

Behavioral Health System Transformation (BHST) Innovation Project

MHSA Innovation Report

October 01, 2021 – September 30, 2022

Orange County | Mental Health and Recovery Services

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Performance
and Value-Based
Contracting



 Navigator



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EXECUTIVE SUMMARY

The overall goal of Orange County's Behavioral Health System Transformation (BHST) Innovation project is to create a patient-centered system where interagency coordination occurs to support local providers in serving all Orange County residents regardless of their insurance status, insurance type, and/or level of clinical need. To accomplish this goal, Orange County aims to 1) align legal, fiscal, and regulatory requirements to improve quality of and access to behavioral health services; and 2) align local organizations to improve behavioral health services navigation. These two aims run in parallel to achieving the overall goal. This report is split into two sections reflecting each aim: *BHST Part One: Performance and Value-Based Contracting* and *BHST Part Two: Digital Resource Navigator* (known throughout this report as the *OC Navigator*).

This report reflects activities, learnings, and recommendations from the annual reporting period of October 2021-September 2022.

BHST Part One: Performance and Value-Based Contracting Project Activities

Throughout this reporting period Orange County Health Care Agency focused on the following nine project activities to plan for the alignment of legal, fiscal, and regulatory requirements to improve quality and access to behavioral health resources. Progress on each of these activities are presented in this report.

1. Explore strategies of braiding public, private and philanthropic/non-profit funds to create a universal reimbursement rate/structure
2. Host local planning to help identify community values and preferred performance standards
3. Operationalize identified community values and preferred, measurable performance standards
4. Develop methods to incentivize service delivery
5. Streamline reporting processes to comply with multiple sets of regulations and new performance outcome standards
6. Conduct meetings with DHCS, legal, fiscal, and regulatory teams
7. Develop methods and execute initial procurement and contracts incentivizing community defined and performance-based and regulatory standards
8. Prepare local providers for new performance standards and contracting through technical assistance
9. Provide progress updates to Mental Health Services Oversight and Accountability Commission (MHSOAC)

BHST Part Two: OC Navigator Project Activities

Throughout this reporting period Orange County Health Care Agency focused on the following project activities to plan for the alignment of local organizations to improve behavioral health service navigation. Progress of these activities are presented in this report.

1. Identify stakeholders to include in local planning meetings
2. Build and refine OC Navigator
 - a. Additional Content and Enhanced Resource Data
 - b. Keywords
 - c. Data governance
 - d. OC Navigator Reporting Dashboard for OC administrators
 - e. Multi-language support
 - f. User interface (UI) improvements
 - g. Closed loop referral system
3. Develop and incorporate Social Determinants of Health Survey
4. Provide progress updates to Mental Health Services Oversight and Accountability Commission (MHSOAC)

BHST Evaluation

The evaluation team used the Consolidated Framework for Implementation Research (CFIR) to guide the evaluation for this project, which provides a comprehensive framework derived from established models, theories, and frameworks to guide evaluation findings in a consistent and systematic way. Barriers, facilitators, and recommendations were derived from the following evaluation activities:

- **Key Informant Interviews** – 29 key individuals participated in semi-structured interviews related to BHST Part One: Performance and Value Based Contracting and/or BHST Part Two: OC Navigator
- **Focus Groups** – guided discussions with key stakeholders
- **Engagement Surveys** – surveys were conducted with stakeholders regarding their participation in the project
- **Meeting Observations** – observations of a variety of meetings from January– September 2022 to inform facilitators, barriers, and learnings
- **Review of Milestones** – information about project activities captured in documents, meetings, and questionnaires were assessed through document review, meeting observations, and questionnaires

Learnings

Project and evaluation activities informed the following key findings of the Behavioral Health System Transformation (BHST) Innovation project:



COVID-19 affected community engagement plans, community capacity for engagement, and made it more challenging to connect with as many diverse communities.



Establishing and maintaining transparent relationships is integral to success. Adapting communication styles to consistently take information back to the community in a meaningful way is important.

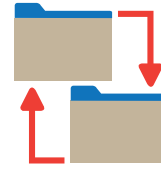
BHST One: Performance and Value-Based Contracting



California Advancing and Innovating Medi-Cal (CalAIM) began in 2022 and is gradually changing behavioral health policies and regulations, which may have unexpected influence on project progress.



Community and provider values of quality align. The Orange County community is focused on access to the right care when needed. They want fewer forms, more time for care, and payment for the quality of care given/received.



Access to data is important for project success. Some limitations include multiple record management systems which causes challenges in streamlined sharing and reporting of data.

BHST Two: OC Navigator



Community partnership and community centered design are key to project success (e.g., identifying project goals, developing new features, identifying resources).



Consumers report being satisfied with the OC Navigator and their engagement with the OC Navigator team. About half of individuals said they would like to be more engaged with the OC Navigator project.



Challenges engaging with the OC Navigator project include meetings being too short to always engage in meaningful discussions and lack of a routine meeting schedule.

A comprehensive list of learnings for *BHST Part One: Performance and Value-Based Contracting* and *BHST Part Two: OC Navigator* can be found on page 101.

Recommendations

A comprehensive list of recommendations for *BHST Part One: Performance and Value-Based Contracting* and *BHST Part Two: OC Navigator* can be found on page 108.

PRIMARY PROBLEM

Unmet behavioral health need is common in Orange County and differs across populations. According to California Health Interview Survey reports, one in five Orange County residents reported they needed behavioral health support [2019-2020], but over half did not receive support in the past year. Those who were uninsured, resided in rural areas, were of working age, and were of lower socioeconomic status were less likely to access behavioral health resources.

Consumers, family members and providers identified the following barriers to accessing behavioral health services in Orange County:

- Stigma and fear of discrimination that discourage individuals from accessing behavioral health resources
- Policy level barriers such as not having enough mental health providers and a system that makes it difficult to access behavioral health resources
- Agency level barriers such as inefficient processes that reduce availability of culturally competent behavioral health resources
- Rigid funding streams (e.g., fee-for-service reimbursement models) that do not incentivize proper care coordination for whole person care
- Billing and payment procedures that complicate care even after an individual receives support

PROJECT DESCRIPTION

The Behavioral Health System Transformation (BHST) Innovation Project, approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC), is a five-year Mental Health Services Act (MHSA) Innovation Project with a total budget of approximately \$18 million. The goal of the project is to establish system level change that will improve Orange County residents' access to behavioral health resources and improve the quality of services received.

To accomplish this goal, Orange County Health Care Agency divided the project into two parts. Figure 1 summarizes these parts.

Figure 1. BHST Part One and BHST Part Two



BHST Part One: Performance and Value-Based Contracting focuses on aligning county legal, fiscal, and regulatory requirements to make behavioral health care more accessible to all county residents. Orange County Health Care Agency contracted with Mind OC, a 501(c)(3) organization that acts as a backbone of Be Well Orange County (OC)¹, to identify how to integrate private and public funding so residents can receive care from any provider in the county. Mind OC aims to create a contract template that includes performance and value-based metrics to improve quality of care. More about the project activities of BHST Part One can be found on page 12. The full report by Mind OC can be found in Appendix A.

BHST Part Two: Digital Resource Navigator (known throughout this report as *OC Navigator*) focuses on aligning local organizations in a unified system to improve how individuals search for and find behavioral health resources. Orange County Health Care Agency contracted with Chorus Innovations², a HIPAA compliant technology development company, to examine and address system navigation barriers to Orange County's public behavioral health resources. In collaboration with local public agencies, community organizations, and community members, Chorus is creating the OC Navigator – a digital resource platform that consolidates resource directories into a single online source. More about the project activities of BHST Part Two can be found on page 38. The full report by Chorus can be found in Appendix B.

The foundation for both *BHST Part One: Performance and Value-Based Contracting* and *BHST Part Two: OC Navigator* includes community engagement with county residents, state and local agencies, public and private health plans, and philanthropic and non-profit organizations. Efforts to gain insight and feedback on community definitions of value and need in the behavioral health sphere take priority in restructuring the system and increasing access to behavioral health services.

FORMATIVE EVALUATION

The University of California, Irvine (UCI), in partnership with the University of California, San Diego (UCSD), is conducting a formative evaluation of the BHST project. The evaluation began October 2021 and will continue throughout the funded project period. Evaluation activities identify barriers and facilitators throughout every project phase in order to inform feedback, learnings, and recommendations.

Guiding Theoretical Framework. The evaluation is guided by the Consolidated Framework for Implementation Research (CFIR). CFIR provides a comprehensive framework derived from established models, theories, and frameworks and guides evaluation findings in a consistent and systematic way. Table 1 describes the CFIR domains.

¹ To learn more about Be Well OC: <https://www.bewelloc.org/>

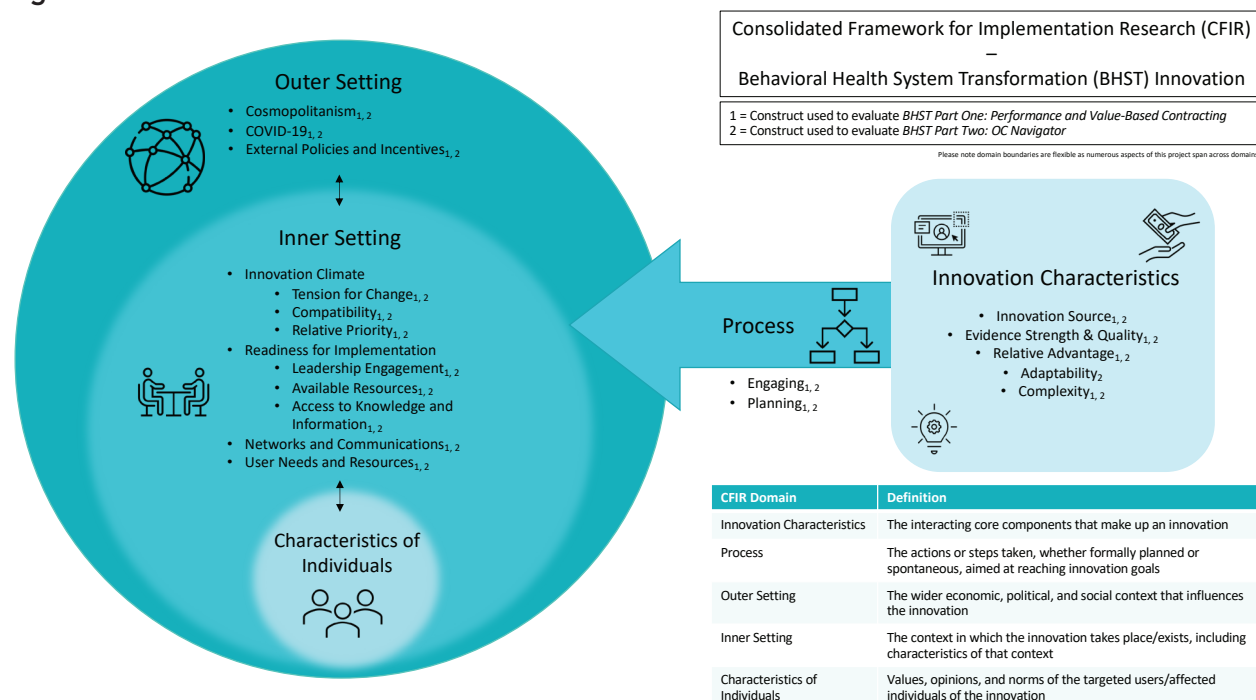
² To learn more about Chorus Innovations: <https://www.joinchorus.com/>

Table 1. Understanding the Consolidated Framework for Implementation Research (CFIR) Domains

Domains	Definition	Examples
Outer Setting	The wider economic, political, and social context that influences the innovation	<ul style="list-style-type: none"> • State policies/regulations • Federal policies/regulations • Organizations external to Orange County
Inner Setting	The context in which the innovation takes place/exists, including characteristics of that context	<ul style="list-style-type: none"> • Orange County Health Care Agency • Associated CBO's, hospitals, medical centers, etc. within Orange County • Mind OC • Chorus
Innovation Characteristics	The interacting core components that make up the innovation	<ul style="list-style-type: none"> • Advantage of the innovation over alternatives • Evidence (e.g., reports, anecdotes, data) that support the innovation's success • Perceived complexity of the innovation
Characteristics of Individuals	Values, opinions, and norms of the targeted users/affected individuals of the innovation	<ul style="list-style-type: none"> • Users' attitudes towards and value placed on the innovation • Familiarity with the innovation • Motivation and capacity to use the innovation
Process	The actions or steps taken, whether formally planned or spontaneous, aimed at reaching innovation goals	<ul style="list-style-type: none"> • Engagement of appropriate individuals • Plans put in place to implement an innovation

Across the five domains Damschroder et., al identified 26 constructs. The BHST project is evaluated using 13 of these constructs, including 6 subconstructs as seen in Figure 2. Given the influence of the COVID-19 pandemic, the evaluation team added an additional construct of "COVID-19" in the Outer Setting domain. The code book used in the evaluation can be seen in Appendix C. The CFIR constructs support the analysis and planning of the evaluation activities.

Figure 2. CFIR constructs used to facilitate evaluation^{3 4}



³ Adapted from: Khan S. Measuring context: balancing implementation research and practice. The Center for Implementation. <https://thecenterforimplementation.com/implementation-in-action-bulletin/mar-2021>. Published March 1, 2021. Accessed March 29, 2022.

⁴ No coding of Characteristics of Individuals occurred in this reporting period. It is too early in the project to code for this domain

Evaluation Activities

Evaluation of the project consisted of:

- **Key Informant Interviews** – 29 key individuals participated in semi-structured interviews related to *BHST Part One: Performance and Value Based Contracting* and/or *BHST Part Two: OC Navigator*.
- **Focus Groups** – guided discussions with key stakeholders.⁵
- **Engagement Surveys** – surveys were conducted with stakeholders regarding their participation in the project.
- **Meeting Observations** – observations of a variety of meetings from January– September 2022 to inform facilitators, barriers, and learnings.
- **Review of Milestones** – information about project activities captured in documents, meetings, and questionnaires were assessed through document review, meeting observations, and questionnaires.

Report Organization

Given that *BHST Part One: Performance and Value Based Contracting* and *BHST Part Two: OC Navigator* have different aims and project activities, the evaluation of each part is conducted separately. The report is therefore organized as follows:

- BHST Part One: Performance and Value-Based Contracting
 - Summary of Project Activities
 - Evaluation Activities and Learnings
- BHST Part Two: OC Navigator
 - Summary of Project Activities
 - Evaluation Activities and Learnings
- BHST Learnings and Recommendations

⁵ Focus groups are planned for the 2022-2023 project year

BHST Part One:

Performance and Value-Based Contracting

This section presents excerpts selected by the evaluation team taken from the full report written by Mind OC. The full Mind OC report is available in Appendix A. Where the evaluation team added and/or revised text, an 'E' appears. Throughout this section, icons were also added, and text shortened to facilitate readability.

OVERVIEW

This component of the Behavioral Health System Transformation (BHST) Innovation involves the development of Performance / Value-Based Contracts. The project runs from October 2019 through June 2023. The Health Care Agency (HCA) has contracted with Mind OC to work collaboratively and with community stakeholders (e.g., consumers, family members, providers, etc.) to plan for strategies for value-based contracting and associated funding sources. The goal of shifting toward value-based contracting is to improve quality of and access to culturally responsive and inclusive behavioral health (mental health and substance abuse) services for all Orange County residents, regardless of insurance type.

With Mind OC, Orange County is working with consumers, peers, family members and other community members, along 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 the public and private sectors to improve quality of and access to services.

TIMELINE

While the timeline submitted to the Mental Health Services Oversight and Accountability Commission envisioned a project start in July 2019 (the third quarter of the 2019 calendar year), the actual start date was not until October 15, 2019. The following timeline is reflective of the current reporting period (Oct 2021-Sept 2022) and expected milestones.

	Project Activities
Oct-Dec 2021	<ul style="list-style-type: none"> • Explore strategies to braid funds across the public, private, and philanthropic/non-profit sectors • Operationalize identified values and performance standards into measurable outcomes • Develop methods to incentivize service delivery • Streamline reporting processes • Meetings with DHCS legal, fiscal, and regulatory teams • Develop and execute initial procurement and contracts • Provide technical assistance for local providers, as needed
Jan-Mar 2022	<ul style="list-style-type: none"> • Explore strategies to braid funds across the public, private, and philanthropic/non-profit sectors • Operationalize identified values and performance standards into measurable outcomes • Develop methods to incentivize service delivery • Streamline reporting processes • Meetings with DHCS legal, fiscal, and regulatory teams • Develop and execute initial procurement and contracts • Provide technical assistance for local providers, as needed
Apr-Jun 2022	<ul style="list-style-type: none"> • Operationalize identified values and performance standards into measurable outcomes • Meetings with DHCS legal, fiscal, and regulatory teams • Develop and execute initial procurement and contracts • Provide technical assistance for local providers, as needed
Jul-Sep 2022	<ul style="list-style-type: none"> • Host local planning to help identify community values and preferred performance standards • Operationalize identified values and performance standards into measurable outcomes • Develop methods to incentivize service delivery • Streamline reporting processes • Meetings with DHCS legal, fiscal, and regulatory teams • Develop and execute initial procurement and contracts • Provide technical assistance for local providers, as needed • Progress updates to MHSOAC

PROJECT ACTIVITIES

The efforts of Mind OC to align legal, fiscal and regulatory requirements to improve quality and access to behavioral health services in Orange County are guided by nine project activities. The structure of Mind OC's report will follow the below Project Activities:^F

1. Explore strategies of braiding public, private and philanthropic/non-profit funds to create a universal reimbursement rate/structure
2. Host local planning to help identify community values and preferred performance standards
3. Operationalize identified community values and preferred, measurable performance standards
4. Develop methods to incentivize service delivery
5. Streamline reporting processes to comply with multiple sets of regulations and new performance outcome standards
6. Conduct meetings with DHCS, legal, fiscal, and regulatory teams
7. Develop methods and execute initial procurement and contracts incentivizing community defined and performance-based and regulatory standards
8. Prepare local providers for new performance standards and contracting through technical assistance
9. Provide progress updates to Mental Health Services Oversight and Accountability Commission (MHSOAC)

OVERVIEW

This section focuses on the progress and lessons learned in identifying Public and Private Payers to braid funding together and to establish a proof of concept contract for services.^E

PROGRESS

As part of the initial work toward System Assessment & Capacity Building for Clinical & Financial Design, Baseline knowledge of local key Provider Organizations and Providers currently operating in Orange County coupled with information about approach and experiences from related transformation efforts in systems across California and the country obtained helped to inform the ongoing exploration work in Orange County.

Work toward identifying available funding streams and applicable State and Federal rules/regulations continues to be closely linked to planning work for California Advancing and Innovating Medi-Cal (CalAIM). CalAIM is a multi-year initiative by DHCS to improve the quality of life and health outcomes of the population by implementing broad delivery system, program, and payment reform across the Medi-Cal program. Orange County continues to be a very active participant in the planning for CalAIM. In addition to these activities, Orange County is working with Mind OC to analyze the funding sources and allocations across directly operated and contracted behavioral health programs and services.

LESSONS LEARNED

Available funding streams across the public and private sector vary within Orange County and are in flux with everchanging State and Federal rules, regulations, and policy changes. Throughout this reporting period, Mind OC noted the following learnings.^E

Early lessons learned related to available funding streams and State and Federal rules/regulations highlight the need to broaden the scope of inquiry to address the need for specialty behavioral health to be clinically, administratively, and financially structured to support physical health just as primary care and other physical health services need to be structured to support behavioral health. Several factors were consistently identified as central barriers or complications:



The specialty behavioral health carve out managed by the counties and the mild-to-moderate behavioral health/physical health benefit administered by (generally) Medi-Cal health plans



Cost based reimbursement centered on units of services delivered, and the current inability to pay any sort of “bonus” that exceeds actual costs incurred



MHSA funding is unique to California, adding an additional complicating factor, especially in light of how deeply intertwined these funds have become with Medi-Cal services



Measurement efforts regarding behavioral health service outcomes tend to be overly complex (e.g., DLA-20) or overly simplistic (e.g., follow-up after emergency department visit or hospitalization for mental illness) and there is no standard level of care measure that is used consistently in CA

These barriers and complications are not new, and continually revealed to be inextricably linked to efforts to identify available funding streams and State and Federal rules/regulations.

Several areas of opportunity for Orange County’s BHST work continues to be a focus through the course of this work:



CalOptima, created by the Orange County Board of Supervisors in 1993 as a County Organized Health System (COHS), manages Medi-Cal services for the entire county, and only for Orange County. Compared to many other areas in CA with more complex health plan arrangements (e.g., the COHS spans multiple counties and associated Boards of Supervisors, the county is served by multiple Medi-Cal managed care plans, etc.), moving toward a more aligned, payer agnostic system of care can be a more focused partnership between the County and Cal-Optima.



The collaborative potential of strong and aligned leadership at Orange County’s Health Care Agency, Behavioral Health Services, CalOptima, and Mind OC was regularly noted, as was the strong potential embodied in the broader Be Well movement and a supportive Board of Supervisors



Key Informants highlighted the **relative simplicity** of the Orange County health care delivery system, in comparison to other counties, regions, and states, with Orange County services being largely limited to behavioral health, with exceedingly limited directly provided physical health care services (as opposed to having a county operated FQHC or hospital)



Related transformation efforts offer many lessons and opportunities from the activities that have already been undertaken in California and Orange County, to say nothing of across the nation, and the coming transformation envisioned in CalAIM. Several of these past initiatives, such as Whole Person Care, Drug Medi-Cal Organized Delivery System, and Health Homes offered insight into project activities.

OVERVIEW

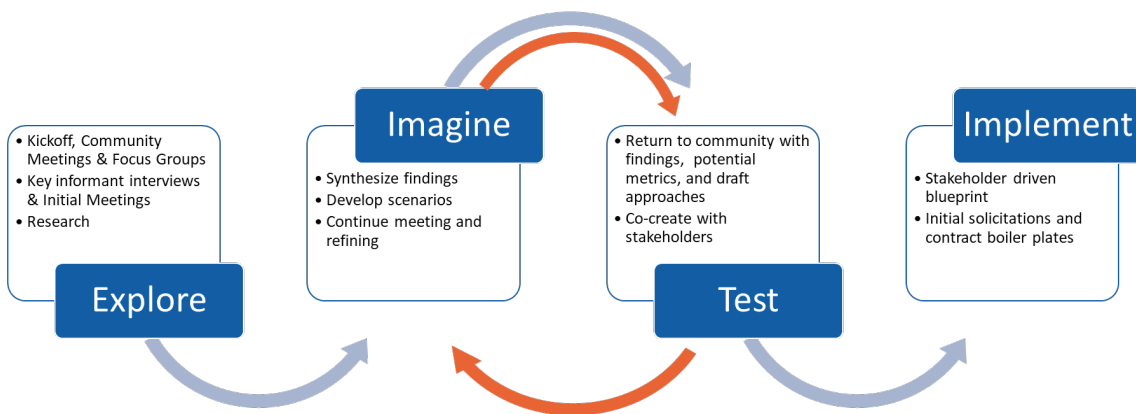
This section focuses on the progress and lessons learned in Mind OC's efforts to introduce the Behavioral Health System Transformation Project and the concept of Value Based Payment models to the community through Be Well OC Quarterly Coalition Meetings, Be Well OC Result Area Meetings, Provider Meetings, and Peer Community Engagement.^E

PROGRESS

A fundamental element of this project is the role of Orange County residents and the provider community. As Mind OC commented in the year 2 report, to develop a Value-Based Provider Contract to work by, stakeholders must first understand what the current system and definition of "value" is to work with that knowledge as they define expectation for "value".

The graphic below depicts the community engagement process Mind OC selected to work by and the vital role of community engagement in the imagining and testing phases, with continual feedback and refinement to ensure that what is ultimately implemented supports community values and preferred performance standards.

Figure 1.2.1. Mind OC Community Engagement Process



This community engagement process set the foundation for the below engagement efforts across the Be Well OC Quarterly Coalition Meetings, Be Well OC Result Area Meetings, Provider Meetings, and Peer Community Engagement.^E

Be Well OC Quarterly Coalition Meetings 2021-2022

The Be Well Orange County movement convenes in a hybrid virtual and in person format for its quarterly coalition meetings in March, June, September, and December. The number of participants typically range from 175 – 360, with an average of 200 per meeting, with about two thirds of participants attending via Zoom. The meetings are facilitated by Mind OC, with leadership from HCA and CalOptima typically leading the opening remarks and updates (Dr. Clayton Chau, Veronica Kelly, Michael Hunn, Richard Afable, Marshall Moncrief and Dr. Karen Linkins). Work that is cross-cutting with the Behavioral Health System Transformation Innovation Project is highlighted during these meetings.

At the meeting held March 31, 2022, Leadership from Orange County Behavioral Health and CalOptima provided an update on the status of activities under CalAIM and priorities in mental health and recovery services in Orange County over the next two years. At the same meeting, Be Well Leadership provided an update on the Be Well Orange Campus services (urgent care and residential care).

At the meeting held June 30, 2022, Mind OC leadership provided results of the 2022 Be Well Coalition Partner Survey, administered in March 2022.

The survey highlighted the importance of:

- Continuing to engage the Orange County community through Result Area meetings and Quarterly Coalition Meetings, as the most prominent forums for the community's participation (60% – 67% participating in Result Area meetings and Quarterly Coalition Meetings respectively).

It also provided better understanding of the community's perception of the success of Mind OC /Be Well efforts towards BH transformation, most notably:

- Forming partnerships and collaborating
- Education and improved knowledge of services
- Integration and expansion of services and supports
- Shared vision and goals
- Community involvement, representation, and advocacy
- Sharing of best practices and ideas across sectors and organizations

When asked about the involvement in Be Well activities and the value on the person and / or their organization, over half of respondents cited value in:

- Understanding of community needs/priorities
- Understanding of system challenges
- Knowledge of other organizations and services

followed closely by

- "our cross-sector partnerships/relationships".

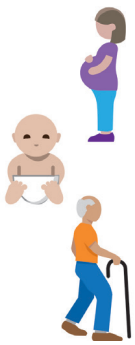
Opportunities for the public to inquire and comment on any of this work is open to all participants. For questions that are not answered during the session, we provide an FAQ's sheet on the Be Well website, in addition to meetings materials and a recorded presentation. In addition, the Be Well website features information about the BHST project for the community to stay involved.

Be Well OC Result Area Workgroups

Be Well OC hosts regularly occurring workgroups across several identified result areas. Result Area 2 focuses on mental health and substance use services as they relate to both the prenatal to five age

group as well as older adults. Result Area 3 focuses on closing treatment gaps and improving access to care. Mind OC collaborated with participants of each workgroup, as described more below, to engage with the BHST project.^F

Be Well OC Result Area 2



Recurring monthly meetings focused on mental health and substance use services as they relate to the Prenatal-5 group and older adults have served to inform the overarching fabric of Value-Based Payment (VBP) models. The two working groups have ensured that both age groups are reflected in the requested outcomes and recognition and awareness of available services in Orange County. Performing voluntary work to educate the community about the variety of services and supports and need for additional services and inclusion in the transformation work under BHST has been their success over this last reporting period. In addition to focus on the VBP factors, this group has invited and assisted in the further development of the OC Navigator under BHST Part Two, representing their specific community (Prenatal – 5 and Older Adults, respectively).

Be Well OC Result Area 3



This workgroup hosts recurring monthly meetings focused on “Closing Treatment Gaps and Improving Access to Care”. In alignment with the work of BHST, previous accomplishments out of this workgroup included: identifying screening tools and protocols, creating a standardized intake form and protocol, and creating and piloting a universal data-sharing agreement and opportunity to test potential for demonstrating proof of concept. During this reporting period, the implementation of certain CalAIM components and shift in leadership at the Managed Care Plan partner prompted new strategy change to reorganize for this group, inviting additional stakeholders to the table with a more focused role in the provider arena to allow for continued successes.

Be Well Campus Providers

Mind OC meets with representatives of the two Be Well Campus providers once a month to discuss and identify metrics that the providers find meaningful for value-based payment contracting. At this time, discussed metrics include data points such as:

- Number of admissions
- Number of discharges
- Payer mix of individuals served
- Transitions within programs
- Referral paths into programs

Work with providers experienced a pause during this reporting period due to leadership and contract changes.^F

Peer Community Engagement

Building upon the work of the Peer Led Learning Community conducted during 2020-2021 (Peer Led Community meetings and Peer Engagement Playbook), Peer Leaders have expanded their role as collaborators and in presence in community meetings that focus on equity and inclusion, among others. Attending with their voice of lived experience, Peer Leaders represent and engage the peer community to be present and vocalize their needs in the mental health and substance use environment in Orange County.



LESSONS LEARNED

- Community is focused on access to the right care when needed
- Audience matters – relating to the audience in terms they understand, i.e., defining terminology and concepts as needed
- Great work is happening in silos
- Community desires replicating what works and fixing what does not
- Both Community and Providers agree on fewer forms and more time for care and payment for care that matters to community
- Need to define “quality” that is translatable for all audiences

OVERVIEW

This section focuses on the progress and lessons learned in identifying values for performance standards from community and provider feedback and how Mind OC is developing a proof-of-concept dashboard for reporting of identified metrics.^F

PROGRESS

With development of provider identified values for dashboard reporting with campus providers, Mind OC was able to produce an initial Be Well Campus Dashboard. Presentations of the Campus Dashboard elicited questions and feedback on the success of the service blend at the campus. The continued inquiry provided topic for greater discussion with the providers on what and how they would suggest to share the story of success at the campus. Knowing that with success comes many opportunities for improvement, the group was careful about ensuring that challenges were discussed to elicit feedback amongst the group on how to improve from those challenges. As of March 2022, the group ceased meetings while Health Care Agency worked through programming changes. Having prepared for additional outcomes reporting, once the group is able to reconvene, we hope to implement a more robust data set that will present a more complete depiction of services being provided.

In addition to the provider metrics and dashboard work, Mind OC continues to work with identified subject matter experts to support and contribute to development of an eventual stakeholder driven blueprint which will include community-defined values and performance-based metrics and will be finalized at the end of the BHST project by Mind OC, drawing on the information from overall project activities. A Draft Data Governance Framework to support initial rollout of campus-based behavioral health proof of concept critical building blocks and Roadmap of scope and budget needs for data sharing and governance supported is being finalized. This will incorporate observations from the proof-of-concept roll-out at the Be Well Campus.

LESSONS LEARNED

- Providers and the Community align on performance standards and values
- Measuring and presenting identified performance standards and values in a way that speaks to both Providers and the Community is challenging
- Culture and policy change is necessary to be able to implement some of the provider and community defined values

OVERVIEW

This section focuses on the progress and lessons learned in the review of data governance for operational efficiency as well as the review of contracting processes to inform and support incentivizing opportunities.^F

PROGRESS



Recognizing that data are central to value-based contracting and achieving related strategic and programmatic goals, Mind OC continues to explore requirements of establishing data governance to improve operational efficiency, manage a broad set of data across the network, and drive value for stakeholders and residents of Orange County. Ongoing development of key factors involved in data governance, including the legal and policy framework needed to protect the privacy and security of confidential information continues.



In addition, assessment of existing and similar external contract templates to determine future-state needs was conducted. The research process began with obtaining copies of the campus provider contracts and renewals, conducting an assessment and comparison of service delivery incentive options for similar service metrics between the two contracts, as well as utilization of external program delivery incentive options for opportunities.



LESSONS LEARNED

- Existing county provider contracts do not allow for incentivizing services
- Culture change is needed across stakeholders to even discuss incentives, with alternative terminology often required to begin conversations
- Public and commercial health plans practice some provider and/or health plan incentives
- Financial incentive at Provider and Office level obtains better results
- Most successful programs support providers through ongoing dissemination of detailed information on the measure and goals with payment models set up for a top-down payment approach.

OVERVIEW

This section focuses on the progress and lessons learned in ongoing discussions regarding Clinical Outcomes Reporting, aligning Standard Operating Metrics Reporting and cadence, and the development and use of a public facing Dashboard to support the streamlining of reporting processes.^E

PROGRESS

Research of established and emerging approaches to streamline reporting processes continued over this period. The goal is to support provider clinical and billing documentation for commercially insured clients, with as much streamlining as possible. To achieve a streamlined approach, participating agencies must be able to comply with multiple sets of regulations in addition to the new performance outcome standards easily. Establishing relationships and agreements with commercial plans requires exceptionally specialized subject matter expertise and time. Some of the activities that were helpful in realizing the extent and variety of approaches to be considered included weekly meetings to discuss the status and requirements of an array of commercial health plans' contracting requirements and additional workflow sessions where the team could verbalize into draft(s) the multiple paths necessary to achieve streamlined reporting.

In addition to the commercial plans, public reporting processes and options for alignment on Standard Operating Metrics and cadence continues to progress. Under BHST, representatives from the two campus providers starting meeting monthly with BHST staff in April 2021 to discuss and identify meaningful metrics that would set the stage for Value-Based Payment (VBP) contracting and develop processes for streamlining the reporting process. With development of an initial public facing dashboard that captures the standard operations being provided by the campus providers, the opportunity for improvement and refinement of reporting was realized. The goal of this workgroup is to achieve reportable outcome measures that demonstrate the successes experienced by the co-location of mental health and substance use services, along with a housing support service that addresses client transitions that may include homelessness upon entry or exit of campus services. The work experienced a pause beginning in March 2022 while shifts in contracting and program leadership occurred at the Health Care Agency.

Tracking toward a more streamlined reporting approach for services rendered that can be informed by clinical outcomes reporting will help to set the infrastructure for best practices aligned with implementation of CalAIM. Currently on pause, we hope to resume this work by the start of 2023.

Mind OC recommends the implementation of the following six essential foundations to achieve the final goal of streamlined reporting processes in Orange County:

1. Executive Leadership Commitment to the Vision – visible top-down support and promotion of initiatives
2. Specific Motivation – VBP, Grants, Incentives
3. IT & Data Infrastructure – Tools, Data Quality, Common Measures, Data Sharing Mechanism
4. Trust – Data Security and Privacy, apples-to-apples reporting, transparent reporting
5. Coordinated Workflow – team-based care, data access, user friendly tools and workflow
6. Outreach and Engagement – person-centered care, coordinated messages and touchpoints, platform agnostic data points

LESSONS LEARNED

- Visibility of initial contracts are helpful in setting up first version reporting
- Having the appropriate people at the table is essential to prevent process delays (but knowing who those people are is sometime not possible at the outset!)
- Early conversations are needed to set up a true reporting mechanism starting on day one
- Encountered reporting limitations as result of multiple record management systems that do not interface

OVERVIEW

This section focuses on the progress and lessons learned as it relates to ongoing engagement with DHCS by both Orange County Health Care Agency and Mind OC Leadership as well as Monthly Policy updates with The Steinberg Institute.^E

PROGRESS

Representing the Health Care Agency, Orange County Behavioral Health Services leadership, in communication with Mind OC leadership, has actively participated in meetings and engaged in specific work groups with DHCS over the course of and during this period of the project.

Mind OC staff has attended the following Regulatory Focused CalAIM webinars:

- CalAIM Behavioral Health Workgroup Meeting 11/29/21
- CalAIM Behavioral Health Workgroup Meeting 1/20/22

In addition to these meetings, we continue monthly policy calls with The Steinberg Institute, which began in July 2020. The meeting attendees include members from Mind OC, Health Care Agency, and The Steinberg Institute. The focus of our agenda covers State budget priorities, regulatory updates, changes, and any foreseeable obstacles that could impact this project, along with continued monitoring on the status of CalAIM. In October 2021, a special meeting was scheduled to discuss Behavioral Health Workforce and the impact it could have on this and all projects under behavioral health. Some of the topics covered included the workforce shortage and provider burnout, particularly during and on the heels of the pandemic. Strategies for changing policy under MHSA that would support clinicians (workforce) and agencies (employers) with funding, reimbursement, and/or grants to support workforce retention, hiring and promotions in the mental health field were some of the topics covered. Additional factors that potentially impact the workforce include retirement waves and the increase ability for companies allowing employees to work from home, thereby increased the need to look at policy around workplaces and provision of services.

LESSONS LEARNED

- Implementation of CalAIM began in 2022
- Progress in other counties and states provide learning opportunities, such as aligning with Finance & Contracting Departments in initial conversations, identification of Providers / Organizations partners for proof of concept testing strategy and resolving initial process issues, and identifying measures focused on continuum of care needs, e.g., Community Supports, housing or other supportive/preventive services

OVERVIEW

This section focuses on progress towards developing initial procurement and contract templates through collaborative efforts with public and private payers.^F

PROGRESS

During this reporting period, Mind OC accomplished steps toward developing initial procurement and contract templates. Identification of public and private payers that would likely participate in the coverage or provision of services in the crisis and short term residential behavioral health and substance use treatment sector was achieved. Initial conversations were set to discover the range of payers meeting the need for these services and able and interested in review of potential referral partnership that met criteria for doing so. The focus was on contracting proposals to Private Payers (Commercial Health Plans) whose clients could benefit from access to services in this field (behavioral health and substance use treatment). One Southern California Health Plan committed to participating in a proof-of-concept contract for services. Work continues in this area, with heavy activity planned for the next few quarters, to understand any shortcomings and modifications necessary for a successful proof of concept and boilerplate contract model.

OVERVIEW

This section focuses on the progress and lessons learned as Mind OC identifies provider capacity in Orange County for targeted conversation and development of methods to meet their technical assistance needs. Mind OC identified Be Well Campus Providers, Local Hospital Partners, and Orange County Behavioral Health (Mental Health and Substance Use) Providers during this reporting period, as described below.^E

PROGRESS

During this report period, continued engagement of providers to further develop identified and unknown technical assistance needs continued. Targeted conversations with Hospital and Health Plans in Orange County allowed for further exploration of capacity needs. This work continues to progress.

Be Well Campus Providers

As an introduction to VBP models, Mind OC began VBP conversations with the two contracted Campus service providers, utilizing the opportunity of a proof of concept in Orange County's first Wellness Campus, a facility developed through a public-private partnership and designed to provide co-located behavioral health services available to all residents of Orange County, regardless of payer. The intent of the ongoing discussions was to achieve better understanding of the provider needs for technical assistance along with building a better representation of client outcomes aligned with the provider and client community, to include in proposed performance standards.

Local Hospital Partners

Local Hospital Partners interested in accessing services at the Be Well Orange Campus were engaged to provide education and offer technical assistance around accessing the campus. Identifying issues with access for hospital clients who could benefit from campus services, the hospital asked for Be Well assistance. Through discussions, it was realized that slight process and/or policy shifts on the part of the hospital system would allow for successful referrals to the campus services. Research into the types of referrals and successful or unsuccessful placement into campus services helped the group to better understand the technical assistance needs of local hospital partners.

Orange County Behavioral Health (Mental Health and Substance Use) Providers

Over the course of the past year, the team has been able to identify and connect with non-county contracted providers to understand their capacity and training needs for moving toward value-based contracting. Additional outreach will be important, as we intend to utilize the results of the work completed by California State University, Fullerton, which captured the scope and supply of services available in Orange County. Additional information on provider qualifications and certifications, cultural background, and training, etc. that would form the foundation for a culturally responsive and inclusive provider network will be key to developing an outreach and maintenance plan for technical assistance that can support the needs of the growing provider community as they move towards a value-based payment model.

LESSONS LEARNED

- Technical Assistance is an ongoing process and should continue post implementation
- Value-Based Payment contracting requires ongoing, routine meetings with provider and payer community to ensure continued buy-in, address challenges, and conduct quality improvement

Mind OC provides an annual report of updates to MHSOAC and is eager to share additional updates as requested.^F

Evaluation of BHST Part One:

Performance and Value-Based Contracting

This section describes the evaluation of the BHST Part One: Performance and Value-Based Contracting and the preliminary evaluation findings. This section was written by the BHST evaluation team.

Evaluation Activities

Evaluation of BHST Part One: Performance and Value-Based Contracting



Key Informant Interviews: Interviews with community stakeholders, Mind OC staff, Be Well staff, and Orange County Health Care Agency staff aimed to gather insight as to the facilitators, barriers, and recommendations associated with the planning of a performance and value-based contracting system.



Focus Groups⁶: Interviews with providers intended to gain an understanding of satisfaction with the operationalization of “value of behavioral health services” and to determine how switching to the proposed value-based payment contract is received by stakeholders.

Key Informant Interviews

KEY POINTS

- Semi-structured key informant interviews based on Consolidated Framework for Implementation Research (CFIR) constructs were conducted with 18 individuals about performance and value-based contracting.
- Barriers, facilitators, and recommendations were pulled from the transcripts.
- Early project planning to ensure vision alignment may improve steps taken to reach project goals.
- Transparent and frequent communication is important to keep stakeholders abreast of progress, educate stakeholders, and find/maintain an internal champion to support the project.

OVERVIEW

We conducted directive qualitative analyses to analyze key informant interviews.

Stage 1 – The evaluation team developed tailored interview guides based on the Consolidated Framework for Implementation Research (CFIR) model.

Stage 2 – Interviews (N = 18) were conducted with 7 Mind OC staff, 1 Be Well staff, 2 community stakeholders, and 8 Orange County Health Care Agency staff.

Stage 3 – The evaluation team developed an initial codebook based on the Consolidated Framework for Implementation Research (CFIR) and the interview guides to help pull out themes from the interviews.

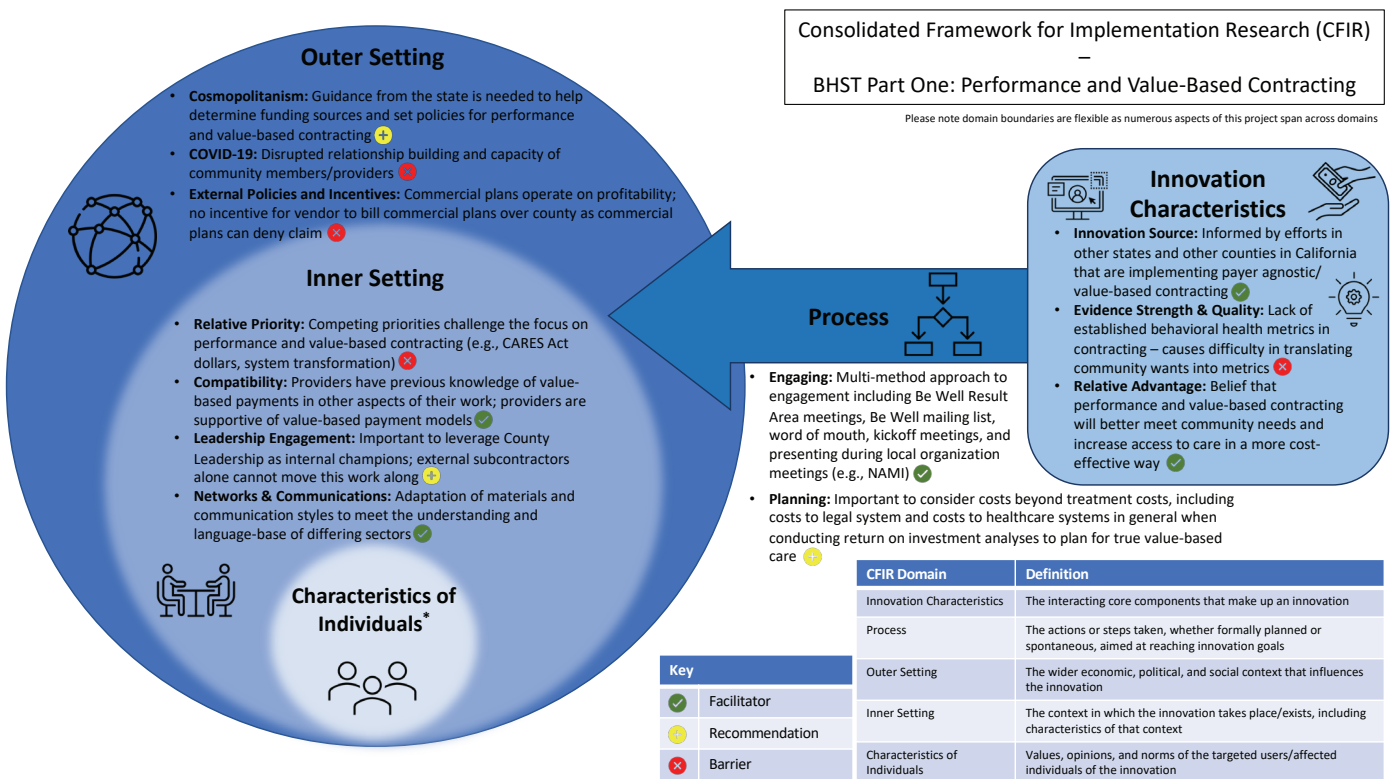
Stage 4 – The evaluation team started qualitative analyses to identify facilitators, barriers, and recommendations associated with the planning of a performance and value-based contracting system.

