

Behavioral Health System Transformation (BHST) Innovation Project

MHSA Innovation Report

October 01, 2022 – September 30, 2023

Orange County | Mental Health and Recovery Services

Submitted October 2023

Performance
and Value-Based
Contracting



 Navigator



Principal Investigator:

Dara H. Sorkin, PhD

Faculty: Elizabeth Eikey, PhD; Dana Mukamel, PhD; David Safani, MD, MBA; Stephen M. Schueller, PhD

Staff: Judith Borghouts, PhD; Gloria Kim, MS; Xuechen Li, MS; Bessie Mathew, MPH; Rachel Varisco, MPH; Xin Zhao, PhD

University of California, Irvine

Contributors:

Orange County Health Care Agency

Mind OC

Chorus Innovations





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EXECUTIVE SUMMARY

Orange County's Behavioral Health System Transformation (BHST) Innovation project aims to initiate the development of infrastructure designed 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 2022-September 2023. This includes project activities and evaluation for *BHST Part One: Performance and Value-Based Contracting* through the end of their contracted project period (June 2023) and project activities and evaluation for *BHST Part Two: OC Navigator* through the end of this reporting period (September 2023).

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

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

1. Explore strategies to braid funds across the public, private and philanthropic/non-profit sectors
2. Host local planning to help identify community values and preferred performance standards
3. Operationalize identified values and performance standards into measurable outcomes
4. Develop methods to incentivize service delivery
5. Streamline reporting processes to comply with multiple sets of regulations and new performance outcome standards
6. Meet with California Department of Health Care Services (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. User Interface Improvements
 - c. OC Navigator Reporting Dashboard for OC Administrators
3. Develop and incorporate Social Determinants of Health Survey
4. Provide progress updates to Mental Health Services Oversight and Accountability Commission (MHSOAC)

BHST Evaluation

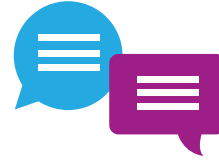
The BHST evaluation team used Damschroder et al.'s (2009) Consolidated Framework for Implementation Research (CFIR), which provides a comprehensive framework derived from established models, theories, and frameworks to guide evaluation findings in a consistent and systematic way. Barriers, facilitators, and recommendations were derived from the following evaluation activities:

- **Key Informant Interviews** – 34 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 conducted with stakeholders regarding their participation in the project
- **Training Surveys** – surveys conducted with OC Navigator training participants
- **Meeting Observations** – observations of meetings from October 2022-June 2023 for *BHST Part One: Performance and Value-Based Contracting* and from October 2022-September 2023 for *BHST Part Two: OC Navigator*
- **Review of Milestones** – information about project activities captured in documents and assessed through document review, meeting observations, and questionnaires

Learnings



Project planning, vision/goal alignment, and engagement strategies should occur early and offer flexibility as scope may change throughout the project timeline.



Communication and engagement are integral to innovation success. Tailoring communication strategies is necessary to maintain community awareness, understanding, and support.

BHST Part One: Performance and Value-Based Contracting



Changes to the focus of performance standards under CalAIM's¹ Behavioral Health Payment Reform will have additional impact on programs in behavioral health and substance use treatment services.

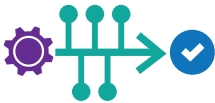


Current billing and reimbursement structures, county rules and regulations, and health plan requirements challenge transitioning to a value-based payor agnostic system.



Cultural norms and practices, resistance to change, and individuals' roles and beliefs act as roadblocks for making meaningful and widespread changes at the system level.

BHST Part Two: OC Navigator



As the innovation moved away from product development toward a focus on marketing and promotion, Community-Partnered Participatory Research (CPPR) principles were used less frequently, yet were still used with high quality, as reported by community stakeholders.



Diverse education and outreach are integral to raising awareness of the OC Navigator. There is a continued need to spread the breadth of engagement to hard-to-reach and underserved populations.



Identification of additional funding to support continuous updates and relevancy of the OC Navigator is integral for sustainability.

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 123.

¹ <https://www.dhcs.ca.gov/CalAIM/Pages/CalAIM.aspx>

Recommendations



Engage in early project planning with relevant community stakeholders and establish tangible milestone markers to facilitate project success.



Maintain transparent and open communication about capacity, successes, and challenges for clear vision alignment and prioritization of project goals.

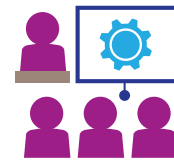
BHST Part One: Performance and Value-Based Contracting



Network early with health plans and providers to gain an understanding of their reporting and billing structures to make accommodations to the project plan and timeline for increased project success.



Take time to gain a thorough understanding of the innovation context (e.g., cultural norms, practices, and expectations) to plan for gradual small change efforts.

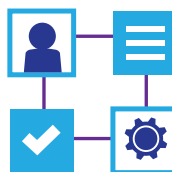


Engage the community in ongoing informational sessions to maintain awareness of performance and value-based contracting and to set the foundation for continued community support.

BHST Part Two: OC Navigator



Have a prominent representation of Orange County Health Care Agency (OCHCA) staff at OC Navigator community engagement activities to increase transparency with the community and support for OCHCA and the OC Navigator.



Make OC Navigator data more accessible to the Orange County community (e.g., the most searched and clicked on resources, the number of unique users accessing the OC Navigator, the most searched regions for resources) to help educate providers and Community-Based Organizations about the services their community needs.



Expand the breadth and depth of engagement with communities throughout Orange County (e.g., Asian American and Pacific Islander, Middle Eastern and North African, Latinx, deaf and hard of hearing community, consumers, residents of Southern Regions of Orange County).

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 131.

PROJECT BACKGROUND

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).

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), to identify how to integrate private and public funding so residents can receive care from any provider in the county. Mind OC aimed 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 15. The full report by Mind OC can be found in Appendix A.²

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 Innovations, 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 53. The full report by Chorus can be found in Appendix B.³

The foundation for both *BHST Part One: Performance and Value-Based Contracting* and *BHST Part Two: OC Navigator* included 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 took 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 in 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.

² The contract for BHST Part One: Performance and Value Based Contracting ended on June 30, 2023. Project activities and evaluation stopped at this time. The final blueprint/deliverable created by Mind OC will be shared as a part of the final BHST report.

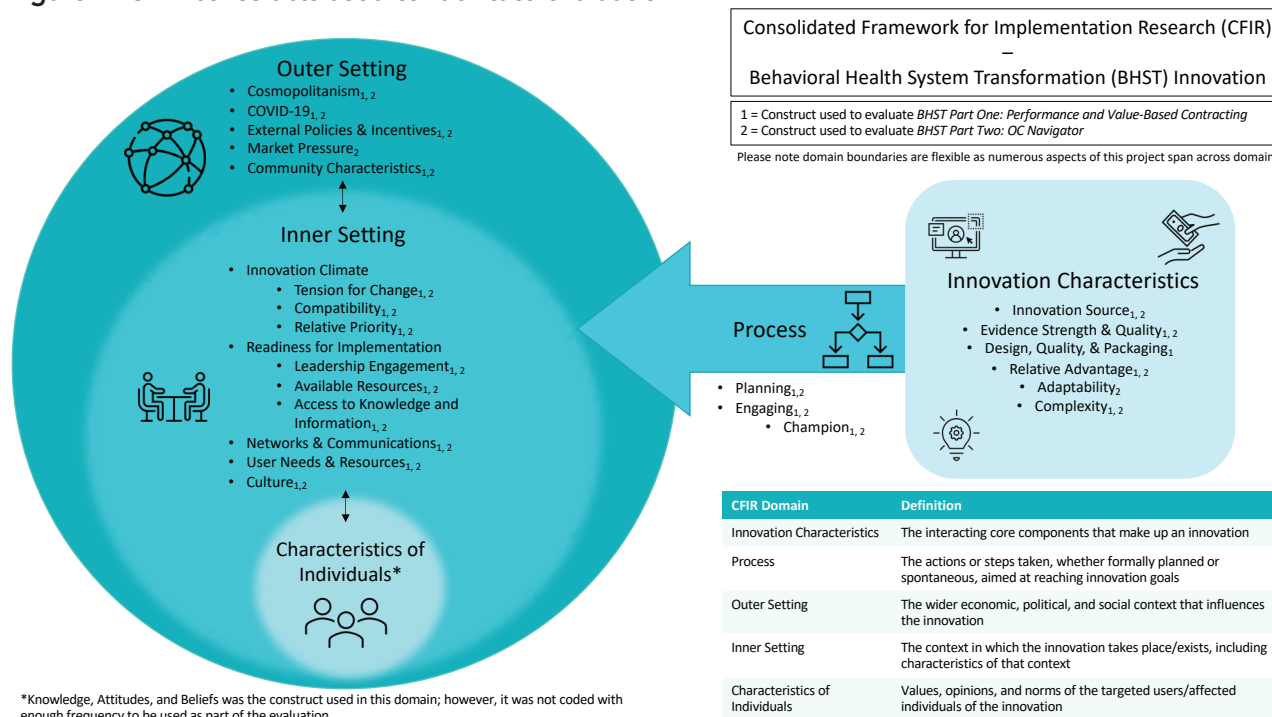
³ The contract for BHST Part Two: OC Navigator is ongoing at this time. Project activities and evaluation for this annual report were conducted through September 2023. Final project activities, evaluation, and deliverables will be a part of the final BHST report.

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	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

Damschroder et al. (2009) identified a framework of constructs across the five domains in 2009 with updates in 2022. The BHST project is evaluated using 17 of these constructs, including 7 subconstructs as seen in Figure 2. Given the influence of the COVID-19 pandemic, the evaluation team also 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 supported the analyses and planning of the evaluation activities.

Figure 2. CFIR constructs used to facilitate evaluation⁴



⁴ 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.

Evaluation Activities

Evaluation of the project consisted of the following key activities:

- **Key Informant Interviews** – 34 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 conducted with stakeholders regarding their participation in the project.
- **Training Surveys** – surveys conducted with OC Navigator training participants.
- **Meeting Observations** – observations of meetings from October 2022-June 2023 for *BHST Part One: Performance and Value-Based Contracting* and from October 2022-September 2023 for *BHST Part Two: OC Navigator*.
- **Review of Milestones** – information about project activities captured in documents and assessed through document review, meeting observations, and questionnaires.

Report Organization

Given that the *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 was 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 MHSA Innovations, the vendors, and the BHST Evaluation team opted not to conduct focus groups this reporting period.

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 the section, icons were also added, and text shortened to facilitate readability.

OVERVIEW

This component of the Behavioral Health System Transformation Innovation involves the development of Performance / Value-Based Contracts. The project ran from October 2019 through June 2023. The Health Care Agency (HCA) contracted with Mind OC to work collaboratively and with community stakeholders (e.g., consumers, family members, providers, etc.) to plan 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. This final report covers the timeframe between October 2022 through June 2023.

TIMELINE

The following timeline is reflective of the current reporting period and expected milestones under the granted extension provided by HCA for the period of October 2022 through June 2023.

PROJECT ACTIVITIES

Mind OC’s efforts this reporting period to improve quality and access to behavioral health services in Orange County through the alignment of public, private, and philanthropic funding and the creation of value-based contracts was guided by eight project activities. The structure of the Mind OC report follows the below project activities:^F

	Project Activities
Oct-Dec 2022	<ul style="list-style-type: none"> • Develop methods to incentivize service delivery • Explore strategies to braid funds across the public, private, and philanthropic/non-profit sectors • Streamline reporting processes
Jan-June 2023	<ul style="list-style-type: none"> • Operationalize identified values and performance standards into measurable outcomes • Host local planning to help identify community values and preferred performance standards • Develop and execute initial procurement and contracts • Provide technical assistance for local providers, as needed

1. Explore strategies to braid funds across the public, private and philanthropic/non-profit sectors
2. Host local planning to help identify community values and preferred performance standards
3. Operationalize identified values and performance standards into measurable outcomes
4. Develop methods to incentivize service delivery
5. Streamline reporting processes
6. Meet with California Department of Health Care Services (DHCS) legal, fiscal, and regulatory teams
7. Develop and execute initial procurement and contracts
8. Provide technical assistance for local providers, as needed
9. Progress updates to Mental Health Services Oversight and Accountability Commission (MHSOAC)

OVERVIEW

This section focuses on the progress and lessons learned in analyzing funding sources across public, private and philanthropic payers in order to plan for implementation of contracts to make services more accessible to Orange County residents regardless of insurance status/type.^E



PROGRESS

Work toward identifying available funding streams and applicable State and Federal rules/regulations continues to be closely linked to planning and implementation work for California Advancing and Innovating Medi-Cal (CalAIM). Orange County continues to be a very active participant in the implementation and continuous planning for CalAIM. In addition to these activities, Orange County has been working with Mind OC to analyze the funding sources and allocations across directly operated and contracted behavioral health programs and services. During this period, Mind OC was successful in establishing contracts with several commercial payers and the County Organized Health System, CalOptima, for its services being provided at the Be Well Orange Campus. These events provided an opportunity for Mind OC to walk through critical elements necessary to allow for implementation of commercial and public payer contracts that cover services provided to clients covered under those payor sources.

AREAS OF OPPORTUNITY

Several areas of opportunity for Orange County's BHST work continued 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.



LESSONS LEARNED

Early lessons learned related to available and new funding streams and State and Federal rules/regulations that highlight the need for considerations of additional procedure and process required to successfully implement use of commercial and public funds in provision of services. Examples of this include:

- Commercial plans require additional training and forms from the contracted provider of services each time one of the commercial payor's beneficiaries receives covered services.
- With more than one commercial payor contract in place, the contracted provider must accommodate for each of the variations within each of the commercial payor's requirements. This results in an ever-expanding workflow based on the insurance types (commercial payor) contracted.
- There is also additional consideration required for site reviews and audit activities. As the organization has begun to discuss and consider additional commercial payors, there is a contracting requirement for site visits and future audits. This requires a great deal of coordination with the provider, as it results in a provider site walk through, documents reviews, and a physical interview and potential submission of supporting documentation electronically. As the organization multiplies those contracts, the impact on time and effort required in response to these types of activities grows exponentially.
- Start the process early, since 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 a successful contracting and credentialing process.
- All parties must have goal alignment in order to progress.
- The Commercial contracting process results in delays until a program is certified for practice by required Licensing Boards.
- Consideration for Commercial Plan requirements that may impact processes in place for provision of services (may differ by commercial plan).

OVERVIEW

This section focuses on the progress and lessons learned in the efforts to increase knowledge of the current behavioral health system and gain insight into the community's expectations of "value" through Be Well OC Quarterly Coalition Meetings and Be Well OC Community Meetings.^E

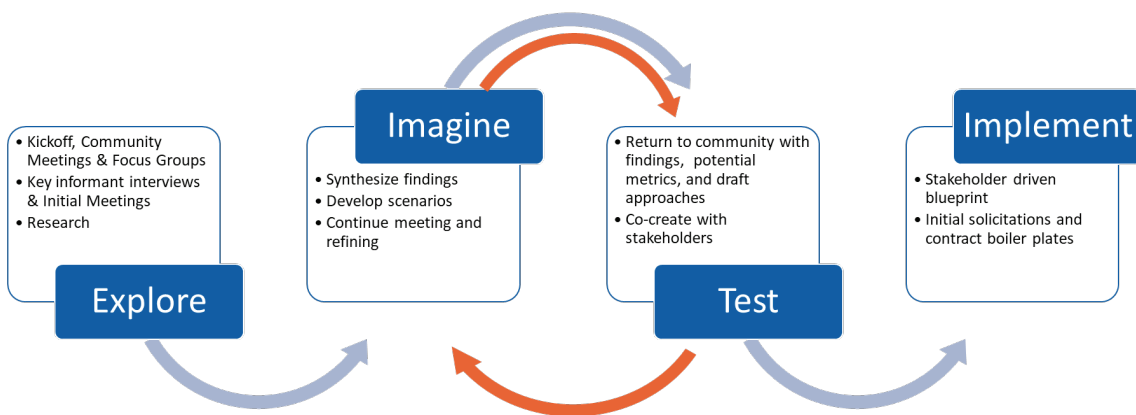


PROGRESS

As we commented in previous reports, 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. This period, we focused on the feedback phase, engaging community either previously engaged and/or newly engaging interested stakeholders.

Figure 1.2.1. Mind OC Community Engagement Process



Be Well OC Quarterly Coalition Meetings 2022 – 2023

The Be Well Orange County movement continued to convene in a hybrid, virtual, and in-person format for their quarterly coalition meetings in March, June, September, and December. There were more meetings held in-person over this period, and in response to the community, we continued to provide options for virtual attendance. The number of participants typically range from 175 – 360, with an average of 200 per meeting. Less than half of participants attend 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 (retired 2023), Veronica Kelly, Michael Hunn, Richard Afable, Marshall Moncrief and Dr. Karen Linkins). These meetings highlight work that is cross-cutting with the Behavioral Health System Transformation Innovation Project.

On March 16, 2023, the Be Well Orange County movement convened its quarterly coalition meeting. The meeting was held in person. There were 137 participants present. In addition to several updates highlighting great work across the Be Well OC movement, the meeting provided an opportunity for participants to collaborate and provide input into the development of the Behavioral Health System Transformation Innovation Project through a Round Table Discussion, the results of which are summarized (appended to the report as “Tabletop Responses”). After the meeting, participants were asked to complete a short survey to provide feedback that will inform the next phases of this project. Participants were also asked to contribute to an online survey sent to attendees following the meeting to help identify areas in which to develop performance outcomes and measures.

Please see **Spotlight: Be Well Orange County Coalition Meeting - Behavioral Health System Transformation Innovation Project Round Table Discussion and Survey Results** to read more about the Be Well Orange County Coalition Meeting summary and survey results.^E

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 meeting 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 Community Meetings

Several community stakeholder meetings were held during the month of June 2023. During these sessions, attendees were provided with more detail as it relates to the Behavioral Health System Transformation project. Attendees participated in a discussion moderated by the facilitator and had opportunities to share feedback about the work so far and needs in the behavioral health system of care that stakeholders felt should be addressed. Additional details about the session dates and locations are as follows:

Table 1.2.1. Be Well OC Community Meeting Participation^E

Meeting Date	Meeting Location
6/7/2023	Abrazar, Inc.
6/12/2023	Wellness Center West
6/12/2023	Wellness Center South
6/13/2023	Nami OC
	Total Participants = 32

Please see **Spotlight: Be Well OC Community Meetings - Goals for an Orange County Behavioral Health System Transformation** to read more about the results of the focus group engagement questions.^E



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.

- 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.

SPOTLIGHT:

Be Well Orange County Coalition Meeting - Behavioral Health System Transformation Innovation Project Round Table Discussion and Survey Results

On March 16, 2023, Be Well Orange County convened its quarterly coalition meeting. The meeting was held in person and 137 participants attended. The meeting agenda included several updates highlighting the work across the Be Well OC movement and provided an opportunity for participants to collaborate and provide input into the development of the Behavioral Health System Transformation (BHST) Innovation Project through a Round Table Discussion and a post-meeting survey.



Round Table Discussion Responses

After Mind OC presented an overview/ refresher of the BHST project, meeting participants were guided to discuss responses to the following three questions with the individuals they were seated with at the coalition meeting.

Question 1. How would you know if you/your family members are getting high quality behavioral health care? (N=76)

Participants provided an array of responses with the following three areas of focus, as defined below:



Access: Components of access to care that need to be addressed and measured



Provision of Services: Provider and system capacity for a full array of consistent, client-centered, evidence-based services delivered by well trained, culturally competent providers



Measurement and Outcomes: Measurement and outcomes from services that are key components of knowing participants/their family members are getting high quality behavioral health care

Meeting Agenda:

- Welcome and Overview
- Mindfulness and Sound Healing Activity
- Keynote Presentation: Vitka Eisen, HealthRIGHT 360
- Updates on the Be Well Movement
- Event Announcement
- Behavioral Health System Transformation (BHST) Initiative
 - Round Table Discussion and Survey
- Closing Remarks and Post-Event Survey

Responses from the discussions are summarized below:



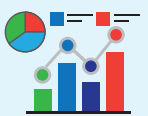
Table 1. Survey responses and response rate for Question 1 (N=76).

Focus Area	Responses	Number of Responses
<p>Access</p> 	<ul style="list-style-type: none"> • Barriers of cost and insurance status/type • Continuity of care and consistency of provider(s) • Provider availability and timeliness of care 	11
<p>Provision of Services</p> 	<ul style="list-style-type: none"> • Adequate array of needed services – crisis, psychiatry, inpatient, long term care, telephonic, in home, groups, etc. • Attentive follow up care and check-ins • Experienced providers and appropriate training for work force • Client centered care with full engagement (including family and natural supports, as appropriate) in treatment planning • Collaboration and information sharing across providers • Sufficient pay and manageable workloads for providers • Cultural/linguistic competencies • Focus on improvement in coping skills and resilience; improvement in protective factors • Focus on family needs and trauma in addition to patient needs • Provider empathy • Trauma informed care 	36
<p>Measurement and Outcomes</p> 	<ul style="list-style-type: none"> • Improvement in symptoms of individuals’ mental health diagnoses • Client and family satisfaction • Communication and coordination with clients, families and other providers; care coordination • Engagement in treatment, including therapy and/or medication as appropriate • Improvement in life functioning • Progress toward personal and clinical goals • Treatment adherence and general functioning 	24

Question 2. What other areas should be measured to know if Orange County’s behavioral health care system is delivering high quality care for the community? (N=56)

As with Question 1, participants provided an array of responses with the same three overall areas of focus (access, provision of services, measurement and outcomes). There was a focus on building community awareness, broadening access for all populations, and ensuring overall capacity. Common themes also related to provider and system capacity for a full array of consistent, client-centered services delivered by empathetic providers, tracking and publishing data on program outcomes, and seeing decreased rates of specific population health concerns.


Table 2. Survey responses and response rate for Question 2 (N=56).

Focus Area	Responses	Number of Responses
<p>Access</p> 	<ul style="list-style-type: none"> • Adequate and appropriate housing and financial resources to support health and care • Multi-lingual services and cultural competency • Adequate capacity and array of needed services (including crisis, in-home and in- shelter, and population specific services) • Community knowledge of available services • Affordable services and care for all regardless of finances 	27
<p>Provision of Services</p> 	<ul style="list-style-type: none"> • Collaboration and information sharing across providers, with transparency to consumers and family members • Communication and coordination with clients, families and other providers • Follow up to ensure family/client follows up with linkages 	7
<p>Measurement and Outcomes</p> 	<ul style="list-style-type: none"> • Tracking system efforts and publishing data and program updates (e.g. creation of data dashboards, publicly accessible outcome tracking) • Client and family engagement and satisfaction • Meeting established system goals • Decrease in crisis interventions and emergency department utilization • Decrease in substance use disorders • Decrease in incarceration rates • Decrease in other mental and behavioral health concerns across county population • Referral completion (and time to complete) 	18

Question 3. Please provide any related observations from you/your group. (N=30)

Participants identified an array of questions and considerations that generally fell under the topics of meeting process, public engagement and population specific needs, process, measurement and planning, and system of care and provider needs. The following responses are direct participant quotes, provided within the categories they most aligned with.

Table 3. Survey responses and response rate for Question 3 (N=30).

<p>Coalition Meeting Progress</p> 	<ul style="list-style-type: none"> • <i>Too much data, hard to follow the data and purpose of some presentation.</i> • <i>Great presentation! Very insightful</i> • <i>We discussed it at the table. We did some research before coming today. With online services being strong that helped us have more of an understanding of what Be Well is all about.</i> • <i>Start with the open discussion.</i> • <i>Networking: more opportunities to connect with more people than just our table.</i> • <i>Contact list of everyone attending.</i>
<p>Public Engagement and Population Specific Needs</p> 	<ul style="list-style-type: none"> • <i>Make mental health education easier to go through and more accessible to different groups.</i> • <i>Need more cultural atonement – therapists are culturally tone deaf (no self-awareness).</i> • <i>Need to understand LGBTQ – understand multiple identities – intake process.</i> • <i>Better outreach and education of OC programs.</i> • <i>Some parents are frustrated with the lack of transparency in their loved ones mental health care.</i> • <i>Parents need help on coping with the crisis.</i> • <i>Need more family support programs — NAMI is not enough</i> • <i>Families need more support in dealing with loved ones mental and potential substance abuse</i>
<p>Process, Measurement and Planning</p> 	<ul style="list-style-type: none"> • <i>When does Irvine open and how do we get our clients there?</i> • <i>Just because mental health is diverse doesn't mean we can't measure it.</i> • <i>The idea would be to draft a bill that would require employers to pay/cover "Mental Health" time perhaps a max of 1-2 hours and allow employees to take time and attend an earlier counseling session/during times where counselors don't typically have waitlist.</i> • <i>Like the saying goes...it takes a village!</i> • <i>No funding for in-program mental health services</i> • <i>Funding for services: We can provide, we don't have the money.</i>

System of Care and Provider Needs



- How can mental health shift from just compliance to compliance and excellence?
- Our group was talking about how as providers we are always feeling pressured to meet the clients/community needs. Many times at the expense of the provider's mental health too. For example, working evenings because the community needs evening for their counseling appointment because they (client) work.
- The wait times to get therapy can be weeks/months and that is an issue.
- Mental health break for providers, as well so that they can take good care of their mental health in order to provide mental health services to clients/patients.
- Frustrated with systems of care in mental healthcare and results.
- OC needs to do better
- Need more crisis beds and long-term care



Post-Meeting Survey Responses

After the meeting, participants were asked to complete a short survey to provide feedback that informed the next phases of the project. The online survey was sent to all coalition meeting participants following the meeting to help identify areas in which to develop performance outcomes and measures. It is important to note that this survey was designed to gather input from individuals who attended the March Be Well Coalition meeting. Survey participation was voluntary. Fifteen respondents completed the survey and comprised slightly over 10% of the 137 meeting participants and therefore is likely not representative of County demographics.

Survey Participants

While the survey was intended for individuals who attended the March Be Well Coalition meeting, seven respondents did not participate, and seven respondents did participate (N=14). Survey respondents represented the following sectors:

Table 4. Sector representation of survey respondents (N=15)

Sector Choices	Responses (%)
Behavioral health	4 (27%)
Consumer, Family Member, or Other	4 (27%)
Health care	3 (20%)
Education	4 (27%)

Participants were asked to mark all community/population groups that they represented.

Table 5. Top five community/population groups represented and response rate (N=15).

Top 5 Community/Population Groups Represented	Responses (%)
Youth (16-25 years)	10 (67%)
Children (0-15 years)	9 (60%)
Adults (26-59 years)	6 (40%)
Racial/ Ethnic Groups	5 (33%)
Older Adults (60+)	5 (33%)



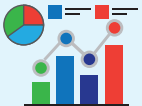
Questions related to gaining an understanding of what quality measures would look like. Participants were asked to choose between provided options and to pick the top five.

In reference to the top five areas that should be measured to know that participants/their family members are getting high quality behavioral health care, participants focused on ease of finding and accessing care, an improved sense of health, social and emotional well-being, and achieving measurable improvement toward personal and clinical goals (N=15):

Table 6. Top five areas that should be measured to know that participants/their family members are getting high quality behavioral health care (N=15).

Answer Choices	Responses (%)
1. It's easy to find a provider, get an appointment, and be seen for care	10 (67%)
2. Improved sense of health (mental and physical)	9 (60%)
3. Improved social and emotional well being	6 (40%)
4. Making measurable improvement toward personal and clinical goals	5 (33%)
5. Improved life satisfaction	5 (33%)

As a follow up, participants were asked what other areas should be measured to know if they/their family members are getting high quality behavioral health care. Their responses fell into three overall areas of focus: *access to care*, *provision of services*, and *measurement and outcomes*. Specific quotes can be seen below (N=11):



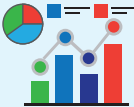
<p>Access to Care</p> 	<ul style="list-style-type: none"> • <i>Affordability</i> • <i>Increased awareness, education, screening and referral; reduced stigma regarding access to care.</i> • <i>Improved understanding of behavioral health care system (how to access services, what services are available and when is the appropriate time to access them)</i>
<p>Provision of Services</p> 	<ul style="list-style-type: none"> • <i>Are patients resorting to substances to get through the day? Are SUD providers providing trauma-informed care? Are residential SUD providers actually (versus marketing materials) providing dual diagnosis/co-occurring disorder care?</i> • <i>Proportionate attention to co-occurring mental health and substance use disorders, given typical over-emphasis on either separately.</i>
<p>Measurement and Outcomes</p> 	<ul style="list-style-type: none"> • <i>Determining the usage of our Wellness Centers and out patient programs to see what programs/methods are stronger than others</i> • <i>Measure their satisfaction with their care and their provider.</i> • <i>The measures of the 9 areas of life functioning from start of services and ongoing (see the county universal service plan for the areas, such as work, home life, legal, school, etc) to end with at minimum update at 6 months, but should be addressed more often.</i> • <i>Satisfaction with the mental health provider Goodness of fit between client and provider (this could be communication, style, cultural congruence, shared sense of power, etc). Feeling seen, heard, and understood by my provider</i>

Participants were then asked what they thought were the top five areas that should be measured to know that Orange County’s behavioral health care system is delivering high quality care for the community. They were able to choose from eleven options. Of the options provided, respondents focused on: Ease of finding a provider, getting an appointment and getting seen for care, improving care coordination across providers, decreasing number of people experiencing homelessness, and decreasing clinical symptoms. The top five response options can be seen below (N=15):

Table 7. Top five areas that should be measured to know that Orange County's behavioral health care system is delivering high quality care for the community (N=15).

Answer Choices	Responses (%)
1. Clients are increasingly able to easily find a provider, get an appointment, and be seen for care	13 (87%)
2. Improving care coordination across providers	12 (80%)
3. Decreasing number of people experiencing homelessness	9 (60%)
4. Decreasing clinical Symptoms	8 (53%)
5. High or Improving patient/family satisfaction (measured with consistent tool)	7 (47%)

As a follow up, participants were asked what other areas should be measured to know if Orange County’s behavioral health care system is delivering high quality care for the community. Participants provided an array of responses with three overall areas of focus: *access to care, provision of services, and measurement and outcomes*. Specific quotes can be seen below (N=8):

<p>Access to Care</p> 	<ul style="list-style-type: none"> • <i>Decreased amount of time waiting for in-patient psychiatric treatment while in emergency departments. Increased access to higher level of treatment (intensive outpatient, residential behavioral health). Increased compliance with outpatient behavioral health appointment in community members with serious mental illness (with therapists and psychiatrists)</i>
<p>Provision of Services</p> 	<ul style="list-style-type: none"> • <i>Consistent and ongoing communication between initial providers and aftercare providers.</i> • <i>Proportionate attention to the impact of alcohol on infants, children, youth, and adults relative to its under-emphasis in most BH arenas as the substance which causes the most lifetime harm.</i>
<p>Measurement and Outcomes</p> 	<ul style="list-style-type: none"> • <i>The amount of satisfaction that clients agree upon with the different methods that are offered in community</i> • <i>Measure the follow-up from their provider to check in on their wellbeing.</i> • <i>Sharing cost benefit analysis in all areas of community programs at 6 month intervals with baseline measures</i>

Results were reported back to the Mind OC and MHSA Innovations team to help guide future efforts towards moving forward with a value-based system of behavioral health care and to help identify areas in which to develop performance outcomes and measures.

SPOTLIGHT:

Be Well OC Community Meetings Goals for an Orange County Behavioral Health System Transformation



From June 7-13 community stakeholder meetings were held with individuals from Abrazar, Inc., Wellness Center West, Wellness Center South, and NAMI OC. Attendees were provided with an overview of the Behavioral Health System Transformation (BHST) Innovation project and then participated in a moderated discussion to share feedback about the work accomplished up to that point as well as needs in the behavioral health system of care.

Attendees self-reported the following sectors (N=43) and community/populations (N=42). The most common represented sector was consumer, family member, other (51.2%). The most common represented community/population was Adults (26-59 years) (88.1%).

Table 1. Sector representation of meeting participants (N=43)

Sector	Response Rate (%)
Consumer, Family Member, Other	51.2%
Behavioral Health	32.6%
Education	9.3%
Health Care	7.0%

Table 2. Community/Population representation (N=42)

Community/Population	Response Rate (%)
Children (0-15 years)	7.1%
Youth (16-25 years)	23.8%
Adults (26-59 years)	88.1%
Older Adults (60+ years)	21.4%
Foster Youth Parent/Families	4.8%
LGBTQ	31.0%
Homeless	14.3%
Students at Risk of School Failure	14.3%
Veterans	7.1%
Criminal Justice Involved	11.9%
Mental Health w/ Substance Use	23.8%
Mental Health w/ Medical Conditions	35.7%
Racial/Ethnic Groups	26.2%
Monolingual/Limited English	4.8%
Other*	4.8%

*Specifications included Farsi and Spanish Community/Population







Discussions focused on two main questions. Participants were told to pick up to five responses for each question out of the available options.

Participants were first asked: **What do you think are the top 5 areas that should be measured to know that you/your family members are getting high quality behavioral health care?** The top six responses were as follows (N=46):

Question 1: What do you think are the top 5 areas that should be measured to know that you/your family members are getting high quality behavioral health care?






Question 2: What do you think are the top 5 areas that should be measured to know that Orange County's behavioral health care system is delivering high quality care for the community?

Table 3. Top six areas that should be measured to know that you/your family members are getting high quality behavioral health care (N=46).

Response Option	Response Rate (%)
 Improved ability to meet basic needs	69.6%
 Improved sense of health (mental and physical)	52.2%
 It's easy to find a provider, get an appointment, and be seen for care	45.75%
 Making measurable improvement toward personal and clinical goals	43.5%
 Improved satisfaction with emotional and social support	43.5%
 Improved social and emotional well being	43.5%

Participants were then asked: **What do you think are the top 5 areas that should be measured to know that Orange County's behavioral health care system is delivering high quality care for the community?** The top five responses were as follows (N=46):

Table 4. Top five areas that should be measured to know that Orange County's behavioral health care system is delivering high quality care for the community (N=46).

Response Option	Response Rate (%)
 Decreasing number of people experiencing homelessness	63.0%
 Clients are increasingly able to easily find a provider, get an appointment, and be seen for care	58.7%
 Decreasing avoidable psychiatric and medical hospitalizations	56.5%
 Improving care coordination across providers	54.4%
 High or improving patient/family satisfaction (measured with consistent tool)	41.3%

Results were reported back to the Mind OC and MHSA Innovations team to help guide future efforts towards moving forward with a value-based system of behavioral health care and to help identify areas in which to develop performance outcomes and measures.

OVERVIEW

This section focuses on the progress and lessons learned in the work done to create a standard reporting dashboard to collect important operational metrics that reflect the quality of services provided in order to inform the blueprint for quality-based metrics.^E



PROGRESS

Mind OC was able to produce an initial Be Well Campus Dashboard in 2021-22 that was helpful to utilize in discussions held with the campus providers. This engagement allowed for consideration of some of the challenges that the providers faced in service linkages and transitions and provided us with an opportunity to take that to the community to understand whether the community were reporting those same challenges. As we sunset the campus provider meetings at request of HCA, we arrived at a standard reporting dashboard that highlighted the operations metrics. The goal was and still is to utilize metrics that can speak to the quality of care that is being provided through services at the campus and in linkages to other services in the community. Essentially, the continuum of care metrics should be reported so that any opportunity for improvement is highlighted in the dashboard and something to work towards.

Along with the provider metrics and dashboard work that has evolved over the course of this project, Mind OC continued to work with identified subject matter experts in support and contribution to development of a stakeholder driven blueprint that includes community-defined values and performance-based metrics. This blueprint will be shared in the final report.^E



LESSONS LEARNED

- Providers and Community (clients) continue to align on performance standards and values.
- Changes to the focus of performance standards under CalAIM will have additional impact on programs in the behavioral health and substance use treatment services space. While there will be ramp up time required, most providers have been privy to quality measurement standards under NCQA and HEDIS, of which CalAIM is closely modeling after. Experience suggests that not all HEDIS or NCQA requirements are aligned with community defined values and so there will need to be continued engagement and consultation with the community to ensure their values are heard as well.
- 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.
- 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.

OVERVIEW

This section focuses on the progress and lessons learned in incentivizing behavioral health service delivery across different program types and levels of care.^E



PROGRESS

Data are central to value-based contracting and management of a broad set of data across the network requires establishment of data governance, which includes the legal and policy framework to safeguard privacy and security of confidential client information. Contract templates hinted at opportunities to participate in achievement of quality metrics but not to the degree it was spelled out in the contract to provide additional benefit in the form of payment to the providers. In addition, options to work through similar service delivery incentive options was not feasible to apply generally, for example, for clinical outpatient care in behavioral health vs. outpatient care in substance use treatment, and furthermore, in the urgent crisis or residential care spaces. Using the additional guidance from CalAIM, Mind OC suggested a contract template with incentive to the provider that could be adjusted for these scenarios and utilize CalAIM directed metrics to achieve.



LESSONS LEARNED

- To incentivize service delivery, plans must understand and be willing to implement levels of metrics that support program type and level of care that also incorporates funding requirements and limitations.
- 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. The practice of provider incentives at the commercial and public health plans has been a great resource and Mind OC would encourage HCA to engage in more conversations as they are close to finalizing contracts with providers and other business associates.
- 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.

OVERVIEW

This section focuses on the progress and lessons learned in establishing the infrastructure and relationships necessary to streamline reporting processes across public, commercial, and provider reporting.^E



PROGRESS

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. The Be Well Orange Campus provided a space to test the infrastructure and any possible concerns. Of note was a scenario that is highly likely once CalAIM is fully implemented, whereby, one provider was on paper chart and the other was a hybrid paper chart and electronic record keeping. Addressing the nuances of the processes for each of these scenarios along with the added nuance of working with multiple payor sources that required a variety of data elements to achieve results provided insight to the team on existing gaps in the system and opportunities to suggest improvements where possible.

Establishing relationships and agreements with commercial plans requires exceptionally specialized subject matter expertise and time. Participating agencies must be able to comply with multiple sets of regulations in addition to the new performance outcome standards easily. As a result, approaching this with a goal towards support of clinical provider documentation and billing for commercially insured clients with as much streamlining as can occur. By folding the public reporting processing into alignment with the commercial plans reporting process, plans can achieve a more robust standardized reporting process.



LESSONS LEARNED

- The standing recommendation from Mind OC includes these six foundations that 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.
- 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 in response to collaboration with DHCS through CalAIM Behavioral Health Workgroup meetings and public webinars as well as monthly calls 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. Most recently, the work groups include the CalAIM Behavioral Health Workgroup Meetings and any webinars opened to the public to learn about payment reform changes, implementation of certain facets of CalAIM, and any other relevant topics to stay aligned and possibly ahead of the curve.

In addition to these meetings, we continued monthly policy calls with The Steinberg Institute, which began in July 2020. The meeting attendees include members from Mind OC 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. Back in October 2021, a special meeting was called to discuss BH Workforce and the impact it could have on this and all projects under behavioral health. We feel it important to highlight this topic in this report as a final callout to some of the important topics we covered that continue to pose an impact on the changes underway for CalAIM. Topics covered included the reality of the Behavioral Health and Substance Use Treatment services workforce shortage, provider burnout, retirement waves, and workforce retention. The goal was to strategize realistic ways to promote a stronger, more representative workforce in this space and support the workforce in small ways that make large strides to retention and positive staffing models.



LESSONS LEARNED

- No lessons learned were noted by Mind OC for this milestone.

OVERVIEW

This section focuses on the progress and lessons learned in relation to the planning and creation of a blueprint and contract template with public and private payers.^E



PROGRESS

Mind OC has provided the suggested language and terms to be added to an initial contract template to be used in conjunction with VBP contracting. 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. During the previous year, 21-22, the initial conversations to discover the range of payers meeting the need for these services and interested in referral partnership took place. The contracting proposals were with Private Payers (Commercial Health Plans) whose clients could benefit from access to services in this field (behavioral health and substance use treatment). Continuing progress is being made as Mind OC engages with commercial payors, some of which would be interested in contracting once the Substance Use Services are back up and running. There was a change in providers for Substance Use Services in the 22-23 Fiscal Year that resulted in a search for a new provider. The new provider is currently going through the certification process and once they have completed the necessary steps, more payors will be able to contract to cover those services for their beneficiaries.



LESSONS LEARNED

- No lessons learned were noted by Mind OC for this milestone.

OVERVIEW

This section focuses on the progress and lessons learned throughout engagement with Be Well campus providers, local hospital partners, and Orange County behavioral health providers as it relates to developing means for future technical assistance efforts to accompany the shift towards performance and value-based contracting.^E



PROGRESS



Continued engagement of providers to further develop identified and unknown technical assistance needs continued during this report period with the understanding that this information would be submitted to Health Care Agency, but that implementation of Technical Assistance was not possible under this contract term. Targeted conversations with Hospital and Health Plans in Orange County allowed for further exploration of capacity needs.

Be Well Campus Providers



As an introduction to VBP models, Mind OC began VBP conversations with the two contracted Campus service providers early on in this contract, 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. This work allowed the BHST team to engage with both providers in private meetings so that the conversation could be as open as possible. This resulted in BHST team acquiring information that was helpful to understand the dynamics of the system and responsibilities of all parties.

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 Providers



During the previous year (2021-2022), the team had identified and connected with non-county contracted providers to understand their capacity and training needs for moving toward value-based contracting. At that time, we identified a variety of levels of understanding providers had with changes in the contracting and service delivery requirements soon approaching under CalAIM. Since then, CalAIM has begun in a phased approach and Providers are becoming more oriented to the changes. While there is still many changes that will roll out over the next several years under CalAIM, HCA will become better aware of providers contracted under them and their technical needs to progress successfully through the changes.



LESSONS LEARNED



Be Well Campus Providers. Be Well Campus providers welcomed the opportunity to discuss what quality meant for them. They were engaged and brought a multidisciplinary team to the table for monthly or biweekly discussions. Often while we were working on a discovery process of outcomes measures they would hope to have published in support of their work and highlighting the success of their services, topics on operations would come up. In response, we were able to formulate a well-rounded idea of both operations and metrics that could demonstrate success or room for improvement for the providers and services they were contracted for. Unfortunately, the one-year contract was not extended by HCA and so the conversations ended with Mind OC reporting standard operating outcomes.



Local Hospital Partners. Despite scheduling frequent engagement sessions with Local Hospital Partners to provide education and technical assistance, staffing turnover was a reality and messaging often does not get pushed downstream as often as we had hoped. As we have found, this results in the need for continued engagement. In addition to the standard engagement sessions, as Mind OC approached a “contracted” status with commercial payors, any process updates related to the contracted payors were provided to these referring parties. This becomes a continuous process as payors are added and updates are made by those payors.



Orange County Behavioral Health Providers. Value-Based Payment contracting requires ongoing, routine meetings with providers and payors, 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 includes the fact that technical assistance is an ongoing process and should continue post implementation. New and pending guidance continues to be disseminated to the Mental Health and Managed Care Plans who are learning simultaneously to implementing changes, and it is important that they continue the messaging downstream and offer of support to all providers working in the behavioral health space.



PROGRESS

Submitting project report to Health Care Agency to submit to OAC at completion of Part 2 contract.



LESSONS LEARNED

No lessons learned were noted by Mind OC for this milestone.

Evaluation of BHST Part One:

Performance and Value-Based Contracting



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

Evaluation Activities

Evaluation of BHST Part One: Performance and Value Based Contracting

The following evaluation activities were planned to occur in the past project period.



Key Informant Interviews: Two rounds of key informant interviews were conducted with community stakeholders, Mind OC staff, Be Well staff, and Orange County Health Care Agency staff to gather varied opinions of the facilitators, barriers, and recommendations associated with planning for a performance and value-based contracting system within Orange County.



Focus Groups: Focus groups were planned to occur with providers in order to gain their perspectives on what “value” means as it relates to behavioral health services and how switching to a valued-based system of care would impact the providers.

Key Informant Interviews

KEY POINTS

- Two rounds of semi-structured key informant interviews were conducted this project period. One round, reported below, was conducted with 17 individuals about performance and value-based contracting. The other round of interviews was conducted with 14 individuals about performance and value-based contracting. This round is currently being analyzed and will be reported on in the BHST Final Report.
- Barriers, facilitators, and recommendations were pulled from the transcripts to guide future project efforts.
- Differences with individual health plans requirements, Orange County Health Care Agency rules/regulations, and the nature of current reimbursement billing structures challenge the successful creation of a payor agnostic performance and value-based contracting system.
- Institutional culture and transparent collaboration play a key role in the success of innovation projects.

OVERVIEW

The BHST evaluation team conducted two rounds of key informant interviews within this project period (Jan-March 2023 and May-Aug 2023). We report on the second round (Jan-March 2023) of key informant interviews below. The third round (May-Aug 2023) is currently being analyzed and will be discussed in future reports.

Step 1 – The BHST evaluation team reviewed and adapted the interview guide used for Round 1 (May-July 2022)⁶ as needed for clarification purposes. Additional questions were added based on project progress/activities that occurred since the last interview.

Step 2 – Interviews (N = 17) were conducted with 7 Mind OC/contracted staff, 1 Be Well staff, 2 community stakeholders, and 7 Orange County Health Care Agency staff.

Step 3 – The BHST evaluation team updated the codebook used for Round 1 based on the Consolidated Framework for Implementation Research (CFIR) and the interview guides to determine themes from the interviews. Additional codes were added as needed from the 2022 updated CFIR constructs.

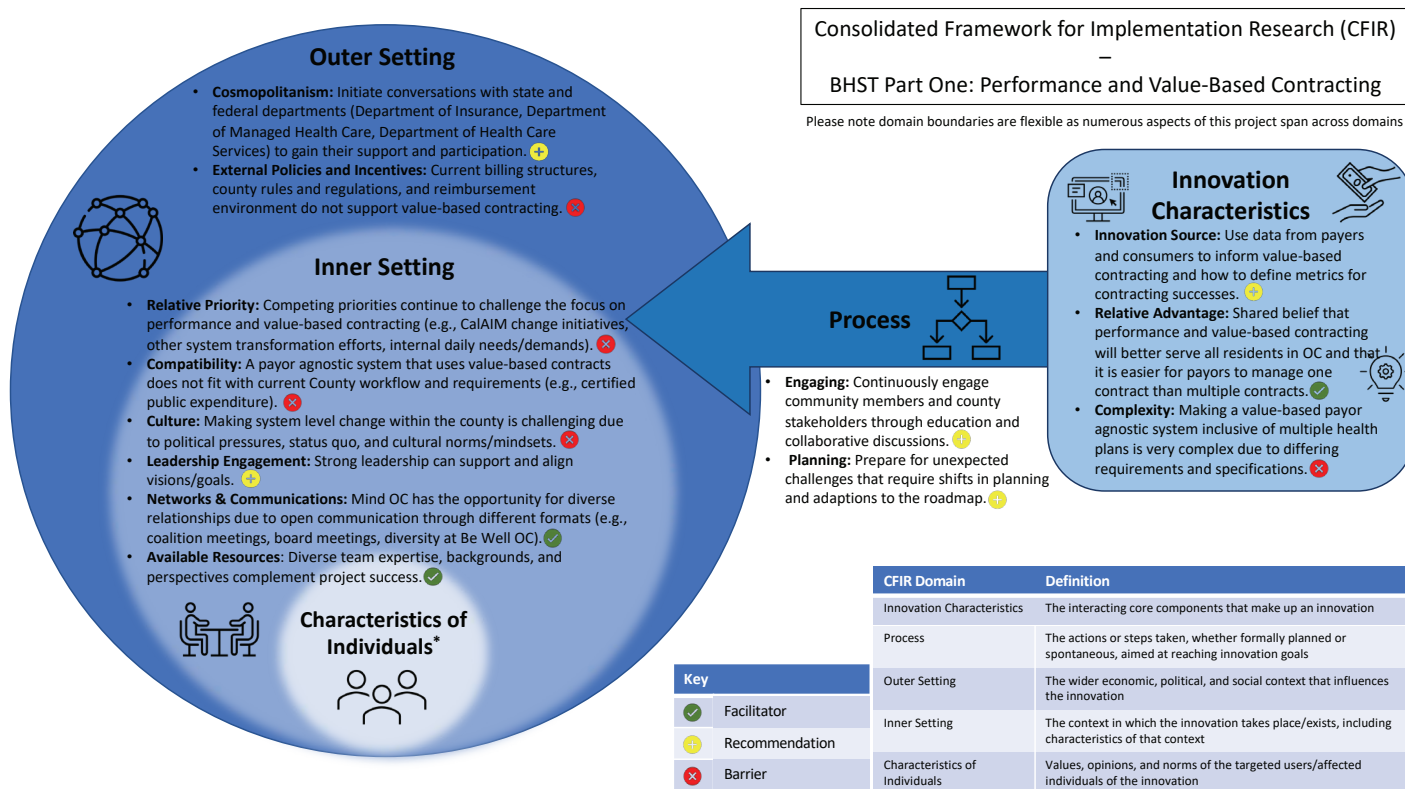
Step 4 – The BHST evaluation team conducted qualitative analyses using ATLAS.ti to identify facilitators, barriers, and recommendations associated with this stage of the planning for a performance and value-based contracting system.

Step 5 – The BHST evaluation team assessed changes in themes between Round 1 key informant interviews and Round 2 key informant interviews.

⁶ For more information on the results of Round 1 Key Informant Interviews, please see the October 01, 2021 – September 30, 2022 MHSA Innovation Report for the BHST Innovation Project: https://www.ochealthinfo.com/sites/healthcare/files/2022-12/BHST_INN_Project_Annual%20Report_2022.pdf

Key Informant Interview Findings

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



LEARNINGS FROM KEY INFORMANT INTERVIEWS

- **Communication and engagement are integral to project success.** Having open communication about project progress and transparent relationships is integral for success. Education and collaborative discussions facilitated the process of engaging community members and county core groups.
- **Establishing effective performance and value-based contracting was perceived to fit with the County’s vision and could facilitate contract workflows.** Providers and Orange County Health Care Agency staff perceived the performance and value-based contracting would better serve all residents in Orange County. Multiple informants noted that performance and value-based contracting fits with Orange County’s vision and values. From a payor perspective, it is easier to manage one contract than multiple contracts.
- **The complexity of performance and value-based contracting requires multifaceted considerations.** Making a value-based payor agnostic system inclusive of multiple health plans is complex. It is difficult to implement value-based contracts with current billing and reimbursement structures, county rules and regulations, and health plan requirements. Preparing for necessary infrastructure changes requires conversations with state departments, such as the California Department of Insurance, the California Department of Managed Health Care, and the California Department of Health Care Services.

- **Key stakeholders working together across the state have more leverage to influence payors, practices, and policies.** Orange County Health Care leadership initiated conversations with state departments to discuss the process for regulating private payors within a payor agnostic value-based care system.
- **Changes in leadership and county priorities requires aligning visions and adapting roadmaps.** Competing priorities in the county continue to challenge the focus on performance and value-based contracting (e.g., CalAIM change initiatives, other system transformation efforts, internal competing priorities). These changes in county leadership and county priorities require flexibility in planning and adaptations on roadmaps. A key way to maintain priorities is through strong leadership support.
- **Institutional culture plays an integral role in the success of innovation.** Involved individuals buy-in to change at the county level can affect the vision, planning, and acceptance of system wide changes. Cultural norms and practices, political pressures, and individuals' roles and beliefs challenge the success of making meaningful and widespread changes at the system level. Resistance to cultural change could lead to major roadblocks in innovation planning and implementation.
- **There are strengths and limitations to existing project resources.** Diverse expertise, backgrounds, and perspectives among leadership and staff members facilitated the development of relationships and progress towards performance and value-based contracts. However, staff capacity/bandwidth and time were barriers.
- **As COVID-19 indoor meeting/gathering requirements lessened throughout this reporting period, more in-person engagement with Community-Based Organizations, community members, providers, and health plans was able to occur than during last reporting period.** Last reporting phase COVID-19 disrupted relationship building and community engagement plans. As in-person meetings and engagement formats became available this reporting phase, staff members and leadership were able to have more open and transparent communication and relationships with the community and one another. However, capacity to fully engage in the planning and development of performance and value-based contracts continued to be limited, due to other competing priorities and limited staff bandwidth.
- **Staff members and leadership were responsive to evaluation feedback from the last reporting period.** In the last report, it was recommended that guidance from the state is needed to help determine funding sources and set policies for performance and value-based contracting. In this reporting period, leadership initiated conversations with state departments, such as California Department of Insurance, California Department of Managed Health Care, and California Department of Health Care Services.

Focus Groups

Evaluation of BHST Part One: Performance
and Value Based Contracting

The original evaluation proposal planned to conduct focus groups with mental health and substance use providers/clinicians to understand their perspectives of quality services and how to operationalize “value” in their work. However, due to the development of the project, the BHST evaluation team was unable to conduct focus groups. Instead, the Mind OC team conducted focus groups with community stakeholders (see **Spotlight: Be Well OC Community Meetings - Goals from an Orange County Behavioral Health System Transformation** for more details).

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 the *BHST Part One: Performance and Value-Based Contracting* project activity learnings with the BHST evaluation learnings. Learnings directly related to the project activities as defined by Mind OC can be found in Appendix A. Descriptions of the Consolidated Framework for Implementation Research (CFIR) domains can be found in Appendix C.

Outer Setting

The following are key learnings related to factors that are external to the innovation context (Orange County), such as health plan/provider infrastructure, policies and regulations, and COVID-19.

Health Plan/Provider Infrastructure

- **Consideration for how to appropriately incorporate commercial plans in the planning of value-based contracts is needed to successfully maintain buy-in and streamline workflows between insurance types.** Commercial plans require additional training and forms from the contracted provider of services each time one of the commercial payor's beneficiaries receives covered services. Additionally, with more than one commercial payor contract in place, the contracted provider must accommodate for each of the variations within each of the commercial payor's requirements.
- **Reporting limitations were encountered as a result of multiple record management systems.** Providers manage their data using a number of different platforms (e.g., different electronic health record systems, paper health record systems). As such, difficulties interfacing between platforms can lead to challenges in data sharing/reporting of metrics.

Policies/Regulations

- **Changes to the focus of performance standards under CalAIM will have additional impact on programs in the behavioral health and substance use treatment services space.** While a ramp up time will be required, most providers have been privy to quality measurement standards under the National Committee for Quality Assurance (NCQA) and the Healthcare Effectiveness Data and Information Set (HEDIS), of which CalAIM is closely modeling. Experience suggests that not all HEDIS or NCQA requirements are aligned with community defined values, so there will need to be continued engagement and consultation with the community to ensure their values are taken into consideration.
- **Key stakeholders working together across the state have more leverage to influence payors, practices, and policies.** Orange County Health Care leadership initiated conversations with state departments to discuss the process for regulating private payors within a payor agnostic value-based care system.

COVID-19

- **As COVID-19 indoor meeting/gathering requirements lessened throughout this reporting period, more in-person engagement with Community-Based Organizations, community**

members, providers, and health plans was able to occur than during last reporting period.

Last reporting phase COVID-19 disrupted relationship building and community engagement plans. As in-person meetings and engagement formats became available this reporting phase, staff members and leadership were able to have more open and transparent communication and relationships with the community and one another. However, capacity to fully engage in the planning and development of value- and performance- based contracts continued to be limited, due to competing priorities and limited staff bandwidth.

Inner Setting

The following are key learnings related to factors that are internal to the innovation context, such as Orange County infrastructure and capacity, as well as communication and engagement.

Orange County Infrastructure/Capacity

- **Changes in leadership and county priorities requires aligning visions and adapting roadmaps.** Competing priorities in the county continued to challenge the focus on performance and value-based contracting (e.g., CalAIM change initiatives, other system transformation efforts, internal competing priorities). These changes in county leadership and county priorities required flexibility in planning and adaptations to roadmaps. A key way to maintain priorities is through strong leadership support.
- **Institutional culture plays an integral role in the success of innovation.** Involved individuals buy-in to change at the county level can affect the vision, planning, and acceptance of system wide changes. Cultural norms and practices, political pressures, and individuals' roles and beliefs challenge the success of making meaningful and widespread changes at the system level. Resistance to cultural change can lead to roadblocks in innovation planning and implementation.
- **Existing county provider contracts do not allow for incentivizing services.** To incentivize service delivery, the county must determine/develop metrics that support program type and level of clinical care that also incorporates funding requirements and limitations.
- **There are strengths and limitations to existing project resources.** Diverse expertise, backgrounds, and perspectives among leadership and staff members facilitated the development of relationships and progress towards value and performance-based contracts. Staff capacity/ bandwidth and time, however, were barriers.

