

INNOVATIVE PROJECT PLAN

COMPLETE APPLICATION CHECKLIST

Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission:

Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. Budget should be consistent with what has (or will be) presented to Board of Supervisors.
(Refer to CCR Title9, Sections 3910-3935 for Innovation Regulations and Requirements)

Local Mental Health Board approval Approval Date: March 27, 2019

Completed 30 day public comment period
Comment Period: Feb 15, 2019 – March 17, 2019

BOS approval date Approval Date: April 9, 2019

If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled: _____

Note: For those Counties that require INN approval from MHSOAC prior to their county's BOS approval, the MHSOAC may issue contingency approvals for INN projects pending BOS approval on a case-by-case basis.

Desired Presentation Date for Commission: May 23, 2019

Note: Date requested above is not guaranteed until MHSOAC staff verifies all requirements have been met.

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County Name: County of Orange

Date submitted: April 12, 2019

Project Title: Behavioral Health System Transformation: Identifying the building blocks for a culturally responsive and inclusive system no matter who is paying

Total amount requested: \$18,000,000

Duration of project: 3 years

Summary Statement: **Create a payer agnostic system where high-level, inter-agency fiscal and administrative coordination occurs so that local providers can serve all Orange County residents regardless of their insurance status (i.e., insured, uninsured), insurance type (MediCal, commercial, etc.), and/or level of clinical need (i.e., mild, moderate, severe).**

Section 1: Innovations Regulations Requirement Categories

General Requirement

The proposed project:

Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention

Primary Purpose

The proposed project:

Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes

Section 2: Project Overview

Primary Problem

Orange County consumers, family members, and providers have identified several barriers to accessing needed behavioral health services. In particular, local community planning efforts from 2016 to present have repeatedly identified the following needs, gaps and challenges to providing person-centered and quality-driven care:

- Many diverse communities (i.e., Veterans, LBGTQ, deaf and hard of hearing, monolingual communities, ethnic communities, etc.) remain unserved or underserved because the consumer must engage with a provider based on their approved insurance network rather than their cultural needs and preferences. By continuing to prioritize the approved payer source over person-centered needs, many traditionally unserved and under-served communities will remain marginalized from behavioral health services.

- Individuals who are not familiar with behavioral health systems often are unable to identify needed services without guidance because available resource directories largely tend to be outdated and/or incomplete with regard to program listings or information. Effective system navigation is further complicated when individuals and/or their families are eligible for services that are offered outside of their insurance plan as the overwhelming majority of individuals do not know how to navigate both public and private behavioral health systems.
- Families and other county stakeholders have expressed concern that program reporting focuses on quantity-based measures such as numbers served or units of service provided, rather than on quality-focused performance outcomes that evaluate the impact of services on improving the consumer's life. This disconnect between consumer values and system focus stems, in part, from current standards in contract development and monitoring that emphasize the quantity and timeliness of access to services, rather than their impact on improving lives.

One of the most significant underlying barriers to addressing the above challenges involves the fragmented public and private behavioral health systems. As a result, people too often don't get the right care at the right time and face obstacles to knowing where to turn for care – such as identifying what is available to them – and figuring out how to pay for services that fall outside of their existing health plan, if they have one.

Current Efforts to Address the Primary Problem

In 2016, a coalition of faith-based groups, hospitals, community-based mental health organizations, County agencies and other stakeholders, convened and formed what is now known as Be Well Orange County (OC). Co-created by a variety of public and private stakeholders across the county, Be Well OC brings together a community of action, leveraging collective power to transform behavioral health service delivery into a world class system of care. With acceptance that the behavioral health sector alone cannot solve all of the challenges of this complex and pervasive health challenge, Be Well OC brings together a robust, community-based, cross-sector strategy to transform systems and improve mental health and well-being. Be Well OC's vision is to establish a communitywide, coordinated ecosystem of optimal behavioral health care, supports and services. Be Well OC is organizing its initial activities and efforts around six key indicators identified and defined by its members (see Appendix A).

Be Well OC represents all of Orange County — public, private, academic and faith — and leverages the community's diverse yet complementary assets and expertise. Be Well OC is harnessing a best practice model known as Collective Impact, with a clearly defined leadership structure. Collective Impact is an innovative and powerful model for transforming systems and solving complex problems and recognizes that these problems cannot be addressed by a single system or organization. Instead, leaders, representing the many sectors of a community, collaborate and strategically organize relevant stakeholders to accomplish a population-wide outcome. Within Orange County, the following entities have

committed to providing backbone support and/or executive leadership to Be Well OC (see Appendix B for a complete list of all participating members):

- Anaheim Community Foundation
- Anaheim Union High School District
- Cal Optima
- Children’s Cause Orange County
- Children’s Hospital Orange County
- Disability Rights California
- First Five Orange County
- Irvine Company
- Kaiser Permanente Orange County
- MemorialCare Hospitals Orange County
- Mission Hospital
- My Clean City, Inc.
- Multi Ethnic Community of Collaborative Agencies
- NAMI Orange County
- Orange County Department of Education
- Orange County Health Care Agency
- Safety Net Connect
- St. Joseph Hoag Health
- United Way
- Western Youth Services

Proposed Project

Orange County residents have expressed concern that individuals seeking behavioral health care are limited in their access to services based on their insurance status (i.e., insured, uninsured), insurance type (i.e., MediCal, commercial, etc.); knowledge of what their health plan offers; and/or comfort with engaging in services that are available to them through their health plan. Rarely do consumers have the freedom to access services based on clinical and cultural needs if those services exist outside of their provider network. Yet when one considers the breadth and depth of behavioral health services available across the public, private and non-profit sectors, it becomes apparent that these limits to access are, in large part, an outgrowth of behavioral health systems that operate independently from one another and are organized within the constraints of their funding-based regulatory requirements (see Figure 1). This lack of formal collaboration across sectors has resulted in fragmentation of service delivery that impacts individuals’ access to and engagement in appropriate care.



Figure 1. Depiction of the existing fragmented behavioral health system, operating independently.

By employing a collective impact model, Orange County proposes to promote extensive interagency collaboration across multiple sectors in an effort to restructure the manner in which behavioral health care is provided to its residents. The goal identified by the community is not to create a single payer system but rather a “payer agnostic” system where high-level, inter-agency fiscal and administrative coordination occurs so that local providers can serve all Orange County residents regardless of their insurance status, insurance type and/or level of clinical need (i.e., mild, moderate, severe).

Stakeholders have acknowledged that high-level system re-organization must be broken into manageable, sequential steps designed to develop the infrastructure necessary to facilitate and support a system-level change of this magnitude. Thus, in this current three-year proposal Orange County will conduct in following:

- Extensive discussions with the State, local behavioral health organizations and private health plans to explore how and to what extent regulatory requirements attached to different behavioral health funding sources can be integrated and streamlined
- Extensive discussions with consumers, family members, providers and other local community stakeholders to identify the greatest barriers and challenges to accessing and engaging in needed care within the current systems and potential solutions

Orange County will then use the learnings from these discussions to identify ways to overcome system fragmentation and organize service delivery across sectors (see Figure 2). To achieve this end goal, transformational activities will need to occur at two levels simultaneously: 1) aligning legal, fiscal and regulatory requirements and 2) aligning local organizations in a unified navigation system.



Figure 2. Depiction of the future behavioral health system, operating interdependently.

System Transformation: Aligning Legal, Fiscal and Regulatory Requirements to Improve Quality of and Access to Services

As mentioned above, families and other local stakeholders have expressed concern that program reporting focuses on quantity-based measures such as numbers served or units of service provided, rather than on quality-focused performance outcomes that evaluate the impact the services had on improving the consumer's life. This disconnect between consumer values and system focus stems, in part, from the fact that organizations structure themselves within the constraints of their funding-based regulatory requirements, and these requirements emphasize the quantity and timeliness of access to services, rather than their impact on improving lives.

