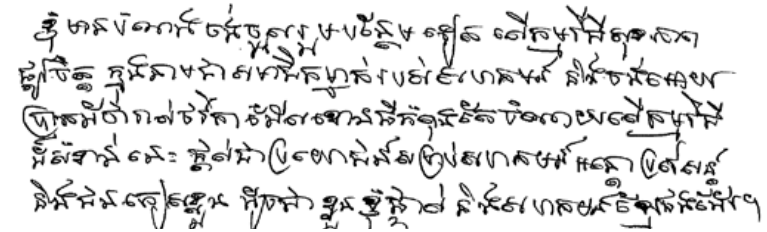
Through The Cambodian Family, I learned about how community members can get involved and how to get connected with other communities that the MHSA affects. I learned that the state decides how money in our community is spent, and The Cambodian Family helped me get and understand that information.

What did you learn about the MHSA Plan?



I would like to join in more mental health services as a member of my community and would like to make sure that all the county's budget benefits immigrants and refugees like me and the Cambodian community.

What else would you like to learn about the MHSA process?



I would like to learn how to get more involved in the MHSA as a community member, and to make sure that the money the county is spending on these important programs will benefit immigrants and refugees, like me and the Cambodian people I represent.

Thank you for taking time to review and provide input on the MHSA Plan in Orange County.

PERSONAL INFORMATION (Optional)

Name (First & Last) Bu Te

Agency/Organization

Cambodian Community Member Representative

Phone Number: 901-834-3536

Email:

Mailing Address (street): 10471 Perdido St.,

City, State, ZIP Anaheim, CA 92804

Orange County Health Care Agency
Behavioral Health Services
MHSA Coordination Office
405 W. 5th St.
Santa Ana, CA 92701

Phone: (714) 834-3104 E-mail: mhsa@ochca.com

Mental Health Services Act

30-Day Public Comment Form

English Español Tiếng Việt العربية فارسی 한국어 简体中文

What group(s) do you represent? (Select all that apply)

Current or Former Consumer of Mental Health Services	Student/Intern
Current or Former Consumer of Alcohol and Drug Services	Veterans/Military Service
Family Member	Community Based Organization
Service Provider	Faith Community
Law Enforcement/Criminal Justice	Behavioral Health Advisory Board (BHAB) Member

Education

Other (please state)

សមាជិកក្នុងសហគមន៍

Community Member

Social/Human Services

What is your general feeling about the MHSA Plan in Orange County?

Very satisfied | Somewhat Satisfied | Satisfied | Unsatisfied | Very Unsatisfied

Do you have other concerns not addressed in this discussion?

ខាស ជាសមាជិកក្នុងសហគមន៍ខ្ញុំ ដែលបានទទួលសេវាកម្ម ការការពារជាមុន
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នៃសេវាកម្មនេះ សម្រាប់ សុខភាពផ្លូវចិត្ត របស់ខ្ញុំ និងសហគមន៍ របស់ខ្ញុំ
ការបន្ត ការគាំទ្រ និង ជួយឲ្យសេវាកម្ម លំហាត់ប្រាណ case management
ក្លាក់ សំខាន់ត្រាណត្រូម ការគាំទ្រ ទំនាក់ ទំនង សង្គម បានជួយឲ្យ បរិយាកាស ជុំវិញ
ខ្ញុំកាន់តែ ប្រើនត្រ ងាយ ជាជាក់ ប្រែង ភាសា អង្គុយ និងជាក់ ចូលសញ្ជាត
ជាដើម ។ ការបន្តការគាំទ្រ កម្មវិធី អាងលើ ពីកដាបានជួយ ដើម្បី សុខភាពផ្លូវ
ចិត្តយើងខ្ញុំ បានប្រសើ ឡើង និងការពារដល់ សុខភាពផ្លូវចិត្ត ដែលនាំឲ្យ ចាស ការ
ជឿជាយ ។ ដូ សើ ការពារបាល ត្រើន សម្រាប់ ខ្លួន ខ្ញុំ និង សង្គម ។

I am one of many Cambodians who have received Early Intervention Services for Older Adults (EISOA) through The Cambodian Family. I've seen firsthand how important mental health programs are for both me and my community. Continued support for these services allows The Cambodian Family to offer such as:

exercise classes, ESL classes, and civics classes — all of which play a vital role in improving our mental well-being and strengthening our community.