⁶ Focus groups are planned for 2022-2023 project year.

Key Informant Interview Findings

Key themes pulled from the interviews are consolidated in Figure 2.1. Please note that these themes are not comprehensive.

Figure 2.1. Key themes from BHST Part One: Performance and Value-Based Contracting⁷.



LEARNINGS FROM KEY INFORMANT INTERVIEWS

- COVID-19 disrupted relationship building and community engagement plans.** Capacity to engage in a new project was limited among community stakeholders who were managing the COVID-19 pandemic and related stressors. Additionally, the COVID-19 pandemic disrupted the initial plan of engagement strategies. This included competing priorities that came about in response to COVID-19, such as CARES Act dollars which shifted some focus away from this project.
- Communication and education are at the heart of project success.** Establishing and maintaining transparent relationships is integral for success. Adapting communication styles to different sectors (e.g., public vs. private payers) is necessary to share knowledge about what performance and value-based contracting is and why it is valuable. For instance, there is a need to define "quality" in a way that is translatable across different types of audiences.
- Previous evidence about performance and value-based contracting shows the challenges and facilitators of the project.** Providers and Orange County Health Care Agency staff are supportive of a shift towards value-based contracting; however, in the behavioral health field, there are not established

⁷ *No coding of Characteristics of Individuals occurred in this reporting period. It is too early in the project to code for this domain.

value-based metrics. Past initiatives such as Whole Person Care, Drug Medi-Cal Organized Delivery System, and Health Homes offer insights and opportunities to progress the project.

- **Varied visions for how to make this project successful can be a barrier.** Aligning the vision for how to achieve success across different sectors and within sectors requires transparent communication and early project planning.

Focus Groups

Initial evaluation planning included focus groups with stakeholders to determine their satisfaction with the operationalization of “value of behavioral health services” and to determine how switching to the proposed value-based payment contract is received by stakeholders. However, as the project developed throughout this reporting period, it was determined that Focus Groups would not be conducive at this time. The use of focus groups will be revisited throughout the 2022-2023 project year, dependent on engagement with community stakeholders.

BHST Part One: Performance and Value-Based Contracting Learnings

Evaluation of BHST Part One: Performance and Value-Based Contracting

Below is a summary of the key learnings from *BHST Part One: Performance and Value-Based Contracting*. It integrates *BHST Part One: Performance and Value-Based Contracting* project activity learnings with the evaluation learnings. Learnings directly related to the project activities as identified by Mind OC can be found in Appendix A.

Outer Setting

The following are key learnings related to factors that are external to Orange County, such as state and federal level policies and regulations as well as COVID-19.

- **Differing funding based on level of clinical need creates fragmented funding streams.** Partly due to California’s specialty behavioral health carve-out, Counties are responsible for the financing and management of Medi-Cal enrollees with serious mental illness and/or substance use disorders. Meanwhile, individuals with mild to moderate behavioral health needs are managed generally by Medi-Cal health plans. Additionally, mental health services and substance use services are managed separately. This fragmentation across services and levels of clinical need challenges the creation of a single contract that incentivizes quality performance across sectors.
- **Established behavioral health payment structure currently focuses on a fee-for-service reimbursement model and does not allow “bonuses” that exceed providing services.** The infrastructure set within the state of California causes barriers to incentivize quality services and instead pays for only the service received. The inability to pay a “bonus” to providers for meeting quality metrics in the current contracting structure further complicates the ability to ensure quality services are received by consumers and that providers are reimbursed appropriately for providing quality services.
- **Lack of appropriate metrics for behavioral health service outcomes.** Across California, there are not standardized measures for behavioral health service outcomes that are consistently used. Measurement efforts regarding behavioral health service outcomes tend to be overly complex (e.g., Daily Living Activities-20) or overly simplistic (e.g., follow-up after emergency department visit or hospitalization for mental illness) which leads to inconsistency in tracking and reporting of quality of care received.
- **Changing California Medi-Cal policies and regulations can have unexpected influence on project progress.** With the implementation of California Advancing and Innovating Medi-Cal (CalAIM) beginning in 2022, behavioral health service delivery is changing (e.g., updates to Drug Medi-Cal American Society of Addiction Medicine Level of Care Determination, behavioral health payment reform, and administrative integration of specialty mental health and substance use disorder services). Changes are occurring in phases and therefore can have unexpected influence on project progress.
- **COVID-19 disrupted relationship building and community engagement plans.** Capacity to engage in a new project was limited among community stakeholders who were managing the COVID-19 pandemic and related stressors. Additionally, the COVID-19 pandemic disrupted the initial plan of engagement strategies. This included competing priorities that came about in response to COVID-19, such as CARES Act dollars which shifted some focus away from this project.

- **Shifting work environment due to staff turnover disrupted project progress and the formation of relationships.** Staff turnover was consistently seen throughout this reporting period across sectors. This caused disruptions in project progress as champions were lost and new relationships needed to be formed across networks.

Inner Setting

Key learnings emerged in the areas around Orange County Infrastructure and Community Engagement.

Orange County Infrastructure

- **Simple health plan arrangements for Medi-Cal within Orange County facilitates the alignment of funding streams.** CalOptima, created by the Orange County Board of Supervisors in 1993 as a County Organized Health System (COHS), manages Medi-Cal services for the entire county, and only for Orange County. Many other areas in CA have more complex health plan arrangements (e.g., the COHS spans multiple counties and associated Boards of Supervisors, the county is served by multiple Medi-Cal managed care plans, etc.). Having a single Medi-Cal managed care plan like CalOptima facilitates moving toward a more aligned, payer agnostic system of care.
- **Strong collaborative potential throughout Orange County facilitates project progress.** There is collaborative and aligned leadership at Orange County's Health Care Agency, Mental Health and Recovery Services, CalOptima, and Mind OC. Support across these agencies, as well as support from Boards of Supervisors, facilitates project progress and offers diverse feedback.
- **Multiple record management systems challenge streamlined and consistent reporting of metrics.** Payers and providers do not have a standardized reporting system which causes challenges in sharing and reporting data in a streamlined way.

Community Engagement

- **Understanding community and provider desires helps influence quality metrics.** The Orange County community is focused on access to the right care when needed, replicating what already works, and changing what does not. Additionally, both the community and providers are aligned on performance standards and values. They agree on fewer forms, more time for care, and payment for quality of care. However, measuring and presenting identified performance standards and values in a way that speaks to both providers and the community is challenging.
- **Engaging the right people early in the project helps facilitate project success.** Having the appropriate people at the table is essential to prevent project delays. However, it is at times difficult to know early on who the appropriate people are that should be at the table. Throughout progression of the project, it is important to reevaluate involved partners and engage with new individuals who may be missing.
- **Communication and education are at the heart of project success.** Establishing and maintaining transparent relationships is integral for success. Adapting communication styles to different sectors (e.g., public vs. private payers) is necessary to share knowledge about what performance and value-based contracting is and why it is valuable. For instance, there is a need to define "quality" in a way that is translatable across different types of audiences.

Innovation Characteristics

Key learnings emerged in the areas around value-based payment contracting/incentivizing and evidence strength and quality.

Value-Based Payment Contracting/Incentivizing

- **Visibility of initial contracts is helpful in setting up first version reporting and informing next steps.** While public and commercial health plans are familiar with the practice of incentives already, existing county provider contracts do not allow for incentivizing services. Therefore, culture change is needed across settings to discuss incentives. Mind OC found that most successful programs support providers through ongoing dissemination of detailed information on the measure and goals with payment models set up for a top-down payment approach (with financial incentives at Provider and Office levels obtaining better results).

Evidence Strength and Quality

- **Progress in other counties and states provide learning opportunities.** Key informant interviews and research provided numerous learnings that facilitated planning of the project such as aligning with Finance & Contracting Departments in initial conversations, identification of Providers / Organizations for proof-of-concept testing and resolving initial process issues, and identifying measures focused on continuum of care needs (e.g., Community Supports, housing or other supportive/preventive services).
- **Previous evidence about performance and value-based contracting shows the challenges and facilitators to the project.** Providers and Orange County Health Care Agency staff are supportive of a shift towards value-based contracting; however, in the behavioral health field, there are not established value-based metrics. Past initiatives such as Whole Person Care, Drug Medi-Cal Organized Delivery System, and Health Homes offer insights and opportunities to progress the project.

Process

Key learnings emerged in the areas around planning and education and technical assistance.

Planning

- **Varied visions for how to make this project successful can be a barrier.** Aligning the vision for how to achieve success across different sectors and within sectors requires transparent communication and proactive project planning.

Education and Technical Assistance

- **Technical Assistance is an ongoing process and should continue post implementation.** Value-Based Payment contracting requires ongoing, routine meetings with provider and payer community to ensure continued buy-in, address challenges, and conduct quality improvement.

BHST Part One: Performance and Value-Based Contracting Recommendations

Outer Setting

The following are recommendations related to factors that are external to Orange County, such as state and federal level policies and regulations.

- **Continue monitoring the progress of CalAIM as it relates to value-based contracting.** As the rollout of CalAIM continues, it is important to ensure that efforts to incorporate quality-based metrics and incentive structure in the context of the *BHST Part One: Performance and Value-Based Contracting* project are cohesive with future State level changes (or that the *BHST Part One: Performance and Value-Based Contracting* efforts have the evidence backing to inform CalAIM).
- **Look to the state for guidance on available funding sources that can be used for value-based contracting.** As the state moves forward with CalAIM, they may be able to offer insight into sustainable funding sources to support performance and value-based contracting in Orange County.

Inner Setting

The following are recommendations related to factors internal to Orange County, such as community engagement.

Community Engagement

- **Maintain clear communication with involved stakeholders and report progress back to the community.** Relationships and buy-in are at the core of this project. Providers, County staff, private and public payers, and the community all have a vested interest in project progress. Maintaining clear and open communication lines across sectors and sharing the established metrics for value-based contracting will improve relationship building and knowledge sharing. It can also help to establish champions to support the project.
- **Adapt communication approaches for different audiences.** Private payers, public payers, and community stakeholders at times use different language/terminology to reference the same things. Creating structured approaches that reflect their language/terminology is key to ensuring cross-sector collaboration.
- **Prioritize learning early on what the wants, desires, and goals are of each private payer.** This facilitates tailoring communication approaches to find a middle ground which meets the needs of the health plan while also establishing agreed upon contract metrics. It can also help reestablish relationships with payers if there is internal staff turnover.
- **Return to the community regularly with project progress.** Using data that is collected on the data dashboard and translating that back to the community helps to maintain buy-in.

Innovation Characteristics

The following are recommendations that relate to metrics for value-based contracting and value-based payment contracting/incentivizing.

Metrics for Value-Based Contracting

- **Create methods to increase the sharing of data.** Identification of a unified data sharing platform can promote transparent sharing of data and identified quality indicators, which may support choosing easily measurable value-based metrics that are meaningful to both Providers and the Community. It can also facilitate more streamlined reporting.

Value-Based Payment Contracting/Incentivizing

- **Allow for flexibility in the structuring of contracts.** Everchanging policies, regulations, and turnover can affect the long-term success of contracts. Contracts should be structured in a way that allows for flexibility when, for instance, providers change.

Process

The following are recommendations that relate to planning and education and technical assistance.

Planning

- **Create a unified vision and steps for how to reach that vision early in the planning process.** Although many people support a transition to performance and value-based contracting, the vision for how to achieve this goal varies. With diverse stakeholders involved, varying visions can pull the project in different directions, stalling progress. Early discussions to establish a clear vision in plain language with concrete yet flexible steps to get there is key.
- **Be cognizant of which services to approach private payers with first.** Commercial plans have varying levels of familiarity with different behavioral health services. Some may be completely new to their billing process and therefore may be challenging for payers to understand/see the value in. Take this into consideration in the initial planning stages to facilitate early conversations with private payers. It may be helpful to start discussions with services that the commercial plans are more familiar with.

Education and Technical Assistance

- **Create educational efforts that help the community (providers, public and private payers, and community members) understand what “incentivizing” means.** Setting foundational education efforts will support long-term culture shift that is necessary to enable transitioning away from existing traditional contract structures.
- **Establish meeting/training schedules with providers and payers.** Ongoing training to ensure stakeholders understand the metrics and goals of the performance and value-based payment contract can help address challenges early. Trainings may also offer valuable feedback on metric reporting and suggestions for future contract changes.

BHST Part Two:

OC Navigator

This section presents excerpts selected by the evaluation team taken from the full report written by Chorus. The full Chorus report is available in Appendix B. Where the evaluation team added and/or revised text, an 'E' appears. Throughout this section, icons were also added, and text shortened to facilitate readability.

OVERVIEW

The OC Navigator is a website designed to help Orange County (OC) residents find and connect with behavioral and other social services across public and private settings. For individuals who are unsure of their needs or how to start their search, they can answer a brief questionnaire on their social determinants of health to help identify local services that may be helpful to them. The OC Navigator was formerly referred to as the Behavioral Health System Transformation Project: OC Digital Resource Navigator. Based on conversations and branding activities with community partners and OC leadership, it has been named the OC Navigator and is available at <https://ocnavigator.org>.

The OC Navigator had its official public launch on April 7, 2022, following a pilot and progressive rollout with community partners over the preceding year. Below, progress of the main components of the project are described.

Timeline

The table below represents the activities associated with identifying and including stakeholders in planning, the app build, the build of the Social Determinants of Health Survey, and Progress Updates to MHSOAC in each quarter of this reporting period.^E

	Identify stakeholders to include in local planning meetings	Build and refine OC Navigator	Develop and incorporate Social Determinants of Health Survey	Provide progress Updates to MHSOAC
Oct-Dec 2021	<ul style="list-style-type: none"> Completed 15 subject matter expert interviews to curate housing, legal, and mental wellness resources, guides, and keywords Conducted 3 workgroups with community co-chairs Conducted email outreach to re-engage with partners and collect resources 	<ul style="list-style-type: none"> Designs for user account creation and the logged-in experience OC Navigator reporting dashboard v1 Multi-lingual support More resources and guides UI improvements Implement data visualizations and widgets for the OC Navigator dashboard Design features to easily change languages in the OC Navigator Build the OC Navigator dashboard Build functionality to support translation input and auto-translation 	<ul style="list-style-type: none"> Improve the layout and graphics on the Wellness Check-In page 	
Jan-Mar 2022	<ul style="list-style-type: none"> Completed 12 subject matter expert interviews to curate resources, guides, and keywords Conducted 2 workgroups with community co-chairs Worked with bilingual community partners to ensure localization of translations Learned from 5 organizations about their resource management practices 	<ul style="list-style-type: none"> Continue multilingual development More resources and guides UI improvements Design new category page layout Add the suggest-an-edit page Add a data visualization to the OC Navigator dashboard to display data by city and district Build the second iteration of the OC Navigator dashboard 		

	Identify stakeholders to include in local planning meetings	App build – Scope and Directory Features	Social Determinants of Health Survey	Progress Updates to MHSOAC
Apr-Jun 2022	<ul style="list-style-type: none"> Presented to 9 groups or coalitions following launch to raise awareness of the OC Navigator Completed 8 subject matter expert interviews to curate family safety, basic needs, and transportation resources, guides, and keywords Conducted 4 workgroups with community co-chairs 	<ul style="list-style-type: none"> Go live for all OC residents to use Publish OC Navigator in 8 additional languages Complete security and performance optimization Continue developing the data governance plan More resources and guides UI improvements Launch translations in 8 additional languages Implement the new resource guide page layout Embed Google Analytics into the OC Navigator dashboard Design a dashboard visualization to display user data by language Build multi language features such as language selection and translation suggestion 		
Jul-Sep 2022	<ul style="list-style-type: none"> Conducted 3 workgroups with community co-chairs Conducted 10 interviews to curate resources, discuss collaboration, and develop guides Provided 2 OC Navigator trainings to family service providers Conduct monolingual engagement activities Conduct trainings 	<ul style="list-style-type: none"> Add resources and guides UI improvements Implement the new category page layout Build the third iteration of the OC Navigator dashboard Build the updated category page layout 		<ul style="list-style-type: none"> Progress updates to MHSOAC

Project Activities

The following are the four overarching project activities for this reporting period. The structure of Chorus’ report will follow the below Project Activities:^E

1. Identify stakeholders to include in local planning meetings
2. Build and refine OC Navigator
 - a. Additional Content and Enhanced Resource Data
 - b. Keywords
 - c. Data governance

- d. OC Navigator Reporting Dashboard for OC administrators
 - e. Multi-language support
 - f. User interface (UI) improvements
 - g. Closed loop referral system
3. Develop and incorporate Social Determinants of Health Survey
 4. Provide progress updates to Mental Health Oversight and Accountability Commission (MHSOAC)

OVERVIEW

As awareness and use of the OC Navigator grows, engagement with community partners has evolved into long-term relationships that provide richer insights and more in-depth involvement in the project. Workgroups continue to be facilitated on a 4-6-week basis to provide project updates and discuss pertinent project topics. However, the bulk of our team's engagement activities are work sessions with community experts and coalitions for specific outcomes such as resource guides or cleaner data on a topic. We have also begun to conduct training for the OC Navigator to Orange County Health Care Agency staff in preparation of community-wide dissemination. Engagement continues to drive the content and feature enhancements of the OC Navigator.

This section focuses on the community engagement process as well as progress and lessons learned in working with key community stakeholders: Community Co-Chairs and Subject Matter Experts.^F

PROGRESS

Community engagement is a cornerstone of the OC Navigator. It ensures that project activities reflect our participatory program planning principles—transparency, respect, power sharing, co-leadership, and two-way knowledge exchange—and reflects the priorities and needs of diverse agencies, providers, administrators, families, and patients and consumer stakeholders.

Historically, providers and agency staff have been the major source of participation and feedback. Methods of engagement in the past relied more on word-of-mouth and community referrals. Thus, the project has struggled to reach certain ethnic populations, consumers, and family members for a variety of reasons, mainly due to physical and time-based constraints from the COVID-19 pandemic. Since the OC Navigator has gone live, team members are able to have a richer conversation with stakeholders by walking them through the live site and interacting with its features. In this reporting period, we continued to reach more diverse populations such as monolingual Spanish speakers, increase participation in the content and feature development of the OC Navigator, and learn more about the needs of the community.

In response to increased community partnership requests, the community engagement strategy relies less on creating structured regular meetings and instead focuses on meeting community members where they are at, such as in coalitions, staff meetings, or at other avenues convenient to them. Engagement activities and key outputs are described in Table 3.1.1.

Monolingual engagement activities have also begun in this reporting period: we are working with a Spanish-speaking group of housing service users and advocates to improve the OC Navigator consumer experience. Activities in other languages are being planned with our community co-chairs and partners.

THUS FAR, THE OC NAVIGATOR PROJECT HAS CONDUCTED:

- **34** WORKGROUPS
- **78** INTERVIEWS
- **1** TRAINING

AND HAS SUCCESSFULLY CONNECTED WITH:

- **70** COMMUNITY ORGANIZATIONS
- **250+** UNIQUE CONSUMERS, PROVIDERS, AND ADVOCATES

Table 3.1.1. Key Outputs of Engagement Activities

Activity	Count	Key Outputs
Workgroups	9	Share progress with stakeholders, answer questions, and discuss their feedback and experience
Engagement interviews	9	Engage with new community groups to understand their experiences with navigating resources and exploring how the OC Navigator can be helpful to them
Review translations	6	Review static translations with bilingual providers to ensure translations are localized to Orange County communities
Subject Matter Expert (SME) Interviews	35	Build a structured keyword system for mental wellness and substance use categories, similar to the housing structure reported in Installment 3 Deliverable Report. Site analytics indicated that mental wellness and substance use resources were some of the most sought-after resources.
Resource Management exploration	5	Learn best practices for updating, maintaining, and adding resources with local organizations who manage their own resource directory.
Feedback form responses	42	Collaborate with community members who reach out Integrate resource suggestions or corrections Answer questions about the project

Key to the planning and development of the OC Navigator is the ongoing work with Community Co-Chairs and Subject Matter Experts.^F

Community Co-Chairs

As awareness of the OC Navigator grows, community co-chairs Ravi Seng and Linda Smith continue to provide critical guidance and input on OC Navigator engagement activities. We continue to hold weekly co-chair meetings to determine workgroup topics, share hot topics currently affecting the community, and brainstorm on how to grow engagement.

The Community Co-Chairs contribute in the following ways:

- Lead workgroup discussions around resource and guide content, translation strategy, and data governance
- Uplift and encourage community voices in workgroup meetings
- Introduce us to community members and subject matter experts and advise us how on best to engage them, which often results in an invitation to present the OC Navigator or become more involved in the project
- Provide feedback on promotional activities
- Provide strategic guidance such as outlining the purpose of an engagement activity, frequency of workgroups, or the development of training material to help people understand all the features of the OC Navigator
- Advise on how best to disseminate materials created by the UCI BHST Evaluation team to project stakeholders. For example, the co-chairs recommended materials to be sent out by the OC Navigator project team instead of the UCI team to keep communication streamlined and consistent, and to continue to foster trust in the participatory process.
- Share information about current events in the County that could result in collaboration such as with Community Voices, Equity in OC, and others
- Suggest UI improvements

Subject Matter Experts

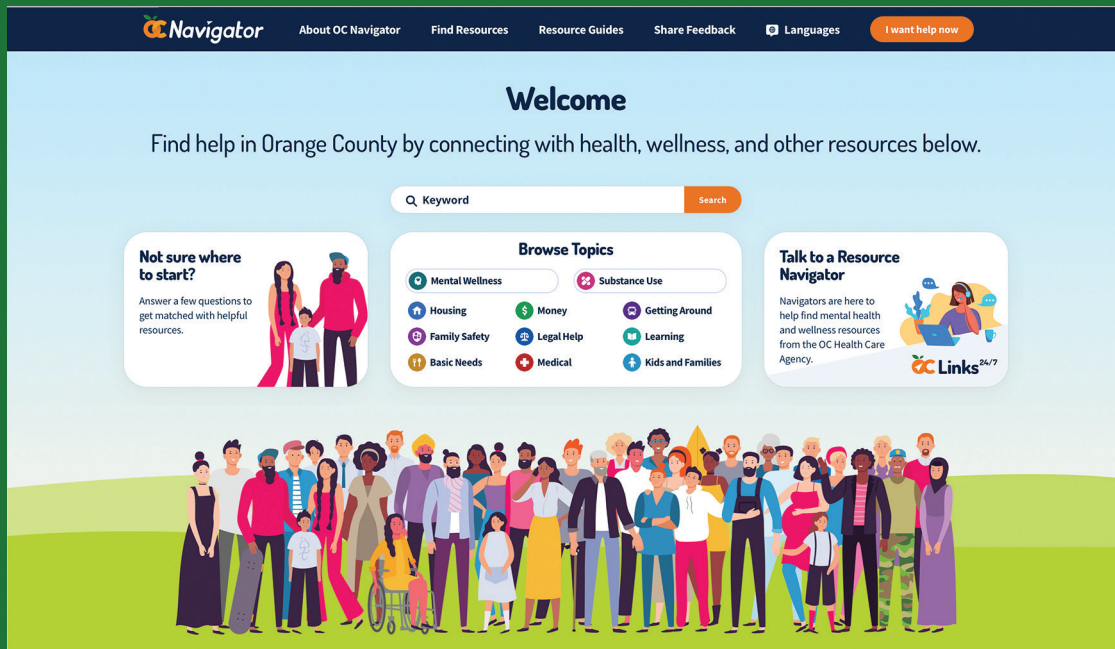
To develop our category resources, keywords, and resource guides, our community partners directed us to subject matter experts (SMEs) to curate content. Thus far, we have worked with subject matter experts in housing, legal, mental wellness, family safety, transportation, and basic needs categories to curate resources in categories, create resource guides, and determine the keyword structure of a category. SMEs have also helped vet professionally translated content for each of the languages in the OC Navigator. Project SMEs range from experienced service providers, doctoral students, family advocates, and community members who utilize services.

LESSONS LEARNED

- Establish communication methods and frequency early. Creating a flexible communication plan that works for the stakeholder early on in the project facilitates more collaborative and productive discussions, fosters trust, and improves the relationship overall. A plan also allows for plenty of preparation time from our team to ensure the stakeholders' time is best used.
- When engaging with new community members, open-ended questions and discussion topics foster livelier discussion and increase the likelihood that our team will learn something new, as opposed to asking more specific questions. This is also important to remember when engaging with more seasoned community members; while they know the project more intimately and can delve deeper into a topic, keep in mind there is still much to learn from them.
- Weekly Community Co-Chair meetings are necessary to help co-chairs stay abreast of and input on engagement, marketing, and other project activities.

SPOTLIGHT:

Expanding the OC Navigator to Support Other Orange County Health Care Agency Programs



Through the development work of the OC Navigator, a need emerged to expand and support other programs. The development of the following apps were supported using MSHA funding external to the funding used for the OC Navigator: (1) the OC Links/CAT Dispatch App and their administrative dashboard, (2) the O&E Referral App, (3) the O&E Universal Activity Form (UAF) Survey, (4) the Crisis Stabilization Unit (CSU) Live Bed Board App, and (5) NAMI Warmline App.

OC Links and Crisis Assessment Team (CAT) Mobile Dispatch

The OC Links app facilitates core work functions for staff to manage, triage incoming calls and chats, and connect OC residents to appropriate behavioral health and social services. Staff began use of the app in February 2021, and it continues to undergo iterative improvements. Other notable updates include:

- **OC Links Client Management:** A new OC Links workflow has been built to gather and store information by client rather than by individual calls. This change supports OC Links Navigators' workflow, as they have many repeat clients and need to reference their case history. OC Links v2 was launched August 9, 2022.

- **OC Links Reporting Dashboard for OC administrators:** To support administrators with analyzing service trends and staffing support needed, a second iteration of the OC Links dashboard displays counts of crisis calls, evening calls and total calls; CAT Adult, Child, and PERT dispatches; and O&E referrals. Administrators can filter data by date range.
- **Orange County Health Care Agency security banner:** In compliance with Orange County Health Care Agency's security policies, a security banner was built to alert OC Links, CAT, O&E Referral, and Bed Board users that they are entering a system containing protected health information (PHI).
- **Chorus customer support portal through Zendesk:** The increased number of users and apps for Orange County Health Care Agency Mental Health and Recovery Services (MHRS) teams necessitated a customer support portal to help users access OC Links, submit questions and feature requests, and call support staff if needed.

Outreach & Engagement (O&E) Referral

The O&E Referral app facilitates mental health and housing related referrals from OC Links Navigators to O&E Supervisors, who then assign and dispatch field outreach workers. The app includes data visualizations of referrals made, closed, and total referrals open which can be filtered by date range. Custom features for O&E supervisors include a teams page that lists all outreach workers, their specialties, and number of open cases to help supervisors determine referral assignments. The O&E Referral App launched on October 21, 2021. Since then, our team has conducted user testing to inform UI improvements. Functionality to support client management was added during OC Links v2 launch to maintain consistent client information across both teams.

O&E Universal Activity Form (UAF) Survey

On June 30, 2022, a new app was launched for O&E field team members to collect demographic information and record whether clients accepted or interacted with mental health or substance use services. Orange County Health Care Agency is using the data to track how site locations and demographics change over time.

CSU Live Bed Board

The CSU Live Bed Board App is designed to coordinate client intake and manage bed occupancy between four Crisis Stabilization Units (CSUs) in Orange County. The app was first implemented at the OC Health Care Agency CSU on May 5th, 2021 and has expanded to all remaining CSUs: College Hospital (Adult), Exodus Be Well (Adult), and Exodus Be Well (Adolescent). Continued partnership and collaboration with all CSU staff has resulted in iterative improvements to the workflow, such as the addition of a historical log of the client's journey through the CSUs. Designs have been approved by leads at all CSUs; implementation is scheduled to begin early September.

NAMI Warmline

Preliminary designs were created for a new client management system for NAMI Warmline. We are working closely with Warmline staff to streamline their current workflow and plan for future additions to the system, such as scheduling, resource list creation, and integration with OC Links.

See Appendix B to read more details about the additional apps.

SPOTLIGHT:

Marketing and Promotion of the OC Navigator



Orange County Health Care Agency Marketing and Promotion efforts began April 2022. Since then, OC Navigator has gained 11,300 active users averaging 19 page views per user.

Angel Stadium Campaign

The Angel Stadium campaign for the OC Navigator is composed of multiple efforts targeting different audiences to promote awareness and use of the OC Navigator. Assets range from stadium art, magazine ads, website banners, and hardcopy materials. Different QR codes are attached to each asset to break out user metrics. Components of the campaign are described below.

Angels Landing Page

The OC Navigator Angels landing page was created as an interstitial page for Angels fans who scan Angels Stadium assets with the goal of providing preventative resources for mental health and wellness, before pointing the user to the OC Navigator.

Figure 1. Angels Landing Page



On April 7 MLB Opening Day, stickers with the OC Navigator URL and QR code were placed on all 45,000 seat cupholders in Angel Stadium.

Figure 2. Sticker - Angel Stadium Cupholders



Angels Magazine Ad

A full page hardcopy ad was created for the Angels Magazine, the official game day program for Angels Baseball (Figure 3). This magazine is run five times during the season and is also posted as a digital copy on the Angels website. The copy for this ad was adapted from the copy on the Angels OC Navigator website, which was reviewed and approved by community members.

Figure 3. OC Navigator Angels Magazine ad



Veterans Day Postcard

Orange County Health Care Agency observed Veterans Day on May 21, 2022 at the Angels Stadium by providing tickets to 100 veterans and their families, a resource booth to discuss local resources, and a concert on the playing field. The OC Navigator Team collaborated with the OC Veterans Service Office and Chase Wickersham, a veteran, to create the Veterans Day Postcard highlighting the “must-know” resources (Figure 4). Over three weeks, the OC Navigator Team met with stakeholders multiple times to discuss the delivery format, draft resources and topics, and review the design images.

The QR code in Figure 5 takes the user to the Veterans Resources in OC guide (Figure 6), which was created with the OC Veterans Service Office for Veterans Day. This comprehensive guide contains eight topics, each with a description written by a stakeholder.

Figure 4. Front - Veterans Day Postcard



Figure 5. Back - Veterans Day Postcard



Figure 6. Veterans Resources in OC Resource Guide

OC Navigator About OC Navigator Find Resources Resource Guides Share Feedback Languages [I want help now](#)

[← All Guides](#)



Veterans Resources in Orange County

By **OCHCA Veteran** [Visit Website](#)

[Print](#) Updated: 05/19/22

About This Guide

The Veterans Resource Guide for Orange County, California is a quick access guide of resources available to help veterans and military families thrive.

Jump to Topic

[Peer Navigation and Support](#) [Employment/Entrepreneurship](#) [Health](#) [Legal](#) [Housing](#)

[Children and Families](#) [Basic Needs](#) [Mental Health and Wellness](#)

Peer Navigation and Support

Connect with Peer Specialists who understand the unique needs of veterans and can help you connect with veterans resources.

**American Legion Dist. 29 OC**

The American Legion was chartered by Congress in 1919 as a patriotic veterans

**American Legion Post 291**

Newport Harbor Post 291 of the American Legion is one of the largest American

**Bob Hope USO Orange County**

Bob Hope USO provides USO services, programming and outreach at six centers

Mental Health Awareness Month

To promote mental health awareness during the month of May, the green mental health ribbon was added to Angels Stadium art. See Figure 7 for an example.

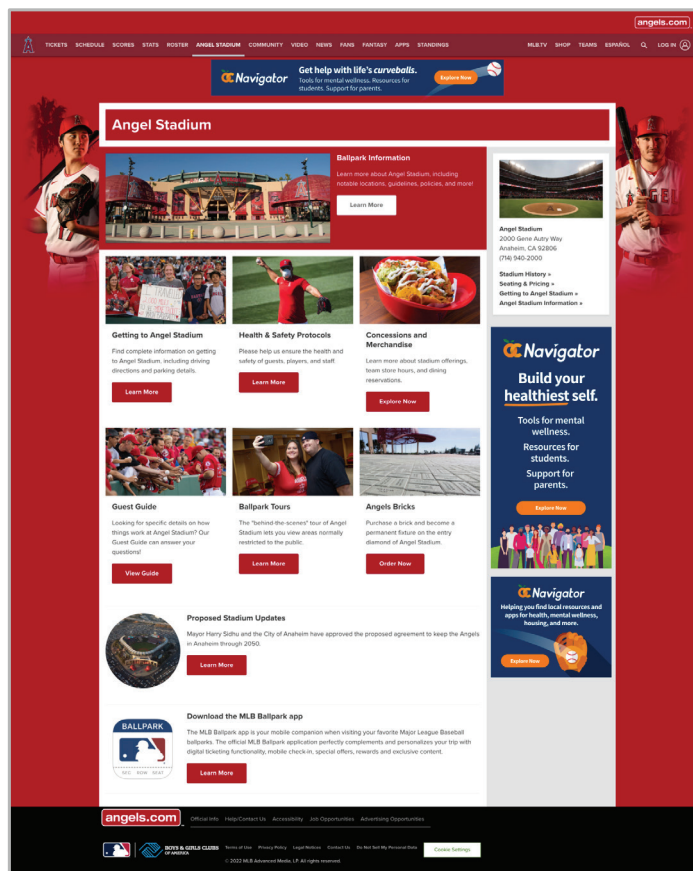
Figure 7. Mental Health Awareness Green Ribbon



ROS Banners

Run of site (ROS) banners were created for the Angels website to promote the OC Navigator. Community stakeholders suggested clear descriptions of the OC Navigator and what it can offer to the community. See Figure 8.

Figure 8. ROS Banners



OVERVIEW

This section details progress and lessons learned as it relates to the scope and features of the app build. Activities discussed in this section include: Additional Content and Enhanced Resource Data; Keywords; Data Governance; OC Navigator Reporting Dashboard for OC Administrators; Multi-Language Support; User Interface (UI) Improvements; and Closed Loop Referral System.^E

PROGRESS

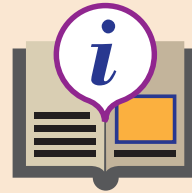
Additional Content and Enhanced Resource Data

Community requests and collaborations now drive 100% of the resources being processed by our team, as opposed to past periods where members of our team actively searched for resources.

As of this report, the OC Navigator contains



993 Resources



14 Resource Guides

This is an increase of 552 resources and 2 resource guides from last year's report.

Each suggested resource is vetted by our team to ensure that the resource is still active and contains the accurate contact information by calling the agency. We work closely with Orange County Health Care Agency to vet private agencies.

Community-partnered resource guide development also drives curation of resources. We envision resource guides as a narrative-driven article that can educate and guide individuals to appropriate resources. Guide development utilizes a partnered approach where we work with community co-chairs and community partners, including Orange County Health Care Agency, to determine a topic. Community stakeholders then generate resources and write guide topic descriptions, and the guide is sent to Orange County Health Care Agency for approval. After obtaining approval, our team sends the guide to be translated and enters the resources into our database. There are currently 14 guides in the OC Navigator and 7 in development with community partners.

New Features:

Authors of resource guides can now add quotes, links to other websites such as 211, and quick tips to make the guide more useful!

A new form was built for users to submit resource suggestions. The form will load the resource they clicked from so that users can easily see the current information to make comments.

Keywords

Resources are tagged with search keywords to help power a user’s search.

SMEs were interviewed to:

1. Determine how to structure the keywords that reflect both clinician and consumer viewpoints when searching for resources.
2. Generate synonyms or common search terms that users are likely to use when searching online.

These terms were also supplemented by the search terms users have used thus far. Then all the keywords were translated into eight additional languages and appended to each resource. Table 3.2.1 shows how each category is defined and who we worked with to develop the structure and content. In this reporting period, we first identified keywords for the most-searched categories.

Table 3.2.1. Category and Keyword Description

Category	Keyword Description	Subject Matter Expert Role
Demographics	Organized by age bands, gender and sexual orientation, status (e.g. veteran or student).	Internal team research through workgroup and interview analysis
Mental Wellness	Organized by the place of care (e.g., emergency room, in-patient, outpatient) and by the types of care (e.g. therapy by licensed professionals, wellness programs by differently credentialed specialists).	Psychiatrists and clinician providers
Substance Use	Follow the continuum of care approach: early intervention services, outpatient services, intensive outpatient/partial hospitalization services, residential/inpatient services, and medically managed intensive inpatient services. Each level branches off to subcategories of treatments or services.	Psychiatrists and clinical providers
Housing	Focus on types of needs (e.g., shelter, affordable housing) and networks of services organized by sub-populations (e.g., veterans, homeless).	Affordable housing expert and service provider
Family Safety	Organized by the type of safety concern (i.e., abuse, fraud, trafficking). Each category then branches off to subcategories that encompass different populations (e.g., child abuse, elder abuse)	PhD student in Psychological Science specializing in Domestic and Family Violence
Getting Around	Organized by the types of resources individuals might need (i.e., transportation and car repair). Each of these categories branches off to specific services individuals might need ranging from those that are related to medical (e.g., medical appointment transport) and social needs (e.g., community transport), as well as by population (e.g., youth, ADA, senior).	CEO of Abrazar, Inc., a community-based organization providing transportation services to seniors and other communities.
Basic Needs	Organized by the type of need, such as food, clothing, hygiene, child care, phone, and technology support	Assistant Director of the UCI FRESH Basic Needs Hub for college students

Data Governance

Conversations around OC Navigator data governance began in December 2021 between Chorus and Orange County Health Care Agency leaders specializing in research and data, clinical services, and resource management. During this reporting period, the data governance strategy team composed of Chorus, MHSA Innovations, MHRS/OC Links leads, and MHRS Research established a shared understanding of the data inclusion and maintenance protocols in the OC Navigator. Five organizations who serve traditionally vulnerable populations (i.e. older adults, children, persons experiencing disability) were interviewed to help us understand current practices in the County and how stringent they may be to prevent inclusion of illegitimate or fraudulent services.

Learning from these interviews include:

- All organizations included county-operated and county-contracted resources
- Most organizations included federal and state resources relevant to their service population
- Private and digital resources are evaluated on a case-by-base basis by a set of guiding principles (e.g., the organization is trusted)
- Maintenance of resources is conducted by a dedicated person or group annually and as needed when new resources are discovered

OC Navigator Reporting Dashboard for OC Administrators

OC Navigator go-live necessitated an interactive and customized dashboard for Mental Health and Recovery Services (MHRS) staff to explore usage metrics. The OC Navigator Administrator Dashboard enables Orange County Health Care Agency administrators to get an overview of real-time activity of OC Navigator users and gain important insights such as where people are searching for resources, the kinds of needs they are looking to address, the areas of need identified in the Social Determinants of Health survey (Wellness Check-In), and real-time community input and feedback received from the OC Navigator.

In this reporting period, we collaborated with OC Mental Health and Recovery Services research analysts to design additional data to report and improve HCA administrators' ability to tell a story using the data.

- **Date filters** were added to all tabs to help narrow down results related to user activity and search, new content additions, and community input.
- **Multilingual data** is displayed so viewers can see how often the site was translated and how often categories were viewed in each language.
- A new page for search was added to better display search activity. Search results are **displayed by city and language** to help district leaders understand their constituents' need for resources.
- The community feedback tab now includes results from the global feedback form and the suggest-an-edit page for **specific resource suggestions**.

New Features:

A new page for search was added to better display search activity. Search results are displayed by city and language (Figure 3.2.1).