In addition, many diverse communities (i.e., Veterans, LBGTQ, deaf and hard of hearing, monolingual communities, ethnic communities, etc.) remain unserved or underserved because the consumer must engage with a provider based on their approved insurance network rather than on their cultural needs and preferences. By continuing to prioritize the approved payer source over person-centered needs, many traditionally unserved and underserved communities remain marginalized from behavioral health services (see Figure 3).

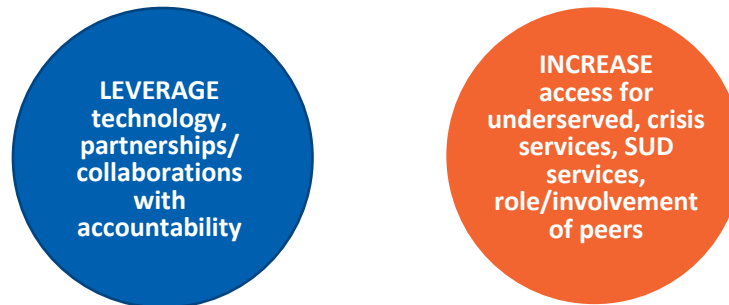


Figure 3. Orange County stakeholders have identified the need to increase access to services, as well as leverage technology and partnerships with accountability.

To address these system-level barriers, Orange County will work with State and local agencies, public and private health plans, and philanthropic and non-profit organizations to create a coordinated system of care that bridges these sectors and improves quality of and access to services. Activities will include, but not be limited to:

1. Identify available funding streams and all applicable State and Federal rules and regulations
2. Propose strategies to braid funds across the public, private and philanthropic/non-profit sectors
3. Explore the feasibility of a universal reimbursement rate/structure that encourages equal access to services regardless of insurance status, insurance type or level of clinical need
4. Host local planning meetings to help identify service provider qualifications and certifications, cultural background and training, etc. that would form the foundation for a culturally responsive and inclusive provider network

5. Host local planning meetings to identify community values and preferred performance standards
6. Operationalize identified values and performance standards into quantified outcome metrics
7. Develop methods to incentivize service delivery based on community-defined standards and to increase access to care for unserved and underserved communities
8. Streamline reporting processes so that participating agencies are able to comply with multiple sets of regulations and new performance outcome standards more easily
9. Host ongoing meetings with the Department of Health Care Services (DHCS) legal, fiscal, and regulatory teams for technical assistance, guidance and feedback on proposed strategies to align fiscal and regulatory requirements
10. Provide progress updates to the Mental Health Services Oversight and Accountability Commission (MHSOAC)

To the extent the above activities are successful, the proposed deliverables are:

1. **Develop and execute initial procurement and contracts designed to braid funds and include community-defined values and performance-based metrics (in addition to regulatory requirements)**
2. **Provide technical assistance for local providers, as needed, to prepare them for new contracting and performance standards**

If the above deliverables are achieved, Orange County will return to the Commission in the future with a separate Innovation proposal(s) to (1) explore whether local providers' ability to meet the new community defined standards for successful program performance is improved through formal, continuous quality improvement efforts and technical assistance provided by a local External Quality Review Organization, and/or (2) explore whether an integrated network of public, private and non-profit providers can be organized around a mutually agreed upon set of standards and is incentivized to serve unserved and underserved communities with mental health needs.

System Transformation: Aligning Local Organizations to Improve Service Navigation.

Individuals who are not familiar with behavioral health systems often are unable to identify needed services without guidance because available resource directories largely tend to be outdated as soon as they are published and/or are incomplete with regard to program listings or information. Effective system navigation is further complicated when individuals and/or their families are eligible for services that are offered outside of their insurance plan as the overwhelming majority of individuals do not know how to navigate both the public and private health sectors (see Figure 4).



Figure 4. Orange County stakeholders have identified the need to improve system navigation.

Orange County will seek to address these obstacles by partnering with local agencies and organizations to consolidate and integrate their disparate directories into a single source. The proposed electronic directory will give providers direct access for updating their program information online, as often as needed, so that the directory remains current. An optional, electronic Social Determinants Survey will also be developed so that individuals who are unsure of how to begin a search independently can receive computer-assisted guidance towards resources that are filtered and prioritized based on their reported needs.

Community trust in the resource directory will be established through standards identified by consumers and providers and used to curate the listed resources. Due to the large scale restructuring and collaborative effort, the directory will be rolled out in phases across the three-year project period.

Activities will include, but not be limited to:

1. Identify stakeholders to include in local planning meetings to discuss the following:
 - a. Outline the scope of directory, which will include the nature and types of services from the public, private and non-profit sectors that will be listed
 - b. Identify the phases of roll out and the specific service types to be included in each phase
 - c. Outline directory features, including real-time provider updates and consumer reviews
 - d. Create an optional social determinants survey, developed in collaboration with stakeholder input, which will guide the user search and prioritize suggested resources based on their needs
2. Provide progress updates to the MHSOAC
3. Build the digital resource directory
4. Beta test and revise the directory and the social determinants survey

To the extent the above activities are successful, the proposed deliverable is:

1. **Deploy the digital resource directory and social determinants survey. Deployment will begin with a small-scale pilot and gradually expand in scope through later phases until it is available to all Orange County residents.**

If successful in aligning local organizations to create a comprehensive and dynamic cross-sector resource directory that offers an optional guided search option, Orange County will return to the Commission in the future with a separate Innovation proposal to explore a new peer support model designed to improve how consumers and family members navigate and access behavioral health services available across the public, private and non-profit sectors.

Project Requirement

This project introduces a new practice or approach to the overall mental health system by seeking to identify the ways in which public and private funds can be braided to serve all Orange County residents, regardless of their insurance type or level of clinical need. The goal of this project is to create system level change, which will require interagency and community collaboration, as well as extensive development and capacity building activities.

How You Have Determined That Your Selected Approach Is Appropriate

This project proposes a transformational, system-level change through the development of a coordinated public and private behavioral health system. **A model for this type of cross-sector system currently does not exist and will require extensive collaboration with local and State organizations to change the currently fragmented system.**

Individuals to be Served Annually

The Behavioral Health System Transformation project is intended to explore the feasibility of a system level change. It does not propose to implement direct client services. As such, no individuals will be served in this project. However, if the proposed system transformation is successful, Orange County plans to return to the MHSOAC in the future with innovative client services proposals that naturally evolve out of the system-level changes.

Population to be Served

This project will not provide direct services. However, the system level changes will require extensive, ongoing community input from a diverse group of stakeholders individuals, including consumers, families, peers, community members, behavioral health care providers, members of faith organizations and the business community, and staff from hospitals, health systems, health plans, schools, colleges, universities, and County departments (including health, behavioral health, public health, social services, and education). There will be concerted efforts to engage marginalized and unserved communities and groups within Orange County.

Research on INN Component

Fundamentally, what distinguishes this proposal from other efforts in California and across the nation is the goal of creating a payer agnostic public and private behavioral health system that is responsive, coordinated, and accessible to all Orange County residents. While components of a payer agnostic model have been tried in other counties, including Orange County, these efforts have ultimately put the responsibility for resolving financial issues on the client or family. For example, in Orange County, Crisis Assessment and Psychiatric Emergency Response Teams provide around-the-clock field-based services to individuals

experiencing behavioral health crises. These services are provided regardless of the individual's insurance; however, individuals with private insurance frequently encounter challenges with insurance claims and medical billing when their eligible claim is denied and they are billed for the full cost of service.

In partnership with Stanford University School of Medicine, Santa Clara County has similarly embarked on a payer agnostic model through their allcove project. However, allcove focuses primarily on an integrated physical and mental health wellness center for youth ages 12 – 25, and the payer agnostic structure solely applies to the allcove sites. In contrast, Orange County is proposing an administrative system-level change that will not be limited to a specific location or site. Rather, Orange County envisions a system where public, private, philanthropic and other dollars are blended or braided so that it is truly possible for everyone to get the behavioral health care they need, at the right time and the right place, no matter who is paying. The ability to identify an infrastructure that can successfully braid public and private funds will transform mental health service delivery.