With The Cambodian Family Community Center, I learned more about issues related to mental health — including the potential budget cuts affecting some mental health programs and the name changed from MHSA to BHSA. Honestly, I'm not sure how to access these services if mental health support ends up being reduced or cut off.

I plan to become more involved in the mental health program and continue supporting healthcare services. I also want to take part in discussions about the county's budget allocation to help ensure that the resources are beneficial to immigrants and refugees like myself.

What did you learn about the MHSA Plan?

តាមរយៈសហគមន៍ខ្ញុំ ធ្វើឲ្យខ្ញុំ បានដឹងពីការងារ ការពារ
បញ្ហាកម្មវិធី សេវាភាពផ្លូវចិត្ត អំពី ការភាគីពាក់ព័ន្ធ សេវាកម្ម
អំពីកញ្ចប់ ចិត្តការណ៍កម្មវិធី ចុងចប់ និងការដាក់ ប្តូរ ឈ្មោះ ពីMHSA ទៅ
BHSA ហើយវា មិនដឹង ថា តើត្រូវចូលទាក់ ទំនង សេវាកម្ម ដែរអស់ ឬ យ៉ាងណា
ប្រសិនបើ សេវាកម្ម សុខភាពផ្លូវចិត្តត្រូវ បាន ផ្តាច់

The Cambodian family helped me with the information related to mental health issues, building the relationships with people surrounded and being a supporter for those seeking the mental health services.

What else would you like to learn about the MHSA process?

ចុំបានបំណងចង់ ចូលរួម បង្កើត សេវាកម្មវិធី សុខភាពផ្លូវចិត្ត
ការបន្តការគ្រែ សេវាកម្មវិធី សុខភាព ការពារបង្កើនឱកាស កញ្ចប់ ថវិការ ដើម្បីឲ្យគ្រួសារ
ជាតិ ដទៃការ ផ្តល់ ឆោនដែ ។ ចង់ ទាក់ទង ចែកចាយ សេវាកម្មវិធី
នៃ សំខាន ដោះ ផ្តួល ជារប្រយោជន៍ សម្រាប់ សហគមន៍ អន្តោប្រវេសន៍ និងជន
ភៀសខ្លួន ដែល ជា ខ្លួន ខ្ញុំ ផ្ទុក ។

I have encouraged to anticipate the mental health program, actively support in the progress of mental health service, and learning on budget expenses in order to make sure the significance amount of budgets had used from the county spending in the beneficial for the immigration and also the refugee such as myself that is the only hope to push up for the mental and physical health.

Thank you for taking time to review and provide input on the MHSA Plan in Orange County.

PERSONAL INFORMATION (Optional)

Name (First & Last) ថារី Thary

Agency/Organization តំណាងសមាជិកក្នុងសហគមន៍ខ្មែរ
Cambodian Community Representative

Phone Number: 657.351.80.74

Email: មិនមាន

Mailing Address (street): 12.14 E Madison Apt.C

City, State, ZIP Santa.Ana.C.A 92707

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Mental Health Services Act

30-Day Public Comment Form

Q10.
What group(s) do you represent? (Select all that apply)

- ☐ Current or Former Consumer of Mental Health Services
- ☐ Current or Former Consumer of Alcohol and Drug Services
- ☐ Family Member
- ☑ Service Provider
- ☐ Law Enforcement/Criminal Justice
- ☐ Education
- ☐ Social/Human Services
- ☐ Student/Intern
- ☐ Veterans/Military Service
- ☐ Community Based Organization
- ☐ Faith Community
- ☐ Behavioral Health Advisory Board (BHAB) Member
- ☐ Other (please state)

Q12.
What is your general feeling about the MHSA Plan in Orange County?

Very satisfied	Somewhat Satisfied	Satisfied	Unsatisfied	Very Unsatisfied
☐	☐	☑	☐	☐

Q11.
Do you have other concerns not addressed in this discussion?

I have a great concern about the amount of PEI services that need to be eliminated and the impact it will have on Orange County and the state. I understand that the new law is making it so PEI will not be at the local level and all the progress that has been made is now being taken away. Michelle has been very transparent at her meetings about what is happening and I am appreciative of how transparent she has been.