Communication and Engagement

- **Tailoring community engagement and language is necessary to maintain awareness and understanding of the innovation.** Clear and continued communication with the community on the benefits of value-based payments allowed for more meaningful input regarding the metrics that can be applied to services to ensure quality in a way that is translatable for all audiences. It was also important for translating the success of the chosen metrics into operational goals for providers. Many public and commercial health plans already practice some provider and/or health plan incentives, so it was important to tailor language to their practices when initiating conversations.
- **Communication and engagement are integral to project success.** Having open communication about project progress and transparent relationships is integral for success. Education and collaborative discussions facilitated the process of engaging community members and county core groups.

Innovation Characteristics

The following are key learnings related to the innovation, such as evidence strength and quality, innovation advantages, and innovation complexity.

Evidence Strength and Quality

- **The community and providers were in alignment with what is considered meaningful quality behavioral health care.** Both the community and providers agreed on fewer forms, more time for care, payment for care that matters, and access to the right care when needed.
- **Most successful programs supported providers through ongoing dissemination of detailed information on the measure and goals, with payment models set up for a top-down payment approach.** The practice of provider incentives at the commercial and public health plans was a great resource and therefore continued engagement with these individuals will support project success.

Innovation Advantages

- **Establishing effective performance and value-based contracting was perceived to fit with the County's vision and could facilitate contract workflows.** Providers and Orange County Health Care Agency staff perceived that performance and value-based contracting would better serve all residents in Orange County. Multiple informants noted that performance and value-based contracting fits with Orange County's vision and values. From a payor perspective, it is easier to manage one contract than multiple contracts.

Innovation Complexity

- **Making a value-based payor agnostic system inclusive of multiple health plans is complex.** It is difficult to implement value-based contracts with current billing and reimbursement structures, county rules and regulations, and health plan requirements. Preparing for necessary infrastructure changes requires conversations with state departments, such as the California Department of Insurance, the California Department of Managed Health Care, and the California Department of Health Care Services.

Process

The following are key learnings related to planning, education/technical assistance, and evaluation and feedback.

Planning

- **The commercial contracting process takes significant time (e.g., 9-15 months).** Certification requirements and commercial plan requirements for provision of services are variable. Additionally, the commercial contracting process may be delayed due to program certification by required Licensing Boards.
- **Adding commercial payers requires exponentially more time and activities.** Contracting requirements for site visits and future audits requires coordination with the provider for provider site walk throughs, document reviews, physical interviews, and potential submission of supporting documentation electronically.
- **Early goal and vision alignment, as well as identification of appropriate engagement, is key for project success.** Identification of agreed upon public and private payors is integral for

successful contracting, credentialing, and project progress. Additionally, since great work is happening in silos throughout the county, identifying and bringing these individuals together, will help to synergize what is already working and fix what is not.

Education and Technical Assistance

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

Evaluation and Feedback

- **Staff members and leadership were responsive to evaluation feedback from the last reporting period.** In the last report, it was recommended that guidance from the state is needed to help determine funding sources and set policies for performance and value-based contracting. In this reporting period, leadership-initiated conversations with state departments, such as California Department of Insurance, California Department of Managed Health Care, and California Department of Health Care Services.

BHST Part One: Performance and Value-Based Contracting Recommendations

Recommendations

Below is a summary of the key recommendations from *BHST Part One: Performance and Value-Based Contracting*. Descriptions of the Consolidated Framework for Implementation Research (CFIR) domains can be found in Appendix C.

Outer Setting

The following are recommendations related to factors that are external to the innovation context (Orange County), such as health plan/provider infrastructure and policies/regulations.

Health Plan/Provider Infrastructure

- **Gain an early understanding of health plan and provider reporting and billing structures.** To properly plan steps for project success, early networking with health plans and payors needs to occur in order to gain a thorough understanding of their contracting requirements and billing processes. Understanding the intricacies of each unique plan can help establish accommodations to increase project efficiency and maintain buy-in.

Policies/Regulations

- **Continue monitoring the progress of CalAIM as it relates to value-based contracting.** Special attention should be paid to the Behavioral Health Payment Reform which began roll out on July 1, 2023, and involves shifting towards value-based care through incentives, decreasing administrative burdens, simplifying payments, and ending cost-based reimbursements. As this rollout continues, it is important to ensure the flexibility of the BHST Part One Performance and Value-Based Contracting project to meet CalAIM criteria and metrics.
- **Engage regularly with policy makers and state departments to discuss the impacts of performance and value-based contracting at the local and state level.** System level innovation change can be facilitated by a champion that has the ability to influence policy and the innovation environment. Gaining early buy-in from these individuals can help support moving the project forward.

Inner Setting

The following are recommendations related to factors internal to the innovation context, such as Orange County infrastructure/capacity as well as communication and engagement.

Orange County Infrastructure/Capacity

- **Consider how the established culture within the county will impact their approach to system level change.** When trying to establish innovative change, the context and norms of the innovation context are important to consider. Taking time to understand cultural norms, practices, and expectations is important to gain buy-in for the overall vision. By working in parallel with the county, support for small change efforts that slowly make cultural shifts can lead to bigger changes that align with the broader innovation vision/goal.

- **Establish a champion at the leadership level of the county.** Support from leadership at the county can help foster momentum for prioritization of the project. Additionally, leadership can support shifts in organizational culture to lay the foundation for more widespread acceptance of systemwide innovation efforts.

Communication and Engagement

- **Maintain regular communication with the community to report on project progress.** Transparent and regular updates on project progress and success can help maintain relationships, establish new relationships, and gain buy-in from Orange County residents and Community-Based Organizations. It will also help sustain awareness and understanding of the project goals and accomplishments.
- **Tailor project language to each audience.** Be conscientious of the language and terminology that different members of the community may use in order to more effectively communicate about the innovation project.
- **Maintain transparent and open communication for clear vision alignment and prioritization of project goals.** Honest and regular communication with involved stakeholders about capacity, successes, and challenges helps to establish appropriate expectations and offers an opportunity to adjust project strategies, vision, and priorities as needed with support from all involved parties.

Innovation Characteristics

The following are recommendations related to the innovation such as value-based payment contract structure.

Value-Based Payment Contract

- **Structure flexible contracts to allow for more efficient partnership with different payors.** Contracts should include clear and standardized performance metrics and accountable payment models. However, due to the different criteria and requirements across health plans and providers, contracts need to offer some flexibility to streamline accessibility among different payors.

Process

The following are recommendations related to planning and education/technical assistance.

Planning

- **Start the commercial contracting process early.** The commercial contracting process takes significant time (e.g., 9-15 months). Therefore, it is important to plan the steps for contracting early based on the understanding of certification, health plan, and Licensing Board requirements. Take into consideration adding flexibility to the timeline for certification delays.
- **Be aware and prepare for time-intensive site reviews and audit activities when considering the addition of commercial payors.** Building time into the project timeline to account for contracting requirements for site visits and future audits is integral. Prepare and maintain appropriate documentation for auditing so as to not delay project progress.
- **Early project planning with tangible milestone markers will facilitate project success.** Determining and ensuring the right people are at the planning table early on is essential. Initiating early conversations to set up reporting mechanisms for the project and having access to data (e.g., visibility of initial contracts) in the early stages can help establish first version reporting.

Education/Technical Assistance

- **Engage the community in ongoing informational sessions to maintain awareness of performance and value-based contracting.** Educating providers, public and private payers, county staff, and community members on what value-based contracting and quality care in behavioral health is will help set the foundation for continued community input and support for long-term cultural shifts enabling system level change.
- **Create an outreach and education plan to train providers, payers, and procurement and contracting services on behavioral health payment reforms.** Ongoing training to introduce individuals to metric, reporting, billing, and contracting updates can lay the foundation for a shift to performance and value-based contracting that is supported by involved individuals. This will also offer an opportunity to address challenges and concerns early. Continued training to support the workforce development and shift towards a more streamlined value-based payment system will allow for reinforcement of the importance of performance and value-based contracting and will allow for valuable feedback and suggestions for future improvements.

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. The OC Navigator launched April 7, 2022 and is available at <https://ocnavigator.org>.

Timeline

The table below represents the activities associated with identifying and including stakeholders in planning, the OC Navigator build, ongoing development of the Social Determinants of Health Survey, and progress updates to Mental Health Services Oversight and Accountability Commission (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
Sep-Dec 2022	<ul style="list-style-type: none"> • 10 training sessions to a total of 143 unique individuals • 6 workgroups, three of which were monolingual Spanish • 8 presentations and outreach events, three of which were large in-person community events • 9 subject matter expert interviews to curate content, identify keywords, and create new resource guides 	<ul style="list-style-type: none"> • Gather requirements to build digital resource search and display • Develop the Looker Studio usage analytics dashboard to understand user behavior • Continue to update and curate resource data • Conduct community engagement activities and user research to understand and improve user experience • Designs for the Bounce Back OC Navigator page were finalized, leading to its launch to support general OCHCA outreach activities such as digital literacy workshops. This page is not branded with Angels or Ducks branding • Requirements gathering was conducted to understand how to improve the Looker Studio data dashboard for County stakeholders • The language toggle on OC Navigator mobile has been updated to be more visible on the homepage • Gather requirements and develop designs for Apps & Online pages 	<ul style="list-style-type: none"> • Community feedback and user research collected to inform additional improvements to the screener 	<ul style="list-style-type: none"> • Meet at least biweekly with the MHSA Innovations team to provide progress updates

	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
Jan-Mar 2023	<ul style="list-style-type: none"> • 13 training sessions were provided to a total of 211 unique individuals • 5 workgroups were conducted, three of which were conducted with the Be Well Prenatal-5 workgroup • 14 presentations and outreach events, five of which were community events • 7 subject matter expert interviews to discuss subcategories, curate resources, and create resource guides • 4 user feedback sessions were conducted with community partners to obtain feedback from stakeholders on site features and inform improvements 	<ul style="list-style-type: none"> • Complete adding Medical category keywords to the resource database • Design digital resource search and display • Improve searchability of resources • Design and build updates to the Get Help Now page for new hotlines • Design and build the Apps and Online resource pages • Continue to update and curate resource data • Conduct community engagement activities and user research to understand and improve user experience • The Data Studio report was updated with new visualizations and reports to make it easier for Health Care Agency staff to understand and compare metrics at a glance • Digital resources and subcategories are being designed with the input of community stakeholders, who informed subcategory selection and designs • Build Apps & Online pages and functionality 	<ul style="list-style-type: none"> • Community feedback and user research collected to inform additional improvements to the screener 	<ul style="list-style-type: none"> • Meet at least biweekly with the MHSA Innovations team to provide progress updates
Apr-Jun 2023	<ul style="list-style-type: none"> • 10 training sessions engaging 193 unique individuals • 7 workgroups with community partners, Grupo VeLA, and service providers from HCA and Regional Center OC • 10 presentations and 4 outreach events engaging 380 service providers and over 200 community members • 4 meetings with subject matter experts to develop content for the new “Resources for Children and Youth with Special Health Care Needs” guide 	<ul style="list-style-type: none"> • Go live for Apps and Online Resources • Update the homepage graphics based on user feedback • Gather requirements on the search experience to update the category page and primary menu • Continue to update and curate resource data • Define guidelines for creating resource guides • Conduct community engagement activities and user research to understand and improve user experience • Digital resources were launched May 7, 2023, bringing 293 new apps and online resources for student and school-related mental wellness 	<ul style="list-style-type: none"> • Community feedback and user research collected to inform additional improvements to the screener. 	<ul style="list-style-type: none"> • Meet at least biweekly with the MHSA Innovations team to provide progress updates

	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
	<ul style="list-style-type: none"> 2 user research sessions were conducted with community members and providers to obtain feedback on site features 	<ul style="list-style-type: none"> New homepage components were added to highlight digital resources. Graphics were updated to be more inclusive of children and infants Additional helplines are being added to the 'I want help now' page A Resource Entry Portal for HCA staff was created. Finalize Apps & Online pages and functionality Build in updates to the Get Help Now page Develop designs for the category page and primary menu 		
Jul-Aug 2023	<ul style="list-style-type: none"> 2 training sessions with Social Services Agency (SSA) In-Home Supportive Services (IHSS) and Recovery Education Institute (REI) 1 community workgroup. 3 group meetings to develop resource guides with OC Fatherhood Coalition, OC CARES, and Families and Communities Together (FaCT) Family Resource Centers 1 meeting with subject matter experts to understand food resources available for residents with chronic conditions 	<ul style="list-style-type: none"> Design and build category page and primary menu functionality Continue to update and curate resource data Conduct community engagement activities and user research to understand and improve user experience Category page redesign Resource card redesign Build the updated category page and primary menu 	<ul style="list-style-type: none"> Community feedback and user research collected to inform additional improvements to the screener 	<ul style="list-style-type: none"> Meet at least biweekly with the MHSA Innovations team to provide progress updates 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. User Interface Improvements
 - c. OC Navigator Reporting Dashboard for OC Administrators
3. Develop and incorporate Social Determinants of Health Survey
4. Provide progress updates to Mental Health Services 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 OCHCA 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 key individuals and community engagement efforts that influenced the OC Navigator project this past reporting period as well as progress and lessons learned.^E

THUS FAR, THE OC NAVIGATOR PROJECT HAS CONDUCTED:

- **38** TRAININGS
- **23** WORKGROUPS
- **24** PRESENTATIONS
- **12** LARGE IN-PERSON COMMUNITY EVENTS
- **20** SUBJECT MATTER EXPERT INTERVIEWS
- **6** USER FEEDBACK SESSIONS

AND HAS CONNECTED WITH:

- **2000+** INDIVIDUALS
- **70+** COMMUNITY ORGANIZATIONS



PROGRESS

In the first full year that the OC Navigator was live, community engagement and outreach significantly expanded to catalyze content curation, support site enhancements, and raise awareness and use of the OC Navigator across provider and consumer groups. County entities, community coalitions, and local groups became key partners in the project's community engagement strategies and activities.

Table 3.1.1. Key Engagement Activities this Reporting Period (Engaged 2,002 community members and providers)

Activity	Count
Trainings	38
Workgroups	23
Presentations	24
Large In-Person Community Events	12
Subject Matter Expert (SME) Interviews	20
User Feedback Sessions	6

Active partners include:

- County entities such as:
 - Social Services Agency
 - Public Health
 - Office of Events and Planning
- Wellness and resource centers for individuals experiencing mental illness
- Social service programs that serve:
 - Bilingual or monolingual residents
 - Immigrants and refugees
 - Families and children with special needs
- Monolingual groups
- Monolingual community coalitions
- Asian American Pacific Islander (AAPI) groups
- Faith based communities
- Groups/programs that serve and address:
 - Prenatal to age five and youth
 - Food insecurity and support chronic conditions
 - Older adults
 - Fathers
 - Housing Insecurity

This large network of stakeholders is updated through a bimonthly newsletter providing key project updates such as a new feature, resource guide, or community event, and contains information on how to get involved in the OC Navigator. Many of the project’s new connections were a result of existing partners recommending the OC Navigator and sharing their experience at networking meetings and community events, and through email introductions.

Community Co-Chairs

Two community co-chairs continued to advise the engagement strategy of the project. Both chairs are past and current service consumers and advocates, with one co-chair serving as Director at a Wellness Center in Orange County. Their unique perspectives and experiences have been invaluable to the expansion of the OC Navigator in the community. Below is a summary of their contributions:

- Participated in a quarterly strategy meeting with OCHCA and the Chorus team to review accomplishments and progress across all dimensions of the OC Navigator project (i.e. community engagement, product enhancements, user metrics, marketing) and discuss priorities for the next quarter.
- Reviewed plan for Community Partners Workgroup meeting for guidance and feedback on clarifying the discussion questions for community partners.
- Recommended update of training materials to better communicate the value of the OC Navigator, highlight what sets the OC Navigator apart from other platforms, and customize

sessions so that individuals receive appropriate training based on their level of familiarity with the website.

- Shared expertise of community programs, relationships, and services to support partnership-building, outreach and marketing efforts.
- Supported understanding of OC Navigator data trends and user expertise to provide insight into site usage.

Resource Data Governance Collaboration

Resource data governance processes continue to be developed and finalized in collaboration with Orange County Health Care Agency (OCHCA) leaders. In this reporting period, OCHCA consulted with quality management leads in addition to County Counsel.



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:

- As awareness and engagement grow for the OC Navigator, it has become imperative to maintain multiple types of communication strategies in order to regularly update stakeholders on the project and include them in development. Communication plans should be tailored to the type of engagement activity and audience. For example, follow ups should be made to training partners every quarter and after the release of a new feature to ensure continuity of the relationship and ease of use for trainees, while communication to event partners should align with public awareness events, such as Mental Health Awareness Month in May.
- County program staff shared that they have found Chorus to be very helpful in improving their workflow and would like Chorus to continue adding enhancements to their tool with the goal of reducing administrative time needed to navigate across the various systems they are currently using.

SPOTLIGHT:

Marketing and Promotion of the OC Navigator

Overview

Orange County Health Care Agency's marketing and promotion efforts began April 2022. Since then, OC Navigator has gained over 130,000 total users, new and returning, across the main page and the landing pages created for promotion. These efforts are described below.

Multilingual Resource Postcards

A general resource postcard was created to be distributed by the Sheriff's Department and other agencies. This card is available in the six Orange County threshold languages: English, Arabic, Chinese, Farsi, Korean, Spanish, and Vietnamese; and the card is also available in Khmer. Figures 1 and 2 depict the Farsi card as an example.

Figure 1. Farsi Resource Postcard – front



Figure 2. Farsi Resource Postcard – back



Back to School Campaign

The OC Health Care Agency sent OC Navigator banners to all public schools in OC to be posted in the new year, including Continuation/Alternative/Special Ed, and Charter schools, totaling 623 schools across all grade levels (Figure 3).

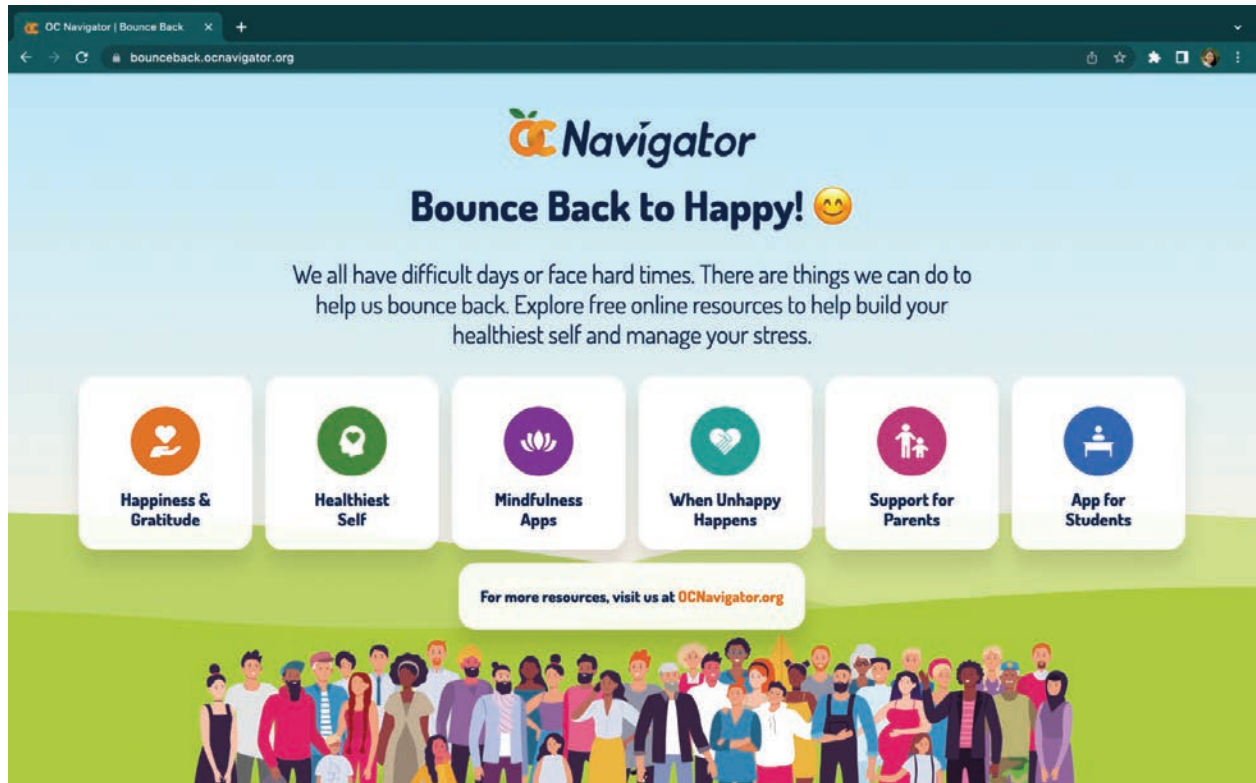
Figure 3. School banner



Bounce Back Page

The Bounce Back page was launched October 17, 2022 for general promotion of the digital resources usually listed on the Angels- or Ducks-branded pages (Figure 4). This site will be used for Health Care Agency led promotion such as in digital literacy tools and workshops, outreach to schools and community organizations, and others. We are exploring improvements to this page to list additional resources for how community members can use technology to support their wellness.

Figure 4. Bounce Back page



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 track user activity.

Angels Landing Page

Icon color and copy were updated on the landing page to reflect other Health Care Agency marketing efforts. A link to the OC Navigator was added so users could easily continue looking for community resources (Figure 5).

Figure 5. Angels Landing Page - Updated



Ducks Honda Center Campaign

The Ducks Honda Center 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, train platform ads and ads in rinks across Orange County, and hardcopy materials (Figures 6-8). Different QR codes are attached to each asset to track user activity.

Train Platforms

Figure 6. The Ducks landing page is advertised on train platforms throughout Orange County.



57 Freeway Marquee Screen

Figure 7. Promotion is visible from the 57 freeway.



Figure 8. Dasherboards

Information about the OC Navigator is printed and displayed around the rink at the Honda Center.



OVERVIEW

This section focuses on 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 (e.g., resources and resource guides), user interface improvements (e.g., category page updates, additional updates based on community feedback, and apps and online features), and OC Navigator Reporting Dashboard for OC Administrators.^E

PROGRESS

Additional Content and Enhanced Resource Data

During this reporting period, OC Navigator project activities were focused on adding needed resources and implementing protocols to support resource data maintenance. Numerous enhancements were made periodically to address feedback from stakeholders, and 326 digital resources were added for Mental Health Awareness Month in May. It is important to note, since the OC Navigator is a public app, feature implementation does not follow a strict development timeline like other apps. Feature prioritization and development timelines must build in reviews and feedback loops with both County and community stakeholders.

Resource Guide Framework

As engagement grew, more and more community partners requested collaborations resulting in resource guides. To reduce redundancy among these requests and the site's planned features (i.e., search and filter for focus populations and subcategories), a need for parameters and criteria emerged in the development of resource guides. The framework developed with OCHCA is presented to any interested community group. Key points are shown in the figures below.

Figure 3.2.1. Definition and Purpose of a Resource Guide

Definition and Purpose of a Resource Guide

- **What is a resource guide?**
 - Curated lists of resources that address a specific audience or population experiencing a specific need
 - The listed resources must be vouched for by the author (i.e. author has worked directly with them) and the resource information must be up to date
- **What is the purpose of a resource guide?**
 - Offers a unique perspective on how to address the need and provides guidance based on expertise of the author(s)

Figure 3.2.2. Resource Guide Checklist

Resource Guide Checklist

The guide should:

- Address a specific population
- Address a specific need within this population
- Have a conversational tone
- Offer guidance and support

Figure 3.2.3. Resource Guide Standard Example

Standard Example

LGBTQIA+ Road to Recovery

- Specific population
- Specific need
- Reflects lived experience
- Conversational, personal tone

Format

- Descriptions are 2-4 sentences at a 6th grade reading level
- Maximum of 9 resources per subtopic

The screenshot also shows a preview of the guide's content, including a header with the title 'LGBTQIA+ Road to Recovery', a photo of two people, and sections for 'About This Guide' and 'Jump to Topic' with a navigation menu.

Figure 3.2.4. Resource Guide Development Responsibilities

Development Responsibilities

Community Partner	Chorus
<ul style="list-style-type: none"> • Determine scope of guide <ul style="list-style-type: none"> ◦ Audience/population ◦ Area of need ◦ Vision and message • Curate content <ul style="list-style-type: none"> ◦ Format and resources ◦ Write copy ◦ Review and pick images • Commitment <ul style="list-style-type: none"> ◦ Attend 3 development meetings ◦ Review and update (as needed) every 6 months 	<ul style="list-style-type: none"> • Supports content curation <ul style="list-style-type: none"> ◦ Creates and manages document for partner to input resource recommendations and written content • Sources & curates images <ul style="list-style-type: none"> ◦ Provides to partner to review/select • Produces Final Guide <ul style="list-style-type: none"> ◦ Sends draft to partner to review ◦ Sends draft to HCA for review and approval ◦ Obtains and inputs translations ◦ Publishes final guide

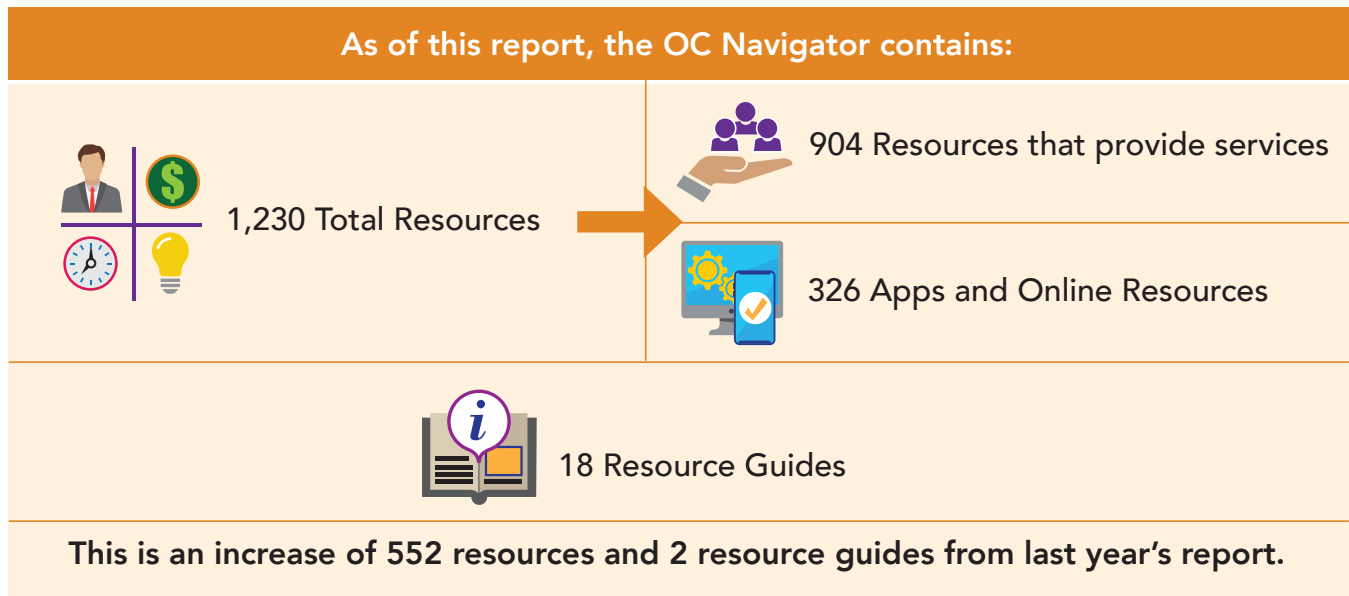
Figure 3.2.5. Governance of Resource Guides

Governance of Resource Guides

- **What changes can be made after publication?**
 - Authors have full authority over changes such as editing the layout, adding new resources to the existing topics, or reorganizing existing resources
 - For more substantial changes, such as changing the audience or adding a new resource topic, approval of changes would have to go through HCA's governance body
- **Who can edit a resource guide?**
 - In order to preserve the vision and message of the guide, only the original author can make changes to the guide
 - Other community partners can suggest edits or changes which must be reviewed and approved by the original author
- **When should a guide be updated?**
 - Upon author's request
 - Every 6 months: Review resource guide for accuracy of static elements and layout, approval or denial of suggested edits from other community partners, and addition or re-organizing of new resources

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.



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. This year, we have begun to implement a framework to create guides with greater impact which requires that the guide address a specific need in a specific population. We are in the process of updating existing resource guides with these principles in mind. **There are currently 18 guides in the OC Navigator and 4 in development with community partners.**

User Interface (UI) Improvements

This section describes new features, design, and functionality of all projects. New features are developed in partnership with OCHCA and community stakeholders. User research with community stakeholders is conducted frequently to gather a large amount of feedback from target populations such as mental health consumers. Requirements gathering is conducted with partners to ensure that new functionality would improve their experience and meet their needs. Designs are reviewed with stakeholders, and prototypes are created so stakeholders can test functionality in real time. Table 3.2.1 summarizes new features in the OC Navigator.

Table 3.2.1. OC Navigator New Features and Descriptions

New Features	Description
Orange County Health Care Agency (OCHCA) Entry Portal	A new dashboard was created for use by OCHCA staff to propose new resources and edit already published resource details.
App and Online Resources	A new page has been built to house educational websites, apps, videos and more. This includes the ability to filter digital resources by category, type, language, focus population, or topic. The database has also been expanded to include the necessary fields to display unique to these resources.
Updated primary navigation	The primary navigation displays in a lighter color and features user experience improvements to the language toggle and “Get Help Now” button. Categories are also listed in a sub-menu for easier filtering.
Updated category page	Development in progress. Each category page will show featured resources.
Updated resource detail page	Designs in progress. Each resource detail page will feature new informational fields, and more visibility of the location and contact information.

Category Page

OC Navigator will receive a significant refresh in the coming reporting period to improve the ways users find resources. Below are finalized designs of the primary menu and category page, as reviewed by community stakeholders and County partners. Figure 3.2.6 shows a draft concept of a redesign of the primary menu; the white top navigation bar is easier to read, and users can access categories from anywhere on the site without needing to return to the homepage.

Figure 3.2.6. Primary Menu

The primary menu at the top of each page is getting a refreshed look to reduce visual load on the user.

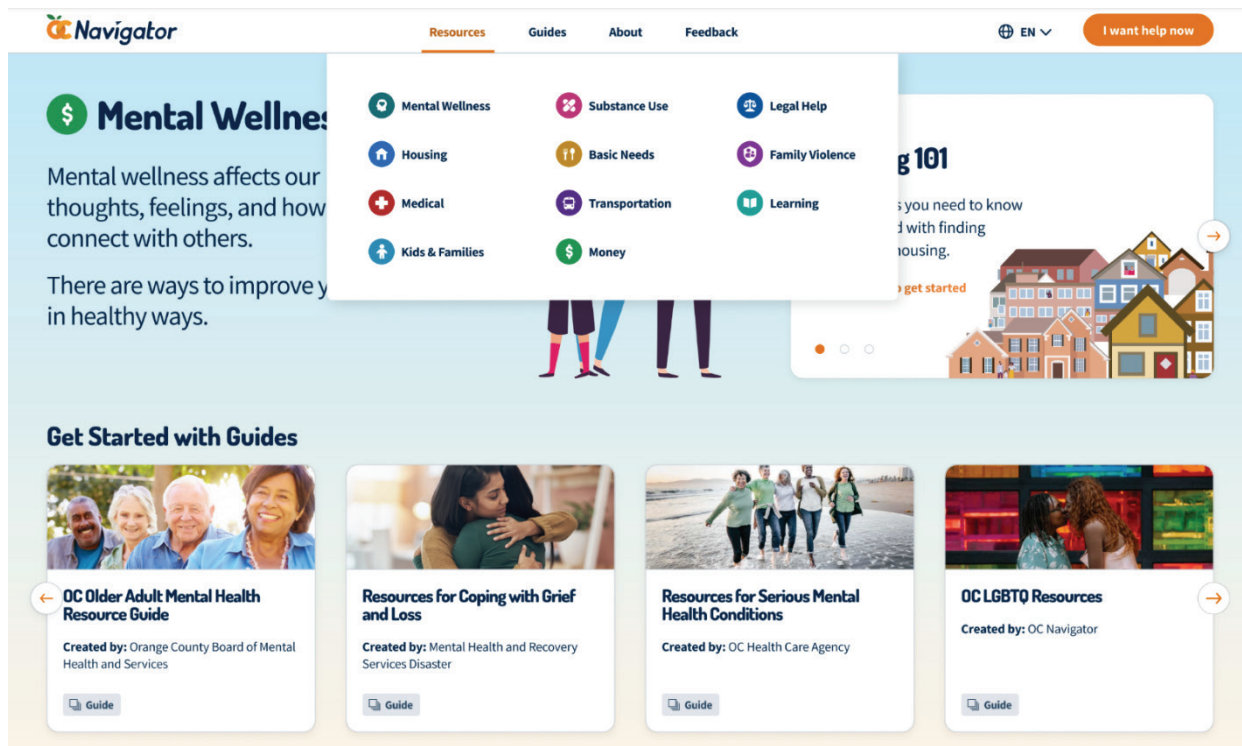


Figure 3.2.7. Services Filters on the Category Page

Find resources to help you

Services Online Resources

KEYWORD OR RESOURCE NAME

FOCUS POPULATION

- Child and Adolescent
- College and Graduate
- Families
- Infant, Toddler & Early Childhood
- LGBTQ+
- Men
- Older Adult
- Pre-K to 12
- Trans
- Transitional Age Youth
- Veteran
- Women

CITY

LANGUAGE SPOKEN

Westminister Social Support Services

The Santa Ana Housing Authority operates under federal grants received from the Department of Housing and can help...

Eligibility: Adults, Young Adults, Seniors, Veterans

Santa Ana 888-480-2700

Westminister Social Support Services

The Santa Ana Housing Authority operates under federal grants received from the Department of Housing and can help...

Eligibility: Adults, Young Adults, Seniors, Veterans

Santa Ana 888-480-2700

Westminister Social Support Services

The Santa Ana Housing Authority operates under federal grants received from the Department of Housing and can help...

Eligibility: Adults, Young Adults, Seniors, Veterans

Santa Ana 888-480-2700

Westminister Social Support Services

The Santa Ana Housing Authority operates under federal grants received from the Department of Housing and can help...

Eligibility: Adults, Young Adults, Seniors, Veterans

Santa Ana 888-480-2700

Westminister Social

Westminister Social

Figure 3.2.8. Online Resource Filters on the Category Page

Find resources to help you

Services Online Resources

KEYWORD OR RESOURCE NAME

RESOURCE TYPE

- App
- Article
- Toolkit
- Video
- Website

FOCUS POPULATION

LANGUAGE OFFERED

The Trevor Project Website and hotline

The Trevor Project provides crisis intervention and suicide prevention for LGBTQ young people.

Website

The Trevor Project Website and hotline

The Trevor Project provides crisis intervention and suicide prevention for LGBTQ young people.

Website

The Trevor Project Website and hotline

The Trevor Project provides crisis intervention and suicide prevention for LGBTQ young people.

Website

The Trevor Project Website and hotline

The Trevor Project provides crisis intervention and suicide prevention for LGBTQ young people.

Website

The Trevor Project Website and hotline

The Trevor Project provides crisis intervention and suicide prevention for LGBTQ young people.

Website

The Trevor Project Website and hotline

The Trevor Project provides crisis intervention and suicide prevention for LGBTQ young people.

Website

User Experience Improvements Based on Community Feedback

Community feedback resulted in four changes: (1) an updated language toggle, (2) an updated community graphic on the homepage to include more children and infants; (3) the renaming of the category for 'Getting Around' to 'Transportation' to be more representative of the resources listed in this category, and (4) the addition of two helplines to the 'I want help now' page.^E

Figure 3.2.9. Updated mobile language toggle

Monolingual community partners shared during user feedback sessions that they would like the language toggle on OC Navigator mobile easier to find. The language selector was moved to the top of the navigator bar rather than hidden in the hamburger menu.

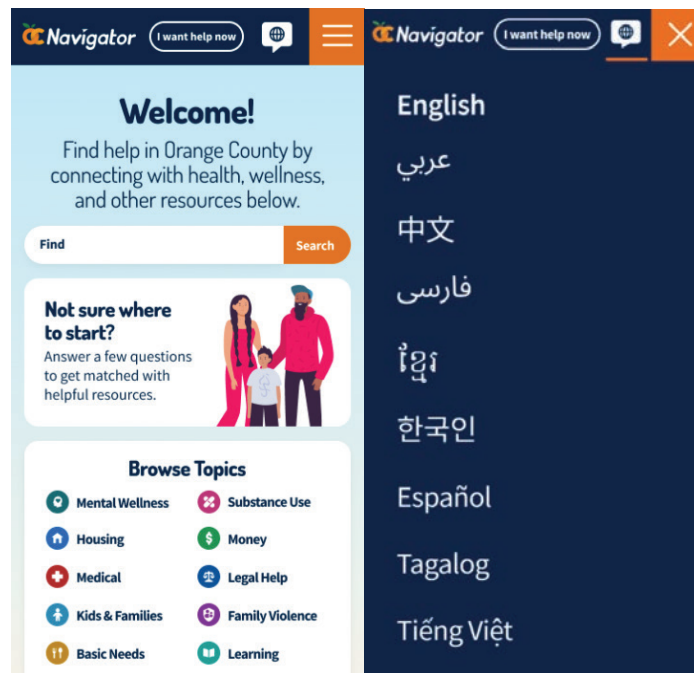


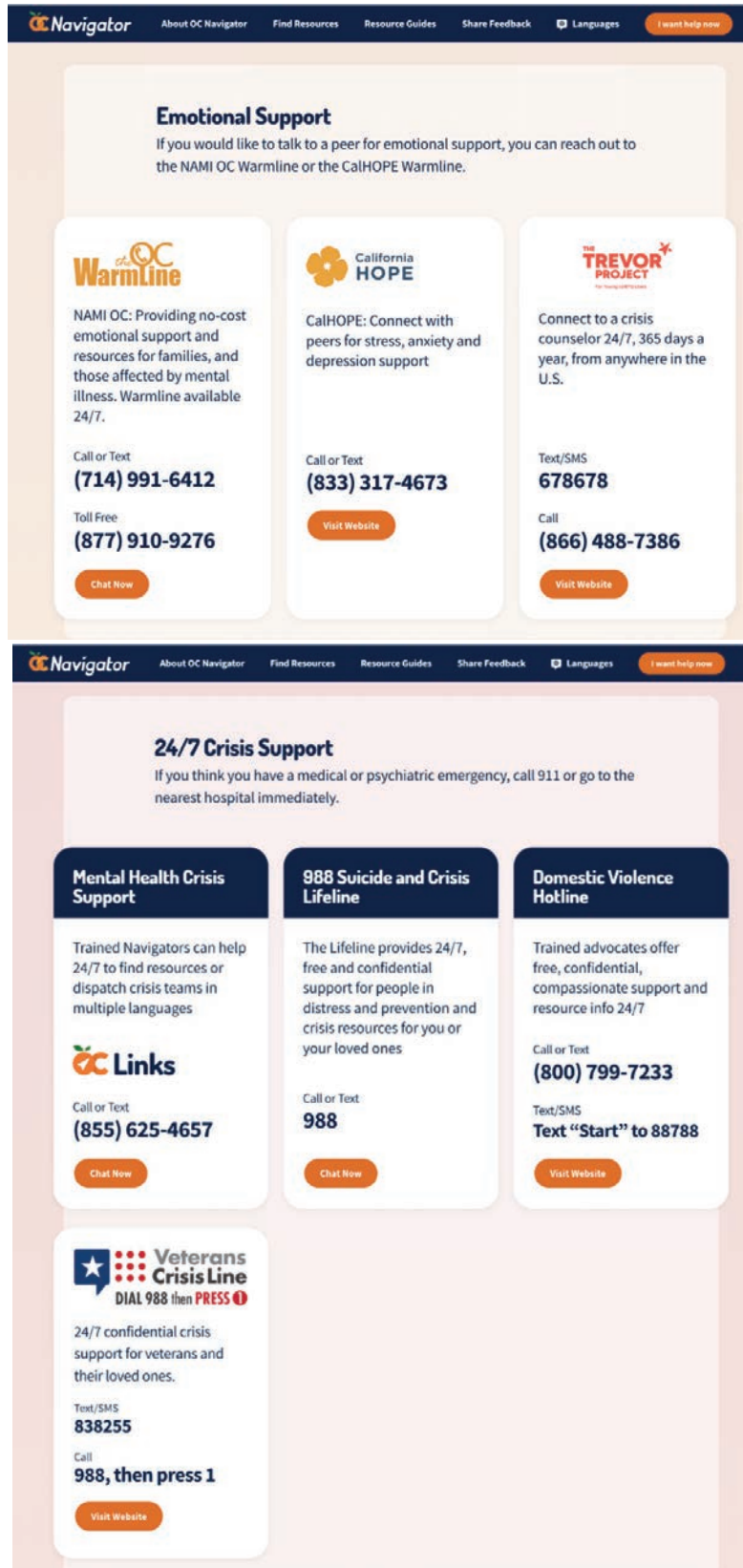
Figure 3.2.10. Updated Homepage Graphic

As a result of community feedback from Grupo VeLA, more children and infants were added to the homepage graphic representing the Orange County community.



Figure 3.2.11. Updated 'I want help now' page

The 'I want help now' page was updated with the Veterans Crisis line and the Trevor Project to provide additional support.



Apps and Online Resources

On May 7th, 2023, the new Apps and Online page was launched, featuring new ways to organize digital resources by focus population, digital resource type, and others (Figure 3.2.12). Improvements were made to the OC Navigator homepage as a result of community feedback and to highlight the new Apps and Online page (Figure 3.2.13).

Figure 3.2.12. Apps & Online page for digital resources

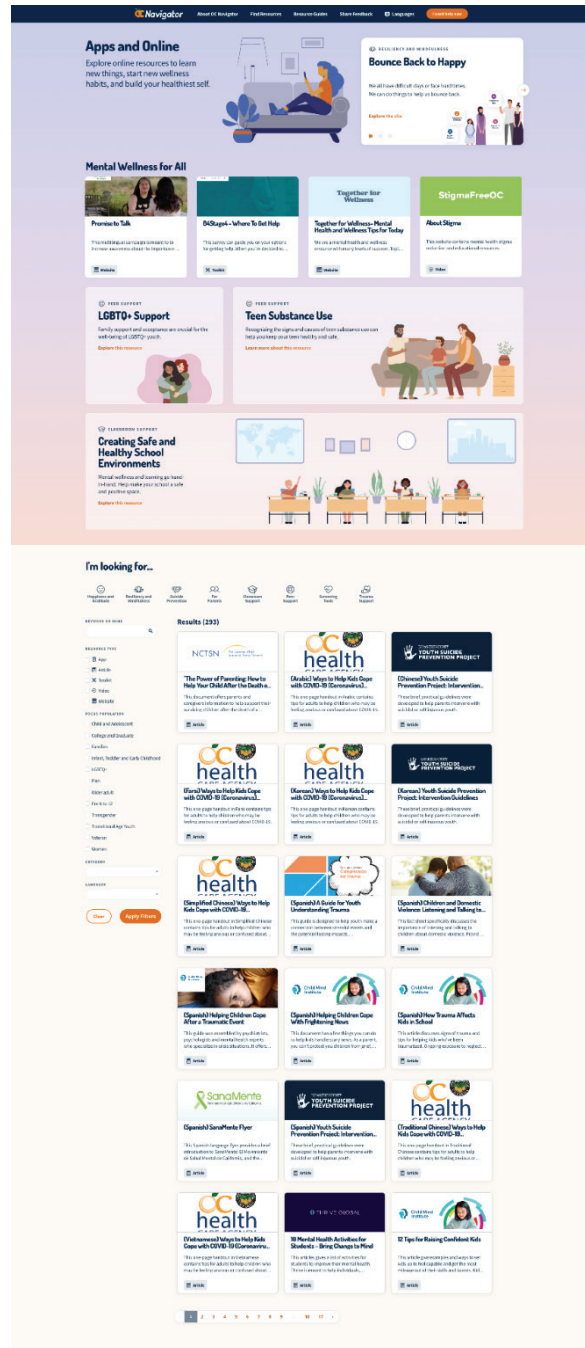


Figure 3.2.13. New homepage components to highlight the Apps & Online page and resources



Figure 3.2.14. The 'What's New' image slider features the Apps & Online page, the Bounce Back to Happy page, and a NAMI OC resource for families.

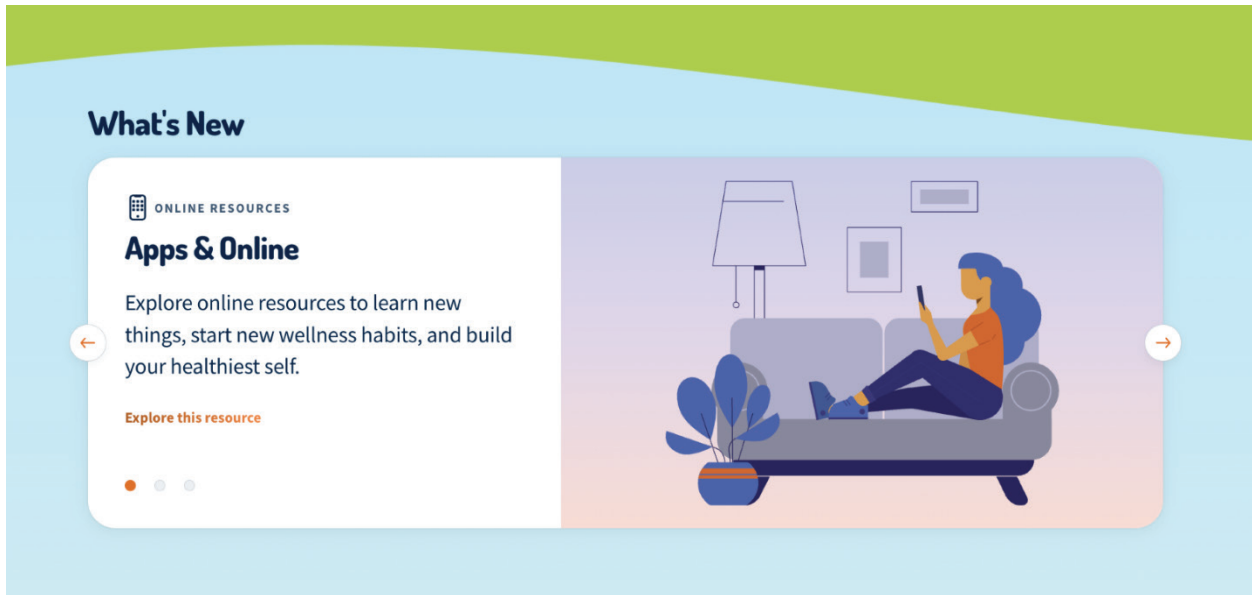
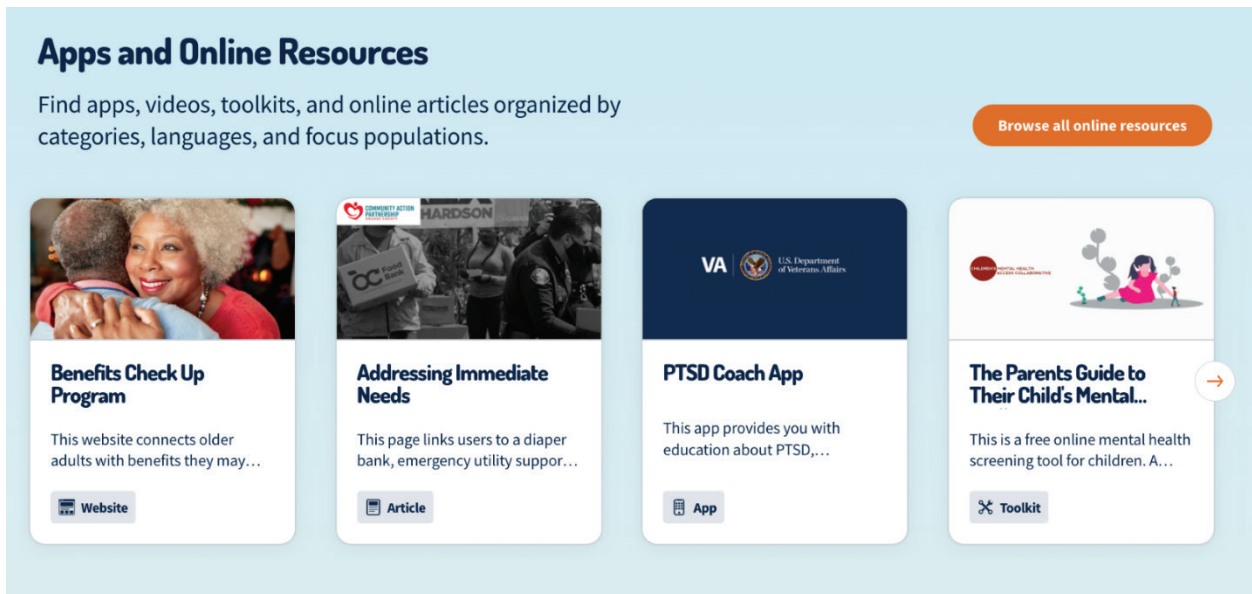


Figure 3.2.15. The resource card slider features resources on topics that community partners conveyed were important to Orange County residents.



OC Navigator Admin Dashboard

Based on feedback from HCA stakeholders, the Google Analytics and Data Studio integration on the OC Navigator Admin Dashboard was updated with additional metrics for the OC Navigator website, the Angels Campaign OC Navigator page, and the Ducks Campaign OC Navigator page. Metrics include total and active users over a range of time, page views, and event counts such as scrolls

or clicks. Notably, user engagement and campaign activity breakdown metrics were added. User engagement is a new metric for Google Analytics 4 that describes how engaged the user is on the site by tracking the amount of time the OC Navigator is in the foreground of the user’s device. This metric provides a more accurate picture of engagement than active sessions, the previous engagement metric in Google Analytics 3.

Additional campaign metrics were added to track new marketing activities for the Ducks campaign and general promotion by HCA to understand how many new users came from a specific event, such as scanning the QR code posted on a train platform ad. This new Data Studio report was embedded in the OC Navigator Admin dashboard (Figures 3.2.16-3.2.17).

Figure 3.2.16. Dashboard - Google Analytics Page 1

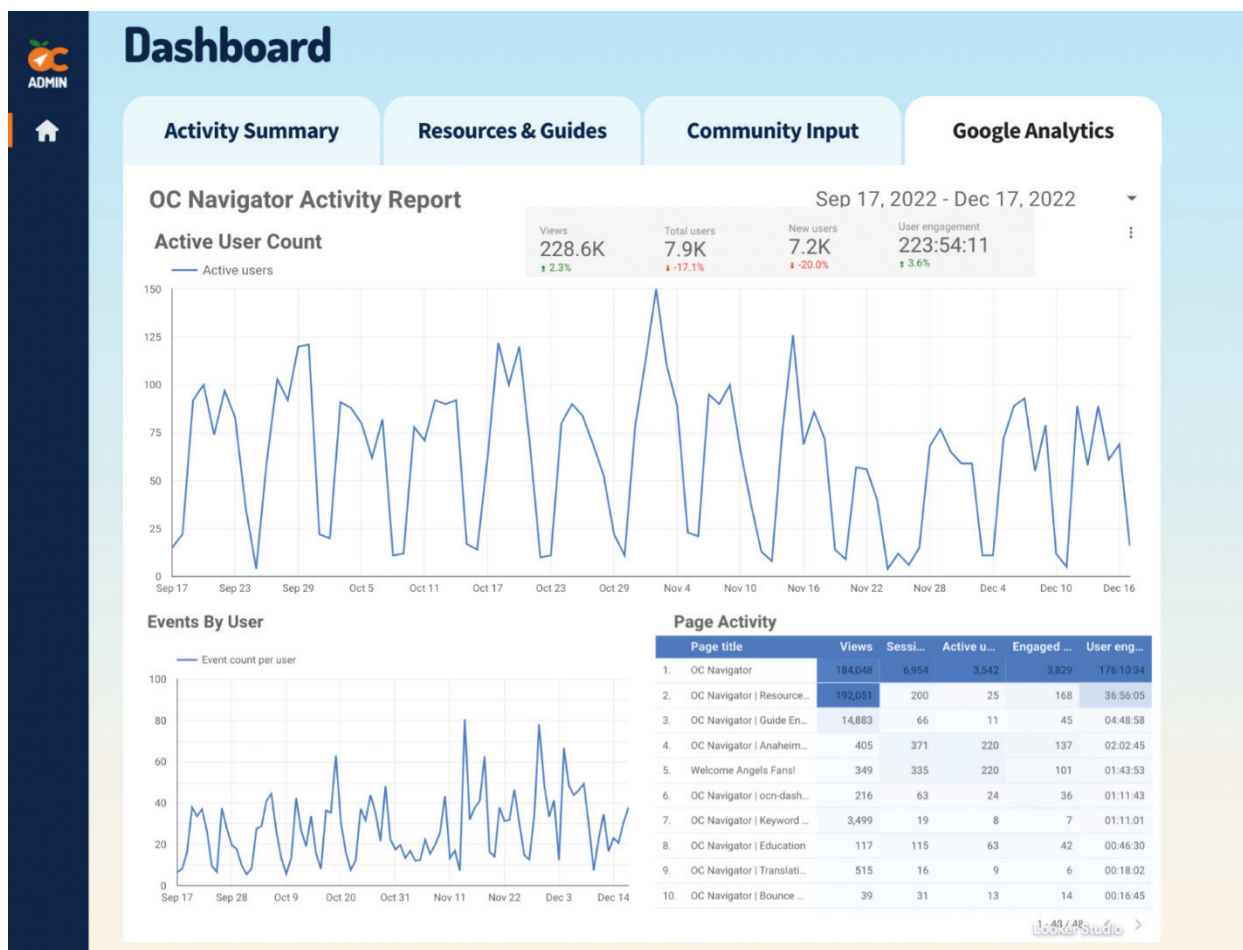


Figure 3.2.17. Dashboard - Google Analytics Page 2



LESSONS LEARNED

- As we have expanded the overall scope of our work with Orange County Health Care Agency (OCHCA), scope planning has become more intricate. To ensure successful scope planning and implementation, scope planning must begin earlier than past projects and involve a wider range of stakeholders to inform on policies, data, and compliance topics.
- We collaborate closely with OCHCA leads to determine who needs to be consulted in planning and at what stage in the process. Careful documentation and a communication plan are required to ensure alignment across our team and OCHCA.
- 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.

SPOTLIGHT:

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



Through the development work conducted for the OC Navigator, a need emerged to expand and support other programs. Using other sources of Mental Health Services Act (MHSA) funding, we are able to support the development of the following apps: (1) the OC Links/ Crisis Assessment Team (CAT) Dispatch App and their administrative dashboard, (2) the Outreach and Engagement (O&E) Dispatch and Referral App, (3) the O&E Universal Activity Form (UAF) Survey, (4) the Crisis Stabilization Unit (CSU) Live Bed Board App, (5) National Alliance on Mental Illness (NAMI) Warmline App, (6) the Crisis Residential Program Bed Board App, (7) the Prevention and Early Intervention Form, and (8) Referral and Linkages. As we support the transformation of the Mental Health and Recovery Services (MHRS) division, additional security & access improvements are put in place to support adoption, ease of use across the division, and security. This spotlight encompasses our efforts to build the eight interconnected modules.

Orange County Health Care Agency (OCHCA) Mental Health and Recovery Services (MHRS) Apps

Service area chiefs, supervisors, and members of the OCHCA Research and Data team 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. We closely collaborated with the OCHCA Research and Data team to ensure data was coded and captured consistently across all projects.

Table 1. Stakeholders for Mental Health and Recovery Services apps

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
Outreach & Engagement (O&E) Dispatch and Referral App	O&E Supervisors O&E Service Chiefs O&E Admin and Outreach Field Clinicians
O&E Universal Activity Form (UAF) Survey	HCA Mental Health Recovery Services (MHRS) Program Managers O&E Workers
Crisis Stabilization Unit (CSU) Bed Board	Adult and Older Adult Behavioral Health (AOABH) Program Managers CSU Intake Staff OC Sheriff's Department Mental Health Liaisons
OC Warmline	HCA Program Managers HCA Service Chiefs HCA Program Specialists OC Warmline staff

App Name	Key Stakeholder Roles
Crisis Residential Programs (CRP)	CRP Managers CRP Contract Monitors CRP Administrative Staff CRP Service Providers
Referrals & Linkages	MHRS Program Managers MHRS Service Providers MHRS Administrative Staff OC Cares Stakeholders OC Community Members
Prevention & Early Intervention (PEI) Form	HCA Program Managers HCA Data Analysts PEI Providers
Security & Access Improvements	HCA IT OC IT HCA Program Managers

OC Links and Crisis Assessment Team (CAT) Mobile Dispatch

Significant features have been added to support the collaborative and fast-paced environment of OC Links and CAT users as their workflows evolve. We continue to shadow clinicians in the office and field to understand necessary improvements and align with workflows we are exploring for other modules. Below, we summarize the most significant improvements to the system.