Learning Goals/Project Aims and Evaluation or Learning Plan

As described above, the current proposal strives to foster transformation of the behavioral health system by 1) aligning legal, fiscal and regulatory requirements across the public and private sectors and 2) by aligning local organizations' service navigation structure. Due to its focus on identifying methods to change processes and integrate policies across the public and private sectors, this project will utilize a formative evaluation. One of the key goals of a formative evaluation is to identify influences – both potential and real – on the progress and/or effectiveness of a project's implementation. Information is collected at all phases of execution and is used as part of a continuous feedback loop to improve the ultimate likelihood of successful project implementation.

Through focus groups, interviews, observational studies, and surveys of stakeholders, subject matter experts and meeting participants, the evaluation will allow Orange County to identify successful and unsuccessful strategies employed throughout the various project activities, including inter-agency and inter-departmental meetings and workgroups. Similarly, the formative evaluation will determine whether Orange County is able to identify ways to engage a diverse group of community stakeholders successfully and elicit meaningful participation, guidance and feedback. Based on ongoing learnings derived from project activities, the contracted evaluators will 1) offer recommendations as appropriate and needed so that project staff may course correct throughout the execution of the project and 2) assess whether those course corrections were adopted by staff and/or effective. The learning objectives for this project are described in more detail below:

Inter-Agency Learning Objectives:

- To what extent can Orange County develop a model that braids public and private funds to create a behavioral health system that serves all County residents, regardless of payer source and level of clinical need?

- At the conclusion of the project, what, if any, significant gaps or barriers remain in effectively creating an ideal payer agnostic system and what are potential solutions?
- To what extent can Orange County streamline and improve compliance, reporting and regulatory requirements in order to support providers participating in the payer agnostic system?
 - Compared to current business practices, do practices developed by this project streamline and/or simplify processes (e.g., reduced paperwork, efficiency achieved through a switch to automated and/or shared data systems, improved satisfaction with developed forms, etc.)?
- Based on survey and/or observational data, are specific meeting formats, group sizes, etc. more conducive to discussion, trouble-shooting, etc. among participating agencies?

Community Learning Objectives:

- What did community members identify as their key values when considering a behavioral health program's effectiveness and worth?
- How were these community values translated into performance metrics and program standards and, based on survey and/or focus group data, to what extent were community members satisfied with these operationalizations?
- Compared to existing community meeting attendance, was Orange County able to increase engagement by stakeholders from the underserved and unserved communities through new outreach strategies?
- Based on survey and/or observational data, were specific meeting formats, sizes, etc. more conducive to discussion, trouble-shooting, etc. among participating agencies?
 - Did satisfaction with and/or participation rates in specific meeting formats, group sizes, etc. differ across target populations?

Section 3: Additional Information for Regulatory Requirements

Contracting

Orange County will partner with one or more fiscal intermediary(ies) to jointly manage and evaluate this project.

Community Program Planning

Since 2016, Orange County community stakeholders (i.e., consumers, family members, and providers) have consistently identified the need to increase access to services, increase role/involvement of peers, improve system navigation, and leverage technology and partnerships with accountability. Specific concerns related to these broad themes were identified through robust community engagement at various stakeholder meetings held throughout the county (see Appendix C for details):

- Mental Health Services Act (MHSA) community planning meetings
- System-wide behavioral health services community engagement meetings

- Prevention and Early Intervention (PEI) community planning process
- MHSA Innovation community planning meetings
- Be Well Coalition meetings

The premise of this proposal in identifying how to create a payer agnostic and culturally responsive behavioral health system is a direct response to the core needs and gaps identified by local stakeholders (see Figure 5). The system-level changes outlined in this proposal represent the potential building blocks, or infrastructure, for a truly inclusive system.

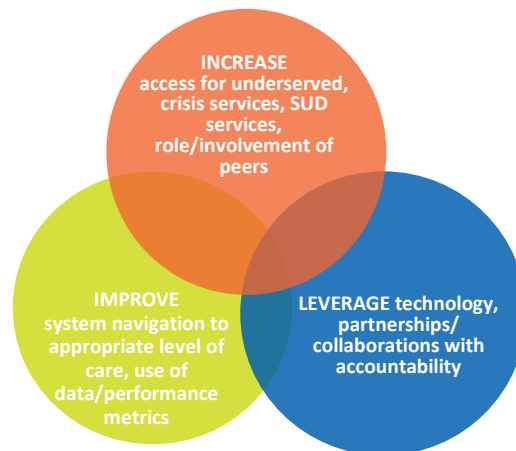


Figure 5. The needs and gaps identified by Orange County stakeholders represent the foundation of the Behavioral Health System Transformation Innovation proposal.

On January 28, 2019, the Behavioral Health System Transformation proposal was presented to the MHSA Steering Committee and received unanimous support. The project description was posted for 30-day public comment on February 15, 2019, and no public comments received. On March 17, 2019, the project was presented at a Public Hearing held by the Mental Health Board and received unanimous support. The project proposal was approved by the Board of Supervisors on April 9, 2019. In addition to the unanimous approval received at these meetings, the Behavioral Health System Transformation project has garnered several letters of support from various local community and statewide stakeholders (see Appendix D).

MHSA General Standards

Community Collaboration: The activities within this proposal will require ongoing interagency and community collaboration with local stakeholders, family members, consumers, peers, behavioral health providers, and State departments. These collaborative efforts are critical to developing the infrastructure of a payer agnostic and culturally responsive behavioral health system.

Cultural Competence: The community planning activities within this proposal will include feedback from diverse stakeholders to create a culturally responsive and inclusive behavioral health system. Stakeholders will include but not be limited to consumers, family members,

peers, transitional age youth, LGBTQ, veterans, monolingual and ethnic communities, and behavioral health providers.

Client/Family Driven Mental Health System: Consumers and family members will be actively involved in project activities in order to inform the system level changes that will be explored in this proposal.

Wellness, Recovery and Resilience Focus: This project increases resilience and promotes recovery and wellness by planning a payer agnostic system that places the person, rather than the payer source, at the center of care. **The development of this system will be driven by the feedback and input from consumers, family members and peers.**

Integrated Service Experience: This project proposes to identify a system level change that will integrate the public and private sectors so that consumers and family members can access a full range of services provided by community organizations, agencies, and programs that are funded by a range of funding sources.

Cultural Competence and Stakeholder Involvement in Evaluation

To ensure cultural competence and meaningful stakeholder involvement during the activities outlined in this project, Orange County plans to host regular meetings with various groups within the county to discuss the planning process and gather feedback. Ongoing interagency and community collaboration is a critical feature of this proposal. As a practical matter, this project's success depends on robust stakeholder engagement to guide the alignment of funding, regulatory requirements and program information across the public and private sectors. Local groups will include but not be limited to Be Well Orange County, the Health Care Agency's (HCA) Behavioral Health Services Peer Employment Advisory Committee (PEACe), MHSA Steering Committee and MHSA Innovation Subcommittee.

Be Well Orange County is comprised of individuals who represent a broad cross section of over 60 Orange County leaders within the behavioral health field, both public and private, who are committed to establishing and sustaining an optimal behavioral health care system for Orange County residents, regardless of payer source. Be Well OC also developed a Youth group, comprised of 20 youth from high schools and colleges across the county, who meet on a monthly basis to discuss the mental health and well-being needs of youth.

Peer Employee Advisory Committee (PEACe) was established in 2017 and is comprised of self-identified peers employed within the HCA. The mission of this 15-member group is to create a culture in the workplace that values lived experience. The group is currently building a peer infrastructure within Behavioral Health Services. PEACe meets with the Behavioral Health Director on a monthly basis.