Q12.
What did you learn about the MHSA Plan?

That we are reducing millions of dollars.

Q13.
What else would you like to learn about the MHSA process?

I would like to recommend that we make sure that how we budget in the future lets us roll money over to eliminate having to make drastic cuts.

Q1.
Thank you for taking time to review and provide input on the MHSA Plan in Orange County.

PERSONAL INFORMATION (Optional)

Q2. Name (First & Last)

Q3. Agency/Organization

Q4. Phone Number

Q5. Email

Q6. Mailing Address (street)

Q7. City, State, ZIP

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Q12.
What is your general feeling about the MHSA Plan in Orange County?

Very satisfied	Somewhat Satisfied	Satisfied	Unsatisfied	Very Unsatisfied
☐	☐	☑	☐	☐

Q11.
Do you have other concerns not addressed in this discussion?

I have concern about Prop 1 starting.

Q12.
What did you learn about the MHSA Plan?

The plan is exactly as the MHSA team said it would be during the PAC meetings. No surprises.

Q13.
What else would you like to learn about the MHSA process?

The amount of money that will be available in the future under BHSA.

Q1.
Thank you for taking time to review and provide input on the MHSA Plan in Orange County.

PERSONAL INFORMATION (Optional)

Q2. Name (First & Last)

Q3. Agency/Organization

Q4. Phone Number

Q5. Email

Q6. Mailing Address (street)

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- ☐ Faith Community
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- ☐ Other (please state)

Q12.
What is your general feeling about the MHSA Plan in Orange County?

Very satisfied	Somewhat Satisfied	Satisfied	Unsatisfied	Very Unsatisfied
☐	☐	☐	☑	☐

Q11.
Do you have other concerns not addressed in this discussion?

How do you become and FSP or CPT partner? how will these funds be distributed and who will vote on this? How can entities apply for funds?

Q12.
What did you learn about the MHSA Plan?

Q13.
What else would you like to learn about the MHSA process?

What entities will be providing these services? Will other counties be able to be partners with BHSAOC?

Q1.
Thank you for taking time to review and provide input on the MHSA Plan in Orange County.

PERSONAL INFORMATION (Optional)

Q2. Name (First & Last)

Rosario Olivera

Q3. Agency/Organization

Dr. Patricia's Health Club

Q4. Phone Number

714-549-6440

Q5. Email

Rolivera@drribahc.org

Q6. Mailing Address (street)

211 E. Columbine Ave Unit D

Q7. City, State, ZIP

Santa Ana, CA 92707

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- ☐ Faith Community
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Q12.
What is your general feeling about the MHSA Plan in Orange County?

Very satisfied	Somewhat Satisfied	Satisfied	Unsatisfied	Very Unsatisfied
☐	☐	☑	☐	☐

Q11.
Do you have other concerns not addressed in this discussion?

Looks good!

Q12.
What did you learn about the MHSA Plan?

Lots of great information.

Q13.
What else would you like to learn about the MHSA process?

How is this going to change in the next couple of years?

Q1.
Thank you for taking time to review and provide input on the MHSA Plan in Orange County.

PERSONAL INFORMATION (Optional)

Q2. Name (First & Last)

Q3. Agency/Organization

Q4. Phone Number

Q5. Email

Q6. Mailing Address (street)

Q7. City, State, ZIP

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- ☐ Faith Community
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- ☐ Other (please state)

Q12.
What is your general feeling about the MHSA Plan in Orange County?

Very satisfied	Somewhat Satisfied	Satisfied	Unsatisfied	Very Unsatisfied
☑	☐	☐	☐	☐

Q11.
Do you have other concerns not addressed in this discussion?

It's unfortunate that PEI services are now moving to the state.

Q12.
What did you learn about the MHSA Plan?

It appears that Michelle and her team have been transparent about what was happening.. This is much appreciated. The plan is moving along as expected.

Q13.
What else would you like to learn about the MHSA process?

I am satisfied for now. Thank you.

Q1.
Thank you for taking time to review and provide input on the MHSA Plan in Orange County.

PERSONAL INFORMATION (Optional)

Q2. Name (First & Last)

Q3. Agency/Organization

Q4. Phone Number

Q5. Email

Q6. Mailing Address (street)

Q7. City, State, ZIP

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Q12.
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Q11.
Do you have other concerns not addressed in this discussion?