- **Case creation and client assignment improvements:** Creating a case while chatting with a client is now faster due to workflow improvements. The client assignment workflow has also been optimized to reduce the time a clinician spends assigning a client to a case in the middle of a call.
- **Merge client:** Duplicative client profiles were created as more clinicians from different teams entered the system and created cases. A merge client feature was added to the OC Links Admin Portal to easily merge client profiles and select fields that are most up to date.
- **CAT Dispatch workflow redesign:** The dispatch process was refreshed following a shadowing session with a field clinician where it became clear that clinicians access the inputs on a page at different points during an assessment. This redesign of the page layout allowed for a more efficient input.
- **Addition of the Public CSU Bed Board:** The Public CSU Bed Board was launched this reporting period, and it has been linked to the OC Links and CAT systems so clinicians can view bed availability among crisis stabilization units in real-time.
- **Staff Scheduling:** OC Links administrators can now schedule and publish shifts in the Admin Portal, which employees can view in OC Links. This feature is undergoing improvements to prepare for implementation for CAT Adult and Youth teams.

Outreach & Engagement (O&E) Dispatch and Referral

Due to new workflow requirements from the O&E Program, the O&E Admin App has been expanded and renamed to O&E Dispatch and Referral app. The expanded app will provide additional service and function including the ability to digitize the communication and collaboration among office and field workers; improve field worker dispatch efficiency; provide field workers with a mobile app for

client case and workflow continuity; and digitize outgoing client referrals and linkages to resources and service providers.

The O&E Dispatch and Referral app is in the participatory design phase. Biweekly meetings with the O&E team include O&E program managers, service chiefs, and data scientists. Our partnership continues to yield key insights that inform the design and user experience of the referral management system from OC Links down to the mobile experience for outreach workers in the field. The focus of the biweekly meetings have been co-developing designs, workflows, case statuses, and functions for the dispatch dashboard and client case life cycle, the referrals and linkages module, the dispatch field worker mobile case experience, and the client case detail page.

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. Participatory development with field workers and team leads have yielded UI improvements to support more accurate data collection such as survey archival and automatic tallying and display of demographic counts.

Crisis Stabilization Unit (CSU) Live Bed Board

We made significant improvements to the CSU Bed Board, specifically for the add and edit client workflows. Improvements were informed through multiple development sessions with staff from all CSU facilities to ensure a unified workflow.

In this reporting period, the CSU Public/Law Enforcement Bed Board was launched to provide visibility into bed availability for first responders. Leads from the Behavioral Health Bureau at Orange County Sheriff's Department were trained using a train-the-trainer model to train other officers. Law enforcement responding to mental health calls through Orange County can more easily understand bed availability at each crisis stabilization unit (CSU) to determine where to take clients. The link is public and can be accessed by any first responder. We are working with the Health Care Agency to understand how best to roll out to a larger audience.

OC Warmline

Version 1 of the OC Warmline client management system has been built; features include resource database and management, team management, and case management. Additional requirements for launch include RingCentral integration, migration of client profiles from iCarol to Chorus, and resource recommendations. Launch is planned for the fourth quarter of 2023.

Crisis Residential Programs (CRP) Bed Board

The CRP Bed Board has been developed with CRP Managers, service providers, and administrative staff. The objective of the app is provide real-time bed availability across 8 CRPs in Orange County as well as facilitate visibility and coordination of incoming client referrals, streamline and digitize program workflows through a single unified system, and facilitate coordination of client services across the care continuum in OC by digitizing outgoing client referrals and linkages to resources and services providers. The launch of the CRP Bed Board is forecasted for the fourth quarter of 2023.

Prevention & Early Intervention (PEI) Forms

The Prevention and Early Intervention (PEI) project is designed to enhance PEI services across 26 county-contracted providers. It digitizes the Participant Information Form (PIF) that county-contracted use as well as streamlines participant care stages, including referrals, enrollment, demographics,

care provision, and discharge, while assisting in managing referrals and linkages. The project aims to improve user and provider experience with efficient data entry and comprehensive demographics forms. Launch of the Prevention and Early Intervention project is set to occur by the end of September 2023.

Closed-Loop Referrals & Linkages

In partnering with a multidisciplinary group of Mental Health and Recovery Services (MHRS) stakeholders, direct service providers, administrative staff, and community members, we have learned there is a pressing need for a comprehensive referral management system in OC. In order to support OC in providing timely access to services and documenting client referrals and linkages outcomes throughout the Continuum of Care, a closed-loop referrals and linkages module has been co-developed with over 100 different stakeholders. Individual interviews over the course of 5 months informed the function and design of the carefully developed module, with the objective to align and support the diverse needs of service providers and clients throughout OC.

The Closed-Loop Referrals and Linkages module will provide users the ability to efficiently process incoming referrals, monitor outgoing referrals, and gain insights into their client's ability to connect with their service provider referral. This system provides the opportunity to bridge communication gaps among programs and providers, accommodate various program workflows in a unified method, and improve efficiency of the current referral coordination process of participating programs.

The results of a stakeholder interview analysis indicated the Crisis System would be the most strategically aligned entry point to begin digital client continuity in the OC Continuum of Care. Of the OC service delivery programs eligible to have a R&L module added to their workflow, the programs included in the Crisis System lie at the intersection of facilitating equitable care delivery to the largest number of clients, serving the largest number of service providers, and positioned to be ready for implementation in the shortest amount of time. With the intention of improving the service delivery experience for the largest number of clients and service providers in the shortest amount of time, the following Crisis Programs were identified to pilot the module first: Adult & Childrens CRP, Adult & Childrens CAT, CSU, O&E, and OC Links. The module will be rolled out in a phased approach among new and existing apps, beginning with the CRP Bed Board. Module implementation will then occur in the following order through the fourth quarter of 2023: CSU Bed Board, O&E Dispatch and Referral, CAT, and OC Links. Upon completion of the Crisis System R&L roll out, additional service delivery systems and programs will be eligible for the module integration as well.

Security and Access Improvements

The Single Sign-On (SSO) integration for Chorus offers Orange County staff and county-contractors secure and easy access to their applications via Azure AD with multi-factor authentication (MFA), overseen by the Orange County HCA IT team.

Additionally, the SSO project has opened up a significant opportunity to enhance user management capabilities. This empowers administrators with the ability to seamlessly deprovision and provision user accounts. This streamlined process ensures that staff accounts are efficiently managed, granting access when needed and revoking it when necessary. As a result, the overall user lifecycle is optimized, enhancing security and operational efficiency.

OVERVIEW

The Social Determinants of Health Survey, also known as the Wellness Check-In, is an optional tool located on the OC Navigator home page that offers a starting point for consumers who would like support in determining their needs and navigating to resources. This section focuses on the progress and lessons learned regarding the ongoing development and updates to the Wellness Check-In.^E



PROGRESS

A total of 839 Wellness Check-in submissions were completed from September 1, 2022 to September 1, 2023, an increase from 607 during the last reporting period. Training and community engagement activities during this reporting period resulted in an increase of submissions.



LESSONS LEARNED

Community feedback and user research will continue to be collected to inform additional improvements to the screener. No additional lessons learned were noted at this time.

OVERVIEW

The following section focuses on the progress and lessons learned as it relates to providing progress updates to Mental Health Services Oversight and Accountability Commission (MHSOAC).^E



PROGRESS



Chorus meets at least biweekly with the Innovations team to provide progress updates. Presentations are provided when requested to Orange County Health Care Agency leadership. Chorus also provides an annual report to MHSOAC, which is represented by this document. Chorus will continue to meet with and provide updates to MHSOAC as requested.




LESSONS LEARNED

Chorus will work with OC leadership to provide project progress and address other reporting needs when applicable. No additional lessons learned were noted at this time.

Evaluation of BHST Part Two:

OC Navigator



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

Evaluation Activities

The following evaluation activities were planned to occur in the past project period.



Key Informant Interviews: Two rounds of key informant interviews were conducted with community stakeholders, Chorus staff, and Orange County Health Care Agency staff to gather varied opinions of the facilitators, barriers, and recommendations associated with planning and implementation of the OC Navigator.



Focus Groups: Focus groups were planned to occur with stakeholders involved in the planning of the OC Navigator to gain their perspectives on their experience with the community engagement process and user experience with the OC Navigator. Due to the project being less in a design/development phase and more in a promotion/adoption phase, focus groups did not occur.



Quarterly Review of Milestones: Quarterly project activities were evaluated in relation to community engagement principles through document review and questionnaires.



Engagement Surveys: Bi-monthly general workgroup surveys, ad hoc Spanish workgroup surveys, and an annual community engagement survey were conducted with those individuals that participated in OC Navigator activities to evaluate Chorus' use of Community-Partnered Participatory Research (CPPR) principles throughout engagement.



Training Surveys: Surveys were conducted with OC Navigator training and information session participants to gain an understanding of Chorus' use of Community-Partnered Participatory Research principles as well as the likelihood of using or recommending the OC Navigator.

Key Informant Interviews

KEY POINTS

- Two rounds of semi-structured key informant interviews were conducted this project period. One round, reported below, was conducted with 24 individuals about the OC Navigator. The other round of interviews was conducted with 20 individuals about the OC Navigator. This round is currently being analyzed and will be reported on in the BHST Final Report.
- Barriers, facilitators, and recommendations were pulled from the transcripts to guide future project efforts.
- Continued community partnership with diverse individuals, organizations, and populations is key for successful and representative development of the OC Navigator.
- Identifying additional funding streams for the development of the OC Navigator is integral for sustainability.

OVERVIEW

The BHST evaluation team conducted two rounds of key informant interviews within this project period (Jan-March 2023 and May-Aug 2023). We report on the second round (Jan-March 2023) of key informant interviews below. The third round (May-Aug 2023) is currently being analyzed and will be discussed in future reports.

Step 1 – The BHST evaluation team reviewed and adapted the interview guide used for Round 1 (May-July 2022)⁷ as needed for clarification purposes. Additional questions were added based on project progress/activities that occurred since the last interview.

Step 2 – Interviews (N = 24) were conducted with 10 Chorus staff, 4 community stakeholders, and 10 Orange County Health Care Agency staff.

Step 3 – The BHST evaluation team updated the codebook used for Round 1 based on the Consolidated Framework for Implementation Research (CFIR) and the interview guides to determine themes from the interviews. Additional codes were added as needed from the 2022 updated CFIR constructs.

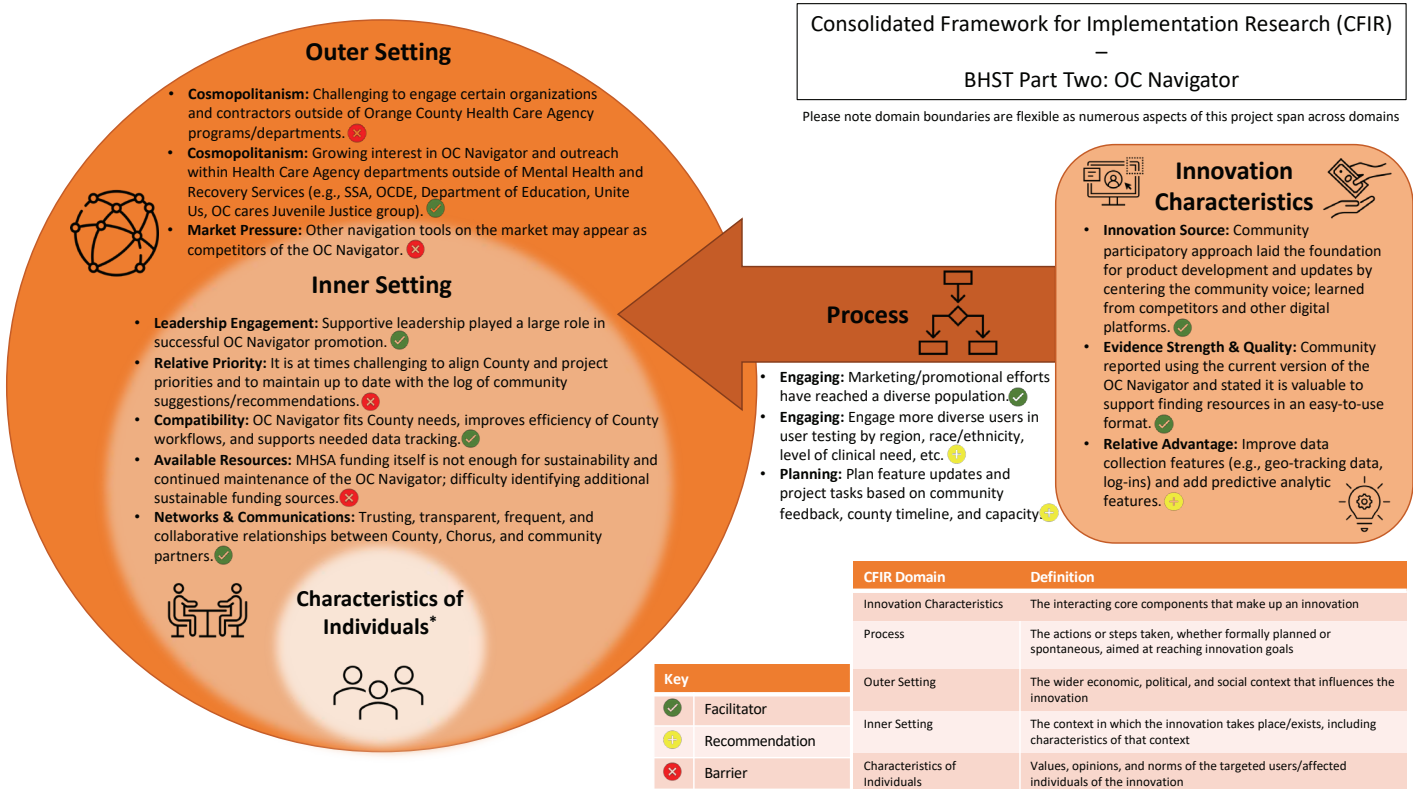
Step 4 – The BHST evaluation team conducted qualitative analyses using ATLAS.ti to identify facilitators, barriers, and recommendations associated with this stage of the planning and implementation of the OC Navigator.

Step 5 – The BHST evaluation team assessed changes in themes between Round 1 key informant interviews and Round 2 key informant interviews.

⁷ For more information on the results of Round 1 Key Informant Interviews, please see the October 01, 2021 – September 30, 2022 MHS Innovation Report for the BHST Innovation Project: https://www.ocohealthinfo.com/sites/healthcare/files/2022-12/BHST_INN_Project_Annual%20Report_2022.pdf

Key Informant Interview Findings

Figure 4.1. Key Themes from BHST Part Two: OC Navigator



Learnings from Key Informant Interviews

- **Understanding and learning from the market and competitors can improve the OC Navigator.** Other navigation tools on the market may be seen as a competitor to the OC Navigator. Additionally, organizations and consumers who already used other digital behavioral health navigation tools may be resistant to switching to use of the OC Navigator. However, lessons learned from competitors and other existing digital platforms for resource navigation were an important innovation source to improve the OC Navigator platform.
- **The OC Navigator has a lot of potential to meet the needs of consumers and providers.** Compared to other platforms, the OC Navigator is perceived to be user friendly and improved the efficiency of coordinating behavioral health services and making referrals. Community members reported their use of the OC Navigator and found the OC Navigator valuable and useful for easily finding needed behavioral health resources. Consumers recommended data collection and data analytic updates to be made, including creating logins, collecting geo-tracking data, and adding predictive analytic features on the platform.
- **Community partnership is key to the development of the OC Navigator.** The Community participatory approach is a key innovation source. Community input and feedback informed the development, improvement, and updates of the OC Navigator. Involving community feedback is essential to different stages of the project including but not limited to planning and prioritizing feature updates and project tasks. Thus, having staff who value community input and have expertise with community engagement facilitated the process of improving the OC Navigator.
- **Diverse education and outreach are integral to raising awareness of the OC Navigator.** Successful marketing efforts and outreach to core groups in the community, such as the veteran population, enhanced the reach of the OC Navigator. However, there is a continued need to spread the breadth of engagement to focus on more hard-to-reach and underserved communities, such as Asian American and Pacific Islander (AAPI) populations, individuals with visual impairments, and the deaf and hard of hearing community. Continued outreach to external agencies (e.g., SSA, OCDE, Department of Education, Unite Us, OC cares Juvenile Justice group) may help reach underserved populations and can facilitate raising OC Navigator awareness.
- **Strong and open communication is vital to project success.** Trusting, transparent, and collaborative relationships among County, Chorus, and community partners facilitated strong and open communication. Having regular and organized meetings with clear agenda and notes helped align project vision and community expectations. The collaborative approach allowed stakeholders from different sectors and with different expertise share unique perspectives and problem solve together.
- **Identifying additional funding resources is necessary to maintain feature and content updates.** Mental Health Services Act (MHSA) funding itself may not be enough to support updates and sustainability of the OC Navigator needed in the future. Identifying sustainable funding sources to support the updates and maintenance of OC Navigator can be challenging.
- **As COVID-19 indoor meeting/gathering requirements lessened throughout this reporting period, more in-person engagement with Community-Based Organizations, community members, and providers was able to occur than during last reporting period.** In the last report, individuals reported that COVID-19 affected project implementation processes. relationship building, and disrupted community engagement plans. As in-person meetings and engagement formats became more readily available this reporting period, staff members and leadership reported more successful engagement and marketing efforts, such as engaging the

Veteran community, conducting in-person trainings/information sessions, and attending in-person resource fairs throughout the Orange County community.

- **Marketing pressure can act as a barrier and a facilitator to OC Navigator progress.** In the last reporting period, there was uncertainty in the community about the redundancy of the OC Navigator as a digital behavioral health resource navigation tool. Despite the market pressure from competitors, staff members were able to learn many lessons from the competitor platforms and consumers' experiences with those platforms. Examining what the competitors are doing well and not doing well was a helpful innovation source used to update the OC Navigator to better meet the needs of the community

Focus Groups

Evaluation of BHST Part Two: OC Navigator

The original evaluation proposal planned to conduct focus groups with OC Navigator users (e.g., community members, providers, and clinicians). However, during this reporting period, the project was no longer in a developmental stage in which stakeholders were engaged in product design. Instead, efforts were more focused on promotion of the OC Navigator. Chorus, the BHST evaluation team, and the MHSa Innovations team decided that focus groups would not offer conducive feedback during this project stage. Instead, the teams determined that evaluation efforts focused on activities occurring in the current phase of the project would be more useful.

Quarterly Review of Milestones

Evaluation of BHST Part Two: OC Navigator

KEY POINTS

- The BHST evaluation team evaluated the use of Community-Partnered Participatory Research constructs throughout the identified community engagement activities conducted by Chorus this past reporting period: trainings, virtual community presentations, in-person outreach events, English workgroups, Spanish workgroups, marketing and promotion, co-chair meetings, subject matter expert (SME) meetings, and user feedback sessions.
- The most common Community-Partnered Participatory Research constructs used by Chorus during this reporting period were two-way knowledge exchange, respect, and transparency.
- The community engagement activities that incorporated the most Community-Partnered Participatory Research constructs were English workgroups, Spanish workgroups, and community co-chair meetings.

OVERVIEW

This section describes the BHST evaluation team's review of Chorus' quarterly project milestones. The BHST evaluation team conducted document review and a group survey discussion with Chorus and MHSA Innovations staff to determine how identified Community-Partnered Participatory Research (CPPR) constructs were used throughout OC Navigator community engagement activities.

QUARTERLY REVIEW OF MILESTONE FINDINGS

Chorus submitted three quarterly reports to MHSA Innovations summarizing the activities and deliverables achieved during this reporting period. The BHST evaluation team reviewed the documents to extract community engagement activities and input the information into a survey template. During this reporting period, three deliverable documents were reviewed, and three survey discussions were completed with MHSA Innovations and Chorus staff.

The below activities were extracted from three separate reports:

- *Installment 7 Deliverable Report (October 1, 2022-December 31, 2022)*
- *Installment 8 Deliverable Report (January 1, 2023 – March 31, 2023)*
- *Installment 9 Deliverable Report (April 1, 2023 – June 30, 2023)*

Table 4.1. Community engagement activities, definitions, and examples by quarter (A full table of activities can be found in Appendix D).

Type of Activities	Definition	Example (Oct 2022- Dec 2022)	Example (Jan 2023- Mar 2023)	Example (Apr 2023- Jun 2023)
Trainings	Trainings for consumers, family members, and providers on how to use the OC Navigator to meet their needs	<ul style="list-style-type: none"> • 8 virtual trainings • 2 in-person trainings 	<ul style="list-style-type: none"> • 8 virtual trainings • 4 in-person trainings 	<ul style="list-style-type: none"> • 8 virtual trainings • 2 in-person trainings
Virtual Community Presentations	Informational online sessions to introduce people to the OC Navigator	<ul style="list-style-type: none"> • 5 virtual community presentations 	<ul style="list-style-type: none"> • 9 virtual community presentations 	<ul style="list-style-type: none"> • 10 virtual community presentations
In-Person Outreach Events	Engaging with individuals out in the community to introduce them to the OC Navigator	<ul style="list-style-type: none"> • 3 in-person outreach events 	<ul style="list-style-type: none"> • 5 in-person outreach events 	<ul style="list-style-type: none"> • 4 in-person outreach events
English Workgroups	Workgroup meetings with project stakeholders and/or stakeholder meetings with specific groups	<ul style="list-style-type: none"> • 1 workgroup with the project's main stakeholder group • 2 workgroups with Be Well Prenatal to Age Five group 	<ul style="list-style-type: none"> • 1 workgroup with the project's main stakeholder group • 3 workgroups with the Be Well Prenatal to Age Five workgroup 	<ul style="list-style-type: none"> • 2 workgroups with the project's main stakeholder group • 3 workgroups with service providers from HCA and the Regional Center of OC
Spanish Workgroups	Monthly workgroup meetings with Spanish stakeholders	<ul style="list-style-type: none"> • 3 workgroups with Grupo VeLA 	<ul style="list-style-type: none"> • 1 workgroup with Grupo VeLA 	<ul style="list-style-type: none"> • 2 workgroups with Grupo VeLA
Marketing and Promotion	Community outreach through advertising	<ul style="list-style-type: none"> • Bounce Back page for general promotion of digital resources • Ducks Stadium campaign 	<ul style="list-style-type: none"> • Ducks campaign • Angels campaign • Community events • Resource fairs • Swag items, etc. 	<ul style="list-style-type: none"> • New Angels landing page to enter to win free Angels tickets • Gratitude page
Co-Chair Meetings	Meetings with the community co-chairs who are community stakeholders comprising an advisory council	<ul style="list-style-type: none"> • 2-3x per month meetings with Chorus 	<ul style="list-style-type: none"> • Weekly meetings with Chorus 	<ul style="list-style-type: none"> • Bi-weekly meetings with Chorus
Subject Matter Expert (SME) Meetings	Meetings with experts in areas to identify resources, functions, product enhancements, or dissemination of the OC Navigator	<ul style="list-style-type: none"> • 8 SME Interviews 	<ul style="list-style-type: none"> • 5 SME Interviews • 2 meetings 	<ul style="list-style-type: none"> • 4 SME interviews
User Feedback Sessions	Meeting designed for consumers and community stakeholders to provide feedback on their experience using the OC Navigator	<ul style="list-style-type: none"> • Monolingual community partners sharing input on language toggle • Wellness Centers to understand community members' experience with the training and using OC Navigator 	<ul style="list-style-type: none"> • 4 user feedback sessions to obtain feedback from stakeholders on site features and to inform improvements 	<ul style="list-style-type: none"> • 2 user feedback sessions to obtain feedback from stakeholders on site features and inform improvements

These activities were input into a survey that asked respondents to indicate which of the five core engagement concepts, noted below, were represented in each set of activities.



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 their experience, including lived experience or formal education, all make equal contributions to the project.

The survey was conducted by a BHST evaluation team member with Chorus staff and MHSA Innovations staff after each quarter.












































Table 4.2. Summary of quarterly review of milestone questionnaires

Quarter Evaluated	MHSA Innovations Staff (N)	Chorus Staff (N)
October-December 2022	2	4
January-March 2023	3	4
April-June 2023	3	3

The survey discussion lasted approximately 60 minutes and involved asking participants to identify which engagement concepts were used in each community engagement activity and how they were used. Findings show how engagement concepts were used differently across the project, which concepts were the most used, and why.

Table 4.3. Frequency of core engagement concepts across the nine identified activity categories by reporting period

Type of Activity	Quarter	Engagement Concepts Used				
		Transparency	Respect	Power Sharing	Co-Leadership	Two-Way Knowledge Exchange
Trainings	Oct-Dec 2022			-	-	
	Jan-Mar 2023			-	-	
	Apr-Jun 2023			-	-	
Virtual Community Presentations	Oct-Dec 2022	-				
	Jan-Mar 2023				-	
	Apr-Jun 2023	-				
In-Person Outreach Events	Oct-Dec 2022			-	-	
	Jan-Mar 2023			-	-	
	Apr-Jun 2023			-		
English Work groups	Oct-Dec 2022					
	Jan-Mar 2023					
	Apr-Jun 2023					
Spanish Work groups	Oct-Dec 2022					
	Jan-Mar 2023					
	Apr-Jun 2023					

Marketing and Promotion	Oct-Dec 2022		-			
	Jan-Mar 2023	-	-	-		-
	Apr-Jun 2023	-	-	-	-	-
Co-Chair Meetings	Oct-Dec 2022					
	Jan-Mar 2023					
	Apr-Jun 2023					
Subject Matter Expert (SME) Meetings	Oct-Dec 2022					
	Jan-Mar 2023			-	-	
	Apr-Jun 2023					
User Feedback Sessions	Oct-Dec 2022	-			-	
	Jan-Mar 2023			-	-	
	Apr-Jun 2023					
Sub Total						
	Oct-Dec 2022	7	8	7	6	9
	Jan-Mar 2023	8	8	4	4	8
	Apr-Jun 2023	7	8	6	7	8
	Total	22	24	17	17	25
	(% of all activities)	(81.5%)	(88.9%)	(63.0%)	(63.0%)	(92.6%)

Two-way knowledge exchange (92.6% of activities), respect (88.9% of activities), and transparency (81.5% of activities) were the most used community engagement constructs across all three quarters. Power sharing and co-leadership were the least used community engagement constructs across the quarters.

Chorus staff noted that it was difficult to power share with individuals during community engagement activities due to the nature of the project. Orange County Health Care Agency (OCHCA) had the final say on decisions, and OCHCA staff were not always present at community engagement activities to offer insight into the broader opinions and perspectives of the county. Additionally, Chorus noted that co-leadership decreased in some areas due to the stage of the project. At the current stage, community stakeholders were not as involved in the decision-making. For instance, previously, community stakeholders assisted in design creation for marketing and promotion materials. However, at this stage, design decisions were not as readily needed and decisions were rather based on aligning with specific marketing and promotion criteria set forth by the county and the vendors (e.g., Angels and Ducks).

The community engagement activities that incorporated the most Community-Partnered Participatory Research (CPPR) constructs were English workgroups, Spanish workgroups, and community co-chair meetings.

Examples of core engagement concepts across the nine identified activity categories.⁸



Transparency

- Chorus shared the capabilities that Chorus had in meeting community requests.
- During Families and Communities Together (FaCT) OC training, Chorus received questions about how up to date resources were, how they were listed, and how intentional Chorus was with the resources. Chorus discussed the process for updating information, how the community can be a part of the process, and limitations of the website. Chorus was clear to inform the group that there was not yet a formal process for referral and linkages, differences in what can be saved, what is in development, capacity for the website, timeline, and more.



Respect

- Chorus moderated a discussion of how numerous different resource directories that are used across different organizations can co-exist moving forward.
- Chorus prioritized different communities during outreach and ensured respect for their community when in their spaces. Chorus recognized that they weren't part of specific communities and were cognizant of this fact when they entered the spaces. They tried to continue developing relationships after participating in events instead of cutting off communication after events.
- In workgroups, respect came through the facilitation. The workgroup participants came with many different perspectives, opinions, and passions. Facilitators navigated participants' feedback to reduce scope, navigate negotiations, and validate experiences to create an environment for everyone to share their experience and expertise freely.
- Chorus acknowledged that some faith-based organizations had difficulty engaging because of misalignment in priorities (e.g., between different populations and organization priorities). Chorus came to the table with the understanding that there may not be agreement all the time, but focused on areas that they could help and support one another.

⁸ It is important to note that as the project progressed and the Chorus team expanded, interpretation of each construct broadened based on the team's experiences.

Power Sharing

- Chorus reached individuals who were historically not part of decision-making (ex. Social Services Agency Senior Center Directors were pleased that they and older adult clients were invited to share their experiences and contribute to the project).
- During initial stages meeting with the Spanish workgroup, Grupo VeLA shared what they thought was most important to get out of the OC Navigator for their community and suggested/ supported the creation of numerous materials to aid the OC Navigator with a Latinx lens.
- Before conducting trainings, Chorus collaborated with the presentation group to determine the best way to present the information and worked with them to make decisions regarding presentation content and features. Chorus customized the training for each group instead of using a standardized presentation for all groups.
- Historically, more providers than community members were included in the project, but the community co-chairs have offered the opportunity to share a diverse community member experience (including offering perspective from diverse identities and lived experience).

Co-Leadership

- Chorus recognized that everyone who attended the workgroups were informal leaders. When participants offered feedback, Chorus tried to address it and act on it because the participants represented their community's voice. Chorus used community engagement activities to build up leadership from people who weren't normally part of the conversation.
- Throughout the creation of materials, such as a how-to guide and resource guides, community partners were involved in every step of the process. They helped guide and approve decisions regarding the work.
- Chorus met with one member of Grupo VeLA to plan the Spanish workgroup. They leaned on the member's expertise and are currently working on rotating the role of the co-leader for Spanish workgroups so anyone interested and available can fulfill the role.

Two-Way Knowledge Exchange

- Chorus shared their expertise regarding the OC Navigator with the community while the community shared what works and does not work for them (e.g., A school-based clinic individual shared gaps in resources and locations of resources with Chorus, suggested search terms and how their consumers would search for resources. This is a viewpoint that Chorus staff did not previously have).
- During a presentation at the Islamic Center, an individual felt comfortable sharing that a Farsi translation was incorrect and how it was mistranslated. The team corrected the translation promptly.
- During resource guide creation, Chorus offered expertise regarding the creation and formatting of the guide while the organizations shared expertise of the content (e.g., Be Well Prenatal to Five offered expertise in perinatal resources and practices as well as appropriate language to be included in the guide).
- During the Santa Ana resource fair, Chorus conducted an activity about what resources would improve individuals' quality of life. This helped Chorus learn directly from consumers and gave Chorus the opportunity to share how the OC Navigator could be useful to them. The consumers also educated Chorus on additional resources that were available for their community.

LEARNINGS FROM QUARTERLY REVIEW OF MILESTONES

- **Interpretation of the Community-Partnered Participatory Research (CPPR) principles expanded across the project.** For example, Chorus team members more broadly interpreted transparency to include open and honest communication of project activities and team capacity.
- **Incorporation of Community-Partnered Participatory Research (CPPR) principles varied by engagement activity.** Activities that offered more room for collaboration (e.g., workgroups, co-chair meetings, subject matter expert meetings) allowed more opportunities to fully engage with the Orange County community and therefore fostered an environment to utilize more Community-Partnered Participatory Research concepts. Presentations and trainings, however, did not allow for as much dialogue between Chorus and participants and therefore did not foster as much opportunity to engage with as many community engagement elements.
- **Incorporation of Community-Partnered Participatory Research (CPPR) principles varied by project stage.** As the BHST project proceeded, Chorus created a larger breadth and depth of relationships with new and old community partners/members. These relationships led to continued and strengthened collaboration/use of community engagement elements. However, as the OC Navigator project moved from the development stage to the adoption stage, there were less opportunities to engage the community in making decisions related to product design and therefore less community engagement principles were at times used.

Engagement Surveys

KEY POINTS

- The BHST evaluation team conducted an optional survey for Spanish workgroup and English workgroup participants at the end of each meeting to understand stakeholders' perceptions of the collaboration, OC Navigator product, and OC Navigator Team. The workgroup surveys were supplemented by an annual stakeholder survey.
- Workgroups offered an opportunity for more in-depth engagement with community members in order to help uplift community voices.
- Challenges to engagement with the OC Navigator project and OC Navigator product included workload capacity, time constraints, and lack of resources for the Asian community.
- Respondents offered numerous suggestions for continued improvement of the OC Navigator, such as new features, increased engagement of diverse communities, and updates to engagement structure.

OVERVIEW

Two surveys were created to determine the extent to which the OC Navigator team and the OC Navigator product incorporated Community-Partnered Participatory Research (CPPR) approaches to engagement:

- **Workgroup Survey:** BHST evaluation team members distributed an anonymous online survey via a REDCap link at the end of each workgroup. The aim of the survey was to evaluate participants' experience with that specific meeting.
- **Annual Survey:** An online REDCap survey was distributed to all individuals who participated in the OC Navigator in any capacity (e.g., workgroups, interviews, trainings, presentations, etc.). The aim of the survey was to assess stakeholders' experience participating in OC Navigator project activities as well as to offer insight into the OC Navigator product.

The survey questions were adapted from Goodman et al.'s (2007) measures of community engagement to map on to the Community-Partnered Participatory Research (CPPR) constructs established by the BHST Part Two's project onset in Chorus' Deliverable 1 report.

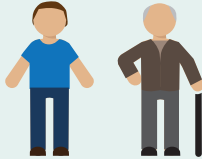
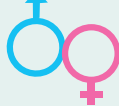



This section includes the results from 64 stakeholders who completed a workgroup survey and 37 stakeholders who completed the annual survey.⁹

⁹ Data collection for workgroup surveys is preliminary as collection is ongoing.

Demographics

In order to ensure participant confidentiality, groups with small response rates have been combined. Detailed data was shared with Orange County Health Care Agency.

Table 4.4. Demographics of respondents from the workgroup survey and annual survey.

Workgroup Survey (N 47) ¹⁰		Annual Survey (N 37)
12.8% aged 18-25 years old ¹¹ 12.8% aged 26-32 years old 12.8% aged 33-38 years old 25.5% aged 39-44 years old 12.8% aged 45-59 years old 12.8% aged 60+ years old 10.6% Prefer not to answer	Age 	18.9% aged 18-32 years old 13.5% aged 33-38 years old 24.3% aged 39-44 years old 29.7% aged 45-59 years old 13.5% aged 60+ years old
19.1% Man / Male 78.7% Woman / Female 2.1% Other / Prefer not to answer	Gender¹² 	22.9% Man / Male 68.6% Woman / Female 8.6% Other / Prefer not to answer
57.4% Hispanic / Latino ¹³ 12.8% White / Caucasian 19.2% Other (includes African/African American/ Black, American Indian or Alaska Native, Asian, Middle Eastern or North African)	Race^{14, 15} 	48.6% Hispanic / Latino(e)(x) 17.1% White / Caucasian 28.5% Other (includes Black or African American, American Indian or Alaska Native, Asian, Middle Eastern or North African) 5.7% Prefer not to answer
76.6% Heterosexual or Straight 23.4% Other (includes Bisexual, Gay/Lesbian, Queer) / Prefer not to answer	Sexual Orientation¹⁶ 	77.1% Heterosexual or Straight 22.9% Other (includes Bisexual, Gay/Lesbian, Queer) / Prefer not to answer
34.0% English ¹⁷ 48.9% Spanish 14.9% Other (includes Arabic, Farsi, Vietnamese) / Prefer not to answer	Primary Language Used at Home¹⁸ 	62.9% English 22.9% Spanish 14.3% Other (includes Arabic, Farsi, Mandarin Chinese, Tamil) / Prefer not to answer

¹⁰ 17 workgroup respondents did not complete the demographic portion of the survey.

¹¹ Age statistically differed between Spanish and English workgroup participants. Spanish workgroup respondents were slightly younger than English workgroup respondents.

¹² Two Annual Survey respondents did not respond to the question on gender.

¹³ Reported race significantly differed between the English and Spanish Workgroup. 87.1% of participants in the Spanish workgroup reported being Hispanic/Latino while 0% of participants in the English workgroup reported being Hispanic/Latino.

¹⁴ Two Annual Survey respondents did not respond to the question about race.

¹⁵ Response options for race were updated according to new standards set at Orange County Health Care Agency and therefore vary slightly from the response options for the workgroups.

¹⁶ Three Annual Survey respondents did not respond to the question about sexual orientation.

¹⁷ Primary language spoken at home significantly differed between English and Spanish workgroups. Spanish workgroup participants' primary language at home was Spanish (74.2%) while English workgroup participants' primary language spoken at home was English (62.5%).

¹⁸ Two Annual Survey respondents did not answer the question about Primary Language Spoken at Home.

Stakeholders were asked to choose all options that represented how they would describe themselves/ their affiliations. The top three self-reported results can be seen below.

Table 4.5. Top three affiliations selected by workgroup and annual survey respondents.¹⁹

English Workgroup Survey (N=16) ²⁰	Spanish Workgroup Survey (N=31) ²¹	Annual Survey (N=35) ²²
37.5% Advocate/Advocacy Organizations	58.1% Community-Based Organizations	21.6% Persons with lived experience of mental health concerns
25% Persons who uses/used mental health and/or substance use services	22.6% Interested Community Members	16.2% Family members or friends of person who uses mental health/substance use services
12.5% Social Services Organizations	6.5% Persons who has looked for mental health and/or substance use services but has not used them	13.5% Community-Based Organizations

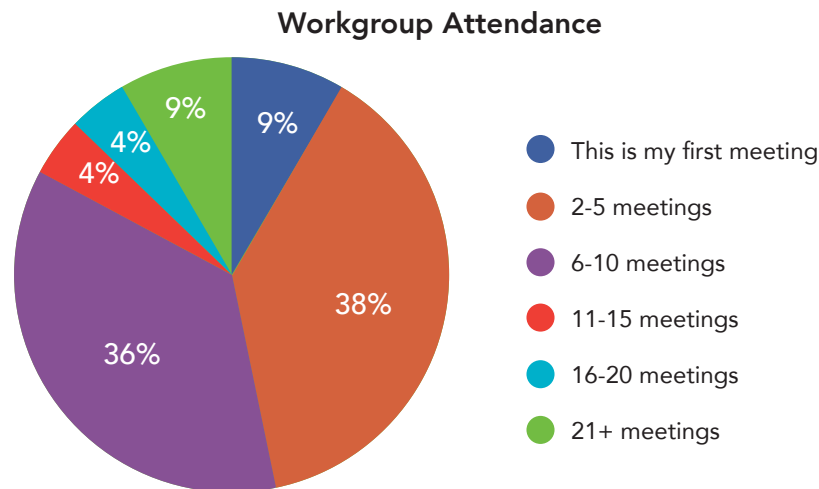
WORKGROUP SURVEY FINDINGS²³

The workgroup survey was shared with attendees via an anonymous REDCap link at the end of each workgroup session. Responses were collected between October 6, 2022 and August 11, 2023.

Workgroup Attendance

The majority of survey respondents were returning workgroup participants (91%). However, the OC Navigator team continued to bring in new participants, as 9% of individuals attended a workgroup for the first time. The most common number of workgroups attended was 6-10 workgroups. This points to the fact that individuals who attended workgroups in the last reporting period continued to attend workgroups throughout this reporting period (the most common number of workgroups attended in the last reporting period was 2-5 meetings, 60%). We also saw an increase in participants (5% to 9%) in this reporting period who participated in 21+ meetings in comparison to last reporting period.

Figure 4.2. Number of workgroups participated in throughout OC Navigator engagement.



¹⁹ English and Spanish workgroup responses significantly differed.

²⁰ Eight English workgroup respondents did not complete this question.

²¹ Eight Spanish workgroup respondents did not complete this question.

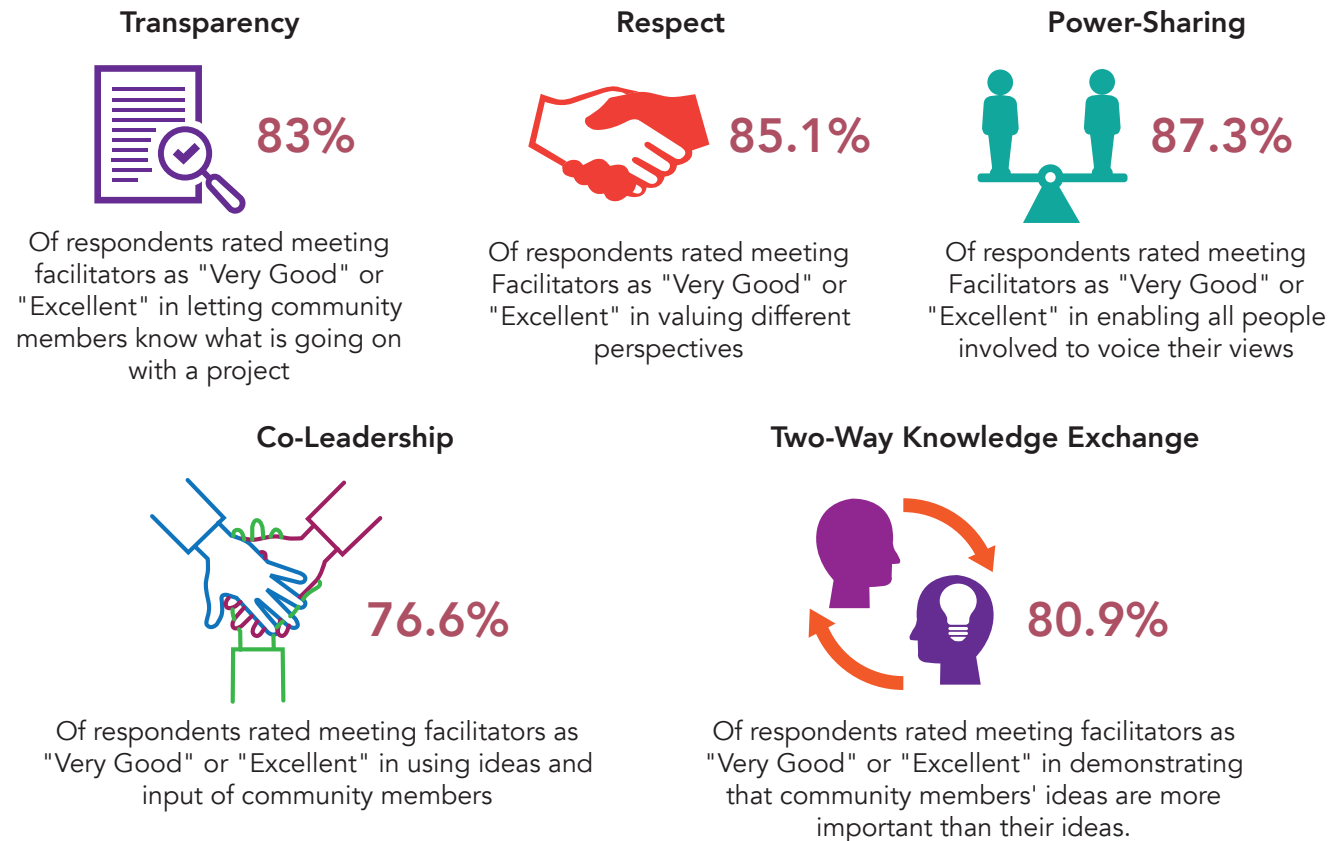
²² Two Annual Survey respondents did not complete this question.

²³ Workgroup responses may not be unique as participants were able to participate in all surveys even if they completed the survey in a past workgroup.

Quality of Community Engagement by the OC Navigator Team

Workgroup survey respondents provided input related to the OC Navigator team’s use of core engagement concepts throughout each workgroup meeting. A higher percentage of participants indicated that the OC Navigator team did a very good or excellent job within each category as compared to last reporting period.

Figure 4.3. Workgroup respondents answered questions related to Chorus’ core engagement concepts to determine the extent to which they were used throughout the workgroup.



Open Ended Feedback

Respondents also had the opportunity to leave open-ended responses at the end of the workgroup survey. A selection of responses are as follows²⁴:

I would like to see a brief standing agenda item that shared important statistics about how the Navigator is being used – hits/ pages used most resources clicked on most/etc... to better understand how the Navigator is doing in being used more by the community and track and understand its growth better

Me gustaría que los servicios que se proporcionan digan los requisitos que se necesitan para poder calificar (I would like the services that are provided to say the requirements that are needed in order to qualify).

²⁴ It is important to note that the majority of open-ended feedback responses were from the Spanish workgroups.

Agradecimiento por hacer que la comunidad tenga la voz en este espacio tan importante (Appreciation for giving the community a voice in this important space).

Me encanta la forma de como facilitan la información para poder entender bien que es lo que buscamos y queremos encontrar (I love the way they provide the information to be able to understand well what we are looking for and want to find).

Son muy amables y pacientes los presentadores (The presenters are very friendly and patient).

Me gustó que se recordará al principio que las opiniones de todos son importantes, y que no es necesario estar de acuerdo para proveer sugerencias (I was pleased to be reminded at the beginning that everyone's opinions are important, and that it is not necessary to agree to provide suggestions).

Me gustó el comentario que se hizo la reunión pasada acerca de respetar las opiniones y sugerencias de todos. Gracias (I liked the comment that was made at the last meeting about respecting everyone's opinions and suggestions. Thank you).

This is my 2nd time attending a meeting and I love the fact that everyone is so welcoming and I feel like I am being heard!

Siempre es un placer ser parte de estas reuniones, gracias por ser tan proactivos en tomar en cuenta a la comunidad. Me siento muy agradecida con el trabajo que están haciendo (It is always a pleasure to be part of these meetings, thank you for being so proactive in taking the community into account. I feel very grateful for the work they are doing).

I believe...organization members tend to agree with each other's feedback. And I feel like perspectives of people outside of their org. are not valued or taken as much into consideration. This is a bit discouraging when providing feedback about the project.

Hard to know yet whether [meeting] facilitators will use the ideas/input of the community members from today – did find it interesting that the staff person from [HCA] INN [Innovations] gave a canned response to certain ideas of "taking to leadership group"

Results from the workgroup surveys were shared with the OC Navigator team monthly. The BHST evaluation team made recommendations for how to improve each workgroup based on the survey feedback and observations. Notable changes to the workgroups included the following:

- Sharing data regarding OC Navigator new users, page views, most clicked resources and guides, etc.
- Emphasizing the value/importance of all viewpoints and discussing community agreements
- Adding a slide with progress made regarding the last workgroup’s discussion
- Including a second facilitator responsible for monitoring the chat
- Decreasing the number of OC Navigator team members in attendance to offer more space to the workgroup participants

LEARNINGS FROM WORKGROUP SURVEYS

- **Workgroups offered a space to increase the depth of relationships with different community partners.** Workgroup participants found that each meeting offered a space for them to share expertise on their community. Multiple participants noted the importance of feeling heard by workgroup facilitators and felt that their opinions were valued and respected during workgroups.
- **The structure of each workgroup affected overall feelings of engagement and collaboration.** Structuring the format and content of each workgroup to mirror participants wants/needs facilitated feelings of engagement and workgroup productivity. For instance, restructuring the workgroup to remind participants of best meeting practices (e.g., respecting and valuing all opinions, whether or not others agree/disagree) and including participants’ asks for specific content increased feelings of respect and helped structure the meetings to reflect participants’ expectations.
- **Reported quality of community engagement increased from last reporting period.** Workgroup participants felt that the OC Navigator team improved usage of the five Community-Partnered Participatory Research (CPPR) engagement principles in the workgroups. More respondents rated transparency, respect, power-sharing, co-leadership, and two-way knowledge exchange as “very good” or “excellent” this reporting period in comparison to last reporting period.

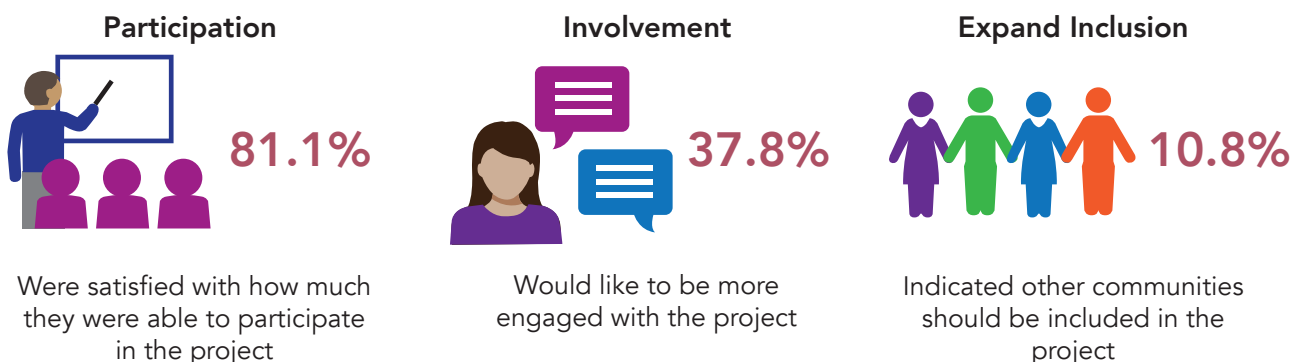
ANNUAL STAKEHOLDER SURVEY

The annual survey was distributed via email by the Chorus team. Responses were collected between June 1-June 30, 2023. Respondents who were not county or county-contracted employees received a \$10 gift card for completing the annual survey.

ANNUAL SURVEY FINDINGS

Overall Satisfaction with Project

Figure 4.4. Overall satisfaction with project involvement was high. A third of respondents would like to be more engaged in the project, and a subset of respondents gave suggestions for other communities to be included in OC Navigator project planning.



Fourteen respondents (37.8%) would like to be more engaged in the project, for example, through planning trainings for their office and continuing to provide feedback and input to improve resources.

Four respondents (10.8%) further indicated that the following communities and resources should be included more in the project:

- **Asian communities and resources**, such as the Asian American Senior Citizens Service Center (AASCSC), the Delhi Community Center, and Hope Community Services;
- **GREEN-MPNA**, an initiative aimed at creating a sense of community and promoting a cleaner neighborhood with improved green spaces;
- **Santa Ana Building Healthy Communities (SABHC)**, a non-profit organization committed to addressing health inequities;
- **Orange County Deaf Equal Access Foundation**, who advocate on behalf of the Deaf and Hard of Hearing Community;
- **United Across Borders**, whose efforts include providing grocery assistance and medical supplies to those in need;
- **Program staff**, such as case managers.

Challenges Experienced by Respondents

Seven respondents (18.9%) indicated challenges to engagement with the project.

Figure 4.5. Respondents cited workload and lack of time, as well as the OC Digital Navigator not offering resources specific to the Asian community as challenges to engage with the project.

Workload and Time constraints



Lack of resources specifically for the Asian community



Quality of Community Engagement by the OC Navigator Team

Figure 4.6. Over half of respondents rated the OC Navigator Team as being very good or excellent in using the core engagement concepts in their engagement efforts.

Transparency



64.8%

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

Respect



78.4%

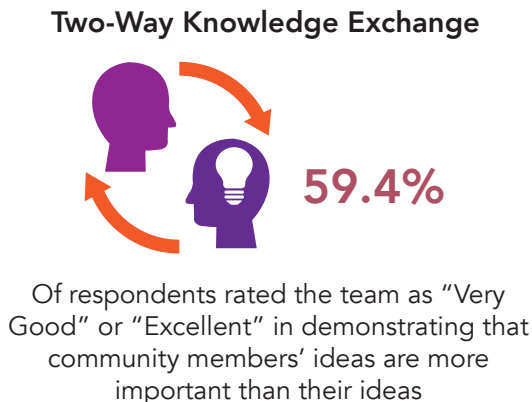
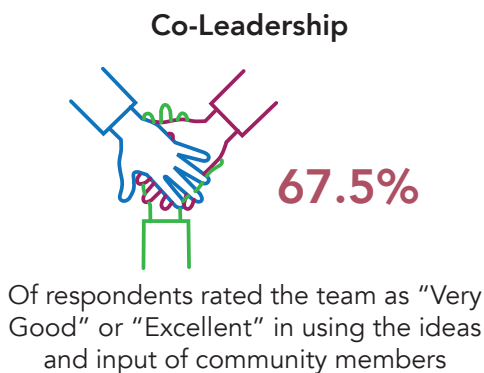
Of respondents rated the team as "Very Good" or "Excellent" in valuing different perspectives

Power-Sharing



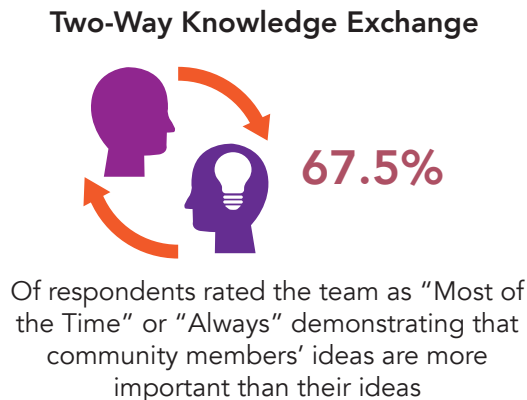
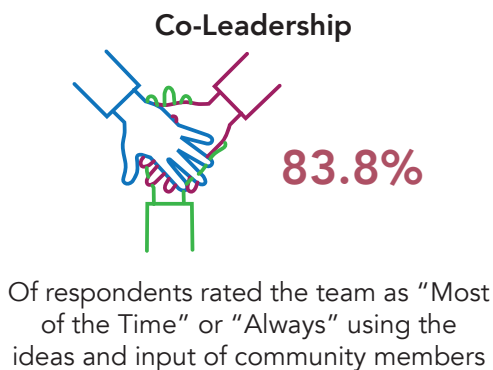
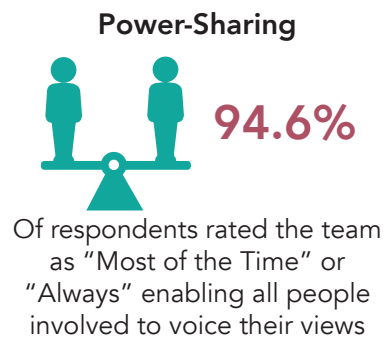
72.9%

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



Frequency of Community Engagement

Figure 4.7. Over 90% of respondents indicated that the OC Navigator Team valued different perspectives and enabled all people to voice their views, either most of the time or always.



Use of the OC Digital Navigator

Thirty-four respondents (91.9%) were exposed to the OC Digital 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, twenty-one (56.8%) said they had used it outside of the project for:

Finding Specific Resources and Services



Client Referrals, Resources and Information

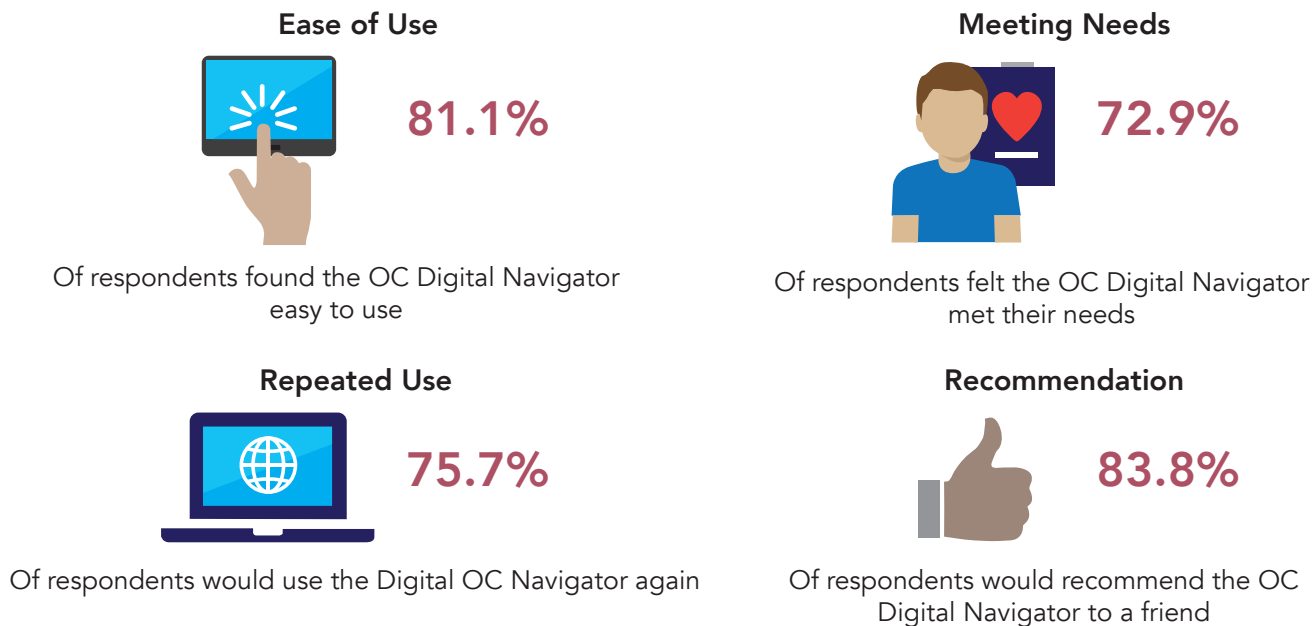


Sharing Resources with Others



Experience with the OC Digital Navigator

Figure 4.8. Respondents had a positive experience with the OC Digital Navigator: 83.8% would recommend the OC Digital Navigator and 81.1% found the OC Digital Navigator easy to use.