MHSA Steering Committee is comprised of a diverse group of 60 stakeholders who meet on a monthly basis to provide guidance to the HCA on behavioral health topics and issues. MHSA Steering Committee members represent each of the following legislated groups and, in most cases, have at least two members representing each category: adults and seniors

living with a mental illness; families of children, adults and seniors living with a serious mental illness or emotional disturbance; mental health service providers; law enforcement agencies; education; social services agencies; veterans; representatives from veteran organizations; providers of alcohol and drug services; health care organizations; and other important interests. In addition to the general MHSA Steering Committee meetings, Innovation Subcommittee meetings are facilitated by County Innovation Staff to gather feedback and input on potential innovation proposals. Translators and interpreters are available at these meetings.

Innovation Project Sustainability and Continuity of Care

This project will not provide direct services and does not require a continuity of care plan. Instead, this project focuses on the interagency and community collaboration required to create system level change that supports a payer agnostic behavioral health system. Also, because this project is based on the concept of advancing an extensive public-private partnership, Orange County anticipates leveraging a combination of new and existing public and private resources to bring the concepts to fruition.

Communication and Dissemination Plan

The lessons learned from this innovative project will be disseminated to stakeholders through presentations to the Mental Health Board, MHSA Steering Committee, and Be Well OC. Regular program updates will also be provided during the stakeholder process already in place, thus allowing stakeholders to provide input and feedback on the project while it is in progress. Community stakeholders involved in the project activities will be invited to participate in presentations. In addition, preliminary findings will be presented at statewide venues, as opportunities are available, to extend learning to other counties. Additionally, Orange County will provide periodic project updates to the MHSOAC, as well as a final report for distribution to other counties. In order to facilitate communication, a list of interested participants and stakeholders will be developed and included in any communication efforts made.

Keywords or phrases for this project include:

- Public private partnership
- Payer agnostic
- Collective Impact
- Community defined values and performance standards
- Digital Resource Directory

Timeline

The anticipated timeline for this project is three years. Project activities and timeframes are outlined in the table below:

Project Activities	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022
Aligning Legal, Fiscal and Regulatory Requirements to Improve Quality and Access to Services												
Identify available funding streams and all applicable State and Federal rules/regulations	X	X	X	X	X	X						
Explore strategies to braid funds across the public, private and philanthropic/non-profit sectors							X	X	X	X		
Explore the feasibility of a universal reimbursement rate/structure	X	X	X	X	X	X						
Host local planning to help identify community values and preferred performance standards	X			X				X				X
Operationalize identified values and performance standards into measurable outcomes							X	X	X	X	X	X
Develop methods to incentivize service delivery						X	X	X	X	X		
Streamline reporting processes						X	X	X	X	X		
Meetings with DHCS legal, fiscal, and regulatory teams	X	X	X	X	X	X	X	X	X	X	X	X
Progress updates to MHSOAC				X				X				X
Develop and execute initial procurement and contracts									X	X	X	X
Provide technical assistance for local providers, as needed							X	X	X	X	X	X
Aligning Local Organizations to Improve Service Navigation												
Identify stakeholders to include in local planning meetings	X											
Outline the scope of directory		X	X	X	X							
Identify the phases of roll out and the specific service types to be included in each phase								X				
Outline directory features, including real-time provider updates and consumer reviews			X	X	X							
Create social determinants survey, developed in collaboration with stakeholders				X	X	X						
Progress updates to MHSOAC				X				X				X
Build digital resource directory					X	X	X	X				
Beta test and revise and the social determinants survey							X	X				
Deploy the digital resource directory and social determinants survey.									X	X	X	X

Section 4: INN Project Budget and Budget Narrative

The total proposed budget for this 3-year project is \$18 million. This proposal will use AB114 funds as approved in the FY 2018-19 MHSA Annual Plan Update and Innovation funds for FY 2016-17 and later years, as needed.

The budget for this project is categorized into four main areas that will support the various proposed activities. A Full-Time Equivalent position equals 40 hours per week. All staff positions include 33% benefits but may differ depending on the rates established by any contracted providers.

Project Office: To support the effort, a dynamic project office will be established with staff and peers who will support all project activities and ensure these efforts align with other related community endeavors.

- Project Staff: This position will carry out daily operations, including the planning, coordination, and facilitation of project activities.
- Project Manager: This position will guide day-to-day operations of the work, coordinate across various project activities and with other related community activities. Because of the complex and specialized nature of the proposed project, as well as the expected intensity of this work, highly skilled and experienced individuals will be needed for these roles. Project managers will be expected to have appropriate degrees, credentials, and several years of experience.
- Executive Leadership: This position will support the dedicated and cross-cutting leadership that will be needed to implement this project as well as continue the larger momentum of Be Well OC. Individuals in these roles will be senior leaders with many years of experience.

Professional Consultation: As mentioned above, in recognition of the extensive need for specialized knowledge and expertise, as well as capacity, Orange County is proposing to engage a broad range of external consultants to support the complexity of this project. Proposed staffing will include:

- Project Strategy, Clinical, Peer & Finance: Consultants with subject matter expertise to support the HCA to address key policy, strategy, clinical, peer and finance issues that underlie the proposed activities and deliverables
- Project Legal Support: Legal expertise, advice and guidance for project, including negotiating contracts, evaluating regulatory requirements, preparing documentation, etc.

Additional staffing may be included based on specific subject matter expertise needed.

Local Community Consultation: The budget for local community consultation includes specific costs for activities associated with engaging local stakeholders, including consumers, family members, peers, and providers. Due to the value of their lived experience and their unique perspectives of the behavioral health system, consumers, family members

and peers will be hired to assist with facilitating workgroups. The key element of this budget is to engage target populations and stakeholders who have not previously engaged in community planning meetings. Costs include: community planning meetings; development of meeting materials and promotion; communications/content design; translation services; and travel expenses

Evaluation: The budget for evaluation includes costs for all levels of evaluation and research staffing, including a Principal Investigator, Co-Principal Investigator, Subject Matter Evaluation Consultants, Research Assistants, and Data Scientists. Evaluation staff will develop a formative evaluation plan, conduct evaluation activities that may include but are not limited to observational studies, surveys, focus groups, and stakeholder interviews. Costs include: development of evaluation materials, computer supplies and required software, and travel expenses, etc.

Administrative: Administrative expenses are included in the budget, which includes indirect costs for the County and fiscal intermediary(ies). In recognition of the extensive need for specialized knowledge and expertise, as well as capacity, Orange County is proposing to rely extensively on external consultants to plan and develop each of the proposed components in this project. As such, Orange County proposes a budget for contract monitoring, management, oversight, and project coordination to accommodate the possibility that a different vendor will be selected for these different roles.

Category	FY 18-19	FY 19-20	FY 20-21	FY 21-22	Total
Project Office	\$49,875	\$1,521,520	\$1,437,231	\$1,047,541	\$4,056,168
Professional Consultation		\$1,475,530	\$694,950	\$515,242	\$2,685,722
Local Community Consultation		\$4,145,062	\$2,112,119	\$1,067,665	\$7,324,846
Evaluation	\$9,975	\$579,630	\$542,224	\$365,888	\$1,497,717
Administrative		\$1,258,899	\$735,380	\$440,979	\$2,435,258
Total	\$59,850	\$8,980,641	\$5,521,905	\$3,437,315	\$17,999,710

*Budget elements are an approximation and proportion of funds allocated to each category may change as finalization of contracts is determined.

Appendix A Be Well OC Key Performance Indicators

“Orange County will lead the nation in optimal mental health and wellness for all residents.”

The following six Results and associated performance indicators need to be achieved in order for Be Well OC to achieve the Vision. Coalition partners, including residents, will leverage their strengths and existing roles in the community to address each of these Results.