I recognize the large effort to create a 200-page amendment, it is too much to discuss individual program,s here, my concern i ; Pg 7 Proposed CSS spending does not match the fiscal section on pages 194-200., Pages 19-20 Demographic Section Census vs PEI/CSS use different age bands. One section that is consistent, Adults 60+ suggests significant under delivery (Census 23%, CSS 6%, PEI 4%). Page 21- Culturally and Linguistically Congruent does not integrate data from the annual state submission for the Cultural Competency Plan Amendment., A review of the BHEC webpage will show delayed reporting of agendas. minutes, no committee postings and only 4 of 12 annual meetings are open to the public, Page 22 - How much did the county spend on community planning versus what status allows, Annual Revenue and Expenditure Report (ARER) submitted annually to the state (12/31/xx) will show past history Page 25 BHSA CPP Framework shows no direct access to the community and seems out of sync with WIC 5604.2 Pages 35- 167 for PEI and CSS do not show program details for individual FSPs, CEO financial reporting shows significant variations in spending, County meets monthly with contacted providers, to review spending and outcomes- would be nice if the plan offered a mid year FY 24/25 status (July – December 2024), there is no research of community awareness of OC Links, OC Navigator and NAMI OC Warmline to learn and access services nor an indication of a relationship to 211 OC or the Carelon MHP Beneficiary line) Pages 194-200 Fiscal Section Page 194- Why is PEI Administration at 33% of total versus all other areas at 10% and below. What does $32.4 million in total plan administration deliver in staff and services, other? What is the source of $9.7m in “Other Funds). What is county general funds investment? What is the plan to increase Med-Cal FFP across programs and particularly the certified peers.

Q12.
What did you learn about the MHSA Plan?

Q13.
What else would you like to learn about the MHSA process?

Q1.
Thank you for taking time to review and provide input on the MHSA Plan in Orange County.

PERSONAL INFORMATION (Optional)

Q2. Name (First & Last)

Steve is McNally

Q3. Agency/Organization

Comments As an Individual Family Member- Adult Son with Schizophrenia

Q4. Phone Number

7146001499

Q5. Email

stmcnally1@gmail.com

Q6. Mailing Address (street)

1931 Anaheim Avenue

Q7. City, State, ZIP

Costa Mesa

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- [x] Student/Intern
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Q12.
What is your general feeling about the MHSA Plan in Orange County?

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Q11.
Do you have other concerns not addressed in this discussion?

According to HCA, the MHSA office's community program planning process allows behavioral health services to "Establish and maintain a two-way communication pathway for community-identified areas of improvement, who are introduced into BHS's larger process improvement efforts and report results back to the larger community" (Mental Health Services Act Annual Update, 2025, p. 17). What two-way communication pathway is currently established and maintained, and how will that be enhanced with the transformations related to Prop 1? How has MHSA reported results to the larger community that reflect culturally and linguistically appropriate efforts, which are available to the public and accessible for reviewing the identified areas of improvement and the improvement efforts taken?

Q12.
What did you learn about the MHSA Plan?

Engaging, collecting, and tracking the communities served is an opportunity for improvement. The County of Orange can employ other strategies to attract vacancies and qualified employees to help serve the behavioral, mental, and substance-use service needs within Orange County. The fiscal impact related to Prop 1 will profoundly impact the County's services and programs, which may hinder the Behavioral Health infrastructure that has been continuously built since 2004.

Q13.
What else would you like to learn about the MHSA process?

Under Service for Transitional Age Youth (TAY) and Young Adults, reported "Student participation and ongoing engagement of students especially during the school year continues to be a challenge" (Mental Health Services Act Annual Update, 2025, p. 56). How were engaging students deployed, and what participant strategies were executed? It seems that services were designed to support, engage, and empower through Community Networking Services, Outreach Services, and Education Activities. Connect OC was identified as a way of disseminating information. Maybe Connect OC was not an effective resource tool that produced the anticipated outcome. Additionally, the participants served by demographics reported that sixty percent (60%) declined to state/not reported for age, gender, and race/ethnicity criteria, which is a unique behavior that leads to the question of why that was the primary choice. Was the demographic tracking communicated to emphasize its importance towards improvements and appropriate utilization of funding? Under the Mental Wellness Campaign, it was reported that "one challenge seems to be the participants' unwillingness to complete the survey to collect demographic and other data" (Mental Health Services Act Annual Update, 2025, p. 61). Yet, it was mentioned that a solution was to add a data collection mechanism leveraging Qualtrics to capture information. The ability to capture the demographics to understand who the County serves seems to be a thematic challenge. Is Qualtrics a resource tool utilized and streamlined across all BHS services and programs to mitigate the challenges reported?