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

The Navigator is an excellent tool. It's unfortunate, however, that when attempting to make connections or to utilize information for a referral for a client, there is no one to answer questions on the side of the agency, or they aren't taking clients as to where to go next for help.

OC Navigator has evolved drastically and is constantly improving, utilizing every available input to improve the content and functionality.

Help Me Grow has a toll free line and they have access to a comprehensive resource inventory. I feel like there are too many options for families. Help Me Grow focuses on families prenatal to age 8 that is their expertise and their information is updated regularly.

Please make a public app.

Gracias a todo el equipo al ser intencionales con todo el trabajo para que otras personas puedan beneficiarse de servicios y recursos. Gracias por escuchar las comentarios de los miembros comunitarios. Gracias por la inclusion y por siempre estar atentos en escuchar y poder plasmar las voces en su trabajo. (Thanks to the entire team for being intentional with all the work so that other people can benefit from services and resources. Thank you for listening to the comments of the community members. Thank you for the inclusion and for always being attentive to listen and to be able to capture the voices in your work.)

South Asian resources and languages should be offered through the OC Navigator. The South Asian community is a significant Asian American and Pacific Islander (AAPI) community in Orange County.

Info is being gathered but I am looking for integration of a Black, Indigenous, and people of color (BIPOC) Lens overlay.

LEARNINGS FROM ANNUAL SURVEY

- **Consumers are satisfied overall with their experiences with the OC Navigator project.** Overall satisfaction with project participation remained high. Similar to last year's report, respondents continued to have a positive experience with the OC Digital Navigator, and a majority would recommend the product to others.
- **The OC Navigator Team was rated differently in the frequency and quality of incorporating the core engagement concepts in their engagement efforts.** Consumers perceived the OC Navigator Team to frequently incorporate the core engagement concepts in their engagement efforts. Although while the perceived frequency of core engagement concepts was high, the perceived quality somewhat decreased compared to last year's report. As discussed in previous sections, this could be in part due to the OC Navigator being more in a marketing/promotion phase as opposed to a product design phase.
- **Over half of respondents used the OC Digital Navigator outside of the project.** They continued to primarily use it to find resources and share these with others. Additionally, multiple respondents indicated they used it for client referrals, resources, and information.
- **Respondents indicated similar and new challenges to engaging with the OC Digital Navigator.** Similar to last year's report, respondents noted a challenge with time (i.e. workload and not enough time to engage with the project) and a lack of resources for Asian communities. These challenges are important to consider for future workgroup meetings. For example, adjustments may be made to help fit the workgroups into people's busy schedules, and to include Asian community members more in the project.

Training Surveys

TRAINING SURVEYS

Key Points

- The BHST evaluation team administered optional surveys to training participants to understand training quality and likelihood of using/recommending the OC Navigator in order to improve future outreach efforts.
- Approximately 75% of respondents reported they were likely to use the OC Navigator and that they would recommend the OC Navigator to a friend, colleague, or consumer.
- The majority of respondents positively rated their experience with the OC Navigator training.
- Respondents shared suggestions for OC Navigator improvement related to accessibility, training structure, and OC Navigator content/resources.

Overview

This section describes the evaluation team’s assessment of trainings with Orange County Health Care Agency staff, community-based organizations, and the Orange County community. The BHST evaluation team conducted surveys at virtual and in-person trainings to determine training quality and likelihood of using/recommending the OC Navigator.

Training Survey Findings

Starting this project period, Chorus began training sessions for HCA Mental Health and Recovery Services staff, HCA Social Services Agency Staff, community-based organizations, and Orange County community members.

The evaluation team adapted questions from the *Group Collaborative Process Survey*²⁵ to assess training organization, meeting structure, facilitator openness, and net promoter scores related to the likelihood of recommending the OC Navigator and using the OC Navigator.

The initial training survey draft was shared with Chorus and MHSA Innovations staff for review prior to implementation for relevancy, length, and distribution. The survey was administered at the end of virtual trainings via an anonymous Qualtrics survey link. Paper copies of the survey were distributed to participants at the end of in-person trainings and input into Qualtrics by the evaluation team. Participation in the survey was voluntary and unpaid.

General Training Agenda:

- Ice Breaker Question
- What is the OC Navigator?
- Overview of the features of the OC Navigator
- Activity and Live Demonstration
- Feedback Survey

²⁵ The creation of the original Group Collaborative Process Survey was guided by the Exploration, Preparation, Implementation, Sustainment Framework (EPIS) (Aarons, Hurlburt & Horwitz, 2011; Moullin, Dickson, Stadnick, Rabin & Aarons, 2019).

Table 4.6. Training Information, number of attendees, and number of completed survey responses

Date	Training	Format	Attendees	Survey Responses
2/8/2023	Getting Started with the OC Navigator	Virtual	7	-
2/17/2023	Getting Started with the OC Navigator	Virtual	3	3
2/23/2023	Getting Started with the OC Navigator	Virtual	4	4
3/9/2023	OCAPICA Training	In-Person	36	5
3/13/2023	County Peer Specialists Training	In-Person	18	17
3/20/2023	Getting Started with the OC Navigator	Virtual	2	2
3/21/2023	Pathways Peer Mentoring Training	In-Person	22	19
3/28/2023	FaCT OC Navigator Training	In-Person	34	34
4/3/2023	Getting Started with the OC Navigator	Virtual	31	18
4/7/2023	Getting Started with the OC Navigator	Virtual	3	3
4/11/2023	Getting Started with the OC Navigator	Virtual	4	3
4/25/2023	Anaheim Unified High School District Adult Student OC Navigator and OC Links Training	In-Person	41	21
4/26/2023	Getting Started with the OC Navigator	Virtual	6	5
5/4/2023	Mind Your Mind: Navigating Mental Health in Orange County, CA (OCAPI-CA Workshop)	Virtual	16	9
5/9/2023	OC Community Housing Corporation	In-Person	7	6
6/20/2023	Getting Started with the OC Navigator – Orange County Health Care Agency Social Services Agency	Virtual	40	35

6/29/2023	Getting Started with the OC Navigator – IVC EOPS	Virtual	6	4
7/20/2023	Getting Started with the OC Navigator – Orange County Health Care Agency Social Services Agency – In-Home Supportive Services	Virtual	125	12
7/26/2023	Getting Started with the OC Navigator – Recovery Education Institute Peer Staff	Virtual	9	9
		Total Virtual	256	107
		Total In-Person	158	102
		Total	414	209

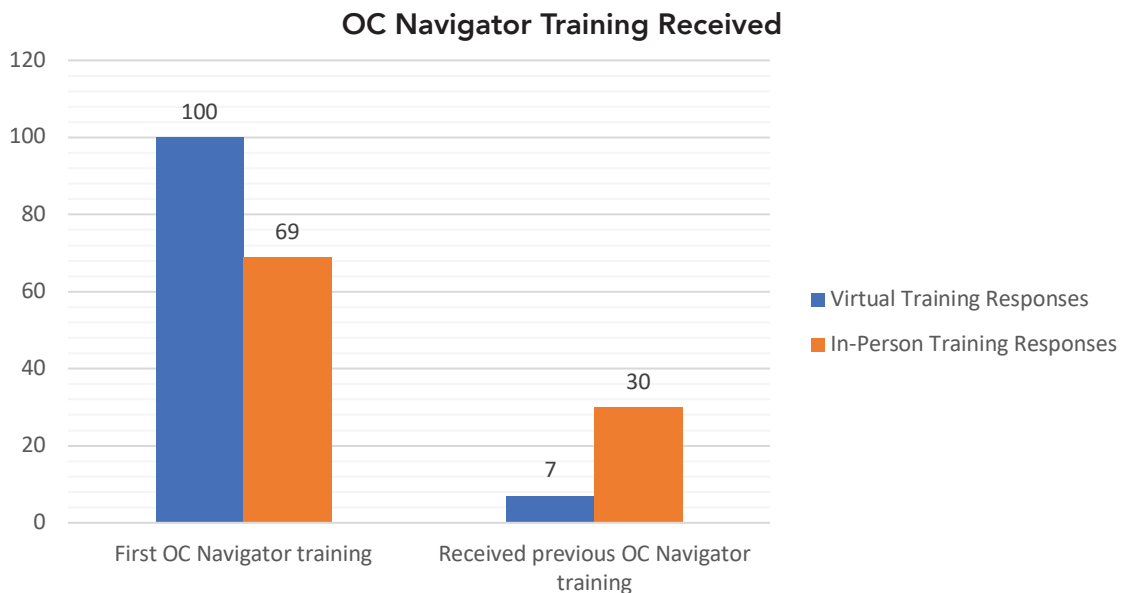
Training surveys were evaluated and results shared with Chorus and MHSA Innovations staff monthly in order to make improvements to future trainings.

Participants

Across the reporting period, 256 (61.8%) people attended virtual trainings and 158 (38.2%) people attended in-person trainings. 107 people completed the virtual survey and 102 people completed the in-person survey (combined response rate = 50.5%).

The majority of participants reported that this was their first time receiving OC Navigator training. However, significantly more in-person respondents reported that they were previously trained on the OC Navigator.

Figure 4.9. Number of training respondents who have previously received OC Navigator training (N= 206).



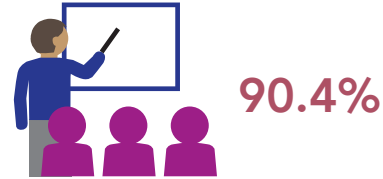
Rating of Training Quality

Participants were asked to rate their experience participating in the OC Navigator training. Questions related to the organization and structure of the training as well as openness of training facilitators. Ratings were made on a 5-point scale (1 = Strongly Disagree, 5 = Strongly Agree). Responses did not significantly differ between virtual and in-person trainings.

Figure 4.10. Training respondents answered questions related to the quality of their experience participating in the OC Navigator training (N=209).



Of respondents "agreed" and "strongly agreed" that the training was useful.



Of respondents "agreed" or "strongly agreed" that the training was well organized.



Of respondents "agreed" or "strongly agreed" that their feedback was valuable and useful to the OC Navigator team during the training.



Of respondents "agreed" or "strongly agreed" that their questions and concerns were appropriately addressed during the training.

Net Promoter Scores

Participants were asked how likely it was that they would recommend the OC Navigator to a friend, colleague, or client as well as how likely it was that they would use the OC Navigator. Ratings were made on a 0-10 scale (0 = Not at all likely, 5 = Neutral, 10 = Extremely likely). Responses did not significantly differ between in-person and virtual trainings.

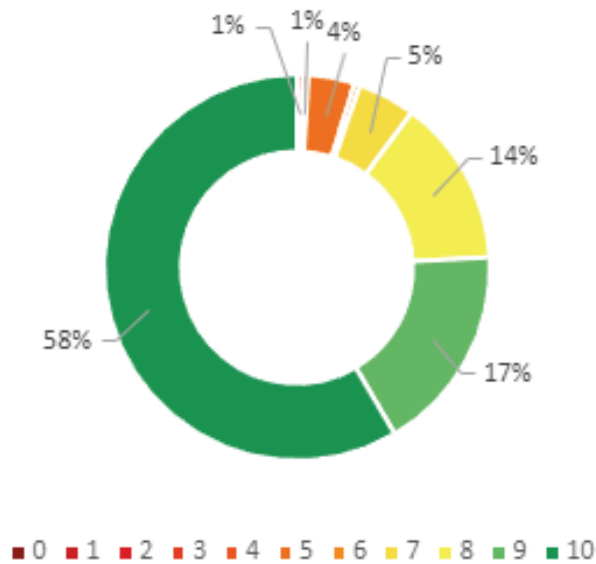
Based on responses, we obtained a measure of users' overall perception of the OC Navigator which can indicate potential for growth. Responses were scored according to standard Net Promoter Score measures:

- **Promoters (score 9-10)** are loyal enthusiasts who are likely to keep using and referring the OC Navigator to others, fueling growth.
- **Passives (score 7-8)** are satisfied with the OC Navigator but unenthusiastic users who are vulnerable to using other ways to find behavioral health resources.
- **Detractors (scores 0-6)** are unhappy users who may impede growth of the OC Navigator by negative reviews/word-of-mouth.

The majority (75%) of training participants were *promoters* for recommending the OC Navigator to a friend, colleague, or client. Nineteen percent of training participants were *passives*, and 6% of participants were *detractors* (N=207)²⁶ NPS=69%.

Figure 4.11. Likelihood of recommending the OC Navigator to a friend, colleague, or client (N=207).

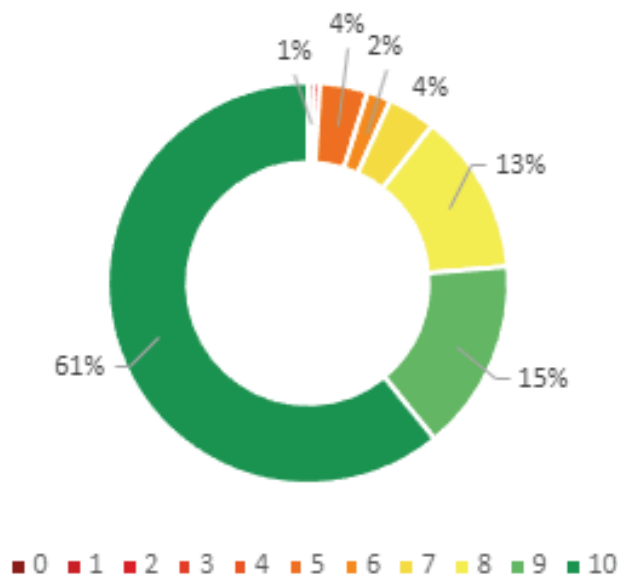
Likelihood of Recommending OC Navigator



The majority (76%) of respondents were also *promoters* for using the OC Navigator. Seventeen percent of respondents were *passives*, and 7% of respondents were *detractors* (N=207)²⁷ NPS=71%.

Figure 4.12. Likelihood of using the OC Navigator (N=207).

Likelihood of Using OC Navigator



²⁶ Two respondents did not answer this question.
²⁷ Two respondents did not answer this question.




Open-Ended Feedback

Survey respondents had the opportunity to leave additional feedback via open-ended responses at the end of the survey. Many respondents spoke to the usefulness of the training and the easily understandable facilitation:

- Training was good and informative – I liked that we were able to go through the website together.
- Training was informative without being overwhelming. Training clearly explained how to use the website.
- Having us use the app for the example was really helpful! Practical experience...
- I appreciate the OC Navigator tool – you have made my job easier.
- I did share some feedback with suggestions and the staff wrote it down. Excellent. Very excited about helping our students with resources through OC Navigator.
- I love that we could navigate the website together – very helpful.
- I really enjoyed this experience because it provided me with resources that I didn't know about before.

Respondents also shared suggestions for training and OC Navigator improvement.

Table 4.7. Respondents' suggestions for OC Navigator training and product.

<p>Accessibility</p> 	<ul style="list-style-type: none"> • Increased accessibility for deaf or hard of hearing individuals • Record trainings and make available on employee intranet • Please add a direct weblink to other languages. Ex. Ocnavigator.org/tagalog, etc.
<p>Training Structure</p> 	<ul style="list-style-type: none"> • Allow for more engagement • Have people do the example search along with the presenter • Demonstrate the Wellness Check-In • Differentiate the demo for someone in crisis/needs immediate assistance and someone who is looking for more long-term resources • Show more examples of how to access services • Let individuals propose scenarios
<p>OC Navigator Content</p> 	<ul style="list-style-type: none"> • Include disability related content (autism) • Add more resources for the MENA [Middle Eastern North African] community • Add zip code as a subquestion under the "Wellness Check-In" question asking about "getting around" so that options populate close to their needed area • More categories for APS [Adult Protective Services] and dependent adults

Learnings from Training Surveys

- **The structure of each training was most effective when tailored to meet the needs of each unique community.** Trainings were well received by participants when examples and demonstrations reflected their particular population/community. Showing how the OC Navigator could meet the needs of different individuals showed the utility of the platform and made the training more engaging and relatable.
- **Trainings offered an opportunity to not only teach people about the OC Navigator but also to receive feedback on site functionality and content improvements.** Throughout the learning opportunity provided through the trainings, individuals were able to explore the OC Navigator website. Training participants offered invaluable insight into content related changes to improve the OC Navigator platform and make it more useful for different people and populations.
- **The OC Navigator was reported to be a useful online tool that facilitated individuals finding needed behavioral health resources.** Many individuals noted that a consolidated platform to find needed behavioral health resources offered an opportunity to become aware of resources and services that they did not know existed. Others noted that the OC Navigator would help facilitate their job. The majority of training survey respondents reported that they would recommend the OC Navigator and that they themselves would use it.

BHST Part Two: OC Navigator 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 BHST evaluation learnings. Learnings directly related to the project activities as identified by Chorus can be found in Appendix B. Descriptions of the Consolidated Framework for Implementation Research (CFIR) domains can be found in Appendix C.

Outer Setting

The following are key learnings related to factors that are external to the innovation context (Orange County), such as COVID-19 and market pressure.

COVID-19

- **As COVID-19 indoor meeting/gathering requirements lessened throughout this reporting period, more in-person engagement with Community-Based Organizations, community members, and providers was able to occur than during last reporting period.** In the last report, individuals reported that COVID-19 affected project implementation processes, relationship building, and disrupted community engagement plans. As in-person meetings and engagement formats became more readily available this reporting period, staff members and leadership reported more successful engagement and marketing efforts, such as engaging the Veteran community, conducting in-person trainings/information sessions, and attending in-person resource fairs throughout the Orange County community.

Market Pressure

- **Marketing pressure can act as a barrier and a facilitator to OC Navigator progress.** In the last reporting period, there was uncertainty in the community about the redundancy of the OC Navigator as a digital behavioral health resource navigation tool. Despite the market pressure from competitors, staff members were able to learn many lessons from competitor platforms and consumers' experiences with those platforms. Examining what the competitors are doing well and not well was a helpful innovation source used to update the OC Navigator to better meet the needs of the community.

Inner Setting

The following are key learnings related to factors internal to the innovation context such as communication and engagement, Orange County infrastructure, and funding.

Communication and Engagement

- **It is imperative to maintain multiple types of communication strategies in order to regularly update stakeholders on the project and include them in development.** Communication plans should be tailored to the type of engagement activity and audience. For example, follow ups should be made to training partners every quarter and after the release of a new feature to ensure continuity of the relationship and ease of use for trainees, while communication to event partners should align with public awareness events, such as Mental Health Awareness Month in May.
- **Strong and open communication is vital to project success.** Trusting, transparent, and collaborative relationships among County, Chorus, and community partners facilitated strong and

open communication. Having regular and organized meetings with clear agenda and notes helped align project vision and community expectations. The collaborative approach allowed stakeholders from different sectors and with different expertise to share unique perspectives and problem solve together.

- **Workgroups offered a space to increase the depth of relationships with multiple community partners.** Workgroup participants found that each meeting offered a space for them to share their expertise of their community. Multiple participants noted the importance of feeling heard by workgroup facilitators and felt that their opinions were valued and respected during workgroups.
- **The structure of each workgroup affected overall feelings of engagement and collaboration.** Structuring the format and content of each workgroup to mirror participants wants/needs facilitated feelings of engagement and workgroup productivity. For instance, restructuring the workgroup to remind participants of best meeting practices (e.g., respecting and valuing all opinions, whether or not others agree/disagree) and including participants' asks for specific content increased feelings of respect and helped structure the meetings to reflect participants' expectations.
- **Reported quality of community engagement increased from last reporting period.** Workgroup participants felt that the OC Navigator team improved usage of the five Community-Partnered Participatory Research (CPPR) engagement principles in the workgroups. More respondents rated transparency, respect, power-sharing, co-leadership, and two-way knowledge exchange as "very good" or "excellent" this reporting period in comparison to last reporting period.
- **The OC Navigator team was rated differently in the frequency and quality of incorporating the core engagement concepts in their engagement efforts.** Consumers perceived the OC Navigator Team to frequently incorporate the core engagement concepts in their engagement efforts. Although the perceived frequency of core engagement concepts was high, the perceived quality somewhat decreased compared to last year's report. As discussed in previous sections, this could be in part due to the OC Navigator being more in a marketing/promotion phase as opposed to a product design phase.
- **The structure of each training was most effective when tailored to meet the needs of each unique community.** Trainings were well received by participants when examples and demonstrations reflected their particular population/community. Showing how the OC Navigator could meet the needs of different individuals showed the utility of the platform and made the training more engaging and relatable.
- **Trainings offered an opportunity to not only teach people about the OC Navigator, but also to receive feedback on site functionality and content improvements.** Throughout the learning opportunity provided through the trainings, individuals were able to explore the OC Navigator website. Training participants offered valuable insight into content related changes to improve the OC Navigator platform and make it more useful for different people and populations.
- **Interpretation of the Community-Partnered Participatory Research (CPPR) principles expanded across the project.** For example, Chorus team members in later stages of the project, as compared to initial planning stages of the project, more broadly interpreted transparency to include open and honest communication of project activities and team capacity.
- **Incorporation of Community-Partnered Participatory Research (CPPR) principles varied by engagement activity.** Activities that offered more room for collaboration (e.g., workgroups, co-chair meetings, subject matter expert meetings) allowed more opportunities to fully engage with the Orange County community and therefore fostered an environment to utilize more Community-Partnered Participatory Research concepts. Presentations and trainings, however, did not allow

for as much dialogue between Chorus and participants, and therefore did not foster as much opportunity to engage with as many community engagement elements.

- **Incorporation of Community-Partnered Participatory Research (CPPR) principles varied by project stage.** As the BHST project proceeded, Chorus created a larger breadth and depth of relationships with community partners/members. These relationships led to continued and strengthened collaboration/use of community engagement elements. However, as the OC Navigator project moved from the development stage to the adoption stage after the launch of the OC Navigator in April 2022, there were less opportunities to engage the community in making decisions related to product design and therefore less community engagement principles were at times used.

Orange County Infrastructure

- **The OC Navigator improves County workflow.** County staff noted that the development of the OC Navigator improved their ability to more efficiently and effortlessly complete job tasks.

Funding

- **Identifying additional funding resources is necessary to maintain feature and content updates.** Because of the upcoming end of innovation dollars, Mental Health Services Act (MHSA) funding itself will not be enough to support updates and sustainability of the OC Navigator needed in the future. Identifying sustainable funding sources to support the updates and maintenance of OC Navigator can be challenging.

Innovation Characteristics

The following are key learnings related to the innovation such as OC Navigator features/development, evidence strength and quality, and consumer feedback/usage.

OC Navigator Features/Development

- **Successful features in the OC Navigator result from involving stakeholders early and often in ideation.** This allows for benchmarking existing similar features to learn what might work and not work and allows for 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.
- **Understanding and learning from the market and competitors can improve the OC Navigator.** Other navigation tools on the market may be seen as a competitor to the OC Navigator. Additionally, organizations and consumers who already used other digital behavioral health navigation tools may be resistant to switching to use of the OC Navigator. However, lessons learned from competitors and other existing digital platforms for resource navigation were an important innovation source to improve the OC Navigator platform.
- **Community partnership is key to the development of the OC Navigator.** The Community participatory approach is a key innovation source. Community input and feedback informed the development, improvement, and updates of the OC Navigator. Involving community feedback is essential to different stages of the project, including but not limited to, planning and prioritizing feature updates and project tasks. Thus, having staff who value community input and have expertise with community engagement facilitated the process of improving the OC Navigator.

Consumer Feedback/Usage

- **Consumers are satisfied overall with their experiences with the OC Navigator project.** Overall satisfaction with project participation remained high. Similar to last year's report, annual community engagement survey respondents continued to have a positive experience with the OC Navigator, and a majority would recommend the product to others.
- **Over half of annual community engagement survey respondents used the OC Navigator outside of the project.** They continued to primarily use it to find resources and share these with others. Additionally, multiple respondents indicated they used it for client referrals, resources, and information.
- **Annual community engagement survey respondents indicated similar and new challenges to engaging with the OC Navigator.** Similar to last year's report, respondents noted a challenge with time (i.e., workload and not enough time to engage with the project) and a lack of resources for Asian communities. These challenges are important to consider for future workgroup meetings. For example, adjustments may be made to help fit the workgroups into people's busy schedules, and to include Asian community members more in the project.
- **The OC Navigator was reported to be a useful online tool that facilitated individuals finding needed behavioral health resources.** Many individuals noted that a consolidated platform to find needed behavioral health resources offered an opportunity to become aware of resources and services that they did not know existed. Others noted that the OC Navigator would help facilitate their job. The majority of training survey respondents reported that they would recommend the OC Navigator and that they themselves would use it.

Process

The following are key learnings related to planning and education and outreach.

Planning

- **Project scope planning should occur early and should include flexibility for project expansion.** As the overall scope of the OC Navigator expanded with Orange County Health Care Agency (OCHCA), scope planning became more intricate. To ensure successful scope planning and implementation, scope planning must begin earlier than past projects and involve a wider range of stakeholders to inform on policies, data, and compliance topics.
- **Communication and documentation plans should be established early in project planning.** As Chorus collaborated closely with OCHCA leads to determine who needs to be consulted in planning and at what stage in the process, careful documentation and well thought out communication plans were required to ensure alignment across Chorus and OCHCA.

Education and Outreach

- **Diverse education and outreach are integral to raising awareness of the OC Navigator.** Successful marketing efforts and outreach to core groups in the community, such as the veteran population, enhanced the reach of the OC Navigator. However, there is a continued need to spread the breadth of engagement to focus on more hard-to-reach and underserved communities, such as Asian American and Pacific Islander (AAPI) populations, individuals with visual impairments, and the deaf and hard of hearing community. Continued outreach to external agencies (e.g., SSA, OCDE, Department of Education, Unite Us, OC cares Juvenile Justice group) may help reach underserved populations and can facilitate raising OC Navigator awareness.

BHST Part Two: OC Navigator Recommendations

Below is a summary of the key recommendations from *BHST Part Two: OC Navigator*. Descriptions of the Consolidated Framework for Implementation Research (CFIR) domains can be found in Appendix C.

Outer Setting

The following are key recommendations related to factors that are external to the innovation context (Orange County) such as market awareness.

Market Awareness

- **Remain aware of other available digital resource navigation tools and what advantages and disadvantages they have.** Many resource directories are available within and outside of Orange County. These additional tools can offer great insight into new features and frameworks that are successful and/or difficult to navigate. Remain aware of these sites and open to community feedback on what works and what does not work. Additionally, continue to communicate what sets the OC Navigator apart from other digital resource navigation tools and why one tool may be more helpful than another.

Inner Setting

The following are key recommendations related to factors internal to the innovation context such as communication and engagement and funding.

Communication and Engagement

- **Structure virtual activities to be more interactive to increase participant engagement.** To better connect with the audience and to improve attention and retention of content, ensure that virtual engagement activities have an interactive component. For instance, participants suggested including a demonstration of the Wellness Check-In, more case studies/examples of how to access different services and resources, and more time for ice breakers/introductions.
- **Continue to offer more materials and resources for individuals at in-person events.** Community members noted the desire to have more OC Navigator materials available that they can distribute to their peers. Continuing to provide how-to guides and resource cards in multiple languages for community members to take after the event will help to spread the word of the OC Navigator. Additionally, continued distribution of OC Navigator branded materials (e.g., bags, mugs, keychains, etc.) is helpful for marketing and promotion.
- **Continue to tailor activities to the audience.** Consideration of the audience prior to presenting/engaging with them will help the OC Navigator team tailor the presentation to highlight resources, services, and languages that would be of particular interest to that audience. Additionally, if the audience represents a particular organization, the team should plan to show them how to find their organization on the OC Navigator. If their organization is not included on the website, the team should have a plan to explain the process for its addition.
- **Consider how presentation styles may need to be adapted for different audiences.** Include presentation strategies that increase accessibility for all participants. For instance, take into consideration accessibility for individuals of the deaf and hard of hearing community. Facilitators

can wear clear masks when presenting, utilize microphones, and/or partner with an American Sign Language (ASL) interpreter.

- **Limit the number of facilitators when engaging with the community.** It is important to offer space so that participants feel comfortable sharing their opinions and feedback and feel like what they share is being heard/valued. One key way to offer this space is to ensure that there are not too many OC Navigator staff present at the meeting. A smaller facilitator size can offer more opportunities for participants to speak up and engage.
- **Remind community engagement participants about the community engagement roles/principles at the beginning of activities.** Community stakeholders shared that it is comforting when facilitators start the meetings by telling participants the importance of respecting everyone's opinions and suggestions, that all opinions are welcome even if they are in disagreement with others, and that the community members are the experts.
- **Have a more prominent representation from Orange County Health Care Agency at OC Navigator community engagement activities.** Community members noted the importance of having Orange County Health Care Agency staff present at meetings as they represent the final decision makers for the project. Community stakeholders at times felt disheartened that Chorus staff needed to check in with OCHCA leadership instead of being able to offer an immediate response. Increasing OCHCA representation at community engagement activities can increase transparency with the community and overall support for the Orange County Health Care Agency.

Funding

- **Address need for additional funding to support project sustainability and updates.** As technology is ever developing and resources/services are ever changing, ongoing updates and maintenance of the OC Navigator site are required. Organizational capacity (e.g., staffing and funding) needs to be put in place to sustain the relevancy of the OC Navigator.

Innovation Characteristics

The following are key recommendations related to the innovation such as OC Navigator features/development.

OC Navigator Features/Development

- **Incorporate community feedback into priority plans and explain the process for making updates to the OC Navigator.** Community feedback included adding waitlist times for counseling services, bed availability for housing resources, adding a zip code filter to the Wellness Check-In, adding a weblink for direct access to translated versions of OC Navigator (e.g., ocnavigator.org/tagalog), adding resources for the Middle Eastern North African (MENA) community, Adult Protective Services (APS) and dependent adult community, and disabled community, and creating more print materials for consumers and peers. While not all suggestions are possible, it is important to take community feedback into consideration and to maintain transparency about the feasibility and timeline of implementing their suggestions.
- **Make OC Navigator data more accessible to the Orange County community.** Community stakeholders shared that they would like regular updates on important statistics about how the OC Navigator is being used (e.g., the most searched and clicked on resources, the number of unique users accessing the OC Navigator, the most searched regions for resources). This information can help providers and Community Based Organizations know what services and supports they should be offering their community.

- **Orange County staff would like additional features added to continue improving their workflow.** Orange County program staff shared that they found the OC Navigator team to be helpful in improving their workflow and would like them to continue adding enhancements to the OC Navigator tool with the goal of reducing administrative time needed to navigate across the various systems that Orange County staff are currently using.

Process

The following are key learnings related to planning and outreach.

Planning

- **Plan for different ways to maintain community engagement, input, and buy-in throughout different stages of the project.** Community engagement activities differed during early stages of the project where more emphasis was placed on product design and development. Perceptions of engagement differed among OC Navigator staff and community stakeholders as the project focus moved towards marketing and promotion. Plans should take into consideration how to maintain the depth of relationships throughout each stage in order to maintain buy-in and engagement from community stakeholders.

Outreach

- **Expand the breadth and depth of engagement with communities throughout Orange County.** While community engagement is a core facet of the OC Navigator project, additional efforts to include underserved and underrepresented communities needs to take place. There is a continued need to engage more with Asian American and Pacific Islander (AAPI) communities, Middle Eastern and North African (MENA) communities, additional Latinx communities, individuals with visual impairments, the deaf and hard of hearing community, more consumers of behavioral health resources/services, private providers, and the Southern Regions of Orange County.
- **Expand marketing and promotion materials to reach more Orange County residents.** While marketing and promotion efforts of the OC Navigator are widespread and varied (e.g., Ducks and Angels marketing, advertisements at train platforms, school banners, social media campaigns), additional efforts to reach more Orange County residents should be considered (e.g., advertisements at bus stops, in newspapers, and on the radio; Search Engine Optimization on online search engines; advertisements in different languages).

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 the *BHST Part One: Performance and Value-Based Contracting* project activity learnings with the BHST evaluation learnings. Learnings directly related to the project activities as defined by Mind OC can be found in Appendix A. Descriptions of the Consolidated Framework for Implementation Research (CFIR) domains can be found in Appendix C.

Outer Setting

The following are key learnings related to factors that are external to the innovation context (Orange County), such as health plan/provider infrastructure, policies and regulations, and COVID-19.

Health Plan/Provider Infrastructure

- **Consideration for how to appropriately incorporate commercial plans in the planning of value-based contracts is needed to successfully maintain buy-in and streamline workflows between insurance types.** Commercial plans require additional training and forms from the contracted provider of services each time one of the commercial payor's beneficiaries receives covered services. Additionally, with more than one commercial payor contract in place, the contracted provider must accommodate for each of the variations within each of the commercial payor's requirements.
- **Reporting limitations were encountered as a result of multiple record management systems.** Providers manage their data using a number of different platforms (e.g., different electronic health record systems, paper health record systems). As such, difficulties interfacing between platforms can lead to challenges in data sharing/reporting of metrics.

Policies/Regulations

- **Changes to the focus of performance standards under CalAIM will have additional impact on programs in the behavioral health and substance use treatment services space.** While a ramp up time will be required, most providers have been privy to quality measurement standards under the National Committee for Quality Assurance (NCQA) and the Healthcare Effectiveness Data and Information Set (HEDIS), of which CalAIM is closely modeling. Experience suggests that not all HEDIS or NCQA requirements are aligned with community defined values, so there will need to be continued engagement and consultation with the community to ensure their values are taken into consideration.
- **Key stakeholders working together across the state have more leverage to influence payors, practices, and policies.** Orange County Health Care leadership initiated conversations with state departments to discuss the process for regulating private payors within a payor agnostic value-based care system.

COVID-19

- **As COVID-19 indoor meeting/gathering requirements lessened throughout this reporting period, more in-person engagement with Community-Based Organizations, community members, providers, and health plans was able to occur than during last reporting period.**

Last reporting phase COVID-19 disrupted relationship building and community engagement plans. As in-person meetings and engagement formats became available this reporting phase, staff members and leadership were able to have more open and transparent communication and relationships with the community and one another. However, capacity to fully engage in the planning and development of value- and performance- based contracts continued to be limited, due to competing priorities and limited staff bandwidth.

Inner Setting

The following are key learnings related to factors that are internal to the innovation context, such as Orange County infrastructure and capacity, as well as communication and engagement.

Orange County Infrastructure/Capacity

- **Changes in leadership and county priorities requires aligning visions and adapting roadmaps.** Competing priorities in the county continued to challenge the focus on performance and value-based contracting (e.g., CalAIM change initiatives, other system transformation efforts, internal competing priorities). These changes in county leadership and county priorities required flexibility in planning and adaptations to roadmaps. A key way to maintain priorities is through strong leadership support.
- **Institutional culture plays an integral role in the success of innovation.** Involved individuals buy-in to change at the county level can affect the vision, planning, and acceptance of system wide changes. Cultural norms and practices, political pressures, and individuals' roles and beliefs challenge the success of making meaningful and widespread changes at the system level. Resistance to cultural change can lead to roadblocks in innovation planning and implementation.
- **Existing county provider contracts do not allow for incentivizing services.** To incentivize service delivery, the county must determine/develop metrics that support program type and level of clinical care that also incorporates funding requirements and limitations.
- **There are strengths and limitations to existing project resources.** Diverse expertise, backgrounds, and perspectives among leadership and staff members facilitated the development of relationships and progress towards value and performance-based contracts. Staff capacity/ bandwidth and time, however, were barriers.

Communication and Engagement

- **Tailoring community engagement and language is necessary to maintain awareness and understanding of the innovation.** Clear and continued communication with the community on the benefits of value-based payments allowed for more meaningful input regarding the metrics that can be applied to services to ensure quality in a way that is translatable for all audiences. It was also important for translating the success of the chosen metrics into operational goals for providers. Many public and commercial health plans already practice some provider and/or health plan incentives, so it was important to tailor language to their practices when initiating conversations.
- **Communication and engagement are integral to project success.** Having open communication about project progress and transparent relationships is integral for success. Education and collaborative discussions facilitated the process of engaging community members and county core groups.

Innovation Characteristics

The following are key learnings related to the innovation, such as evidence strength and quality, innovation advantages, and innovation complexity.

Evidence Strength and Quality

- **The community and providers were in alignment with what is considered meaningful quality behavioral health care.** Both the community and providers agreed on fewer forms, more time for care, payment for care that matters, and access to the right care when needed.
- **Most successful programs supported providers through ongoing dissemination of detailed information on the measure and goals, with payment models set up for a top-down payment approach.** The practice of provider incentives at the commercial and public health plans was a great resource and therefore continued engagement with these individuals will support project success.

Innovation Advantages

- **Establishing effective performance and value-based contracting was perceived to fit with the County's vision and could facilitate contract workflows.** Providers and Orange County Health Care Agency staff perceived that performance and value-based contracting would better serve all residents in Orange County. Multiple informants noted that performance and value-based contracting fits with Orange County's vision and values. From a payor perspective, it is easier to manage one contract than multiple contracts.

Innovation Complexity

- **Making a value-based payor agnostic system inclusive of multiple health plans is complex.** It is difficult to implement value-based contracts with current billing and reimbursement structures, county rules and regulations, and health plan requirements. Preparing for necessary infrastructure changes requires conversations with state departments, such as the California Department of Insurance, the California Department of Managed Health Care, and the California Department of Health Care Services.

Process

The following are key learnings related to planning, education/technical assistance, and evaluation and feedback.

Planning

- **The commercial contracting process takes significant time (e.g., 9-15 months).** Certification requirements and commercial plan requirements for provision of services are variable. Additionally, the commercial contracting process may be delayed due to program certification by required Licensing Boards.
- **Adding commercial payers requires exponentially more time and activities.** Contracting requirements for site visits and future audits requires coordination with the provider for provider site walk throughs, document reviews, physical interviews, and potential submission of supporting documentation electronically.

- **Early goal and vision alignment, as well as identification of appropriate engagement, is key for project success.** Identification of agreed upon public and private payors is integral for successful contracting, credentialing, and project progress. Additionally, since great work is happening in silos throughout the county, identifying and bringing these individuals together, will help to synergize what is already working and fix what is not.

Education and Technical Assistance

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

Evaluation and Feedback

- **Staff members and leadership were responsive to evaluation feedback from the last reporting period.** In the last report, it was recommended that guidance from the state is needed to help determine funding sources and set policies for performance and value-based contracting. In this reporting period, leadership-initiated conversations with state departments, such as California Department of Insurance, California Department of Managed Health Care, and California Department of Health Care Services.

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 BHST evaluation learnings. Learnings directly related to the project activities as identified by Chorus can be found in Appendix B. Descriptions of the Consolidated Framework for Implementation Research (CFIR) domains can be found in Appendix C.

Outer Setting

The following are key learnings related to factors that are external to the innovation context (Orange County), such as COVID-19 and market pressure.

COVID-19

- **As COVID-19 indoor meeting/gathering requirements lessened throughout this reporting period, more in-person engagement with Community-Based Organizations, community members, and providers was able to occur than during last reporting period.** In the last report, individuals reported that COVID-19 affected project implementation processes. relationship building, and disrupted community engagement plans. As in-person meetings and engagement formats became more readily available this reporting period, staff members and leadership reported more successful engagement and marketing efforts, such as engaging the Veteran community, conducting in-person trainings/information sessions, and attending in-person resource fairs throughout the Orange County community.

Market Pressure

- **Marketing pressure can act as a barrier and a facilitator to OC Navigator progress.** In the last reporting period, there was uncertainty in the community about the redundancy of the OC Navigator as a digital behavioral health resource navigation tool. Despite the market pressure from competitors, staff members were able to learn many lessons from competitor platforms and consumers' experiences with those platforms. Examining what the competitors are doing well and not well was a helpful innovation source used to update the OC Navigator to better meet the needs of the community.

Inner Setting

The following are key learnings related to factors internal to the innovation context such as communication and engagement, Orange County infrastructure, and funding.

Communication and Engagement

- **It is imperative to maintain multiple types of communication strategies in order to regularly update stakeholders on the project and include them in development.** Communication plans should be tailored to the type of engagement activity and audience. For example, follow ups should be made to training partners every quarter and after the release of a new feature to ensure continuity of the relationship and ease of use for trainees, while communication to event partners should align with public awareness events, such as Mental Health Awareness Month in May.
- **Strong and open communication is vital to project success.** Trusting, transparent, and collaborative relationships among County, Chorus, and community partners facilitated strong

and open communication. Having regular and organized meetings with clear agenda and notes helped align project vision and community expectations. The collaborative approach allowed stakeholders from different sectors and with different expertise to share unique perspectives and problem solve together.

- **Workgroups offered a space to increase the depth of relationships with multiple community partners.** Workgroup participants found that each meeting offered a space for them to share their expertise of their community. Multiple participants noted the importance of feeling heard by workgroup facilitators and felt that their opinions were valued and respected during workgroups.
- **The structure of each workgroup affected overall feelings of engagement and collaboration.** Structuring the format and content of each workgroup to mirror participants wants/needs facilitated feelings of engagement and workgroup productivity. For instance, restructuring the workgroup to remind participants of best meeting practices (e.g., respecting and valuing all opinions, whether or not others agree/disagree) and including participants' asks for specific content increased feelings of respect and helped structure the meetings to reflect participants' expectations.
- **Reported quality of community engagement increased from last reporting period.** Workgroup participants felt that the OC Navigator team improved usage of the five Community-Partnered Participatory Research (CPPR) engagement principles in the workgroups. More respondents rated transparency, respect, power-sharing, co-leadership, and two-way knowledge exchange as "very good" or "excellent" this reporting period in comparison to last reporting period.
- **The OC Navigator team was rated differently in the frequency and quality of incorporating the core engagement concepts in their engagement efforts.** Consumers perceived the OC Navigator Team to frequently incorporate the core engagement concepts in their engagement efforts. Although the perceived frequency of core engagement concepts was high, the perceived quality somewhat decreased compared to last year's report. As discussed in previous sections, this could be in part due to the OC Navigator being more in a marketing/promotion phase as opposed to a product design phase.
- **The structure of each training was most effective when tailored to meet the needs of each unique community.** Trainings were well received by participants when examples and demonstrations reflected their particular population/community. Showing how the OC Navigator could meet the needs of different individuals showed the utility of the platform and made the training more engaging and relatable.
- **Trainings offered an opportunity to not only teach people about the OC Navigator, but also to receive feedback on site functionality and content improvements.** Throughout the learning opportunity provided through the trainings, individuals were able to explore the OC Navigator website. Training participants offered valuable insight into content related changes to improve the OC Navigator platform and make it more useful for different people and populations.
- **Interpretation of the Community-Partnered Participatory Research (CPPR) principles expanded across the project.** For example, Chorus team members in later stages of the project, as compared to initial planning stages of the project, more broadly interpreted transparency to include open and honest communication of project activities and team capacity.
- **Incorporation of Community-Partnered Participatory Research (CPPR) principles varied by engagement activity.** Activities that offered more room for collaboration (e.g., workgroups,

co-chair meetings, subject matter expert meetings) allowed more opportunities to fully engage with the Orange County community and therefore fostered an environment to utilize more Community-Partnered Participatory Research concepts. Presentations and trainings, however, did not allow for as much dialogue between Chorus and participants, and therefore did not foster as much opportunity to engage with as many community engagement elements.

- **Incorporation of Community-Partnered Participatory Research (CPPR) principles varied by project stage.** As the BHST project proceeded, Chorus created a larger breadth and depth of relationships with community partners/members. These relationships led to continued and strengthened collaboration/use of community engagement elements. However, as the OC Navigator project moved from the development stage to the adoption stage after the launch of the OC Navigator in April 2022, there were less opportunities to engage the community in making decisions related to product design and therefore less community engagement principles were at times used.

Orange County Infrastructure

- **The OC Navigator improves County workflow.** County staff noted that the development of the OC Navigator improved their ability to more efficiently and effortlessly complete job tasks.

Funding

- **Identifying additional funding resources is necessary to maintain feature and content updates.** Because of the upcoming end of innovation dollars, Mental Health Services Act (MHSA) funding itself will not be enough to support updates and sustainability of the OC Navigator needed in the future. Identifying sustainable funding sources to support the updates and maintenance of OC Navigator can be challenging.

Innovation Characteristics

The following are key learnings related to the innovation such as OC Navigator features/development, evidence strength and quality, and consumer feedback/usage.

OC Navigator Features/Development

- **Successful features in the OC Navigator result from involving stakeholders early and often in ideation.** This allows for benchmarking existing similar features to learn what might work and not work and allows for 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.
- **Understanding and learning from the market and competitors can improve the OC Navigator.** Other navigation tools on the market may be seen as a competitor to the OC Navigator. Additionally, organizations and consumers who already used other digital behavioral health navigation tools may be resistant to switching to use of the OC Navigator. However, lessons learned from competitors and other existing digital platforms for resource navigation were an important innovation source to improve the OC Navigator platform.
- **Community partnership is key to the development of the OC Navigator.** The Community participatory approach is a key innovation source. Community input and feedback informed the development, improvement, and updates of the OC Navigator. Involving community feedback is essential to different stages of the project, including but not limited to, planning and prioritizing feature updates and project tasks. Thus, having staff who value community input and have expertise with community engagement facilitated the process of improving the OC Navigator.

Consumer Feedback/Usage

- **Consumers are satisfied overall with their experiences with the OC Navigator project.** Overall satisfaction with project participation remained high. Similar to last year's report, annual community engagement survey respondents continued to have a positive experience with the OC Navigator, and a majority would recommend the product to others.
- **Over half of annual community engagement survey respondents used the OC Navigator outside of the project.** They continued to primarily use it to find resources and share these with others. Additionally, multiple respondents indicated they used it for client referrals, resources, and information.
- **Annual community engagement survey respondents indicated similar and new challenges to engaging with the OC Navigator.** Similar to last year's report, respondents noted a challenge with time (i.e., workload and not enough time to engage with the project) and a lack of resources for Asian communities. These challenges are important to consider for future workgroup meetings. For example, adjustments may be made to help fit the workgroups into people's busy schedules, and to include Asian community members more in the project.
- **The OC Navigator was reported to be a useful online tool that facilitated individuals finding needed behavioral health resources.** Many individuals noted that a consolidated platform to find needed behavioral health resources offered an opportunity to become aware of resources and services that they did not know existed. Others noted that the OC Navigator would help facilitate their job. The majority of training survey respondents reported that they would recommend the OC Navigator and that they themselves would use it.

Process

The following are key learnings related to planning and education and outreach.

Planning

- **Project scope planning should occur early and should include flexibility for project expansion.** As the overall scope of the OC Navigator expanded with Orange County Health Care Agency (OCHCA), scope planning became more intricate. To ensure successful scope planning and implementation, scope planning must begin earlier than past projects and involve a wider range of stakeholders to inform on policies, data, and compliance topics.
- **Communication and documentation plans should be established early in project planning.** As Chorus collaborated closely with OCHCA leads to determine who needs to be consulted in planning and at what stage in the process, careful documentation and well thought out communication plans were required to ensure alignment across Chorus and OCHCA.

Education and Outreach

- **Diverse education and outreach are integral to raising awareness of the OC Navigator.** Successful marketing efforts and outreach to core groups in the community, such as the veteran population, enhanced the reach of the OC Navigator. However, there is a continued need to spread the breadth of engagement to focus on more hard-to-reach and underserved communities, such as Asian American and Pacific Islander (AAPI) populations, individuals with visual impairments, and the deaf and hard of hearing community. Continued outreach to external agencies (e.g., SSA, OCDE, Department of Education, Unite Us, OC cares Juvenile Justice group) may help reach underserved populations and can facilitate raising OC Navigator awareness.

BHST Part One: Recommendations

Recommendations

Below is a summary of the key recommendations from *BHST Part One: Performance and Value-Based Contracting*. Descriptions of the Consolidated Framework for Implementation Research (CFIR) domains can be found in Appendix C.

Outer Setting

The following are recommendations related to factors that are external to the innovation context (Orange County), such as health plan/provider infrastructure and policies/regulations.

Health Plan/Provider Infrastructure

- **Gain an early understanding of health plan and provider reporting and billing structures.** To properly plan steps for project success, early networking with health plans and payors needs to occur in order to gain a thorough understanding of their contracting requirements and billing processes. Understanding the intricacies of each unique plan can help establish accommodations to increase project efficiency and maintain buy-in.

Policies/Regulations

- **Continue monitoring the progress of CalAIM as it relates to value-based contracting.** Special attention should be paid to the Behavioral Health Payment Reform which began roll out on July 1, 2023, and involves shifting towards value-based care through incentives, decreasing administrative burdens, simplifying payments, and ending cost-based reimbursements. As this rollout continues, it is important to ensure the flexibility of the BHST Part One Performance and Value-Based Contracting project to meet CalAIM criteria and metrics.
- **Engage regularly with policy makers and state departments to discuss the impacts of performance and value-based contracting at the local and state level.** System level innovation change can be facilitated by a champion that has the ability to influence policy and the innovation environment. Gaining early buy-in from these individuals can help support moving the project forward.

Inner Setting

The following are recommendations related to factors internal to the innovation context, such as Orange County infrastructure/capacity as well as communication and engagement.

Orange County Infrastructure/Capacity

- **Consider how the established culture within the county will impact their approach to system level change.** When trying to establish innovative change, the context and norms of the innovation context are important to consider. Taking time to understand cultural norms, practices, and expectations is important to gain buy-in for the overall vision. By working in parallel with the county, support for small change efforts that slowly make cultural shifts can lead to bigger changes that align with the broader innovation vision/goal.
- **Establish a champion at the leadership level of the county.** Support from leadership at the county can help foster momentum for prioritization of the project. Additionally, leadership can

support shifts in organizational culture to lay the foundation for more widespread acceptance of systemwide innovation efforts.

Communication and Engagement

- **Maintain regular communication with the community to report on project progress.** Transparent and regular updates on project progress and success can help maintain relationships, establish new relationships, and gain buy-in from Orange County residents and Community-Based Organizations. It will also help sustain awareness and understanding of the project goals and accomplishments.
- **Tailor project language to each audience.** Be conscientious of the language and terminology that different members of the community may use in order to more effectively communicate about the innovation project.
- **Maintain transparent and open communication for clear vision alignment and prioritization of project goals.** Honest and regular communication with involved stakeholders about capacity, successes, and challenges helps to establish appropriate expectations and offers an opportunity to adjust project strategies, vision, and priorities as needed with support from all involved parties.

Innovation Characteristics

The following are recommendations related to the innovation such as value-based payment contract structure.

Value-Based Payment Contract

- **Structure flexible contracts to allow for more efficient partnership with different payors.** Contracts should include clear and standardized performance metrics and accountable payment models. However, due to the different criteria and requirements across health plans and providers, contracts need to offer some flexibility to streamline accessibility among different payors.

Process

The following are recommendations related to planning and education/technical assistance.

Planning

- **Start the commercial contracting process early.** The commercial contracting process takes significant time (e.g., 9-15 months). Therefore, it is important to plan the steps for contracting early based on the understanding of certification, health plan, and Licensing Board requirements. Take into consideration adding flexibility to the timeline for certification delays.
- **Be aware and prepare for time-intensive site reviews and audit activities when considering the addition of commercial payors.** Building time into the project timeline to account for contracting requirements for site visits and future audits is integral. Prepare and maintain appropriate documentation for auditing so as to not delay project progress.
- **Early project planning with tangible milestone markers will facilitate project success.** Determining and ensuring the right people are at the planning table early on is essential. Initiating early conversations to set up reporting mechanisms for the project and having access to data (e.g., visibility of initial contracts) in the early stages can help establish first version reporting.

Education/Technical Assistance

- **Engage the community in ongoing informational sessions to maintain awareness of performance and value-based contracting.** Educating providers, public and private payers, county staff, and community members on what value-based contracting and quality care in behavioral health is will help set the foundation for continued community input and support for long-term cultural shifts enabling system level change.
- **Create an outreach and education plan to train providers, payers, and procurement and contracting services on behavioral health payment reforms.** Ongoing training to introduce individuals to metric, reporting, billing, and contracting updates can lay the foundation for a shift to performance and value-based contracting that is supported by involved individuals. This will also offer an opportunity to address challenges and concerns early. Continued training to support the workforce development and shift towards a more streamlined value-based payment system will allow for reinforcement of the importance of performance and value-based contracting and will allow for valuable feedback and suggestions for future improvements.

BHST Part Two: Recommendations

BHST Part Two: Recommendations

Below is a summary of the key recommendations from *BHST Part Two: OC Navigator*. Descriptions of the Consolidated Framework for Implementation Research (CFIR) domains can be found in Appendix C.

Outer Setting

The following are key recommendations related to factors that are external to the innovation context (Orange County) such as market awareness.

Market Awareness

- **Remain aware of other available digital resource navigation tools and what advantages and disadvantages they have.** Many resource directories are available within and outside of Orange County. These additional tools can offer great insight into new features and frameworks that are successful and/or difficult to navigate. Remain aware of these sites and open to community feedback on what works and what does not work. Additionally, continue to communicate what sets the OC Navigator apart from other digital resource navigation tools and why one tool may be more helpful than another.

Inner Setting

The following are key recommendations related to factors internal to the innovation context such as communication and engagement and funding.

Communication and Engagement

- **Structure virtual activities to be more interactive to increase participant engagement.** To better connect with the audience and to improve attention and retention of content, ensure that virtual engagement activities have an interactive component. For instance, participants suggested including a demonstration of the Wellness Check-In, more case studies/examples of how to access different services and resources, and more time for ice breakers/introductions.
- **Continue to offer more materials and resources for individuals at in-person events.** Community members noted the desire to have more OC Navigator materials available that they can distribute to their peers. Continuing to provide how-to guides and resource cards in multiple languages for community members to take after the event will help to spread the word of the OC Navigator. Additionally, continued distribution of OC Navigator branded materials (e.g., bags, mugs, keychains, etc.) is helpful for marketing and promotion.
- **Continue to tailor activities to the audience.** Consideration of the audience prior to presenting/engaging with them will help the OC Navigator team tailor the presentation to highlight resources, services, and languages that would be of particular interest to that audience. Additionally, if the audience represents a particular organization, the team should plan to show them how to find their organization on the OC Navigator. If their organization is not included on the website, the team should have a plan to explain the process for its addition.
- **Consider how presentation styles may need to be adapted for different audiences.** Include presentation strategies that increase accessibility for all participants. For instance, take into

consideration accessibility for individuals of the deaf and hard of hearing community. Facilitators can wear clear masks when presenting, utilize microphones, and/or partner with an American Sign Language (ASL) interpreter.

- **Limit the number of facilitators when engaging with the community.** It is important to offer space so that participants feel comfortable sharing their opinions and feedback and feel like what they share is being heard/valued. One key way to offer this space is to ensure that there are not too many OC Navigator staff present at the meeting. A smaller facilitator size can offer more opportunities for participants to speak up and engage.
- **Remind community engagement participants about the community engagement roles/principles at the beginning of activities.** Community stakeholders shared that it is comforting when facilitators start the meetings by telling participants the importance of respecting everyone's opinions and suggestions, that all opinions are welcome even if they are in disagreement with others, and that the community members are the experts.
- **Have a more prominent representation from Orange County Health Care Agency at OC Navigator community engagement activities.** Community members noted the importance of having Orange County Health Care Agency staff present at meetings as they represent the final decision makers for the project. Community stakeholders at times felt disheartened that Chorus staff needed to check in with OCHCA leadership instead of being able to offer an immediate response. Increasing OCHCA representation at community engagement activities can increase transparency with the community and overall support for the Orange County Health Care Agency.