Figure 3.2.1. OC Navigator Dashboard – Overview

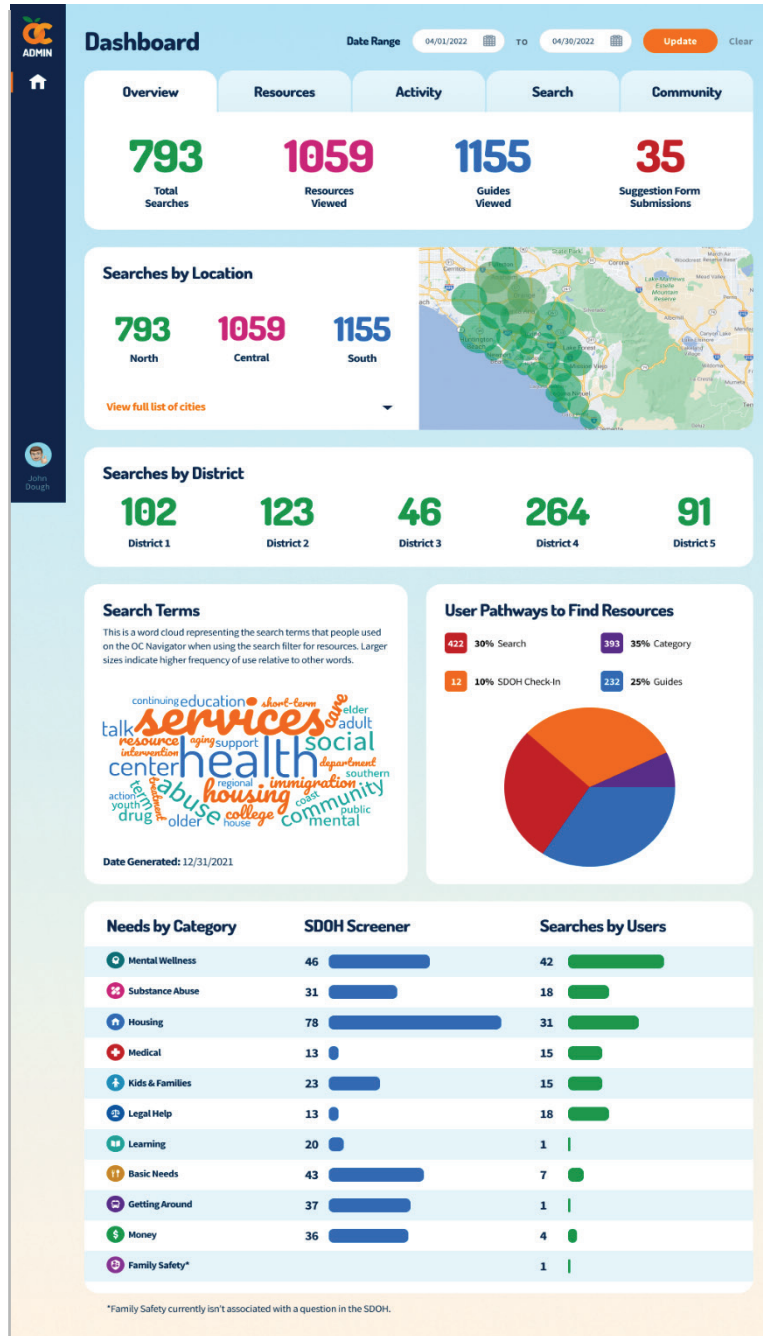


Figure 3.2.2 OC Navigator Dashboard – Resources

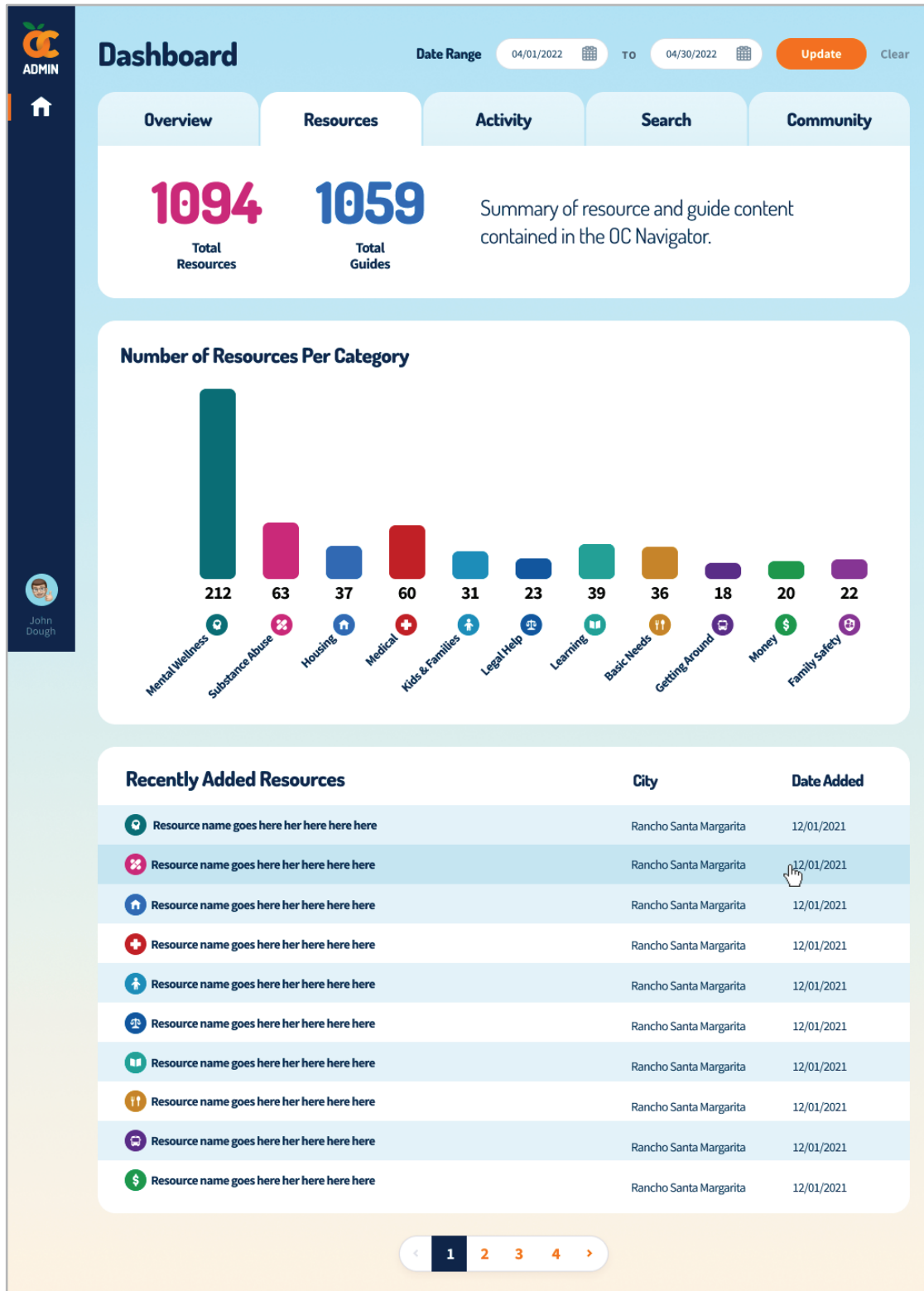


Figure 3.2.3. OC Navigator Dashboard – Activity

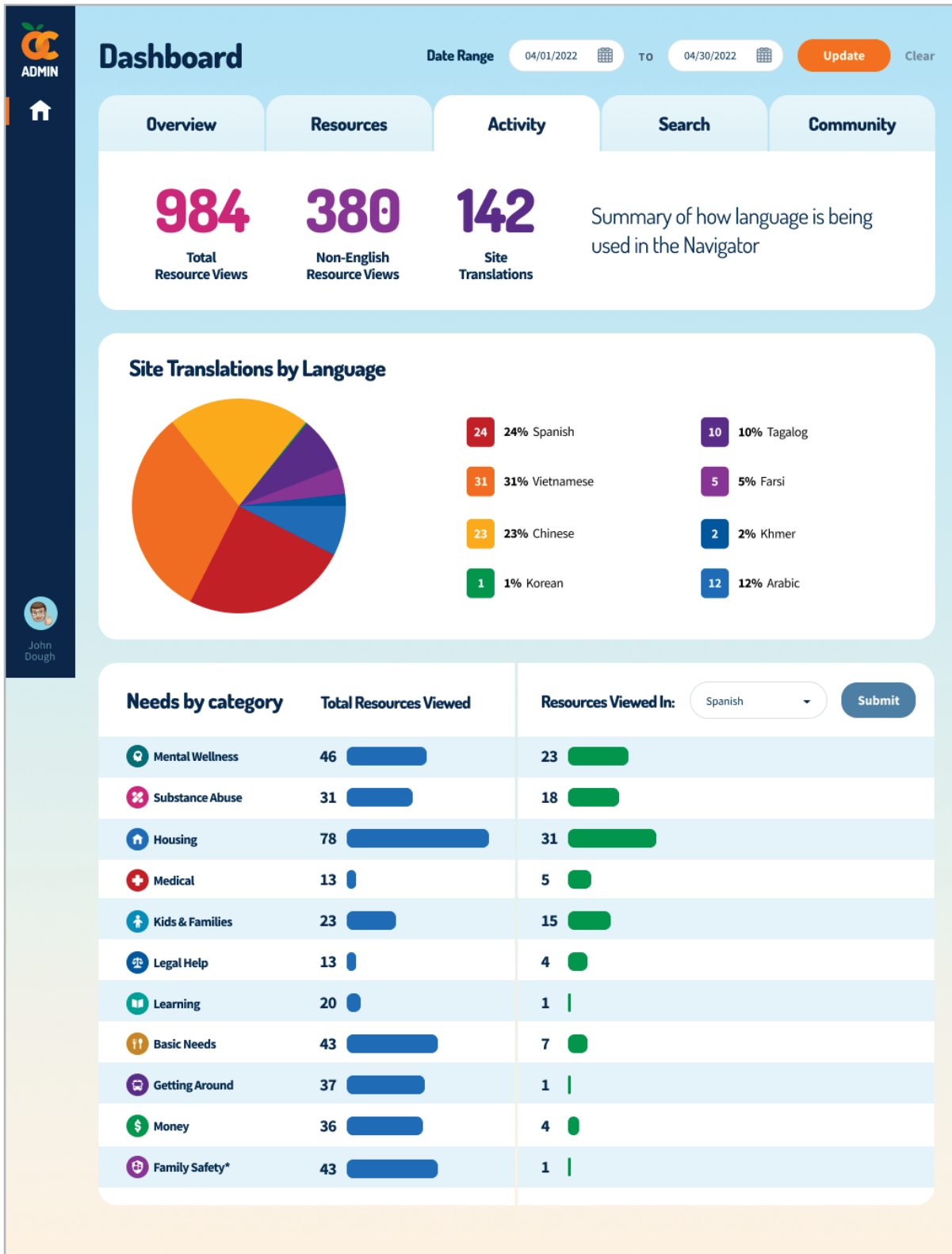


Figure 3.2.4. OC Navigator Dashboard – Search

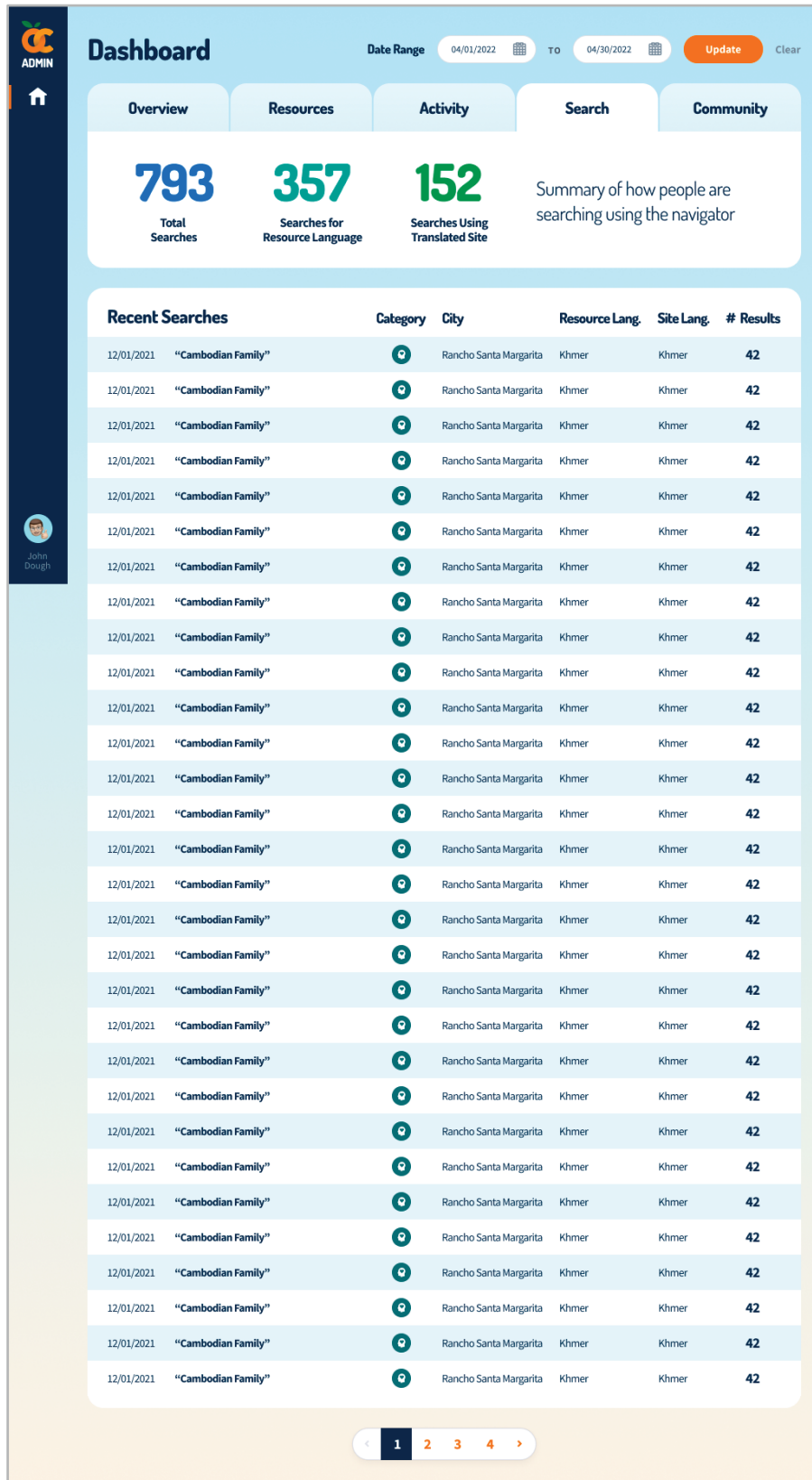


Figure 3.2.5. OC Navigator Dashboard – Community Feedback

Dashboard Date Range 04/01/2022 TO 04/30/2022 Update Clear

Overview Resources Activity Search Community

4 General Suggestion Form **6** Resource Specific Suggestion Form

Below are suggestions submitted in the OC Navigator. These submissions come from both the general suggestion form and the resource specific suggestion form.

Recent suggestion form submissions All Submissions Filter Clear

Suggestion for LGBTQ Center OC 10/18/2021

Jane Doe
 jdoe@p4w.org
 714-555-1234
 Diocese of Orange

Hi this resource is actually for adults only and not children. The translation for the description is also a little off.

CATEGORIES
 This resource is no longer open or active, The translation is inaccurate

General Suggestion 10/01/2021

John Do
 jd@testocgov.com
 OC Public Defender

Hello, The Santa Ana HCA office is no longer 1200 N Main St. The new address is 401 W Civic Center Dr. Could you make the correction on your website? Thank you.

I WOULD LIKE TO
 Receive occasional updates, Provide feedback

General Suggestion 9/29/2021

Ryan D Yowell
 ryowell@ochca.com
 951-966-5853
 OCHCA

Hi when I open the browser on the Ipad, every click opens a new tab and its a bit frustrating. It doesnt do this from desktop. Also, i noticed an other languages tab. In my experience, if a non-english speaker comes to the site, they wont know what the word other lanaguages means. They need a button with all the languages available that is always visable. so for example if the user speaks spanish, they can see the Spanish button on the bottom right and click it. Navigating english words to get to the Spanish page would defeat them due to the language barrier upfront. sorry for the typos. great work all around. thanks!

I WOULD LIKE TO
 Provide feedback

Suggestion for LGBTQ Center OC 9/24/2021

Inas Ali Younis
 iyounis@omidinstitute.org
 714-555-1234
 OMID Multicultural Institute for Development

I'd like to see affordable housing resources for seniors.

CATEGORIES
 Suggest a resource or guide

1 2 3 >

Multi-Language Support

Early in the project, community stakeholders emphasized the importance of multilingual functionality in the OC Navigator, particularly in non-threshold languages as there is less local information available to those communities. By increasing the language capability of the OC Navigator, more communities can access information and link to resources.

Translation continued to be a key priority emphasized by many of our stakeholder partners and was another major focus for the project during this period. We describe two related but separate efforts to successfully publish the OC Navigator in eight additional languages: translation localization with Subject Matter Experts (SMEs) and a bespoke build of a translation input system.

Translation Localization

With Orange County Health Care Agency, we developed a translation plan that goes beyond one-to-one translation. Stakeholders serving multilingual and monolingual communities expressed the importance of localization, which is the process to address local cultural and non-textual aspects of a language. To accomplish this in eight languages, content was professionally translated and then reviewed by community stakeholders for accuracy, relevancy, and readability. To maintain sustainability of the OC Navigator, resource information like descriptions, eligibility, and other information subject to change were auto-translated using Google Translate API integration.

Careful consideration was taken to maintain the contextual accuracy of project-specific terms such as “Community Engagement” or “navigator” required more careful thought with community reviewers; team members met with community reviewers to understand how best to be contextually consistent. First, content was translated by county vendors which was deemed inadequate upon internal review by Chorus staff members: some translations were too literal and would not make sense, and translation of project-specific terms like “Community Engagement” and “participatory development” were not contextually accurate. A new vendor was selected to ensure the accuracy and understandability of the website. AlphaOmega came highly recommended by the Chief Program Officer of Mental Health America; for each client, a memory base of unique terms, tone, and voice is created so that all translations are consistent.

Translation System

Flexibility of the Chorus platform allowed us to develop a bespoke system to input, edit, and maintain translations in OC Navigator in two different ways: auto translation for content that is likely to change (e.g., resource descriptions) and manual translation for static content.

The OC Navigator is available in eight languages in addition to English:

- The six threshold languages
 - Arabic
 - Chinese
 - Farsi
 - Korean
 - Spanish
 - Vietnamese
- Two non-threshold languages
 - Khmer
 - Tagalog

This system includes two ways for OC Navigator users to indicate that a translation is incorrect or suggest a change to a translation, whether the translation was manually or auto-translated.

1. On the global feedback form, users can note that a translation is incorrect on the website and suggest a change.
2. On the new suggest-an-edit page, users can suggest specific translation edits to a resource description, eligibility, and keywords.

In addition, we included a clear notice on the pages that contain automatic translations that content was partially auto-translated to help address any possible inaccuracies which are common with auto-translated text. We included a link to submit suggestions if any inaccuracies are identified and those submissions can be reviewed with the staff who can determine how best to integrate. The OC Navigator was set up to have the ability to accept both manual and automated translations, so if there is an issue with a particular auto-translation, staff can overwrite it as needed with a manual translation fix so the accuracy can improve over time and use.

Figure 3.2.6. Language Selector

Users of the OC Navigator will be able to select the language they prefer on the top of every page. Languages are written in the language for easier navigation for non-English speakers.



Figure 3.2.7. Manually translated vs. auto-translated content on the OC Navigator

Static content (highlighted for demonstration purposes in purple) have been professionally translated through Orange County Health Care Agency and vetted by the OC Navigator stakeholder representatives. Dynamic fields (highlighted yellow) such as resource name, description and other details, are auto-translated.

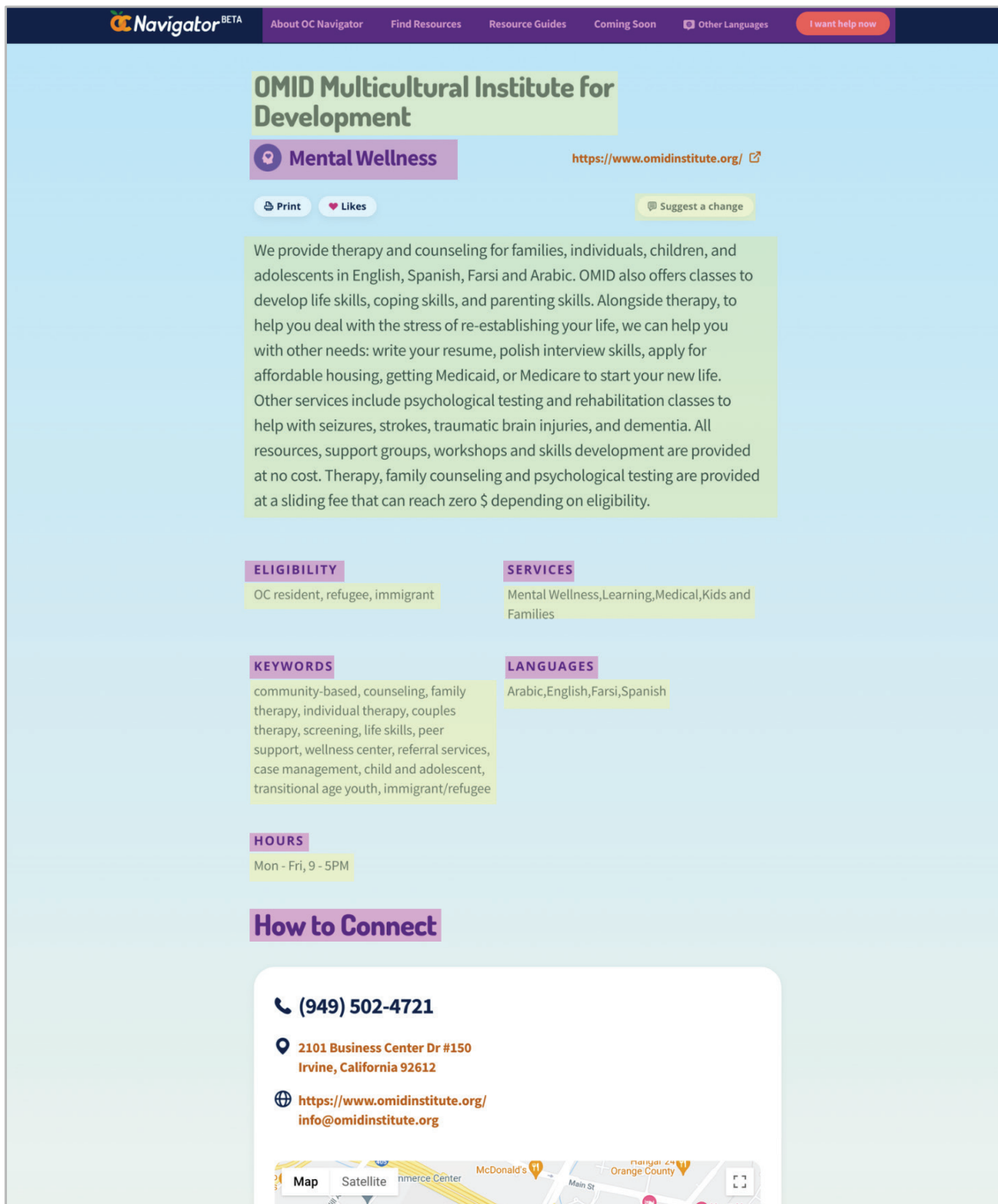


Figure 3.2.8. Support for right to left languages (Farsi example)

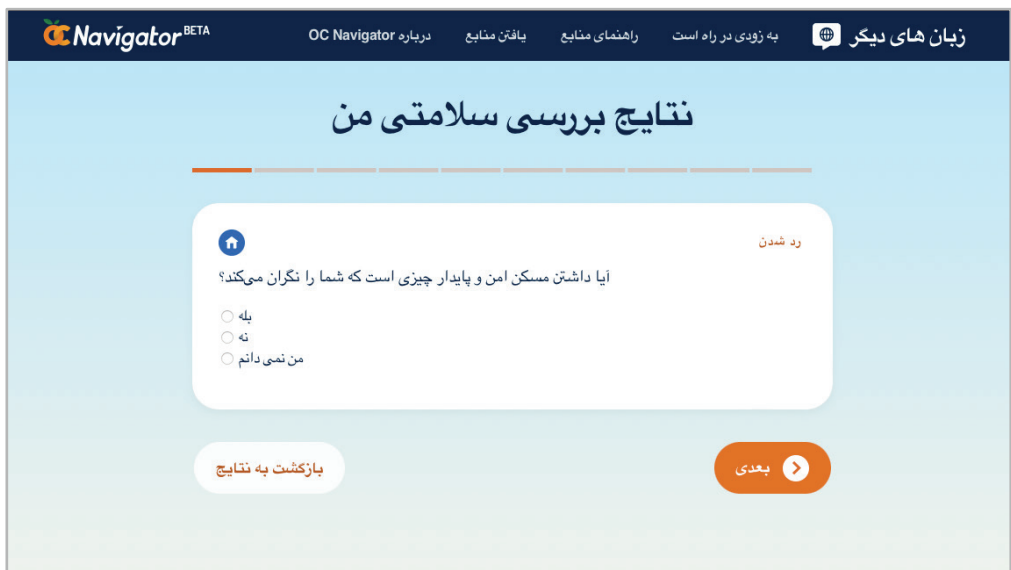
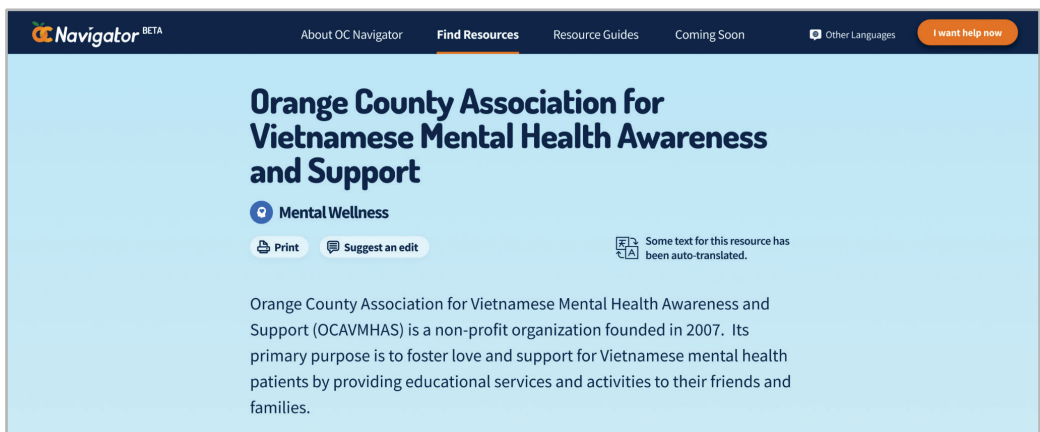


Figure 3.2.9. Auto-translation notice and suggest a change feature

Based on stakeholder input, it is important to be mindful of the possible inaccuracies of auto-translated content. To address this, we designed a notice to be placed on all pages that have auto-translated content to let users know that content was auto-translated and to make it easier to suggest a change if they want. By allowing direct feedback (that would then be vetted by OC Navigator staff) from users of the OC Navigator, the aim is to improve the acceptability of auto-translated content.



User Interface (UI) Improvements

OC Navigator app build addressed community stakeholder ideas to improve the user experience. In this reporting period, OC Navigator app build addressed feedback community partners provided to improve the user interface and experience of the site. The changes described below ultimately make it easier for community members to find and connect to local resources, as well as suggest edits to resources.

Category Page

The category page was re-designed in response to community partners expressing a disconnect between the resources and the map, which could not be viewed on the same screen. Figure 3.2.10 captures that the new category page shows the map next to the resources so that users can scan the location of the resource as well as read some of its description. Hovering over the icons in the map will show a preview of the resource. Users can access the resource by clicking the map icon or description.

Figure 3.2.10. Category Page



Suggest an Edit Page

The resource suggestion page was created so users can see the current state while typing in their suggested edits. Previously, users submitted resource suggestions through the general feedback form, which was also used to convey interest in participating in engagement activities or to provide site feedback. Since edits to a resource may be very specific, stakeholders recommended a page be built for the sole purpose of suggesting changes to resource descriptions, contact information, and address (Figure 3.2.11). Each submission will be vetted by the project team for accuracy before publishing on the live site.

Figure 3.2.11. Resource Suggest An Edit Page

Suggest an edit

Please complete the form below to suggest a change to a resource listing.
We appreciate your time and input in helping us make OC Navigator better!

Your suggested edits

RESOURCE EDIT CATEGORY(S)

- This resource is no longer open or active.
- Information about this resource is inaccurate or incomplete.
- The translation is incorrect.
- Other

DESCRIBE YOUR SUGGESTED CHANGE(S)

Their hours are facetious!

Optional Contact Information

YOUR NAME

EMAIL OR PHONE

ORGANIZATION(S), IF APPLICABLE

Submit

Orange County Association for Vietnamese Mental Health Awareness and Support

Description:
Orange County Association for Vietnamese Mental Health Awareness and Support (OCAVMHAS) is a non-profit organization founded in 2007. Its primary purpose is to foster love and support for Vietnamese mental health patients by providing educational services and activities to their friends and families.

Eligibility:
Vietnamese speakers- the family of the patient/consumer

Services:
Mental health

Languages:
Vietnamese, English

Contact Info:
Monday, Thursday & Friday 8:00 AM - 6:00 PM; Tuesday & Wednesday 8:00 AM - 8:00 PM
888-480-2700
[1501 E St. Andrew Place](#)
[Santa Ana, CA 92705](#)
email@domain.com
<http://superlonglonglonglongwebsitegoeshere.com>

Closed Loop Referral System

The scope of the OC Navigator will expand to facilitating automated referrals, which refers to functionality built within the OC Navigator and related apps like OC Links to facilitate and support efficient linking to services for residents of Orange County and where possible, support automated facilitation of this linking. The full implementation of automation of referrals on the client side through the public-facing OC Navigator will require further work such as engagement of downstream resources to use the OC Navigator to receive incoming referral requests where appropriate. However, we have begun laying the foundation for this process by focusing on the creation of client profile accounts which are a necessary feature to support this functionality. Client profiles allow users to register with the OC Navigator and create a username and password to be able to login and save things like their name, contact information and which resources they want to connect to. This will be the portal they can login to in order to track things like referral requests and submit feedback surveys, etc. The main features and build of this functionality will be reported at a later date, following implementation.

LESSONS LEARNED

- As more MHRS teams utilize the Chorus platform to conduct case management, communicate with one another, and record client data, the need for enhanced dashboards and visualizations emerged.
- Successful features result from involving stakeholders early and often in ideation, benchmarking existing similar features to learn what might and might not work, and observing users as they go through the current flow.

SPOTLIGHT:

Integrating Orange County (OC) Links Behavioral Health Service Line (BHS) and the OC Navigator



OC Links Background

Orange County (OC) Links was originally an information and referral line available to all residents in Orange County that started in October 2013. OC Links utilizes Navigators, who are behavioral health clinicians, to provide information and linkages to any of the almost two hundred OC Health Care Agency's (HCA) Behavioral Health Services (BHS) via telephone and chat. Callers can be potential participants, family members, friends, law enforcement, other first responders, providers, or anyone seeking behavioral health resources and support. As of January 2021, OC Links expanded to become the single-entry point for BHS, available 24 hours a day, 7 days a week. This meant the program needed to increase from business hours to be 24/7 and the scope of responsibility grew to include:

- 1) Identifying crisis and assigning cases to the Crisis Assessment Team (CAT) for field response; and
- 2) Triaging calls for individuals experiencing homelessness with behavioral health needs and dispatch of BHS Outreach and Engagement (O&E) for field response.



Additionally, at this time, it was identified that the resource database and documentation system for all OC Links services needed to be replaced with a new platform that was yet undeveloped. The OC Links team partnered with Chorus to create a solution. The entire OC Links team played a key role in developing the software, workflows, and documentation fields by participating in work groups and working directly with the Chorus team to ensure the new data system met OC Links' program needs and was easy for the staff to integrate into their process of navigating resources and documenting while on calls or chats. An example of the platform for adding a new case can be seen in Figure 1. Figure 2. demonstrates the capability to view client case histories for streamlining referrals and linkages across Mental Health Service and Recovery teams.

Figure 1. OC Links New Case Screen

Figure 2. OC Links Edit Case Screen

Figure 3. OC Links Client Management Feature

The collaborative process in designing the new platform for OC Links helped to support the Navigators' increased scope of responsibility. More efficient technology solutions help OC Links Navigators in their role to assist callers and families in identifying appropriate services addressing cultural, ethnic, age, and gender identity preferences. Navigators warm link clients to the appropriate level of care and community supports and provide follow-up services to ensure linkage to ongoing services. Since the OC Links team has been integral in providing quality resources to the OC Navigator platform, OC Links Navigators also encourage callers to visit OC Navigator to connect to an array of community resources, prevention and treatment information, wellness services, and much more.


 Navigators are available 24 hours a day, 7 days a week by phone at 855-OCLinks (855-625-4657) or by connecting through an online chat at: www.ochealthinfo.com/oclinks

Connecting to OC Links from the OC Navigator

Resources displayed on the OC Navigator website were carefully designed and organized in a welcoming and easy to understand format, ideal for those who desire a self-guided exploration of local resources. However, some visitors may prefer a more guided experience. They can click on the "I want help now" button or "Talk to a Resource Navigator" to be connected to a trained OC Links Navigator via phone, chat, or text, 24-hours a day, ensuring visitors can access the resources using their preferred method of communication anytime the need arises. Online OC Links Navigator chat options are available in English and Spanish. If an individual prefers to call an OC Links Navigator, English, Arabic, Farsi, Korean, Spanish, and Vietnamese language is available. Resources and support on the OC Navigator are available in 9 languages: English, Spanish, Vietnamese, Korean, Arabic, Farsi, Mandarin, Tagalog, and Khmer.

● Figure 4. OC Navigator Homepage with Access to OC Links Navigators



Distinction of OC Links Behavioral Health Service Line – 2022 National Association of Counties Award Winner

The National Association of Counties (NACo) Achievement Awards are presented to counties for innovative programs that modernize county government and increase services to county residents. This recognition awarded to OC Links Behavioral Health Service Line reflects the amazing work of Orange County Health Care Agency and highlights the work of OC Links at the national level. OC Links best represents the principles of Orange County Health Care Agency to provide quality care through a variety of programs and services for residents of Orange County. OC Links, along with each department at HCA is composed of a unique set of teams who share the common attributes of providing exceptional work ethic, leadership abilities, and dedication to working together.

Lessons/Recommendations

- Orange County stakeholders are part of a large continuum of care to provide services to Orange County residents. Collaboration with agency partners, criminal justice system, community, and stakeholders together is what enables the creation of this system and structure of care.
- Collaboration between Chorus and HCA improved opportunities to connect individuals to needed services without duplicating work.
- Streamlining the navigation of individuals to services allows HCS to achieve real outcomes that can be measured to craft services that are equitable among Orange Counties' diverse communities.

OVERVIEW

The Social Determinants of Health (SDoH) Screener, also known as the Wellness Check-In, is intended to offer a starting point for consumers who are unsure of their needs or how to navigate to resources.

This section focuses on the progress and lessons learned regarding the development and updates to the Social Determinants of Health Screener available on the OC Navigator.^E

PROGRESS

As noted by Chorus, in this reporting period, Chorus updated the structure of the Wellness Check-In (Table 3.3.1). Additionally, based on stakeholder feedback, updates were made to the SDoH Screener to streamline use and functionality as seen in Table 3.3.2 and further depicted in Figures 3.3.1, 3.3.2, and 3.3.3.^E

Table 3.3.1. Updated Structure to the Wellness Check-In

607 Wellness Check-In submissions were completed from September 28, 2021 to August 30, 2022.

New Features:

A new item was added to the Wellness Check-In to route users to Family Safety Resources.

PAGE 1

- **Q1.** Is having safe and stable housing something that worries you? [HOUSING]
- **Q2.** Are you a parent, stepparent, grandparent, legal guardian, or caretaker for any children between the ages of 0 and 17? [KIDS & FAMILIES]
- **Q3.** Have you seen a doctor in the last year? [MEDICAL]

PAGE 2

- **Q4.** Do you or any family members you live with, have issues or concerns about the following things right now or in the near future...
 - **Q4.1** Lack of food or clothing [BASIC NEEDS]
 - **Q4.2** Lack of transportation [GETTING AROUND]
 - **Q4.3** Affording basic needs, such as housing, internet, food, or medical care [MONEY]
 - **Q4.4** Problems with alcohol and substance use [SUBSTANCE USE]
 - **Q4.5** Problems with mental wellness [MENTAL WELLNESS]

PAGE 3

- **Q5.** Do you feel lonely or isolated? [MENTAL WELLNESS]
- **Q6.** Are you worried about things that make you feel tense, nervous, anxious, or can't sleep at night? [MENTAL WELLNESS]
- **Q7.** Do you feel safe in your current relationship or in your family? [FAMILY SAFETY]

PAGE 4

- **Q8.** Do you want help with school or training? For example, starting or completing job training or getting a high school diploma, GED or equivalent. [LEARNING]
- **Q9.** Do you want help finding or keeping work or a job? [LEARNING]
- **Q10. Do you have concerns about any immigration matters for you or your family? [LEGAL HELP]**
- **Q11.** Would you like assistance or support for legal matters? [LEGAL HELP]

Table 3.3.2. Updates to SDoH Survey Based on Feedback

Update to SDoH Survey	Summary
Add a skip to results page (Figure 3.3.1)	This enables individuals to skip to their results without having to go through the entire survey.
No results page (Figure 3.3.2)	For individuals who are not matched with resources, it will inform them of that and direct them to either retake the test, chat with OC Links, browse resource categories or guides.
Ability to retake the survey (Figure 3.3.3)	On the result page, individuals can now retake the survey.
Updated language to SDoH survey	Minor edits to the language in the survey to be more consumer-friendly.
Reduce number of pages from 10 to 4	Previously, users had to click through 10 pages on the OC Navigator to complete the Wellness Check-In, causing feelings of impatience and frustration. The items were grouped into 4 pages according to topic.
Add Family Safety item to route to the Family Safety category	“Do you feel safe in your current relationship or in your family?” This item was written by Dr. Bowen Chung, a child and adolescent psychiatrist and the project adviser.

Figure 3.3.1. Wellness Check-in with "Skip to Results" Button

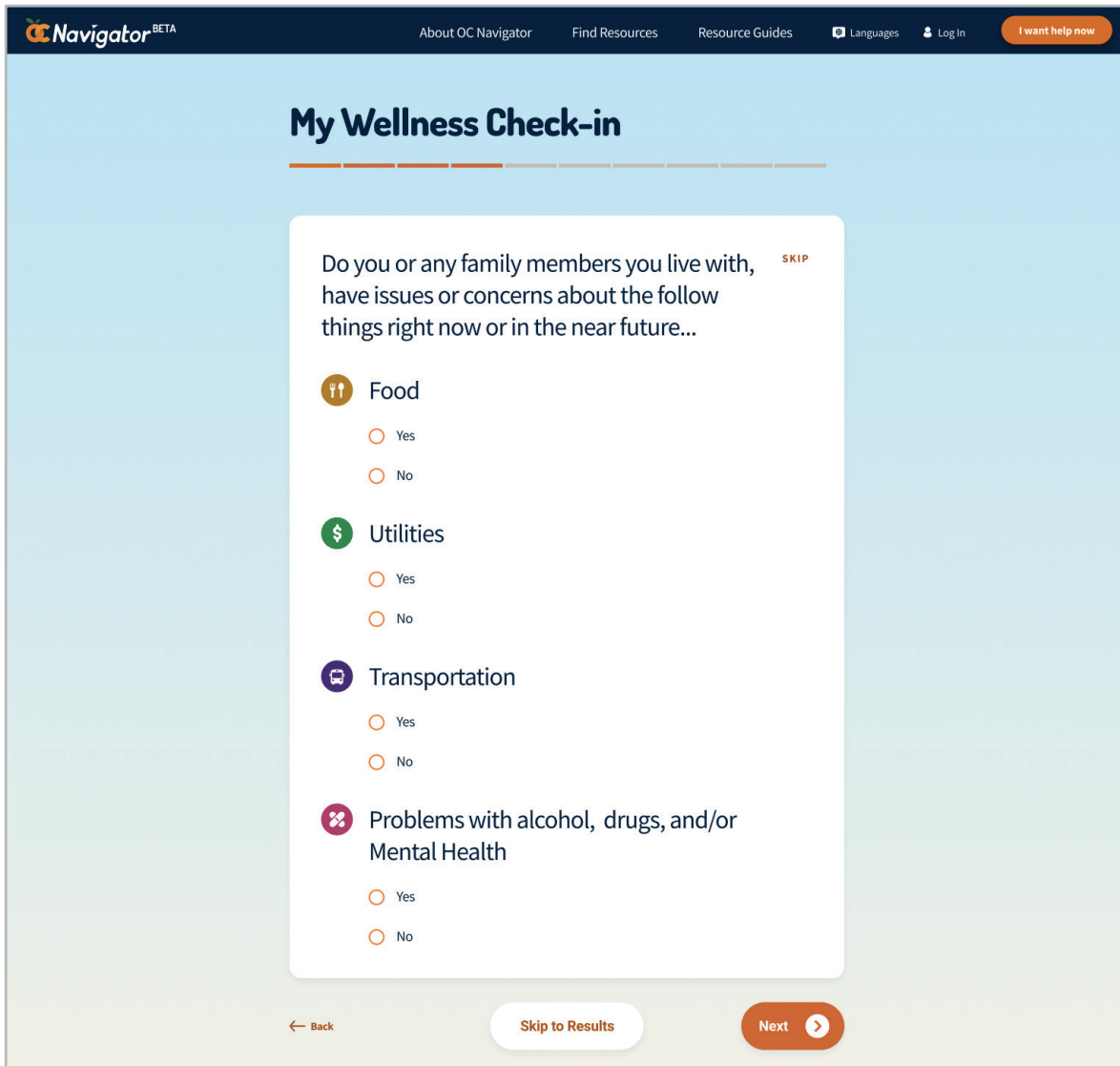


Figure 3.3.2. No Results Page

OC Navigator BETA About OC Navigator Find Resources Resource Guides Languages My Profile [I want help now](#)

My Wellness Check-in Results

✔ **You have completed the Wellness Check-in!**

Based on your answers, no specific needs were identified. Please feel free to retake the check-in if you think something was missed, explore resource guides and categories below, or contact a trained navigator from OC Links to help you.

[Retake the Wellness Check-in](#)

Talk to Someone Now

Trained navigators are here 24/7 to help you find what you need.

OC Links 24/7

Browse Topics

<input type="checkbox"/> Mental Wellness	<input type="checkbox"/> Substance Use
<input type="checkbox"/> Housing	<input type="checkbox"/> Basic Needs
<input type="checkbox"/> Medical	<input type="checkbox"/> Getting Around
<input type="checkbox"/> Kids & Families	<input type="checkbox"/> Money
	<input type="checkbox"/> Legal Help
	<input type="checkbox"/> Family Violence
	<input type="checkbox"/> Learning

Check out our resource guides!

Browse hand-picked lists of resources for different needs and topics.

Figure 3.3.3. Updated Wellness Check-in Results Page



LESSONS LEARNED

- Providers are the primary user of the Wellness Check-In to assist their clients.

4


Provide Progress Updates to Mental Health Services Oversight and Accountability Commission (MHSOAC)

BHST Part Two: OC Navigator

Chorus provides an annual report of updates to MHSOAC and is eager to share additional updates as requested.^E

Evaluation of BHST Part Two:

OC Navigator



This section describes the evaluation of the *BHST Part Two: OC Navigator* and the preliminary evaluation findings. This section is written by the BHST evaluation team.

Evaluation Activities



Key Informant Interviews: Interviews with community stakeholders, Chorus staff, and Orange County Health Care Agency staff aimed to gather insight as to the facilitators, barriers, and recommendations associated with the planning and the implementation of the OC Navigator.



Focus Groups: Interviews with stakeholders involved in the planning of the OC Navigator intended at gaining an understanding of satisfaction with the community engagement process and user experience with the OC Navigator.



Quarterly Review of Milestones: Project activities evaluated in relation to milestones and learning objectives through document review, meetings, and questionnaires.



Engagement Surveys: Monthly workgroup surveys and an annual survey conducted with stakeholders aimed to understand the extent to which the project and OC Navigator product align with a Community-Partnered Participatory Research (CPPR) approach.

Key Informant Interview

KEY POINTS

- Semi-structured key informant interviews based on Consolidated Framework for Implementation Research (CFIR) constructs were conducted with 18 individuals about performance and value-based contracting.
- Barriers, facilitators, and recommendations were pulled from the transcripts.
- Diverse representation from community stakeholders is key to developing a community centered and user-friendly product. Ensuring the inclusion of new communities that are not yet represented is important throughout the development of the OC Navigator.
- Transparent and strong communication with stakeholders and community members facilitates quality feedback and success of the OC Navigator.
- Maintaining up-to-date resources in real-time on the OC Navigator is a challenge that previous digital resource navigation systems also faced.

OVERVIEW

We conducted directive qualitative analyses to analyze key informant interviews.

Stage 1 – The evaluation team developed tailored interview guides based on the Consolidated Framework for Implementation Research (CFIR) model.

Stage 2 – Interviews (N = 18) were conducted with 4 Chorus staff, 3 community stakeholders, and 11 Orange County Health Care Agency staff.

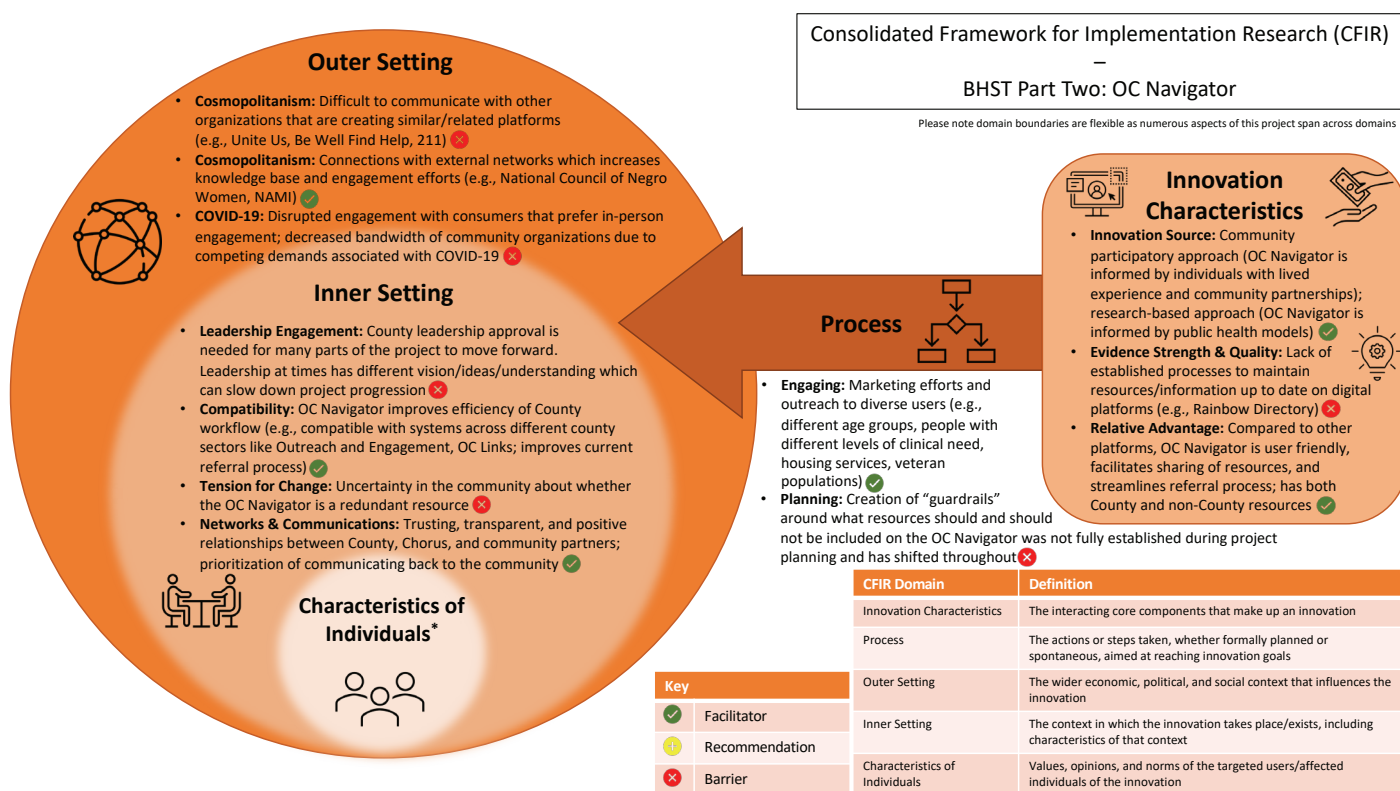
Stage 3 – The evaluation team developed an initial codebook based on the Consolidated Framework for Implementation Research (CFIR) and the interview guides to help pull out themes from the interviews.