Q1.
Thank you for taking time to review and provide input on the MHSA Plan in Orange County.

PERSONAL INFORMATION (Optional)

Q2. Name (First & Last)

Q3. Agency/Organization

Q4. Phone Number

Q5. Email

Q6. Mailing Address (street)

Q7. City, State, ZIP

92870

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- [x] Community Based Organization
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Q12.
What is your general feeling about the MHSA Plan in Orange County?

Very satisfied	Somewhat Satisfied	Satisfied	Unsatisfied	Very Unsatisfied
☐	☐	☑	☐	☐

Q11.
Do you have other concerns not addressed in this discussion?

I strongly believe in the importance of early intervention, prevention and promotion to support young children and families in our county. I would like to see funding secured and expanded for Infant and Early Childhood Mental Health Consultation.

Q12.
What did you learn about the MHSA Plan?

It looks like the county will be loosing many essential Mental Health supports in the coming years.

Q13.
What else would you like to learn about the MHSA process?

Q1.
Thank you for taking time to review and provide input on the MHSA Plan in Orange County.

PERSONAL INFORMATION (Optional)

Q2. Name (First & Last)

Q3. Agency/Organization

Q4. Phone Number

Q5. Email

Q6. Mailing Address (street)

Q7. City, State, ZIP

BEHAVIORAL HEALTH ADVISORY BOARD PUBLIC HEARING MINUTES

County of Orange
Behavioral Health Advisory Board

405 W. 5th Street
Santa Ana, CA 92701
TEL: (714) 834-5481
MHB Website:
http://ochealthinfo.com/bhs/about/mhb

Wednesday, April 9, 2025
10:00 a.m. – 11:45 a.m.

Meeting Location:
601 N. Ross St., (MPR Room) Santa Ana, CA 92701
Hybrid Option for members of the Public:
https://zoom.us/j/99364554212
Meeting ID: ID: 993 6455 4212
Call In: +1 301 715 8592

MINUTES
Page 1 of 3

BOARD OF SUPERVISORS

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Second District

Hector Bustos

Stephen McNally

Linda Smith

Duan Tran, MSW

Chase Wickersham

Carla DiCandia

Michell Fernandez

Danielle Sena

Members Present: Alan Albright, Frederick Williams Supervisor Sarmiento's Office, Hector Bustos, Carla DiCandia, Steve McNally, Danielle Sena, Linda Smith, Duan Tran, Chase Wickersham

Members Absent: Michell Fernandez

Staff Present: Ian Kemmer, Linda Molina, Michelle Smith, Anthony Padilla, Karla Perez, Amy Nguyen, Min Suh, Ryan Yowell, Brad Hutchins, Bhuvana Rao, Terri Styner, Lesa Weinert, Diane Holley, Flor Yousefian Tehrani, Anthony Le, Andrea Gutierrez, Xyanya Garza, John Crump, Sophia Valdez

Call to Order

- The meeting was called to order at 10:07 a.m. by Alan Albright who then led the group in the Pledge of Allegiance.

Welcome and Introductions

- Each member introduced themselves.

Public Comment

There was no public comment.

Opening of MHSA Public Hearing

Alan Albright opened the Mental Health Services Act (MHSA) Public Hearing at 10:13 a.m.

Overview of the MHSA Community Program Planning Process for the MHSA Annual Update Plan FY 2025 - 26:

Michelle Smith provided an overview of the Mental Health Services Act (MHSA), its purpose, the MHSA Annual Update for FY 2025-26, and the purpose and process of a public hearing. Michelle provided an overview of what BHS does to reach out to the community, the carious committees and system planning meetings in place, and promotional efforts done in order to increase community engagement with the Annual

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Wednesday, April 9, 2025
MINUTES

HEALTH CARE AGENCY

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Update amongst the county's diverse population. Michelle shared information regarding numerous virtual meetings held to go over the Annual Update. She also included information from the website and social media postings, statistics on emails that were sent out, along with the open rates of the various emails. The Plan Update was disseminated through a press release to 2,669 media contacts, an email and flyer were distributed to nearly 1,200 individuals, community partners and County/ County contracted agencies, and posting on the HCA website.