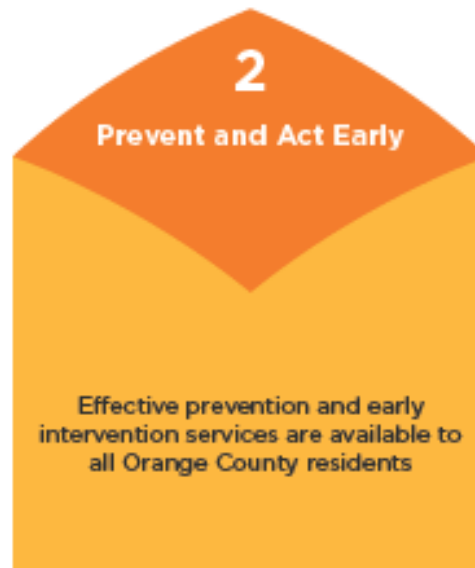


Indicator 1a:
Public awareness and changed conversation

Indicator 1b:
Ability to recognize disorders (self & others)

Indicator 1c:
Knowledge of professional help and treatment availability

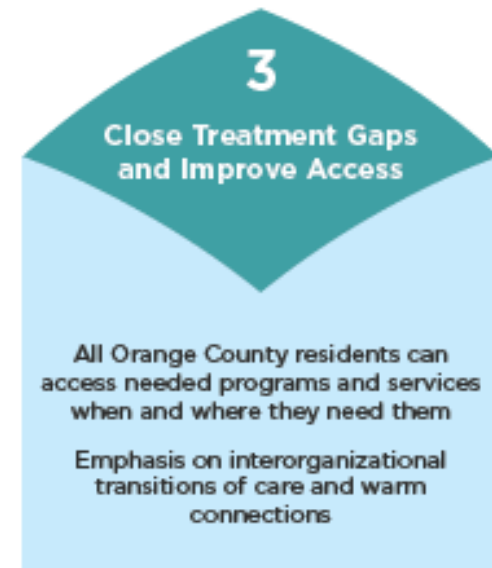
Indicator 1d:
Knowledge of effective self-help strategies



Indicator 2a:
Investments in prevention & early intervention

Indicator 2b:
Expand Social-Emotional Learning in early childhood education/care settings

Indicator 2c:
Outreach, engagement by peers, and early diagnosis



Indicator 3a:
Mental health equity and disparities

Indicator 3b:
Expand utilization of peer services & grow provider pool

Indicator 3c:
Optimal interorganizational care pathways and warm connections

4

Strengthen Crisis Response

All Orange County residents can access crisis support through a network of facilities, mobile teams, and digital tools

Indicator 4a:
Incidence of MH crises and suicides (attempts, completions)

Indicator 4b:
Appropriate utilization of CSUs vs. ED and inpatient services

Indicator 4c:
Utilization of mobile support services and navigation app

5

Establish Community Wellness Hubs

Coordinated, integrated, responsive health, behavioral health, and wellness services capacity

Integrated primary care/behavioral health, urgent needs, mobile treatment strategically located in three geographic regional areas

Indicator 5a:
Inter-agency and interorganizational collaboration

Indicator 5b:
Implement core Hub services, and region-specific services

Indicator 5c:
Broad array of services (e.g., crisis, wellness, mobile health, in-home support, peer run education)

6

Align Partners, Policies and Programs

Addressing complex, interrelated issues of mental illness, addiction, and homelessness, among others

Indicator 6a:
Homeless System of Care

Indicator 6b:
ACEs & Trauma Informed care

Indicator 6c:
Cross-sector partnerships

Indicator 6d:
University-BH program partnerships

Appendix B Be Well Coalition Members

- Consumers
- Family Members
- Alzheimer's Association
- American Academy of Pediatrics - Orange County (AAO-OC)
- Association of California Cities - Orange County (ACC-OC)
- Avia Health
- Bank of America Merrill Lynch
- Beacon Health Options
- Blue Shield of California Foundation
- Cal-Optima
- Cal-State Fullerton
- California Department of Corrections and Rehabilitation
- California Mental Health Services Authority
- Capistrano Unified School District
- Chapman University
- Child Guidance Center, Inc.
- Children's Cause Orange County
- Children's Bureau
- CHOC Children's Hospital
- City of Anaheim
- City of Costa Mesa
- City of Irvine
- City of Laguna Beach
- City of Orange
- City of Tustin
- College Hospital
- County of Orange
- Creative Health Care Management
- Diocese of Orange
- Early Childhood Mental Health Collab
- First 5 Orange County
- Green Ribbon Club
- Health Net
- Health Services Advisory Group, Inc.
- Hoag Hospital
- Homeschool Association of California
- Hospital Association of Southern California
- Illumination Foundation
- Jamboree Housing
- James Henry Ransom Foundation
- Kaiser Permanente - OC
- Korean Community Services
- KPC Healthcare, Inc.
- Legal Aid of OC
- Magellan Health
- Memorial Care
- Mental Health Board - OC
- MF Partners
- Mission Hospital
- Moms Orange County
- Multi-Ethnic Collaborative of Community Agencies (MECCA- OC)
- National Alliance on Mental Illness (NAMI-Orange County)
- OC Women's Health
- Orange County Business Council
- OCSTEM
- Orange County Department of Education
- Orange County Healthcare Agency
- Orange County Public Schools
- Orange County Sheriff's Department
- Orange County United Way
- Orange Unified School District
- Providence St. Joseph Health
- Saddleback Church
- Salvation Army - OC
- Samueli Foundation
- Seagate
- Shir-Ha-Ma'alot Temple
- Social Services Agency - OC
- South Coast Plaza
- St. Jude Medical Center
- Telecare Corporation
- Tenet Health
- The Cambodian Family
- The Mental Health Services Oversight and Accountability Commission
- The Roman Catholic Bishop of Orange
- University of Irvine
- Vietnamese American Cancer Foundation
- Western Youth Servis

Appendix C Community Planning Meetings

Identified Target Populations and Services Priorities in Behavioral Health

Community Engagement Meetings: Provider and Community Feedback

At the direction of the Orange County Board of Supervisors, the MHSA Office hosted 7 community engagement meetings (three provider and four community member) in three different cities from July 31, 2018 through August 27, 2018.

In order to make the meetings accessible to as many interested parties as possible, the meetings were held in Fullerton (north), Santa Ana (central) and Mission Viejo (south). Each of the seven meetings were run the same way, breaking the participants into different table groups and asking each table to identify their top 5 service area priorities in Behavioral Health, including areas not necessarily covered by MHSA).

The top 5 areas identified by each table of participants were then tallied, resulting in the group's overall Service Area priorities (n= 5-7 per meeting, depending on ties). Each identified Service Area was posted on a large sheet and hung on the wall, and participants were given the opportunity to list the specific programs, services and/or target populations they believed to have unmet needs within an identified Service Area. The MHSA staff then facilitated a discussion with meeting participants to gain a clearer understanding of the group's identified needs and gaps by Service Area.

Across all seven Community Engagement Meetings, a total of 121 individuals participated: 93 provider stakeholders and 38 community stakeholders. The needs and priorities identified in the CEMs related to the Wellness Campus and represent the foundation of the Behavioral Health System Transformation proposal.