Stage 4 – The evaluation team started qualitative analyses to identify facilitators, barriers, and recommendations associated with the planning of a performance and value-based contracting system.

Key Informant Interview Findings

Key themes pulled from the interviews are consolidated in Figure 4.1. Please note that these themes are not comprehensive.

Figure 4.1. Key themes from BHST Part Two: OC Navigator⁸



Learnings from Key Informant Interviews

- Different types of evidence lay the foundation for informing innovation development.** The OC Navigator is informed by community feedback, resources and knowledge from other organizations, design principles, public health models, and literature around social determinants of health outcomes.
- The OC Navigator has many advantages that can meet the needs of diverse consumers.** The platform has multilanguage features (including adding threshold and non-threshold languages), built-in smart analytics, and user-friendly features. The platform also has both county and noncounty resources, and thus facilitates sharing of resources developed in local community agencies and improves the workflow of county employees (e.g., makes referral process easier).

⁸ No coding of Characteristics of Individuals occurred in this reporting period. It is too early in the project to code for this domain.

- **COVID-19 affected project implementation processes.** COVID-19 disrupted initial community engagement plans. It was especially hard to engage individuals with severe mental illness in virtual settings. Being mindful about agency bandwidth and competing priorities, and engaging community co-chairs facilitates relationship building.
- **Community partnership and community centered design are key to success.** Involving community feedback is essential to different stages of the project including but not limited to developing a road map, identifying project goals, developing new features, identifying resources, and improving user interfaces and color schemes.
- **Strong communication within and among teams is paramount to success.** It is important to understand perspectives of diverse stakeholders and communicate with community members and stakeholders in nontechnical language. When there is internal staff turnover, strong communication supports seamless transition. Organized meeting formats, diverse modes of communication (e.g., slack, phone call, zoom meetings, chat box), centering real-life experiences, and leveraging domain expertise facilitates discussions among tech professionals, community members, and county stakeholders.

Focus Groups

Evaluation of BHST Part Two: OC Navigator

The results from the Annual Stakeholder Survey will be used to inform upcoming Focus Groups with stakeholders included in the development and planning of the OC Navigator. Results will be included in the 2022-2023 Annual Report.

Quarterly Review of Milestones

Evaluation of BHST Part Two: OC Navigator

KEY POINTS

- The milestones completed during the April through June 2022 quarter consisted of presentations/ engagement meetings, workgroups, marketing, co-chair meetings/collaborations, subject matter expert meetings, data governance discussions, Google dashboard studios, community requests and feedback.
- The most common engagement strategies present in Chorus' activities during this quarter were transparency, respect, and two-way knowledge exchange.
- The least common engagement strategy was power sharing.
- Subject matter meetings included the fewest engagement strategies, yet still included transparency, respect, and two-way knowledge exchange.

OVERVIEW

This section describes our review of the quarterly project milestones submitted by Chorus. We constructed a survey to determine how the activities on the milestone report aligned with Community-Partnered Participatory Research approach engagement strategies. This survey was completed by Orange County Health Care Agency MHSa Innovation Staff and Chorus staff.

QUARTERLY REVIEW OF MILESTONES

Quarterly milestones are submitted as part of the deliverables from Chorus Innovations. These milestones outline the activities that Chorus completed during each quarter. We reviewed the activities from the Installment 5 Deliverable Report (April 1, 2022 – June 30, 2022) and coded activities to identify the types of activities completed during that period.


We identified eight main types of activities.

Table 4.1. Descriptions of the eight activities identified in Chorus’ *Installation 5 Deliverable Report (April 1, 2022 – June 30, 2022)*.

Type of Activities	Definition	Examples
Presentations / Engagement Meetings	Presentations and meetings with community partners	Meeting with the Council of Aging Southern California, Connect OC, Orange County Health Care Agency Division of Public Health
Workgroups	Monthly workgroup meetings with project stakeholders or stakeholder meetings with specific groups	BeWell Prenatal-5, Grupo VeLA
Marketing	Community outreach through advertising	Angels’ Stadium Campaign, Veterans Day Postcard
Co-Chair Meetings / Collaborations	Meetings with the community co-chairs, who are community stakeholders comprising an advisory council	Weekly co-chairs meetings
Subject Matter Expert (SME) Meetings	Meetings with experts in areas to identify resources, functions, or dissemination of the OC Navigator	SMEs for family safety, access, basic needs
Data Governance Discussions	Discussions related to the process of managing the availability, usability, integrity, and security of data in the OC Navigator	Orange County Health Care Agency MHSA Leads, MHSA Prevention and Early Intervention, MHRS Research and Development
Google Data Studios Dashboard	Development and use of a dashboard to provide information on the use of the OC Navigator and some marketing	Google Data Studios dashboard for interactions with OC Navigator and Angels’ Stadium Campaign landing page
Community Requests / Feedback	Input from the community on the design, functionality, and/or dissemination of the platform	Adding resources, making the category page more engaging, design and functionality enhancements


After the activities were coded and the main type of activities were identified, we made a survey that asked respondents to indicate which of the five core engagement concepts, noted below, were represented in each set of activities. The five core engagement concepts are:

Figure 4.2. Description of the five core engagement concepts identified by Chorus for community engagement






Transparency

Decisions are made with the participants present and through agreed-upon mechanisms.



Respect

Understanding and respecting that people have different perspectives and opinions. Allowing respectful disagreement.

- 
Power Sharing
 Including and engaging all individuals, especially those who have not been included, in decision making.
- 
Co-Leadership
 Providing opportunities for both formal and informal leaders to make substantial contributions.
- 
Two-Way Knowledge Exchange
 Recognizing that each individual and group bring their own expertise and that expertise, including lived experience or formal education, all make equal contributions to the project.

The survey then asked for each type of activity to describe how the engagement concepts that were indicated for that activity occurred. Findings demonstrate the most common types of activities that occurred, the most prevalent engagement strategies, and which types of activities tended to relate to which engagement strategies.

QUARTERLY REVIEW OF MILESTONE FINDINGS

The five core engagement concepts were present in most of the types of activities reported in the milestones report.

Figure 4.3. Frequency of core engagement concepts across the eight identified activity categories



Of all the types of activities, subject matter expert meetings had the fewest engagement elements endorsed. Subject matter expert meetings included transparency, respect, and two-way knowledge exchange, but not the other engagement elements. Both data governance discussions and Google data studios dashboards included transparency, respect, co-leadership, and two-way knowledge exchange, but not power sharing.

Transparency

Activities incorporating transparency include accurate and responsible representation of the OC Navigator platform including other similar platforms, its functionality, limitations, and data collection needs. It also includes providing information about the current state of the project including activities, milestones, and data metrics.

Respect

Activities incorporating respect include appreciation of the various resources stakeholders contribute to the project – their time, expertise (including lived experience), and values. It also includes styles of interaction including listening before answering, responding in a timely manner to requests, and engaging in proactive follow-up.

Two-Way Knowledge Exchange

Activities incorporating co-development and collaborative learning. These activities provide the Chorus OC Navigation team with the opportunity to learn from individuals with lived experience, subject matter experts, and community members to include their feedback on tailoring materials and content for various stakeholders. They also provide the Chorus OC Navigation team the opportunity to share about the Navigation platform including its objectives, content, and features.

Co-Leadership

Activities incorporating project leadership including planning and decision-making included multiple stakeholders such as the advisory council co-chairs and the county counsel.

Power Sharing

Activities incorporating input and participation by various community members. Power sharing actively attempted to empower stakeholders to ask questions and share thoughts and to offer different modes of participation and feedback.

LEARNINGS FROM QUARTERLY REVIEW OF MILESTONES

- **Types of activities can, and do, incorporate multiple community engagement elements.** Engagement elements align with general principles of the Chorus development process including co-development and stakeholder-informed outputs. Engagement elements are present based on how an activity is performed, not just that an activity is performed. For example, meetings that include opportunities for discussion and collaboration, proactive follow-up, and adopting an approach of listening more than asking. Structural factors – advisory councils and co-chairs – can help embed engagement elements into activities.

Engagement Surveys

KEY POINTS

- Monthly workgroup surveys are supplemented by an annual stakeholder survey to understand stakeholder' perceptions of the OC Navigator product and OC Navigator Team.⁹
- Community engagement elements are present in the workgroups.
- The majority of respondents rated the quality and frequency of engagement as very good or excellent
- Challenges to engagement with the project are time restraints and lack of routine meetings.

OVERVIEW

To understand stakeholders' perception of the extent to which the project and OC Navigator product were aligned with a Community-Partnered Participatory Research (CPPR) approach, two surveys were developed:

- **Workgroup survey:** a survey distributed at the end of a workgroup to evaluate attendees' experience with that specific workgroup.
- **Annual survey:** a survey sent to all stakeholders who had participated in the project in any capacity (e.g., through interviews, workgroups, or presentations). The aim of the survey was to assess stakeholders' overall experience participating in the project and their experience with the OC Navigator.

Survey items of both surveys were adapted from Goodman et al.'s (2017) measures of community engagement and mapped onto the broader CPPR community engagement constructs outlined at project onset in Chorus' Deliverable 1 report.

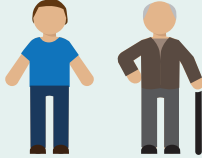




Below are preliminary results from 20 stakeholders who completed a workgroup survey, and 28 stakeholders who completed the annual survey.

It is important to note that results and trends reported below are considered preliminary since data collection is ongoing.

⁹ The OC Navigator Team includes Chorus staff as well as the Community Co-Chairs

Table 4.2. Demographics of respondents from the workgroup survey and annual survey.

Demographics

Workgroup Survey (N = 18) ¹⁰		Annual Survey (N = 23) ¹¹
<p>5.6% aged 18-25 years old</p> <p>11.1% aged 26-32 years old</p> <p>11.1% aged 33-38 years old</p> <p>44.4% aged 39-44 years old</p> <p>5.6% aged 45-50 years old</p> <p>16.7% aged 51-59 years old</p> <p>0% aged 60-70 years old</p> <p>5.6% aged 71+ years old</p>	<p>Age¹²</p> 	<p>3.6% aged 18-25 years old</p> <p>17.9% aged 26-32 years old</p> <p>7.1% aged 33-38 years old</p> <p>28.6% aged 39-44 years old</p> <p>17.9% aged 45-50 years old</p> <p>14.3% aged 51-59 years old</p> <p>3.6% aged 60-70 years old</p> <p>7.1% aged 71+ years old</p>
<p>16.7% Man / Male</p> <p>72.2% Woman / Female</p> <p>5.6% Genderqueer / Gender Non-Confirming / Non-binary</p> <p>5.6% Prefer not to answer</p>	<p>Gender</p> 	<p>39.1% Man / Male</p> <p>56.5% Woman / Female</p> <p>0% Genderqueer / Gender Non-Confirming / Non-binary</p> <p>4.3% Prefer not to answer</p>
<p>5.6% African / African American / Black</p> <p>0% American Indian or Alaska Native</p> <p>5.6% Asian</p> <p>72.2% Hispanic / Latino</p> <p>16.7% White / Caucasian</p> <p>0% Prefer not to answer</p>	<p>Race</p> 	<p>0% African / African American / Black</p> <p>4.3% American Indian or Alaska Native</p> <p>13.0% Asian</p> <p>56.5% Hispanic / Latino</p> <p>21.7% White / Caucasian</p> <p>4.3% Prefer not to answer</p>
<p>50% English</p> <p>50% Spanish</p> <p>0% American Sign Language (ASL)</p> <p>0% Arabic</p> <p>0% Farsi</p> <p>0% Vietnamese</p> <p>0% Prefer not to answer</p>	<p>Primary Language Used at Home</p> 	<p>39.1% English</p> <p>39.1% Spanish</p> <p>4.3% American Sign Language (ASL)</p> <p>4.3% Arabic</p> <p>4.3% Farsi</p> <p>4.3% Vietnamese</p> <p>4.3% Prefer not to answer</p>
<p>85% Current OC Residents</p>	<p>OC Residency Status¹³</p> 	<p>78.3% Current OC Resident</p>

¹⁰ Two respondents did not complete demographics section of Workgroup Survey

¹¹ Five respondents did not complete all demographics of Annual Survey

¹² N = 28 for Annual Survey

¹³ N = 28 for Annual Survey

Engagement Survey Respondents' Affiliations¹⁴

Stakeholders self-identified with numerous affiliations that best described themselves. The top three affiliations of survey respondents varied slightly between the workgroup survey and the annual survey.

Table 4.3. Top three affiliations selected by respondents of the workgroup survey and the annual survey.

Workgroup Survey (N = 20)		Annual Survey (N = 28)
36.1% Community-Based Organization		42.8% Person with lived experience of mental health concerns
19.4% Interested Community Member		39.3% Community-Based Organization
13.8% Advocate / Advocacy Organization		35.7% Advocate / Advocacy Organization

Stakeholders also represented:

- Family member or friend of person who uses mental health/substance use services
- Person who uses/used mental health and/or substance use services
- Person who has looked for mental health and/or substance use services but who has not used them
- Provider of Mental Health Services
- Caregiver; Member of an Academic Research Institution
- Peer Support Specialist
- Social Services Organization
- Veterans or Veterans Organizations
- Local or State Government Agency
- Medical/Health Care Organization
- Provider of Alcohol or Other Drug Services
- Educational Agency/Institution
- Religious/Spiritual Organization

¹⁴ Respondents were able to choose multiple affiliations

Workgroup Survey Findings¹⁵

The workgroup survey was shared with workgroup attendees through a link. Responses were collected between June 6 and September 1, 2022. Participation was voluntary and unpaid.

The majority of workgroup attendees were returning stakeholders who have attended at least one workgroup before (85%). However, new individuals (15%) are still being introduced to the OC Navigator as they noted that they attended a workgroup for the first time. The most common number of workgroups attended was 2-5 meetings (60%).

Figure 4.4. Number of workgroups respondents participated in throughout their engagement with the OC Navigator

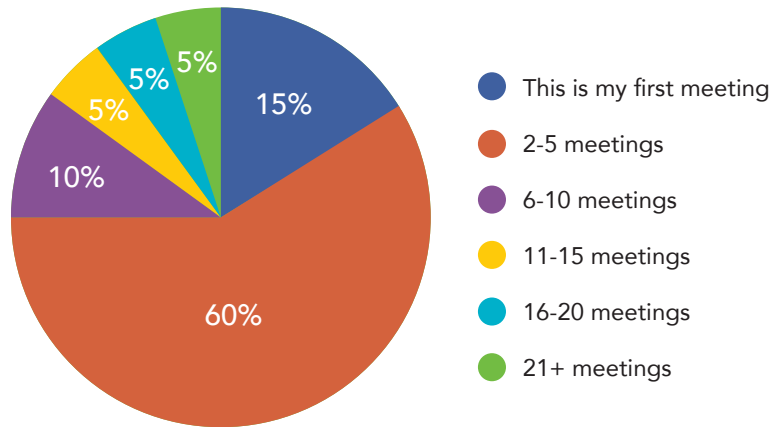


Figure 4.5. Workgroup survey respondents answered questions related to Chorus’ core engagement concepts to determine the extent to which they were used throughout the workgroup.



¹⁵ Workgroup Survey responses may not be unique as individuals are able to participate in all workgroups and workgroup surveys

Respondents also provided open-ended responses at the end of the workgroup survey. These open-ended responses were:

The meeting was heavily attended by folks who are really involved with the roll out of the navigator. Not many community members or individuals who would use the platform.

Very informative; I learned a lot about the website OC Navigator.

[I want] tools for our community to be more interested in participating.

For this particular meeting, the conversation became a bit hard to follow at times. I'm not sure if a direct ask was made to me, as a participant, where I had enough confidence to speak on.

[The meeting facilitator] is very good and is very thoughtful with their comments. Thank you for listening to the community and allowing us to be a part of this process.

More time to be able to absorb more information and be able to share what I learned and help those who use it the most.

I believe it would be helpful for presenter to present with more enthusiasm :)

Validate the comments in the chat as participation, since some of us are unable to unmute ourselves to make comments.

LEARNINGS FROM WORKGROUP SURVEYS

- **Structure of engagement activities affects overall level of engagement.** Initial introductions are important for community building and demonstrate joviality and care between the Chorus team and workgroup participants – even new participants.
- **Differences in the way meeting facilitators present affects overall feelings of engagement.** Tone, speed of speech, offering thanks for input, and active listening all improve levels of comfort among community stakeholders and facilitate meeting discussions and overall level of engagement.
- **Workgroups are a key engagement activity for individuals to feel heard.** Community engagement elements are present in workgroups and workgroup participants report appreciation for the opportunity to be heard. Workgroup facilitators demonstrate transparency and respect throughout the meeting but could focus more efforts on enabling people to voice their views, using the ideas of community members, and demonstrating that community members ideas are more important than facilitators ideas.

ANNUAL STAKEHOLDER SURVEY

The annual survey was distributed via email. A member of the Chorus team distributed the invitational emails. Responses were collected between September 1-16, 2022. Respondents received a \$10 gift card for completing the annual survey.

ANNUAL STAKEHOLDER SURVEY FINDINGS

Overall satisfaction with the project

Figure 4.6. Respondents answered questions related to their satisfaction with participation in the OC Navigator project planning, their satisfaction with level of involvement, and their thoughts on if anyone else should be included in OC Navigator project planning.



Fourteen respondents (50%) would like to be more engaged in the project, for example through:

- Creating a mental health resource sheet specific for the military;
- Support with Farsi translation;
- Evaluation interaction;
- Assisting in integrating with other initiatives;
- Continuing to attend meetings; or
- Support in general, in any way needed.

Five respondents (17.9%) further indicated that the following communities and resources should be included more in the project:

- Black, Indigenous, and people of color (BIPOC), LGBT-inclusive and physical health, especially for women and seniors;
- Disabled folks to understand accessibility components that could be incorporated into the website;
- Immigration free help;
- Trauma-Informed Network of Care; and
- Faith-based coalitions.

Challenges Experienced by Respondents

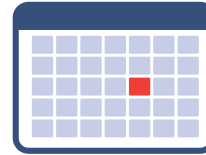
Figure 4.7. Two commonly noted challenges that respondents indicated to engagement in the project.

Five respondents (17.9%) indicated challenges to engagement with the project. Identified challenges included:

Time constraints



Lack of routine meetings



Quality of Community Engagement by the OC Navigator Team

Figure 4.8. Respondents were asked questions about how well the OC Navigator Team used the core engagement concepts in their engagement efforts.

Transparency



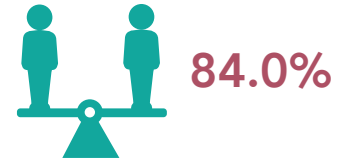
Of respondents rated the team as "Very Good" or "Excellent" in letting community members know what is going on with the project

Respect



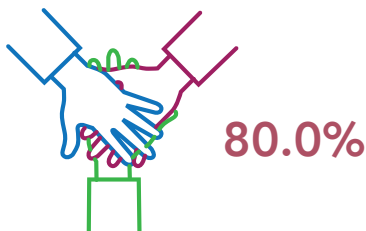
Of respondents rated the team as "Very Good" or "Excellent" in valuing different perspectives

Power-Sharing



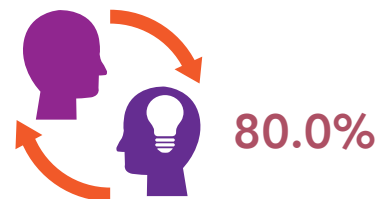
Of respondents rated the team as "Very Good" or "Excellent" in enabling all people involved to voice their views

Co-Leadership



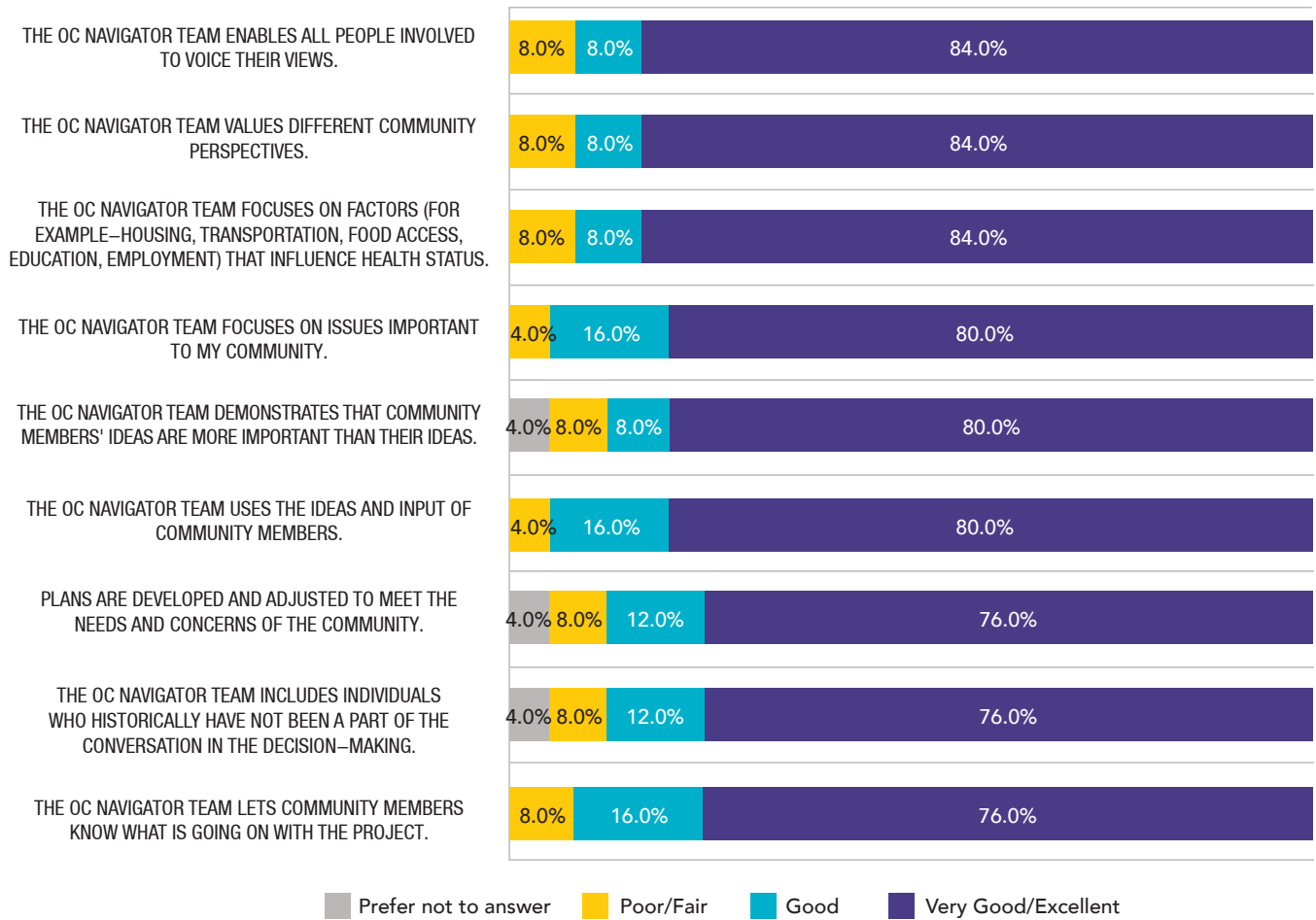
Of respondents rated the team as "Very Good" or "Excellent" in using the ideas and input of community members

Two-Way Knowledge Exchange



Of respondents rated the team as "Very Good" or "Excellent" in demonstrating that community members' ideas are more important than their ideas

Figure 4.9. Questions and responses of how well the OC Navigator Team used core engagement concepts.



Use of the OC Navigator

Twenty-five respondents (89.3%) had been exposed to the OC Navigator, for example through using the product, being shown the product during a presentation or interview, and/or providing feedback on the product. Of these respondents, fourteen (56.0%) said they used it outside of the project for:

Finding Specific Resources and Services



Viewing Services Offered



Sharing Resources with Others



Finding Contact Information

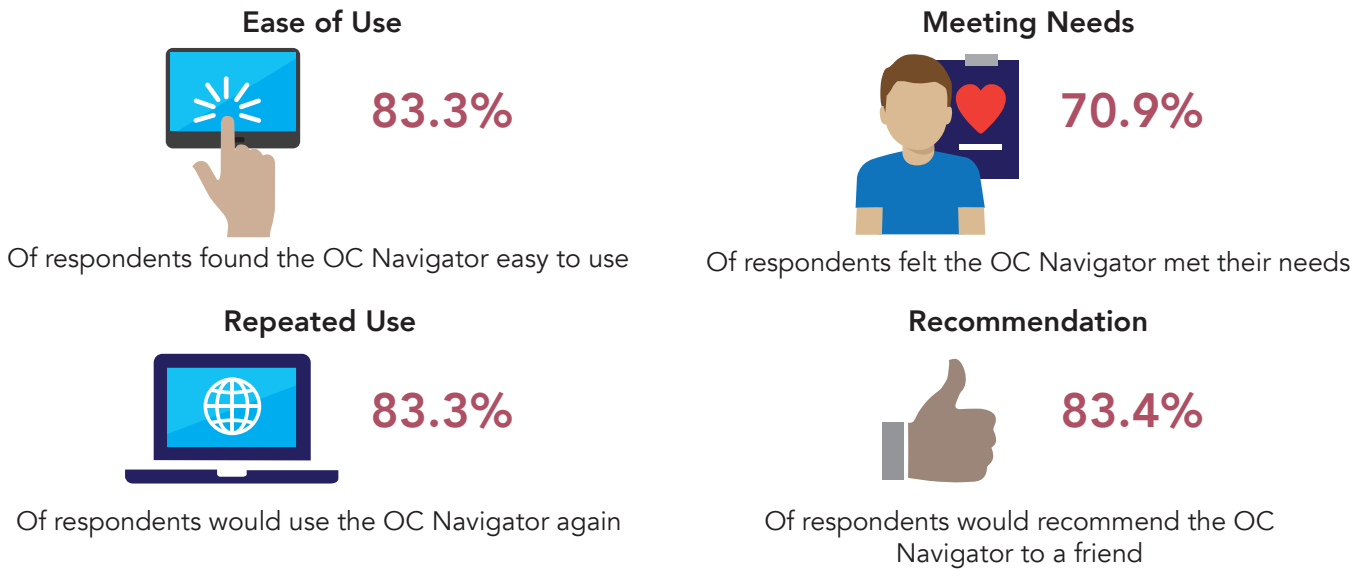


Seeking Help



Experience with the OC Navigator

Figure 4.10. Respondents experience using the OC Navigator



Respondents also provided open-ended responses at the end of the annual survey. These open-ended responses were:

I knew that the OC Navigator was under construction but have not seen a finished product.

It's been exciting to see the project grow. The site offers a strong foundation for continued growth. Excited to see what's next.

Interoperability has been discussed but has not been realized.

I admire how the team worked with native speakers of implemented languages to make sure the translated sections are meaningful. It shows how much they care for the diverse community of users.

Ser más específicos en la búsqueda de los recursos. Ejemplo buscando un oculista alta mente Calificado. (Be more specific in the search for resources. For example looking for a highly qualified eye doctor.)

Me gustaría que fueran más específicos en dar la información en la búsqueda de lo que las personas quieren saber o están buscando. (I would like them to be more specific in sharing the information from the search of what people want to know or are looking for.)

I was given the opportunity to give my input as a student assistant at UCI Basic Needs Hub and it was such an enriching experience. My voice and opinions felt like they were valuable, thank you!

Me parece excelente la plataforma de OC Navigator ya que es una herramienta muy util para la comunidad; me gustaria ver mas informacion o recursos de apoyo para el area de salud mental ya que nuestra comunidad latina los necesitamos. (I find the OC Navigator platform excellent as it is a very useful tool for the community; I would like to see more information or resources in the mental health area since our Latino community needs them.)

LEARNINGS FROM ANNUAL SURVEY

- **Consumers are satisfied with the OC Navigator and their engagement with the OC Navigator team.** Overall satisfaction with the project was high, and half of respondents indicated they would like to be more engaged with the project. Individuals who were exposed to the OC Navigator use it primarily to look up resources for themselves or others.
- **Need for more diverse engagement across communities.** Individuals who have been involved with the OC Navigator gave suggestions for including other communities in the project (e.g., engagement of Black, Indigenous, and people of color; increased engagement with individuals living with a disability to understand accessibility components that can be incorporated into the OC Navigator).
- **Need for more diverse content areas on the OC Navigator.** Individuals noted the need for more LGBT-inclusive resources and more physical health resources for women and seniors.
- **Challenges engaging with the OC Navigator project.** Some respondents indicated challenges with time (i.e., meetings being too short) and a lack of routine meetings. These challenges are important to consider for future workgroup meetings. It may be helpful to consider extending the duration of current meetings and/or hold more frequent meetings. Additionally, scheduling meetings at set days and times may allow people to be more engaged with the project.

BHST Part Two: OC Navigator Learnings

Evaluation of BHST Part Two: OC Navigator

Below is a summary of the key learnings from *BHST Part Two: OC Navigator*. It integrates *BHST Part Two: OC Navigator* project activity learnings with the evaluation learnings. Learnings directly related to the project activities as identified by Chorus can be found in Appendix B.

Outer Setting

The following are key learnings related to factors that are external to Orange County, such as COVID-19.

- **COVID-19 affected project implementation processes.** COVID-19 disrupted initial community engagement plans. It was especially hard to engage individuals with severe mental illness in virtual settings. Being mindful about agency bandwidth and competing priorities, and engaging community co-chairs facilitates relationship building.

Inner Setting

Key learnings emerged in the area around community engagement.

Community Engagement

- **Establish communication methods and frequency early.** Creating a flexible communication plan that works for the stakeholder early on in the project facilitates more collaborative and productive discussions, fosters trust, and improves the relationship overall. An effective communication plan also allows for plenty of preparation time from the Chorus team to ensure the stakeholders' time is best used.
- **Engagement with new community members should focus on open-ended questions and discussion topics.** Fostering livelier discussions increases the likelihood that Chorus will learn something new, as opposed to asking more specific questions. This is also important to remember when engaging with more seasoned community members. While they may know the project more intimately and can delve deeper into a topic, there is still much to learn from them.
- **Weekly Community Co-Chair meetings are necessary.** With the rapid development of the OC Navigator and continued changes in the Orange County Community, weekly meetings help co-chairs stay abreast of and give input on engagement, marketing, and other project activities.
- **Types of activities can, and do, incorporate multiple community engagement elements.** Engagement elements align with general principles of the Chorus development process including co-development and stakeholder-informed outputs. Engagement elements are present based on how an activity is performed, not just that an activity is performed. For example, meetings that include opportunities for discussion and collaboration, proactive follow-up, and adopting an approach of listening more than asking. Structural factors – advisory councils and co-chairs – can help embed engagement elements into activities.
- **Community partnership and community centered design are key to success.** Involving community feedback is essential to different stages of the project including, but not limited to, developing a road map, identifying project goals, developing new features, identifying resources, and improving user interfaces and color schemes.

- **Strong communication within and among teams is paramount to success.** It is important to understand perspectives of diverse stakeholders and communicate with community members and stakeholders in nontechnical language. When there is staff turnover (or different coordinators are involved), strong communication supports seamless transition. Organized meeting formats, diverse modes of communication (e.g., slack, phone call, zoom meetings, chat box), centering real-life experiences, and leveraging domain expertise facilitates discussions among technology professionals, community members, and county stakeholders.
- **Structure of engagement activities affects overall level of engagement.** Initial introductions are important for community building and demonstrate joviality and care between the Chorus team and workgroup participants – even new participants.
- **Differences in the way meeting facilitators present affects overall feelings of engagement.** Tone, speed of speech, offering thanks for input, and active listening all improve levels of comfort among community stakeholders and facilitate meeting discussions and overall level of engagement.
- **Workgroups are a key engagement activity for individuals to feel heard.** Community engagement elements are present in workgroups and workgroup participants report appreciation for the opportunity to be heard. Workgroup facilitators demonstrate transparency and respect throughout the meeting but could focus more efforts on enabling people to voice their views, using the ideas of community members, and demonstrating that community members ideas are more important than facilitators ideas.

Innovation Characteristics

Key learnings emerged in the areas around OC Navigator features/development, evidence strength and quality, and consumer feedback/usage.

OC Navigator Features/Development

- **Need for enhanced dashboards and visualizations to support increased platform usage.** As more Mental Health and Recovery Service teams utilize the Chorus platform to conduct case management, communicate with one another, and record client data, the need for enhanced dashboards and visualizations emerged.
- **Successful features result from involving stakeholders early and often.** Including stakeholders in ideation, benchmarking existing similar features to learn what might and might not work, and observing users as they go through the current flow of the OC Navigator platform offers valuable insight into improving features.
- **Providers are the primary users of the Wellness Check-In to assist their clients.** Community members are not using the Wellness Check-In as frequently as providers. Exploration of how to change the Wellness Check-In to make it more useful to community members is needed.
- **The OC Navigator has many advantages that can meet the needs of diverse consumers.** The platform has multilanguage features (including adding threshold and non-threshold languages), built-in smart analytics, and user-friendly features. The platform also has both county and noncounty resources, and thus facilitates sharing of resources developed in local community agencies and improves the workflow of county employees (e.g., makes referral process easier).

Evidence Strength and Quality

- **Different types of evidence lay the foundation for informing innovation development.**

The OC Navigator is informed by community feedback, resources and knowledge from other organizations, design principles, public health models, and literature around social determinants of health outcomes.

Consumer Feedback/Usage

- **Consumers are satisfied with the OC Navigator and their engagement with the OC Navigator team.** Overall satisfaction with the project was high, and half of respondents indicated they would like to be more engaged with the project. Individuals who were exposed to the OC Navigator use it primarily to look up resources for themselves or others.
- **Need for more diverse engagement across communities.** Individuals who have been involved with the OC Navigator gave suggestions for including other communities in the project (e.g., engagement of Black, Indigenous, and people of color; increased engagement with individuals living with a disability to understand accessibility components that can be incorporated into the OC Navigator).
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BHST Part Two: OC Navigator Recommendations

Outer Setting

The following are recommendations related to factors that are external to Orange County.

- **Remain aware of additional resource navigators and how to educate the community on the differences.** Numerous resource directories can be found within and outside of Orange County. Having a plan in place to address the differences and how the resource directories complement one another can help reduce confusion among community members trying to access resources for themselves or others.
 - “It could be useful to get representatives in a room together and map out on a whiteboard for each service: Who are your main ‘customers’, what do you offer them, what do you do best, what is your biggest weakness...then compare each service’s strengths and create a strategy to complement each other.” (Stakeholder suggestion)

Inner Setting

The following are recommendations related to factors internal to Orange County, such as community engagement.

Community Engagement

- **Continue to center community engagement during innovation and implementation processes.** Understanding diverse perspectives and community needs is essential to innovation and implementation success. Engaging with new communities that are not yet present will further inform the innovation and implementation success. Future marketing and engagement strategies can focus on reaching these populations.
 - **Engage more diverse community members** to ensure the OC Navigator can meet the needs of the community, including additional monolingual communities, religious/faith-based communities, and racial/ethnic groups.
- **Maintain strong communication and positive relationships with involved stakeholders and community members.** Trusting relationships are important for project success. Creating a friendly and trusting atmosphere where providers and community members are comfortable sharing their unique experiences and expertise can support further improvement and outreach.
- **Address challenges for longer and more consistently scheduled sessions.** Session length and scheduling were challenges identified by survey respondents. It may be helpful to have meetings at set days and times with reminders sent well in advance, and where feasible extend the time of current meetings and/or hold more frequent meetings to allow people to be more engaged with the project.
- **Balance time for discussion and sharing of information during meetings.** It is important to allow individuals time to process the information being shared during the meeting while also allowing time for them to share their own learnings and opinions.

- **Use a friendly tone and high energy when facilitating meetings.** The energy of facilitators impacts engagement. Facilitators should speak in a welcoming manner and should regularly check in with participants, thanking them for their input.
- **Show enthusiasm and belief in the OC Navigator.** Talking about favorite aspects of the OC Navigator can help “break the ice”. It can also facilitate buy-in and engagement.
- **Create clear and concise marketing and engagement tools.** Creating both digital and on-the-ground outreach tools in different languages can improve outreach efforts to the diverse array of communities that make up Orange County.
- **Be cognizant of the different levels of familiarity participants have with the OC Navigator.** Establishing different strategies for introductions and presentation of information to community stakeholders can help accommodate varying levels of familiarity and increase engagement.

Innovation Characteristics

The following are recommendations related to OC Navigator features/development.

OC Navigator Features/Development

- **Streamline the addition and maintenance of resources on the OC Navigator.** Development of a “bulk export” feature for more efficient transport of resources onto the OC Navigator platform, determining a plan for maintaining up-to-date information, and allowing ratings or comments of resources (like Yelp) may improve consumer usage of the platform (Stakeholder suggestion).
- **Continue determining feasibility of additional community feature suggestions and return to the community with progress.** Community members suggested the importance of adding videos and interactive components to the site to share success stories in order to increase engagement. They have also suggested the addition of an automated chatbox to help guide individuals who are experiencing challenges using the platform (stakeholder suggestions).

Process

The following recommendation relates to efforts around planning.

Planning

- **Balance specificity and flexibility during the planning stage.** Be aware of county regulations/bandwidth and budget constraints during planning and throughout project progression (Stakeholder suggestion).

Behavioral Health System Transformation Innovation

*Combined BHST Part One and BHST Part Two
Learnings and Recommendations*

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BHST Part One: Learnings

BHST Part One: Learnings

Below is a summary of the key learnings from *BHST Part One: Performance and Value-Based Contracting*. It integrates *BHST Part One: Performance and Value-Based Contracting* project activity learnings with the evaluation learnings. Learnings directly related to the project activities as identified by Mind OC can be found in Appendix A.

Outer Setting

The following are key learnings related to factors that are external to Orange County, such as state and federal level policies and regulations as well as COVID-19.

- **Differing funding based on level of clinical need creates fragmented funding streams.** Partly due to California's specialty behavioral health carve-out, Counties are responsible for the financing and management of Medi-Cal enrollees with serious mental illness and/or substance use disorders. Meanwhile, individuals with mild to moderate behavioral health needs are managed generally by Medi-Cal health plans. Additionally, mental health services and substance use services are managed separately. This fragmentation across services and levels of clinical need challenges the creation of a single contract that incentivizes quality performance across sectors.
- **Established behavioral health payment structure currently focuses on a fee-for-service reimbursement model and does not allow "bonuses" that exceed providing services.** The infrastructure set within the state of California causes barriers to incentivize quality services and instead pays for only the service received. The inability to pay a "bonus" to providers for meeting quality metrics in the current contracting structure further complicates the ability to ensure quality services are received by consumers and that providers are reimbursed appropriately for providing quality services.
- **Lack of appropriate metrics for behavioral health service outcomes.** Across California, there are not standardized measures for behavioral health service outcomes that are consistently used. Measurement efforts regarding behavioral health service outcomes tend to be overly complex (e.g., Daily Living Activities-20) or overly simplistic (e.g., follow-up after emergency department visit or hospitalization for mental illness) which leads to inconsistency in tracking and reporting of quality of care received.
- **Changing California Medi-Cal policies and regulations can have unexpected influence on project progress.** With the implementation of California Advancing and Innovating Medi-Cal (CalAIM) beginning in 2022, behavioral health service delivery is changing (e.g., updates to Drug Medi-Cal American Society of Addiction Medicine Level of Care Determination, behavioral health payment reform, and administrative integration of specialty mental health and substance use disorder services). Changes are occurring in phases and therefore can have unexpected influence on project progress.
- **COVID-19 disrupted relationship building and community engagement plans.** Capacity to engage in a new project was limited among community stakeholders who were managing the COVID-19 pandemic and related stressors. Additionally, the COVID-19 pandemic disrupted the initial plan of engagement strategies. This included competing priorities that came about in response to COVID-19, such as CARES Act dollars which shifted some focus away from this project.

- **Shifting working environment due to staff turnover disrupted project progress and the formation of relationships.** Staff turnover was consistently seen throughout this reporting period across sectors. This caused disruptions in project progress as champions were lost and new relationships needed to be formed across networks.

Inner Setting

Key learnings emerged in the areas around Orange County Infrastructure and Community Engagement.

Orange County Infrastructure

- **Simple health plan arrangements for Medi-Cal within Orange County facilitates the alignment of funding streams.** CalOptima, created by the Orange County Board of Supervisors in 1993 as a County Organized Health System (COHS), manages Medi-Cal services for the entire county, and only for Orange County. Many other areas in CA have more complex health plan arrangements (e.g., the COHS spans multiple counties and associated Boards of Supervisors, the county is served by multiple Medi-Cal managed care plans, etc.). Having a single Medi-Cal managed care plan like CalOptima facilitates moving toward a more aligned, payer agnostic system of care.
- **Strong collaborative potential throughout Orange County facilitates project progress.** There is collaborative and aligned leadership at Orange County's Health Care Agency, Mental Health and Recovery Services, CalOptima, and Mind OC. Support across these agencies, as well as support from Boards of Supervisors, facilitates project progress and offers diverse feedback.
- **Multiple record management systems challenge streamlined and consistent reporting of metrics.** Payers and providers do not have a standardized reporting system which causes challenges in sharing and reporting data in a streamlined way.

Community Engagement

- **Understanding community and provider desires helps influence quality metrics.** The Orange County community is focused on access to the right care when needed, replicating what already works, and changing what does not. Additionally, both the community and providers are aligned on performance standards and values. They agree on fewer forms, more time for care, and payment for quality of care. However, measuring and presenting identified performance standards and values in a way that speaks to both providers and the community is challenging.
- **Engaging the right people early in the project helps facilitate project success.** Having the appropriate people at the table is essential to prevent project delays. However, it is at times difficult to know early on who the appropriate people are that should be at the table. Throughout progression of the project, it is important to reevaluate involved partners and engage with new individuals who may be missing.
- **Communication and education are at the heart of project success.** Establishing and maintaining transparent relationships is integral for success. Adapting communication styles to different sectors (e.g., public vs. private payers) is necessary to share knowledge about what performance and value-based contracting is and why it is valuable. For instance, there is a need to define "quality" in a way that is translatable across different types of audiences.

Innovation Characteristics

Key learnings emerged in the areas around value-based payment contracting/incentivizing and evidence strength and quality.

Value-Based Payment Contracting/Incentivizing

- **Visibility of initial contracts is helpful in setting up first version reporting and informing next steps.** While public and commercial health plans are familiar with the practice of incentives already, existing county provider contracts do not allow for incentivizing services. Therefore, culture change is needed across settings to discuss incentives. Mind OC found that most successful programs support providers through ongoing dissemination of detailed information on the measure and goals with payment models set up for a top-down payment approach (with financial incentives at Provider and Office levels obtaining better results).