The Plan was posted from March 5, 2025, through April 7, 2025, for a total of 34 days and a total of 10 public comments were received. Michelle provided an overview of the public comments received and included information on stakeholder satisfaction. The public comments received included the following: concern for reduction of funds for Prevention and Early Intervention programs and impact of Prop 1, availability of funds under BHSA and how that would affect programs in the upcoming years, how to become a FSP and partner with BHSOAC, alignment of data points, information about the Community Planning Process, and acknowledgement of the MHSA team efforts around transparency. Copies of the full comments received were provided to the BHAB members and were publicly available for the public present at the meeting.

Chase Wickersham inquired about the costs of outreach for the Annual Update. Michelle shared that current costs come from the time and wages of BHS staff, and future costs will include community-based organizations and expert consultants to expand infrastructure for community program planning.

Public Comment

- Mr. John Tran
  Mr. John expressed gratitude for the services and support he has received through the programs he has participated in.

- Sovunnrung Huk
  Ms. Sovunnrung Huk is a Cambodian community member. She shared how important Early Intervention Services for Older Adults (EISOA) have been and how much it has helped her and her community. She expressed how the removal of EISOA services will affect both her and the Cambodian community.

- Ms. Nahla Kayali
  Ms. Nahla Kayal is the founder and executive director of Access California Services, working with the newcomer, refugee and immigrant community. She shared how the MHSA/BHSA budget changes included cuts to programs that were utilized by the community. Mentioned that their staff are culturally sensitive to the community.

- Ms. Michell Fernandez
  Ms. Michell Fernandez commented on community awareness and cultural stigmas surrounding mental health. Community awareness overall is improving, and she suggested targeting minority and economically challenged communities.

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Feedback from the BHAB Members:

- Ahmad Vasila from Supervisor Sarmiento's office commended Michelle and her team for organizing the information and their outreach efforts to make the community aware about the Annual Update.
- Steve McNally expressed concern about community education and awareness about the Annual Update and wanted to see guidance for the providers to find alternative sources of funding and for community on accessing alternative services once programs have ended.
- Chase Wickersham complimented the MHSA Team for their outreach efforts. Chase commented that community will understand the program changes when the try to look for services that are no longer available, and wanted to know if there are plans to track the calls or requests for assistance for the programs that have ended. Michelle confirmed that there will be a metric for that in the plan.
- Linda Smith encouraged subcommittee meetings attendance. Linda thanked Michelle for her efforts in making the community aware about the plan update and for addressing BHAB's prior concerns.
- Alan Albright highlighted that although there have been plans made to accommodate the changes in MHSA funding to other sources, the group should stay proactive as those sources as still subject to volatility, for example federal funding sources.
- Steve McNally had an inquiry about increasing federal funds. Ian Kemmer explained that staff have been instructed to operate and bill at the highest level possible for their classification, which will increase revenue. BHS is also reviewing programs' productivity measures via billing services instead of hours worked. Programs are evaluating the non-billable services provided. Rates have changed, after the next 6-8 months, the team will have a better sense of the increased income.

Vote to affirm the Community Planning Process met the requirements.

- Alan called for motion to affirm that the community planning process met the requirements as outlined in statute Linda moved the item and Fred second the motion. The BHAB voted via roll call, the item passed 9 Yes / 1 No.

Close of Public Hearing

- Alan Albright closed the Public Hearing at 12:08 p.m.

Announcements:

- BAHB Subcommittee Meetings
- Meeting of the Minds, April 25, 2025

Adjournment: The meeting adjourned at 11:41 a.m.

Officially submitted by: Karla Perez ** *Note copies of all writings pertaining to items in these BHAB meetings are available for public review in the Behavioral Health Services Advisory Board Office, 05 W. 5th St., Santa Ana, CA 92701, 714.834.5481 or Email: OCBHAB@ochca.com* **

ORANGE COUNTY BOARD OF SUPERVISORS MINUTE ORDER