System Change	
Provider	Community
	<ul style="list-style-type: none">Establish ECMH public/private funding partnership to leverage private resources for 0-5 (CEMS South – Prevention)

Substance Use Disorders	
Provider	Community
<ul style="list-style-type: none"> • Dual diagnosis TAY (North – BH clinics) • Co-occurring with SUD (South – BH clinics) • SUD housing & treatment: TAY & adult (South – Housing) • Free/low cost <u>medi-cal</u> detox, residential and outpatient addiction and mental health services (South – Housing) • SUD maintenance recovery support (South – Housing) • Detox (North- SUD Residential) • SUD <u>Tx</u> should include outpatient services (North- SUD Residential) • Minimum 45 day program (North- SUD Residential) • Intensive Outpatient (North- SUD Residential) • Coordinated step down into lower levels of care (North- SUD Residential) • Coordination of services with community mental health provider (North- SUD Residential) • Individuals with co-occurring SUD and MH (South – Crisis Treatment) • Substance abusers (South – Prevention) 	<ul style="list-style-type: none"> • Individuals with co-occurring SUD and mental health conditions (South – Housing) • Offer more than 12-step programs (South – Services for Supportive Housing) • Individuals with co-occurring SUD and mental health conditions (South – Services for Supportive Housing) • Wraparound Services (North – SUD Residential Treatment)

Co-Occurring Disorders	
Provider	Community
<ul style="list-style-type: none"> • Care coordination across services (South – Prevention) • Co-located @ FQHCs, comorbid medical/mental health (North – BH Clinics) • Co-Occurring with Mental Health (North – SUD Residential) • SUD Co-Occurring services to TAY population countywide (North – SUD Residential) • Care Coordination across services (South – Crisis Treatment) 	<ul style="list-style-type: none"> • Work with families and individuals for pre and post mental health and addiction treatment and processes for long term needs (South – Crisis Treatment)

Crisis	
Provider	Community
<ul style="list-style-type: none"> • Provide crisis support to family members (Central – Peer and Family Support) • Crisis stabilization for adults/TAY(North – Crisis Assessment) • CSUs and Crisis Residential – must have both (North – Crisis Assessment) • Immediate admit for MH evaluation and stabilization (North – Crisis Assessment) • CSUs (North – (Crisis Assessment) • CSUs for older adults countywide (Crisis Assessment) • Walk-in services (Crisis Assessment) • Non-hospital/ED setting for crisis psych and medical treatment (Crisis Assessment) • Quicker response times and adequate follow up (Crisis Assessment) • Proper assessment in order to ensure proper treatment is provided (Crisis Assessment) • TAY (16-25, 2 comments) (Crisis Assessment) • Services for families that are available and able to be seen immediately. (South – Crisis Treatment) • More availability with financial aid (South – Crisis Treatment) • 2 week crisis stabilization unit, immediate action for crisis and recommendation for treatment (South – Crisis Treatment) • Coordination of care (South – Crisis Treatment) • Mobile assessment and evaluation (South – Crisis Treatment) • After hour crisis treatment and assessment (after 5 pm/weekends/holiday) (South – Crisis Treatment) • Care for client after crisis (South – Crisis Treatment) 	<ul style="list-style-type: none"> • Separate unit for mental health intake (South – Crisis Treatment) • More information regarding crisis and treatment for the patients and their families (CAAC – Crisis Treatment) • Short term “Housing” options for individuals undergoing a mental health crisis (CAAC – Crisis Treatment) • 24 hour Crisis unit with adequate language (Central – Crisis Assessment) • Services after 5 pm and on weekend (Central – Crisis Assessment)

Peer Navigation/System Navigation	
Provider	Community
<ul style="list-style-type: none"> • Liaisons to do warm handoff and navigation to Cal Optima behavioral health providers (North – School Based) • Care coordination across services (South – School Based) • More info provided for: navigation, assistance, awareness (South – School Based) • Add more peer support to programs to support client (North – BH Clinics) • Navigation services/ access and linkage to tx (South – Housing) • Peer support for TAY ages 16-25 (Central – Peer and Family Support) • Peer navigation services (Central – Navigation Services) • Information/referral for parents/relatives of consumers who have a difficulty utilizing services (North – Crisis Assessment) • Navigation services/access and linkage to treatment (South – Crisis Treatment) 	<ul style="list-style-type: none"> • More peer mentors (CAAC – Housing) • Better navigation services for crisis treatment (South – Crisis Treatment) • Buddy to stay with person in crisis (South – Crisis Treatment) • Involve peer mentors (CAAC – LPS Conservatorship)

Prevention and Early Intervention Community Planning Meetings: Recommendations

Following both the MHSA Public Forum and the Behavioral Health Community Engagement Meetings, the Prevention and Early Intervention Division hosted a series of workgroups to take a more in-depth look at the prior needs and gaps in the service priority areas brought forth by community stakeholders.

Four planning meetings were held from August 14, 2018 through September 11, 2018, and each focused on a different age/service area. A fifth meeting was held on September 25, 2018 to review the findings. A total of 121 members of the community, including representatives from more than 45 local service providers, participated in the PEI Community Planning Workshops.

The meetings were conducted similarly to the Community Engagement Meetings, with small groups working to identify priorities and needs/gaps among the given age group/program group. Each group reported out after a discussion period and the groups collectively synthesized their ideas, and those most relevant to this proposal are listed below:

- Expand K-12 school-based MH services (resource directory)

Innovation Community Presentations and Planning Meetings

The Orange County Innovation staff facilitated various meetings, open to all stakeholders, to review, discuss and gather feedback on the Behavioral Health System Transformation Innovation proposal. Meeting dates and topics included:

- November 26, 2018: Initial introduction of proposal concept
- December 13, 2018: In-depth discussion of digital resource directory component
- December 17, 2018: Component presentation and overview
- January 17, 2019: Detailed component discussion and feedback
- January 24, 2019: Budget review, discussion and feedback
- January 28, 2019: MHSA Steering Committee Presentation – final review before 30-day posting
- February 15, 2019: Mental Health Board meeting presentation – review of proposal concept
- March 17, 2019: Mental Health Board Public Hearing

Be Well OC Meetings

Be Well OC has engaged in community meetings and workgroups since March 2017. Following the intensive activities supporting the establishment of Be Well OC, meetings are now held on a quarterly basis. The list below summarizes the meeting to date:

Coalition	System of Care/Results Backbone	
03/24/17	04/12/17	08/09/18
05/31/17	05/24/17	08/10/18
07/23/17	07/19/17	09/10/18
09/29/17	07/20/17	10/19/18
12/07/17	08/22/17	10/22/18
01/29/18	08/29/17	10/26/18
04/20/18	10/27/17	11/13/18
06/20/18	12/01/17	11/14/18
08/16/18	01/30/18	12/12/18
09/21/18	03/05/18	12/18/18
11/07/18	03/06/18	01/22/19
01/25/19	03/14/18	02/22/19
02/19/19	04/02/18	03/11/19
	05/04/18	03/12/19
	05/07/18	03/14/19
	05/14/18	03/15/19
	05/21/18	03/18/19
	06/06/18	03/19/19
	06/08/18	03/29/19
	06/27/18	
	07/10/18	
	07/23/18	
	07/26/18	
	08/07/18	
	08/08/18	

Appendix D Letters of Support



LISA A. BARTLETT

CHAIRWOMAN
ORANGE COUNTY BOARD OF SUPERVISORS
SUPERVISOR, FIFTH DISTRICT

ORANGE COUNTY HALL OF ADMINISTRATION
333 W. SANTA ANA BLVD.
10 CIVIC CENTER, SANTA ANA, CALIFORNIA 92701
PHONE (714) 834-3550 FAX (714) 834-2670
<http://bos.ocgov.com/flfth/>

April 17, 2019

MHSOAC
1325 J Street, Suite 1700
Sacramento, CA 95814

Re: Support for Orange County Innovation Project for Behavioral Health System Transformation

Dear Commissioners:

I am writing to express my support for Orange County's proposed MHS Innovation Project for Behavioral Health System Transformation.

Orange County consumers, family members, providers, and other stakeholders have identified several barriers to accessing needed behavioral health services. To address these barriers, the community, including the County of Orange, has come together to develop a partnership between public and private health care organizations that can work together to build a culturally responsive and inclusive system that allows everyone to get the behavioral health care they need, at the right time and the right place, no matter who is paying.

The proposed Behavioral Health System Transformation project will help establish the building blocks to create a system that serves all Orange County residents, regardless of payer source. Achieving this vision will require system transformation and alignment at many levels, blending public and private behavioral health systems and altering the current methods of service delivery. Through this project, Orange County will explore the feasibility of several interwoven components focused on transforming the county's approach to doing business and enhancing consumers' experience of behavioral health services.