Evidence Strength and Quality

- **Progress in other counties and states provide learning opportunities.** Key informant interviews and research provided numerous learnings that facilitated planning of the project such as aligning with Finance & Contracting Departments in initial conversations, identification of Providers / Organizations for proof-of-concept testing and resolving initial process issues, and identifying measures focused on continuum of care needs (e.g., Community Supports, housing or other supportive/preventive services).
- **Previous evidence about performance and value-based contracting shows the challenges and facilitators to the project.** Providers and Orange County Health Care Agency staff are supportive of a shift towards value-based contracting; however, in the behavioral health field, there are not established value-based metrics. Past initiatives such as Whole Person Care, Drug Medi-Cal Organized Delivery System, and Health Homes offer insights and opportunities to progress the project.

Process

Key learnings emerged in the areas around planning and education and technical assistance.

Planning

- **Varied visions for how to make this project successful can be a barrier.** Aligning the vision for how to achieve success across different sectors and within sectors requires transparent communication and proactive project planning.

Education and Technical Assistance

- **Technical Assistance is an ongoing process and should continue post implementation.** Value-Based Payment contracting requires ongoing, routine meetings with provider and payer community to ensure continued buy-in, address challenges, and conduct quality improvement.

BHST Part Two: Learnings

BHST Part Two: Learnings

Below is a summary of the key learnings from *BHST Part Two: OC Navigator*. It integrates *BHST Part Two: OC Navigator* project activity learnings with the evaluation learnings. Learnings directly related to the project activities as identified by Chorus can be found in Appendix B.

Outer Setting

The following are key learnings related to factors that are external to Orange County, such as COVID-19.

- **COVID-19 affected project implementation processes.** COVID-19 disrupted initial community engagement plans. It was especially hard to engage individuals with severe mental illness in virtual settings. Being mindful about agency bandwidth and competing priorities, and engaging community co-chairs facilitates relationship building.

Inner Setting

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Community Engagement

- **Establish communication methods and frequency early.** Creating a flexible communication plan that works for the stakeholder early on in the project facilitates more collaborative and productive discussions, fosters trust, and improves the relationship overall. An effective communication plan also allows for plenty of preparation time from the Chorus team to ensure the stakeholders' time is best used.
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Evidence Strength and Quality

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Consumer Feedback/Usage

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BHST Part One: Recommendations

Outer Setting

The following are recommendations related to factors that are external to Orange County, such as state and federal level policies and regulations.

- **Continue monitoring the progress of CalAIM as it relates to value-based contracting.** As the rollout of CalAIM continues, it is important to ensure that efforts to incorporate quality-based metrics and incentive structure in the context of the *BHST Part One: Performance and Value-Based Contracting* project are cohesive with future State level changes (or that the *BHST Part One: Performance and Value-Based Contracting* efforts have the evidence backing to inform CalAIM).
- **Look to the state for guidance on available funding sources that can be used for value-based contracting.** As the state moves forward with CalAIM, they may be able to offer insight into sustainable funding sources to support performance and value-based contracting in Orange County.

Inner Setting

The following are recommendations related to factors internal to Orange County, such as community engagement.

Community Engagement

- **Maintain clear communication with involved stakeholders and report progress back to the community.** Relationships and buy-in are at the core of this project. Providers, County staff, private and public payers, and the community all have a vested interest in project progress. Maintaining clear and open communication lines across sectors and sharing the established metrics for value-based contracting will improve relationship building and knowledge sharing. It can also help to establish champions to support the project.
- **Adapt communication approaches for different audiences.** Private payers, public payers, and community stakeholders at times use different language/terminology to reference the same things. Creating structured approaches that reflect their language/terminology is key to ensuring cross-sector collaboration.
- **Prioritize learning early on what the wants, desires, and goals are of each private payer.** This facilitates tailoring communication approaches to find a middle ground which meets the needs of the health plan while also establishing agreed upon contract metrics. It can also help reestablish relationships with payers if there is internal staff turnover.
- **Return to the community regularly with project progress.** Using data that is collected on the data dashboard and translating that back to the community helps to maintain buy-in.

Innovation Characteristics

The following are recommendations that relate to metrics for value-based contracting and value-based payment contracting/incentivizing.

Metrics for Value-Based Contracting

- **Create methods to increase the sharing of data.** Identification of a unified data sharing platform can promote transparent sharing of data and identified quality indicators, which may support choosing easily measurable value-based metrics that are meaningful to both Providers and the Community. It can also facilitate more streamlined reporting.

Value-Based Payment Contracting/Incentivizing

- **Allow for flexibility in the structuring of contracts.** Everchanging policies, regulations, and turnover can affect the long-term success of contracts. Contracts should be structured in a way that allows for flexibility when, for instance, providers change.

Process

The following are recommendations that relate to planning and education and technical assistance.

Planning

- **Create a unified vision and steps for how to reach that vision early in the planning process.** Although many people support a transition to performance and value-based contracting, the vision for how to achieve this goal varies. With diverse stakeholders involved, varying visions can pull the project in different directions, stalling progress. Early discussions to establish a clear vision in plain language with concrete yet flexible steps to get there is key.
- **Be cognizant of which services to approach private payers with first.** Commercial plans have varying levels of familiarity with different behavioral health services. Some may be completely new to their billing process and therefore may be challenging for payers to understand/see the value in. Take this into consideration in the initial planning stages to facilitate early conversations with private payers. It may be helpful to start discussions with services that the commercial plans are more familiar with.

Education and Technical Assistance

- **Create educational efforts that help the community (providers, public and private payers, and community members) understand what “incentivizing” means.** Setting foundational education efforts will support long-term culture shift that is necessary to enable transitioning away from existing traditional contract structures.
- **Establish meeting/training schedules with providers and payers.** Ongoing training to ensure stakeholders understand the metrics and goals of the performance and value-based payment contract can help address challenges early. Trainings may also offer valuable feedback on metric reporting and suggestions for future contract changes.

BHST Part Two: Recommendations

Outer Setting

The following are recommendations related to factors that are external to Orange County.

- **Remain aware of additional resource navigators and how to educate the community on the differences.** Numerous resource directories can be found within and outside of Orange County. Having a plan in place to address the differences and how the resource directories complement one another can help reduce confusion among community members trying to access resources for themselves or others.
 - “It could be useful to get representatives in a room together and map out on a whiteboard for each service: Who are your main ‘customers’, what do you offer them, what do you do best, what is your biggest weakness...then compare each service’s strengths and create a strategy to complement each other.” (Stakeholder suggestion)

Inner Setting

The following are recommendations related to factors internal to Orange County, such as community engagement.

Community Engagement

- **Continue to center community engagement during innovation and implementation processes.** Understanding diverse perspectives and community needs is essential to innovation and implementation success. Engaging with new communities that are not yet present will further inform the innovation and implementation success. Future marketing and engagement strategies can focus on reaching these populations.
 - **Engage more diverse community members** to ensure the OC Navigator can meet the needs of the community, including additional monolingual communities, religious/faith-based communities, and racial/ethnic groups.
- **Maintain strong communication and positive relationships with involved stakeholders and community members.** Trusting relationships are important for project success. Creating a friendly and trusting atmosphere where providers and community members are comfortable sharing their unique experiences and expertise can support further improvement and outreach.
- **Address challenges for longer and more consistently scheduled sessions.** Session length and scheduling were challenges identified by survey respondents. It may be helpful to have meetings at set days and times with reminders sent well in advance, and where feasible extend the time of current meetings and/or hold more frequent meetings to allow people to be more engaged with the project.
- **Balance time for discussion and sharing of information during meetings.** It is important to allow individuals time to process the information being shared during the meeting while also allowing time for them to share their own learnings and opinions.

- **Use a friendly tone and high energy when facilitating meetings.** The energy of facilitators impacts engagement. Facilitators should speak in a welcoming manner and should regularly check in with participants, thanking them for their input.
- **Show enthusiasm and belief in the OC Navigator.** Talking about favorite aspects of the OC Navigator can help “break the ice”. It can also facilitate buy-in and engagement.
- **Create clear and concise marketing and engagement tools.** Creating both digital and on-the-ground outreach tools in different languages can improve outreach efforts to the diverse array of communities that make up Orange County.
- **Be cognizant of the different levels of familiarity participants have with the OC Navigator.** Establishing different strategies for introductions and presentation of information to community stakeholders can help accommodate varying levels of familiarity and increase engagement.

Innovation Characteristics

The following are recommendations related to OC Navigator features/development.

OC Navigator Features/Development

- **Streamline the addition and maintenance of resources on the OC Navigator.** Development of a “bulk export” feature for more efficient transport of resources onto the OC Navigator platform, determining a plan for maintaining up-to-date information, and allowing ratings or comments of resources (like Yelp) may improve consumer usage of the platform (Stakeholder suggestion).
- **Continue determining feasibility of additional community feature suggestions and return to the community with progress.** Community members suggested the importance of adding videos and interactive components to the site to share success stories in order to increase engagement. They have also suggested the addition of an automated chatbox to help guide individuals who are experiencing challenges using the platform (stakeholder suggestions).

Process

The following recommendation relates to efforts around planning.

Planning

- **Balance specificity and flexibility during the planning stage.** Be aware of county regulations/bandwidth and budget constraints during planning and throughout project progression (Stakeholder suggestion).

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Appendix A



Behavioral Health System Transformation Project Part One: Performance and Value-Based Contracting Annual Report for MHSOAC

Submitted by Mind OC to BHST evaluation team on 9/12/2022

Reporting time frame: October 1, 2021-September 30, 2022

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Orange County's report begins with this project summary and brief updates on milestone achievement during this period and associated progress and lessons learned, followed by next steps for the project, and a listing of the documents attached as appendices. After these sections, an overview is presented with detailed discussion of project activities.

This component of the Behavioral Health System Transformation Innovation involves the development of Performance / Value-Based Contracts. The project runs from October 2019 through June 2023. The Health Care Agency (HCA) has contracted with Mind OC to work collaboratively and with community stakeholders (e.g., consumers, family members, providers, etc.) to plan for strategies for value-based contracting and associated funding sources. The goal of shifting toward value-based contracting is to improve quality of and access to culturally responsive and inclusive behavioral health (mental health and substance abuse) services for all Orange County residents, regardless of insurance type.

Overall Project Activities

- Explore strategies of braiding public, private and philanthropic/non-profit funds to create a universal reimbursement rate/structure
- Operationalize identified community values and preferred, measurable performance standards
- Develop methods to incentivize service delivery
- Streamline reporting processes to comply with multiple sets of regulations and new performance outcome standards
- Meetings with DHCS, legal, fiscal, and regulatory teams
- Provide progress update to OAC on relevant BHST work
- Develop methods and execute initial procurement and contracts incentivizing community defined and performance-based and regulatory standards
- Prepare local providers for new performance standards and contracting through technical assistance

Communication and Coordination

- **Community Planning:** Ongoing meetings with consumers & family members to identify community values and preferred performance standards
- **System Assessment & Capacity Building for Clinical & Financial Design:** Ongoing meetings with HCA Behavioral Health, CalOptima, local private insurance plans, and related organizations (providers, etc.) to identify potential desired clinical model(s) and explore potential rate structures, braiding strategies, provider requirements, and incentives, as well as legal, fiscal and regulatory requirements that support the clinical model(s)

Milestone Achievement and Associated Progress and Lessons Learned

<p>Explore strategies to braid fund across the public, private, and philanthropic /non-profit sectors</p>	<p>Progress</p> <ul style="list-style-type: none"> • Identified Public Payers and set of Private Payers to approach • Focus on contracting proposals to Private Payers (Commercial Health Plans) • Continue to research public payer process and how to integrate commercial payer process for successful braiding of funds • Initial commercial health plan established proof of concept contract for services <p>Lessons Learned</p> <ul style="list-style-type: none"> • Start the process early as commercial contracting process takes significant time, e.g., 9-15 months due to certification requirements • Identification of the appropriate contacts on both sides is key to progress and successful contracting and credentialing process • All parties must have goal alignment to progress
<p>Host local planning to help identify community values and preferred performance standards</p>	<p>Progress</p> <ul style="list-style-type: none"> • Continued to host single-occurrence community and stakeholder events to introduce the BHST project & concept of VBP models • Audience matters - community and stakeholder events hosted by and for Peers and special populations to continue discussions around BHST and VBP • Client Relationship Management database implementation to support success of project goals related to community and provider engagement <p>Lessons Learned</p> <ul style="list-style-type: none"> • Community is focused on access to the right care when needed • Audience matters – relating to the audience in terms they understand, i.e., defining terminology and concepts as needed • Great work is happening in silos • Community desires replicating what works and fixing what does not • Both Community and Providers agree on fewer forms and more time for care and payment for care that matters to community • Need to define “quality” that is translatable for all audiences
<p>Operationalize identified values and performance standards into measurable outcomes</p>	<p>Progress</p> <ul style="list-style-type: none"> • Community feedback on identified values messaging remains consistent • Ongoing development of provider identified values for proof-of-concept dashboard reporting • Ongoing Provider interest in reported metrics and future state metrics for consideration <p>Lessons Learned</p> <ul style="list-style-type: none"> • Policies, Culture Change and Accountability are needed to accomplish some of the community identified values • Providers and Community (clients) align on performance standards and values
<p>Develop methods to incentivize service delivery</p>	<p>Progress</p> <ul style="list-style-type: none"> • Copies of selected provider contracts obtained once confirmed • Review of current contracting practices to identify options for service incentives underway • Ongoing development predicated on ability to test out ideas • Ongoing identification of incentive delivery methods <p>Lessons Learned</p> <ul style="list-style-type: none"> • Existing county provider contracts do not allow for incentivizing services • Culture change is needed across stakeholders to even discuss incentives, with alternative terminology often required to begin conversations • Public and commercial health plans practice some provider and/or health plan incentives • Financial incentive at Provider and Office level obtains better results

<p>Streamline reporting processes</p>	<p>Progress</p> <ul style="list-style-type: none"> • Alignment on Standard Operating Metrics Reporting and cadence • Ongoing discussions tracking toward Clinical Outcomes Reporting • Public facing Dashboard developed, in use and under refinement <p>Lessons Learned</p> <ul style="list-style-type: none"> • Visibility of initial contracts are helpful in setting up first version reporting • Having the appropriate people at the table is essential to prevent process delays (but knowing who those people are is sometime not possible at the outset!) • Early conversations are needed to set up a true reporting mechanism starting on day one • Encountered reporting limitations as result of multiple record management systems that do not interface
<p>Meetings with DHCS legal, fiscal, and regulatory teams</p>	<p>Progress</p> <ul style="list-style-type: none"> • Continued engagement with DHCS by HCA and Mind OC leadership • Monthly Policy updates with The Steinberg Institute <p>Lessons Learned</p> <ul style="list-style-type: none"> • Implementation of CalAIM began in 2022 • Progress in other counties and states provide learning opportunities, such as aligning with Finance & Contracting Departments in initial conversations, identification of Providers / Organizations partners for proof of concept testing strategy and resolving initial process issues, and identifying measures focused on continuum of care needs, e.g., Community Supports, housing or other supportive/preventive services
<p>Develop and execute initial procurement and contracts</p>	<p>Progress</p> <ul style="list-style-type: none"> • Identified Public Payers and set of Private Payers to approach • Focus on contracting proposals to Private Payers (Commercial Health Plans) • Continue to research public payer process and how to integrate commercial payer process for successful braiding of funds • Initial commercial health plan established proof of concept contract for services
<p>Provide technical assistance for local providers, as needed</p>	<p>Progress</p> <ul style="list-style-type: none"> • Continued work on identifying provider capacity in OC • As above, continue to identify local providers for targeted conversations • Continued engagement of Providers and development of identified and unknown TA needs <p>Lessons Learned</p> <ul style="list-style-type: none"> • TA is an ongoing process and should continue post implementation • Value-Based Payment contracting requires ongoing, routine meetings with provider and payer community to ensure continued buy-in, address challenges, and conduct quality improvement
<p>Progress updates to MHSOAC</p>	<p>Progress</p> <ul style="list-style-type: none"> • Submitting project report to OAC

Update on Conversation with DHCS Regarding Medi-Cal / Billing Reform

Orange County is continuing to engage with DHCS regarding reforms for Medi-Cal and related billing and reimbursement through CalAIM planning activities and other channels.

Interim Update on Results of Consultation

A broad range of external consultants has been engaged to support the complexity and urgency of this project. Both professional and local community consultation was considered.

Next Steps

A. Return for Implementation Dollars

Orange County will continue to explore returning to the OAC for approval of additional innovation funding to support implementation activities.

Documents Attached as Appendices

1. Specified Milestones Identified in Project Plan

BHST was approved by the OAC in May 2019, for a three-year term. The innovation project officially launched on October 15, 2019, when the Orange County Board of Supervisors began an agreement with Mind OC. The Health Care Agency (HCA) has contracted with Mind OC to work collaboratively and with community stakeholders to plan for strategies for value-based contracting. Mind OC is a 501(c)3 non-profit organization created to facilitate Be Well OC, a movement driven by a coalition of over one hundred public/private/faith based/academic institutions united to build a system of Mental Health and SUD Care for all residents of Orange County regardless of payor source.

1. Timeline

While the timeline submitted to the OAC envisioned a project start in July 2019 (the third quarter of the 2019 calendar year), the actual start date was not until October 15, 2019. Appendix 1 includes an updated table of “Specified Milestones Identified in Project Plan,” revised to reflect the start date and to indicated months rather than quarters. The table below is reflective of the current reporting period and expected milestones.

Oct '21 – Mar '22

- Explore strategies to braid funds across the public, private and philanthropic/non-profit sectors
- Develop methods to incentivize service delivery
- Streamline Reporting Processes

Oct '21 – Sep '22

- Operationalize identified values and performance standards into measurable outcomes
- Meetings with DHCS legal, fiscal, and regulatory teams
- Develop and execute initial procurement and contracts
- Provide technical assistance for local providers, as needed

Jul '22 – Sep '22

- Host local planning to help identify community values and preferred performance standards
- Progress updates to MHSOAC

2. Role of Mind OC

With Mind OC, Orange County is working with consumers, peers, family members and other community members, along 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 the public and private sectors to improve quality of and access to services. Mind OC’s activities, on behalf of Orange County and in service to this innovation project, include:

Upon execution of the agreement with Orange County, in October 2019 Mind OC established and staffed a project office of highly qualified staff and subcontractors. Core staff assigned to the project include:

Title	FTE	Description of Role
Director of Operations	1.0	Planning the building of proof of concept of BHST
Director of System of Care – vacant eff. 12/1/20	1.0	Planning the communications and data sharing mechanism of BHST as well as planning and executing the community engagement strategy.
Director of QI and Network Development	1.0	Providing overall project management and related activities of BHST
Assistant Project Manager	0.5	Providing project management support
Senior Executive Assistant	0.75	Providing support for projects, including scheduling and other logistics and materials preparation

A. Explore strategies to braid funds across the public, private and philanthropic/non-profit sectors

Progress

As part of the initial work toward System Assessment & Capacity Building for Clinical & Financial Design, Baseline knowledge of local key Provider Organizations and Providers currently operating in Orange County coupled with information about approach and experiences from related transformation efforts in systems across California and the country obtained helped to inform the ongoing exploration work in Orange County.

Work toward identifying available funding streams and applicable State and Federal rules/regulations continues to be closely linked to planning work for California Advancing and Innovating Medi-Cal (CalAIM). CalAIM is a multi-year initiative by DHCS to improve the quality of life and health outcomes of the population by implementing broad delivery system, program, and payment reform across the Medi-Cal program. Orange County continues to be a very active participant in the planning for CalAIM. In addition to these activities, Orange County is working with Mind OC to analyze the funding sources and allocations across directly operated and contracted behavioral health programs and services.

Lessons Learned

Early lessons learned related to available funding streams and State and Federal rules/regulations highlight the need to broaden the scope of inquiry to address the need for specialty behavioral health to be clinically, administratively, and financially structured to support physical health just as primary care and other physical health services need to be structured to support behavioral health. Several factors were consistently identified as central barriers or complications:



The specialty behavioral health carve out managed by the counties and the mild-to-moderate behavioral health/physical health benefit administered by (generally) Medi-Cal health plans



Cost based reimbursement centered on units of services delivered, and the current inability to pay any sort of “bonus” that exceeds actual costs incurred



MHSA funding is unique to California, adding an additional complicating factor, especially in light of how deeply intertwined these funds have become with Medi-Cal services



Measurement efforts regarding behavioral health service outcomes tend to be overly complex (e.g., DLA-20) or overly simplistic (e.g., follow-up after emergency department visit or hospitalization for mental illness) and there is no standard level of care measure that is used consistently in CA

These barriers and complications are not new, and continually revealed to be inextricably linked to efforts to identify available funding streams and State and Federal rules/regulations.

Several areas of opportunity for Orange County’s BHST work continues to be a focus through the course of this work:



CalOptima, created by the Orange County Board of Supervisors in 1993 as a County Organized Health System (COHS), manages Medi-Cal services for the entire county, and only for Orange County. Compared to many other areas in CA with more complex health plan arrangements (e.g., the COHS spans multiple counties and associated Boards of Supervisors, the county is served by multiple Medi-Cal managed care plans, etc.), moving toward a more aligned, payer agnostic system of care can be a more focused partnership between the County and Cal-Optima.



The collaborative potential of strong and aligned leadership at Orange County’s Health Care Agency, Behavioral Health Services, CalOptima, and Mind OC was regularly noted, as was the strong potential embodied in the broader Be Well movement and a supportive Board of Supervisors



KIs highlighted the **relative simplicity** of the Orange County health care delivery system, in comparison to other counties, regions, and states, with Orange County services being largely limited to behavioral health, with exceedingly limited directly provided physical health care services (as opposed to having a county operated FQHC or hospital)



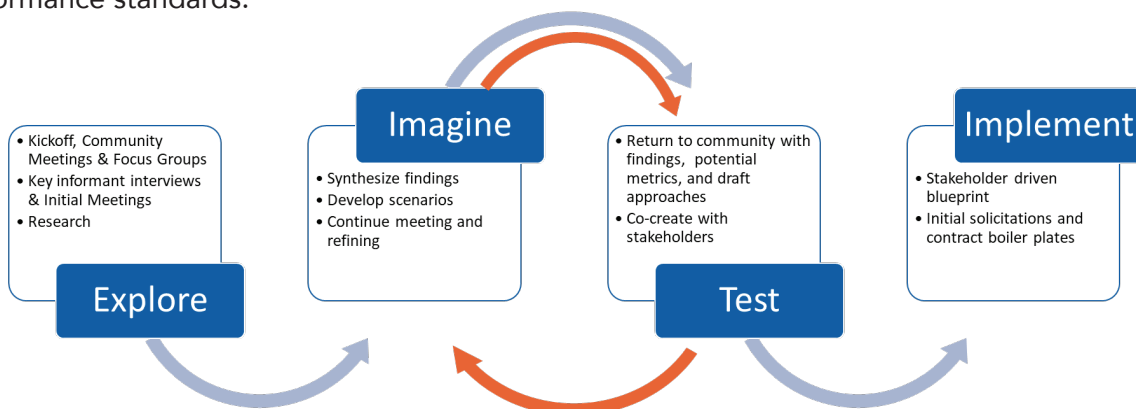
Related transformation efforts offer many lessons and opportunities from the activities that have already been undertaken in California and Orange County, to say nothing of across the nation, and the coming transformation envisioned in CalAIM. Several of these past initiatives, such as Whole Person Care, Drug Medi-Cal Organized Delivery System, and Health Homes

B. Host local planning to help identify community values and preferred performance standards

Progress

A fundamental element of this project is the role of Orange County residents and the provider community. As we commented in the year 2 report, to develop a Value-Based Provider Contract to work by, stakeholders must first understand what the current system and definition of “value” is to work with that knowledge as they define expectation for “value”.

The graphic below depicts the community engagement process we selected to work by and the vital role of community engagement in the imagining and testing phases, with continual feedback and refinement to ensure that what is ultimately implemented supports community values and preferred performance standards.



a) Be Well OC Quarterly Coalition Meetings 2021-2022

The Be Well Orange County movement convenes in a hybrid virtual and in person format for its quarterly coalition meetings in March, June, September, and December. The number of participants typically range from 175 – 360, with an average of 200 per meeting, with about two thirds of participants attending via Zoom. The meetings are facilitated by Mind OC, with leadership from HCA and CalOptima typically leading the opening remarks and updates (Dr. Clayton Chau, Veronica Kelly, Michael Hunn, Richard Afable, Marshall Moncrief and Dr. Karen Linkins). Work that is cross-cutting with the Behavioral Health System Transformation Innovation Project is highlighted during these meetings.

At the meeting held March 31, 2022, Leadership from Orange County Behavioral Health and CalOptima provided an update on the status of activities under CalAIM and priorities in mental health and recovery services in Orange County over the next two years. At the same meeting, Be Well Leadership provided an update on the Be Well Orange Campus services (urgent care and residential care). Under BHST, representatives from the two campus providers meet with BHST staff monthly to discuss and identify metrics that would be meaningful and set the stage for VBP contracting. Metrics presented included data points such as the number of admissions, discharges, payer mix of those served, transitions within programs, and referral paths into the programs. The work is ongoing but experienced a pause while Health Care Agency administration dealt with program leadership and contracting shifts.

At the meeting held June 30, 2022, Mind OC leadership provided results of the 2022 Be Well Coalition Partner Survey, administered in March 2022. The survey highlighted the importance of continuing to engage the Orange County community through Result Area meetings and Quarterly Coalition Meetings, as the most prominent forums for the community's participation (60% – 67% participating in Result Area meetings and Quarterly Coalition Meetings respectively). It also provided better understanding of the community's perception of the success of Mind OC /Be Well efforts towards BH transformation, most notably "forming partnerships and collaborating; Education and improved knowledge of services; integration and expansion of services and supports; shared vision and goals; community involvement, representation, and advocacy; and sharing of best practices and ideas across sectors and organizations". When asked about the involvement in Be Well activities and the value on the person and / or their organization, over half of respondents cited value in: "Understanding of community needs/priorities; Understanding of system challenges; and Knowledge of other organizations and services", followed closely by "our cross-sector partnerships/relationships".

Opportunities for the public to inquire and comment on any of this work is open to all participants. For questions that are not answered during the session, we provide an FAQ's sheet on the Be Well website, in addition to meetings materials and a recorded presentation. In addition, the Be Well website features information about the BHST project for the community to stay involved.

b) Be Well OC Result Area #3

This workgroup hosts recurring monthly meetings focused on "Closing Treatment Gaps and Improving Access to Care". In alignment with the work of BHST, previous accomplishments out of this workgroup included: identifying screening tools and protocols, creating a standardized intake form and protocol, and creating and piloting a universal data-sharing agreement and opportunity to test potential for demonstrating proof of concept. During this reporting period, the implementation of certain CalAIM components and shift in leadership at the Managed Care Plan partner prompted new strategy change to reorganize for this group, inviting additional stakeholders to the table with a more focused role in the provider arena to allow for continued successes.

c) Be Well OC Result Area #2

Recurring monthly meetings focused on mental health and substance use services as they relate to the Prenatal-5 group and older adults have served to inform the overarching fabric of VBP. The two working groups have ensured that both age groups are reflected in the requested outcomes and recognition and awareness of available services in Orange County. Performing voluntary work to educate the community about the variety of services and supports and need for additional services and inclusion in the transformation work under BHST has been their success over this last reporting period. In addition to focus on the VBP factors, this group has invited and assisted in the further development of the BH Navigator under BHST Part 2, representing their specific community (Prenatal – 5 and Older Adults, respectively).

d) Peer Community Engagement

Building upon the work of the Peer Led Learning Community conducted during 2020-2021 (Peer Led Community meetings and Peer Engagement Playbook), Peer Leaders have expanded their role as collaborators and in presence in community meetings that focus on equity and inclusion, among others. Attending with their voice of lived experience, Peer Leaders represent and engage the peer community to be present and vocalize their needs in the mental health and substance use environment in Orange County.

Lessons Learned

Defining and engaging the community on the concept of VBP takes a special skill to be successful: many interpretations of this concept have been heard. As we draw closer to finalizing the draft templates, it is important to remind the community of what VBP is and how it will benefit those receiving and those providing services. Identifying metrics that apply to the services at the campus for proof of concept, as well as translating the success of those metrics into operational goals for providers, will be key.

C. Operationalize identified values and performance standards into measurable outcomes

Progress

With development of provider identified values for dashboard reporting with campus providers, Mind OC was able to produce an initial Be Well Campus Dashboard. Presentations of the Campus Dashboard was eliciting questions and feedback on the success of the service blend at the campus. The continued inquiry provided topic for greater discussion with the providers on what and how they would suggest to share the story of success at the campus. Knowing that with success comes many opportunities for improvement, the group was careful about ensuring that challenges were discussed to elicit feedback amongst the group on how to improve from those challenges. As of March 2022, the group ceased meetings while Health Care Agency worked through programming changes. Having prepared for additional outcomes reporting, once the group is able to reconvene, we hope to implement a more robust data set that will present a more complete depiction of services being provided.

In addition to the provider metrics and dashboard work, Mind OC continues to work with identified subject matter experts to support and contribute to development of an eventual stakeholder driven blueprint which will include community-defined values and performance-based metrics and will be finalized at the end of the BHST project by Mind OC, drawing on the information from overall project activities. A Draft Data Governance Framework to support initial rollout of campus-based behavioral health proof of concept critical building blocks and Roadmap of scope and budget needs for data

sharing and governance supported is being finalized. This will incorporate observations from the proof-of-concept roll-out at the Be Well Campus.

Lessons Learned

Providers and Community (clients) align on performance standards and values but measuring and presenting that in a way that speaks to both audiences requires refinement. Culture and Policy change is necessary to be able to implement some of the provider and community defined values as they rely on pre and post campus level services.

D. Develop methods to incentivize service delivery

Progress

Recognizing that data are central to value-based contracting and achieving related strategic and programmatic goals, Mind OC continues to explore requirements of establishing data governance to improve operational efficiency, manage a broad set of data across the network, and drive value for stakeholders and residents of Orange County. Ongoing development of key factors involved in data governance, including the legal and policy framework needed to protect the privacy and security of confidential information continues.

In addition, assessment of existing and similar external contract templates to determine future-state needs was conducted. The research process began with obtaining copies of the campus provider contracts and renewals, conducting an assessment and comparison of service delivery incentive options for similar service metrics between the two contracts, as well as utilization of external program delivery incentive options for opportunities.

Lessons Learned

There is much to be learned about the opportunities available to incentivize service delivery, including the need to understand funding requirements and limitations, incorporating government and corporate policy requirements based on funding sources. Learnings so far include the realization that existing county provider contracts do not allow for incentivizing services. Public and Commercial health plans practice some forms of provider incentive practices which we will continue to explore. Conversations and exploration with Health Plans, Providers and Provider Office Staff who have greater success utilizing pay for performance measures that are reinforced with support to the provider and provider office level continues. Most successful programs support providers through ongoing dissemination of detailed information on the measure and goals with payment models set up for a top-down payment approach. Further exploration on this topic continues.

E. Streamline reporting processes

Progress

Research of established and emerging approaches to streamline reporting processes continued over this period. The goal is to support provider clinical and billing documentation for commercially insured clients, with as much streamlining as possible. To achieve a streamlined approach, participating agencies must be able to comply with multiple sets of regulations in addition to the new performance outcome standards easily. Establishing relationships and agreements with commercial plans requires exceptionally specialized subject matter expertise and time. Some of the activities that were helpful in realizing the extent and variety of approaches to be considered included weekly meetings to discuss the status and requirements of an array of commercial health plans' contracting requirements and additional workflow sessions where the team could verbalize into draft(s) the multiple paths necessary to achieve streamlined reporting.

In addition to the commercial plans, public reporting processes and options for alignment on Standard Operating Metrics and cadence continues to progress. Under BHST, representatives from the two campus providers starting meeting monthly with BHST staff in April 2021 to discuss and identify meaningful metrics that would set the stage for VBP contracting and develop processes for streamlining the reporting process. With development of an initial public facing dashboard that captures the standard operations being provided by the campus providers, the opportunity for improvement and refinement of reporting was realized. The goal of this workgroup is to achieve reportable outcome measures that demonstrate the successes experienced by the co-location of mental health and substance use services, along with a housing support service that addresses client transitions that may include homelessness upon entry or exit of campus services. The work experienced a pause beginning in March 2022 while Health Care Agency administration dealt with program leadership and contracting shifts.

Tracking toward a more streamlined reporting approach for services rendered that can be informed by clinical outcomes reporting will help to set the infrastructure for best practices aligned with implementation of CalAIM. Currently on pause, we hope to resume this work by the start of 2023.

Lessons Learned

Workflow sessions during the internal Commercial Health Plans meetings identified the variety paths necessary to include in the final overarching workflow that will dictate processes to ensure a streamlined reporting path for all services under the Be Well Campus model. Mind OC recommends these six foundations are essential to achieve the final goal of streamlined reporting processes: Executive Leadership Commitment to the Vision – visible top-down support and promotion of initiatives; Specific Motivation – VBP, Grants, Incentives; IT & Data Infrastructure – Tools, Data Quality, Common Measures, Data Sharing Mechanism; Trust – Data Security and Privacy, apples-to-apples reporting, Transparent reporting; a Coordinated Workflow – team based care, Data access, User friendly tools and workflow; and Outreach & Engagement- Person-centered care, coordinated messages and touchpoints, Platform agnostic data points. Implementation of these six foundations will position Orange County for long-term success.

F. Meetings with DHCS legal, fiscal, and regulatory teams

Progress

Representing the Health Care Agency, Orange County, Behavioral Health Services leadership, in communication with Mind OC leadership, has actively participated in meetings and engaged in specific work groups with DHCS over the course of and during this period of the project.

Mind OC staff has attended the following Regulatory Focused CalAIM webinars:

- CalAIM Behavioral Health Workgroup Meeting 11/29/21
- CalAIM Behavioral Health Workgroup Meeting 1/20/22

In addition to these meetings, we continue monthly policy calls with The Steinberg Institute, which began in July 2020. The meeting attendees include members from Mind OC, Health Care Agency, and The Steinberg Institute. The focus of our agenda covers State budget priorities, regulatory updates, changes, and any foreseeable obstacles that could impact this project, along with continued monitoring on the status of CalAIM. In October 2021, a special meeting was scheduled to discuss BH Workforce and the impact it could have on this and all projects under behavioral health. Some of the topics covered included the workforce shortage and provider burnout, particularly during and on the heels of the pandemic. Strategies for changing policy under MHSa that would support clinicians (workforce) and agencies (employers) with funding, reimbursement, and/or grants to

support workforce retention, hiring and promotions in the mental health field were some of the topics covered. Additional factors that potentially impact the workforce include retirement waves and the increase ability for companies allowing employees to work from home, thereby increasing the need to look at policy around workplaces and provision of services.

G. Develop and Execute Initial Procurement and Contracts

Progress

During this reporting period, Mind OC accomplished steps toward developing initial procurement and contract templates. Identification of public and private payers that would likely participate in the coverage or provision of services in the crisis and short term residential behavioral health and substance use treatment sector was achieved. Initial conversations were set to discover the range of payers meeting the need for these services and able and interested in review of potential referral partnership that met criteria for doing so. The focus was on contracting proposals to Private Payers (Commercial Health Plans) whose clients could benefit from access to services in this field (behavioral health and substance use treatment). One Southern California Health Plan committed to participating in a proof-of-concept contract for services. Work continues in this area, with heavy activity planned for the next few quarters, to understand any shortcomings and modifications necessary for a successful proof of concept and boilerplate contract model.

H. Provide technical assistance for local providers, as needed

Progress

During this report period, continued engagement of providers to further develop identified and unknown technical assistance needs continued. Targeted conversations with Hospital and Health Plans in Orange County allowed for further exploration of capacity needs. This work continues to progress.

a) Be Well Campus Providers

As an introduction to VBP models, Mind OC began VBP conversations with the two contracted Campus service providers, utilizing the opportunity of a proof of concept in Orange County's first Wellness Campus, a facility developed through a public-private partnership and designed to provide co-located behavioral health services available to all residents of Orange County, regardless of payer. The intent of the ongoing discussions was to achieve better understanding of the provider needs for technical assistance along with building a better representation of client outcomes aligned with the provider and client community, to include in proposed performance standards.

b) Local Hospital Partners

Local Hospital Partners interested in accessing services at the Be Well Orange Campus were engaged to provide education and offer technical assistance around accessing the campus. Identifying issues with access for hospital clients who could benefit from campus services, the hospital asked for Be Well assistance. Through discussions, it was realized that slight process and/or policy shifts on the part of the hospital system would allow for successful referrals to the campus services. Research into the types of referrals and successful or unsuccessful placement into campus services helped the group to better understand the technical assistance needs of local hospital partners.

b) Orange County Behavioral Health (Mental Health and Substance Use) Providers

Over the course of the past year, the team has been able to identify and connect with non-county contracted providers to understand their capacity and training needs for moving toward value-based

contracting. Additional outreach will be important, as we intend to utilize the results of the work completed by California State University, Fullerton, which captured the scope and supply of services available in Orange County. Additional information on provider qualifications and certifications, cultural background, and training, etc. that would form the foundation for a culturally responsive and inclusive provider network will be key to developing an outreach and maintenance plan for technical assistance that can support the needs of the growing provider community as they move towards a value-based payment model.

Lessons Learned

Value-Based Payment contracting requires ongoing, routine meetings with providers and payers, meetings to ensure continued understanding of contract requirements, provider progress, and questions related to newly implemented measures or contract terms. Providers and clients can be a great resource to each other and often align in values. Learnings so far include the fact that technical assistance is an ongoing process and should continue post implementation.

I. Progress updates to MHSOAC

Orange County is pleased to submit this second project report to the OAC and is eager to share additional updates.

IV. Appendix I: Specified Milestones Identified in Project Plan


Project Activities	Oct-Dec 2019	Jan-Mar 2020	Apr-Jun 2020	Jul-Sep 2020	Oct-Dec 2020	Jan-Mar 2021	Apr-Jun 2021	Jul-Sep 2021	Oct-Dec 2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sep 2022
Aligning Legal, Fiscal and Regulatory Requirements to Improve Quality and Access to Services												
A. Identify available funding streams and all applicable State and Federal rules/regulations	X	X	X	X	X	X						
B. Explore strategies to braid funds across the public, private and philanthropic/non-profit sectors							X	X	X	X		
C. Explore the feasibility of a universal reimbursement rate/structure	X	X	X	X	X	X						
D. Host local planning to help identify community values and preferred performance standards	X			X				X				X
E. Operationalize identified values and performance standards into measurable outcomes							X	X	X	X	X	X
F. Develop methods to incentivize service delivery						X	X	X	X	X		
G. Streamline reporting processes						X	X	X	X	X		
H. Meetings with DHCS legal, fiscal, and regulatory teams	X	X	X	X	X	X	X	X	X	X	X	X
I. Progress updates to MHSOAC				X				X				X

III. Activities

J. Develop and execute initial procurement and contracts										X	X	X	X
K. 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								

Project Activities	Oct-Dec 2019	Jan-Mar 2020	Apr-Jun 2020	Jul-Sep 2020	Oct-Dec 2020	Jan-Mar 2021	Apr-Jun 2021	Jul-Sep 2021	Oct-Dec 2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sep 2022
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

Appendix B



Behavioral Health System Transformation Project Part Two: Digital Resource Navigator Annual Report for MHSOAC

Submitted by Chorus to BHST evaluation team on 8/31/2022

Reporting time frame: October 1, 2021-September 30, 2022

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Overview

The OC Navigator is a website designed to help Orange County (OC) residents find and connect with behavioral and other social services across public and private settings. For individuals who are unsure of their needs or how to start their search, they can answer a brief questionnaire on their social determinants of health to help identify local services that may be helpful to them. The OC Navigator was formerly referred to as the Behavioral Health System Transformation Project: OC Digital Resource Navigator. Based on conversations and branding activities with community partners and OC leadership, it has been named the OC Navigator and available at <https://ocnavigator.org>.

Through the development work that we did with the OC Navigator, a need emerged to expand and support other programs. Using other sources of other MHPA funding, we're able to support the development of the following apps: (1) the OC Links/CAT Dispatch App and their administrative dashboard, (2) the O&E Referral App, (3) the O&E Universal Activity Form (UAF) Survey, (4) the Crisis Stabilization Unit (CSU) Live Bed Board App, and (5) NAMI Warmline App. This report encompasses our efforts to build the six interconnected modules.

OC Navigator

The OC Navigator had its official public launch on April 7, 2022 following a pilot and progressive rollout with community partners over the preceding year. Below, progress of the main components of the project are described.

- **Community engagement:** As awareness and use of the OC Navigator grows, engagement with community partners has evolved into long-term relationships that provide richer insights and more in-depth involvement in the project. Workgroups continue to be facilitated on a 4-6-week basis to provide project updates and discuss pertinent project topics. However, the bulk of our team's engagement activities are work sessions with community experts and coalitions for specific outcomes such as resource guides or cleaner data on a topic. We have also begun to conduct training for the OC Navigator to OCHCA staff in preparation of community-wide dissemination. Thus far, the OC Navigator project has conducted 34 workgroups, 78 interviews, and 1 training and successfully connected with 70 community organizations with over 250 unique consumers, providers, and advocates. Engagement continues to drive the content and feature enhancements of the OC Navigator.
- **Additional content and enhanced resource data:** Resources and resource guides among all service categories were continually added to the OC Navigator with the support of our community partners. Community subject matter experts helped curate and structure category keywords to improve search-ability across resources. As of this report, the OC Navigator contains 993 resources and 14 resource guides, an increase of 552 resources and 2 resource guides from last year's report.
- **Data governance:** We facilitate regular conversations around data approval, maintenance, and general governance with OC HCA leadership to develop a sustainable data governance strategy of the public and private resources in the OC Navigator.
- **Marketing and promotion:** The Angel Stadium campaign began in April 2022 to promote the OC Navigator, resulting in increased usage and awareness of the OC Navigator. Promotional assets were created for OC Health events at Angels Stadium and other community hubs such as secondary schools in Orange County, such as a Sheriff's Department Resource Postcard, a Veterans Resource Postcard, and an accompanying Veterans Resource Guide.
- **OC Navigator Reporting Dashboard for OC administrators:** In December 2021, a dashboard for OCHCA staff was created to provide usage metrics that highlight the social and health needs

of users, such as the aggregate results of the Wellness Check-In and keywords used during search. Google Analytics data was also integrated into the dashboard. Summarizing this data is the first step towards integration with population health dashboards in the county to inform areas where additional programming is needed.

- **Multi-language support:** In April 2022, the OC Navigator was released in 8 additional languages: the County of Orange's six threshold languages (Spanish, Farsi, Arabic, Vietnamese, Korean, Chinese), Tagalog, and Khmer. Static translations were community-reviewed to ensure successful localization, and dynamically generated resources based on user queries are auto-translated for sustainability purposes. A bespoke translation portal was created to optimize input of professionally translated content and support integration of Google Translate to auto translation dynamic content.
- **User interface (UI) improvements:** Throughout the reporting period, community feedback was reviewed and integrated into the OC Navigator website, resulting in UI improvements to the category page layout, Wellness Check-In description, and updated functionality to the resource suggestion and feedback forms.
- **Closed loop referral system:** Enabling automated referrals in the OC Navigator begins with designing the user profile so clients can create their own profiles to save their preferences and history of referrals and other relevant information. We created designs for user account creation and the logged-in experience; users will be able to save Wellness Check-In results, bookmark their favorite resources and, in the future, track their referral status to a provider listed in the OC Navigator.