Funding

- **Address need for additional funding to support project sustainability and updates.** As technology is ever developing and resources/services are ever changing, ongoing updates and maintenance of the OC Navigator site are required. Organizational capacity (e.g., staffing and funding) needs to be put in place to sustain the relevancy of the OC Navigator.

Innovation Characteristics

The following are key recommendations related to the innovation such as OC Navigator features/development.

OC Navigator Features/Development

- **Incorporate community feedback into priority plans and explain the process for making updates to the OC Navigator.** Community feedback included adding waitlist times for counseling services, bed availability for housing resources, adding a zip code filter to the Wellness Check-In, adding a weblink for direct access to translated versions of OC Navigator (e.g., ocnavigator.org/tagalog), adding resources for the Middle Eastern North African (MENA) community, Adult Protective Services (APS) and dependent adult community, and disabled community, and creating more print materials for consumers and peers. While not all suggestions are possible, it is important to take community feedback into consideration and to maintain transparency about the feasibility and timeline of implementing their suggestions.
- **Make OC Navigator data more accessible to the Orange County community.** Community stakeholders shared that they would like regular updates on important statistics about how the OC Navigator is being used (e.g., the most searched and clicked on resources, the number of unique users accessing the OC Navigator, the most searched regions for resources). This

information can help providers and Community Based Organizations know what services and supports they should be offering their community.

- **Orange County staff would like additional features added to continue improving their workflow.** Orange County program staff shared that they found the OC Navigator team to be helpful in improving their workflow and would like them to continue adding enhancements to the OC Navigator tool with the goal of reducing administrative time needed to navigate across the various systems that Orange County staff are currently using.

Process

The following are key learnings related to planning and outreach.

Planning

- **Plan for different ways to maintain community engagement, input, and buy-in throughout different stages of the project.** Community engagement activities differed during early stages of the project where more emphasis was placed on product design and development. Perceptions of engagement differed among OC Navigator staff and community stakeholders as the project focus moved towards marketing and promotion. Plans should take into consideration how to maintain the depth of relationships throughout each stage in order to maintain buy-in and engagement from community stakeholders.

Outreach

- **Expand the breadth and depth of engagement with communities throughout Orange County.** While community engagement is a core facet of the OC Navigator project, additional efforts to include underserved and underrepresented communities needs to take place. There is a continued need to engage more with Asian American and Pacific Islander (AAPI) communities, Middle Eastern and North African (MENA) communities, additional Latinx communities, individuals with visual impairments, the deaf and hard of hearing community, more consumers of behavioral health resources/services, private providers, and the Southern Regions of Orange County.
- **Expand marketing and promotion materials to reach more Orange County residents.** While marketing and promotion efforts of the OC Navigator are widespread and varied (e.g., Ducks and Angels marketing, advertisements at train platforms, school banners, social media campaigns), additional efforts to reach more Orange County residents should be considered (e.g., advertisements at bus stops, in newspapers, and on the radio; Search Engine Optimization on online search engines; advertisements in different languages).

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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 7/5/2023

Reporting time frame: October 1, 2021-June 30, 2023

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I. Summary

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 final report covers the timeframe between October 2022 through June 2023.

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 – (October 2022 – June 2023)

- 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
- 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
- Community Planning: Ongoing meetings with consumers & family members to identify community values and preferred performance standards

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 • Commercial health plan established proof of concept requirements for successful implementation of commercial health plans <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 • The Commercial contracting process results in delays until a program is certified for practice by required Licensing Boards • Consideration for Commercial Plan requirements that may impact processes in place for provision of services (may differ by commercial plan)
<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 and follow back with previously engaged community stakeholders, 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 remained consistent • Development of provider identified values for proof-of- concept dashboard reporting • Provider interest in reported and considered metrics for future state metrics <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 • Reviewed current contracting practices to identify options for service incentives • Development predicated on ability to test out ideas • 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 updated over time <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>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"> • Identified provider capacity in OC will benefit from additional TA given the degree of change that VBP and CalAIM will present • 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 Health Care Agency to submit to OAC at completion of Part 2 contract

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.

Documents Attached as Appendices

1. Specified Milestones Identified in Project Plan

II. Overview

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. This final report covers the timeframe between October 2022 through June 2023.

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 a table of "Specified Milestones Identified in Project Plan," revised to reflect the start date and to indicate months rather than quarters. The table below is reflective of the current reporting period and expected milestones under the granted extension provided by HCA for the period of October 2022 through June 2023.

Oct '22 – Dec '22

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

Jan '23 – Jun '23

- Operationalize identified values and performance standards into measurable outcomes
- Host local planning to help identify community values and preferred performance standards
- Develop and execute initial procurement and contracts
- Provide technical assistance for local providers, as needed

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

III. Activities

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

Progress

Work toward identifying available funding streams and applicable State and Federal rules/regulations continues to be closely linked to planning and implementation work for California Advancing and Innovating Medi-Cal (CalAIM). Orange County continues to be a very active participant in the implementation and continuous planning for CalAIM. In addition to these activities, Orange County has been working with Mind OC to analyze the funding sources and allocations across directly operated and contracted behavioral health programs and services. During this period, Mind OC was successful in establishing contracts with several commercial payers and the County Organized Health System, CalOptima, for its services being provided at the Be Well Orange Campus. These events provided an opportunity for Mind OC to walk through critical elements necessary to allow for implementation of commercial and public payer contracts that cover services provided to clients covered under those payor sources.

Lessons Learned

Early lessons learned related to available and new funding streams and State and Federal rules/regulations that highlight the need for considerations of additional procedure and process required to successfully implement use of commercial and public funds in provision of services. An example of this is a commercial plan requiring additional training and forms from the contracted provider of services each time one of the commercial payor's beneficiaries receives covered services. With more than one commercial payor contract in place, the contracted provider must accommodate for each of the variations within each of the commercial payor's requirements. This results in an ever-expanding workflow based on the insurance types (commercial payor) contracted.

There is also additional consideration required for site reviews and audit activities. As the organization has begun to discuss and consider additional commercial payors, there is a contracting requirement for site visits and future audits. This requires a great deal of coordination with the provider, as it results in a provider site walk through, documents reviews, and a physical interview and potential submission of supporting documentation electronically. As the organization multiplies those contracts, the impact to time and effort required in response to these types of activities grows exponentially.

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)



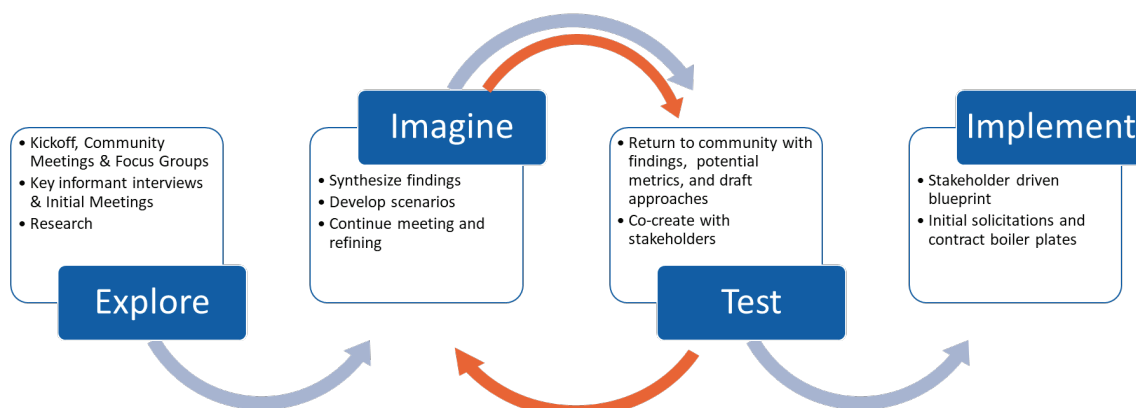
Related transformation efforts offer many lessons and opportunities from the activities that have already been undertaken in California and Orange County, to say nothing of across the nation, and the coming transformation envisioned in CalAIM. Several of these past initiatives, such as Whole Person Care,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

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

Progress

As we commented in previous reports, 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. This period, we focused on the feedback phase, engaging community either previously engaged and/or newly engaging interested stakeholders.



a) Be Well OC Quarterly Coalition Meetings 2021-2022

The Be Well Orange County movement continues to convene in a hybrid virtual and in person format for its quarterly coalition meetings in March, June, September, and December. There have been more meetings held in-person over this period and in response to the community, we have continued to provide options for virtual attendance. The number of participants typically range from 175 – 360, with an average of 200 per meeting, with a little less than half 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 (retired 2023), 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.

On March 16, 2023, the Be Well Orange County movement convened its quarterly coalition meeting. The meeting was held in person. There were 137 participants present. In addition to several updates highlighting great work across the Be Well OC movement, the meeting provided an opportunity for participants to collaborate and provide input into the development of the Behavioral Health System Transformation Innovation Project through a Round Table Discussion, the results of which are summarized (appended to the report as “Tabletop Responses”). After the meeting, participants were asked to complete a short survey to provide feedback that will inform the next phases of this project. Participants were also asked to contribute to an online survey sent to attendees following the meeting to help identify areas in which to develop performance outcomes and measures.

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 Community Meetings

Several community stakeholder meetings were held during the month of June, 2023. During these sessions, attendees were provided with more detail as it relates to the Behavioral Health System Transformation project. Attendees participated in discussion moderated by the facilitator and had opportunities to share feedback about the work so far and needs in the behavioral health system of care that stakeholders felt should be addressed. Additional details about the session dates and locations are as follows: June 7, 2023, at Abrazar, Inc.; June 12, 2023, at Wellness Center West (WCW) and Wellness Center South (WCS); June 13, 2023, at NAMI OC. There was a total of 32 people that attended the groups. Appended to the end of this report is the data captured on a series of questions that took place engaging the stakeholders during these sessions.

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

W Mind OC was able to produce an initial Be Well Campus Dashboard in 2021-22 that was helpful to utilize in discussions held with the campus providers. This engagement allowed for consideration of some of the challenges that the providers faced in service linkages and transitions and provided us with an opportunity to take that to the community to understand whether the community were reporting those same challenges. As we sunset the campus provider meetings at request of HCA, we arrived at a standard reporting dashboard that highlighted the operations metrics. The goal was and still is to utilize metrics that can speak to the quality of care that is being provided through services at the campus and in linkages to other services in the community. Essentially, the continuum of care metrics should be

reported so that any opportunity for improvement is highlighted in the dashboard and something to work towards.

Along with the provider metrics and dashboard work that has evolved over the course of this project, Mind OC continued to work with identified subject matter experts in support and contribution to development of a stakeholder driven blueprint that includes community-defined values and performance-based metrics (attached).

Lessons Learned

Providers and Community (clients) continue to align on performance standards and values. Changes to the focus of performance standards under CalAIM will have additional impact on programs in the behavioral health and substance use treatment services space. While there will be ramp up time required, most providers have been privy to quality measurement standards under NCQA and HEDIS, of which CalAIM is closely modeling after. Experience suggests that not all HEDIS or NCQA requirements are aligned with community defined values and so there will need to be continued engagement and consultation with the community to ensure their values are heard as well. Also, 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 and Lessons Learned

Data are central to value-based contracting and management of a broad set of data across the network requires establishment of data governance, which includes the legal and policy framework to safeguard privacy and security of confidential client information. Contract templates hinted at opportunities to participate in achievement of quality metrics but not to the degree it was spelled out in the contract to provide additional benefit in the form of payment to the providers. In addition, options to work through similar service delivery incentive options was not feasible to apply generally, for example, for clinical outpatient care in behavioral health vs. outpatient care in substance use treatment, and furthermore, in the urgent crisis or residential care spaces. Using the additional guidance from CalAIM, Mind OC suggested a contract template with incentive to the provider that could be adjusted for these scenarios and utilize CalAIM directed metrics to achieve.

To incentivize service delivery, plans must understand and be willing to implement levels of metrics that support program type and level of care that also incorporates funding requirements and limitations. 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. The practice of provider incentives at the commercial and public health plans has been a great resource and Mind OC would encourage HCA to engage in more conversations as they are close to finalizing contracts with providers and other business associates. This would be especially important as we learned that existing county contracts do not allow for incentivizing services at the provider level.

E. Streamline reporting processes

Progress

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. The Be Well Orange Campus provided a space to test the infrastructure and any possible concerns. Of note was a scenario that is highly likely once CalAIM is fully implemented, whereby, one provider was on paper chart and the other was a hybrid paper chart and electronic record keeping. Addressing the nuances of the processes for each of these scenarios along with the added nuance of working with multiple payor sources that required a variety of data elements to achieve results provided insight to the team on existing gaps in the system and opportunities to suggest improvements where possible.

Establishing relationships and agreements with commercial plans requires exceptionally specialized subject matter expertise and time. Participating agencies must be able to comply with multiple sets of regulations in addition to the new performance outcome standards easily. As a result, approaching this with a goal towards support of clinical provider documentation and billing for commercially insured clients with as much streamlining as can occur. By folding the public reporting processing into alignment with the commercial plans reporting process, plans can achieve a more robust standardized reporting process.

Lessons Learned

The standing recommendation from Mind OC includes these six foundations that 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. Most recently, the work groups include the CalAIM Behavioral Health Workgroup Meetings and any webinars opened to the public to learn about payment reform changes, implementation of certain facets of CalAIM, and any other relevant topics to stay aligned and possibly ahead of the curve.

In addition to these meetings, we continued monthly policy calls with The Steinberg Institute, which began in July 2020. The meeting attendees include members from Mind OC 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. Back in October 2021, a special meeting was called to discuss BH Workforce and the impact it could have on this and all projects under behavioral health. We feel it important to highlight this topic in this report as a final callout to some of the important topics we covered that continue to pose an impact on the changes underway for CalAIM. Topics covered included the reality of the Behavioral Health and Substance Use Treatment services workforce shortage, provider burnout, retirement waves, and workforce retention. The goal was to strategize realistic ways to promote a stronger, more representative workforce in this space and support the workforce in small ways that make large strides to retention and positive staffing models.

G. Develop and Execute Initial Procurement and Contracts

Progress

Mind OC has provided the suggested language and terms to be added to an initial contract template to be used in conjunction with VBP contracting. 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. During the previous year, 21-22, the initial conversations to discover the range of payers meeting the need for these services and interested in referral partnership took place. The contracting proposals were with Private Payers (Commercial Health Plans) whose clients could benefit from access to services in this field (behavioral health and substance use treatment). Continuing progress is being made as Mind OC engages with commercial payors, some of which would be interested in contracting once the Substance Use Services are back up and running. There was a change in providers for Substance Use Services in the 22-23 Fiscal Year that resulted in a search for a new provider. The new provider is currently going through the certification process and once they have completed the necessary steps, more payors will be able to contract to cover those services for their beneficiaries.

H. Provide technical assistance for local providers, as needed

Progress

Continued engagement of providers to further develop identified and unknown technical assistance needs continued during this report period with the understanding that this information would be submitted to Health Care Agency, but that implementation of Technical Assistance was not possible under this contract term. Targeted conversations with Hospital and Health Plans in Orange County allowed for further exploration of capacity needs.

a) Be Well Campus Providers

As an introduction to VBP models, Mind OC began VBP conversations with the two contracted Campus service providers early on in this contract, 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. This work allowed the BHST team to engage with both providers in private meetings so that the conversation could be as open as possible. This resulted in BHST team acquiring information that was helpful to understand the dynamics of the system and responsibilities of all parties.

Lessons Learned

Be Well Campus providers welcomed the opportunity to discuss what quality meant for them. They were engaged and brought a multidisciplinary team to the table for monthly or biweekly discussions. Often while we were working on a discovery process of outcomes measures they would hope to have published in support of their work and highlighting the success of their services, topics on operations would come up. In response, we were able to formulate a well-rounded idea of both operations and metrics that could demonstrate success or room for improvement for the providers and services they were contracted for. Unfortunately, the one-year contract was not extended by HCA and so the conversations ended with Mind OC reporting standard operating outcomes.

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.

Lessons Learned

Despite scheduling frequent engagement sessions with Local Hospital Partners to provide education and technical assistance, staffing turnover was a reality and messaging often does not get pushed downstream as often as we had hoped. As we have found, this results in the need for continued engagement. In addition to the standard engagement sessions, as Mind OC approached a “contracted” status with commercial payors, any process updates related to the contracted payors were provided to these referring parties. This becomes a continuous process as payors are added and updates are made by those payors.

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

During the previous year (21-22), the team had identified and connected with non-county contracted providers to understand their capacity and training needs for moving toward value-based contracting. At that time, we identified a variety of levels of understanding providers had with changes in the contracting and service delivery requirements soon approaching under CalAIM. Since then, CalAIM has begun in a phased approach and Providers are becoming more oriented to the changes. While there is still many changes that will roll out over the next several years under CalAIM, HCA will become better aware of providers contracted under them and their technical needs to progress successfully through the changes.

Lessons Learned

Value-Based Payment contracting requires ongoing, routine meetings with providers and payors, 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 includes the fact that technical assistance is an ongoing process and should continue post implementation. New and pending guidance continues to be disseminated to the Mental Health and Managed Care Plans who are learning simultaneously to implementing changes, and it is important that they continue the messaging downstream and offer of support to all providers working in the behavioral health space.

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
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



Be Well Orange County Coalition Meeting March 16, 2023 Meeting Summary and Survey Results

On March 16, 2023, the Be Well Orange County movement convened its quarterly coalition meeting. The meeting was held in person. There were 137 participants present.

The meeting followed the following agenda:

- Welcome and Overview
- Mindfulness & Sound Healing Activity
- Keynote Presentation: Vitka Eisen, HealthRIGHT 360
- Updates on the Be Well Movement
 - YOR Grant
 - Orange Campus Data
 - Irvine Campus Update
- Event Announcement
- Behavioral Health System Transformation (BHST) Initiative
 - Round Table Discussion and Survey
- Closing Remarks & Post-Event Survey

In addition to several updates highlighting great work across the Be Well OC movement, the meeting provided an opportunity for participants to collaborate and provide input into the development of the Behavioral Health System Transformation Innovation Project through a Round Table Discussion, the results of which are summarized below under “Tabletop Responses.” After the meeting, participants were asked to complete a short survey to provide feedback that will inform the next phases of this project. A recording of the meeting is available [here](#) and the slides can be accessed [here](#). Participants were also asked to contribute to an online survey sent to attendees following the meeting to help identify areas in which to develop performance outcomes and measures.

Tabletop Responses

Tabletop responses are summarized below.

Question 1: How would you know if you/your family members are getting high quality behavioral health care? [N=76]

Participants provided an array of responses with three overall areas of focus: Access to Care, Provision of Services, and Measurement and Outcomes.

Access: 11 of 76 responses to this question included components of access to care that need to be addressed and measured. The following are summary examples of the components identified:

- Barriers of cost and insurance status/type ^
- Continuity of care and consistency of provider(s) ^
- Provider availability and timeliness of care ^

Provision of Services: 36 of 76 responses to this question included elements related to provider and system capacity for a full array of consistent, client- centered, evidence-based services delivered by well trained, culturally competent providers. The following are summary examples of the service provision elements that were identified:

- Adequate array of needed services - crisis, psychiatry, inpatient, long term care, telephonic, in home, groups, etc.
- Attentive follow up care and check-ins
- Experienced providers and appropriate training for work force
- Client centered care with full engagement (including family and natural supports, as appropriate) in treatment planning
- Collaboration and information sharing across providers
- Sufficient pay and manageable workloads for providers
- Cultural/linguistic competencies
- Focus on improvement in coping skills and resilience; improvement in protective factors
- Focus on family needs and trauma in addition to patient needs
- Provider empathy
- Trauma informed care

Measurement and Outcomes: 24 of 76 responses to this question related to measurement and outcomes from services. It is important to note that the access and provision of services issues identified by participants above are central to positioning a system that can deliver the needed outcomes. Participants identified the following measurement and outcome topics as key components of knowing they/their family members are getting high quality behavioral health care, with the most prevalent theme being an improvement in symptoms. The following are summary examples of the measurement and outcomes components identified:

- Improvement in symptoms of individuals' mental health diagnoses
- Client and family satisfaction

- Communication and coordination with clients, families and other providers; care coordination
- Engagement in treatment, including therapy and/or medication as appropriate
- Improvement in life functioning
- Progress toward personal and clinical goals
- Treatment adherence and general functioning

Question 2: What other areas should be measured to know if Orange County’s behavioral health care system is delivering high quality care for the community? [N=56]

As with Question 1, above, participants provided an array of responses with three overall areas of focus: Access to Care, Provision of Services, and Measurement and Outcomes.

“If there is connection from one program to another so no one falls through the cracks, all should improve for the county programs.”

Access to Care: 27 of 56 responses to this question included components of access to care that need to be addressed and measured. There was a focus on building community awareness, broadening access for all populations, and ensuring overall capacity. The following are summary examples of the components identified:

- Adequate and appropriate housing and financial resources to support health and care
- Multi-lingual services and cultural competency
- Adequate capacity and array of needed services (including crisis, in-home and in-shelter, and population specific services)
- Community knowledge of available services
- Affordable services and care for all regardless of finances

Provision of Services: 7 of 56 responses to this question included elements related to provider and system capacity for a full array of consistent, client- centered services delivered by empathetic providers. The following are summary examples of the service provision elements that were identified:

- Collaboration and information sharing across providers, with transparency to consumers and family members
- Communication and coordination with clients, families and other providers
- Follow up to ensure family/client follows up with linkages

Measurement and Outcomes: 18 of 56 responses to this question related to measurement and outcomes from services. The most common themes from participant responses were tracking and publishing data on program outcomes and seeing decreased rates of specific population health concerns. The following are summary examples of the measurement and outcomes components identified:

- Tracking system efforts and publishing data and program updates (e.g. creation of data dashboards, publicly accessible outcome tracking)
- Client and family engagement and satisfaction
- Meeting established system goals
- Decrease in crisis interventions and emergency department utilization
- Decrease in substance use disorders
- Decrease in incarceration rates
- Decrease in other mental and behavioral health concerns across county population
- Referral completion (and time to complete)

Question 3: Please provide any related observations from you/your group. [N=30]

Participants identified an array of questions and considerations that generally fell under the topics of Meeting Process, Public Engagement and Population Specific Needs, Process, Measurement and Planning, and System of Care and Provider Needs. The following responses are direct participant quotes, provided within the categories they most aligned with:

Coalition Meeting Process

- *Too much data, hard to follow the data and purpose of some presentation.*
- *Great presentation! Very insightful*
- *We discussed it at the table. We did some research before coming today. With online services being strong that helped us have more of an understanding of what Be Well is all about.*
- *Start with the open discussion.*
- *Networking: more opportunities to connect with more people than just our table.*
- *Contact list of everyone attending.*

Public Engagement and Population Specific Needs

- *Make mental health education easier to go through and more accessible to different groups.*
- *Need more cultural atonement - therapists are culturally tone deaf (no self-awareness).*
- *Need to understand LGBTQ - understand multiple identities - intake process.*
- *Better outreach and education of OC programs.*
- *Some parents are frustrated with the lack of transparency in their loved ones mental health care.*
- *Parents need help on coping with the crisis.*
- *Need more family support programs – NAMI is not enough*
- *Families need more support in dealing with loved ones mental and potential substance abuse*

- *Work in homeless youth (18-24) supported care - (shelter care)*
- *No clear path for population specific services*

Process, Measurement and Planning

- *When does Irvine open and how do we get our clients there?*
- *Just because mental health is diverse doesn't mean we can't measure it.*
- *The idea would be to draft a bill that would require employers to pay/cover "Mental Health" time perhaps a max of 1-2 hours and allow employees to take time and attend an earlier counseling session/during times where counselors don't typically have waitlist.*
- *Like the saying goes...it takes a village!*
- *No funding for in-program mental health services*
- *Funding for services: We can provide, we don't have the money.*

System of Care and Provider Needs

- *How can mental health shift from just compliance to compliance and excellence?*
- *Our group was talking about how as providers we are always feeling pressured to meet the clients/community needs. Many times at the expense of the provider's mental health too. For example, working evenings because the community needs evening for their counseling appointment because they (client) work.*
- *The wait times to get therapy can be weeks/months and that is an issue.*
- *Mental health break for providers, as well so that they can take good care of their mental health in order to provide mental health services to clients/patients.*
- *Frustrated with systems of care in mental healthcare and results.*
- *OC needs to do better*
- *Need more crisis beds and long-term care*

Survey Results

Survey results are summarized below. Survey questions included the following:

1. What do you think are the top 5 areas that should be measured to know that you/your family members are getting high quality behavioral health care? [Pick up to 5]
2. What other areas should be measured to know if you/your family members are getting high quality behavioral health care?
3. What do you think are the top 5 areas that should be measured to know that Orange County's behavioral health care system is delivering high quality care for the community? [Pick up to 5]
4. What other areas should be measured to know if Orange County's behavioral health care system is delivering high quality care for the community?
5. Did you participate in the March 16th Be Well Coalition Web Meeting?
6. What sector are you representing? [Please mark one]

7. What community/population group are you representing? [Mark all that apply]

Note on Limitations

It is important to note that this survey was designed to gather input from individuals who attended the March Be Well Coalition meeting and survey participation was voluntary. The 15 respondents comprised slightly over 10% of the 137 meeting participants and therefore is likely not representative of County demographics.

Question 1: What do you think are the top 5 areas that should be measured to know that you/your family members are getting high quality behavioral health care? [Pick up to 5]

Participants were asked to choose from twelve options. Of the options provided, respondents focused on: Ease of finding and accessing care, an improved sense of health, social and emotional well-being, and achieving measurable improvement toward personal and clinical goals.

Answer Choices	%	# (N=15)
It's easy to find a provider, get an appointment, and be seen for care	73%	11
Improved sense of health (mental and physical)	67%	10
Improved social and emotional well being	67%	10
Making measurable improvement toward personal and clinical goals	53%	8
Improved ability to meet basic needs	33%	5
Improved life satisfaction	47%	7
Improved self-sufficiency	33%	5
Improved satisfaction with emotional and social support.	33%	5
Improved ability to be or stay employed	13%	2
Improved connection to social activities	13%	2
More days of happiness each week	20%	3
Improved spiritual well being	13%	2

Question 2: What other areas should be measured to know if you/your family members are getting high quality behavioral health care? [N=11]

Participants provided an array of responses with three overall areas of focus: Access to Care, Provision of Services, and Measurement and Outcomes. [Please note that Question 2 was

intended to elicit more personal and individual level measures, while Question 4 was intended to focus on the behavioral health system of care more broadly. Participants' responses to these two questions are generally consistent and aligned.]

The following responses are direct participant quotes, provided within the categories they most aligned with:

Access:

- *Affordability*
- *Increased awareness, education, screening and referral; reduced stigma regarding access to care.*
- *Improved understanding of behavioral health care system (how to access services, what services are available and when is the appropriate time to access them)*

Provision of Services:

- *Are patients resorting to substances to get through the day? Are SUD providers providing trauma-informed care? Are residential SUD providers actually (versus marketing materials) providing dual diagnosis/co-occurring disorder care?*
- *Proportionate attention to co-occurring mental health and substance use disorders, given typical over-emphasis on either separately.*

Measurement and Outcomes:

- *Determining the usage of our Wellness Centers and out patient programs to see what programs/methods are stronger than others*
- *Measure their satisfaction with their care and their provider.*
- *The measures of the 9 areas of life functioning from start of services and ongoing (see the county universal service plan for the areas, such as work, home life, legal, school, etc) to end with at minimum update at 6 months, but should be addressed more often.*
- *Satisfaction with the mental health provider Goodness of fit between client and provider (this could be communication, style, cultural congruence, shared sense of power, etc). Feeling seen, heard, and understood by my provider*

Other:

- *Nothing to add to the above list.*
- *None that I can think of at the moment.*

Question 3: What do you think are the top 5 areas that should be measured to know that Orange County’s behavioral health care system is delivering high quality care for the community? [Pick up to 5]

Participants were asked to choose from eleven options. Of the options provided, respondents focused on: Ease of finding a provider, getting an appointment and getting seen for care, Improving care coordination across providers, Decreasing number of people experiencing homelessness, and Decreasing clinical symptoms.

Answer Choices	%	# (N=15)
Clients are increasingly able to easily find a provider, get an appointment, and be seen for care	87%	13
Improving care coordination across providers	80%	12
Decreasing avoidable psychiatric & medical hospitalizations	33%	5
High or Improving patient/family satisfaction (measured with consistent tool)	47%	7
Decreasing number of people experiencing homelessness	60%	9
Decreasing clinical Symptoms	53%	8
Improving completion of provider referrals (and measured)	33%	5
Decreasing incarcerations	20%	3
Increasing provider use of standardized tools to monitor symptoms	27%	4
Improving employment rates for clients receiving care	20%	3
Decreasing absenteeism at work	13%	2

Question 4: What other areas should be measured to know if Orange County’s behavioral health care system is delivering high quality care for the community? [N=8]

As with Question 2, above, participants provided an array of responses with three overall areas of focus: Access to Care, Provision of Services, and Measurement and Outcomes. [Please note that Question 2 was intended to elicit more personal and individual level measures, while Question 4 was intended to focus on the behavioral health system of care more broadly. Participants’ responses to these two questions are generally consistent and aligned.]

Access to Care:

- *Decreased amount of time waiting for in-patient psychiatric treatment while in emergency departments. Increased access to higher level of treatment (intensive outpatient, residential behavioral health). Increased compliance with outpatient behavioral health*

appointment in community members with serious mental illness (with therapists and psychiatrists)

Provision of Services:

- *Consistent and ongoing communication between initial providers and aftercare providers.*
- *Proportionate attention to the impact of alcohol on infants, children, youth, and adults relative to its under-emphasis in most BH arenas as the substance which causes the most lifetime harm.*

Measurement and Outcomes:

- *The amount of satisfaction that clients agree upon with the different methods that are offered in community*
- *Measure the follow-up from their provider to check in on their wellbeing.*
- *sharing cost benefit analysis in all areas of community programs at 6 month intervals with baseline measures*

Other:

- *None that I can list at the moment.*
- *Nothing to add to above list.*

Question 5: Did you participate in the March 16th Be Well Coalition Web Meeting?

Answer Choices	%	# (N=14)
Yes	50%	7
No	50%	7

Question 6: What sector are you representing? (Please mark one)

Answer Choices	%	# (N=15)
Behavioral health	27%	4
Consumer, Family Member, or Other*	27%	4
Health care	20%	3
Education	27%	4

*The “Other” category was provided to encompass general community members.

Question 7: What community/population group are you representing¹? (mark all that apply)

Answer Choices	Responses	# (N=15)
Adults (26-59 years)	40%	6
Youth (16-25 years)	67%	10
Older Adults (60+)	33%	5
Children (0-15 years)	60%	9
Mental Health w/ Substance Use	27%	4
Mental Health w/ Medical Conditions	20%	3
Veterans	13%	2
Racial/ Ethnic Groups	33%	5
LGBTQ	27%	4
Monolingual/ Limited English	27%	4
Homeless	13%	2
Students at Risk of School Failure	13%	2
Other -- please specify your Racial/ Ethnic Groups and/or language(s)	13%	2
Criminal Justice Involved	13%	2
Foster Youth Parent/ Families	20%	3

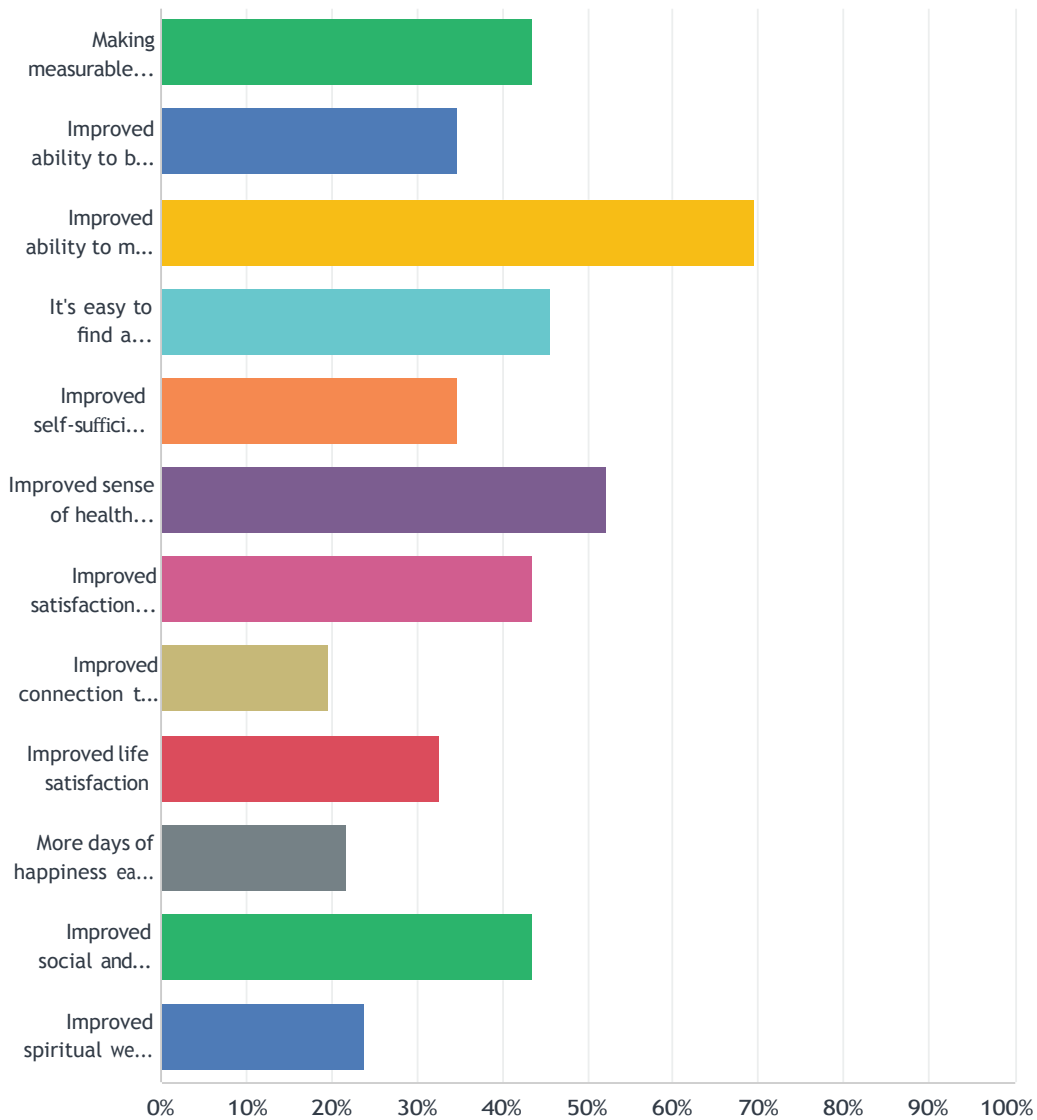
Respondents who chose to enter information for “Other -- please specify your Racial/ Ethnic Groups and/or language(s)” indicated the following: Fetal Alcohol Spectrum Disorders as an intersectional disability; persons with intellectual and developmental disabilities.

¹ In recognition that participants were responding from many perspectives, including personal, professional, organizational, advocacy, and others, the word “representing” was used to capture the broadest possible array of stakeholder identification/representation.

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Q1 What do you think are the top 5 areas that should be measured to know that you/your family members are getting high quality behavioral health care? [Pick up to 5]

Answered: 46 Skipped: 0



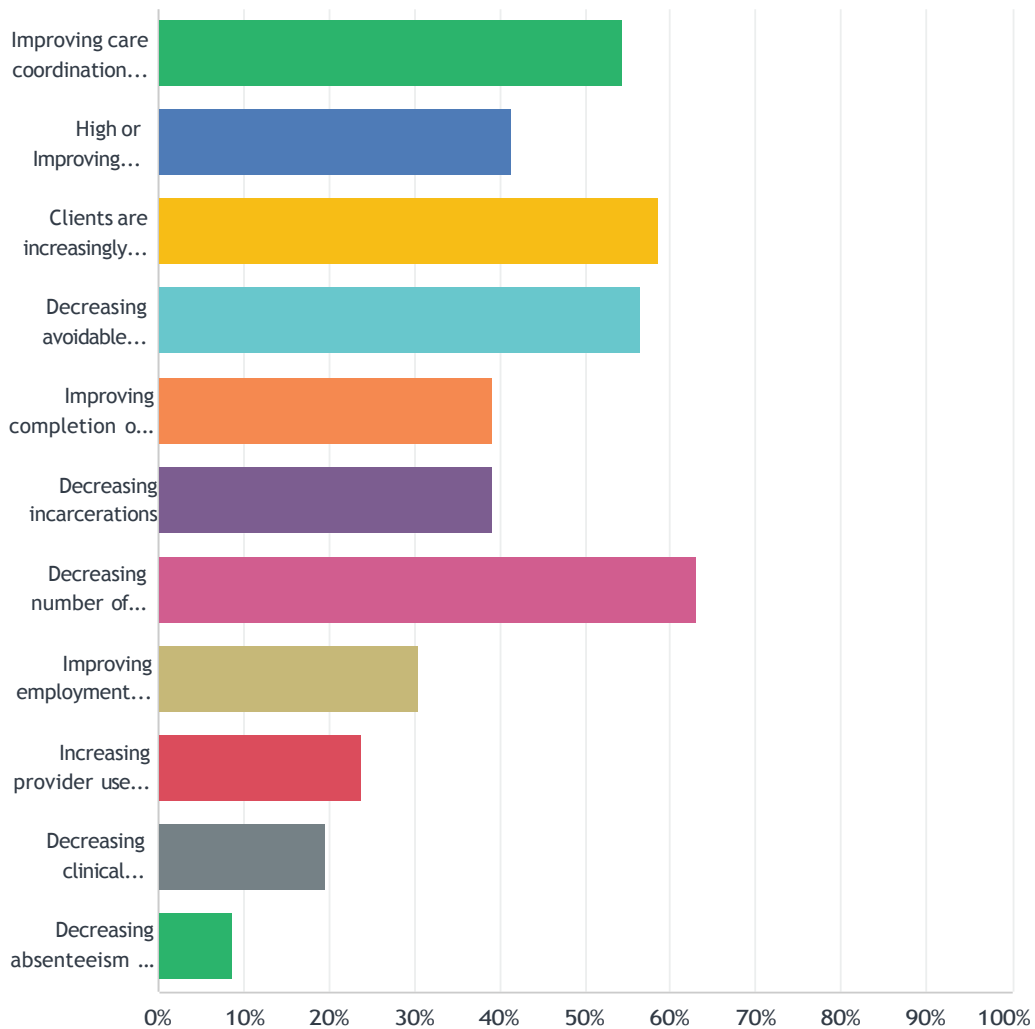
Goals for an Orange County Behavioral Health System Transformation

ANSWER CHOICES	RESPONSES	
Making measurable improvement toward personal and clinical goals	43.48%	20
Improved ability to be or stay employed	34.78%	16
Improved ability to meet basic needs	69.57%	32
It's easy to find a provider, get an appointment, and be seen for care	45.65%	21
Improved self-sufficiency	34.78%	16
Improved sense of health (mental and physical)	52.17%	24
Improved satisfaction with emotional and social support.	43.48%	20
Improved connection to social activities	19.57%	9
Improved life satisfaction	32.61%	15
More days of happiness each week	21.74%	10
Improved social and emotional well being	43.48%	20
Improved spiritual well being	23.91%	11
Total Respondents: 46		

Goals for an Orange County Behavioral Health System Transformation

Q2 What do you think are the top 5 areas that should be measured to know that Orange County’s behavioral health care system is delivering high quality care for the community? [Pick up to 5]

Answered: 46 Skipped: 0



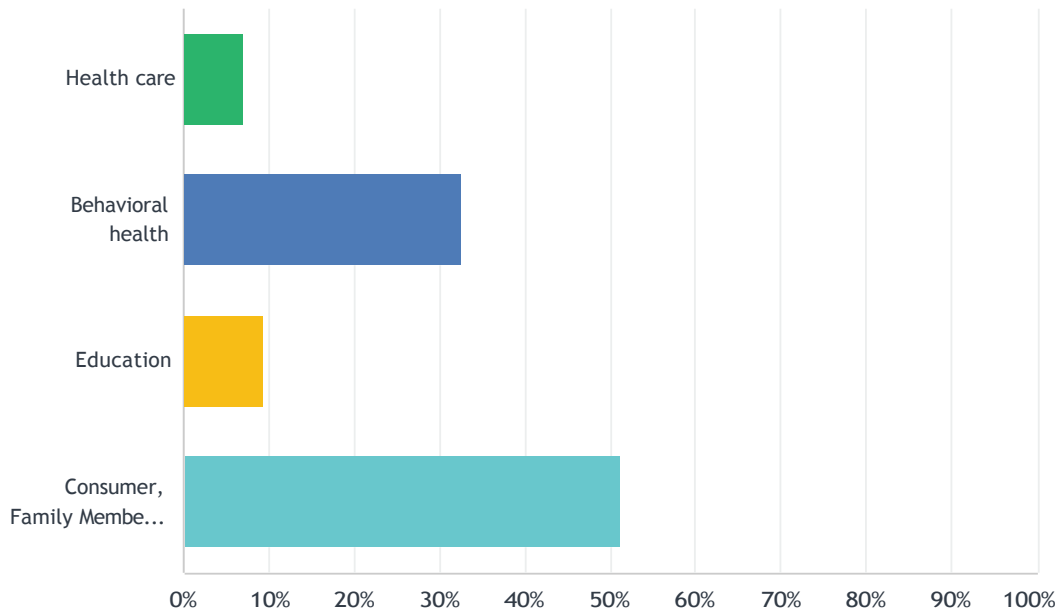
Goals for an Orange County Behavioral Health System Transformation

ANSWER CHOICES	RESPONSES	
Improving care coordination across providers	54.35%	25
High or Improving patient/family satisfaction (measured with consistent tool)	41.30%	19
Clients are increasingly able to easily find a provider, get an appointment, and be seen for care	58.70%	27
Decreasing avoidable psychiatric & medical hospitalizations	56.52%	26
Improving completion of provider referrals (and measured)	39.13%	18
Decreasing incarcerations	39.13%	18
Decreasing number of people experiencing homelessness	63.04%	29
Improving employment rates for clients receiving care	30.43%	14
Increasing provider use of standardized tools to monitor symptoms	23.91%	11
Decreasing clinical Symptoms	19.57%	9
Decreasing absenteeism at work	8.70%	4
Total Respondents: 46		

Goals for an Orange County Behavioral Health System Transformation

Q3 What sector are you representing? (Please mark one)

Answered: 43 Skipped: 3

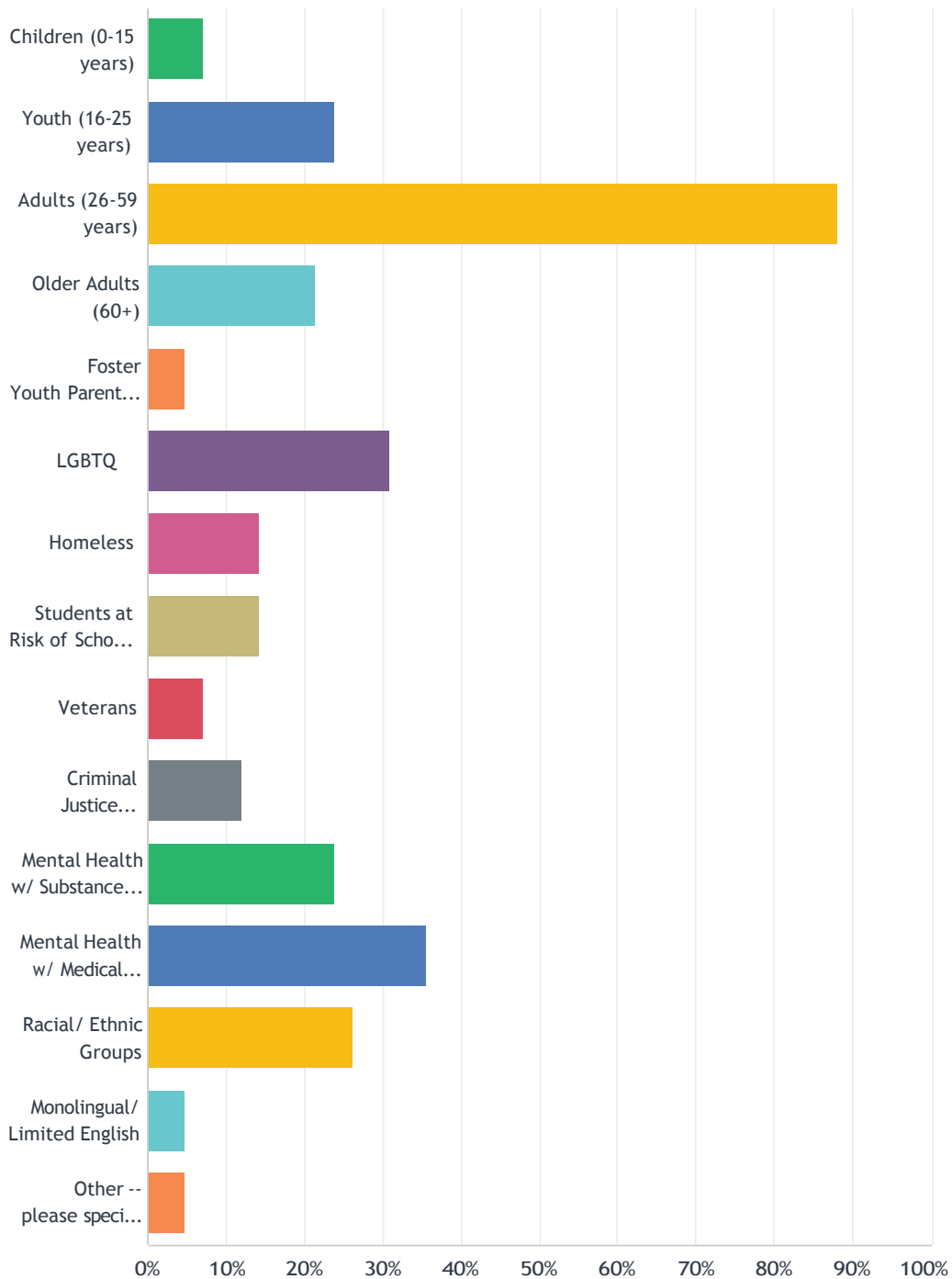


ANSWER CHOICES	RESPONSES	
Health care	6.98%	3
Behavioral health	32.56%	14
Education	9.30%	4
Consumer, Family Member, or Other	51.16%	22
TOTAL		43

Goals for an Orange County Behavioral Health System Transformation

Q4 What community/population group are you representing? (mark all that apply)


Answered: 42 Skipped: 4



Goals for an Orange County Behavioral Health System Transformation

ANSWER CHOICES		RESPONSES
Children (0-15 years)		7.14% 3
Youth (16-25 years)		23.81% 10
Adults (26-59 years)		88.10% 37
Older Adults (60+)		21.43% 9
Foster Youth Parent/ Families		4.76% 2
LGBTQ		30.95% 13
Homeless		14.29% 6
Students at Risk of School Failure		14.29% 6
Veterans		7.14% 3
Criminal Justice Involved		11.90% 5
Mental Health w/ Substance Use		23.81% 10
Mental Health w/ Medical Conditions		35.71% 15
Racial/ Ethnic Groups		26.19% 11
Monolingual/ Limited English		4.76% 2
Other -- please specify your Racial/ Ethnic Groups and/or language(s)		4.76% 2
Total Respondents: 42		
#	OTHER -- PLEASE SPECIFY YOUR RACIAL/ ETHNIC GROUPS AND/OR LANGUAGE(S)	DATE
1	Farsi	6/14/2023 10:33 PM
2	Spanish	6/2/2023 3:36 PM

Appendix B



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

Submitted by Chorus to BHST evaluation team on 9/8/2023

Reporting Timeframe: Sep 1, 2022 - Sep 1, 2023

- Overview 1**
 - OC Navigator 1
 - OC Links and Crisis Assessment Team (CAT) Mobile Dispatch..... 2
 - Outreach & Engagement (O&E) Dispatch and Referral..... 3
 - O&E Universal Activity Form (UAF) Survey 3
 - CSU Live Bed Board 4
 - OC Warmline 4
 - Crisis Residential Programs (CRP) Bed Board 4
 - Prevention & Early Intervention (PEI) Forms 4
 - Closed-Loop Referrals & Linkages 4
 - Security and Access Improvements..... 5
- Section 1: Identify Stakeholders to Include in Local Planning Meetings 3**
 - 1.1 Achievements 4
 - OC Navigator 4
 - Community Engagement..... 4
 - Community Co-Chairs 4
 - Resource Data Governance 5
 - OCHCA MHRS Apps 5
 - 1.2 Timeline 6
 - OC Navigator App 6
 - OC Links/CAT App 6
 - O&E Dispatch and Referral App 10
 - O&E UAF Survey 7
 - CSU Live Bed Board App 10
 - OC Warmline 10
 - CRP Bed Board..... 11
 - Closed-Loop Referrals & Linkages 11
 - PEI Form 12
 - Security & Access Improvements 12
 - 1.3 Lessons Learned & Next Steps 7
 - Lessons Learned 7
 - Next Steps..... 7

- OC Navigator..... 7
- MHRS Internal Apps 14
- Security & Access Improvements 14
- Section 2: Outline Scope8**
- 2.1 Achievements 8
- OC Navigator..... 8
- Resource Guide Framework 15
- Resources and Resource Guides 17
- Marketing and Promotion..... 17
- Multilingual Resource Postcards 18
- Back to School Campaign..... 19
- Bounce Back Page 20
- Angel Stadium Campaign..... 21
- Angels Landing Page 21
- Ducks Honda Center Campaign 22
- Train Platforms 22
- 57 Freeway Marquee Screen 23
- OC Links & CAT..... 24
- Staff Scheduling..... 24
- O&E Dispatch and Referral App 24
- O&E UAF Survey 25
- CSU Bed Board 25
- OC Warmline..... 25
- CRP Bed Board..... 26
- Closed-Loop Referral & Linkages..... 26
- PEI Forms 26
- Security & Access Improvements 26
- 2.2 Timeline 20
- OC Navigator 27
- OC Links/CAT 28
- CSU Live Bed Board 28

- O&E Dispatch and Referral 29
- O&E UAF Survey 29
- OC Warmline 30
- CRP Bed Board 32
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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. The OC Navigator launched April 7, 2022 and is available at <https://ocnavigator.org>.

Through the development work conducted for the OC Navigator, a need emerged to expand and support other programs. Using other sources of MHSa funding, we are able to support the development of the following apps: (1) the OC Links/CAT Dispatch App and their administrative dashboard, (2) the O&E Dispatch and Referral App, (3) the O&E Universal Activity Form (UAF) Survey, (4) the Crisis Stabilization Unit (CSU) Live Bed Board App, (5) NAMI Warmline App, (6) the Crisis Residential Program Bed Board App, (7) the Prevention and Early Intervention Form, and (8) Referral and Linkages. As we support the transformation of the Mental Health and Recovery Services division, additional security & access improvements are put in place to support adoption, ease of use across the division, and security. This report encompasses our efforts to build the eight interconnected modules.

OC Navigator

In the year and a half that the OC Navigator has been live, engagement and usage have grown significantly, and with it, community feedback. The project's community engagement activities have increased in scope and number, thus providing a wealth of feedback and feature requests to shape the OC Navigator's roadmap. 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 38 trainings, 23 workgroups, 24 presentations, 12 large in-person community events, 20 subject matter expert interviews, and 6 user feedback sessions. The project has successfully connected with over 2000 individuals and 70 community organizations. 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. All resources were tagged with community-curated keywords to support search. In May 2023, OC Navigator also launched Apps and Online Resources, which include digitally accessible articles, videos and toolkits for users to browse. As of this report, the OC Navigator contains 1,230 resources total (904 that provide services and 326 Apps and Online Resources) and 18 resource guides, an increase of 237 resources and 4 resource guides from last year's report. Apps and online resources were curated in collaboration with the OC Student Mental Health Resource Directory initiative, funded through MHSa PEI.

- **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:** Marketing and promotional campaigns for the OC Navigator are County-facilitated and include County promotion at events and schools, the Angel Stadium campaign, and the Ducks Honda Center campaign.
- **OC Navigator Reporting Dashboard for OC administrators:** The reporting dashboard on Looker Studio, supported by Google Analytics, has been refined to report on OC Navigator usage analytics, including total user count, user engagement, page views, and external links. Separate Looker Studio dashboards were created for the Angels and Ducks campaigns to assess impact and impressions.
- **Site improvements:** Throughout the reporting period, community requests and County needs were integrated into the OC Navigator website, resulting in the addition of the digital resource search feature, homepage design improvements, and continued search experience enhancements, such as filters and subcategories.

OC Links and Crisis Assessment Team (CAT) Mobile Dispatch

Significant features have been added to support the collaborative and fast-paced environment of OC Links and CAT users as their workflows evolve. We continue to shadow clinicians in the office and field to understand necessary improvements and align with workflows we are exploring for other modules. Below, we summarize the most significant improvements to the system:

- **Case creation and client assignment improvements:** Creating a case while chatting with a client is now faster due to workflow improvements. The client assignment workflow has also been optimized to reduce the time a clinician spends assigning a client to a case in the middle of a call.
- **Merge client:** Duplicative client profiles were created as more clinicians from different teams entered the system and created cases. A merge client feature was added to the OC Links Admin Portal to easily merge client profiles and select fields that are most up to date.
- **CAT Dispatch workflow redesign:** The dispatch process was refreshed following a shadowing session with a field clinician where it became clear that clinicians access the inputs on a page at different points during an assessment. This redesign of the page layout allowed for a more efficient input.
- **Addition of the Public CSU Bed Board:** The Public CSU Bed Board was launched this reporting period, and it has been linked to the OC Links and CAT systems so clinicians can view bed availability among crisis stabilization units in real-time.
- **Staff Scheduling:** OC Links administrators can now schedule and publish shifts in the Admin Portal, which employees can view in OC Links. This feature is undergoing improvements to prepare for implementation for CAT Adult and Youth teams.

Outreach & Engagement (O&E) Dispatch and Referral

Due to new workflow requirements from the O&E Program, the O&E Admin App has been expanded and renamed to O&E Dispatch and Referral app. The expanded app will provide additional service and function including the ability to digitize the communication and collaboration among office and

field workers; improve field worker dispatch efficiency; provide field workers with a mobile app for client case and workflow continuity; and digitize outgoing client referrals and linkages to resources and service providers.

The O&E Dispatch and Referral app is in the participatory design phase. Biweekly meetings with the O&E team include O&E program managers, service chiefs, and data scientists. Our partnership continues to yield key insights that inform the design and user experience of the referral management system from OC Links down to the mobile experience for outreach workers in the field. The focus of the biweekly meetings have been co-developing designs, workflows, case statues, and functions for the dispatch dashboard and client case life cycle, the referrals and linkages module, the dispatch field worker mobile case experience, and the client case detail page.

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. Participatory development with field workers and team leads have yielded UI improvements to support more accurate data collection such as survey archival and automatic tallying and display of demographic counts.

CSU Live Bed Board

We made significant improvements to the CSU Bed Board, specifically for the add and edit client workflows. Improvements were informed through multiple development sessions with staff from all CSU facilities to ensure a unified workflow.

In this reporting period, the CSU Public/Law Enforcement Bed Board was launched to provide visibility into bed availability for first responders. Leads from the Behavioral Health Bureau at Orange County Sheriff's Department were trained using a train-the-trainer model to train other officers. Law enforcement responding to mental health calls through Orange County can more easily understand bed availability at each crisis stabilization unit (CSU) to determine where to take clients. The link is public and can be accessed by any first responder. We are working with the Health Care Agency to understand how best to roll out to a larger audience.

OC Warmline

Version 1 of the OC Warmline client management system has been built; features include resource database and management, team management, and case management. Additional requirements for launch include RingCentral integration, migration of client profiles from iCarol to Chorus, and resource recommendations. Launch is planned for the fourth quarter of 2023.

Crisis Residential Programs (CRP) Bed Board

The CRP Bed Board has been developed with CRP Managers, service providers, and administrative staff. The objective of the app is provide real-time bed availability across 8 CRPs in Orange County as well as facilitate visibility and coordination of incoming client referrals, streamline and digitize program workflows through a single unified system, and facilitate coordination of client services across the care continuum in OC by digitizing outgoing client referrals and linkages to resources and services providers. The launch of the CRP Bed Board is forecasted for the fourth quarter of 2023.