I fully support this project and am proud to have been part of the community engagement process that has developed and honed the underlying concepts. We look forward to continuing to partner with consumers, family members, providers, HCA, and other stakeholders to advance this critical system transformation work.

If you have any questions about our role in this effort, please don't hesitate to contact me.

Sincerely,

A handwritten signature in blue ink that reads "Lisa Bartlett".

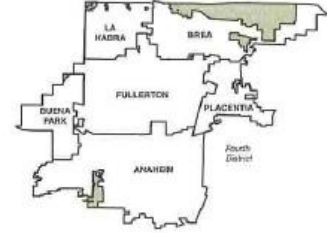
Chairwoman Lisa Bartlett

Orange County Board of Supervisors, 5th District



DOUG CHAFFEE
ORANGE COUNTY BOARD OF SUPERVISORS
SUPERVISOR, FOURTH DISTRICT

ORANGE COUNTY HALL OF ADMINISTRATION
333 W. SANTA ANA BLVD.
SANTA ANA, CALIFORNIA 92701
PHONE (714) 834-3440 FAX (714) 834-2045
doug.chaffee@ocgov.com
bos.ocgov.com/fourth



April 12, 2019

MHSOAC
1325 J Street, Suite 1700
Sacramento, CA 95814

Re: Support for Orange County Innovation Project for Behavioral Health System Transformation

Dear Commissioners:

I am writing to express my support as an Orange County Supervisor for Orange County's proposed MHSA Innovation Project for Behavioral Health System Transformation.

Orange County has seen a growing need to address the general public's access to behavioral health services. To address the first step of increasing the level of behavioral health services that exist, the County of Orange will be launching campaign efforts that aim to destigmatize the public opinion surrounding behavioral health services. As this effort is on-going, the County of Orange has also been undertaking efforts to identify and overcome additional barriers that limit an individual's access to behavioral health services.

Orange County consumers, family members, providers, and other stakeholders have identified several barriers to accessing needed behavioral health services. To address these barriers, the community has come together to develop a partnership between public and private health care organizations that can work together to build a culturally responsive and inclusive system that allows everyone to get the behavioral health care they need, at the right time and the right place, no matter who is paying.

The proposed Behavioral Health System Transformation project will help establish the building blocks to create a system that serves all Orange County residents, regardless of payer source. Achieving this vision will require system transformation and alignment at many levels, blending public and private behavioral health systems, and altering the current methods of service delivery. Through this project, Orange County will explore the feasibility of several interwoven components focused on transforming the County's approach to doing business and enhancing consumers' experience of behavioral health services.

I fully support this project and am proud to have been part of the community engagement process that has developed and honed the underlying concepts. I look forward to continuing to partner with consumers, family members, providers, HCA, and other stakeholders to advance this critical system transformation work.

If you have any questions about our role in this effort, please don't hesitate to contact me.

Sincerely,

A handwritten signature in blue ink that reads "Doug Chaffee".

Doug Chaffee
Supervisor, 4th District
County of Orange, Board of Supervisors

K A Y W A R R E N

April 10, 2019

MHSOAC
1325 J Street, Suite 1700
Sacramento, CA 95814

Re: Support for Orange County Innovation Project for Behavioral Health System Transformation

Dear Commissioners:

I am writing to express Acts of Mercy Foundation's support for Orange County's proposed MHSA Innovation Project for Behavioral Health System Transformation.

Orange County consumers, family members, providers, and other stakeholders have identified several barriers to accessing needed behavioral health services. To address these barriers, our community has come together to develop a partnership between public and private health care organizations that can work together to build a culturally responsive and inclusive system that allows everyone to get the behavioral health care they need, at the right time and the right place, no matter who is paying.

The proposed Behavioral Health System Transformation project will help establish the building blocks to create a system that serves all Orange County residents, regardless of payer source. Achieving this vision will require system transformation and alignment at many levels, blending public and private behavioral health systems and altering the current methods of service delivery. Through this project, Orange County will explore the feasibility of several interwoven components focused on transforming the county's approach to doing business and enhancing consumers' experience of behavioral health services.

Acts of Mercy Foundation fully supports this project and is proud to have been part of the community engagement process that has developed and honed the underlying concepts. We look forward to continuing to partner with consumers, family members, providers, HCA, and other stakeholders to advance this critical system transformation work.

If you have any questions about our role in this effort, please don't hesitate to contact me.

Sincerely,



Kay Warren
Founder Acts of Mercy
Cofounder Saddleback Church



California Pan-Ethnic Health Network

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—
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Executive Director
—

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1221 Preservation Park Way,
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1107 9th Street, Suite 410
Sacramento, CA 95814

LOS ANGELES OFFICE
672 S. Lafayette Park Place,
Unit 30
Los Angeles, CA 90057

April 11, 2019

MHSOAC
1325 J Street, Suite 1700
Sacramento, CA 95814

Re: Support for Orange County Innovation Project for Behavioral Health System Transformation

Dear Commissioners:

I am writing to express the California Pan-Ethnic Health Network's support for Orange County's proposed MHSA Innovation Project for Behavioral Health System Transformation. Orange County consumers, family members, providers, and other stakeholders have identified several barriers to accessing needed behavioral health services. To address these barriers, the community has come together to develop a partnership between public and private health care organizations that can work together to build a culturally responsive and inclusive system that allows everyone to get the behavioral health care they need, at the right time and the right place, no matter who is paying.

The proposed Behavioral Health System Transformation project will help establish the building blocks to create a system that serves all Orange County residents, regardless of payer source. Achieving this vision will require system transformation and alignment at many levels, blending public and private behavioral health systems and altering the current methods of service delivery. Through this project, Orange County will explore the feasibility of several interwoven components focused on transforming the county's approach to doing business and enhancing consumers' experience of behavioral health services.

In August 2018, CPEHN hosted a regional listening session in Orange County to discuss local advocates' regional policy issues, including the state of mental health. The listening sessions confirmed the urgent mental health issues affecting the wellbeing of Orange County residents and highlighted the need for innovation in their behavioral health delivery and payment system.

The California Pan-Ethnic Health Network therefore fully supports this project and is proud to have been part of the community engagement process that has developed and honed the underlying concepts. We look forward to continuing to partner with consumers, family members, providers, HCA, and other stakeholders to advance this critical system transformation work.

If you have any questions about our role in this effort, please don't hesitate to contact me at cvalle@cpehn.org

www.cpehn.org

Sincerely,

Carolina Valle
Policy Manager



**STEINBERG
INSTITUTE**

1121 L Street, Suite 300
Sacramento CA 95814
T 916.553.4167
steinberginstitute.org

ADVANCING BRAIN HEALTH POLICY & INSPIRING LEADERSHIP

April 11, 2019

Mental Health Services Oversight and Accountability Commission
1325 J. Street, Suite 1700
Sacramento, CA 95814

RE: Support for Orange County MHSA Innovation Program

Dear Commissioners,

The Steinberg Institute is a nonprofit, public policy institute that seeks to advance sound public policy and inspire leadership on the issue of brain health. We are pleased to support Orange County's proposed MHSA Innovation Project, which will ensure that everyone can access the mental health care they need, at the right time and the right place, no matter who is paying.

Orange County residents have identified significant obstacles to accessing effective and appropriate health care. Many diverse communities (Veterans, LGBTQ, deaf and hard of hearing, monolingual communities, ethnic communities, etc.) remain unserved or underserved because clients must engage with providers based on their approved insurance networks, rather than their cultural needs and preferences. Those who lack familiarity with behavioral health systems are often marginalized from services as they often have difficulties navigating the complex and outdated resource directories, program listings, and potential services that fall within their insurance plans. One of the most significant underlying barriers to addressing the challenges in access also involves the siloed public and private behavioral health systems.