OC Links and Crisis Assessment Team (CAT) Mobile Dispatch

The OC Links app facilitates core work functions for staff to manage, triage incoming calls and chats, and connect OC residents to appropriate behavioral health and social services. Staff began use of the app in February 2021, and it continues to undergo iterative improvements. Other notable updates include:

- **OC Links Client Management:** A new OC Links workflow has been built to gather and store information by client rather than by individual calls. This change supports OC Links Navigators' workflow, as they have many repeat clients and need to reference their case history. OC Links v2 was launched August 9, 2022.
- **OC Links Reporting Dashboard for OC administrators:** To support administrators with analyzing service trends and staffing support needed, a second iteration of the OC Links dashboard displays counts of crisis calls, evening calls and total calls; CAT Adult, Child, and PERT dispatches; and O&E referrals. Administrators can filter data by date range.
- **OCHCA security banner:** In compliance with OCHCA's security policies, a security banner was built to alert OC Links, CAT, O&E Referral, and Bed Board users that they are entering a system containing protected health information (PHI).
- **Chorus customer support portal through Zendesk:** The increased number of users and apps for OCHCA Mental Health and Recovery Services (MHRS) teams necessitated a customer support portal to help users access OC Links, submit questions and feature requests, and call support staff if needed.

Outreach & Engagement (O&E) Referral

The O&E Referral app facilitates mental health and housing related referrals from OC Links Navigators to O&E Supervisors, who then assign and dispatch field outreach workers. The app includes data visualizations of referrals made, closed, and total referrals open which can be filtered by date range. Custom features for O&E supervisors include a teams page that lists all outreach workers, their specialties, and number of open cases to help supervisors determine referral assignments. The O&E Referral App launched on October 21, 2021. Since then, our team has conducted user testing to inform UI improvements. Functionality to support client management was added during OC Links v2 launch to maintain consistent client information across both teams.

O&E Universal Activity Form (UAF) Survey

On June 30, 2022, a new app was launched for O&E field team members to collect demographic information and record whether clients accepted or interacted with mental health or substance use services. HCA is using the data to track how site locations and demographics change over time.

CSU Live Bed Board

The CSU Live Bed Board App is designed to coordinate client intake and manage bed occupancy between four Crisis Stabilization Units (CSUs) in Orange County. The app was first implemented at the OC Health Care Agency CSU on May 5th, 2021 and has expanded to all remaining CSUs: College Hospital (Adult), Exodus Be Well (Adult), and Exodus Be Well (Adolescent). Continued partnership and collaboration with all CSU staff has resulted in iterative improvements to the workflow, such as the addition of a historical log of the client's journey through the CSUs. Designs have been approved by leads at all CSUs; implementation is scheduled to begin early September.

NAMI Warmline

Preliminary designs were created for a new client management system for NAMI Warmline. We are working closely with Warmline staff to streamline their current workflow and plan for future additions to the system, such as scheduling, resource list creation, and integration with OC Links.



Section 1: Identify Stakeholders to Include in Local Planning Meetings

This section discusses the stakeholder partnership and collaboration for six projects. -- (1) OC Navigator, (2) the OC Links/CAT Dispatch App and the Administrative dashboard, (3) the O&E Referral App, (4) the O&E Universal Activity Form (UAF) Survey, (5) the Crisis Stabilization Unit (CSU) Live Bed Board App, and (6) NAMI Warmline App.

OC Navigator

Community Engagement

Community engagement is a cornerstone of the OC Navigator. It ensures that project activities reflect our participatory program planning principles--transparency, respect, power sharing, co-leadership, and two-way knowledge exchange--and reflects the priorities and needs of diverse agencies, providers, administrators, families, and patients and consumer stakeholders. Numerous activities were designed to engage stakeholders and garner input to inform the features and functionality of the OC Navigator. These efforts produce rich insights that continually push OC Navigator site design, content, and features to create a better experience for all residents in Orange County.

Historically, providers and agency staff have been the major source of participation and feedback. Methods of engagement in the past relied more on word-of-mouth and community referrals. Thus, the project has struggled to reach certain ethnic populations, consumers, and family members for a variety of reasons, mainly due to physical and time-based constraints from the COVID-19 pandemic. Since the OC Navigator has gone live, team members are able to have a richer conversation with stakeholders by walking them through the live site and interacting with its features. In this reporting period, we continued to reach more diverse populations such as monolingual Spanish speakers, increase participation in the content and feature development of the OC Navigator, and learn more about the needs of the community. Thus far, the OC Navigator project has conducted 34 workgroups, 78 interviews, and 1 training, and successfully connected with 70 community organizations with over 250 unique consumers, providers, and advocates.

Community Co-Chairs

As awareness of the OC Navigator grows, community co-chairs Ravi Seng and Linda Smith continue to provide critical guidance and input on OC Navigator engagement activities. We continue to hold weekly co-chair meetings to determine workgroup topics, share hot topics currently affecting the community, and brainstorm on how to grow engagement. Ravi and Linda are increasingly involved in workgroup discussions: they lead discussions around resource and guide content, translation strategy, and data governance. They also help ensure all voices are heard from and that the topic of conversation does not stray too far from the agenda. Ravi and Linda often leverage their own extensive networks to bring in diverse perspectives and expertise into workgroups and interviews.

Subject Matter Experts

To develop our category resources, keywords, and resource guides, our community partners directed us to subject matter experts (SMEs) to curate content. Thus far, we have worked with subject matter experts in housing, legal, mental wellness, family safety, transportation, and basic needs categories to curate resources in categories, create resource guides, and determine the keyword structure of a category. SMEs have also helped vet professionally translated content for each of the languages in the OC Navigator.

Data Governance

Conversations around OC Navigator data governance began in December 2021 between Chorus and OCHCA leaders specializing in research and data, clinical services, and resource management. Section 2.1 discusses the scope of these meetings and activities. Thus far, resource inclusion and exclusion criteria have been established, to be discussed in Section 2.1.

OCHCA MHRS Apps

To develop apps, Chorus firmly believes in the value of participatory design – an approach to design that involves all stakeholders in the design process to help ensure the result meets their needs and is usable. Stakeholders are involved and consulted in every improvement cycle and expansion of the OC Links/CAT app and other apps. In particular, service area chiefs, program managers, and supervisors provide strategic guidance of app development and improvement. In Table 1, we list the stakeholders for each build of the suite of MHRS apps and their participation in determining app components, design, and functionality.

Table 1. Mental Health and Recovery Services Stakeholders

App Name	Key Stakeholder Roles
OC Links/CAT	OC Links and CAT Service Chiefs OC Links Navigators and CAT Clinicians (Adult, Child, PERT) OC Links Data Analysts
O&E Referral	O&E Supervisors O&E Workers
O&E Universal Activity Form (UAF) Survey	HCA Mental Health Recovery Services (MHRS) Program Managers O&E Workers
CSU Live Bed Board	AOABH Program Managers CSU Intake Staff
NAMI Warmline	Director Program Manager

Date ranges reflect our reporting periods to the OCHCA MHSA Innovations team.

OC Navigator App

Table 2 describes engagement activities conducted in each of the reporting periods.

	Stakeholder Engagement
Oct-Dec 2021	<ul style="list-style-type: none"> • Complete 15 subject matter expert interviews to curate housing, legal, and mental wellness re-sources, guides, and keywords • Conduct 3 workgroups with community co-chairs
Jan-Mar 2022	<ul style="list-style-type: none"> • Conduct email outreach to re-engage with partners and collect resources • Complete 12 subject matter expert interviews to curate resources, guides, and keywords • Conduct 2 workgroups with community co-chairs • Work with bilingual community partners to ensure localization of translations • Learn from 5 organizations about their resource management practices
Apr-Jun 2022	<ul style="list-style-type: none"> • Present to 9 groups or coalitions following launch to raise awareness of the OC Navigator • Complete 8 subject matter expert interviews to curate family safety, basic needs, and transportation resources, guides, and keywords • Conduct 4 workgroups with community co-chairs
Jul-Aug 2022	<ul style="list-style-type: none"> • Conduct 3 workgroups with community co-chairs • Conduct 10 interviews to curate resources, discuss collaboration, and develop guides • Provide 2 OC Navigator trainings to family service providers

OC Links/CAT App

Since August 2021, our team has met biweekly with the OC Links Service Chief and his team to discuss feature requests, plan for app development and iteration, and troubleshoot any issues or questions that arise. Communication lines are always open between our team and the OC Links staff via email, phone, or Zoom. In August 2022, a customer support email and phone line were created using Zendesk to help support OC Links' growing staff and rising use of the Chorus app.

O&E Referral

Collaboration with the Outreach and Engagement team began in September 2021 to learn about requirements for the O&E Referral App. Following launch in October 2021, meetings are held on an as-needed basis to discuss app iterations such as new functionality to accommodate a team restructure.

O&E UAF Survey

Stakeholder meetings began in June 2022 when MHRS Division Managers shared a high priority need for this app's implementation. The survey was launched June 30, 2022 for outreach workers' use, and we continue to work with the O&E team, data analysts, and program managers to ensure the app fits their needs.

CSU Live Bed Board App

Since the Bed Board launched with the four Crisis Stabilization Units (CSUs) in Orange County who are working together to intake clients, our team has participated in five CSU-wide meetings to learn how the app could support CSUs new workflows. Meetings were facilitated by County leads from March to July 2022.

NAMI Warmline

Over this reporting period, our team has completed six work sessions with the NAMI program manager, resource specialist, and administrators to gather requirements for the NAMI Warmline system, share designs, and plan for launch.

Lessons Learned

Across all projects, the application of participatory engagement principles continues to result in successful products and features, strong relationships with partners, and a creative and innovative collaboration based on transparency and co-leadership. Key learnings include:

- Establish communication methods and frequency early. Creating a flexible communication plan that works for the stakeholder early on in the project facilitates more collaborative and productive discussions, fosters trust, and improves the relationship overall. A plan also allows for plenty of preparation time from our team to ensure the stakeholders' time is best used.
- When engaging with new community members, open-ended questions and discussion topics foster livelier discussion and increase the likelihood that our team will learn something new, as opposed to asking more specific questions. This is also important to remember when engaging with more seasoned community members; while they know the project more intimately and can delve deeper into a topic, keep in mind there is still much to learn from them.

Next Steps

OC Navigator

- Conduct trainings with community agencies and OCHCA staff in order to promote use
- Continue providing presentations to coalitions, agencies, and collaboratives to increase awareness
- Continue working with SMEs to curate resources and resource guides
- Continue conducting monolingual engagement activities
- Begin in-person opportunities for engagement with stakeholders
- Continue meeting regularly with co-chairs to identify issues and areas of improvement

OC Links, CAT Mobile, O&E Referral, and O&E UAF Survey Apps

- Continue to collaborate with app users to inform app improvements
- Continue to strategize with OCHCA leadership on ways to streamline data collection and reporting, inter-departmental communication, and EHR integration.

CSU Live Bed Board

- Continue working with all CSUs to adapt the platform around new workflows
- Reach out to new stakeholders to inform iteration of the read-only public view

NAMI Warmline

- Continue working with NAMI Warmline leadership to determine design and user interface.
- Establish a training and launch plan



Section 2: Outline Scope

This section outlines the scope of six projects -- (1) OC Navigator, (2) the OC Links/ CAT Dispatch App and the Administrative dashboard, (3) the O&E Referral App, (4) the O&E Universal Activity Form (UAF) Survey, (5) the Crisis Stabilization Unit (CSU) Live Bed Board App, and (6) NAMI Warmline App.

OC Navigator

The scope of OC Navigator project activities has increased to meet the needs identified from community engagement efforts, including releasing the site in eight additional languages, structuring category keywords, and discussing data governance, outlined below.

Community Engagement

The scope of community engagement is responsive to the needs of communities in the county and the project's stakeholders while also driving progress towards a more integrated behavioral health system in Orange County. In response to increased community partnership requests, the community engagement strategy relies less on creating structured regular meetings and instead focuses on meeting community members where they are at, such as in coalitions, staff meetings, or at other avenues convenient to them. Engagement activities and key outputs are described in Table 3.

Monolingual engagement activities have also begun in this reporting period: we are working with a Spanish-speaking group of housing service users and advocates to improve the OC Navigator consumer experience. Activities in other languages are being planned with our community co-chairs and partners.

Table 3. Key Outputs of Engagement Activities

Activity	Count	Key Outputs
Workgroups	9	Share progress with stakeholders, answer questions, and discuss their feedback and experience
Engagement interviews	9	Engage with new community groups to understand their experiences with navigating resources and exploring how the OC Navigator can be helpful to them
Review translations	6	Review static translations with bilingual providers to ensure translations are localized to Orange County communities
Subject Matter Expert (SME) Interviews	35	Build a structured keyword system for mental wellness and substance use categories, similar to the housing structure reported in Installment 3 Deliverable Report. Site analytics indicated that mental wellness and substance use resources were some of the most sought-after resources.
Resource Management exploration	5	Learn best practices for updating, maintaining, and adding resources with local organizations who manage their own resource directory.
Feedback form responses	42	Collaborate with community members who reach out Integrate resource suggestions or corrections Answer questions about the project

Community Co-Chair Engagement

At the request of the project community co-chairs, Ravi Seng and Linda Smith, co-chair meetings are now conducted weekly to help co-chairs stay abreast of and provide input to engagement, marketing, and other project activities. Increased contextual knowledge of the project has resulted in richer

discussions about project decisions and approaches to community engagement. Some examples of how the co-chairs have contributed include:

- Introduce us to community members and subject matter experts and advise us how on best to engage them, which often results in an invitation to present the OC Navigator or become more involved in the project
- Provide feedback on promotional activities
- Provide strategic guidance such as the outlining the purpose of an engagement activity, frequency of workgroups, or the development of training material to help people understand all the features of the OC Navigator
- Advise on how best to disseminate materials created by the UCI BHST Evaluation team to project stakeholders. For example, the co-chairs recommended materials to be sent out by the OC Navigator project team instead of the UCI team to keep communication streamlined and consistent, and to continue to foster trust in the participatory process.
- Share information about current events in the County that could result in collaboration such as with Community Voices, Equity in OC, and others
- Suggest UI improvements

Content Expert Interviews

To develop our category resources and resource guides, we collaborated with subject matter experts (SMEs) to curate resources, create resource guides, structure category keywords, and help connect us to other SMEs. Project SMEs range from experienced service providers, doctoral students, family advocates, and community members who utilize services.

Multi Language

Early on the project, community stakeholders emphasized the importance of multilingual functionality in the OC Navigator, particularly in non-threshold languages as there is less local information available to those communities. In collaboration with MHSA Innovations, we have published the OC Navigator in nine languages total: English, the six threshold languages (Arabic, Chinese, Farsi, Korean, Spanish, and Vietnamese), and two non-threshold languages (Khmer and Tagalog). By increasing the language capability of the OC Navigator, more communities can access information and link to resources.

UI Improvements Online Feedback Form

Our team continues to make improvements to the OC Navigator per stakeholder feedback. Examples include creating a form to suggest a change to a resource and updating the copy of the Wellness Check-In for readability. Feature development is described in Sections 3 and 6.

Resources and Resource Guides

Community requests and collaborations now drive 100% of the resources being processed by our team, as opposed to past periods where members of our team actively searched for resources. As of this report, the OC Navigator contains 993 resources and 14 resource guides, an increase of 552 resources and 2 resource guides from last year's report. Each suggested resource is vetted by our team to ensure that the resource is still active and contains the accurate contact information by calling the agency. We work closely with OCHCA to vet private agencies.

Community-partnered resource guide development also drives curation of resources. We envision resource guides as a narrative-driven article that can educate and guide individuals to appropriate resources. Guide development utilizes a partnered approach where we work with community co-chairs and community partners, including OCHCA, to determine a topic. Community stakeholders then generate resources and write guide topic descriptions, and the guide is sent to OCHCA for approval. After obtaining approval, our team sends the guide to be translated and enters the resources into our database. There are currently 14 guides in the OC Navigator and 7 in development with community partners.

Keywords

Resources are tagged with search keywords to help power a user’s search. SMEs were interviewed to (1) to determine how to structure the keywords that reflect both clinician and consumer viewpoints when searching for resources, and (2) to generate synonyms or common search terms that users are likely to use when searching online. These terms were also supplemented by the search terms users have used thus far. Then all the keywords were translated into eight additional languages and appended to each resource. Table 4 shows how each category is defined and who we worked with to develop the structure and content. In this reporting period, we first identified keywords for the most-searched categories.

Table 4. Category and Keyword Description

Category	Keyword Description	Subject Matter Expert Role
Demographics	Organized by age bands, gender and sexual orientation, status (e.g. veteran or student).	Internal team research through workgroup and interview analysis
Mental Wellness	Organized by the place of care (e.g., emergency room, in-patient, outpatient) and by the types of care (e.g. therapy by licensed professionals, wellness programs by differently credentialed specialists).	Psychiatrists and clinician providers
Substance Use	Follow the continuum of care approach: early intervention services, outpatient services, intensive outpatient/partial hospitalization services, residential/inpatient services, and medically managed intensive inpatient services. Each level branches off to subcategories of treatments or services.	Psychiatrists and clinical providers
Housing	Focus on types of needs (e.g., shelter, affordable housing) and networks of services organized by sub-populations (e.g., veterans, homeless).	Affordable housing expert and service provider
Family Safety	Organized by the type of safety concern (i.e., abuse, fraud, trafficking). Each category then branches off to subcategories that encompass different populations (e.g., child abuse, elder abuse	PhD student in Psychological Science specializing in Domestic and Family Violence
Getting Around	Organized by the types of resources individuals might need (i.e., transportation and car repair). Each of these categories branches off to specific services individuals might need ranging from those that are related to medical (e.g., medical appointment transport) and social needs (e.g., community transport), as well as by population (e.g., youth, ADA, senior).	CEO of Abrazar, Inc., a community-based organization providing transportation services to seniors and other communities.
Basic Needs	Organized by the type of need, such as food, clothing, hygiene, child care, phone, and technology support	Assistant Director of the UCI FRESH Basic Needs Hub for college students

Automated Referrals

The scope of the OC Navigator will expand to facilitating automated referrals, which refers to functionality built within the OC Navigator and related apps like OC Links to facilitate and support efficient linking to services for residents of Orange County and where possible, support automated facilitation of this linking. The full implementation of automation of referrals on the client side through the public-facing OC Navigator will require further work such as engagement of downstream resources to use the OC Navigator to receive incoming referral requests where appropriate. However, we have begun laying the foundation for this process by focusing on the creation of client profile accounts which are a necessary feature to support this functionality. Client profiles allow users to register with the OC Navigator and create a username and password to be able to login and save things like their name, contact information and which resources they want to connect to. This will be the portal they can login to in order to track things like referral requests and submit feedback surveys, etc. The main features and build of this functionality will be reported at a later date, following implementation.

Data Governance

During this reporting period, the data governance strategy team composed of Chorus, MHSA Innovations, MHRS/OC Links leads, and MHRS Research established a shared understanding of the data inclusion and maintenance protocols in the OC Navigator. Five organizations who serve traditionally vulnerable populations (i.e. older adults, children, persons experiencing disability) were interviewed to help us understand current practices in the County and how stringent they may be to prevent inclusion of illegitimate or fraudulent services.

We found that all organizations included county-operated and county-contracted resources, and most included federal and state resources relevant to their service population. Private and digital resources are evaluated on a case-by-case basis by a set of guiding principles, such as a preference for no-cost or low-cost services, or if the organization is well-known and trusted in the community. Maintenance is conducted by a dedicated person or group annually to ensure resources are up-to-date, and also as-needed as new resource information is uncovered in communications, meetings, networking events, or conversations with colleagues.

OC Navigator Admin Dashboard

OC Navigator go-live necessitated an interactive and customized dashboard for MHRS staff to explore usage metrics. The OC Navigator Administrator Dashboard enables OCHCA administrators to get an overview of real-time activity of OC Navigator users and gain important insights such as where people are searching for resources, the kinds of needs they are looking to address, the areas of need identified in the Social Determinants of Health survey (Wellness Check-In), and real-time community input and feedback received from the OC Navigator. These features are outlined in Sections 3 and 6.

Marketing and Promotion

HCA Marketing and Promotion efforts began April 2022. Since then, OC Navigator has gained 11,300 active users averaging 19 page views per user.

Angel Stadium Campaign

The Angel Stadium campaign for the OC Navigator is composed of multiple efforts targeting different audiences to promote awareness and use of the OC Navigator. Assets range from stadium art,

magazine ads, website banners, and hardcopy materials. Different QR codes are attached to each asset to break out user metrics. Components of the campaign are described below.

Angels Landing Page

The OC Navigator Angels landing page was created as an interstitial page for Angels fans who scan Angel Stadium assets with the goal of providing preventative resources for mental health and wellness, before pointing the user to the OC Navigator.

Figure 1. Angels Landing Page



On April 7 MLB Opening Day, stickers with the OC Navigator URL and QR code were placed on all 45,000 seat cupholders in Angel Stadium (Figure 2).

Figure 2. Sticker - Angel Stadium Cupholders



Angels Magazine Ad

A full page hardcopy ad was created for the Angels Magazine, the official game day program for Angels Baseball (Figure 2). This magazine is run five times during the season and is also posted as a digital copy on the Angels website. The copy for this ad was adapted from the copy on the Angels OC Navigator website, which was reviewed and approved by community members.

Figure 3. OC Navigator Angels Magazine ad



Veterans Day Postcard

OCHCA observed Veterans Day on May 21, 2022 at the Angel Stadium by providing tickets to 100 veterans and their families, a resource booth to discuss local resources, and a concert on the playing field. We collaborated with the OC Veterans Service Office and Chase Wickersham, a veteran, to create the Veterans Day Postcard highlighting the must-know resources (Figure 4). Over three weeks, we met with stakeholders multiple times to discuss the delivery format, draft resources and topics, and review the design images.

The QR code in Figure 5 takes the user to the Veterans Resources in OC guide (Figure 6), which was created with the OC Veterans Service Office for Veterans Day. This comprehensive guide contains eight topics, each with a description written by a stakeholder.

Figure 4. Front - Veterans Day Postcard



Figure 5. Back - Veterans Day Postcard



Figure 6. Veterans Resources in OC Resource Guide

OC Navigator About OC Navigator Find Resources Resource Guides Share Feedback Languages [I want help now](#)

← All Guides

Veterans Resources in Orange County

By OCHCA Veteran [Visit Website](#)

[Print](#) Updated: 05/19/22

About This Guide

The Veterans Resource Guide for Orange County, California is a quick access guide of resources available to help veterans and military families thrive.

Jump to Topic

[Peer Navigation and Support](#) [Employment/Entrepreneurship](#) [Health](#) [Legal](#) [Housing](#)

[Children and Families](#) [Basic Needs](#) [Mental Health and Wellness](#)

Peer Navigation and Support

Connect with Peer Specialists who understand the unique needs of veterans and can help you connect with veterans resources.

American Legion Dist. 29 OC

The American Legion was chartered by Congress in 1919 as a patriotic veterans

American Legion Post 291

Newport Harbor Post 291 of the American Legion is one of the largest American

Bob Hope USO Orange County

Bob Hope USO provides USO services, programming and outreach at six centers

Mental Health Awareness Month

To promote mental health awareness during the month of May, the green mental health ribbon was added to Angels Stadium art. See Figure 7 for an example.

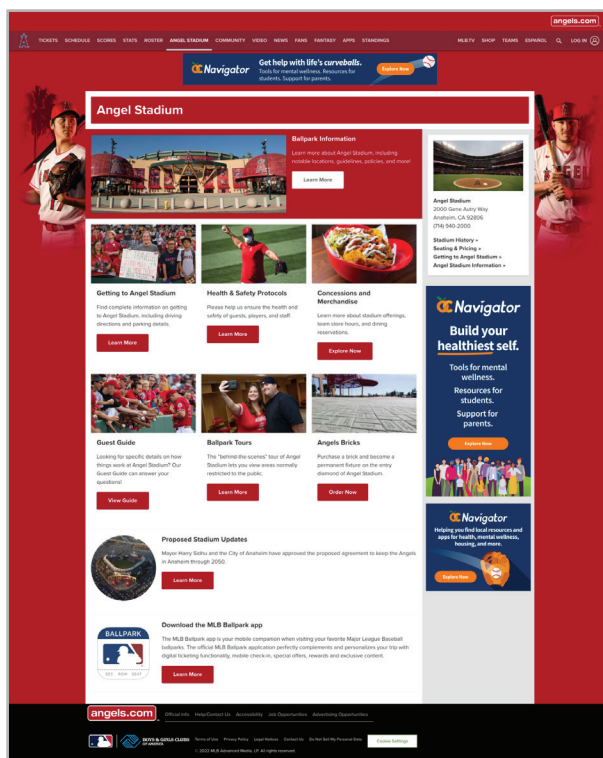
Figure 7. Mental Health Awareness Green Ribbon



ROS Banners

Run of site (ROS) banners were created for the Angels website to promote the OC Navigator. Community stakeholders suggested clear descriptions of the OC Navigator and what it can offer to the community. See Figure 8.

Figure 8. ROS Banners

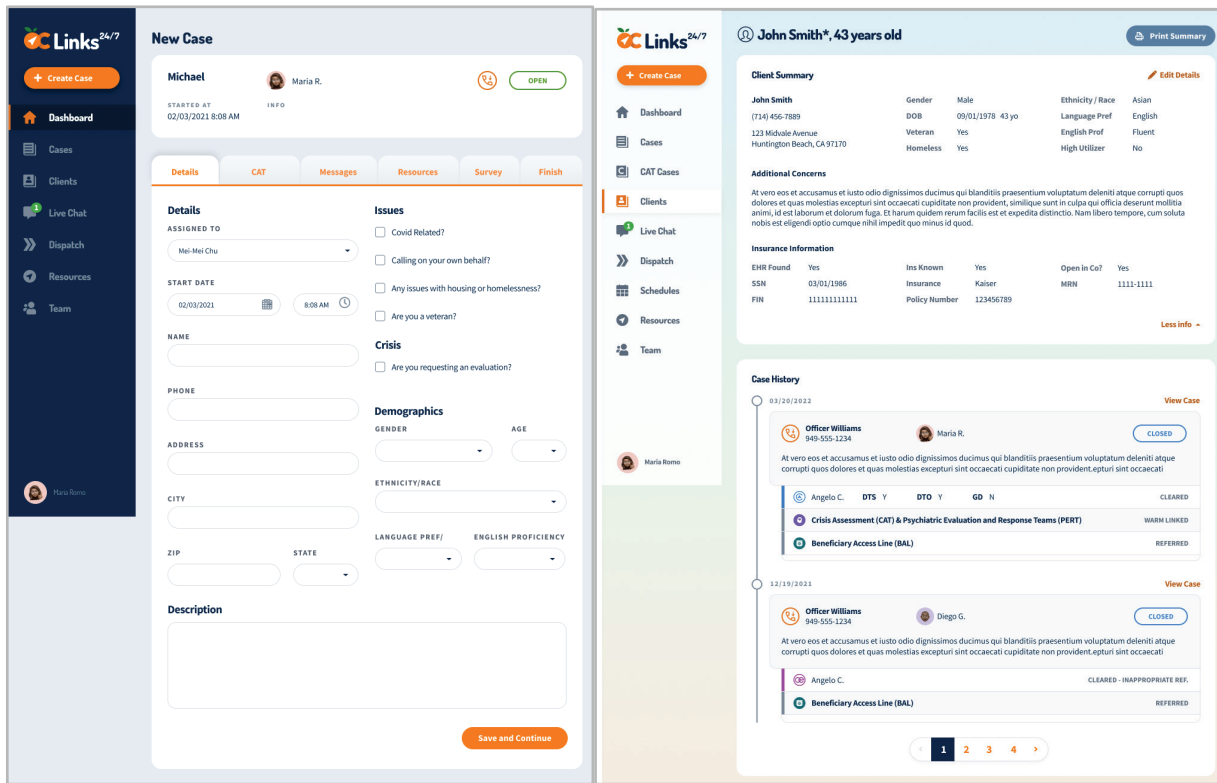


OC Links Client Management

In August 2022, we launched OC Links v2, a user-friendly client management system that enables OC Links Navigators to reference a client’s complete service history among MHRs teams before making referral and linkage-related decisions regarding a client’s care.

OC Links v1 supported case-by-case management when a request for support comes in via chat or phone call. As additional MHRs teams like CAT and O&E are integrated into the app for improved referral and linkage across teams, the need for a client-based management system emerged. The transition of the OC Links app from a case management system to a client management system enables OC Links Navigators to reference a client’s complete service history among MHRs teams before making referral and linkage-related decisions regarding a client’s care (Figure 9). Navigators are able to more quickly reference and understand past case history for repeat callers since their client profile contains all information recorded in past calls.

Figure 9. Case Management Profile vs. Client Management Profile



In addition to these changes, a customer support helpdesk was implemented through Zendesk, a HIPAA-compliant system, to support OC Links users with questions, log-in issues, feature requests, and any other needs. Users can email one support account or call an urgent line if needed.

OC Links Dashboard

The Chorus team worked with our key partner, Service Chief Timothy Sigafos, to build a dashboard that would visualize data for him to help with his management tasks. The dashboard would live in the OC Links Administrator page where there is an existing OC Links dashboard that contains

a dashboard of counts of calls, CAT dispatches, O&E referrals, and evening calls on its first page. The second main page of the app displays the team roster where an administrator can update staff information.

Scheduling

In addition to client management, scheduling is a critical feature that will support referral and linkage of services. The new scheduling feature will include 1) the ability for OC Links and CAT supervisors to edit and publish weekly schedules and 2) display the schedule and other key information for dispatchers to understand the best staff to handle a referral. We sought to understand the requirements for a scheduling feature that could be applied to OC Links and NAMI Warmline client management systems as well as any other stakeholder apps in the future. Requirements gathering in this reporting period centered around creating a way to plan workers' shifts for OC Links Navigators and CAT Clinicians. An additional dispatch function will display current availability of CAT clinicians for adult and youth team dispatchers.

O&E Referral App

The scope of the OC Links app has expanded to include O&E supervisors referring persons experiencing mental illness and are homelessness or at-risk of homelessness to housing options. The O&E Referral app helps facilitate referrals from OC Links Navigators to O&E supervisors who then dispatch case workers into the field.

The original workflow required Navigators to use multiple platforms to send the referral form, taking away time and attention from incoming calls and online chats, and limited O&E supervisors' ability to quickly review all cases before making dispatching decisions. Chorus worked with OC Links and O&E supervisors to digitize this process within the OC Links app. As the main users of this expansion, the O&E service chief and supervisors made decisions regarding the app's features, page design and layout, and data visualizations.

The O&E Referral App scope continues to change as the needs of the O&E team evolve to fit client needs. To ascertain these needs, user testing was conducted among app users. Planned developments are outlined below.

- Update the visualization layout for better readability
- Alphabetize the outreach worker table to improve Supervisor's ability to scan team
- Add filters to the participant table such as Referral Source

O&E UAF Survey

The MHRS team requested a survey to be developed for the O&E field team's UAF survey, which was formerly housed in Qualtrics. This new application helps workers visiting homeless sites and encampments document demographic and behavioral service information from each site visit, and the latitude and longitude for each created survey is automatically collected. OCHCA expects 500-600 surveys to be collected every month; data will be used to track how site locations and demographics change over time.

CSU Live Bed Board

As the four CSUs adopted the CSU Live Bed Board app into their routine, workflow inconsistencies

emerged. In this reporting period, we worked closely with leads from all CSUs to design features that promoted a unified workflow: 1) case statuses that reflected the improved workflow and 2) a read-only historical log of the client with time stamps. Designs for the first feature have been approved by CSU staff and our team is ready to begin building. The next step will be to work with CSU staff to design the historical log.

NAMI Warmline

Preliminary designs were created for a new client management system for NAMI OC Warmline. We are working closely with NAMI Warmline staff to streamline their current workflow and plan for future additions to the system, such as scheduling, resource list creation, and integration with OC Links. Our overarching goal was to design a user-friendly client management system that will enable Mentors to reference a participant's complete service history when providing services.

Date ranges reflect our reporting periods to the OCHCA MHSA Innovations team.

OC Navigator

The scope of the OC Navigator is ever-changing to respond to community needs. We will continue to work with community partners and stakeholders to curate resources and define site improvements. Table 5 provides a count of all engagement activities since October 2021, and Table 6 describes the new items in scope for each time frame. Note that training did not begin until July 2022.

Table 5. OC Navigator Engagement Activities and Counts

	Workgroups	Co-chair meetings	SME meetings	Outreach, Introductory meetings	Online form feedback	Trainings
Oct-Dec 2021	3	4	15	66	2	--
Jan-Mar 2022	2	6	23	9	2	--
Apr-Jun 2022	4	12	10	10	6	--
Jul-Aug 2022	1	7	3	6	30	2

Table 6. OC Navigator Scope Timeline

Date Range	Scope
Oct-Dec 2021	<ul style="list-style-type: none"> • Designs for user account creation and the logged-in experience • OC Navigator reporting dashboard v1 • Multi-lingual support • More resources and guides • UI improvements
Jan-Mar 2022	<ul style="list-style-type: none"> • Continue multilingual development • OC Navigator reporting dashboard v2 • More resources and guides • UI improvements
Apr-Jun 2022	<ul style="list-style-type: none"> • Go live for all OC residents to use • Publish OC Navigator in 8 additional languages • Complete security and performance optimization • Continue developing the data governance plan • More resources and guides • UI improvements
Jul-Aug 2022	<ul style="list-style-type: none"> • Conduct monolingual engagement activities • Conduct trainings • Add resources and guides • UI improvements

OC Links/CAT

Table 7 describes the scope of OC Links/CAT throughout the reporting period.

Table 7. OC Links/CAT App Scope Timeline

Date Range	Scope
Oct-Dec 2021	<ul style="list-style-type: none"> • Improvements to the OC Links Reporting Dashboard • OCHCA Security Banner
Jan-Mar 2022	<ul style="list-style-type: none"> • Gather requirements and create designs for OC Links v2, the client management system • Gather requirements for scheduling
Apr-Jun 2022	<ul style="list-style-type: none"> • Build OC Links v2 • Create designs for scheduling
Jul-Aug 2022	<ul style="list-style-type: none"> • Launch OC Links v2

CSU Live Bed Board

Table 8 describes the scope of CSU Live Bed Board throughout the reporting period.

Table 8. CSU Live Bed Board Scope Timeline

Date Range	Scope
Oct-Dec 2021	Monitor app usage, collect feedback, and troubleshoot issues if needed
Jan-Mar 2022	Monitor app usage, collect feedback, and troubleshoot issues if needed
Apr-Jun 2022	Observe staff meetings to learn how workflows are changing Create designs to address workflow changes.
Jul-Aug 2022	Obtain stakeholder approvals for designs. Begin planning implementation.

O&E Referral

Table 9 describes the scope of O&E Referral throughout the reporting period.

Table 9. O&E Referral Scope Timeline

Date Range	Scope Additions
Oct-Dec 2021	Build O&E Referral App
Jan-Mar 2022	Monitor app usage, collect feedback, and troubleshoot issues if needed
Apr-Jun 2022	Conduct user testing with O&E supervisors. Prioritize requests with stakeholders.
Jul-Aug 2022	Plan for iteration

O&E UAF Survey

Table 10 describes the scope of the O&E UAF Survey app throughout the reporting period.

Table 10. O&E UAF Survey Scope Timeline

Date Range	Scope Additions
Apr-Jun 2022	Build O&E UAF App
Jul-Aug 2022	Monitor and collect feedback from users

NAMI Warmline

Table 11 describes the timeline by which stakeholders determined the scope of the NAMI Warmline app.

Table 11. NAMI Warmline App Scope Timeline

Date Range	Scope
Oct-Dec 2021	Clean and input NAMI resources
Jan-Mar 2022	Clean and input NAMI resources Finish collecting app requirements
Apr-Jun 2022	Design prototypes
Jul-Aug 2022	Gain approval of design prototypes

Lessons Learned

Although the goals of the OC Navigator remain constant as part of the Behavioral Health System Transformation project, the scope of many components of the project are shaped according to community and County needs. Our team will continue to learn from stakeholders to improve the OC Navigator.

Next Steps

OC Navigator

- Work with community partners and stakeholders to add more resources and guides
- Add additional service categories and keywords
- Collaborate with OCHCA community partners on ways to keep the resource data up to date
- Continue designs of an automated referral system
- UI improvements to improve features and support multi language
- Continue collaborating on a data maintenance plan for county-related vs. private/nonprofit vs. digital resources in the OC Navigator with OCHCA County Counsel.

OC Links, CAT Mobile, O&E Referral, and O&E UAF Survey Apps

- Define scope of app improvements with app leads and users
- Conduct user testing to help shape scope
- Continue collaborating with OCHCA leadership to enhance integration among MHRS teams
CSU Live Bed Board
- Continue to adapt the app to meet changing stakeholder needs

NAMI OC Warmline

- Complete build of the NAMI Warmline client management system
- Establish a training and launch plan



Section 3: Outline Features

This section describes new features, design, and functionality of six projects – (1) OC Navigator, (2) the OC Links/CAT Dispatch App and the Administrative dashboard, (3) the O&E Referral App, (4) the O&E Universal Activity Form (UAF) Survey, (5) the Crisis Stabilization Unit (CSU) Live Bed Board App, and (6) NAMI Warmline App.

OC Navigator App

Features were heavily influenced by early workgroups with OC providers and consumers. Through participatory design, community members provided input on feature designs, usability of a search function, resource categories and their description, and more. Table 12 summarizes new features in the OC Navigator.

Table 12. OC Navigator New Features

New Features	Description
Multi-language	English, Arabic, Chinese, Farsi, Khmer, Korean, Spanish, Vietnamese, Tagalog
Wellness Check-In item for Family Safety	An item was added to the questionnaire to route users to Family Safety resources
Updated category page	Each category page shows related resource guides and the list of resources with a map of resources so users can more easily find resources near to them.
Updated resource guide format	Authors can now add quotes, links to other websites such as 211, and quick tips to guide topics to make the guide more useful
Resource suggestion page	A new form was built for users to submit suggestions. This form will load the resource they clicked from so that users can easily see the current information and not have to remember what was inaccurate.

Reporting Dashboard Features

Real-time data is provided to HCA leadership and data analysts through a custom dashboard powered by data collected through Chorus and Google Analytics. Metrics include:

- Number of resources and guides
- Aggregate search data by City, search term, etc.
- Aggregate summary of Wellness Check-in results
- Date filter to search page views, sessions, and users

OC Links Client Management Features

- **Announcements board to enhance communication between shift supervisors and staff**
 - OC Links, CAT, and O&E Service Chiefs can easily provide updates or reminders to all staff. Updates can be added through the OC Links Admin page.
- **Follow Up Reminders board containing follow-ups assigned to the logged-in user.**
 - Clicking on the row will take the user to a new page where they can create a new case.
 - Updated Follow-Up workflow to make it easier for Navigators to create a reminder to follow up on a call and create a case directly from the reminder
- **Clients Search on the side navigation bar**
 - Leads to a page containing all OC Links clients with filters to make it easier for staff to find and view a complete service history.

- **Refreshed Cases Table containing caller and client information.**
 - The **caller** is defined as the person calling OC Navigator. The **client** is defined as who they are calling about.
- **Refreshed design to make the OC Links site warmer and more engaging**
- **Create New Case page** to link the case to an existing client or create a new client
- **Client Profile page**
 - Store and display client name, permanent residence, DOB, MRN, and other client information that will not change across cases
- **Updated Chat UI** to make it easier for Navigators to interact with clients and assign chats to clients

OC Links Admin Dashboard

- Date filter to compare data between two date ranges
- Bar charts to compare total number of calls across various situations
- Pie charts to portray call breakdown

O&E Referral App Features

- Dashboard containing data visualizations and all referrals
- Referral detail page where supervisors can review referral details, assign a worker, document resolutions, and attach files
- Edit referral page where supervisors can either edit existing referrals or add referrals that do not come from OC Links
- Teams page listing all outreach workers, their specialties, and the number of open cases for each person

O&E UAF Survey Features

- Generate the latitude and longitude of the user to accurately capture the location of the survey site
- Create a new survey or edit past surveys
- Attach multiple outreach workers' accounts to a survey to indicate partnered work
- Dropdown and tally markers of different demographic and service user characteristics that are easy to change throughout data collection

CSU Live Bed Board

- CSU partners have approved designs for updates to the status assignment workflow, representing a set of case statuses that make sense across all CSUs. This will improve the communication and collaboration among the CSUs. Build will begin in the coming weeks.

The following features are for apps or functionality that have not been built yet. Thus, Section 5 will not include images of the build. Design mocks are included in this section to help provide context.

Scheduling Features (Figures 10-13)

- **At-a-glance information to help managers make scheduling decisions**
 - Hours scheduled for the week are automatically displayed in the second column.
 - Dispatch order is included in each shift (number on the right of each shift) to indicate the order a dispatcher should send out a clinician. Schedulers can better evenly distribute the dispatch order throughout the week among each shift.
 - Hovering over each shift will display the notes for that shift or staff member. Schedulers can indicate the staff's unique skills and specialty.
- **Customizable and clear organization of roles:**
 - The schedule is organized by shifts (i.e. NOC, AM, and PM shifts) and staff names are alphabetized within their shift by last name.
 - The colors of their shifts correspond to their role, as indicated in the legend 'Key'. Each team will have their own Key corresponding to their roles.
- **Dynamic and simple user experience to edit the schedule:**
 - Clicking 'Add' in the staff list will add a new staff member to the shift.
 - Clicking 'Add' within a day will add a new shift to an existing staff's schedule.
 - Users can navigate to other weeks by clicking on the arrows at the top of the page.
 - The scheduler will be able to "Publish" the schedule when it is ready to be viewed by the team. Until "Publish" is clicked, the schedule will be in a draft mode for editing.
- **Add Shift Page: Automation to make scheduling more efficient:**
 - Day and shift groups will be pre-populated based on the date and shift clicked into from the Edit Schedule page.
 - Add Shift Page: Clear user interface to document the most necessary information:
 - Start and end times are custom to accommodate for varying schedules
 - Schedulers can view future shifts, dispatch orders, and notes before saving the shift onto the schedule
 - If schedulers are replacing a future shift with the current one, schedulers can directly remove a future shift by clicking 'X' in the Current Shifts table
- **CAT Dispatch Board: At-a-glance information to help dispatchers assign clinicians:**
 - Row color in the board corresponds to status, as seen in the Kanban board. Clinicians that are up next are automatically sorted to the top so dispatchers can easily see who is available.
 - Shift times are included in the dispatch order columns.
- **CAT Dispatch Board: Interactive board enables dispatchers to adapt to changing schedules or unpredictable circumstances:**
 - Clicking on the Edit icon opens another page to edit shift information such as shift time, dispatch order, or notes.
 - Users can select a shift schedule in the dropdown and click 'Filter' to display.