Prevention & Early Intervention (PEI) Forms

The Prevention and Early Intervention (PEI) project is designed to enhance PEI services across 26 county-contracted providers. It digitizes the Participant Information Form (PIF) that county-contracted use as well as streamlines participant care stages, including referrals, enrollment, demographics, care provision, and discharge, while assisting in managing referrals and linkages. The project aims to improve user and provider experience with efficient data entry and comprehensive demographics forms. Launch of the Prevention and Early Intervention project is set to occur by the end of September 2023.

Closed-Loop Referrals & Linkages

In partnering with a multidisciplinary group of Mental Health and Recovery Services (MHRS) stakeholders, direct service providers, administrative staff, and community members, we have learned there is a pressing need for a comprehensive referral management system in OC. In order to support OC in providing timely access to services and documenting client referrals and linkages outcomes throughout the Continuum of Care, a closed-loop referrals and linkages module has been co-developed with over 100 different stakeholders. Individual interviews over the course of 5 months informed the function and design of the carefully developed module, with the objective to align and support the diverse needs of service providers and clients throughout OC.

The Closed-Loop Referrals and Linkages module will provide users the ability to efficiently process incoming referrals, monitor outgoing referrals, and gain insights into their client's ability to connect with their service provider referral. This system provides the opportunity to bridge communication gaps among programs and providers, accommodate various program workflows in a unified method, and improve efficiency of the current referral coordination process of participating programs.

The results of a stakeholder interview analysis indicated the Crisis System would be the most strategically aligned entry point to begin digital client continuity in the OC Continuum of Care. Of the OC service delivery programs eligible to have a R&L module added to their workflow, the programs included in the Crisis System lie at the intersection of facilitating equitable care delivery to the largest number of clients, serving the largest number of service providers, and positioned to be ready for implementation in the shortest amount of time. With the intention of improving the service delivery experience for the largest number of clients and service providers in the shortest amount of time, the following Crisis Programs were identified to pilot the module first: Adult & Childrens CRP, Adult & Childrens CAT, CSU, O&E, and OC Links. The module will be rolled out in a phased approach among new and existing apps, beginning with the CRP Bed Board. Module implementation will then occur in the following order through the fourth quarter of 2023: CSU Bed Board, O&E Dispatch and Referral, CAT, and OC Links. Upon completion of the Crisis System R&L roll out, additional service delivery systems and programs will be eligible for the module integration as well.

Security and Access Improvements

The Single Sign-On (SSO) integration for Chorus offers Orange County staff and county-contractors secure and easy access to their applications via Azure AD with multi-factor authentication (MFA), overseen by the Orange County HCA IT team.

Additionally, the SSO project has opened up a significant opportunity to enhance user management capabilities. This empowers administrators with the ability to seamlessly deprovision and provision user accounts. This streamlined process ensures that staff accounts are efficiently managed, granting access when needed and revoking it when necessary. As a result, the overall user lifecycle is optimized, enhancing security and operational efficiency.



Section 1: Identify Stakeholders to Include in Local Planning Meetings

This section discusses the stakeholder partnership and collaboration across all MHRS projects.

OC Navigator

Community Engagement

In the first full year that the OC Navigator is live, community engagement and outreach have significantly expanded to catalyze content curation, support site enhancements, and raise awareness and use of the OC Navigator across provider and consumer groups. County entities, community coalitions, and local groups have become key partners in the project's community engagement strategies and activities, further described in Section 2.1. Since the last report, dated September 1, 2022, the project has engaged 2,002 community members and providers through 38 trainings, 23 workgroups, 24 presentations, 12 large in-person community events, 20 subject matter expert interviews, and 6 user feedback sessions.

Active partners include:

- County entities such as the Social Services Agency, Public Health, and the Office of Events and Planning
- Wellness and resource centers for individuals experiencing mental illness
- Social service programs that serve bilingual or monolingual residents,
- Social service programs for immigrants and refugees
- Social service programs that serve families and children with special needs
- Monolingual groups
- Groups that serve PN-5 and youth
- Groups that address food insecurity and support chronic conditions
- Programs that support older adults
- Coalition that support fathers
- AAPI groups
- Groups that address housing insecurity
- Faith based communities
- Monolingual community coalitions

This large network of stakeholders is updated through a bimonthly newsletter providing key project updates such as a new feature, resource guide, or community event, and contains information on how to get involved in the OC Navigator. Many of the project's new connections are a result of existing partners recommending the OC Navigator and sharing their experience at networking meetings and community events, and through email introductions.

Community Co-Chairs

Two community co-chairs continue to advise the engagement strategy of the project. Both chairs are past and current service consumers and advocates, with one co-chair serving as director at a Wellness Center in Orange County. Their unique perspectives and experiences have been invaluable to the expansion of the OC Navigator in the community. Below is a summary of their contributions.

- Participated in a quarterly strategy meeting with OCHCA and the Chorus team to review accomplishments and progress across all dimensions of the OC Navigator project (i.e. community engagement, product enhancements, user metrics, marketing) and discuss priorities for the next quarter.
- Reviewed plan for Community Partners Workgroup meeting for guidance and feedback on clarifying the discussion questions for community partners.
- Recommended update of training materials to better communicate the value of the OC Navigator, highlight what sets the OC Navigator apart from other platforms, and customize sessions so that individuals receive appropriate training based on their level of familiarity with the website.
- Shared expertise of community programs, relationships, and services to support partnership-building, outreach and marketing efforts.
- Supported understanding of OC Navigator data trends and used expertise to provide insight into site usage.

Resource Data Governance

Resource data governance processes continue to be developed and finalized in collaboration with OCHCA leaders. In this reporting period, OCHCA has consulted with quality management leads in addition to County Counsel.

OCHCA MHRS Apps

Service area chiefs, supervisors, and members of the OCHCA Research and Data team 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. Close collaboration with the OCHCA Research and Data team.

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 Dispatch and Referral App	O&E Supervisors O&E Service Chiefs O&E Admin and Outreach Field Clinicians
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 OC Sheriff's Department Mental Health Liaisons

<p>OC Warmline</p>	<p>HCA Program Managers HCA Service Chiefs HCA Program Specialists OC Warmline staff</p>
<p>Crisis Residential Programs</p>	<p>CRP Managers CRP Contract Monitors CRP Administrative Staff CRP Service Providers</p>
<p>Referrals & Linkages</p>	<p>MHRS Program Managers MHRS Service Providers MHRS Administrative Staff OC Cares Stakeholders OC Community Members</p>
<p>PEI Form</p>	<p>HCA Program Managers HCA Data Analysts PEI Providers</p>
<p>Security & Access Improvements</p>	<p>HCA IT OC IT HCA Program Managers</p>

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	
Sep-Dec 2022	<ul style="list-style-type: none"> • 10 training sessions to a total of 143 unique individuals • 6 workgroups, three of which were Spanish monolingual • 8 presentations and outreach events, three of which were large in-person community events • 9 subject matter expert interviews to curate content, identify keywords, and create new resource guides
Jan-Mar 2023	<ul style="list-style-type: none"> • 13 training sessions were provided to a total of 211 unique individuals • 5 workgroups were conducted, three of which were conducted with the Be Well Prenatal-5 workgroup • 14 presentations and outreach events, five of which were community events • 7 subject matter expert interviews to discuss subcategories, curate resources, and create resource guides. • 4 user feedback sessions were conducted with community partners to obtain feedback from stakeholders on site features and inform improvements.
Apr-Jun 2023	<ul style="list-style-type: none"> • 10 training sessions engaging 193 unique individuals • 7 workgroups with community partners, Grupo VeLA, and service providers from HCA and Regional Center OC • 10 presentations and 4 outreach events engaging 380 service providers and over 200 community members • 4 meetings with subject matter experts to develop content for the new “Resources for Children and Youth with Special Health Care Needs” guide • 2 user research sessions were conducted with community members and providers to obtain feedback on site features
Jul-Aug 2023	<ul style="list-style-type: none"> • 2 training sessions with SSA IHSS and REI • 1 community workgroup • 3 group meetings to develop resource guides with OC Fatherhood Coalition, OC CARES, and FACT Family Resource Centers • 1 meeting with subject matter experts to understand food resources available for residents with chronic conditions

OC Links/CAT App

Since the launch of the OC Links and CAT modules in 2021, OC Links, CAT Service Chiefs and the Chorus team meet biweekly to discuss the implementation of new work, including reviewing designs, gathering requirements, hearing feedback, and planning for training. In-person shadowing, where a member of the development team shadows a clinician during the day, is regularly conducted to understand the workflow and pain points, with the goal of adapting the app to meet any new needs from the user.

O&E Dispatch and Referral App

The Chorus team began their initial partnership with O&E stakeholders on November 9, 2022. The stakeholder engagement and participatory development process began by meeting with O&E program leads as well as data scientists to understand the program's goals, challenges, and metrics for success. Since then, the Chorus team has participated in continued learning and partnership with the O&E program in order to co-develop and design an app that best reflects their needs. On July 21, 2023 Three Chorus staff shadowed the O&E program triage clinicians in their office, as well as outreach clinicians in the field. In addition, Chorus has maintained regular biweekly meetings with O&E Program leads and service chiefs since June 27, 2023.

O&E UAF Survey

The project development team continues to be responsive to any feature requests or site enhancements from Outreach & Engagement supervisors and workers.

CSU Live Bed Board App

On March 16, 2022, mental health and law enforcement leads from OC Sheriff's Department were trained to use the CSU Live Bed Board App. On June 2nd, the Chorus team visited the County Stabilization Unit in Santa Ana, to shadow and learn from the various program staff providing client services. The project development team continues to be responsive to any feature requests or site enhancements from users and County managers. In addition, we have partnered with the program to further understand how expanding functionality and features within the app could further support their staff and clients.

OC Warmline

The Chorus team meets with OC Warmline and County stakeholders on a weekly basis to discuss project updates and communicate the overall status. In addition to general project updates and status, client design reviews, application build demonstrations, and user acceptance testing (UAT) feedback discussions also occur in these weekly meetings. Furthermore, ad-hoc meetings are also held as needed to address specific matters in a timely manner.

CRP Bed Board

The Chorus team began partnering with the CRP in February of 2023. Chorus met with Mental Health and Recovery Services staff in regular meetings to understand pertinent stakeholder groups, discuss their programmatic goals, challenges, and metrics for success. In early March, Chorus began meeting with CRP staff providing direct services in CRP facilities. In addition, Chorus interviewed CRP leads and contract monitors, in March through May, to understand how their programs received incoming client service referrals as well as how they sent outgoing client service provider and resource referrals. Chorus continued participatory development practices by bringing in cross functional chorus staff (project managers, designers, and product managers) to shadow three different CRP facilities on June 23rd and July 18th. Each CRP facility delivered services to different age populations (children, transitional age youth, and adults); observing and learning from service providers of different age groups allowed Chorus to understand similarities as well as differences among their workflows that would be important to account for in the design and development of the CRP Bed Board app. Partnerships with the teams of each CRP that we shadowed as well as the CRP leads and contract monitors has continued through ongoing meetings, design presentations, and feedback.

Closed-Loop Referrals & Linkages

Chorus team partnered with and learned from a variety of different stakeholders to understand the client care and resource delivery system within the Orange County Continuum of Care. Chorus presented to MHRS program leads, November 21st, December 12th, 2022, and January 10th 2023. These programmatic presentations elevated digital solutions that Chorus has developed in the past, aligned with the programs Prevention and Early Intervention reporting requirements, and highlighted pain points shared by programs. Chorus then met with 30+ program leads, program administrative staff, and program service providers for individual interviews with the objective to understand each program's unique workflows, challenges, and metrics for success in sending, receiving, and tracking client referrals. The program interviews occurred January through March 2023 and included the following programs:

- Children & Transitional Aged Youth:
 - Crisis Residential Program
 - In Home Crisis Stabilization Program
 - Substance Use Disorder Services
 - Crisis Assessment Team
- Clinical Evaluation and Guidance Unit (CEGU) Probation
- Adult:
 - Crisis Assessment Team
 - Crisis Residential Program
 - In Home Crisis Stabilization
 - Substance Use Disorder Services
- Outreach and Engagement
- Open Access
- OC Links
- Western Youth Services

After program interviews were completed, a holistic analysis and summary of findings were presented in April through June with MHRS program leads and managers for further understanding, partnership, and collaboration. The presentations included summaries of challenges and pain points offered directly from program service providers, as well as proposed digital solutions that aligned with the intersecting needs of all stakeholders (leadership, program leads, program admin, and direct service providers).

On June 15th, 2023, Chorus presented to the OC CARES stakeholder group which included OC CARE Agency leads such as staff from the Orange County Criminal Justice Coordinating Council, the Deputy Director of Social Services Agency, the County Executive Office Representatives, and a Juvenile Court Judge. In this meeting Chorus presented digital solutions that may align and support the objectives of OC CARES (Prevention, Courts, In-Custody, Reentry, and Juvenile & Transitional Age Youth). The OC CARES stakeholder meeting included an introduction to Chorus Innovations, Chorus apps and their function, and a participatory discussion to learn directly from the diverse stakeholders about their metrics for success as well as implications to consider for solutions.

PEI Form

Chorus began their Prevention & Early Intervention (PEI) meetings with HCA in July 2023. The team convenes twice a week, supplemented by ad-hoc sessions, to discuss project requirements, collect design feedback, and collect accurate program feedback from PEI providers. These collaborative sessions fostered effective communication between Chorus and HCA, ensuring the seamless development of the client/case management system. By enabling regular progress tracking, feedback integration, and informed decision-making, these meetings played a pivotal role in achieving project objectives.

Security & Access Improvements

Chorus began with an initial meeting with HCA IT in June 2023. The Single Sign-On (SSO) integration project has involved a series of discussions to refine the implementation process. Scheduled for rollout on September 30th, 2023, this integration streamlines access to digital solutions through Microsoft Azure Active Directory (AD), bolstering security with Multi-factor Authentication (MFA) enforcement. The collaboration with HCA IT ensures a seamless and secure authentication experience, aligning with Orange County's authentication policies and enhancing user access to the digital solutions within Chorus.

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:

- As awareness and engagement grow for the OC Navigator, it has become imperative to maintain multiple types of communication strategies in order to regularly update stakeholders on the project and include them in development. Communication plans should be tailored to the type of engagement activity and audience. For example, follow ups should be made to training partners every quarter and after the release of a new feature to ensure continuity of the relationship and ease of use for trainees, while communication to event partners should align with public awareness events, such as Mental Health Awareness Month in May.
- In partnering directly with O&E program leads and service providers we learned that one of their biggest challenges is the siloed nature of their various reporting and recording systems. Between the Outreach field workers and the admin staff, the O&E team collectively engages and documents fragments of their work across many tools and systems (HMIS, Paper, Chorus, Excel, Email, Teams, Phone, IRIS, Google Maps, and CALSAWS.) Fragmented tools and systems have prevented the O&E program from having a holistic view of the scope and depth of work they were providing. In addition, Chorus learned the main goals of the program are to have access to a digital solution that could improve outreach dispatch, prevent client service requests from being missed, improve wait times for the clients they serve, and have the ability to document the scope of services they provide, including in the field and over the phone, all in one place.
- County program staff shared that they have found Chorus to be very helpful in improving their workflow and would like Chorus to continue adding enhancements to their tool with the goal of reducing administrative time needed to navigate across the various systems they are currently using. After shadowing program staff at the county Crisis Stabilization Unit, Chorus learned that CSU staff have to navigate through several data collection and client health record systems (Excel, Fax, IRIS, Chorus, Phone, and email). We learned specific ways Chorus could support the user friendliness of the Bed Board, such as using military time, including client referrals history, and having open referrals automatically expire after one month. In addition, we learned from the team that we could improve the ease of client search by adding logic to account for typos or nicknames.
- Chorus learned from CRP Managers, contract monitors, and service providers that CRPs in Orange County struggle with the manual and time-consuming task of answering numerous phone calls from CSUs, CAT, law enforcement, hospitals, etc. checking for available beds. This process wastes staff time, risks miscommunication, and delays placements. In addition, the program shared that their current referral process lacks a streamlined and efficient system for sending and receiving referrals across different OC programs. This results in communication gaps and delays in placing individuals in suitable CRPs. Finally, Chorus learned from the program that there is a lack of visibility regarding bed availability across the 8 OC CRPs, leading to a lack of visibility from leadership and also on care coordination between CRPs. For example, referrals could be sent to multiple CRPs leading to duplicative work and confusion.
- In partnering with MHRS program Managers, staff, and service providers to co-develop a client referrals and linkages system, Chorus learned there is a pressing need for a comprehensive referral management system that enables OC CRPs to efficiently process incoming referrals, monitor outgoing referrals, and gain insights into programs service capacity and availability. The diverse stakeholder groups shared that a successful referrals and linkages system that meets their needs

should bridge the communication gaps among various service providers and resource referrals, provide the necessary flexibility for different program types to maintain their unique workflows, and offer a unified platform to enhance the referral coordination process among the Continuum of Care in Orange County.

Next Steps

OC Navigator

- Continue engaging stakeholders to promote use, gather feedback, curate content and learn how best to improve the OC Navigator
- Continue meeting regularly with co-chairs to identify issues and areas of improvement
- Collaborate with OCHCA to implement the resource data governance plan

MHRS Internal 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 connect these apps to the OC Navigator through referrals and linkages
- Continue biweekly participatory development meetings with O&E Program Managers and service chiefs to ensure their feedback continues to be reflected in new build that is scheduled to be shared with the program for testing and training in December 2023
- Continue design review and feedback sessions with CRP Managers, admin, and service providers
- Continue feedback sessions with CSU Managers, admin, and service providers
- Continue holistic discussions and partnerships with OC MHRS, OC CARES, and other pertinent stakeholders to align in developing tools to leverage and elevate their resource and care coordination systems.

Security & Access Improvements

- Continue to collaborate with OC and HCA IT teams to ensure a smooth transition to Azure AD
- Further stakeholder discussions around account provisioning and deprovisioning
- With the assistance of HCA IT and program stakeholders, create a suitable execution and rollout plan for all programs and providers using SSO
- Communicate and coordinate with key stakeholders from all selected programs to ensure that they are trained on the upcoming SSO processes
- Conduct UAT to ensure that SSO with MFA is successful



Section 2: Outline Scope

This section describes scope planning and development across all OCHCA projects.

OC Navigator

During this reporting period, OC Navigator project activities were focused on adding needed resources and implementing protocols to support resource data maintenance. Numerous enhancements were made periodically to address feedback from stakeholders, and for Mental Health Awareness Month in May, 326 digital resources were added.

Resource Guide Framework

As engagement grew, more and more community partners requested collaborations resulting in resource guides. To reduce redundancy among these requests and the site’s planned features (i.e. search and filter for focus populations and subcategories), a need for parameters and criteria emerged in the development of resource guides. The framework developed with OCHCA is presented to any interested community group. Key points are shown in the figures below.

Figure 1. Definition and Purpose of a Resource Guide

Definition and Purpose of a Resource Guide

- **What is a resource guide?**
 - Curated lists of resources that address a specific audience or population experiencing a specific need
 - The listed resources must be vouched for by the author (i.e. author has worked directly with them) and the resource information must be up to date
- **What is the purpose of a resource guide?**
 - Offers a unique perspective on how to address the need and provides guidance based on expertise of the author(s)

Figure 2. Resource Guide Checklist

Resource Guide Checklist

The guide should:

- Address a specific population
- Address a specific need within this population
- Have a conversational tone
- Offer guidance and support

Figure 3. Resource Guide Standard Example

Standard Example

LGBTQIA+ Road to Recovery

- Specific population
- Specific need
- Reflects lived experience
- Conversational, personal tone

Format

- Descriptions are 2-4 sentences at a 6th grade reading level
- Maximum of 9 resources per subtopic

Figure 4. Resource Guide Development Responsibilities

Development Responsibilities

Community Partner	Chorus
<ul style="list-style-type: none"> • Determine scope of guide <ul style="list-style-type: none"> ◦ Audience/population ◦ Area of need ◦ Vision and message • Curate content <ul style="list-style-type: none"> ◦ Format and resources ◦ Write copy ◦ Review and pick images • Commitment <ul style="list-style-type: none"> ◦ Attend 3 development meetings ◦ Review and update (as needed) every 6 months 	<ul style="list-style-type: none"> • Supports content curation <ul style="list-style-type: none"> ◦ Creates and manages document for partner to input resource recommendations and written content • Sources & curates images <ul style="list-style-type: none"> ◦ Provides to partner to review/select • Produces Final Guide <ul style="list-style-type: none"> ◦ Sends draft to partner to review ◦ Sends draft to HCA for review and approval ◦ Obtains and inputs translations ◦ Publishes final guide

Figure 5. Governance of Resource Guides

Governance of Resource Guides

- **What changes can be made after publication?**
 - Authors have full authority over changes such as editing the layout, adding new resources to the existing topics, or reorganizing existing resources
 - For more substantial changes, such as changing the audience or adding a new resource topic, approval of changes would have to go through HCA's governance body
- **Who can edit a resource guide?**
 - In order to preserve the vision and message of the guide, only the original author can make changes to the guide
 - Other community partners can suggest edits or changes which must be reviewed and approved by the original author
- **When should a guide be updated?**
 - Upon author's request
 - Every 6 months: Review resource guide for accuracy of static elements and layout, approval or denial of suggested edits from other community partners, and addition or re-organizing of new resources

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 1,230 resources total (904 that provide services and 326 Apps and Online Resources) and 18 resource guides, an increase of 237 resources and 4 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. This year, we have begun to implement a framework to create guides with greater impact which requires that the guide address a specific need in a specific population. We are in the process of updating existing resource guides with these principles in mind. There are currently 18 guides in the OC Navigator and 4 in development with community partners.

Marketing and Promotion

HCA marketing and promotion efforts began April 2022. Since then, OC Navigator has gained over 130,000 total users, new and returning, across the main page and the landing pages created for promotion. These efforts are described below.

Multilingual Resource Postcards

A general resource postcard was created to be distributed by the Sheriff’s Department and other agencies. This card is available in the six Orange County threshold languages: English, Arabic, Chinese, Farsi, Korean, Spanish, and Vietnamese. Figures 6 and 7 depict the Farsi card as an example.

Figure 6. Farsi Resource Postcard - front



Figure 7. Farsi Resource Postcard - back



Back to School Campaign

The OC Health Care Agency sent OC Navigator banners to all public schools in OC to be posted in the new year, including Continuation/Alternative/Special Ed, and Charter schools, totaling 623 schools across all grade levels (Figure 8).

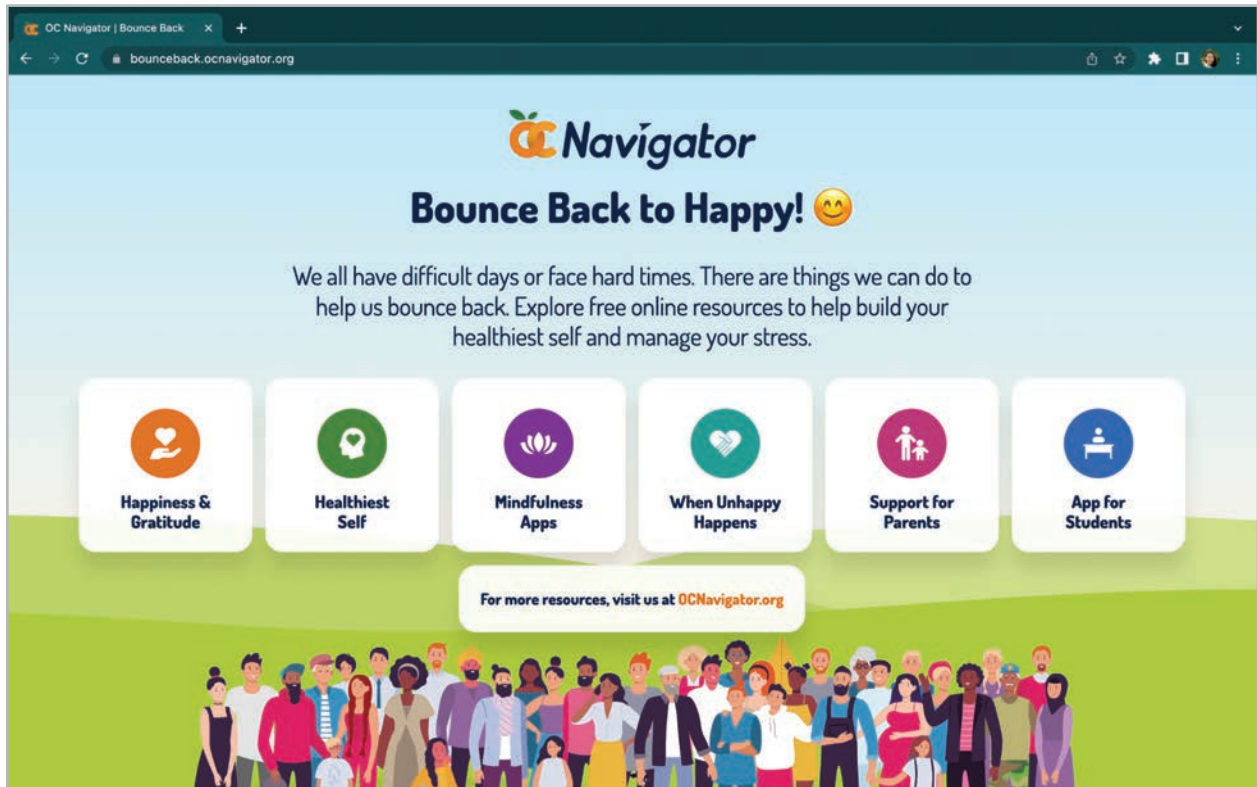
Figure 8. School banner



Bounce Back Page

The Bounce Back page was launched October 17, 2022 for general promotion of the digital resources usually listed on the Angels- or Ducks-branded pages (Figure 9). This site will be used for HCA-led promotion such as in digital literacy tools and workshops, outreach to schools and community organizations, and others. We are exploring improvements to this page to list additional resources for how community members can use technology to support their wellness.

Figure 9. Bounce Back page



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 track user activity.

Angels Landing Page

Icon color and copy were updated on the landing page to reflect other HCA marketing efforts. A link to the OC Navigator was added so users could easily continue looking for community resources (Figure 10).

Figure 10. Angels Landing Page - Updated



Ducks Honda Center Campaign

The Ducks Honda Center 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, train platform ads and ads in rinks across Orange County, and hardcopy materials (Figures 11-13). Different QR codes are attached to each asset to track user activity.

Train Platforms

Figure 11. The Ducks landing page is advertised on train platforms throughout Orange County.



57 Freeway Marquee Screen

Figure 12. Promotion is visible from the 57 freeway.



Figure 13. Dasherboards

Information about the OC Navigator is printed and displayed around the rink at the Honda Center.



OC Links & CAT

The scope of OC Links & CAT development is responsive to the needs of Service Chiefs, clinicians and data scientists. Shadowing users, synthesizing customer support tickets, and meeting biweekly with Service Chiefs resulted in workflow improvements through the two apps, new features to ensure cleaner data, and expansion into Scheduling to support OC Links and CAT Dispatch.

Staff Scheduling

Design, build and testing of the scheduling feature continued in this reporting period, with the initial focus on OC Links Navigators' schedules. We worked closely with the OC Links team throughout the build and launched the feature in July. In future, the scope will focus on improvements on v1 and planning and design for CAT Dispatch scheduling.

O&E Dispatch and Referral App

The scope of the OC Links app has expanded to include O&E supervisors referring individuals currently homelessness in Orange County to housing, resources, and supportive services. The O&E Referral app helps facilitate referrals from OC Links Navigators to O&E supervisors who then dispatch case workers into the field or provide resources over the phone.

The O&E Referral App scope continues to expand as the needs of the O&E team evolve. 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
- Allow the Admin staff the ability to send and track outgoing client referrals to various community service providers and resources
- Add requirements to data fields that have been reported to historically have a high data entry error rates, with the goal to enhance both data quality and improve continuity of care for clients
- Add indicators within the O&E app to increase supervisor visibility of clients who have been waiting in queue longer than the appropriate response time with the goal to improve continuity of care and reduce wait times for clients
- Develop and implement a mobile app for Outreach field workers to accept new client assignments, document the status of their client engagement, document and track outgoing referrals to service providers and resources, and indicate when they have closed their client case assignment
- Allow program managers expanded data metrics for their reporting requirements, such as the number of client referrals and linkages to resources and service providers, the response time from outreach dispatch to client arrival, the number of clients served (including in the field and over the phone), etc.

O&E UAF Survey

The UAF survey was launched in June of 2022, and has continued to be maintained since that time. We continue to listen and learn from the O&E clinicians who have suggested adjustments to the

survey to meet their evolving needs in the field. Through our participatory engagement process, we have partnered with both O&E Program Managers and clinicians to inform metrics and indicators for continued maintenance. We learned from the program that the two indicators for change that would be most valuable for them would be to understand and support maintenance changes that could: improve the quality of the data being created, and support administrator's access and visibility of data to inform their program coordination and decision making. Planned developments that aligned with these metrics are as follows:

- Adding the ability to archive mistakenly created surveys
- Adding the ability restore archived surveys
- Add the ability to automatically count the total number of survey participants
- Including timestamps on surveys completed
- Adding Service Planning Area (SPA) indicators to each survey
- Adding a field for the participants name
- Develop an administrative portal to allow admins visibility of staff and participant surveys to inform their coordination and program planning

CSU Bed Board

Version 2 of the CSU Bed Board was successfully launched with the goal to improve coordination of client intake, manage bed occupancy among Crisis Stabilization Units in Orange County, and support streamlined workflows for the staff administering services in the programs. With our continued partnership with CSU program staff across the county, we worked to implement enhancements to the Bed Board that focused on supporting staff experience with the system including developing mechanisms to improve communication and collaboration among the staff, as well as coordinating client referrals and linkages within the Bed Board app. In addition, the Bed Board was expanded to improve visibility and access for coordination among the Public and Law Enforcement.

OC Warmline

Version 1 of the OC Warmline client management system has been constructed, encompassing features such as resource database and management, team management, and case management. Additional features such as RingCentral integration, the migration of client profiles from iCarol to Chorus, and the incorporation of supplementary fields to facilitate comprehensive reporting. It is worth highlighting the inclusion implementing Spanish and Vietnamese Subcontractors, designed to assist Warmline personnel in effectively separating Spanish and Vietnamese participants to their respective contractors. The anticipated launch of this enhanced system remains slated for the fourth quarter of 2023.

CRP Bed Board

Partnership with the CRP Managers, CRP service providers, CRP contract monitors, and program administrative staff informed the scope of the CRP Bed Board app. Stakeholders worked together with Chorus to co-develop features they believed had the capacity to add the most value to their workflow. These features included the ability to observe, manage, and track: incoming client service referral requests, outgoing client service provider and resource referrals (with the ability to also track

and document client linkage when appropriate), and the ability to provide visibility of their internal service capacity through a bed availability board. The CRP Bed Board would function as a mechanism to quickly and accurately communicate real-time program bed availability for improved coordination among the 8 CRPs.

Closed-Loop Referral & Linkages

Through partnership with MHRS program Managers, OC data scientists, OC Cares stakeholders, and various program service providers and administrative staff, the collective feedback from the stakeholder group was a Referrals and Linkages solution should include the following features and functions: an incoming client service request referral dashboard, an outgoing client service provider and resource referral page, a client detail page that allows the users to understand the client's service request needs as well as the client's outgoing referral needs, and the ability for program managers and service providers to understand, track, and document their client's incoming and outgoing referral statuses. In addition, the scope of the Referral and Linkages solution will include permissions and protections for client history access and visibility in alignment with the guidance and direction of the OC program partnerships.

PEI Forms

The PEI project scope involves designing and building a comprehensive case/client management solution for 26 county-contracted service providers. It includes features for referrals, enrollment, demographics forms, care documentation, and discharges. The system will also manage referrals and linkages, enhancing Chorus' capabilities. The aim is to optimize processes for contract providers, improve data accuracy for OCHCA Data and Evaluation teams, and contribute to better participant outcomes.

Security & Access Improvements

The SSO integration project connects Chorus with Orange County's Azure AD SSO tool. This enables approved staff to securely access Chorus using their Orange County SSO credentials, adhering to MFA policies. The scope covers streamlined authentication, user provisioning/removal control, customizable login rules, synchronization between systems, administrative oversight by the IT team, thorough testing, user training, and ongoing support. The project aims to enhance security, user management, and authentication for a seamless Chorus experience.

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 3 describes the new items in scope for each time frame.

Table 3. OC Navigator Scope Development Timeline

Date Range	Scope
Oct-Dec 2022	<ul style="list-style-type: none"> • Gather requirements to build digital resource search and display • Develop the Looker Studio usage analytics dashboard to understand user behavior • Continue to update and curate resource data • Conduct community engagement activities and user research to understand and improve user experience
Jan-Mar 2023	<ul style="list-style-type: none"> • Complete adding Medical category keywords to the resource database • Design digital resource search and display • Improve searchability of resources • Design and build updates to the Get Help Now page for new hotlines • Design and build the Apps and Online resource pages • Continue to update and curate resource data • Conduct community engagement activities and user research to understand and improve user experience
Apr-Jun 2023	<ul style="list-style-type: none"> • Go live for Apps and Online Resources • Update the homepage graphics based on user feedback • Gather requirements on the search experience to update the category page and primary menu • Continue to update and curate resource data • Define guidelines for creating resource guides • Conduct community engagement activities and user research to understand and improve user experience
Jul-Aug 2023	<ul style="list-style-type: none"> • Design and build category page and primary menu functionality • Continue to update and curate resource data • Conduct community engagement activities and user research to understand and improve user experience

OC Links/CAT

Table 4 describes the scope of OC Links/CAT throughout the reporting period.

Table 4. OC Links/CAT App Scope Development Timeline

Date Range	Scope
Sep-Dec 2022	<ul style="list-style-type: none"> • Monitor the new client management workflow • Implement and improve customer support processes for users through Zendesk • Design and build the scheduling feature in partnership with the OC Links and CAT teams
Jan-Mar 2023	<ul style="list-style-type: none"> • Continue to build staff scheduling • Gather requirements, design, and build the merge client feature • Design and build a new workflow to create cases with client profiles
Apr-Jun 2023	<ul style="list-style-type: none"> • Plan for implementation and training of scheduling with the OC Links team
Jul-Aug 2023	<ul style="list-style-type: none"> • Launch scheduling in OC Links

CSU Live Bed Board

Table 5. CSU Live Bed Board App Scope Development Timeline

Date Range	Scope
Sep-Dec 2022	<ul style="list-style-type: none"> • Launch Version 2 November 30th, 2022 • Design enhancements to client status workflows • Development of an activity log to document the client’s journey • Gather requirements for the Public/Law Enforcement Bed Board
Jan-Mar 2023	<ul style="list-style-type: none"> • Launch the CSU Public/Law Enforcement Bed Board App • Implement a Train–The–Trainer onboarding model for Orange County Sheriff's Department
Apr-Jun 2023	<ul style="list-style-type: none"> • Shadow HCA CSU staff in the field for continued feature enhancement planning • Gather requirements to develop a client referral and linkages feature
Jul-Aug 2023	<ul style="list-style-type: none"> • Begin designs for client referrals and linkages feature • Continue Bed Board support and maintenance

O&E Dispatch and Referral

Table 6. O&E Dispatch and Referral Scope Development Timeline

Date Range	Scope Additions
Sep-Dec 2022	<ul style="list-style-type: none"> • Begin requirement gathering meetings with O&E stakeholders to define requirements
Jan-Mar 2023	<ul style="list-style-type: none"> • Meet with O&E program managers to map their work flows and co-develop features and solutions that align with their reporting goals
Apr-Jun 2023	<ul style="list-style-type: none"> • Begin a biweekly meeting series with the O&E Service Chiefs and program managers to coordinate implementation timelines, regularly review and iterate on proposed designs and remain in alignment with their continued program changes and reporting goals • Shadow O&E staff in the offices as well as in the field to implement the lessons learned into an enhanced O&E scope plan
Jul-Aug 2023	<ul style="list-style-type: none"> • Present and iterate on proposed designs to further refine project scope

O&E UAF Survey

Table 7. O&E UAF App Scope Development Timeline

Date Range	Scope Additions
Sep-Dec 2022	<ul style="list-style-type: none"> • Partner with O&E field staff and supervisors to understand modification proposals to inform feature changes
Jan-Mar 2023	<ul style="list-style-type: none"> • Continue participatory development with O&E field staff and supervisors to inform and prioritize enhancements to support staff workflow and reporting needs
Apr-Jun 2023	<ul style="list-style-type: none"> • Shadow O&E field staff to observe utilization of the UAF Survey and learn from staff about opportunities for continued feature enhancements
Jul-Aug 2023	<ul style="list-style-type: none"> • Partner with O&E Service Chiefs and program leads in biweekly meetings to ensure scope alignment and co-development

OC Warmline

Table 8. OC Warmline App Scope Development Timeline

Date Range	Scope
<p>Sep-Dec 2022</p>	<ul style="list-style-type: none"> • Begin build for the NAMI Warmline client management system, focusing on finalizing designs with stakeholders and implementing build plans within our team. Below, three key workflows are described. <ul style="list-style-type: none"> ○ The Live Chat workflow depicts one of the ways NAMI Warmline mentors interact with community members to provide support, the other being through a phone call. ○ The Supervisor–Mentor workflow depicts the complete flow Warmline supervisors or mentors will conduct to intake calls or follow ups, from creating a new client or adding to an existing client profile. ○ The Resource Management workflow depicts how NAMI Warmline staff and resource specialists can add, update, and maintain their extensive resource database.
<p>Jan-Mar 2023</p>	<ul style="list-style-type: none"> • Develop the OC Warmline in close collaboration with the OC Warmline team • Provide demos of the new system and iterate upon user feedback • Develop training guides for each feature • Test working prototypes that include the following features: <ul style="list-style-type: none"> ○ Cases ○ Participants ○ Live Chat ○ Resources • Iterate upon development of the following features: <ul style="list-style-type: none"> ○ Voicemail Follow Up ○ Teams ○ Change Participant ○ SMS Chat
<p>Apr-Jun 2023</p>	<ul style="list-style-type: none"> • Conduct user acceptance testing with OC Warmline team members <ul style="list-style-type: none"> ○ Admin Portal Updates <ul style="list-style-type: none"> ■ An updated admin portal was designed and built to post in–app announcements, manage the team, and merge participant profiles ■ Additional fields in staff profiles to add more background and context for supervisors ○ Enhancements to the live chat system were built to support chat management ○ Case Management Updates <ul style="list-style-type: none"> ■ Updated Participant Information section to support participant profile migration of 500–1000 profiles from iCarol ■ Redesign and build of the Outcome Measures section in the Finish tab to improve user experience ■ In–case comment feature for supervisor and staff to communicate
<p>Jul-Aug 2023</p>	<ul style="list-style-type: none"> • Continue development of features and build • Begin requirements gathering for the following: <ul style="list-style-type: none"> ○ Resource Recommendations <ul style="list-style-type: none"> ■ An option for staff to provide and track resource recommendations for participants was discussed. ○ RingCentral Integration <ul style="list-style-type: none"> ■ Planning and requirements gathering occurred between Chorus, HCA, and the OC Warmline. ○ Spanish and Vietnamese Subcontracts <ul style="list-style-type: none"> ■ Planning and requirements gathering occurred between Chorus, HCA, and the OC Warmline • Begin design discussions for the following <ul style="list-style-type: none"> ○ Resource Recommendation <ul style="list-style-type: none"> ■ OC Warmline and Chorus teams collaborated on the layout and specific options for resource recommendations in the OC Warmline digital solution ○ Spanish and Vietnamese Subcontracts <ul style="list-style-type: none"> ■ OC Warmline and Chorus teams collaborated on initial designs for separating Spanish and Vietnamese cases. • Continued support and development of application ADA fixes • Update demographic fields and designs to align with county requirements • Conduct user acceptance testing (UAT) for various features that have been built within the OC Warmline digital solution, including: <ul style="list-style-type: none"> ○ Standard live chat ○ Change client workflow ○ Follow–ups for voicemails

CRP Bed Board

Table 9. CRP Bed Board Scope Development Timeline

Date Range	Scope Additions
Sep-Dec 2022	<ul style="list-style-type: none"> Gather requirements for the project scope in presentations to MHRS program managers and feedback discussions
Jan-Mar 2023	<ul style="list-style-type: none"> Meet with CRP program to define requirements for the CRP Bed Board app Interview CRP managers and service providers to define requirements for the Referral and Linkages app feature
Apr-Jun 2023	<ul style="list-style-type: none"> Shadow three CRP facilities (Waymakers Childrens, Waymakers Transitional Age Youth (TAY), and TREEhouse North Adults) to further refine features and functionality to align with the user needs
Jul-Aug 2023	<ul style="list-style-type: none"> Present the following designs to Childrens, TAY, and Adult CRP managers, service providers, and administrative staff: <ul style="list-style-type: none"> incoming client service request dashboard, incoming client service request page, CRP bed configuration function, and incoming client service request detail page Gather feedback from the program managers to further refine the scope

Closed-Loop Referral & Linkages

Table 10. Closed-Loop Referral and Linkages Scope Development Timeline

Date Range	Scope Additions
Sep-Dec 2022	<ul style="list-style-type: none"> Present to and partner with MHRS stakeholders to develop initial scope
Jan-Mar 2023	<ul style="list-style-type: none"> Gather requirements in partnership with 13 programs Complete a holistic analysis to inform features and functions to closely align with common challenges and requirements that existed among all programs Begin designs of proposed Referrals and Linkages feature, and present to stakeholders for feedback and continued iteration on the feature scope
Apr-Jun 2023	<ul style="list-style-type: none"> Iterate on designs for the referrals and linkages app Present to OC CARES stakeholders to further refine and enhance referrals and linkages feature scope
Jul-Aug 2023	<ul style="list-style-type: none"> Shadow CAT, CRP, and O&E program staff in the field to finalize feature and function scope to best align with program needs

PEI Forms

Table 11. PEI App Scope Development Timeline

Date Range	Scope Additions
Jul-Aug 2023	<ul style="list-style-type: none"> Preliminary planning with HCA partners Requirements gathering and scope outline discussions Design of the participant information form (PIF) PEI demographic alignment

Security & Access Improvements

Table 12. Security & Access Improvements Scope Development Timeline

Date Range	Scope Additions
Apr-Jun 2023	<ul style="list-style-type: none">• Preliminary requirements gathering conversations were held between Chorus and HCA IT to discuss initial requirements and determine scope• Initial user management portal designs were created and shared with HCA for initial feedback
Jul-Aug 2023	<ul style="list-style-type: none">• Continue to gather requirements for SSO• Solidify timeline and scope for SSO were solidified and• Determine implementation processes needed from CHorus and HCA• Determine timeline for launch

Lessons Learned

As we have expanded the overall scope of our work with OCHCA, scope planning has become more intricate. To ensure successful scope planning and implementation, scope planning must begin earlier than past projects and involve a wider range of stakeholders to inform on policies, data, and compliance topics. We collaborate closely with HCA leads to determine who needs to be consulted in planning and at what stage in the process. Careful documentation and a communication plan are required to ensure alignment across our team and OCHCA.

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

- Continue biweekly meetings with OC Links and CAT Service Chiefs to understand improvements, discuss scope of future work, and plan for implementation
- Conduct user testing to help shape scope
- Continue collaborating with OCHCA leadership to enhance integration among MHRS teams

O&E Dispatch and Referral App

- Continue biweekly meetings with O&E Service Chiefs and program managers to remain in alignment for the program's scope expectations, needs, and any necessary modifications in the build plan.
- Share a test version of the app with the O&E program managers and direct service providers for testing, feedback, and implement adjustments as needed
- Continue monitoring and partnering with O&E program after the app is launched to learn of new opportunities for feature and scope expansion

O&E UAF Survey

- Continue Bi-weekly meetings with O&E Service Chiefs and program managers to remain in alignment for the program's scope expectations, needs, and any necessary modifications in the build plan

CSU Live Bed Board

- Continue to adapt the app to meet changing stakeholder needs
- Implement the Referrals and Linkages feature to allow CSUs the to document and coordinate their client's referrals and linkages in and out of the CSU program

- Share a test version of the app with the CSU managers and direct service providers for testing, feedback, and implement adjustments as needed
- Continue monitoring and partnering with CSU program after the app is launched to learn of new opportunities for feature and scope expansion

OC Warmline

- Coordinate and collaborate with RingCentral stakeholders to ensure a smooth implementation onto the Chorus platform
- Complete build of the OC Warmline client management system
- Establish training, rollout, and launch plans
- Achieve soft release of the OC Warmline digital solution in the fourth quarter of 2023

CRP Bed Board

- Continue regular design presentations with CRP managers and direct service providers to ensure the scope of the project is in alignment with their programmatic and workflow needs
- Share a test version of the app with the CRP managers and direct service providers for testing, feedback, and implement adjustments as needed
- Achieve soft release of the CRP Bed Board solution in the fourth quarter of 2023
- Continue monitoring and partnering with CRP after the app is launched to learn of new opportunities for feature and scope expansion

Closed-Loop Referrals & Linkages

- Continue regular design presentations with programs that will have a referrals and linkages feature added for feedback and scope adjustments as needed
- Achieve soft release of Closed-Loop Referrals and Linkages for crisis services in the fourth quarter of 2023
- Maintain and expand stakeholder engagement for continued feedback, shared learning, and feature enhancement as needed and appropriate

PEI Forms

- Continue the collaboration with HCA and PEI stakeholders to finalize requirements
- Build Participant Information Form and Admin Dashboard
- Achieve soft release of PEI PIF and Admin Dashboard in the fourth quarter of 2023
- Integrate referral and linkage modules

Security & Access Improvements

- Continue collaboration with OC IT, HCA IT, HCA stakeholders, and key program stakeholders to ensure a smooth implementation of the SSO project
- Finalize the SSO configuration to integrate with Orange County's Azure AD
- Develop training resources for program staff to familiarize them with the new SSO process
- Implement SSO for all HCA digital solutions on the Chorus platform



Section 3: Outline Features

This section describes new features, design, and functionality of all projects.

OC Navigator App

New features are developed in partnership with OCHCA and community stakeholders. User research with community stakeholders is conducted frequently to gather a large amount of feedback from target populations such as mental health consumers. Requirements gathering is conducted with partners to ensure that new functionality would improve their experience and meet their needs. Designs are reviewed with stakeholders, and prototypes are created so stakeholders can test functionality in real time. Table 13 summarizes new features in the OC Navigator.

Table 13. OC Navigator New Features

New Features	Description
OC HCA Entry Portal	A new dashboard was created for use by OC HCA staff to propose new resources and edit already published resource details.
App and Online Resources	A new page has been built to house educational websites, apps, videos and more. This includes the ability to filter digital resources by category, type, language, focus population, or topic. The database has also been expanded to include the necessary fields to display unique to these resources.
Updated primary navigation	The primary navigation displays in a lighter color and features user experience improvements to the language toggle and “Get Help Now” button. Categories are also listed in a sub–menu for easier filtering.
Updated category page	Development in progress. Each category page will show featured resources.
Updated resource detail page	Designs in progress. Each resource detail page will feature new informational fields, and more visibility of the location and contact information.

Category Page

OC Navigator will receive a significant refresh in the coming reporting period to improve the ways users find resources. Below are finalized designs of the primary menu and category page, as reviewed by community stakeholders and County partners. Figure 14 shows a draft concept of a redesign of the primary menu; the white top navigation bar is easier to read, and users can access categories from anywhere on the site without needing to return to the homepage.

Figure 14. Primary Menu

The primary menu at the top of each page is getting a refreshed look to reduce visual load on the user.

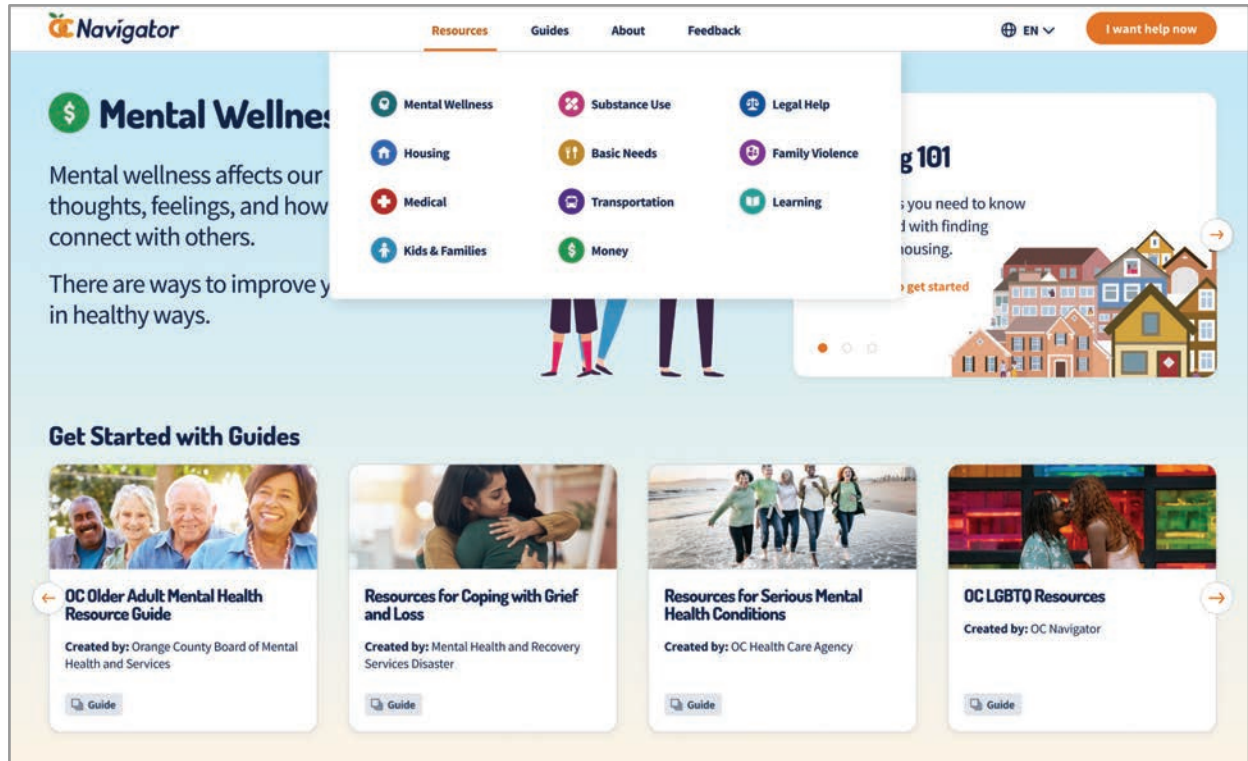


Figure 15. Services Filters on the Category Page

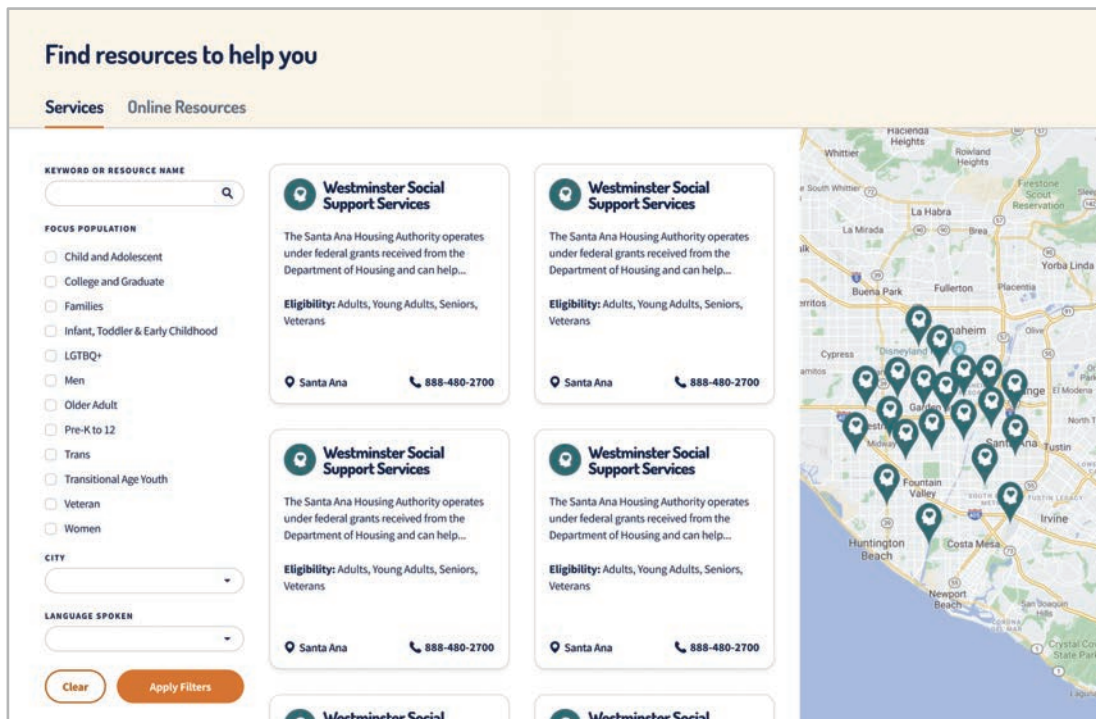
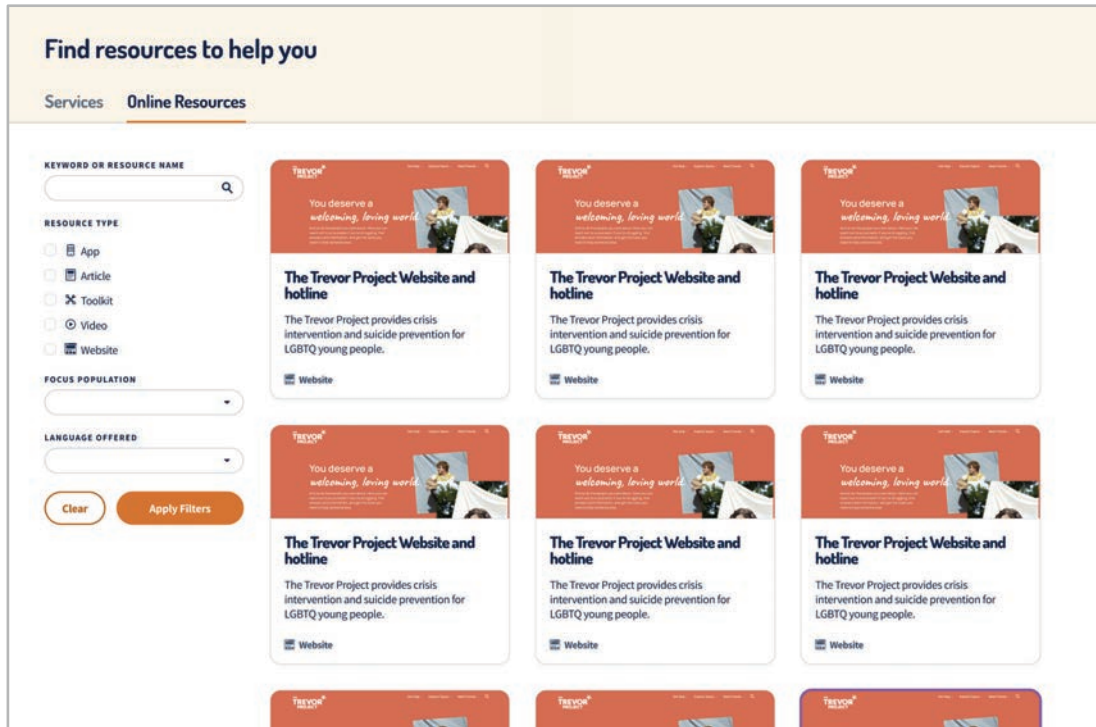


Figure 16. Online Resources Filters on the Category Page



OC Links & CAT Management Features

The OC Links system continues to be iterated upon to improve the user experience for OC Links Navigators and adapt to ever-evolving needs in the mental health and social support service space.

Table 14. New Features in OC Links & CAT

New Features	Description
Create New Case improvements	<ul style="list-style-type: none"> Users can create new cases faster and more easily associate new cases with existing client profiles
Merge client	<ul style="list-style-type: none"> Administrators can merge duplicate clients
Updated case banner	<ul style="list-style-type: none"> It is easier for users to scan for critical information such as the client’s Medical Record Number
Updated CAT Dispatch workflow	<ul style="list-style-type: none"> A new layout of fields was implemented to adapt to clinicians’ changing workflows
Case history view in CAT Mobile	<ul style="list-style-type: none"> Case history is now available on the mobile CAT workflow so clinicians in the field can have historical information at their fingertips
Addition of the Public CSU Bed Board to desktop and resource pages	<ul style="list-style-type: none"> Clinicians can click to see real–time availability of Crisis Stabilization Unit beds
Staff Scheduling	<ul style="list-style-type: none"> Admins can add, edit, and publish staff shifts. Clinicians can view and manage their schedules.