Orange County seeks to implement a program that aims to break down the silos to quality health care by establishing a public/private partnership. One component involves developing provider contracts that pay for achieving meaningful client, clinical, and administrative outcomes. This project includes a component to ensure that the providers can meet these new contracting requirements. We are especially proud of the work Orange County has done to contemplate roles, responsibilities, and training for peers who will be located within the proposed Wellness Campus.

Access to quality care is a basic right, and no one should be left suffering with a mental health illness because of an issue with insurance coverage. By prioritizing the person over the payer, this proposal seeks to accomplish what no other California project has: ensure that all residents in need of mental health or substance use care receive timely, culturally responsive, and quality services for as long as they need them, regardless of payer source.

It is for these reasons that we are proud to support the Orange County Innovation Project.

Sincerely,

Adrienne Shilton
Government Affairs Director



Mind OC
5020 Campus Dr
Newport Beach, CA 92660

April 12, 2019

Mental Health Services Oversight and Accountability Commission

1325 J Street, Suite 1700
Sacramento, CA 95814

Re: Support for Orange County MHSA Innovation Project

Dear Commissioners:

Mind OC is a not-for-profit organization created by the Orange County community to advance the Be Well OC movement, and to actualize the shared vision of the community: Optimal mental health and wellness for all Orange County residents. To accomplish this, Mind OC is focused on the collective power of public-private partnership to transform mental health service delivery, and to ensure everyone that needs care gets care. With an ardent commitment to create a model that is replicable for other communities, we are very pleased to support the Orange County Health Care Agency and the proposed MHSA Innovation Project for Mental Health System Transformation.

The proposed project will establish foundational elements needed to build and unify a system that serves all residents, regardless of payer source. To achieve this aspirational and attainable system transformation requires alignment at many levels, connecting public and private systems and altering the current methods of service delivery. Through this project, Orange County will explore the feasibility of several interwoven components that together demonstrably improve access, experience, outcomes and cost.

Mind OC is in full support of this MHSA Innovation Project. We look forward to the continued partnership with mental health care consumers, family members, providers, and all others to advance this critical system transformation.

If you have any questions about our role in this effort, please contact me.

Sincerely,

Richard Afable M.D.

Richard Afable M.D. (Apr 12, 2019)

Richard Afable, MD
President, Mind OC



April 10, 2019

MHSOAC
1325 J Street, Suite 1700
Sacramento, CA 95814

Re: Support for Orange County Innovation Project for Behavioral Health System Transformation

Dear Commissioners:

I am writing on behalf of CalOptima to express our strong support for Orange County's proposed MHSOAC Innovation Project for Behavioral Health System Transformation.

Orange County consumers, family members, providers, and other stakeholders have identified several barriers to accessing needed behavioral health services. To address these barriers, the community has come together to develop a partnership between public and private health care organizations that can work together to build a culturally responsive and inclusive system that allows everyone to get the behavioral health care they need, at the right time and the right place, no matter who is paying.

The proposed Behavioral Health System Transformation project will help establish the building blocks to create a system that serves all Orange County residents, regardless of payer source. Achieving this vision will require system transformation and alignment at many levels, blending public and private behavioral health systems and altering the current methods of service delivery. Through this project, Orange County will explore the feasibility of several interwoven components focused on transforming the county's approach to doing business and enhancing consumers' experience of behavioral health services.

CalOptima is Orange County's community health plan, providing access to quality health care services to nearly 800,000 low-income residents of Orange County, including children, seniors, and people with disabilities. As such, we recognize the importance of increasing access to care in order to support the community's behavioral health needs.

CalOptima fully supports this project and is proud to have been part of the community engagement process that has developed and honed the underlying concepts. We look forward to continuing to partner with consumers, family members, providers, HCA, and other stakeholders to advance this critical system transformation work.

If you have any questions about our role in this effort, please don't hesitate to contact me.

Sincerely,

Michael Schrader, CEO



April 10, 2019

MHSOAC
1325 J Street, Suite 1700
Sacramento, CA 95814

Re: Support for Orange County Innovation Project for Behavioral Health System Transformation

Dear Commissioners:

I am writing to express Beacon Health Options' support for Orange County's proposed MHSO Innovation Project for Behavioral Health System Transformation. Beacon has partnered with Orange County to deliver services to residents for more than five years. We are excited about the ambitious goals of system transformation and their possibility to improve individuals' abilities to achieve their fullest potential, which is Beacon's mission.

Orange County consumers, family members, providers, and other stakeholders have identified several barriers to accessing needed behavioral health services. To address these barriers, the community has come together to develop a partnership between public and private health care organizations that can work together to build a culturally responsive and inclusive system that allows everyone to get the behavioral health care they need, at the right time and the right place, no matter who is paying.

The proposed Behavioral Health System Transformation project will help establish the building blocks to create a system that serves all Orange County residents, regardless of payer source. Achieving this vision will require system transformation and alignment at many levels, blending public and private behavioral health systems and altering the current methods of service delivery. Through this project, Orange County will explore the feasibility of several interwoven components focused on transforming the county's approach to doing business and enhancing consumers' experience of behavioral health services.

Beacon fully supports this project and is proud to have been part of the community engagement process that has developed and honed the underlying concepts. We look forward to continuing to partner with consumers, family members, providers, HCA, and other stakeholders to advance this critical system transformation work.

If you have any questions about our role in this effort, please don't hesitate to contact me.

Sincerely,

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

Sarah Arnquist

VP Account Partnerships

Beacon Health Options

April 9, 2019

MHSOAC
1325 J Street, Suite 1700
Sacramento, CA 95814

Re: Support for Orange County Innovation Project for Behavioral Health System Transformation

Dear Commissioners:

I am writing to express Kaiser Permanente Orange County's support for the County of Orange's proposed MHSOAC Innovation Project for Behavioral Health System Transformation.

Throughout the last few years, Orange County consumers, family members, health care providers, and other key stakeholders have identified several barriers to accessing needed behavioral health services within our County. To address these barriers, our community has come together to develop a public-private partnership that will come together to build a culturally responsive and inclusive system that allows everyone to get the behavioral health care they need - at the right time and the right place.

The proposed Behavioral Health System Transformation project will help establish the building blocks to create a system that serves all Orange County residents, regardless of payer source. Achieving this vision will require system transformation and alignment at many levels, blending public and private behavioral health systems and altering the current methods of service delivery. Through this project, Orange County will explore the feasibility of several interwoven components focused on transforming the county's approach to doing business and enhancing consumers' experience of behavioral health services.

Kaiser Permanente Orange County fully supports this project and is proud to have been part of the community engagement process that has developed the Behavioral Health System Transformation project. I hope that you will look favorably on the submitted request and fund this very critical project.

If you have any questions about our role in this effort, please don't hesitate to contact me.

Respectfully,



John E. Stratman, Jr.
Senior Director, Public Affairs & Brand Communications

1851 East First Street, Suite 1140
Santa Ana, California 92705-4017
(714) 796-2660
Fax: (714) 796-2687

April 17, 2019

MHSOAC
(Mental Health Services Oversight and Accountability Commission)
1325 J Street, Suite 1700
Sacramento, CA 95814

Re: Support for Orange County Innovation Project for Behavioral Health System Transformation

Dear Commissioners:

I am writing to express Blue Shield of California's support for Orange County's proposed Mental Health and Substance Abuse (MHSA) Innovation Project for Behavioral Health System Transformation.

Orange County consumers, family members, providers, and other stakeholders have identified barriers in accessing needed behavioral health services. The community has proposed a partnership between public and private health care organizations that can work together to build a culturally responsive and inclusive system that will help consumers to get the behavioral health care they need, at the right time and in the right place, no matter who is paying. The proposed Behavioral Health System Transformation project will strive to create a system that will serve all Orange County residents, regardless of payer source, and Blue Shield of California supports this effort.

Sincerely,



Dr. James L. Voiland
DNP, MBA, MSN, RN, FACHE, CMCN
Vice President, Medical Care Solutions
Blue Shield of California



114347 (11/16)

An independent member of the Blue Shield Association