Figure 10. Adult CAT Schedule

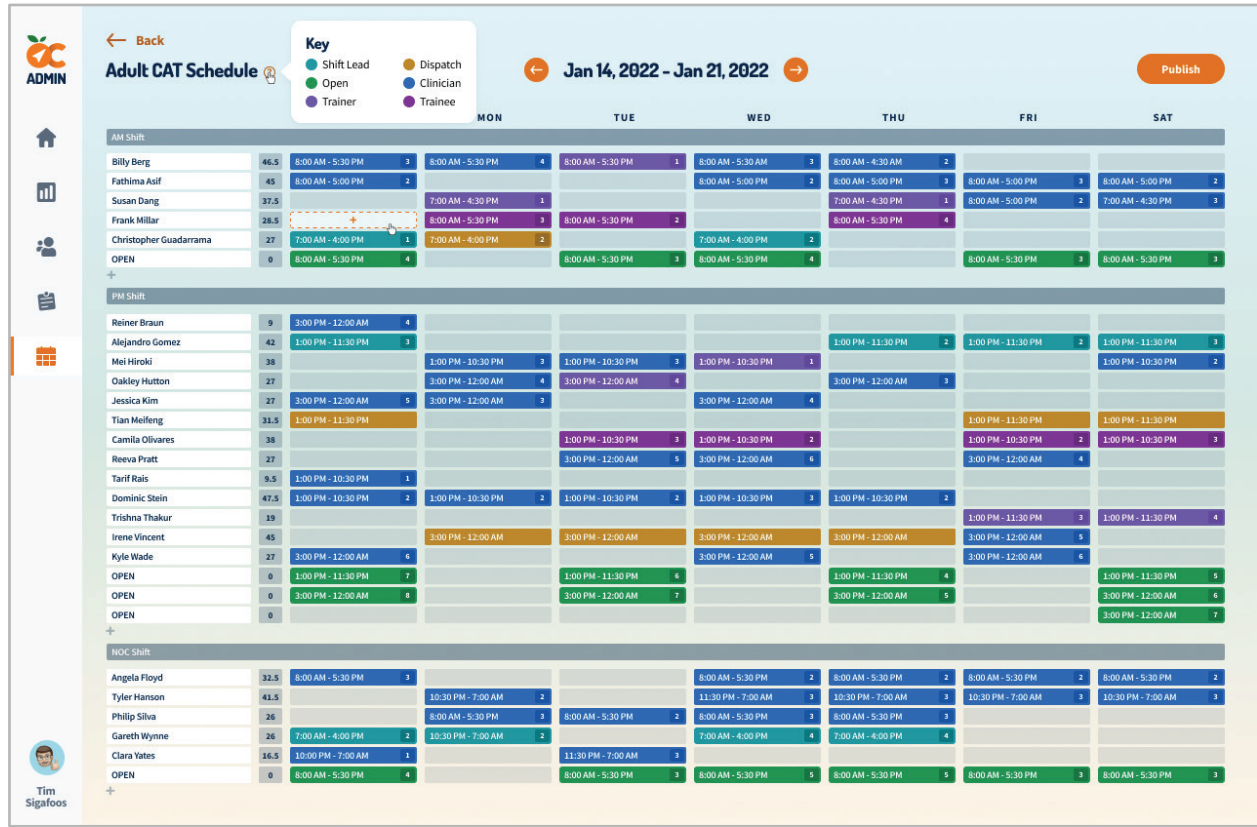


Figure 11. Mobile View

Shift Category	Staff Member	Shift Time	Count
AM Shift			
	Billy Berg	8:00 AM - 5:00 PM	3
	Fatima Asif	8:00 AM - 5:00 PM	2
	Christopher Guadarrama	8:00 AM - 5:00 PM	1
	OPEN	8:00 AM - 5:00 PM	4
PM Shift			
	Reiner Braun	3:00 PM - 12:00 AM	3
	Alejandro Gomez	1:00 PM - 11:30 PM	2
	Jessica Kim	3:00 PM - 12:00 AM	1
	Tian Meifeng	1:00 PM - 11:30 PM	0
	Tarif Rais	3:00 PM - 12:00 AM	1
	Dominic Stein	3:00 PM - 12:00 AM	1
	Kyle Wade	3:00 PM - 12:00 AM	1
	OPEN	3:00 PM - 12:00 AM	1
	OPEN	3:00 PM - 12:00 AM	1
NOC Shift			
	Angela Floyd	8:00 AM - 5:30 PM	3
	Gareth Wynne	7:00 AM - 4:00 PM	2
	Clara Yates	10:00 PM - 7:00 AM	1
	OPEN	8:00 AM - 5:30 PM	4

Figure 12. Add Shift Page

← Back

Add Shift

Felipe G.

DATE 04/19/2022

SHIFT GROUP AM

ROLE Trainee

CUSTOM START TIME 12:00 AM

CUSTOM END TIME 6:30 AM

DISPATCH ORDER 4

CASE DETAILS

Felipe Garza is in training. Susan will train him this day. Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua.

Save and Continue

Figure 13. Up Next Dispatch Board

oc Links 24/7

Create Case

- Dashboard
- Cases
- CAT Cases
- Clients
- Live Chat
- Dispatch**
- Resources
- Team

Maria Romo

Dispatch Dashboard

Up Next

Clinician	Shift	Notes	1	2	3	4
Christopher G.	8-5 PM	Dr's Appt 3-3:30pm	8:30 AM	10:09 AM		
Billy B.	8-5 PM	Lunch 12:30-1pm	8:32 AM	10:11 AM	12:47 PM	
Susan D.	8-5 PM		8:49 AM	11:02 AM	1:05 PM	3:11 PM
Frank M.	8-5 PM	Lunch 12-1pm	9:01 AM	10:32 AM	2:29PM	
Fatima H.	8-5 PM		9:27 AM			

Activity

- Mike Miller 12:35 PM
Andrea: Status was changed to "Dispatched" at 04/15/2022 9:15 AM
- Mike Miller 12:35 PM
Andrea: Status was changed to "Dispatched" at 04/15/2022 9:15 AM
- Mike Miller 12:35 PM
Andrea: Status was changed to "Dispatched" at 04/15/2022 9:15 AM
- Mike Miller 12:35 PM

Contacted

Gareth Liu
John, Cal Optima
Eduardo G
Huntington Beach, CA
Status updated: 11:37 AM
Status changed to "Clinician Contacted" at 04/15/2022 11:37 AM

Dispatched

Gareth Liu
John, Cal Optima
Eduardo G
Huntington Beach, CA
Status updated: 11:37 AM
Status changed to "Clinician Contacted" at 04/15/2022 11:37 AM

Arrival

Gareth Liu
John, Cal Optima
Eduardo G
Huntington Beach, CA
Status updated: 11:37 AM
Status changed to "Clinician Contacted" at 04/15/2022 11:37 AM

Start

Gareth Liu
John, Cal Optima
Eduardo G
Huntington Beach, CA
Status updated: 11:37 AM
Status changed to "Clinician Contacted" at 04/15/2022 11:37 AM

End

Gareth Liu
John, Cal Optima
Eduardo G
Huntington Beach, CA
Status updated: 11:37 AM
Status changed to "Clinician Contacted" at 04/15/2022 11:37 AM

Cleared

Gareth Liu
John, Cal Optima
Eduardo G
Huntington Beach, CA
Status updated: 11:37 AM
Status changed to "Clinician Contacted" at 04/15/2022 11:37 AM

NAMI Warmline

- NAMI Warmline Dashboard (Figure 14) that provides a simple way for mentors to see announcements, follow up reminders, and recent cases.
- An admin view for administrators to create announcements and manage team members.
- A client management system similar to OC Links V2

Figure 14. NAMI Warmline Dashboard

The dashboard features a sidebar with navigation options: Dashboard, Cases, Clients, Schedules, Resources, and Team. The top navigation bar includes the logo, a user profile for Maria Romo, and a 'Howdy, Maria!' greeting. The main content area is divided into three sections:

- Announcements:** A list of three announcements from Julia Smith, each with a date and time, and a placeholder text: 'Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua'.
- Follow Up Reminders:** A table with columns for Client, Due, and Notes. It lists five reminders for clients: Anthony, Christopher, Teresa, and Jonathon.
- Recent Cases:** A table with columns for Type, Client, Caller, Start Time, End Time, and Team Member. It lists 15 cases for Janet Doughington, each with a unique phone number and assigned to either Elizabeth-Marie R. or Maria G.

At the bottom of the dashboard, there is a pagination control showing page 1 of 4.

OC Navigator App

Many feature ideas are generated in engagement activities. Our team assesses their feasibility and impact on user experience. With OCHCA, we determine how to schedule the feature into the roadmap.

Table 13. OC Navigator Feature Development Timeline

	Feature Development
Oct-Dec 2021	<ul style="list-style-type: none"> • Implement data visualizations and widgets for the OC Navigator dashboard • Design features to easily change languages in the OC Navigator • Improve the layout and graphics on the Wellness Check-In page
Jan-Mar 2022	<ul style="list-style-type: none"> • Design new category page layout • Add the suggest-an-edit page • Add a data visualization to the OC Navigator dashboard to display data by city and district
Apr-Jun 2022	<ul style="list-style-type: none"> • Launch translations in 8 additional languages • Implement the new resource guide page layout • Embed Google Analytics into the OC Navigator dashboard • Design a dashboard visualization to display user data by language
Jul-Aug 2022	<ul style="list-style-type: none"> • Implement the new category page layout

OC Links/CAT

Features for the OC Links/CAT app and expansions are implemented via participatory design. Every two weeks, Chorus completes a set of improvements suggested by OC Links users. Chorus meets regularly with the OC Links service chief to assess and prioritize feature requests.

Table 14. OC Links/CAT Feature Development Timeline

	Feature Development
Oct-Dec 2021	<ul style="list-style-type: none"> • Data visualizations and widgets for the OC Links Admin dashboard • OCHCA Security Banner to alert users that they are entering a system containing protected health information (PHI).
Jan-Mar 2022	<ul style="list-style-type: none"> • Design features necessary for transitioning the app to a client management system, e.g. the workflow to attach a case to a client and client history view • Design the scheduling and dispatch feature to help users quickly view the daily rotation and link clients to field clinicians
Apr-Jun 2022	<ul style="list-style-type: none"> • Design and test the client management workflow
Jul-Aug 2022	<ul style="list-style-type: none"> • Launch the client management workflow

CSU Live Bed Board

Main features for the CSU Live Bed Board App were determined with County CSU in May 2021. After launching on May 5, 2021, users began to share feedback and requested additional features. Modifications were implemented June 23, 2021 and are ongoing.

Table 15. CSU Live Bed Board Feature Development Timeline

	Feature Development
Oct-Dec 2021	Participate in CSU-wide staff workflow meetings to understand improvements needed
Jan-Mar 2022	Participate in CSU-wide staff workflow meetings to understand improvements needed
Apr-Jun 2022	Work with partners to design functionality that would support their workflow
Jul-Aug 2022	Obtain approval of designs from the four CSUs

O&E UAF Survey

Table 16 describes the timeline by which stakeholders determined the scope of the O&E UAF App project, which began in June 2022.

Table 16. O&E UAF Survey Feature Development Timeline

	Feature Development
Apr-Jun 2022	Build O&E UAF Survey app with functionality to auto-populate staff’s location, tally participant characteristics, and ability to adapt to tablet
Jul-Aug 2022	Gather user feedback to inform future features

NAMI Warmline

Table 17 describes the timeline by which features were developed for the NAMI Warmline app.

Table 17. NAMI Warmline Feature Development Timeline

Date Range	Scope Additions
Oct-Dec 2021	Clean, tag, and enter resources
Jan-Mar 2022	Gather requirements from stakeholders Clean, tag, and enter resources
Apr-Jun 2022	Design the landing page features, including an announcements board, interactive widget to view assigned follow ups, create a case, and search through recent cases.
Jul-Aug 2022	Continue design of app.

Lessons Learned

Successful features result from involving stakeholders early and often in ideation; benchmarking existing similar features to learn what might work and would not work; and observing the user as they go through their current flow to understand their working environment. These practices lead not only to user friendly features, but to a user experience that is customized to their needs and environment.

Next Steps

OC Navigator App

- Refine designs for user profiles
- Gather requirements for an automated referral feature
- UI improvements to the site dependent on stakeholder feedback such as multi language features, the OC Navigator Dashboard, and Add and update content

OC Links/CAT App

- Implement the scheduling feature to help supervisors input clinician schedules
- Implement the CAT dispatch feature to help dispatchers determine clinician assignments
- Implement UI improvements

CSU Live Bed Board App

- Implement features to support CSUs' new workflow status, such as the activity history log and the updated status assignment system

NAMI Warmline

- Continue finalizing features with stakeholders



Section 4: Social Determinants of Health Screener

A total of 607 Wellness Check-in submissions were completed from September 28, 2021 to August 30, 2022. Based on stakeholder feedback, two updates were made to the Wellness Check-In to improve user experience and better help users identify their needs.

Table 18. Updates to SDoH Survey Based on Feedback

Update to SDoH Survey	Summary
Add a skip to results page (Figure 15)	This enables individuals to skip to their results without having to go through the entire survey.
No results page (Figure 16)	For individuals who are not matched with resources, it will inform them of that and direct them to either retake the test, chat with OC Links, browse resource categories or guides.
Ability to retake the survey (Figure 17)	On the result page, individuals can now retake the survey.
Updated language to SDoH survey	Minor edits to the language in the survey to be more consumer-friendly.
Reduce number of pages from 10 to 4	Previously, users had to click through 10 pages on the OC Navigator to complete the Wellness Check-In, causing feelings of impatience and frustration. The items were grouped into 4 pages according to topic.
Add Family Safety item to route to the Family Safety category	“Do you feel safe in your current relationship or in your family?” This item was written by Dr. Bowen Chung, a child and adolescent psychiatrist and the project adviser.

Table 19. Updated Structure to the Wellness Check-In

PAGE 1
<ul style="list-style-type: none"> • Q1. Is having safe and stable housing something that worries you? [HOUSING] • Q2. Are you a parent, stepparent, grandparent, legal guardian, or caretaker for any children between the ages of 0 and 17? [KIDS & FAMILIES] • Q3. Have you seen a doctor in the last year? [MEDICAL]
PAGE 2
<ul style="list-style-type: none"> • Q4. Do you or any family members you live with, have issues or concerns about the following things right now or in the near future... <ul style="list-style-type: none"> • Q4.1 Lack of food or clothing [BASIC NEEDS] • Q4.2 Lack of transportation [GETTING AROUND] • Q4.3 Affording basic needs, such as housing, internet, food, or medical care [MONEY] • Q4.4 Problems with alcohol and substance use [SUBSTANCE USE] • Q4.5 Problems with mental wellness [MENTAL WELLNESS]
PAGE 3
<ul style="list-style-type: none"> • Q5. Do you feel lonely or isolated? [MENTAL WELLNESS] • Q6. Are you worried about things that make you feel tense, nervous, anxious, or can't sleep at night? [MENTAL WELLNESS] • Q7. Do you feel safe in your current relationship or in your family? [FAMILY SAFETY]
PAGE 4
<ul style="list-style-type: none"> • Q8. Do you want help with school or training? For example, starting or completing job training or getting a high school diploma, GED or equivalent. [LEARNING] • Q9. Do you want help finding or keeping work or a job? [LEARNING] • Q10. Do you have concerns about any immigration matters for you or your family? [LEGAL HELP] • Q11. Would you like assistance or support for legal matters? [LEGAL HELP]

Figure 15. Wellness Check-in with "Skip to Results" Button

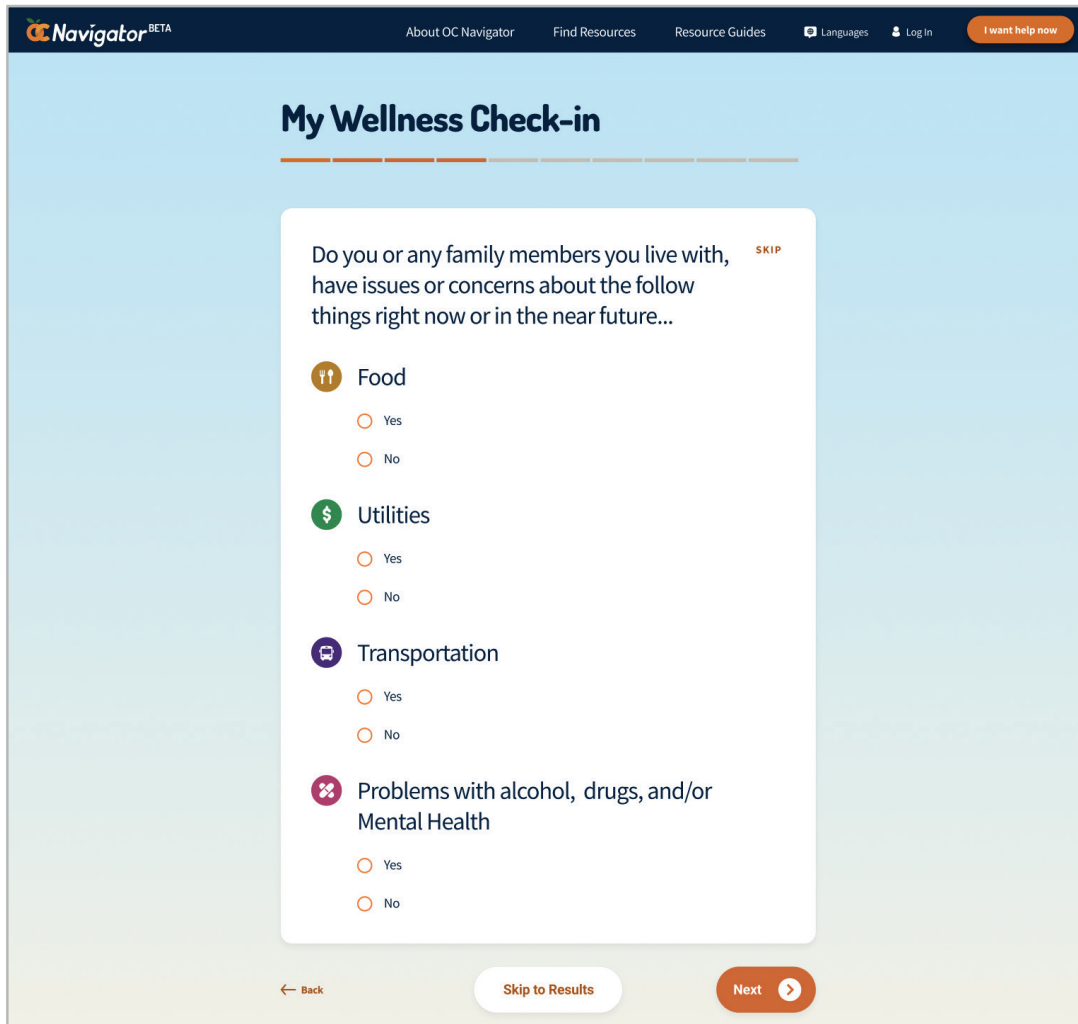


Figure 16. No Results Page

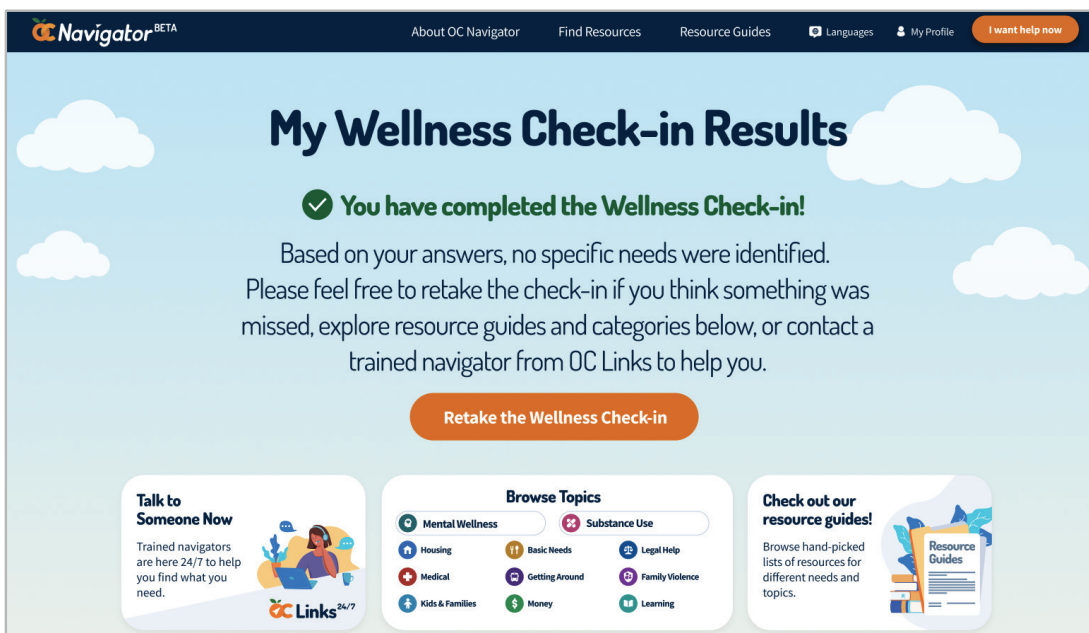


Figure 17. Updated Wellness Check-in Results Page



4.2 Timeline

Plans are in place to further evaluate the current screener with input from stakeholder, workgroup discussions, and through website analytics. Questions related to demographics and full measurement instruments will be incorporated in later iterations of the OC Navigator as appropriate.

4.3 Lessons Learned and Next Steps

We learned that providers are the primary user of the Wellness Check-In questionnaire to assist their clients. For next steps, we would like to explore why that is with our community partners and make changes to the screener to ensure that it is helpful for community members. We are also exploring how to generate more specific results for the user and how the screener can better reflect the entire body of resources, from categories to resource guides



Section 5: Progress Updates to MHSOAC

5.1 Achievements

Plans are in place to further evaluate the current screener with input from stakeholder, workgroup discussions, and through website analytics. Questions related to demographics and full measurement instruments will be incorporated in later iterations of the OC Navigator as appropriate.

5.2 Timeline

We will continue to meet with and provide updates to MHSOAC as requested.

5.3 Lessons Learned and Next Steps

We will work with OC leadership to provide project progress and address other reporting needs when applicable.



Section 6: Describe App Build

This section describes the build process of four projects -- (1) OC Navigator, (2) the OC Links/CAT Dispatch App and the Administrative dashboard, (3) the O&E Referral App, and (4) the O&E Universal Activity Form (UAF) Survey. CSU Live Bed Board and the NAMI Warmline apps did not undergo build during this reporting period. However, we outline next steps for all apps in Section 6.3

OC Navigator

We report OC Navigator app build to support multilingual use in eight additional languages - Arabic, Chinese, Farsi, Khmer, Korean, Spanish, Tagalog, and Vietnamese - and improvements to UI/UX.

Translations

Translation continued to be a key priority emphasized by many of our stakeholder partners and was another major focus for the project during this period. Working with OC HCA and stakeholders, we previously identified a total of 9 languages that the OC Navigator was to be accessible in including: English, Spanish, Farsi, Arabic, Tagalog, Khmer, Vietnamese, Korean, and Chinese. We describe two related but separate efforts to successfully publish the OC Navigator in eight additional languages: translation localization with SMEs and a bespoke build of a translation input system.

Translation Localization

With OCHCA, we developed a translation plan that goes beyond one-to-one translation. Stakeholders serving multilingual and monolingual communities expressed the importance of localization, which is the process to address local cultural and non-textual aspects of a language. To accomplish this in eight languages, content was professionally translated and then reviewed by community stakeholders for accuracy, relevancy, and readability. To maintain sustainability of the OC Navigator, resource information like descriptions, eligibility, and other information subject to change were auto-translated using Google Translate API integration.

Careful consideration was taken to maintain the contextual accuracy of project-specific terms such as “Community Engagement” or “navigator” required more careful thought with community reviewers; team members met with community reviewers to understand how best to be contextually consistent. First, content was translated by county vendors which was deemed inadequate upon internal review by Chorus staff members: some translations were too literal and would not make sense, and translation of project-specific terms like “Community Engagement” and “participatory development” were not contextually accurate. A new vendor was selected to ensure the accuracy and understandability of the website. AlphaOmega came highly recommended by the Chief Program Officer of Mental Health America; for each client, a memory base of unique terms, tone, and voice is created so that all translations are consistent.

Translation System

Flexibility of the Chorus platform allowed us to develop a bespoke system to input, edit, and maintain translations in OC Navigator in two different ways: auto translation for content that is likely to change (e.g. resource descriptions) and manual translation for static content. This system includes two ways for OC Navigator users to indicate that a translation is incorrect or suggest a change to a translation, whether the translation was manually or auto-translated: 1) on the global feedback form, users can note that a translation is incorrect on the website and suggest a change. 2) On the new suggest-an-edit page, users can suggest specific translation edits to a resource description, eligibility, and keywords.

In addition, we included a clear notice on the pages that contain automatic translations that content was partially auto-translated to help address any possible inaccuracies which are common with auto-translated text. We included a link to submit suggestions if any inaccuracies are identified and those submissions can be reviewed with the staff who can determine how best to integrate. The OC Navigator was set up to have the ability to accept both manual and automated translations, so if there

is an issue with a particular auto-translation, staff can overwrite it as needed with a manual translation fix so the accuracy can improve over time and use.

Figure 18. Language Selector

Users of the OC Navigator will be able to select the language they prefer on the top of every page. Languages are written in the language for easier navigation for non-English speakers.



Figure 19. Manually translated vs. auto-translated content on the OC Navigator

Static content (highlighted for demonstration purposes in purple) have been professionally through OC HCA and vetted by the OC Navigator stakeholder representatives. Dynamic fields (highlighted yellow) such as resource name, description and other details, are auto-translated.

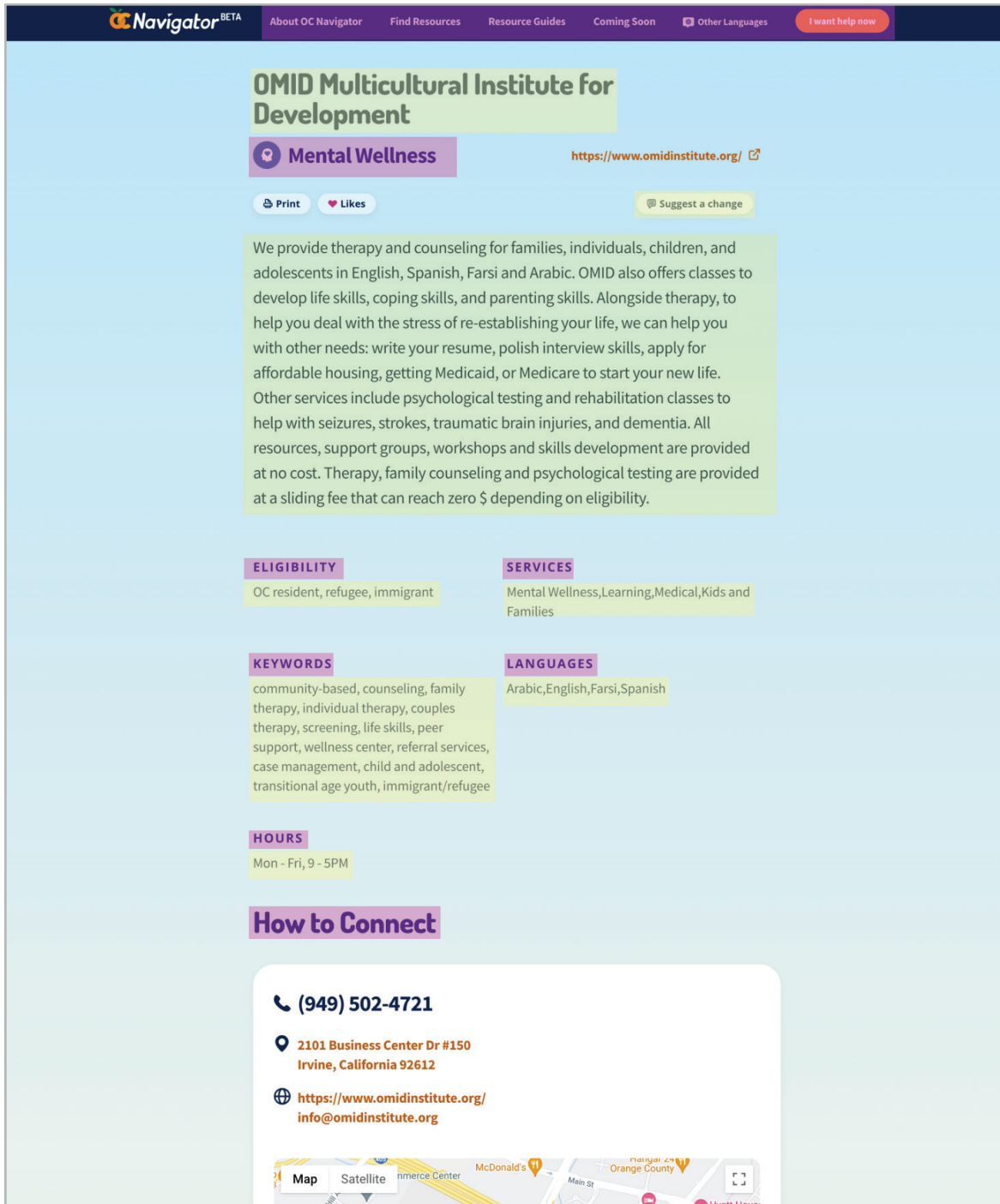


Figure 20. Support for right to left languages (Farsi example)



Figure 21. Auto-translation notice and suggest a change feature

Based on stakeholder input, it is important to be mindful of the possible inaccuracies of auto-translated content. To address this, we designed a notice to be placed on all pages that have auto-translated content to let users know that content was auto-translated and to make it easier to suggest a change if they want. By allowing direct feedback (that would then be vetted by OC Navigator staff) from users of the OC Navigator, the aim is to improve the acceptability of auto-translated content.



UI Improvements

OC Navigator app build addressed community stakeholder ideas to improve the user experience. In this reporting period, OC Navigator app build addressed feedback community partners provided to improve the user interface and experience of the site. The changes described below ultimately make it easier for community members to find and connect to local resources, as well as suggest edits to resources.

Figure 22. Category Page

The category page was re-designed in response to community partners expressing a disconnect between the resources and the map, which could not be viewed on the same screen. Figure 22 captures that the new category page shows the map next to the resources so that users can scan the location of the resource as well as read some of its description. Hovering over the icons in the map will show a preview of the resource. Users can access the resource by clicking the map icon or description.



Figure 23. Resource Suggest An Edit Page

The resource suggestion page was created so users can see the current state while typing in their suggested edits. Previously, users submitted resource suggestions through the general feedback form, which was also used to convey interest in participating in engagement activities or to provide site feedback. Since edits to a resource may be very specific, stakeholders recommended a page be built for the sole purpose of suggesting changes to resource descriptions, contact information, and address (Figure 23). Each submission will be vetted by the project team for accuracy before publishing on the live site.

Suggest an edit

Please complete the form below to suggest a change to a resource listing.
We appreciate your time and input in helping us make OC Navigator better!

Your suggested edits

RESOURCE EDIT CATEGORY(S)

This resource is no longer open or active.

Information about this resource is inaccurate or incomplete.

The translation is incorrect.

Other

DESCRIBE YOUR SUGGESTED CHANGE(S)

Their hours are facetious!

Optional Contact Information

YOUR NAME

EMAIL OR PHONE

ORGANIZATION(S), IF APPLICABLE

Submit

Orange County Association for Vietnamese Mental Health Awareness and Support

Description:
Orange County Association for Vietnamese Mental Health Awareness and Support (OCAVMHAS) is a non-profit organization founded in 2007. Its primary purpose is to foster love and support for Vietnamese mental health patients by providing educational services and activities to their friends and families.

Eligibility:
Vietnamese speakers- the family of the patient/consumer

Services:
Mental health

Languages:
Vietnamese, English

Contact Info:
Monday, Thursday & Friday 8:00 AM - 6:00 PM; Tuesday & Wednesday 8:00 AM - 8:00 PM

888-480-2700

[1501 E St. Andrew Place](#)
[Santa Ana, CA 92705](#)

email@domain.com
<http://superlonglonglonglongwebsitegoeshere.com>

OC Navigator Administrator Dashboard

In this reporting period, we collaborated with OC Mental Health and Recovery Services research analysts to design additional data to report and improve HCA administrators’ ability to tell a story using the data.

- Date filters were added to all tabs to help narrow down results related to user activity and search, new content additions, and community input.

- ^a Multilingual data is displayed so viewers can see how often the site was translated and how often categories were viewed in each language.
- A new page for search was added to better display search activity. Search results are displayed by city and language to help district leaders understand their constituents' need for resources.
- The community feedback tab now includes results from the global feedback form and the suggest-an-edit page for specific resource suggestions.

Figure 24. OC Navigator Dashboard - Overview

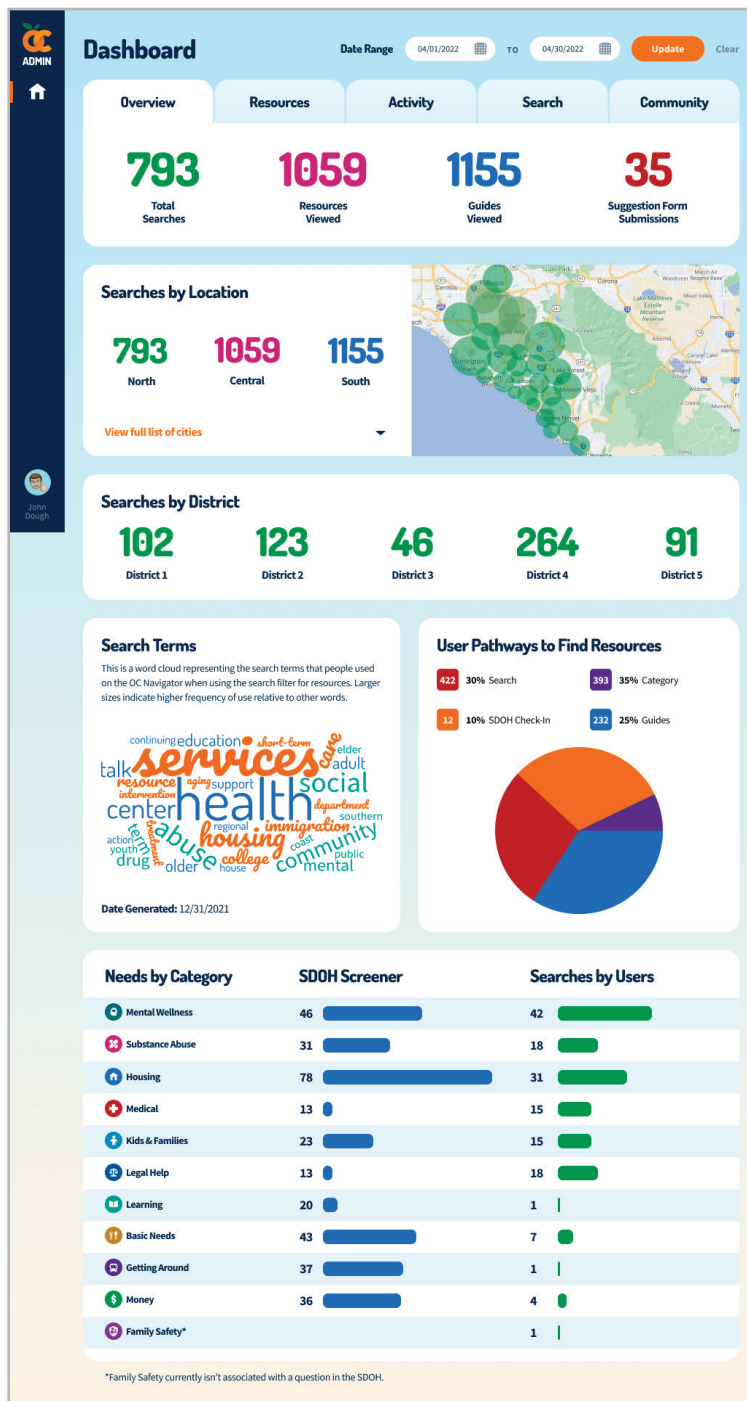


Figure 25. OC Navigator Dashboard - Resources

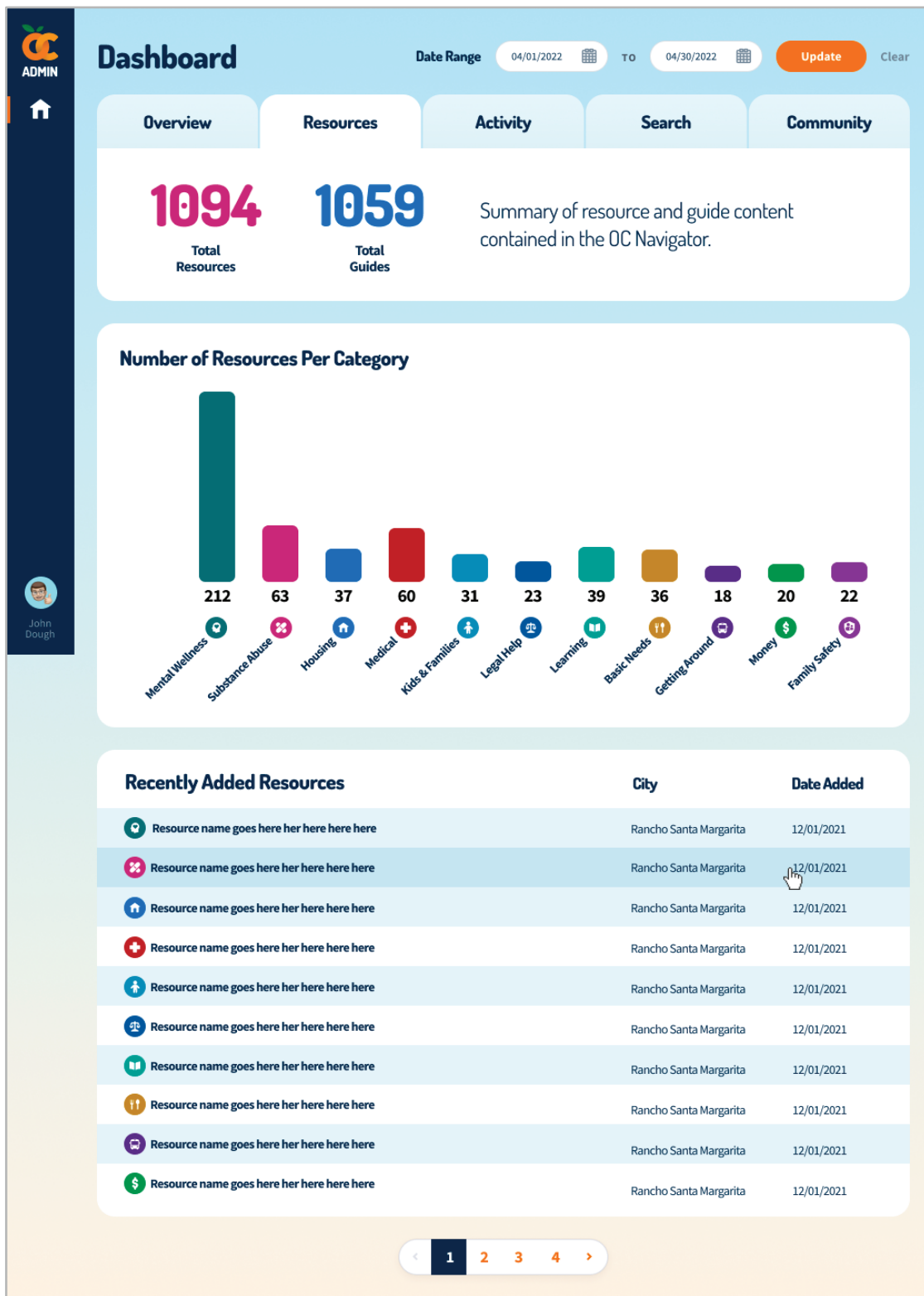


Figure 26. OC Navigator Dashboard - Activity

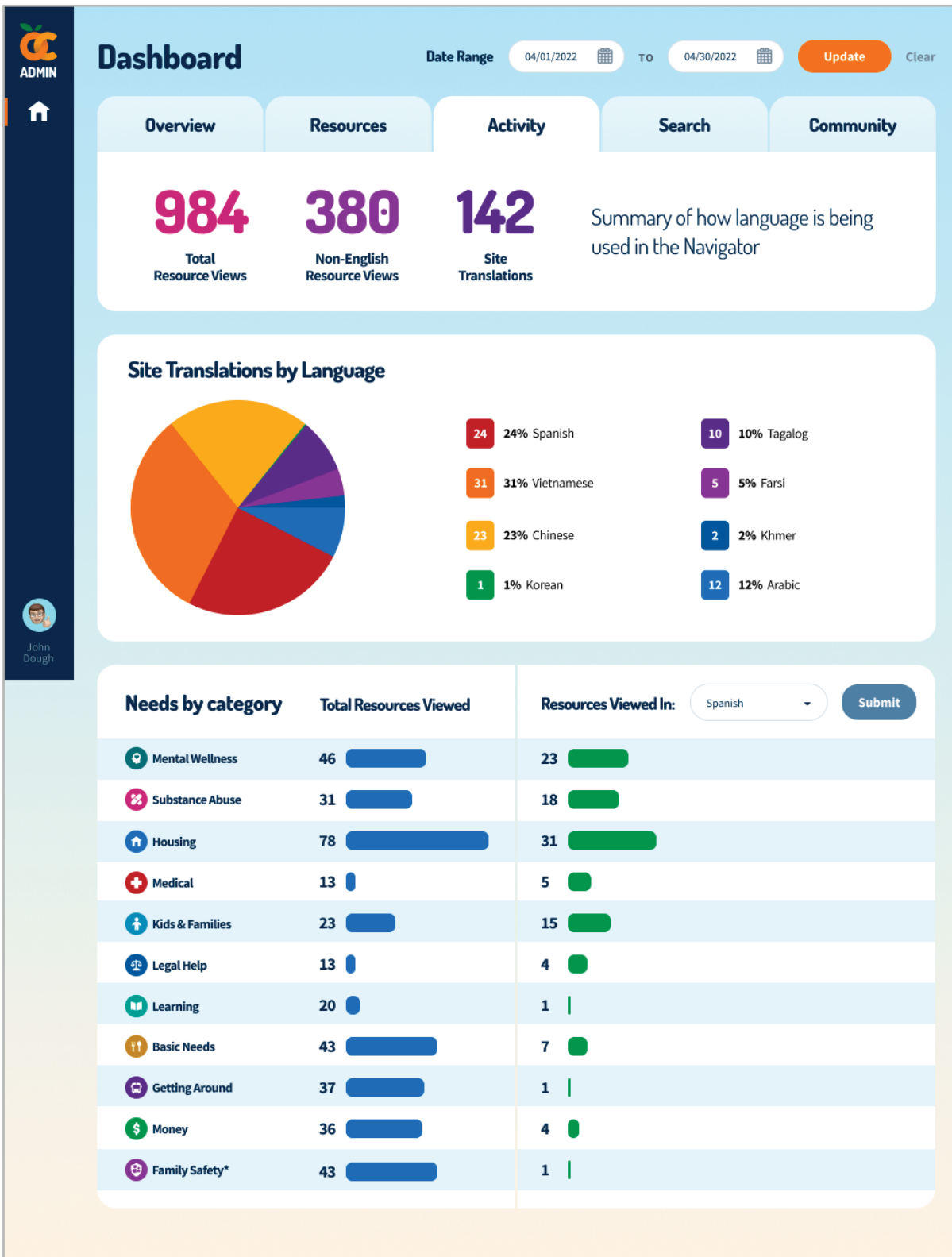


Figure 27. OC Navigator Dashboard - Search

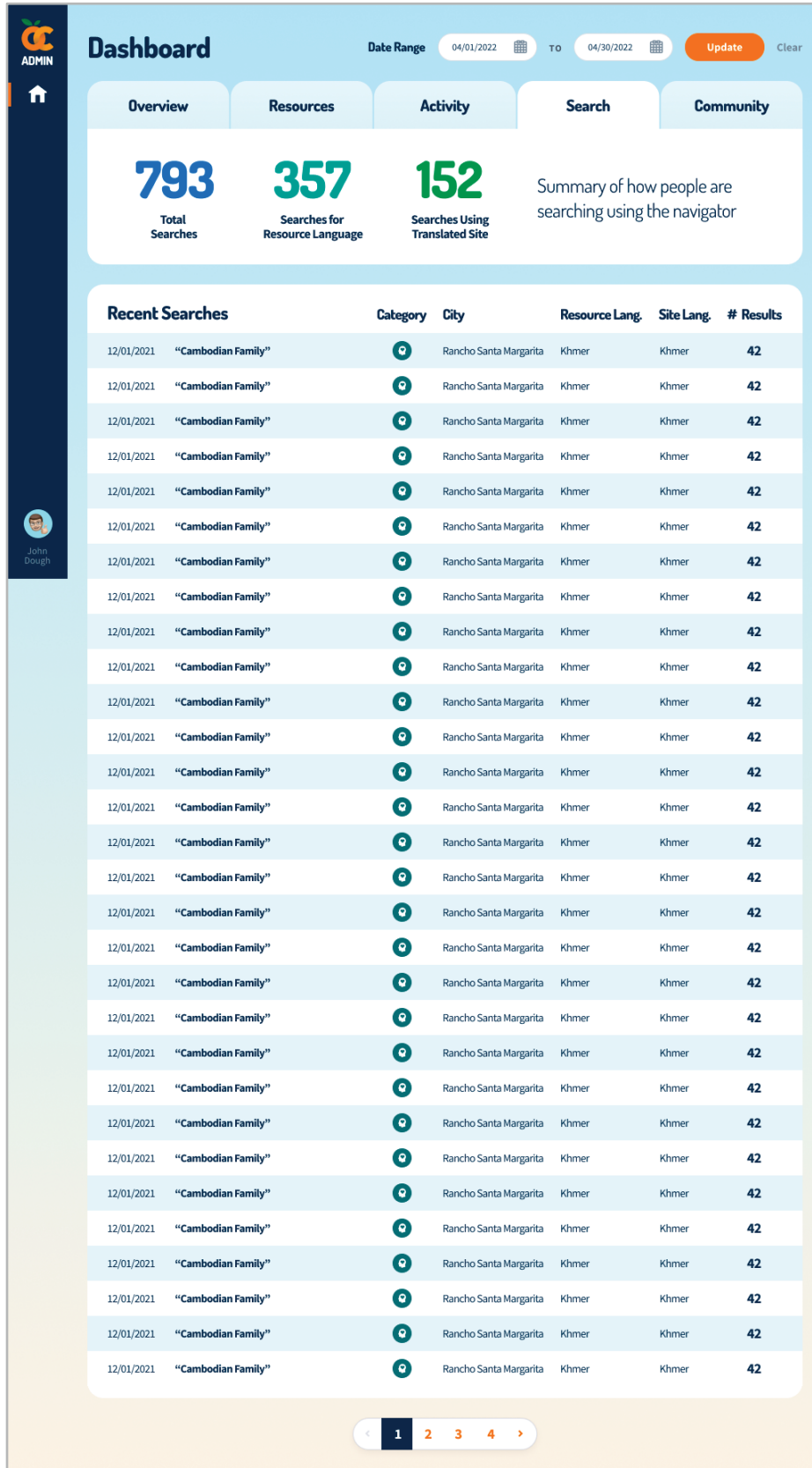


Figure 28. OC Navigator Dashboard - Community Feedback

Dashboard Date Range 04/01/2022 TO 04/30/2022 Update Clear

Overview Resources Activity Search **Community**

4 General Suggestion Form **6** Resource Specific Suggestion Form

Below are suggestions submitted in the OC Navigator. These submissions come from both the general suggestion form and the resource specific suggestion form.