O&E Dispatch and Referral App Features

The O&E Dispatch and Referral app is an extension of the current O&E Admin app where supervisors have the ability to assign referrals from OC Links to outreach workers in the field. This new app will offer field workers the ability to receive notifications of assignments, track their client assignment progress, and document case outcomes, similar to the CAT Mobile app. Supervisors in the office will gain a better understanding of case progress and field worker caseload to help them determine assignments. Below, we describe the actions that can be taken in the app.

Table 15. O&E Dispatch and Referral Features

New Features	Description
Referral tracking for administrators	<ul style="list-style-type: none"> View incoming client service requests, assign clients to outreach field workers, track progress across all referrals, view dispatch times, view client case details including referral and linkage statuses to further inform appropriate client service delivery planning
Email and text notification of new assignments	<ul style="list-style-type: none"> Field workers will be able to receive text or email notifications of new assignments.
Dispatch Management and Staff Assignment	<ul style="list-style-type: none"> View all incoming client referral requests, View the client’s referral request details to evaluate the needs and eligibility of the client Accept or reject the client referral Assign an outreach worker to the client case for dispatch View the status of the referral to support coordination among program staff and reduce client wait times for outreach services Reassign a client case to a new outreach worker if the client’s original staff assignment is delayed
Mobile Dispatch and Client Referral management	<ul style="list-style-type: none"> Document updates on the progress for each of their assigned cases Log any outgoing referrals and/or linkages to resource or service providers the client may need. Close their assigned case if they have made several attempts and were not able to link with their client, or if they successfully linked with their client in the field

O&E UAF Survey Features

The new features described in Table 16 were informed from participatory engagement with O&E field workers and program leads. The intention of the new features is to help field workers more accurately capture data and streamline their current workflows.

Table 16. New Features in O&E Universal Activity Form (UAF)

New Features	Description
Archive surveys	<ul style="list-style-type: none"> Archive surveys that duplicative or unintentionally created
Service Planning Area (SPA) field	<ul style="list-style-type: none"> Indicate the SPA of the site
Automatic tally of demographic data	<ul style="list-style-type: none"> Confirms with users that they have the same number of participants on both tabs as they are surveying clients

CSU Live Bed Board

New features were determined in collaboration with CSU staff using principles of participatory development. Table 17 describes the new features. During this reporting period, the public CSU Bed Board was launched, allowing first responders and members of the public to view bed availability across the three adult CSUs and one child CSU.

Table 17. New Features in CSU Live Bed Board

New Features	Description
Updated dashboard	<ul style="list-style-type: none"> Emphasizes client information staff need to know to determine client intake eligibility Indicates client status with a reason for the status included
Activity log for all clients	<ul style="list-style-type: none"> Shows the patient’s interactions across CSUs and has a notes section for staff to communicate notable client information
Automatic tally of demographic data	<ul style="list-style-type: none"> Confirms with users that they have the same number of participants on both tabs as they are surveying clients

OC Warmline

The OC Warmline presents a series of impactful enhancements and new features, designed to elevate efficiency, streamline communication, enrich participant and staff experiences, and much more. These advancements embody the commitment to fostering an effective and responsive support ecosystem.

Table 18. New Features in OC Warmline

New Features	Description
Login screens	<ul style="list-style-type: none"> Secure and seamless entry point into the OC Warmline system for mentors and supervisors A user–friendly experience while prioritizing the privacy and functionality required for efficient interactions
Team management portals	<ul style="list-style-type: none"> Manage team member information Streamline team dynamics, elevate workflow efficiency, and enhance the quality of support provided to callers
Announcements	<ul style="list-style-type: none"> Streamlined communication channel within the Warmline system for supervisors to share crucial updates and vital information with mentors Dedicated views for supervisors and mentors
Dashboards	<ul style="list-style-type: none"> Support efficiency in assessing callers, facilitating resource connections, and streamlining team workflows with an intuitive and consolidated interface
Live Chat	<ul style="list-style-type: none"> The live chat feature constitutes a stride in crafting a robust client management system and elevating communication Enhance the quality of interactions with callers and facilitate resource connections

Table 18. New Features in OC Warmline (Continued)

Commenting	<ul style="list-style-type: none"> Facilitate seamless communication and feedback sharing between supervisors and staff. This will function similarly to the Activity tab in OC Links.
Spanish & Vietnamese subcontracts	<ul style="list-style-type: none"> Seamless mechanism for staff to effortlessly designate cases and chats to Spanish and Vietnamese subcontract agencies
RingCentral integration	<ul style="list-style-type: none"> Seamlessly bridge the RingCentral calling system with the OC Warmline Chorus application, eliminating manual steps and augmenting user experiences

CRP Bed Boards

CRP Bed Board features have been informed by Crisis Residential Program (CRP) managers, direct service providers, admin staff, and various MHRS stakeholders. The following table describes the features that will be included in the CRP Bed Board build.

Table 19. CRP Bed Board Features

New Features	Description
Incoming Client Service Request Referrals and Bed Board Dashboard	<ul style="list-style-type: none"> View real time bed availability across CRP programs View all incoming CRP client service requests referrals to quickly select an incoming client referral they would like to manage
Program Client Referrals Status Page	<ul style="list-style-type: none"> Open an incoming client service request referral, observe the client service request needs and eligibility, and document if they accept or reject the client referral based on the user’s CRP capacities and availability. CRP users who have accepted an incoming client referral can document if/when the client is admitted into the facility. Finally, if an admitted client requires additional resources, the user will be able to make and document outgoing client resource and service providers referrals (with the ability to document or track linkage status when appropriate).
Bed Board Configuration Feature	<ul style="list-style-type: none"> Configure the sex and gender of the accepted clients into room assignments that align the program policies and Community Care Licensing requirements. While the user is reviewing the bed configuration for an eligible client, the bed availability on the CRP Bed Board will reflect that the bed is no longer available; this will ensure consistent real time bed availability across all CRPS and prevent two users from claiming the same available bed. The user will be able to assign a client to an appropriate room and indicate that the client has been accepted into the program.
Client Service Requests Detail Page	<ul style="list-style-type: none"> See an overview of all the clients that have been associated with their program and the current status of their clients (e.g. accepted, not accepted, admitted, discharged, etc.).

Closed-Loop Referrals & Linkages

The closed loop referrals and confirmed linkages system will allow County programs to send, receive, and track referrals to county-operated and county-contracted programs with the goal of establishing a seamless closed referral system for patients.

Table 20. Closed-Loop Referrals and Linkages Features

New Features	Description
Incoming Client Referrals	<ul style="list-style-type: none"> View real time incoming client referral requests for the services offered by their program.
Program Client Referrals Status Page	<ul style="list-style-type: none"> Open an incoming client request referral, observe the client service request needs and eligibility for their program, then document if they accept or reject the client referral based on the current capacities of the user's program. Document if/when accepted clients are able to attend the program's service (e.g attends the first appointment, meets with a provider, is admitted, etc.). Finally, if a client who has received the services provided, by the user's program, requires additional service providers and resources, the user will be able to make and document outgoing client resource and service provider referrals (with the ability to document or track linkage status when appropriate).
Client Service Requests Detail Page	<ul style="list-style-type: none"> See an overview of all the clients that have been associated with their program and the current status of their clients (e.g. accepted, not accepted, linked, cleared case, etc.).

PEI Form

Through collaborative discussions with HCA program staff and Prevention and Early Intervention (PEI) providers, PEI features were effectively outlined. The PEI dashboard offers a comprehensive demographics form for 26 county-contracted providers, streamlining referrals, enrollment, and documentation. PEI form digitization modernizes data capture, enhancing efficiency, while single sign-on (SSO) integration ensures secure access for all PEI providers, improving usability and data security.

Table 21. New Features in the PEI Form

New Features	Description
Dashboard	<ul style="list-style-type: none"> Includes a comprehensive demographics form for 26 county-contracted PEI service providers This system enables receiving referrals, participant enrollment, demographics form completion, discharge processes, and referral documentation
PEI form digitization	<ul style="list-style-type: none"> Converts paper-based forms into digital formats. This streamlines the capture and organization of participant information, enhancing accuracy and efficiency for tailored support and improved program evaluation.
SSO integration	<ul style="list-style-type: none"> Single Sign-On (SSO) will be incorporated into the PEI project, providing streamlined access for PEI providers who are all county contractors. This integration ensures secure and efficient authentication, enhancing user experience and data security across the PEI platform.

Security & Access Improvements

Through collaborative efforts with HCA program staff, HCA IT, and OC IT, transformative SSO features are poised to redefine Chorus app access. Leveraging Azure Active Directory (AD), this integration ensures secure entry for Orange County staff and approved contractors, enhancing security and convenience. Multi-factor authorization (MFA) bolsters authentication, while user access provisioning and deprovisioning simplifies onboarding and offboarding, maintaining data security.

Table 22. New Security and Access Improvements

New Features	Description
Azure Active Directory (AD)	<ul style="list-style-type: none"> • The SSO integration leverages Orange County's Single Sign-On (SSO) tool, Azure Active Directory (Azure AD), to provide secure access to the Chorus app for Orange County staff and approved county contractors. • Staff can log in using their approved SSO credentials, enhancing security and simplifying user authentication.
Multi-factor authorization (MFA)	<ul style="list-style-type: none"> • The multi-factor authorization (MFA) feature enhances the authentication process by requiring additional verification steps beyond the SSO credentials. It allows Orange County staff and approved county contractors to safely log in while meeting stringent security standards. By customizing login rules, authors ensure that user management and authentication align with their policies, promoting compliance and safeguarding sensitive data.
Provisioning and deprovisioning of user access	<ul style="list-style-type: none"> • Empowers program staff to efficiently control user access in the Chorus app. Administrators can provision and deprovision accounts, streamlining onboarding and offboarding. Integrated within Chorus, this feature ensures security and user data accuracy.

OC Navigator App

Since the OC Navigator is a public app, feature implementation does not follow a strict development timeline like other apps. Feature prioritization and development timelines must build in reviews and feedback loops with both County and community stakeholders. The table below describes these efforts.

Table 23. OC Navigator Feature Development Timeline

Feature Development	
Sep-Dec 2022	<ul style="list-style-type: none"> • Designs for the Bounce Back OC Navigator page were finalized, leading to its launch to support general OCHCA outreach activities such as digital literacy workshops. This page is not branded with Angels or Ducks branding. • Requirements gathering was conducted to understand how to improve the Looker Studio data dashboard for County stakeholders. • The language toggle on OC Navigator mobile has been updated to be more visible on the homepage.
Jan-Mar 2023	<ul style="list-style-type: none"> • The Data Studio report was updated with new visualizations and reports to make it easier for Health Care Agency staff to understand and compare metrics at a glance. • Digital resources and subcategories are being designed with the input of community stakeholders, who informed subcategory selection and designs.
Apr-Jun 2023	<ul style="list-style-type: none"> • Digital resources were launched May 7, 2023, bringing 293 new apps and online resources for student and school–related mental wellness. • New homepage components were added to highlight digital resources. Graphics were updated to be more inclusive of children and infants. • Additional helplines are being added to the ‘I want help now’ page • A Resource Entry Portal for HCA staff was created.
Jul-Aug 2023	<ul style="list-style-type: none"> • Category page redesign • Resource card redesign

OC Links/CAT

Features for the OC Links & CAT systems are implemented via participatory design. Chorus meets regularly with the OC Links service chief to assess and prioritize feature requests, review designs, and conduct user testing. Table 24 describes feature development to support the OC Links and CAT teams.

Table 24. OC Links/CAT Feature Development Timeline

Feature Development	
Sep-Dec 2022	<ul style="list-style-type: none"> • Client management improvements
Jan-Mar 2023	<ul style="list-style-type: none"> • Enhance the create new case workflow • Launch the merge client feature • Add more fields to capture more client data
Apr-Jun 2023	<ul style="list-style-type: none"> • Shadow CAT and OC Links team members to better understand changes in the workflow
Jul-Aug 2023	<ul style="list-style-type: none"> • Launch Staff Scheduling to the OC Links team • Shadow users to determine needed improvements

CSU Live Bed Board

In this reporting period, feature development focused on the CSU Public/Law Enforcement Bed Board to display bed availability and contact information easily for first responders.

Table 25. CSU Bed Board Feature Development Timeline

Feature Development	
Sep-Dec 2022	<ul style="list-style-type: none"> Coordinate planning meetings with HCA stakeholders to discuss audience, timing, and method of training for launching the CSU Public/Law Enforcement Bed Board
Jan-Mar 2023	<ul style="list-style-type: none"> Co-develop trainings with HCA stakeholders for CSU Public/Law Enforcement Bed Board launch Train Captains in the Behavioral Health Bureau OC Sheriff’s Department
Apr-Jun 2023	<ul style="list-style-type: none"> Shadow staff in the County CSU facility to understand and co-develop pertinent functionality for the Referrals and Linkages feature
Jul-Aug 2023	<ul style="list-style-type: none"> Partnered with CSU program leads in the design and development of the Referrals and Linkages feature to reflect CSU needs in the designs

O&E Dispatch and Referral App

Table 26 describes the timeline by which stakeholders participated in feature development of the O&E Dispatch and Referral project..

Table 26. O&E Dispatch and Referral Feature Development Timeline

Feature Development	
Sep-Dec 2022	<ul style="list-style-type: none"> Conduct program interviews to develop requirements for the referrals and linkages feature of the O&E Admin and Mobile project Partner with programs to outline O&E Admin and O&E Mobile features that would facilitate streamlined workflows for their staff
Jan-Mar 2023	<ul style="list-style-type: none"> Present program workflow and proposed design to program for feedback on O&E Admin and Mobile features Finalize function of the following O&E Admin Expansion and O&E Mobile features: <ul style="list-style-type: none"> Incoming Client Service Request Dashboard Client Assignment Outreach Dispatch Dashboard O&E Mobile view for client detail page Referrals and Linkages feature for both Admin & Mobile apps
Apr-Jun 2023	<ul style="list-style-type: none"> Meet biweekly with O&E program managers and services chiefs to co-develop incoming client request dashboard, client assignment dispatch dashboard, O&E mobile features, and the outgoing client referrals and linkages feature
Jul-Aug 2023	<ul style="list-style-type: none"> Shadowing O&E Outreach field workers and O&E Admin workers to align features closely with program workflows Present O&E Dispatch Dashboard designs to program for feedback and iteration

O&E UAF Survey

Table 27 describes the timeline by which stakeholders determined the continued feature development of the O&E UAF App project.

Table 27. O&E UAF Survey Feature Development Timeline

Feature Development	
Sep-Dec 2022	<ul style="list-style-type: none"> • Monitor the UAF App and respond to requests and feedback • Conduct user interviews to determine needed changes
Jan-Mar 2023	<ul style="list-style-type: none"> • Co-develop a feature update to the demographic tab to allow for the “Tally Board” to be included in the same page as demographics
Apr-Jun 2023	<ul style="list-style-type: none"> • Monitor the UAF App and respond to requests and feedback
Jul-Aug 2023	<ul style="list-style-type: none"> • Shadow outreach workers in the field and observe for opportunities of future feature enhancement

OC Warmline

Table 28 describes the timeline by which features were developed for the OC Warmline app.

Table 28. OC Warmline Feature Development Timeline

Feature Development	
Sep-Dec 2022	<ul style="list-style-type: none"> • Build for the NAMI Warmline client management system began this reporting period, focusing on finalizing designs with stakeholders and implementing build plans within our team. Below, three key workflows are described. <ul style="list-style-type: none"> ○ The Live Chat workflow depicts one of the ways NAMI Warmline mentors interact with community members to provide support, the other being through a phone call. ○ The Supervisor–Mentor workflow depicts the complete flow Warmline supervisors or mentors will conduct to intake calls or follow ups, from creating a new client or adding to an existing client profile. ○ The Resource Management workflow depicts how NAMI Warmline staff and resource specialists can add, update, and maintain their extensive resource database.
Jan-Mar 2023	<ul style="list-style-type: none"> • Development of the OC Warmline continued in close collaboration with the OC Warmline team. Demos of the new system were provided frequently and features were iterated upon user feedback. Quick training guides were developed for each set of features. In February, a set of OC Warmline users tested a working prototype in February with the following features: <ul style="list-style-type: none"> ○ Cases ○ Participants ○ Live Chat ○ Resources • During and after the prototype testing, we continued to make progress on the following items: <ul style="list-style-type: none"> ○ Voicemail Follow Up ○ Teams ○ Change Participant ○ SMS Chat

Table 28. OC Warmline Feature Development Timeline (Continued)

<p>Apr-Jun 2023</p>	<ul style="list-style-type: none"> • Development of the OC Warmline continued in collaboration with the OC Warmline team and HCA leads. • Design and development updates are provided below. User acceptance testing was conducted with OC Warmline team members. <ul style="list-style-type: none"> ○ Admin Portal Updates <ul style="list-style-type: none"> ■ An updated admin portal was designed and built to post in–app announcements, manage the team, and merge participant profiles ■ Additional fields in staff profiles to add more background and context for supervisors ○ Enhancements to the live chat system were built to support chat management ○ Case Management Updates <ul style="list-style-type: none"> ■ Updated Participant Information section to support participant profile migration of 500–1000 profiles from iCarol ■ Redesign and build of the Outcome Measures section in the Finish tab to improve user experience ■ In–case comment feature for supervisor and staff to communicate
<p>Jul-Aug 2023</p>	<ul style="list-style-type: none"> • Development of the OC Warmline digital solution continued with stakeholders from the OC Warmline and HCA. • Requirement gathering began for the following: <ul style="list-style-type: none"> ○ Resource Recommendations <ul style="list-style-type: none"> ■ An option for staff to provide and track resource recommendations for participants was discussed. ○ RingCentral Integration <ul style="list-style-type: none"> ■ Planning and requirements gathering occurred between Chorus, HCA, and the OC Warmline. ○ Spanish and Vietnamese Subcontracts <ul style="list-style-type: none"> ■ Planning and requirements gathering occurred between Chorus, HCA, and the OC Warmline • Initial design discussions began for the following <ul style="list-style-type: none"> ○ Resource Recommendation <ul style="list-style-type: none"> ■ OC Warmline and Chorus teams collaborated on the layout and specific options for resource recommendations in the OC Warmline digital solution ○ Spanish and Vietnamese Subcontracts <ul style="list-style-type: none"> ■ OC Warmline and Chorus teams collaborated on initial designs for separating Spanish and Vietnamese cases. • Continued support and development of application ADA fixes. • Updated demographic fields and designs to align with county requirements • User acceptance testing (UAT) continued for various features that have been built within the OC Warmline digital solution. A few features that were tested include: <ul style="list-style-type: none"> ○ Standard live chat ○ Change client workflow ○ Follow–ups for voicemails

CRP Bed Board

Table 29 describes the timeline by which features were developed for CRP Bed Board.

Table 29. CRP Bed Board Feature Development Timeline

Feature Development	
Sep-Dec 2022	<ul style="list-style-type: none"> Partner with CRP managers and service providers to learn their pain points, goals, and feature requirements
Jan-Mar 2023	<ul style="list-style-type: none"> Continue feature requirement gathering process through program interviews and participatory development meetings Begin CRP feature designs Present CRP feature designs for feedback and co-development
Apr-Jun 2023	<ul style="list-style-type: none"> Shadow Waymakers Chilrens and TAY CRP as well as TREEhouse North Adult CRP staff to further enhance feature designs and function Continue CRP feature Design iterations
Jul-Aug 2023	<ul style="list-style-type: none"> Continue participatory development meetings with CPR program leads and providers for continued feedback and iteration on designs and features Finalize CRP feature requirements and continue CRP feature designs

Closed-Loop Referrals & Linkages

Table 30 describes the timeline by which features were developed for closed-loop referrals & linkages.

Table 30. Closed-Loop Referrals and Linkages Development Timeline

Feature Development	
Sep-Dec 2022	<ul style="list-style-type: none"> Partner with MHRS stakeholders and service program managers to begin feature planning
Jan-Mar 2023	<ul style="list-style-type: none"> Interview 13 OC programs to refine requirements Present interview analysis to MHRS managers for co-development and refinement of features
Apr-Jun 2023	<ul style="list-style-type: none"> Begin Referrals and Linkages feature designs
Jul-Aug 2023	<ul style="list-style-type: none"> Present feature designs to MHRS stakeholders for feedback Finalize Referrals and Linkages feature requirements Begin first phase of implementing Referrals and Linkages feature into the CRP Bed Board build

PEI Form

Table 31 describes the timeline by which features were developed for the PEI Form.

Table 31. PEI Form Feature Development Timeline

Feature Development	
Jul-Aug 2023	<ul style="list-style-type: none"> Gather requirements from HCA and PEI provider stakeholders Begin designs for the PIF and PEI dashboard and review with HCA stakeholders for official sign off. Begin the digital solution build process for PEI.

Security & Access Improvements

Table 32 describes the timeline by which features were developed for the NAMI Warmline app.

Table 32. SSO/MFA & Access Management Feature Development Timeline

Feature Development	
Apr-Jun 2023	<ul style="list-style-type: none"> • Preliminary designs for the user management portal were created and shared with HCA • Initial requirements gathering for SSO/MFA
Jul-Aug 2023	<ul style="list-style-type: none"> • Defined technical requirements for SSO/MFA and access management for HCA employees and county–contracted providers • Planned roll–out with MHRS programs and OC IT stakeholders, including HCA bringing county–contracted providers under the umbrella of the county’s Azure AD, defining policy and procedures concerning county–contracted providers’ user provisioning and deprovisioning, and timing and procedure for switching all HCA users to the new processing using SSO/MFA

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

- Add subcategories and focus populations to the category pages
- Launch the new category page and primary menu
- Update the resource pages to include more information, such as eligibility or payment structure
- Continuously make improvements to the site in response to community partner feedback

OC Links/CAT App

- Implement the staff 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 solutions within the existing Bed Board app that could improve the user friendliness of the app, and improve the ease of client search
- Continue to partner with CSU program managers to design the Client Referrals and Linkages feature
- Implement the Client Referrals and Linkages feature

O&E Dispatch and Referral App

- Implement the R&L feature to the O&E Admin and O&E Mobile builds
- Complete designs for O&E Admin updates and O&E Mobile builds
- Provide test versions of the updated O&E Admin and O&E Mobile apps to the end users for feedback and updates as needed

O&E UAF Survey

- Continue participatory engagement with O&E stakeholders to understand future opportunities for feature development

NAMI Warmline

- Collaborate with RingCentral and the Warmline to further understand the requirements for RingCentral integration
- Finalize the migration of Warmline participant profiles

- Implement UI improvements where appropriate
- Finalize the design and build for required features for soft launch such as RingCentral integration and Spanish and Vietnamese subcontracts

CRP Bed Board

- Continue partnership with CRP leads and service providers for feedback on expanded designs
- Implement bed board build with R&L feature
- Partner with CRP stakeholders to test features of the CRP build prior to launching the app

Closed-Loop Referrals & Linkages

- Implement R&L feature in the following apps and monitor for opportunities of future feature enhancement
- CRP Bed Board
- CSU Bed Board
- O&E Dispatch and Referral App
- CAT
- OC Links

PEI Forms

- Begin the build for the PEI dashboard
- Meet, brief, and train all PEI providers on the PEI dashboard
- Collect feedback from providers and implement improvements as appropriate
- Explore adding additional features to the PEI build

Security & Access Improvements

- Discuss the process for user management with county stakeholders
- Conduct user acceptance testing across program applications that will be using SSO
- Implement SSO with MFA across all selected county and county-contracted programs
- Ensure that all selected county and county-contracted programs are trained on the new processes for SSO with MFA
- Continuously improve SSO with MFA based on feedback and security needs. Update documentation, monitor overall performance, and enhance the system as appropriate



Section 4: Social Determinants of Health Screener

4.1 Achievements

A total of 839 Wellness Check-in submissions were completed from September 1, 2022 to September 1, 2023, an increase from 607 during the last reporting period.

4.2 Timeline

Training and community engagement activities during this reporting period resulted in an increase of submissions.

4.3 Lessons Learned and Next Steps

Community feedback and user research will continue to be collected to inform additional improvements to the screener.



Section 5: Progress Updates to MHSOAC

5.1 Achievements

Our team meets at least biweekly with the MHSAs Innovations team to provide progress updates. Presentations are provided when requested to OCHCA leadership. We also provide an annual report to MHSOAC, which is represented by this document.

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 and outcome of all apps.

OC Navigator

The OC Navigator continues to undergo improvements to make it easier for users to find resources appropriate for them. We report on improvements made to the site based on user feedback, the addition of Apps and Online resources, and modifications for the analytics dashboard in Looker Studio through Google Analytics.

User Experience Improvements Based on Community Feedback

Community feedback resulted in three changes: (1) an updated language toggle, (2) the homepage community graphic was updated to include more children and infants; (3) the category name for 'Getting Around' was renamed to 'Transportation' to be more representative of the resources listed in this category, and (4) two helplines have been added to the 'I want help now' page.

Figure 17. Updated mobile language toggle

Monolingual community partners shared during user feedback sessions that they would like the language toggle on OC Navigator mobile easier to find. The language selector was moved to the top of the navigator bar rather than hidden in the hamburger menu.

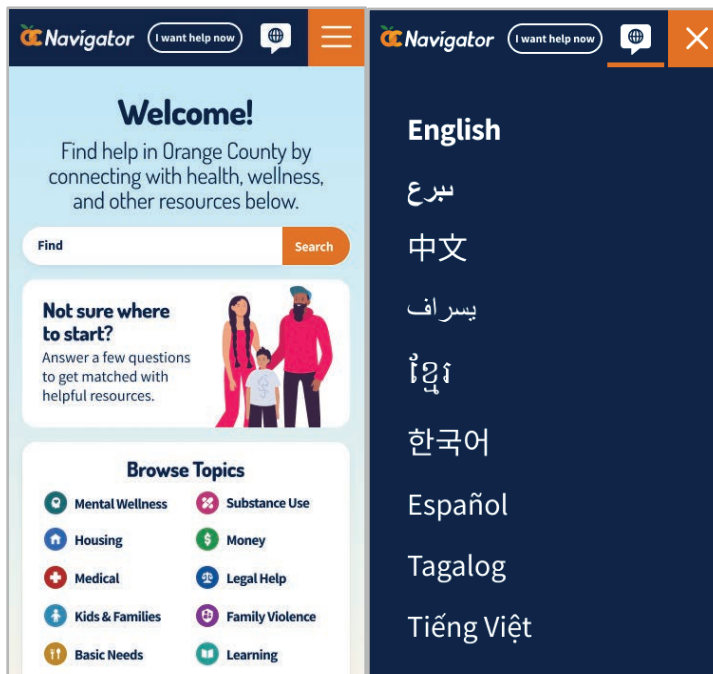


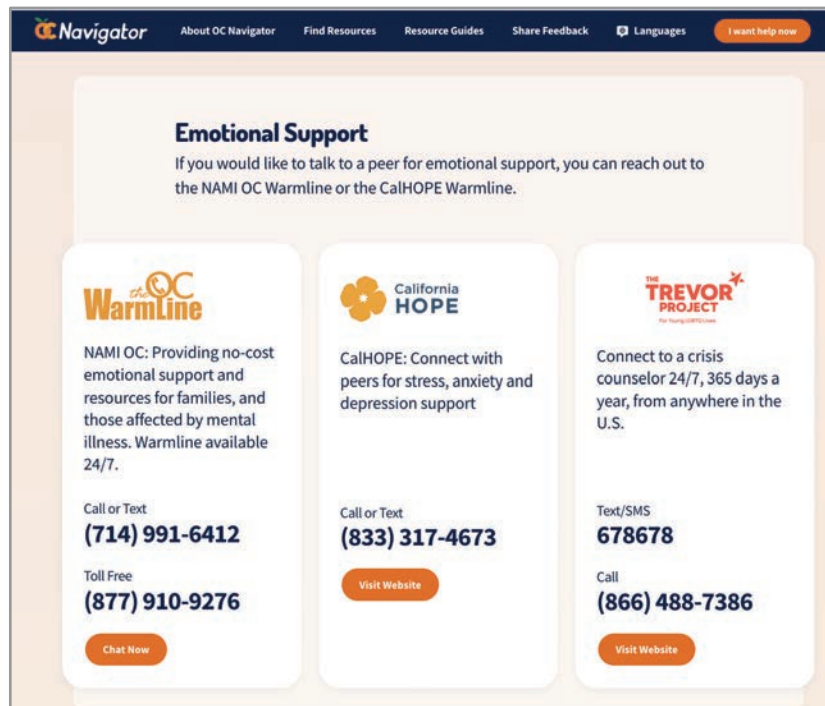
Figure 18. Updated Homepage Graphic

As a result of community feedback from Grupo VeLA, more children and infants were added to the homepage graphic representing the Orange County community.



Figure 19. Updated 'I want help now' page

The 'I want help now' page was updated with the Veterans Crisis line and the Trevor Project to provide additional support.



The screenshot displays the OC Navigator website's 24/7 Crisis Support page. At the top, a dark blue navigation bar contains the OC Navigator logo and links for 'About OC Navigator', 'Find Resources', 'Resource Guides', 'Share Feedback', and 'Languages'. A red 'I want help now' button is positioned on the right. The main content area features a light pink background with a central heading '24/7 Crisis Support' and a sub-heading: 'If you think you have a medical or psychiatric emergency, call 911 or go to the nearest hospital immediately.' Below this, three white cards with dark blue headers provide details for 'Mental Health Crisis Support', '988 Suicide and Crisis Lifeline', and 'Domestic Violence Hotline'. Each card includes a description, contact information (call or text numbers), and a red button for further action. A fourth card for 'Veterans Crisis Line' is located below the others, featuring a star icon and instructions to dial 988 and press 1.


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

24/7 Crisis Support

If you think you have a medical or psychiatric emergency, call 911 or go to the nearest hospital immediately.

Mental Health Crisis Support

Trained Navigators can help 24/7 to find resources or dispatch crisis teams in multiple languages

 **Links**

Call or Text
(855) 625-4657

[Chat Now](#)

988 Suicide and Crisis Lifeline

The Lifeline provides 24/7, free and confidential support for people in distress and prevention and crisis resources for you or your loved ones

Call or Text
988

[Chat Now](#)


Domestic Violence Hotline

Trained advocates offer free, confidential, compassionate support and resource info 24/7

Call or Text
(800) 799-7233

Text/SMS
Text "Start" to 88788

[Visit Website](#)



Veterans Crisis Line
DIAL 988 then **PRESS 1**

24/7 confidential crisis support for veterans and their loved ones.

Text/SMS
838255

Call
988, then press 1

[Visit Website](#)

Apps and Online Resources

On May 7th, 2023, the new Apps and Online page was launched, featuring new ways to organize digital resources by focus population, digital resource type, and others (Figure 20). Improvements were made to the OC Navigator homepage as a result of community feedback and to highlight the new Apps and Online page (Figure 21).

Figure 20. Apps & Online page for digital resources

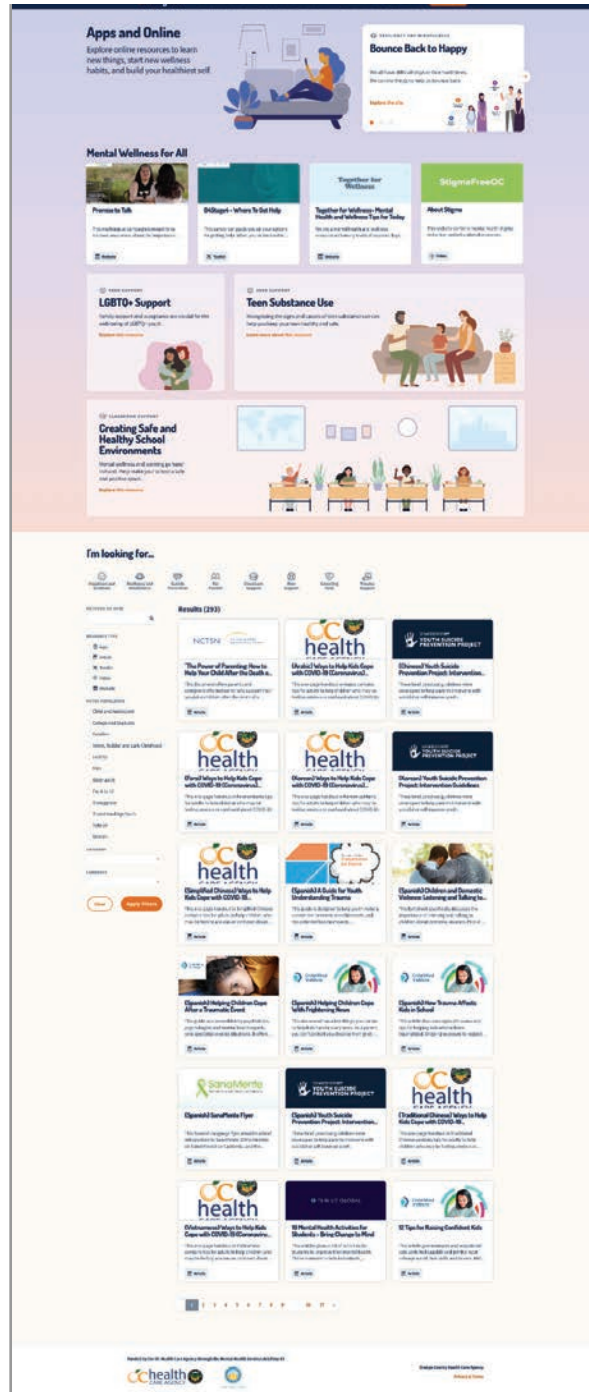


Figure 21. New homepage components to highlight the Apps & Online page and resources



Figure 22. The What's New image slider features the Apps & Online page, the Bounce Back to Happy page, and a NAMI OC resource for families.

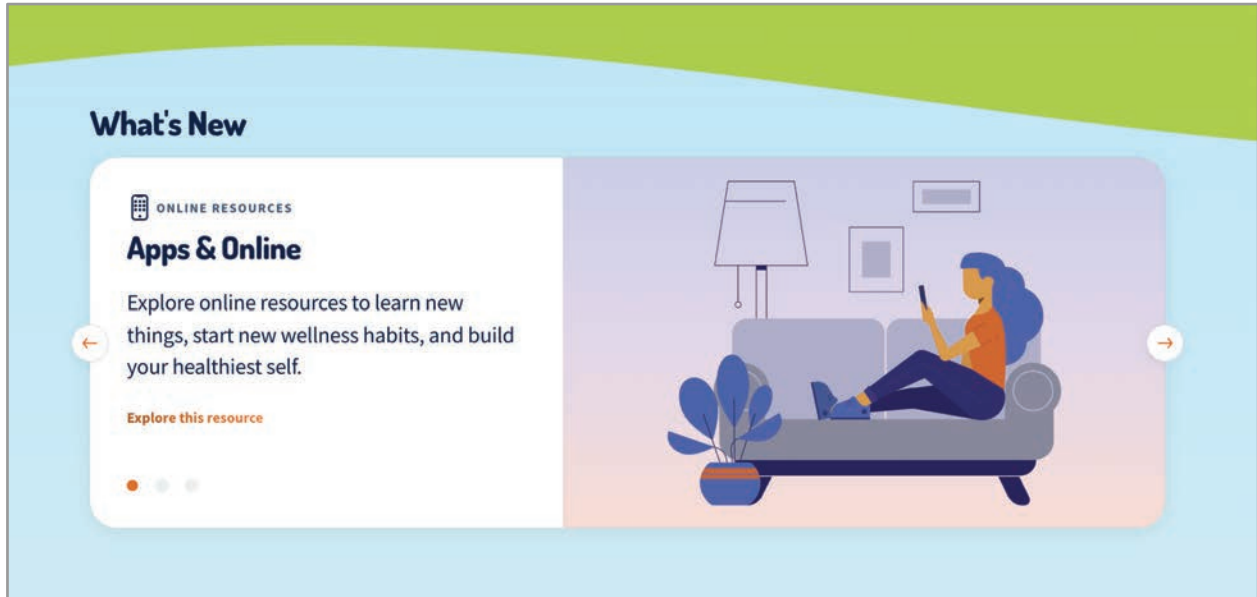
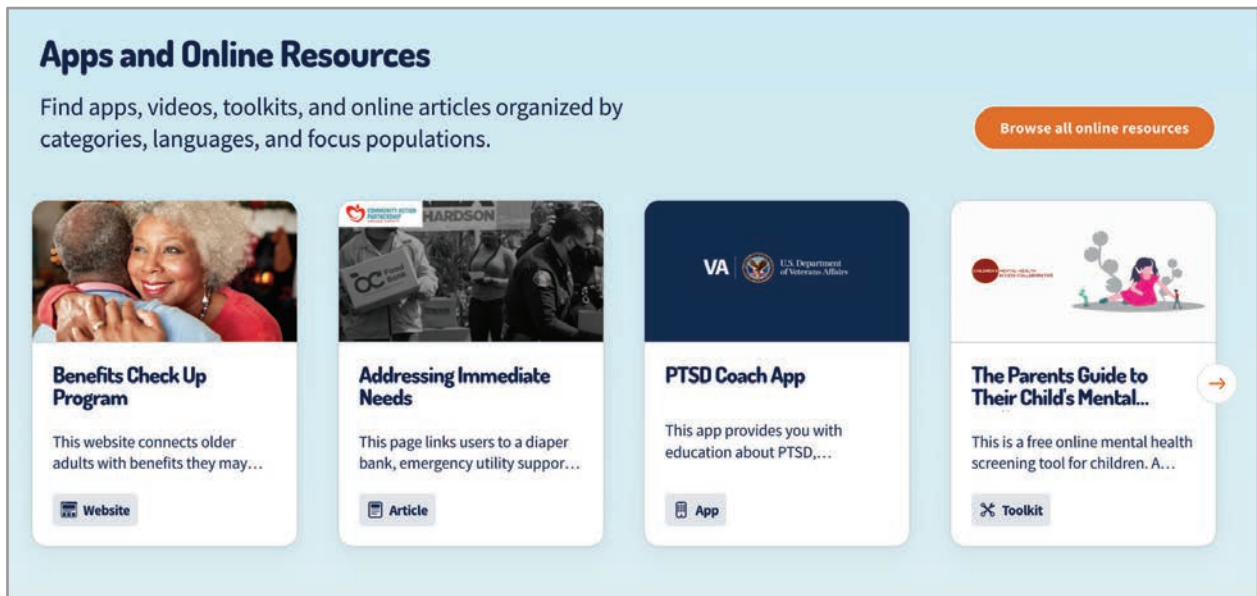


Figure 23. The resource card slider features resources on topics that community partners conveyed were important to Orange County residents.



OC Navigator Admin Dashboard

Based on feedback from HCA stakeholders, the Google Analytics and Data Studio integration on the OC Navigator Admin Dashboard was updated with additional metrics for the OC Navigator website, the Angels Campaign OC Navigator page, and the Ducks Campaign OC Navigator page.

Metrics include total and active users over a range of time, page views, and event counts such as scrolls or clicks. Notably, user engagement and campaign activity breakdown metrics were added. User engagement is a new metric for Google Analytics 4 that describes how engaged the user is on the site by tracking the amount of time the OC Navigator is in the foreground of the user’s device. This metric provides a more accurate picture of engagement than active sessions, the previous engagement metric in Google Analytics 3. Additional campaign metrics were added to track new marketing activities for the Ducks campaign and general promotion by HCA to understand how many new users came from a specific event, such as scanning the QR code posted on a train platform ad. This new Data Studio report was embedded in the OC Navigator Admin dashboard (Figures 24-25).

Figure 24. Dashboard - Google Analytics Page 1

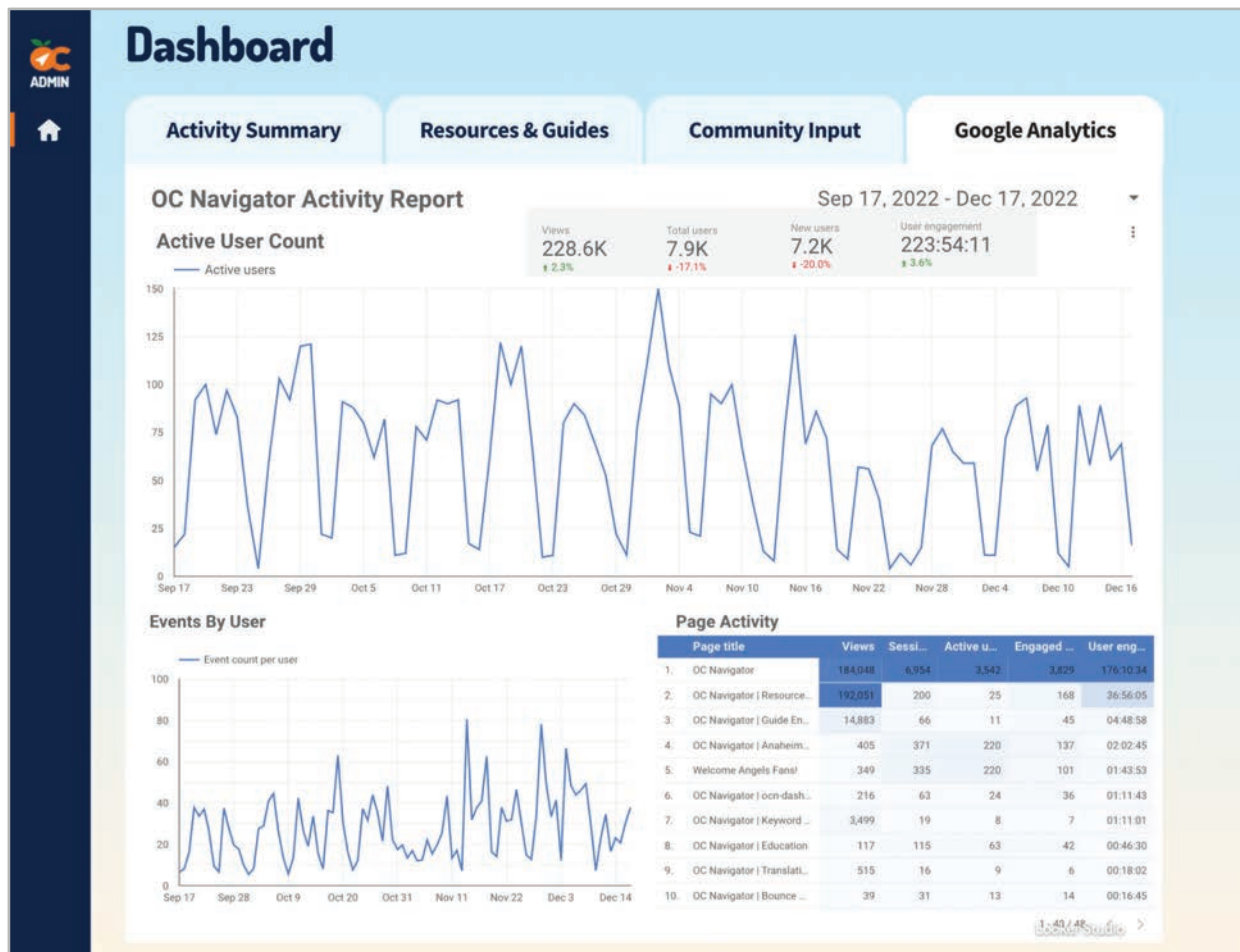


Figure 25. Dashboard - Google Analytics Page 2



OC Links & CAT

The OC Links system continues to be iterated upon to improve the user experience for OC Links Navigators and adapt to ever-evolving needs in the mental health and social support service space.

General Improvements

During this period we made a number of large improvements to the OC Links application based on feedback from OC Links Navigators and Service Chiefs following the launch of the client management system August 2022. Our team worked with OC Links team leads to prioritize feedback based on impact and feasibility, with the highest importance on streamlining the user experience to support the urgency at which Navigators and crisis clinicians work. The issues they identified were:

- Create new cases faster and more easily associate new cases with existing client profiles.
- Duplicate client profiles exist from before the client management implementation. Users wanted the ability to merge client profiles together into a single record.
- More client information is now available for each case. A need emerged to better organize and surface critical information.

- OC Links Navigators are now referring cases to the CAT and O&E teams with the OC Links system. They wanted an easy way to filter cases by team in case follow-up was needed.
- Additional documentation was needed to capture where crisis clients were hospitalized.

Participatory development with the OC Links team resulted in the solutions and updates described below.

Create new case workflow

Users provided feedback that the old version of the new case workflow page was difficult to use because the generated list did not provide the user with enough information to select the right client. Furthermore, only ten clients were shown which was not useful when looking for a client with a common name.

In order to improve this user experience, we developed the Create New Case workflow to replace the old workflow (Figure 26). Users are now able to add information about the caller and then either create a case with a new client or search for an existing client using the client’s name, phone number, and date of birth (DOB). The search results for an existing client now displays the client’s name, date of birth (DOB), phone number, address, and the date of the last case created to provide the Navigator with enough information to select the correct client.

Figure 26. Create New Case Workflow with New or Existing Client

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Create New Case

Caller Info

CALLER NAME: CALLER PHONE: CALLER TYPE: CALLER TYPE (OTHER):

Create Unknown or New Client + Create case with new client

Search for Existing Client

CLIENT NAME: PHONE: DOB: Search Clear

Client	DOB	Phone	Address	Last Case Created
Chorus Test	03/02/2023	+1 (315) 104-6499	123 Main St Aliso Viejo, 52453	03/02/2023
Chorus Test ★ 🇺🇸	02/06/2000	4444444444	123 Sesame street Dana Point, 90101	03/03/2023
Chorus Test	06/06/2000	1111111111	111 one Avenue Aliso Viejo, 11111	02/23/2023

Merge client functionality

We also created a feature that allows users to merge two client profiles together in the event of duplicate client profiles. This feature is only available in the admin section, but all users are able to flag clients that are potential duplicates for merge. The workflow is described in Figures 27-31 below.

Figure 27. Merge clients through the Admin portal

Admins are able to access this feature by going to a client’s profile in the Admin section of OC Links and selecting the “Merge Client” button.

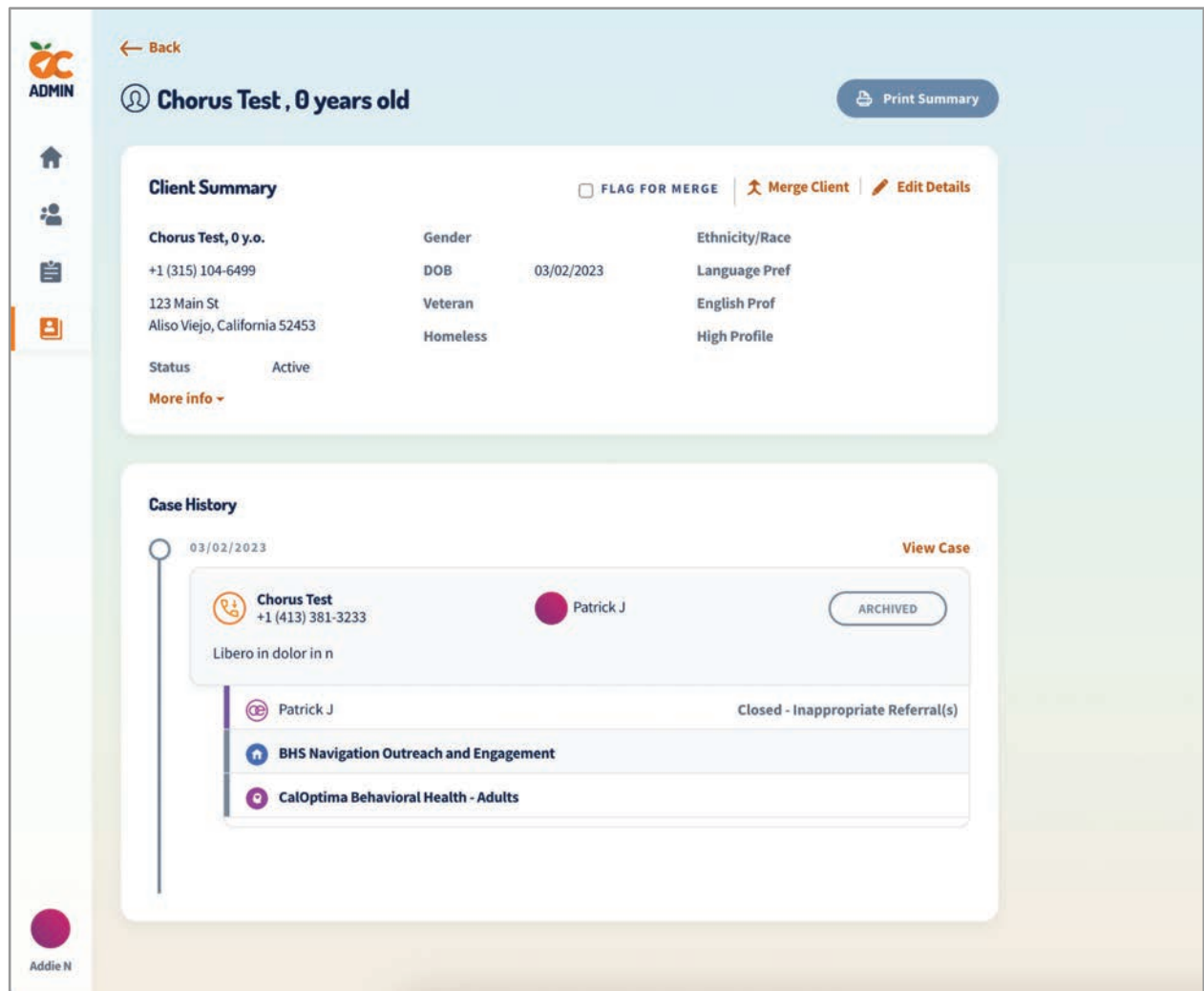


Figure 28. Select Clients to Merge

The "Merge Client" button brings them to the screen below where they are able to see a summary of the selected client and search for an additional client to merge.

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Selected Client Summary

Chorus Test, 0 y.o.	Gender	Ethnicity/Race	Additional Concerns
+1 (315) 104-6499	DOB: 03/02/2023	Language Pref	
123 Main St Aliso Viejo, CA 52453	Veteran	English Prof	
Status: Active	Homeless	High Profile	

[View History](#)

Search for Selected Clients to Merge

CLIENT NAME: FLAGGED FOR MERGE: DOB: STATUS: NAVIGATOR: [Filter](#) [Clear](#)

Client	DOB	Last Case Created	Last Updated By	Status	# of Cases	View History	Merge
2 TEST Chorus client name Chorus Test	05/11/1941		Patrick J	Archived	0	View History	Merge
2 TEST Chorus client name Chorus Test ★	05/11/1941	08/17/2022	Jamie B	Archived	20	View History	Merge
2 TEST Chorus client name Chorus Test	05/11/1941	02/10/2023	Jamie B	Archived	3	View History	Merge

Figure 29. Merge Specific Client Information

Once they've selected the second client to merge, they are brought to a page that displays every client field, and the user is able to select which values to preserve during the merge client process.

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Merge Data

▲ Select the Client Details you would like to keep.
Case history from both clients will appear under merged client.

Field	Client #1	SELECT ALL	Client #2	SELECT ALL
First Name	<input checked="" type="radio"/> Chorus		<input type="radio"/> 2 TEST Chorus client name	
Middle Name	<input checked="" type="radio"/>		<input type="radio"/> L	
Last Name	<input checked="" type="radio"/> Test		<input type="radio"/> Chorus Test	
Suffix (Records match)	<input type="radio"/>		<input type="radio"/>	
Address	<input checked="" type="radio"/> 123 Main St		<input type="radio"/> 2 Chrous Test address test	
City (Records match)	<input type="radio"/> Aliso Viejo		<input type="radio"/> Aliso Viejo	
State (Records match)	<input type="radio"/> California		<input type="radio"/> California	
Zip	<input checked="" type="radio"/> 52453		<input type="radio"/> 92653	
Phone	<input checked="" type="radio"/> +1 (315) 104-6499		<input type="radio"/> client phone	

Figure 30. Preview of Newly Merged Client

In the final step of this process, the user is brought to a page that displays a preview of the merged client and the cases that will be merged into the final client profile.

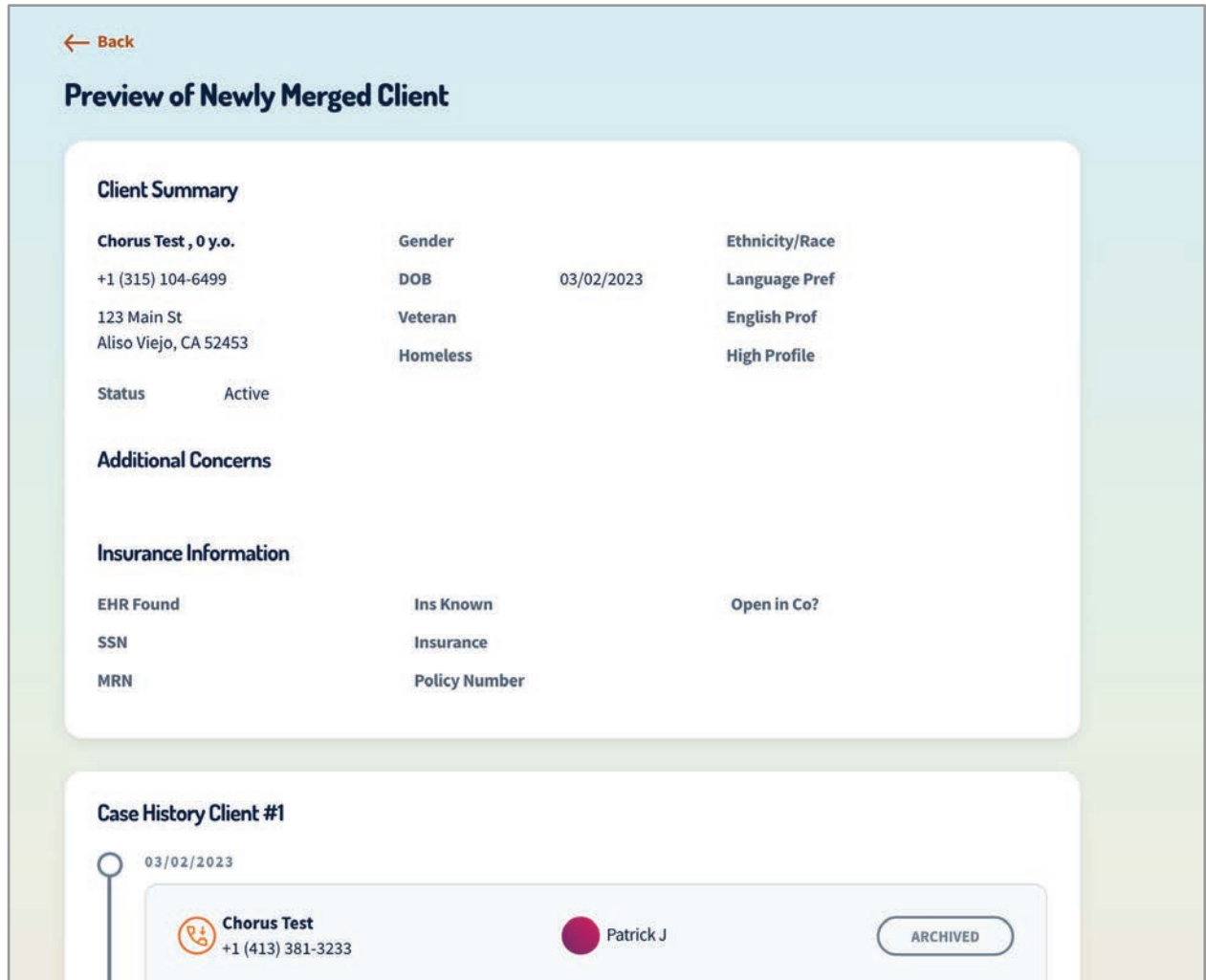
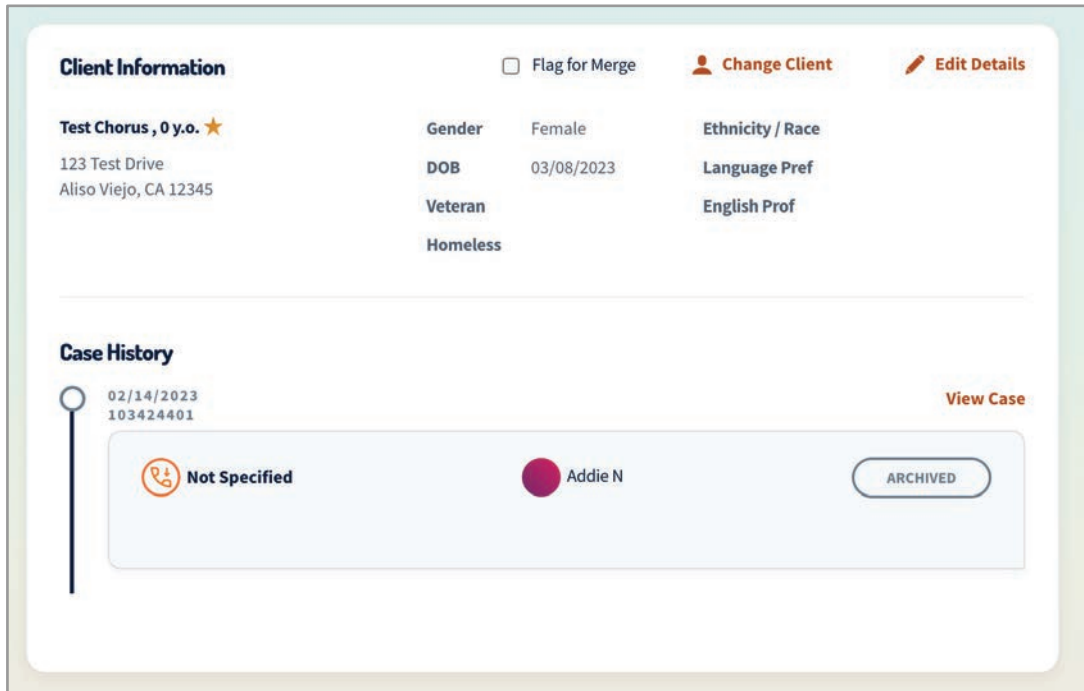


Figure 31. Flagging Clients to Merge

The following screen is available in the client information section on a variety of pages in the OC links app for Navigators to flag clients for merge.