Recent suggestion form submissions All Submissions Filter Clear

Suggestion for LGBTQ Center OC 10/18/2021

Jane Doe
 jdoe@p4w.org
 714-555-1234
 Diocese of Orange

Hi this resource is actually for adults only and not children. The translation for the description is also a little off.

CATEGORIES
 This resource is no longer open or active, The translation is inaccurate

General Suggestion 10/01/2021

John Do
 jd@testocgov.com
 OC Public Defender

Hello, The Santa Ana HCA office is no longer 1200 N Main St. The new address is 401 W Civic Center Dr. Could you make the correction on your website? Thank you.

I WOULD LIKE TO
 Receive occasional updates, Provide feedback

General Suggestion 9/29/2021

Ryan D Yowell
 ryowell@ochca.com
 951-966-5853
 OCHCA

Hi when I open the browser on the Ipad, every click opens a new tab and its a bit frustrating. It doesnt do this from desktop. Also, i noticed an other languages tab. In my experience, if a non-english speaker comes to the site, they wont know what the word other lanaguages means. They need a button with all the languages available that is always visable. so for example if the user speaks spanish, they can see the Spanish button on the bottom right and click it. Navigating english words to get to the Spanish page would defeat them due to the language barrier upfront. sorry for the typos. great work all around. thanks!

I WOULD LIKE TO
 Provide feedback

Suggestion for LGBTQ Center OC 9/24/2021

Inas Ali Younis
 iyounis@omidinstitute.org
 714-555-1234
 OMID Multicultural Institute for Development

I'd like to see affordable housing resources for seniors.

CATEGORIES
 Suggest a resource or guide

1 2 3 >

OC Links Client Management

Transition of the OC Links app to a client management system required a rebuild of the current pages and data fields to save new fields to the client profile. Using requirements gathered from conversations with OC Links Service Chief, Timothy Sigafoos, designs were created for each section of the desktop app. A beta app was tested by a core group of OC Links users who provided feedback over the course of two weeks. In this reporting period, the user interface and experience of each page were updated following multiple rounds of testing.

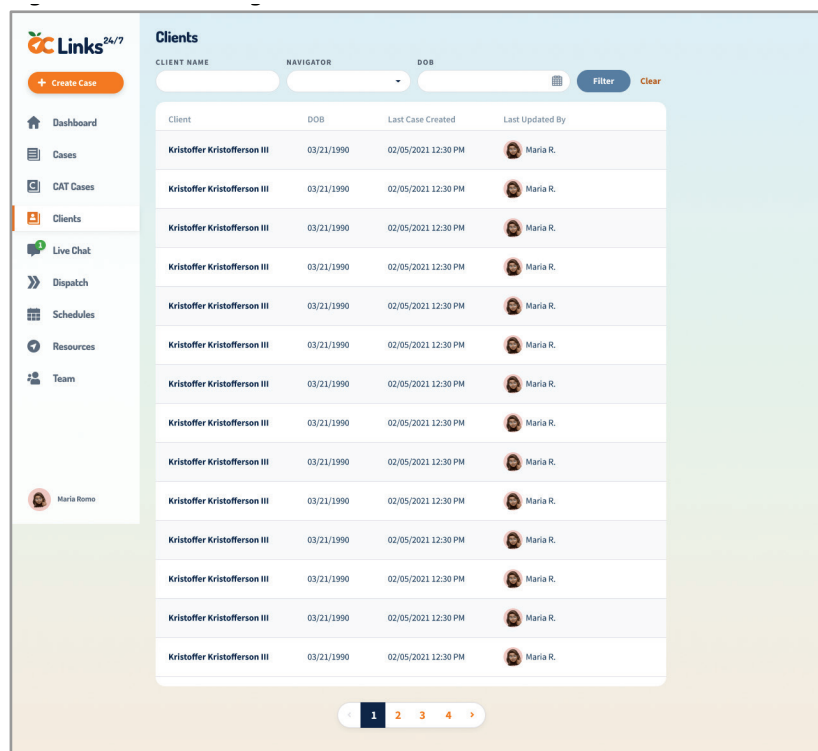
In order to support the new OC Links client management system, existing case data with client information was migrated into client profiles so that moving forward, Navigators can access all case history since the launch of the OC Links app in February 2021. Data for 65,000 cases were migrated, including OC Links cases, CAT cases, and O&E cases. Following this migration, we will link any associated cases to the newly created clients.

Clients Page - New

The new clients page (Figure 29) provides the ability to easily filter for past clients based on their name, assigned Navigator, or Date of Birth. The date and time of the last case created is also shown to provide contextual information.

- Filters include Client Name, Navigator, Date of Birth
- Additional Information include last case created to provide additional context on when the client was last assisted by an OC Links Navigator

Figure 29. Clients Page - New



Client Profile Page - New

The new Client Profile Page (Figure 30) provides Navigators with an easy way to view all client information, past case history, and referrals.

- **Client Summary** is provided at the top providing all relevant client information including contact information, demographics, descriptive information, and insurance information. This section is read-only to prevent accidental editing of client profiles
- **Case History** displays all past cases for this client and any referrals they received. It also provides some additional information about CAT and O&E referrals and the status of those referrals
- **View Case** button allows Navigators to access read only versions of the case, so that they can quickly gain access to all information relevant to the case

Figure 30. Client Profile Page - New

The screenshot displays the 'Client Profile Page - New' for John Smith, a 43-year-old male. The page is divided into a left sidebar, a top header, and two main content sections: 'Client Summary' and 'Case History'.

Client Summary: This section provides a comprehensive overview of the client's information. It includes contact details (714) 456-7889, address (123 Midvale Avenue, Huntington Beach, CA 97170), and demographic data (Gender: Male, DOB: 09/01/1978, 43 yo, Ethnicity/Race: Asian, Language Pref: English). It also lists insurance status (Veteran: Yes, Homeless: Yes, High Utilizer: No) and additional concerns. A 'Print Summary' button is located in the top right, and an 'Edit Details' button is in the top right of the summary section.

Case History: This section shows a timeline of past cases. The most recent case is dated 03/20/2022, involving Officer Williams (949-555-1234) and Maria R. The case is marked as 'CLOSED'. Below this, there are three referral entries: Angelo C. (DTS Y, DTO Y, GD N) - CLEARED; Crisis Assessment (CAT) & Psychiatric Evaluation and Response Teams (PERT) - WARM LINKED; and Beneficiary Access Line (BAL) - REFERRED. The next case in the history is dated 12/19/2021, involving Officer Williams and Diego G., also marked as 'CLOSED'. It includes a referral for Angelo C. (CLEARED - INAPPROPRIATE REF.) and another for Beneficiary Access Line (BAL) (REFERRED).

Sidebar: The left sidebar contains navigation options: Dashboard, Cases, CAT Cases, Clients (highlighted), Live Chat, Dispatch, Schedules, Resources, and Team. A 'Create Case' button is at the top of the sidebar. A user profile for Maria Romo is visible at the bottom of the sidebar.

Page Navigation: At the bottom of the case history section, there is a pagination control showing page 1 of 4.

Edit Client Information Page - New

We have created the ability for Navigators to edit client information within the case workflow (see Figure 31). However, in order to ensure that client information is not accidentally updated or updated for the wrong person, guardrails have been put in place, requiring the Navigator to enter a separate page to edit this information. For example, on the Case Details page, all client information is read-only, however Navigators can select a button to “Edit Details” in a client’s profile.

Figure 31. Edit Client Details Page - New

← Back

Edit Client Details

⚠ You are about to edit a client profile. This will update their profile for all associated cases.
Not the right client? [Change client instead](#)

Client Information

CLIENT'S FIRST NAME	CLIENT'S LAST NAME			
<input type="text"/>	<input type="text"/>			
PHONE	GENDER	DOB	UNKNOWN	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	
ADDRESS	ETHNICITY/RACE			
<input type="text"/>	<input type="text"/>			
CITY	STATE	ZIP	LANGUAGE PREFERENCE	ENGLISH PROFICIENCY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Veteran?	<input type="checkbox"/> Experiencing Homelessness?			
<input type="checkbox"/> High Utilizer (Indicated with an asterisk*)				
ADDITIONAL CONCERNS				
<p>At vero eos et accusamus et iusto odio dignissimos ducimus qui blanditiis praesentium voluptatum deleniti atque corrupti quos dolores et quas molestias excepturi sint occaecati cupiditate non provident, similique sunt in culpa qui officia deserunt mollitia animi, id est laborum et dolorum fuga. Et harum quidem rerum facilis est et expedita distinctio. Nam libero tempore, cum soluta nobis est eligendi optio cumque nihil impedit quo minus id quod.</p>				

Insurance Information

EHR FOUND	INSURANCE KNOWN
<input type="text"/>	<input type="text"/>
INSURANCE	POLICY NUMBER
<input type="text"/>	<input type="text"/>
SSN	FIN
<input type="text"/>	<input type="text"/>
OPEN IN COUNTY?	MRN
<input type="text"/>	<input type="text"/>

Cancel Save

O&E Referral App

The O&E Referral app was released in a phased approach so that O&E supervisors could use the app and provide two rounds of feedback to inform improvements. The app was launched October 21, 2021 for use by OC Links staff and O&E supervisors, with all users using the app in conjunction with using their original method of referral for one week. After the test run, O&E supervisors provided feedback that would improve their user experience, such as a new layout of the Manage Referral page to better mark stages of the referral and a Save & Exit button to allow the user to save the referral and return to the homepage with one click instead of two. Chorus design and product teams worked together to prototype and implement the changes. Figures 32-35 depict the app.

Additions to the O&E Referral app supported the OC Links v2 Client Management system so that there is a consistent client across all MHRS teams. Similar to OC Links, O&E Supervisors have the ability to assign a referral to an existing client or create a new client.

Figure 32. O&E Dashboard (Demo Page)

Supervisors can filter the dashboard by date.

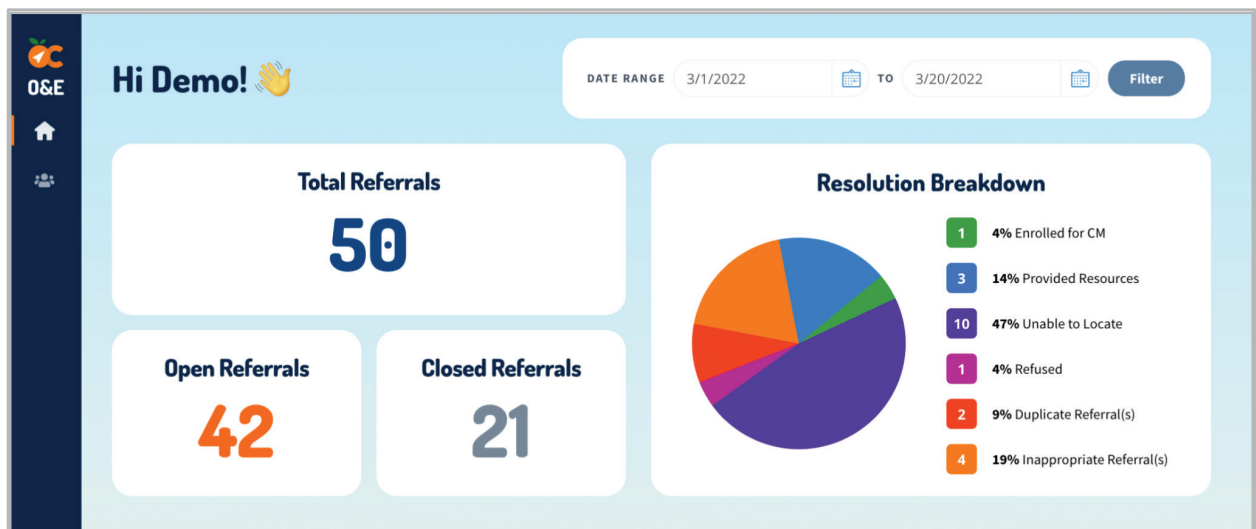


Figure 33. Dashboard and All Referrals

Filters make it easier for O&E supervisors to search for a referral.

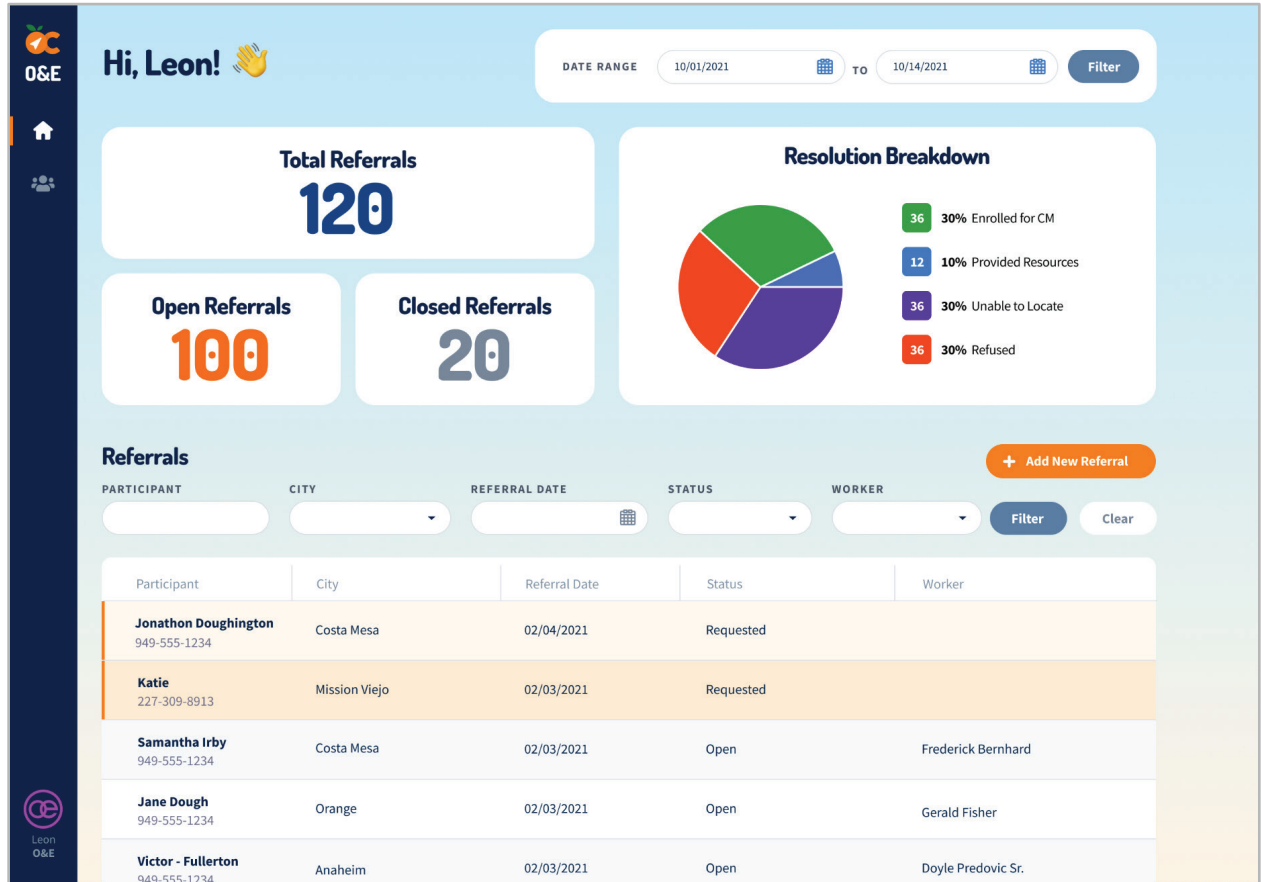


Figure 34. Referral Detail Page

The Referral Detail page shows the information collected by the OC Links Navigator. From here, O&E supervisors can click to Edit fields, Print a summary, attach a file, change the status or assign the referral to a worker.

Manage Referral

PARTICIPANT
Jonathon R. Doughington III OPEN
 Edit Summary

12345 West Washington Blvd
Santa Ana, CA 92705

Location Description:
 Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna.

Physical Description of Participant:
 Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt.

Substance Abuse History:
 Senectus et netus et malesuada fames ac turpis egestas sed.

Mental Health History:
 Senectus et netus et malesuada fames.

History of Self-Harm:
 Senectus et netus et malesuada fames a.

History of Aggression:
 Senectus et netus et malesuada.

PARTICIPANT DETAILS
Ph: 555-555-5555
DOB: 09/12/1980
Gender: Male
Ethnicity/Race: White not hispanic
Language Prof: Mandarin
English Prof: Fluent

CALLER DETAILS
Melinda Doughington
Ph: 555-555-5555
Relation: Sister

REFERRAL DATE 02/03/2021 8:08 AM
CITY Santa Ana

REFERRAL SOURCE OC Links
OC NAVIGATOR John Anderson

Summary of Problem/Request/Observation of Symptoms:
 Est pellentesque elit ullamcorper dignissim. Vitae nunc sed velit dignissim sodales ut eu sem integer. Habitant morbi tristique senectus et netus et malesuada fames. Lorem ipsum dolor sit amet, Est pellentesque elit ullamcorper dignissim. Vitae nunc sed velit dignissim sodales ut eu sem integer.

O&E Requirements:
 Homelessness concerns? **Yes**
 Open to behav. health services? **No**
 Within Orange County? **Yes**
 In a hospital, tx facility or incarcerated? **No**

Insurance Information:
 In hac habitasse platea dictumst quisque sagittis.

Assignment
ASSIGNMENT DATE 08/29/2021
ASSIGNED TO Mary Jo Robinson
 Save & Print Summary

Outcome
CLOSURE DATE 09/28/2021
RESOLUTION Enrolled for CM
NOTES
 Est pellentesque elit ullamcorper dignissim. Vitae nunc sed velit dignissim sodales ut eu sem integer. Habitant morbi tristique senectus et netus et malesuada fames. Lorem ipsum dolor sit amet,
 ATTACH FILES
 Add

Status
 Open
 Save Save & Exit

Figure 35. O&E Team Administration

O&E Supervisors can view their team’s workload here and change their specialties or assigned cities. Counts of open referrals are automatically recorded when the Supervisor assigns a worker a referral.

Full Name	Role	City	Open Refs.	Languages Spoken
Petunia Allis	Outreach Worker	Anaheim, Mission Viejo, Santa Ana	12	American Sign Language
Lacee Anderson	Supervisor		0	
Rick Bins	Outreach Worker	Tustin, Irvine, Orange	24	Spanish
Anthony Villar	Outreach Worker	Anaheim	19	Mandarin, Spanish
Allyson Palas	Outreach Worker	Rancho Santa Margarita, Laguna Niguel	30	Armenian
Mei-Mei Chu	Outreach Worker	Laguna Beach, Laguna Niguel	41	Cantonese, Mandarin
Lois Schmeler	Outreach Worker	Garden Grove, Westminster, Seal Beach	14	Cambodian
Alfredo Hilpert	Outreach Worker	Newport Beach, Aliso Viejo	88	Tagalog
Homer Walker	Supervisor		1	Farsi
Lewis Herzog	Outreach Worker	Costa Mesa, Los Alamitos, La Palma	4	Mandarin, Cantonese
Jessica Strosin Jr.	Outreach Worker	Buena Park, La Habra, Brea	25	Vietnamese

O&E UAF App

Figures 36 and 37. Start Pages

Clicking ‘Get My Location’ will log the latitude and longitude of the user. The page then reloads and the user can click to continue the survey.

Start O&E UAF Survey

First, Click below to get your location:

GET MY LOCATION

Start O&E UAF Survey

First, Click below to get your location:

GET MY LOCATION

Got it! Continue to survey >

Figure 38. Dashboard

Users can start a new survey or view and edit their past surveys

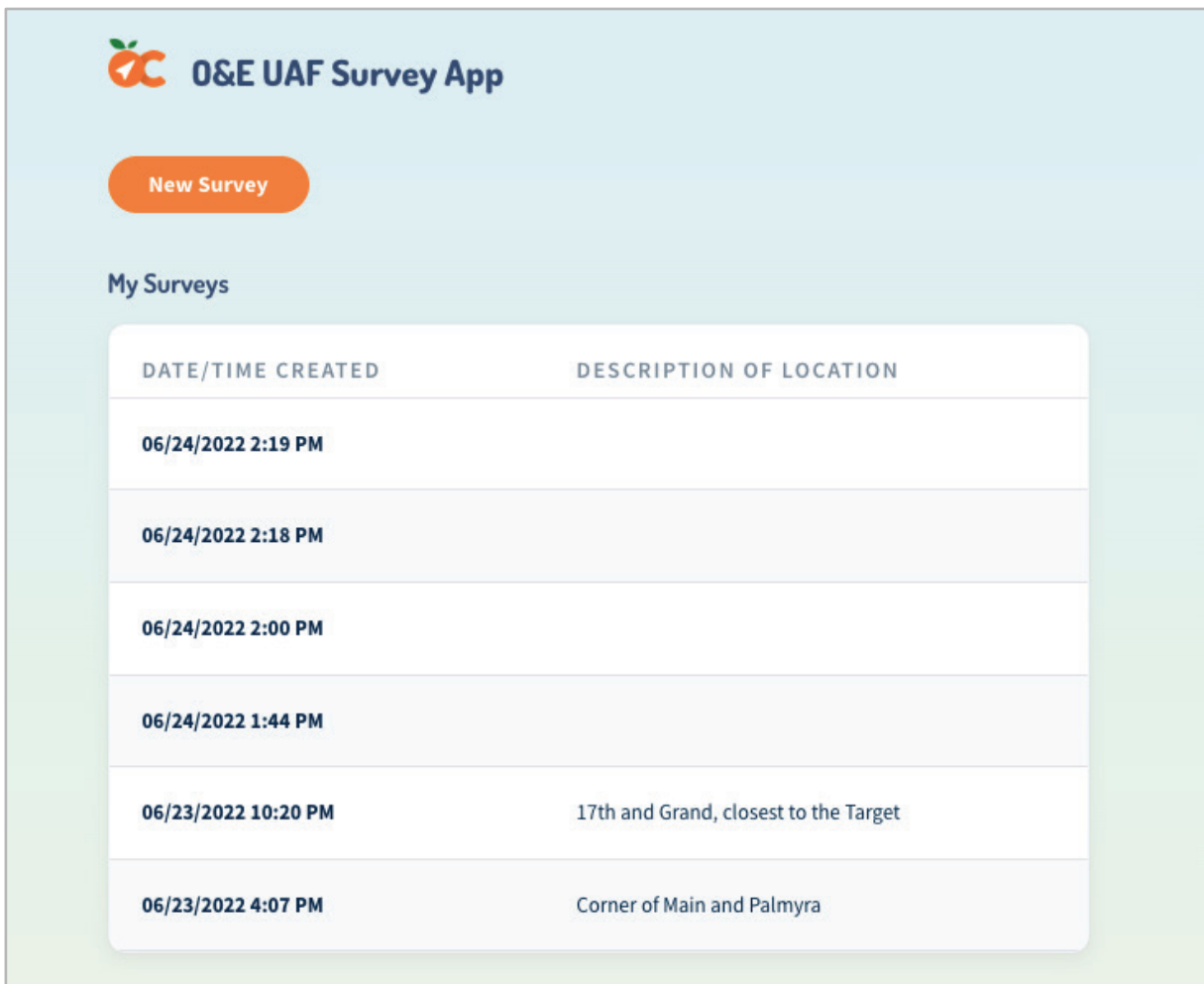


Figure 39. Name/Location Tab

A survey can log the efforts of up to three staff persons.

← Home

O&E UAF Survey

- Name/Location
- Tally Board
- Demographics
- Shelter/Treatment
- Rideshare
- Notes

Name/Location

NAME OF STAFF
Minhxuan Tran

NAME OF CO-STAFF
Angelo Constantino

NAME OF CO-STAFF
Timothy Sigafos

LOCATION

LATITUDE
33.7827176

LONGITUDE
-117.8732695

DESCRIPTION OF LOCATION (STREET ADDRESS, CROSS STREETS, OR DESCRIPTION OF BUSINESS/COMMUNITY LOCATION):
17th and Grand, closest to the Target

Save and Continue

Figure 40. Tally Board Tab

Staff can click into a dropdown and select a number up to 50. These dropdowns can be changed as staff walk through a site.

← Home

O&E UAF Survey

Name/Location Tally Board Demographics Shelter/Treatment Rideshare Notes

Tally Board - Ethnicity / Race

	18-25			26-39			40-59			60+		
	TG	M	F	TG	M	F	TG	M	F	TG	M	F
AFRICAN AMERICAN	0	0	1	4	0	2	0					
ASIAN	0	0	2	2	7			1				1
CAUCASIAN / WHITE		0		2		1		5			4	
HISPANIC / LATINO	5				1					6	1	2
ANOTHER		0			1					2	1	

Save and Continue

Figure 41. Demographics Tab

Staff can record counts of primary or preferred language and special group members by using a sliding scale.

← Home

O&E UAF Survey

Name/Location Tally Board **Demographics** Shelter/Treatment Rideshare Notes

Primary / Preferred Language

AMERICAN SIGN LANGUAGE: 0
0 ● 50

ENGLISH: 11
0 ● 50

SPANISH: 17
0 ● 50

VIETNAMESE: 0
0 ● 50

MANDARIN: 10
0 ● 50

KOREAN: 0
0 ● 50

ARABIC: 0
0 ● 50

FARSI: 0
0 ● 50

OTHER: 0
0 ● 50

PLEASE SPECIFY PRIMARY / PREFERRED LANGUAGE (IF ANOTHER):

Special Group Members

LGBTQI+: 2
0 ● 50

HIV+: 0
0 ● 50

DEAF / HARD OF HEARING: 3
0 ● 50

PHYSICALLY DISABLED: 0
0 ● 50

US MILITARY: ACTIVE / VETERAN / FAMILY MEMBER: 5
0 ● 50

ANOTHER: 0
0 ● 50

UNKNOWN: 0
0 ● 50

PLEASE SPECIFY SPECIAL GROUP MEMBERS (IF ANOTHER):

Save and Continue

Figure 42. Shelter/Treatment Tab

Here, staff begin to record participant behavior when offered treatment or shelter.

The screenshot displays the 'Shelter / Treatment' tab within the 'O&E UAF Survey' interface. The interface includes a navigation bar with tabs for 'Name/Location', 'Tally Board', 'Demographics', 'Shelter/Treatment', 'Rideshare', and 'Notes'. The 'Shelter / Treatment' section is divided into two main areas: 'Shelter' and 'Treatment'.

Shelter Section:

- NUMBER OF UNDUPLICATED CONTACTS OFFERED SHELTER:** A dropdown menu with the value '11'.
- NUMBER OF UNDUPLICATED CONTACTS ACCEPTED SHELTER:** A dropdown menu with the value '4'.
- ARE SHELTER BEDS AVAILABLE IN THE REGION?:** Radio button options for 'YES', 'NO', and 'N/A'. The 'N/A' option is selected.

Treatment Section:

- MENTAL HEALTH TREATMENT OFFERED:** A dropdown menu with the value '7'.
- MENTAL HEALTH TREATMENT ACCEPTED:** A dropdown menu with the value '3'.
- SUBSTANCE TREATMENT OFFERED:** A dropdown menu with the value '1'.
- SUBSTANCE TREATMENT ACCEPTED:** A dropdown menu with the value '0'.
- BOTH TREATMENTS OFFERED:** A dropdown menu with the value '1'.
- BOTH TREATMENTS ACCEPTED:** A dropdown menu with the value '0'.

A 'Save and Continue' button is located at the bottom right of the form.

Figure 43. Rideshare Tab

Staff record transportation methods and characteristics.

← Home

O&E UAF Survey

Name/Location Tally Board Demographics Shelter/Treatment **Rideshare** Notes

Rideshare / Transportation Provided

	ONE WAY	ROUND TRIP	BUS PASS	TAXI	COUNTY VEHICLE
Appointment	3	2	2	4	5
Shelter	3	0	1	5	3
Linkage to Referral Provider	1	3	0	3	2
Another	2	3	2		

CITY TO WHERE TRANSPORTATION WAS NEEDED (CITY / ZIP CODE):
Orange 92868

DID RIDE CROSS SPA LINES?
 YES NO

REASON FOR CROSSING SPA LINES FOR THIS RIDE:

Save and Continue

Figure 44. Notes Tab

Staff can record notes about their experience.

The screenshot shows a mobile application interface for the 'O&E UAF Survey'. At the top left, there is a back arrow and the text 'Home'. Below this is the survey title 'O&E UAF Survey'. A horizontal navigation bar contains six tabs: 'Name/Location', 'Tally Board', 'Demographics', 'Shelter/Treatment', 'Rideshare', and 'Notes'. The 'Notes' tab is currently selected. Below the tabs, the text 'NOTES / COMMENTS' is displayed. A large text input area contains the text 'Plan to visit this site again in 1 week'. At the bottom right of the input area, there is an orange button labeled 'Save and Complete'.

OC Navigator App

OC Navigator build was planned in six-month increments and included time for design, testing, build, user research, and modifications. Table 20 describes the timeline of the OC Navigator build.

Table 20. OC Navigator Build Timeline

Date Range	Build Activity
Oct-Dec 2021	Build the OC Navigator dashboard Build functionality to support translation input and auto-translation
Jan-Mar 2022	Build the second iteration of the OC Navigator dashboard Build the suggest-an-edit page specifically for submitting resource corrections
Apr-Jun 2022	Build multi language features such as language selection and translation suggestion
Jul-Aug 2022	Build the third iteration of the OC Navigator dashboard Build the updated category page layout

OC Links/CAT App

Build of the OC Links app and its expansions is described in Table 21.

Table 21. OC Links/CAT Build Timeline

Date Range	Build Activity
Oct-Dec 2021	Build the second iteration of the OC Links Admin app with more data visualizations
Jan-Mar 2022	Build the third iteration of the OC Links Admin app with new data points
Apr-Jun 2022	Build and test the client management workflow
Jul-Aug 2022	Launch the client management workflow; monitor

O&E Referral App

Table 22 describes the timeline by which stakeholders determined the scope of the O&E Referral App.

Table 22. O&E Referral Build Timeline

Date Range	Build Activity
Oct-Dec 2021	Build features and functionality for the O&E Referral App
Jan-Mar 2022	Gather user feedback and help troubleshoot bugs
Apr-Jun 2022	Conduct formal user testing to define requirements for improvements
Jul-Aug 2022	Prioritize feature requests and schedule build

O&E UAF Survey App

Table 23 describes the timeline by which stakeholders determined the scope of the O&E Referral App.

Table 23. O&E UAF Survey Build Timeline

Date Range	Build Activity
Apr-Jun 2022	Receive the request to build the survey in Chorus Build, test, and implement the UAF Survey
Jul-Aug 2022	Gather feedback and troubleshoot bugs

Lessons Learned

As more MHRS teams utilize the Chorus platform to conduct case management, communicate with one another, and record client data, the need for enhanced dashboards and visualizations has emerged. As an overarching next step, our team and OCHCA will consider iterations of the OC Navigator and OC Links dashboards.

Next Steps

OC Navigator App

Next Steps

- Make the language selector more prominent on the desktop and mobile app
- Design and implement digital resources e.g. apps, articles, or videos for student mental health
- Iterate on the admin dashboard with OC HCA leads
- Design and build client login and registration
- Add video play capabilities

OC Links/CAT App

- Continue maintenance and improvement of the OC Links and CAT platforms
- Implement the scheduling features and up next board for CAT clinicians
- Build functionality allowing OC HCA to download data exports
- Add functionality to the CAT Dispatch App, such as creating a new case

O&E Referral App

- Continue to monitor the app and gather feature requests from users
- Implement UI improvements to help supervisors better assign referrals to field workers

O&E UAF Survey App

- Build an admin portal for supervisors to view all surveys and search by location or worker
- Collect feedback and iterate

CSU Live Bed Board App

- Implement the approved designs for status change workflow
- Build, test, and implement the case activity log to help users follow the journey of a client through the CSUs
- Launch the read-only Public Bed Board App for law enforcement

NAMI Warmline App

- Build, test, and implement the NAMI Warmline client management system

Appendix

C



**Behavioral Health System
Transformation Innovation Code Book**

Behavioral Health System Navigation (BHST) Innovation Code Book*				
Domain	Domain Definition	Construct	BHST One: Performance and Value-Based Contracting Definition	BHST Two: OC Navigator Definition
Inner Setting	Inner setting includes features of structural, political, and cultural contexts through which the implementation process will proceed - within Orange County specifically; Characteristics of the area within which VBP/payer agnostic reform is being implemented	Innovation Climate	The absorptive capacity for change, shared receptivity of involved individuals to a value-based payer agnostic system, and the extent to which use of that value-based payer agnostic system will be rewarded, supported, and expected within Orange County.	The absorptive capacity for change, shared receptivity of involved individuals to the OC Navigator, and the extent to which use of the OC Navigator will be rewarded, supported, and expected within Orange County.
		1. Tension for Change	The degree to which stakeholders perceive the current situation as intolerable or needing change Include statements that (do not) demonstrate a strong need for the innovation and/or that the current situation is untenable, e.g., statements that the innovation is absolutely necessary or that the innovation is redundant with other programs.	The degree to which stakeholders perceive the current situation as intolerable or needing change Include statements that (do not) demonstrate a strong need for the innovation and/or that the current situation is untenable, e.g., statements that the innovation is absolutely necessary or that the innovation is redundant with other programs.
		2. Compatibility	The degree of tangible fit between meaning and values attached to a value-based payer agnostic system by involved individuals, how those align with individuals' own norms, values, and perceived risks and needs, and how the value-based payer agnostic system fits with existing workflows and systems.	The degree of tangible fit between meaning and values attached to the OC Navigator by involved individuals, how those align with individuals' own norms, values, and perceived risks and needs, and how the OC Navigator fits with existing workflows and systems.
		3. Relative Priority	Individuals' shared perception of the importance of a value-based payer agnostic system within the Orange County. Include statements that reflect the relative priority of the innovation e.g., statements related to change fatigue in the organization due to the implementation of many other programs.	Individuals' shared perception of the importance of the OC Navigator within Orange County. Include statements that reflect the relative priority of the innovation e.g., statements related to change fatigue in the organization due to the implementation of many other programs.
		Readiness for Implementation	Tangible and immediate indicators of organizational commitment to its decision to implement a value-based payer agnostic system.	Tangible and immediate indicators of organizational commitment to its decision to implement the OC Navigator.
		1. Leadership Engagement	Commitment, involvement, and accountability of leaders and managers with the value-based payer agnostic system.	Commitment, involvement, and accountability of leaders and managers with the OC Navigator.
		2. Available Resources	The level of resources dedicated for value-based payer agnostic system reform and on-going operations, including money, training, education, physical space, staffing, and time.	The level of resources dedicated for the OC Navigator and on-going operations, including money, training, education, physical space, staffing, and time.
		3. Access to Knowledge & Information	Guidance and direction (including training) are accessible for employees to implement and deliver the value-based payer agnostic system. Ease of access to digestible information and knowledge about the value-based payer agnostic system and how to incorporate it into work tasks.	Guidance and direction (including training) are accessible for employees to implement and deliver the OC Navigator. Ease of access to digestible information and knowledge about the OC Navigator and how to incorporate it into work tasks.
		Networks & Communications	Formal and informal relationships, networks, and interactions within and across structural, professional, or other Orange County boundaries. Formal and informal information sharing. Include statements about general networking, communication, and relationships in the organization, such as descriptions of meetings, email groups, or other methods of keeping people connected and informed, and statements related to team formation, quality, and functioning.	Formal and informal relationships, networks, and interactions within and across structural, professional, or other Orange County boundaries. Formal and informal information sharing. Include statements about general networking, communication, and relationships in the organization, such as descriptions of meetings, email groups, or other methods of keeping people connected and informed, and statements related to team formation, quality, and functioning.
				User Needs and Resources
Innovation Characteristics	This domain captures perceptions of 1) constructs specific to the innovation being implemented and 2) how those constructs may relate to implementation processes and/or outcomes. BHST One: Performance and Value-Based Contracting - The innovation is the ability for anyone in OC to receive treatment regardless of payer status. Foundation for the payer agnostic value based contracting system. BHST Two: OC Navigator - The innovation is the OC Navigator platform/application	Innovation Source	An intervention may be internally developed as a good idea, solution to a problem, or other grass-roots effort, or may be developed by an external entity (e.g., vendor or research group). Perception of key stakeholders about whether the intervention is externally or internally developed may influence success of implementation. The legitimacy of the source may also influence implementation. Both who is the source and why	An intervention may be internally developed as a good idea, solution to a problem, or other grass-roots effort, or may be developed by an external entity (e.g., vendor or research group). Perception of key stakeholders about whether the intervention is externally or internally developed may influence success of implementation. The legitimacy of the source may also influence implementation. Both who is the source and why

		Evidence Strength & Quality	Stakeholders' perceptions of the quality and validity of evidence supporting the belief that value-based payer agnostic system will have desired outcomes. Evidence includes peer-reviewed publication, reports, and anecdote Value-based payer agnostic system has robust evidence supporting its effectiveness. *Include other types of information that may inform how to construct/plan the value-based payer agnostic system	Stakeholders' perceptions of the quality and validity of evidence supporting the belief that the OC Navigator will have desired outcomes. Evidence includes peer-reviewed publication, reports, and anecdote The OC Navigator has robust evidence supporting its effectiveness. *Include other types of information that may inform how to construct/plan the OC Navigator
		Relative Advantage	Stakeholders' perception of the advantage of implementing a value-based payer agnostic system versus an alternative solution. Value-based payer agnostic system is better or worse than other innovations or current practice.	Stakeholders' perception of the advantage of implementing the OC Navigator versus an alternative solution. The OC Navigator is better or worse than other innovations or current practice.
		Adaptability	The degree to which the value-based payer agnostic system can be adapted, tailored, refined, or reinvented to meet local needs. The value-based payer agnostic system can be modified, tailored, or refined to fit local context or needs.	The degree to which the OC Navigator can be adapted, tailored, refined, or reinvented to meet local needs. The OC Navigator can be modified, tailored, or refined to fit local context or needs.
		Complexity	The value-based payer agnostic system is complicated, which may be reflected by its scope and/or the nature and number of connections and steps.	The OC Navigator is complicated, which may be reflected by its scope and/or the nature and number of connections and steps.
Outer settings	Structures outside of Orange County. The outer setting includes the economic, political, and social context within which an organization resides (in this case influencers outside of Orange County)	Cosmopolitanism	Networks and relationships between Orange County/Mind OC and entities in the Outer Setting. Spanning of boundaries between networks (e.g., health plans, payers, MHSOAC) and active participation between groups that may impact the implementation.	Networks and relationships between Orange County/Chorus and entities in the Outer Setting. Spanning of boundaries between networks (e.g., NAMI, CARS) and active participation between groups to sustain relevancy of the website.
		Covid-19 ***Added - not an original CFIR Construct	The effect of COVID-19 on the value-based payer agnostic system planning and implementation	The effect of COVID-19 on the OC Navigator planning and implementation
		External Policies and Incentives	Legislation, guidelines, regulations, criteria, recommendations from influential entities including e.g., government, accrediting bodies, professional associations. A broad construct that includes external strategies to spread interventions, including policy and regulations (governmental or other central entity), external mandates, recommendations and guidelines, pay-for-performance, collaboratives, and public or benchmark reporting.	Legislation, guidelines, regulations, criteria, recommendations from influential entities including e.g., government, accrediting bodies, professional associations. A broad construct that includes external strategies to spread interventions, including policy and regulations (governmental or other central entity), external mandates, recommendations and guidelines, pay-for-performance, collaboratives, and public or benchmark reporting.
Process	The plan put in place to meet innovation goals (i.e. involving appropriate individuals, developing a method for meeting program goals, etc.)	Engaging	Attracting and involving appropriate individuals in the planning and use of the value-based payer agnostic system through a combined strategy of social marketing, education, role modeling, training, and other similar activities. The actual methods that are being used to make sure that the right individuals are at the table.	Attracting and involving appropriate individuals in the planning and use of the OC Navigator through a combined strategy of social marketing, education, role modeling, training, and other similar activities. The actual methods that are being used to make sure that the right individuals are at the table.
		Planning	The degree to which a scheme or method of behavior and tasks for implementing a value-based payer agnostic system are developed in advance, and the quality of those schemes or methods.	The degree to which a scheme or method of behavior and tasks for implementing the OC Navigator are developed in advance, and the quality of those schemes or methods.

<p>Characteristics of Individuals**</p> <p>**Codes for Characteristics of Individuals were not used in this reporting period as it is too premature in the state of the project to use these codes.</p>	<p>Values, opinions, and norms of the targeted users/affected individuals of the innovation</p>	<p>Knowledge, Attitudes & Beliefs about the Innovation</p>	<p>Individual attitudes toward and value placed on the intervention as well as familiarity with facts, truths, and principles related to the intervention.</p> <p>Users' skilled and enthusiastic use of the intervention are two key features of effective implementation. These attributes are important to understand at individual and sub-group levels in order to assess quality of implementation and prospects for sustainability. The competence of individuals to judge the effectiveness of an intervention is facilitated by their understanding of underlying principles that justify using the intervention.</p>	<p>Individual attitudes toward and value placed on the intervention as well as familiarity with facts, truths, and principles related to the intervention.</p> <p>Users' skilled and enthusiastic use of the intervention are two key features of effective implementation. These attributes are important to understand at individual and sub-group levels in order to assess quality of implementation and prospects for sustainability. The competence of individuals to judge the effectiveness of an intervention is facilitated by their understanding of underlying principles that justify using the intervention.</p>
<p>*BHST Innovation Codebook adapted from https://cfirguide.org/constructs/</p>				

**Performance
and Value-Based
Contracting**



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