Case Banner

The case banner was updated to make it easier to scan for critical information, such as the client's MRN, and adding a yellow star to indicate whether the client is high profile and requires the attention of a service chief.

Figure 32. Updated case banner

The screenshot displays the 'Edit Case' interface. At the top, the title 'Edit Case' is shown. Below it, a case banner contains the following information: a profile icon, the case name 'Test1 Test2' with a yellow star, the name 'Addie N', and an 'OPEN' button. A table below the banner lists key details: 'STARTED AT' (03/07/2023 11:43 AM), 'CLIENT ADDRESS' (123 Main Street test, Aliso Viejo, CA 12345), 'PHONE' (1231231231), and 'MRN' (123456789). A navigation menu includes tabs for 'Details', 'CAT', 'Activity', 'O&E', 'Resources', 'Survey', and 'Finish'. The 'Details' section is expanded, showing 'Caller Information' with fields for name, type, phone, city, and language preference. Below that is the 'Case Details' section, which includes 'ASSIGNED TO' (Addie Nakatani), 'START DATE / TIME' (3/7/2023, 11:43 AM), and checkboxes for 'Covid Related?', 'Crisis', and 'Homeless'. The 'Referrals' section has radio buttons for 'CAT Dispatch' and 'O&E Referral'. A 'CASE DETAILS' section is at the bottom but is currently empty.

Case type filter

A new filter on the Cases page was added to allow Navigators to filter by type of case. Navigators now have the ability to filter for O&E cases, CAT Youth cases, CAT Adult Cases, PERT Cases, and all CAT Cases.

Figure 33. Case type filter

The screenshot shows the OC Links 24/7 interface. On the left is a navigation sidebar with options: Dashboard, Cases, CAT Cases, Clients, Live Chat, Dispatch, Resources, and Team. The main area is titled 'Cases' and features a search bar, a date picker, and a staff dropdown menu currently set to 'Minhuan Tran'. A 'Filter' button is active, and a dropdown menu is open, showing the following options: All CAT Cases (checked), CAT Youth, CAT Adult, PERT, and O&E. Below the filter is a table of cases with columns for Type, Client, Caller, Start Time, and Staff.

Type	Client	Caller	Start Time	Staff
	4 TEST Chorus chorus ★	Not Specifiedtest1 102960900	10/28/2022 4:04 PM	Minhuan T.
	4 TEST Chorus chorus ★	Addie Nakatanitest 102927580	10/18/2022 6:12 PM	Minhuan T.
	Chorus Test Ignore Main Case	Chorus Test Ignore - Follow up 102786774	09/12/2022 2:47 PM	Minhuan T.
	Chorus Test Ignore Main Case	Chorus Test Ignore - Main Case 102786614	09/12/2022 2:29 PM	Minhuan T.
	2 TEST Chorus client name Chorus Test ★	Test Chorus Ignore Caller 102696064	08/20/2022 6:14 PM	Minhuan T.
	TEST Chorus Ignore Test	TEST Chorus please ignore 102676572	08/16/2022 12:31 PM	Minhuan T.
	Test Chorus Test Chorus	Test Chorus 102671042	08/15/2022 10:19 AM	Minhuan T.
	No Client Attached	102671024	08/15/2022 10:17 AM	Minhuan T.
	Chorus TEST please ignore	TEST CHORUS please ignore 102488970	07/06/2022 7:56 AM	Minhuan T.
	TEST Chorus please ignore	TEST Chorus please ignore 102488818	07/06/2022 7:30 AM	Minhuan T.
	TEST CHORUS please ignore	TEST CHORUS please ignore 102486845	07/05/2022 4:23 PM	Minhuan T.

Hospitalization Data

A field was added to record where crisis clients were hospitalized after receiving an assessment and referral from CAT clinicians in the field (Figures 34-35).

Figure 34. New "Hospitalized At" Dropdown

The screenshot shows a mobile application interface for a form titled "Not Specified". At the top, there is a dark blue header with a back arrow and a phone icon. Below the header is a navigation bar with four tabs: "My Progress" (selected), "Details", "Activity", and "Outcome". The form contains several input fields:

- DISPOSITION ***: A dropdown menu.
- VOUCHER SENT**: A dropdown menu.
- REQUESTED LAW ENF? ***: A dropdown menu.
- TRANSPORTED TO**: A text input field.
- LAW ENF PRESENT?**: A dropdown menu.
- HOSPITALIZED AT**: A dropdown menu, which is the new field mentioned in the caption.
- TYPE OF TRANSPORT**: A dropdown menu.
- AMBULANCE COMPANY**: A dropdown menu.
- PROGRESS TIMES**: A dropdown menu.
- CAT REFERRALS**: A dropdown menu.
- ADDITIONAL NOTES**: A large text area for notes.
- SPECIAL INCIDENT**: A radio button option.

At the bottom of the form is an orange "Submit" button.

Figure 35. Hospital Options

HOSPITALIZED AT

✓

- Anaheim Global Medical Center
- Anaheim Regional Medical Center
- Canyon Ridge Hospital
- Chapman Global Medical Center
- College Hospital - Cerritos
- College Hospital - Costa Mesa
- Fountain Valley Regional Hospital
- Garden Grove Hospital Medical Center
- Hoag Memorial Hospital - Newport
- Huntington Beach Hospital
- Irvine Medical Center
- Kaiser - Lakewood
- Kaiser Permanente - Irvine
- La Palma Intercommunity Hospital
- Los Alamitos Medical Center
- Mission Hospital - Laguna Beach
- Mission Hospital - Mission Viejo
- Orange Coast Memorial Medical Center
- Orange County Global Medical Center
- Other Hospital
- Placentia - Linda Hospital
- Riverside ETS
- Royale Mission Viejo
- Saddleback Memorial Medical Center

▼

Figure 36. Create a Case and Link Client through the Chat Workflow

Users can now search for or create a new case with a new or existing client directly from the chat screen. Previously, users could not link a client through the chat workflow.

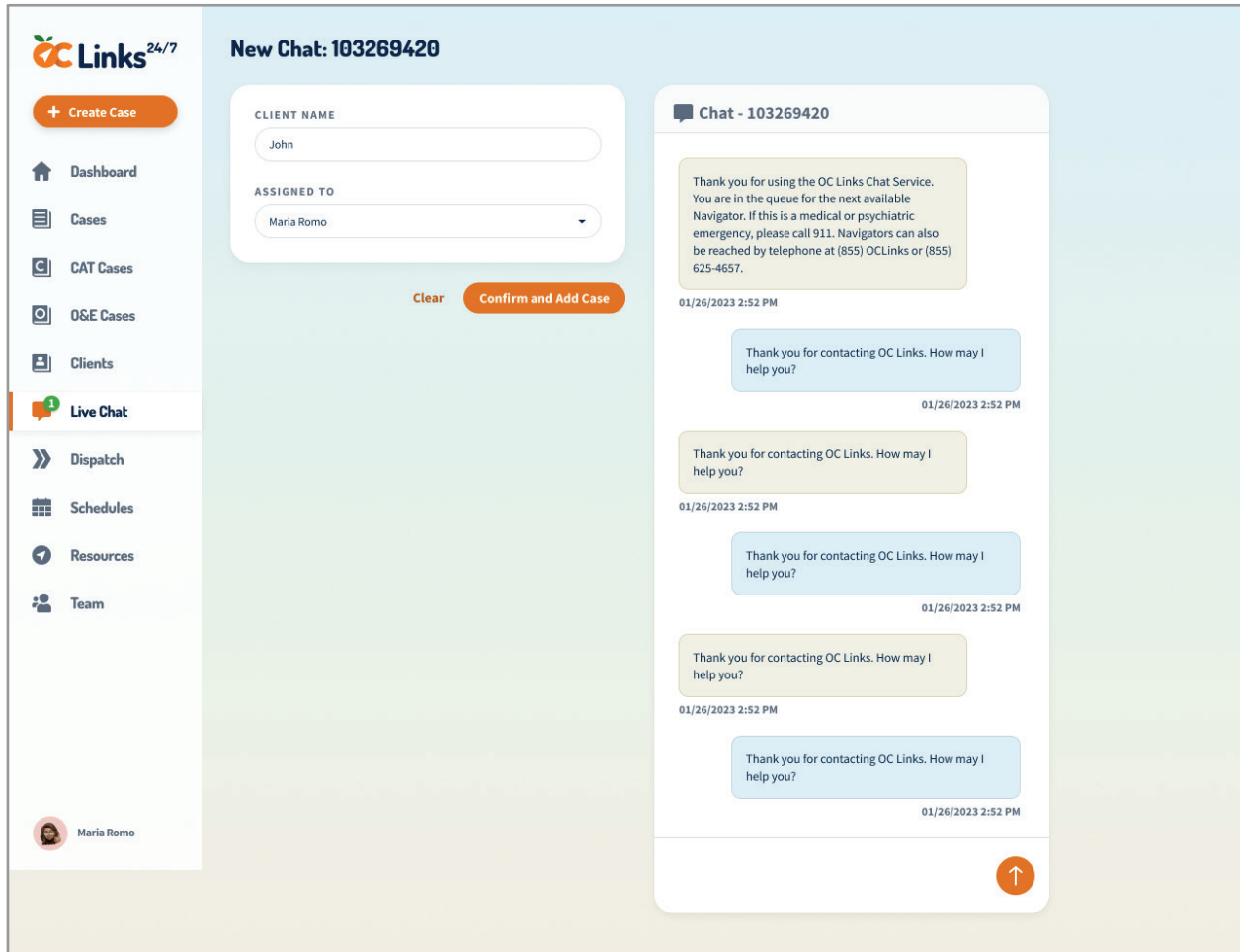


Figure 37. Enabled Clinician Assignment as Pending w/ Associated Dashboard Updates

A “Pending” clinician option was implemented so Navigators can continue working in a case while a clinician is being identified for assignment. These changes are reflected in the Clinician column on the main dashboard.

Close

CAT CLINICIAN 1: SHANE BAI

A - PENDING →, Navigator

CAT CLINICIAN 2:

CALL END DATE / TIME

Date Time Now

Clinician Unavailable

Print Preview Send Dispatch

Staff Scheduling Feature

Scheduling within the OC Links and CAT systems allow OCHCA Service Chiefs to add and publish shifts and determine gaps in coverage. Staff members are able to view and manage their schedule in addition to requesting shifts. The daily schedule of field clinicians will display on a dispatch screen to support dispatchers’ decisions on who can reach a client faster.

The scheduling feature launched in July 2023 for the OC Links team after testing and training. The figures below describe key screens and functionality.

Figure 38. Updated interface of the Administrator Scheduling view in OC Links Admin

	SUN 4/9	MON 4/10	TUE 4/11	WED 4/12	THU 4/13	FRI 4/14	SAT 4/15
NOC SHIFT							
Christy Lee	12:00 AM - 9:30 AM	12:00 AM - 9:30 AM	12:00 AM - 9:30 AM	10:00 PM - 6:30 AM	1:00 AM - 9:30 AM	12:00 AM - 9:30 AM	12:00 AM - 9:30 AM
Christina Le	11:00 PM - 8:30 AM	11:00 PM - 8:30 AM	12:00 AM - 9:30 AM	12:00 AM - 9:30 AM	12:00 AM - 9:30 AM	12:00 AM - 9:30 AM	12:00 AM - 9:30 AM
Sharday Shaw	9:00 PM - 6:30 AM	9:00 PM - 6:30 AM	9:00 PM - 6:30 AM	12:00 AM - 9:30 AM	12:00 AM - 9:30 AM	12:00 AM - 9:30 AM	
MarMar Tahery	12:00 AM - 9:30 AM	12:00 AM - 9:30 AM	12:00 AM - 9:30 AM	12:00 AM - 9:30 AM	12:00 AM - 9:30 AM	12:00 AM - 9:30 AM	
Chorus Test Chorus Test2	8:00 AM - 5:30 PM	12:00 AM - 9:30 AM	12:00 AM - 9:30 AM	12:00 AM - 9:30 AM	12:00 AM - 9:30 AM	12:00 AM - 9:30 AM	
Julie Jessup				12:00 AM - 9:30 AM			
Eric Garcia	12:00 AM - 9:30 AM	12:00 AM - 9:30 AM					
AM SHIFT							
Christy Forte	8:00 AM - 5:30 PM		8:00 AM - 5:30 PM	8:00 AM - 5:30 PM	8:00 AM - 5:30 PM	8:00 AM - 5:30 PM	8:00 AM - 5:30 PM
Ellie Hwang	8:00 AM - 5:30 PM	8:00 AM - 5:30 PM	8:00 AM - 5:30 PM	8:00 AM - 5:30 PM	8:00 AM - 5:30 PM		
Patrick Jeter		8:00 AM - 5:30 PM	8:00 AM - 5:30 PM	8:00 AM - 5:30 PM	8:00 AM - 5:30 PM	8:00 AM - 5:30 PM	
Jamie Bush		8:00 AM - 5:30 PM	8:00 AM - 5:30 PM	8:00 AM - 5:30 PM	8:00 AM - 5:30 PM		
Chorus Test Chorus Test2		8:00 AM - 5:30 PM					
Addie Nakatani	8:00 AM - 5:30 PM						
PM SHIFT							
Minhuan Tran			3:00 PM - 12:30 AM	3:00 PM - 12:30 AM	3:00 PM - 12:30 AM	3:00 PM - 12:30 AM	3:00 PM - 12:30 AM
Brendan Pepppler	3:00 PM - 12:30 AM	3:00 PM - 12:30 AM	3:00 PM - 12:30 AM	3:00 PM - 12:30 AM	3:00 PM - 12:30 AM	3:00 PM - 12:30 AM	
Angelo Constantino		3:00 PM - 12:30 AM	3:00 PM - 12:30 AM	3:00 PM - 12:30 AM	3:00 PM - 12:30 AM	3:00 PM - 12:30 AM	
Nancy Nguyen			3:00 PM - 12:30 AM	3:00 PM - 12:30 AM	3:00 PM - 12:30 AM		

Figure 39. Administrators can now select an On Call role for a shift

The screenshot shows the 'Add Shift' form with the following fields and values:

- EMPLOYEE ***: Empty dropdown
- DATE ***: 4/9/2023
- SHIFT GROUP ***: Noc
- START TIME ***: 12:00 AM
- END TIME ***: 9:30 AM
- DISPATCH ORDER**: Empty dropdown
- DESCRIPTION**: Empty text area

A dropdown menu is open over the 'SHIFT GROUP' field, showing the following options:

- ✓ Navigator
- Trainee
- Dispatcher
- On Call** (highlighted)
- Open Shift

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

Figure 40. Shift types

Color-coding for shift types, including On Call, makes the schedule more scannable by Administrators and staff. A legend is displayed when hovering over a tool-tip.

The screenshot shows a shift schedule grid for the period April 9, 2023 - April 15, 2023. A legend is visible in the top left corner:

- Navigator (Blue circle)
- On Call (Red circle)
- Trainee (Purple circle)
- Open Shift (Green circle)
- Dispatcher (Orange circle)

The grid shows shifts for various employees across the days of the week. The 'On Call' role is highlighted in red in the original image.

NOC SHIFT	SUN 4/09	MON 4/10	TUE 4/11	WED 4/12	THU 4/13	FRI 4/14	SAT 4/15
Christy Lee 635	12:00 AM - 9:30 AM	12:00 AM - 8:30 AM	12:00 AM - 9:30 AM	10:00 PM - 6:30 AM	1:00 AM - 9:30 AM	12:00 AM - 9:30 AM	12:00 AM - 9:30 AM
Christina Le 576	11:00 PM - 8:30 AM	11:00 PM - 8:30 AM	12:00 AM - 9:30 AM	12:00 AM - 9:30 AM	12:00 AM - 9:30 AM	12:00 AM - 9:30 AM	
Sharday Shaw 475	9:00 PM - 6:30 AM	9:00 PM - 6:30 AM	9:00 PM - 6:30 AM		12:00 AM - 9:30 AM	12:00 AM - 9:30 AM	
MarMar Tahery 580	12:00 AM - 10:30 AM	12:00 AM - 9:30 AM	12:00 AM - 9:30 AM	12:00 AM - 9:30 AM	12:00 AM - 9:30 AM	12:00 AM - 9:30 AM	
Chorus Test Chorus Test 2 285	8:00 AM - 5:30 PM	12:00 AM - 9:30 AM	12:00 AM - 9:30 AM				
Julie Jessup 85				12:00 AM - 9:30 AM			
Eric Garcia 186	12:00 AM - 9:30 AM	12:00 AM - 9:30 AM					

Figure 41. Description field

A description field was created so that administrators may leave notes for staff when creating a new shift.

The screenshot shows the 'Edit Shift' form with the following fields:

- EMPLOYEE *: Eric Garcia
- DATE *: 4/10/2023
- SHIFT GROUP *: Noc
- START TIME *: 12:00 AM
- END TIME *: 9:30 AM
- ROLE *: Navigator
- DISPATCH ORDER: (empty)
- DESCRIPTION: Make sure to train Isabella

Buttons: Delete, Save

Figure 42. Shift notes

Staff can view shift notes by clicking into the shift or hovering over the note icon.

The screenshot shows the 'My Schedule' calendar for April 9, 2023 - April 15, 2023. The calendar is divided into two sections: NOC SHIFT and AM SHIFT. The NOC SHIFT section shows shifts for Sunday 4/09, Monday 4/10, Tuesday 4/11, and Wednesday 4/12. The AM SHIFT section shows shifts for Sunday 4/09, Monday 4/10, Tuesday 4/11, and Wednesday 4/12. A tooltip is visible over the shift for Eric Garcia on Monday 4/10, containing the text 'Make sure to train Isabella'.

		SUN 4/09	MON 4/10	TUE 4/11	WED 4/12
NOC SHIFT					
Christy Lee	63.5	12:00 AM - 9:30 AM	12:00 AM - 8:30 AM	12:00 AM - 9:30 AM	10:00 PM - 6:30 AM
Christina Le	57.0	11:00 PM - 8:30 AM	11:00 PM - 8:30 AM	12:00 AM - 9:30 AM	12:00 AM - 9:30 AM
Sharday Shaw	47.5	9:00 PM - 6:30 AM	9:00 PM - 6:30 AM	9:00 PM - 6:30 AM	12:00 AM - 9:30 AM
MarMar Tahery	58.0	12:00 AM - 10:30 AM	12:00 AM - 9:30 AM	12:00 AM - 9:30 AM	12:00 AM - 9:30 AM
Chorus Test Chorus Test 2	28.5	8:00 AM - 5:30 PM	12:00 AM - 9:30 AM	12:00 AM - 9:30 AM	
Julie Jessup	8.5				12:00 AM - 9:30 AM
Eric Garcia	19.0	12:00 AM - 9:30 AM	12:00 AM - 9:30 AM		
AM SHIFT					
Christy Forte	57.0	8:00 AM - 5:30 PM			8:00 AM - 5:30 PM
Ellie Hwang	47.5	8:00 AM - 5:30 PM	8:00 AM - 5:30 PM	8:00 AM - 5:30 PM	8:00 AM - 5:30 PM

Figure 43. Week schedule view

Staff can easily find their row on a published schedule as the system recognizes the logged in user.



Figure 44. Month schedule view

Staff can choose to see their shifts only for the month.



Figure 45.

Staff can also choose to see their shifts and available shifts for the month. Functionality is being developed to allow staff to sign up for an open shift.



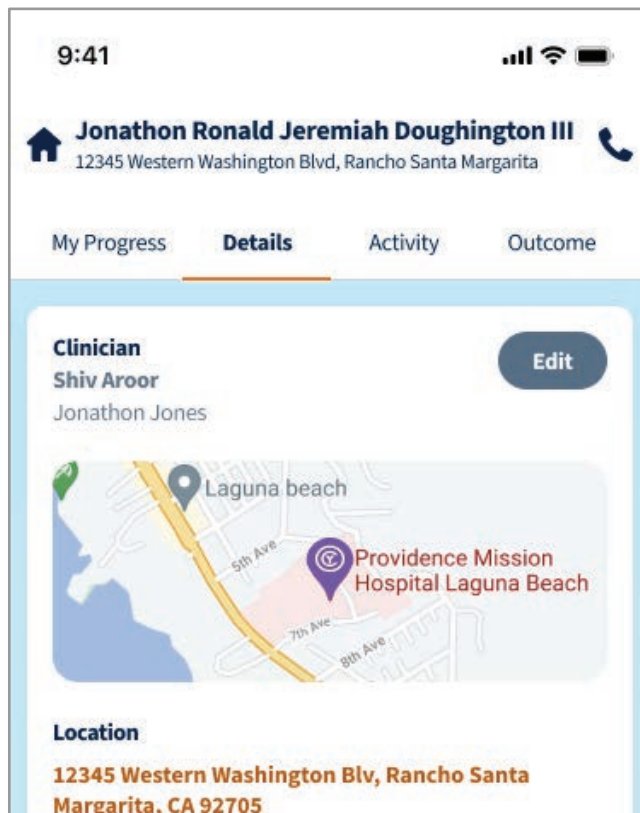
Successful launch will precede the implementation of the Scheduling feature for CAT Youth, which has dedicated staff to schedule shifts. The Up Next board displaying available clinicians in a daily rotation will be developed for CAT teams.

CAT Mobile

CAT team workflows received major updates as a result of close collaboration and feedback cycles with Service Chiefs from Youth and Adult teams. These changes improve the user experience for clinicians in the field and dispatchers in the office, affecting coordination of care and communication

Figure 46. Add Client Name and Location to CAT Mobile

Client name and location were added to the top navigation of a case in CAT Mobile for clinicians' easy access and visibility.



New Accept A Case Workflow

Clinicians are now more frequently dispatched to multiple cases. A new workflow allows CAT Clinicians to accept a case from the moment they open the mobile link to make it easier to view new and existing cases all in one place, including Primary and Secondary Clinician assignments.

Figure 47. New zero-state for clinicians with no assigned cases

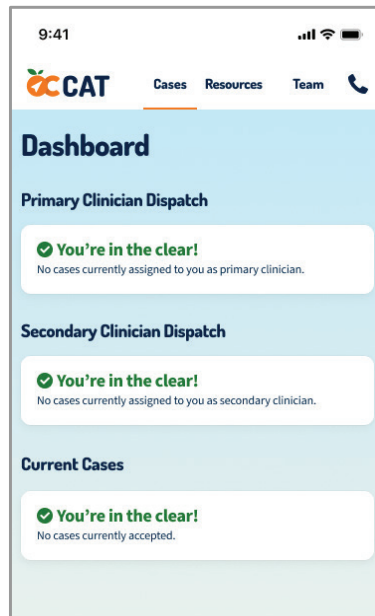


Figure 48. New dashboard

If clinicians are assigned to a case, case information is displayed on the dashboard so that clinicians do not have to search all cases.



Figure 49. New way to Accept Case

Now when clinicians receive a dispatch and click into the link from email or SMS, they can accept an assigned case directly from the CAT dashboard while viewing their other cases.

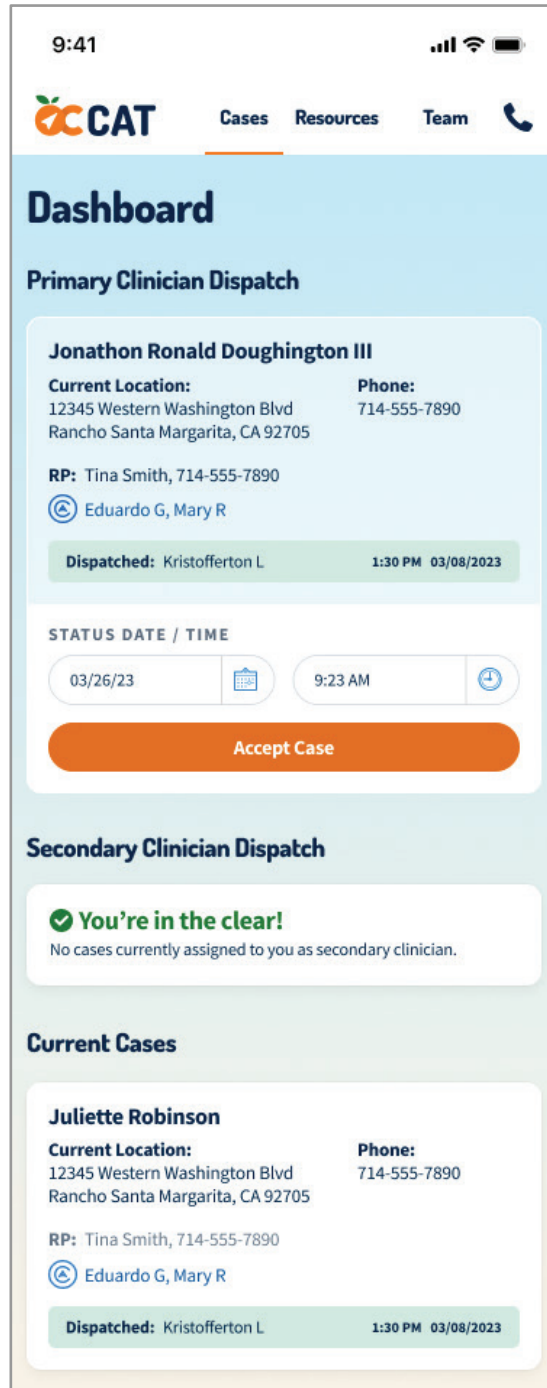
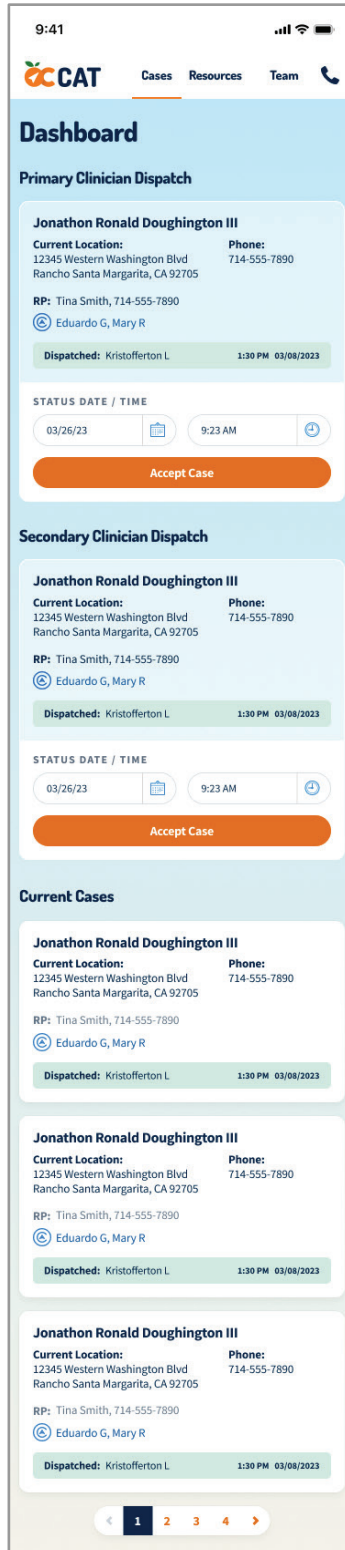


Figure 50. Multiple assignment view

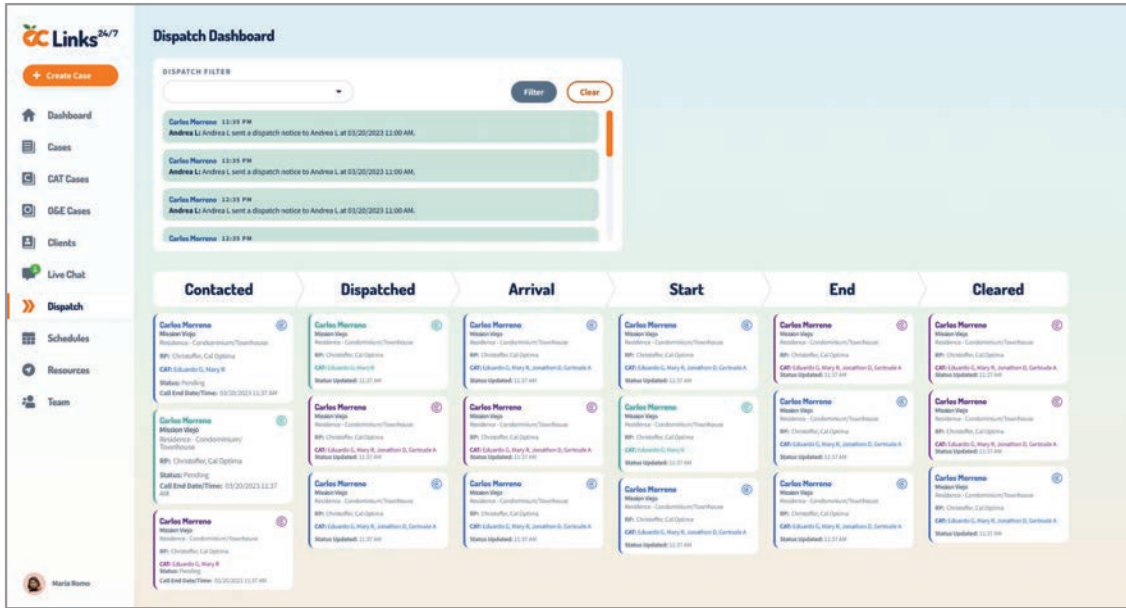
This view shows a scenario where a clinician may be assigned to multiple cases as a primary or secondary clinician.



Updated CAT Dispatch Dashboard

The CAT team provided feedback that with the increase in cases, the dispatch dashboard was difficult to scan to find cases or types of dispatch. Designs were updated for the dashboard cards with new typography and color coding by program to maximize scannability and legibility of pertinent information for dispatchers.

Figure 51. Updated CAT Dispatch Dashboard cards



O&E Dispatch and Referral App

Feature build and implementation will be documented in the following reporting period.

O&E UAF App

Field workers and supervisors can now archive surveys that are duplicative or unintentionally created (Figure 52). A dropdown to select the Service Planning Area (SPA) of the site was also added (Figure 53).

Figure 52. Archive a survey

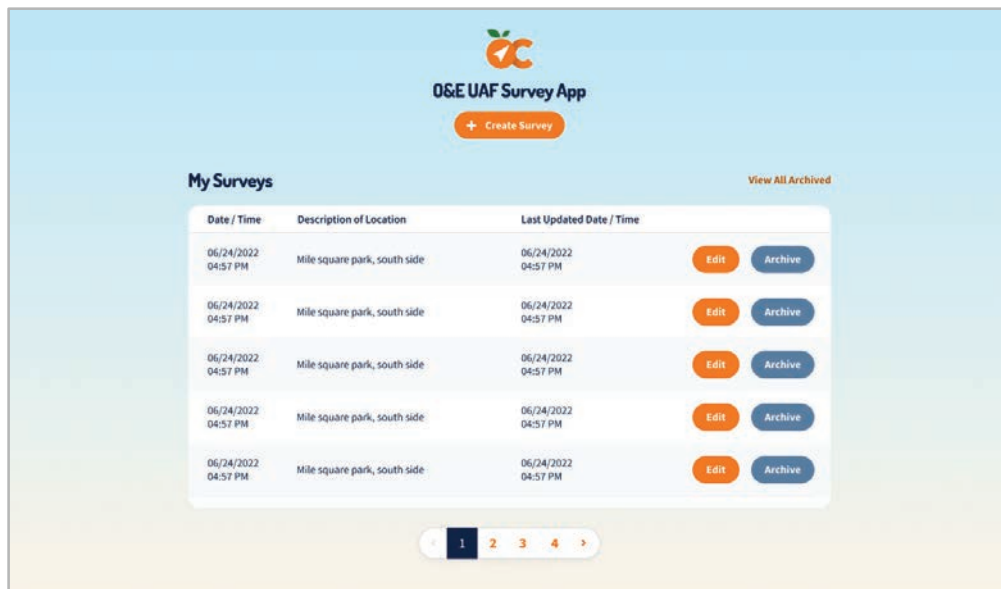


Figure 53. Service Planning Area dropdown

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O&E UAF Survey

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

NAME OF STAFF: Officer Williams

NAME OF CO-STAFF: Officer Williams

NAME OF CO-STAFF: Officer Williams

LOCATION:

LATITUDE: 12.2904104801284

LONGITUDE: 34.297408140104

DESCRIPTION OF LOCATION (STREET ADDRESS, CROSS STREETS, OR DESCRIPTION OF BUSINESS/COMMUNITY LOCATION):

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.

SPA: North Region

Save and Continue

A significant adjustment was made to the UAF Survey to help users more accurately capture data. In the UAF Survey, field workers are asked to provide a tally of demographic data for ethnicity and race on the “Tally Board”. They are then asked to provide a tally of primary / preferred language on the “Demographics” tab. In order to help field workers cross reference the total number of participants on each tab, the total number of participants on the “Tally Board” tab was added to the “Demographics” tab. This will help users be able to ensure that they have the same number of participants on both tabs as they are surveying clients.

Figure 54. Total Participants

← Home

O&E UAF Survey

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												
ASIAN												
CAUCASIAN / WHITE												
HISPANIC / LATINO												
ANOTHER	25	25	25									

PLEASE SPECIFY ETHNICITY / RACE (IF ANOTHER):

← Home

O&E UAF Survey

Primary / Preferred Language

75 TOTAL PARTICIPANTS FROM TALLY BOARD

- AMERICAN SIGN LANGUAGE: 0
- ENGLISH: 0
- SPANISH: 0
- VIETNAMESE: 0
- MANDARIN: 0
- KOREAN: 0
- ARABIC: 0

CSU Bed Board

The CSU Bed Board implemented various features and changes to further enhance the staff experience for engaging with clients as communication among the team. In addition, a public facing Bed Board app was launched to help the general public and Law Enforcement responding to mental health calls through Orange County to more easily understand bed availability at each crisis stabilization unit to inform where to bring individuals in need of crisis stabilization support.

Figure 55. Updated Dashboard

The new dashboard emphasizes information that staff need to know in order to determine whether to intake the patient. Adding reason in the last column allows staff to provide more context to the status.

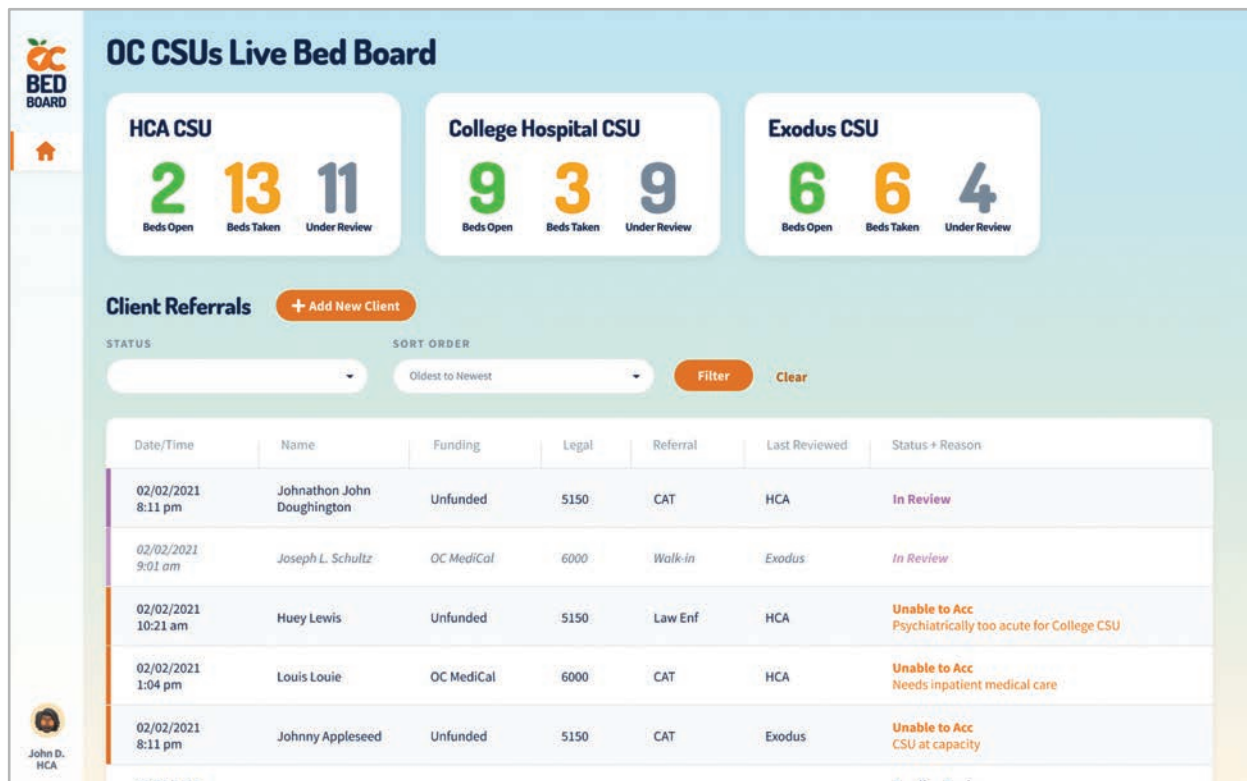


Figure 56. CSU-Specific Dashboard

CSU-specific dashboards were updated to indicate status with a reason when applicable.

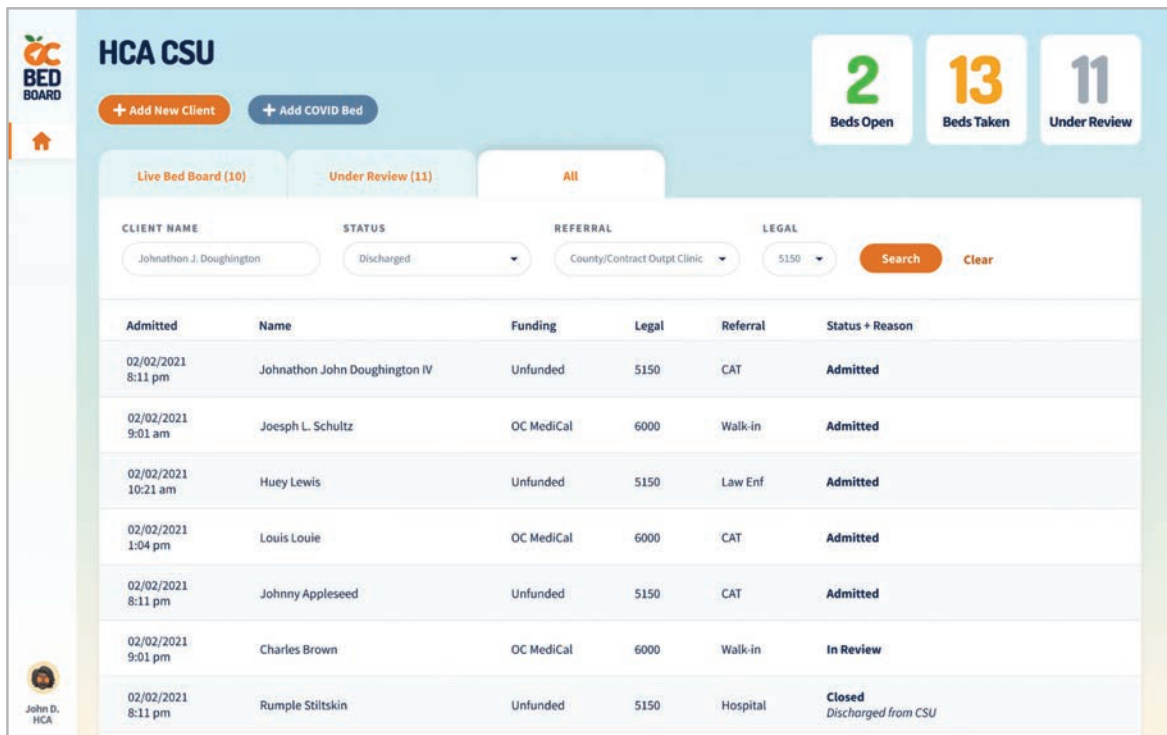


Figure 57. Add New Client Referral

This workflow received the most significant change; an activity log will show all the patient’s interactions no matter the CSU, and staff may communicate with one another by adding a note. Case details and status were separated out to optimize the user experience since their respective fields are edited at varying stages through the client’s journey.

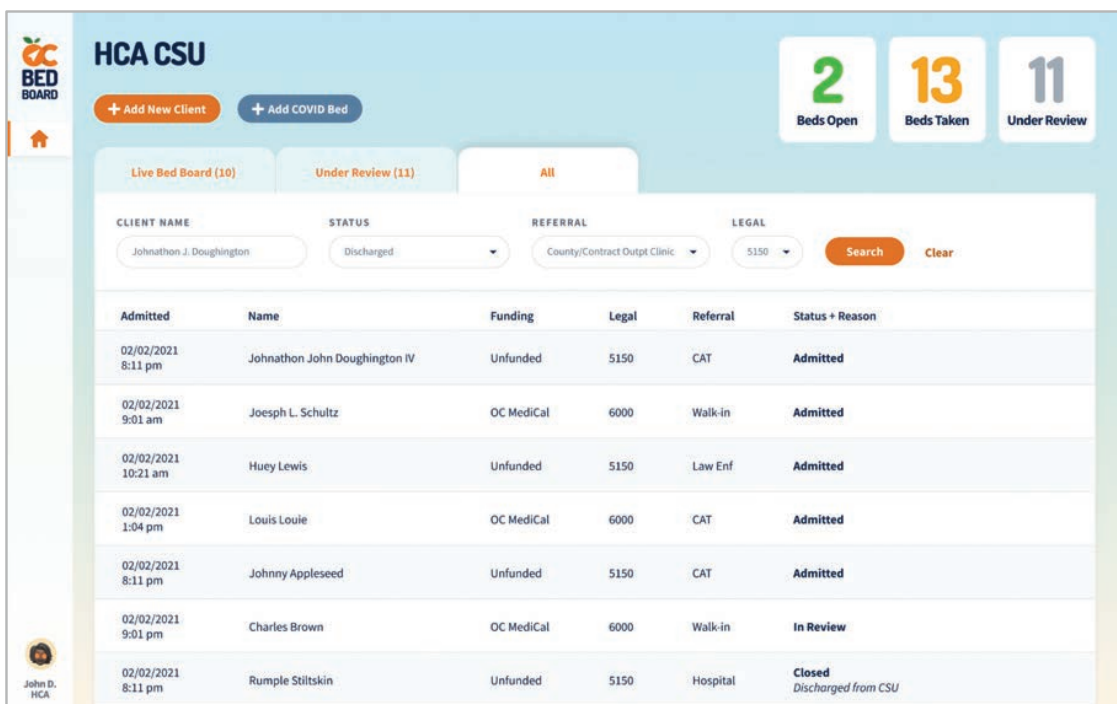


Figure 58. CSU Public Bed Board

Design and launch of the CSU Public Law/Enforcement Bed Board was completed in this reporting period. Captains in the Behavioral Health Bureau OC Sheriff’s Department were trained March 16, 2022, and the link was shared with their team. This application will enable the Sheriff’s Department to see how many available beds there are at each of the CSUs and take clients to CSUs with available beds.



OC Warmline

The build of the OC Warmline digital solution began in this annual reporting period. Version 1 of the OC Warmline client management system has been successfully constructed, including a suite of integral features such as team management, case management, dashboards, live chats, and login screens. In the next reporting period, further features will be built and implemented within the Chorus platform, notably RingCentral integration, Spanish and Vietnamese subcontracts, and the addition of resource recommendations to the application build. Additionally, the project aims to complete the migration of client profiles from iCarol to Chorus to further prepare the platform for launch. The next report will document the approved build of the OC Warmline.

CRP Bed Board

The CRP Bed Board build is scheduled to begin in September 2023, and the implementation process will be documented in the following reporting period.

Closed-Loop Referrals & Linkages

The Closed-Loop Referrals and Linkages feature is scheduled to begin September 2023, and the implementation process will be documented in the following reporting period. The feature will be

implemented in new and existing apps in the following order: (1) CRP Bed Board, (2), CSU Bed Board, (3) O&E Dispatch and Referral, and (4) CAT.

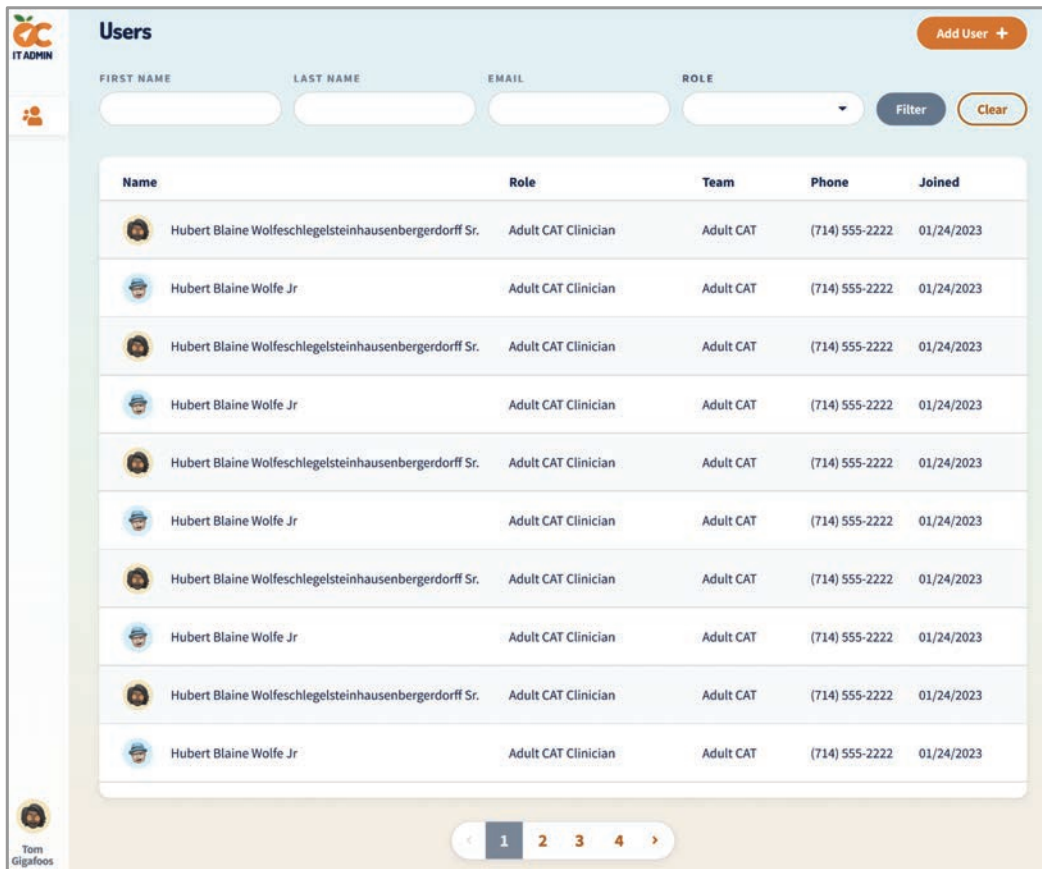
OC Links PEI Form

In this reporting period, PEI requirements and designs were solidified for the PEI participant information form and client management dashboard. In the upcoming reporting period for PEI project development, the focus will be on the build of two key features: the PEI participant information form (PIF) and the PEI client management dashboard. The PEI participant information form allows providers to efficiently gather all required participant data after enrollment, ensuring comprehensive information collection tailored to county needs. Notably, data separation is ensured across PEI programs and providers, maintaining confidentiality. The PEI client management dashboard empowers providers to seamlessly access existing participant forms, streamlining participant management and improving accessibility.

Security & Access Improvements

In this reporting phase, we worked closely with HCA and OC IT teams to understand the requirements for ensuring that Azure AD users can access Chorus digital solutions easily and securely. A sample dashboard was designed and shared with the HCA stakeholders for user management.

Figure 59. Sample user management dashboard



OC Navigator App

OC Navigator build was planned in three-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 2022	<ul style="list-style-type: none"> Gather requirements and develop designs for Apps & Online pages
Jan-Mar 2023	<ul style="list-style-type: none"> Build Apps & Online pages and functionality
Apr-Jun 2023	<ul style="list-style-type: none"> Finalize Apps & Online pages and functionality Build in updates to the Get Help Now page Develop designs for the category page and primary menu
Jul-Aug 2023	<ul style="list-style-type: none"> Build the updated category page and primary menu

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 2022	<ul style="list-style-type: none"> Client management improvements
Jan-Mar 2023	<ul style="list-style-type: none"> Enhance the create new case workflow Launch the merge client feature
Apr-Jun 2023	<ul style="list-style-type: none"> Add more fields to capture more client data
Jul-Aug 2023	<ul style="list-style-type: none"> Launch staff scheduling to the OC Links team

O&E Dispatch and Mobile App

Table 22 describes the timeline for the O&E build.

Table 22. O&E Dispatch and Mobile Build Timeline

Date Range	Build Activity
Oct-Dec 2022	<ul style="list-style-type: none"> Monitor the O&E Admin app
Jan-Mar 2023	<ul style="list-style-type: none"> Update and expand on features and function in the existing O&E Admin app and O&E Mobile app including: <ul style="list-style-type: none"> Incoming Client Service Request Dashboard Client Assignment Outreach Dispatch Dashboard O&E Mobile view for client detail page Referrals and Linkages feature for both Admin & Mobile apps
Apr-Jun 2023	<ul style="list-style-type: none"> Develop designs for the O&E Admin Incoming Referrals Dashboard, Client Referrals and Linkages feature, and Client detail page feature
Jul-Aug 2023	<ul style="list-style-type: none"> Develop and partner with O&E program with design iterations of outgoing client service provider and resource referral functionality. Finalize designs for the O&E Admin Dispatch dashboard.

O&E UAF Survey App

Table 23 describes the timeline for the UAF Survey app build.

Table 23. O&E UAF Survey Build Timeline

Date Range	Build Activity
Jan-Mar 2023	<ul style="list-style-type: none"> Update the Demographics tab to include the “Tally Board” Add ability to archive a survey

CSU Live Bed Board App

Table 24 describes the timeline that design and feature build were implemented for the CSU Live Bed Board App.

Table 22. CSU Bed Board Build Timeline

Date Range	Build Activity
Oct-Dec 2022	<ul style="list-style-type: none"> Build Updated CSU Dashboards Build functionality in a New Client Referral that provides visibility of a client’s interactions regardless of CSU and the ability for staff to document notes in a client record
Jan-Mar 2023	<ul style="list-style-type: none"> Build Public/Law Enforcement CSU Bed Board
Apr-Jun 2023	<ul style="list-style-type: none"> Conduct formal user testing to define requirements for Referral and Linkages Feature Build
Jul-Aug 2023	<ul style="list-style-type: none"> Gather Design Feedback on Referrals and Linkages Feature

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

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

- Build the category page and primary menu
- Incorporate subcategories and focus population filters onto the category page
- Design and build a new resource card detail page and new resource card with fields that align with other County-created directories
- Implement improvements to the search experience, such as searching by zip code and proximity

OC Links/CAT App

- Continue maintenance and improvement of the OC Links and CAT platforms
- Implement staff scheduling features and Up Next board for CAT clinicians
- Build functionality allowing OC HCA to download data exports

O&E Dispatch and Referral App

- Build O&E Dispatch and Referral App and share with the O&E program in December for testing; ensure app is addressing user workflows as intended
- Finalize and launch O&E Dispatch & Referral app and provide training for program onboarding
- Continue partnership with O&E program and monitor build for opportunities to further enhance the app to support programmatic workflow

O&E UAF Survey App

- Continue partnership with O&E program to learn of opportunities to further enhance the app to support programmatic workflow

CSU Live Bed Board App

- Prioritize feature requests gathered from shadowing CSU facility
- Continue participatory design reviews with CSU staff to inform and reflect their needs in the Referrals and Linkages Feature
- Launch the Referrals and Linkages Feature in the CSU Bed Board App

OC Warmline App

- Refine developed features for optimal performance and user experience as needed
- Ensure seamless build and integration of newer features such as Spanish and Vietnamese contracts and RingCentral integration
- Conduct thorough end-to-end and user acceptance testing (UAT) to ensure functionality and usability
- Address any identified issues pointed out in end-to-end and UAT and make necessary improvements prior to the soft launch
- Prepare the app for deployment, including training, documentation, and support readiness
- Release the OC Warmline application for a soft launch in Q4 2023
- Release the OC Warmline application for a full launch upon the client's request

CRP Bed Board

- Build CRP Bed Board and share with the program in November for testing to ensure app addresses user workflows as intended
- Finalize and launch CRP Bed Board and provide training for program onboarding
- Continue partnership with CRP stakeholders and monitor for opportunities to further enhance the app to support programmatic workflow

Closed-Loop Referrals & Linkages

- Build Referrals and Linkages feature into the following new and existing apps in the following order and share with the users for testing:
 - CRP Bed Board
 - CSU Bed Board
 - O&E Dispatch and Referral
 - CAT
 - OC Links
- Finalize and launch Referrals and Linkages training for program onboarding
- Continue partnership with program stakeholders and monitor feature for opportunities to further enhance the app to support programmatic workflow

PEI Form

- Finalize the design and functionality of the PEI application
- Meet with PEI providers to demonstrate the PEI dashboard and project
- Conduct thorough end-to-end and user acceptance testing (UAT) to ensure functionality and usability
- Address any identified issues pointed out in end-to-end and UAT and make necessary improvements prior launch in September 2023
- Ensure a smooth transition for all PEI providers as they begin to utilize SSO and MFA in collaboration with OC and HCA IT teams
- Monitor the project's performance post-launch and address any emerging issues promptly
- Continue to add additional features to the PEI project after the initial launch in early October 2023

Security & Access Improvements

- Continue to collaborate with OC and HCA IT teams to ensure a smooth transition to Azure AD
- Further stakeholder discussions around account provisioning and deprovisioning
- Create a suitable execution and rollout plan for all programs and providers using SSO
- Validate that SSO with MFA works across all selected programs
- Create thorough training plans for all selected programs and providers
- Conduct UAT to ensure that SSO with MFA is successful
- Continue to monitor for performance and security post-launch
- Address any project-related issues or concerns as they arise

Appendix

C



**Behavioral Health System
Transformation Innovation Code Book**

Behavioral Health System Navigation (BHST) Innovation Code Book*				
Domain	Domain Definition	Construct	BHST Part One: Performance and Value Based Contracting Definition	BHST Part Two: OC Navigator Definition
Inner Setting	Inner setting includes features of structural, political, and cultural contexts through which the innovation process (performance and value-based contracting; OC Navigator) will proceed - within Orange County specifically.	A. Innovation Climate	The absorptive capacity for change, shared receptivity of involved individuals to the performance and value-based contracting innovation, and the extent to which use of the performance and value-based contracting innovation will be rewarded, supported, and expected within Orange County.	The absorptive capacity for change, shared receptivity of involved individuals to the OC Navigator innovation, and the extent to which use of the OC Navigator innovation 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 performance and value-based contracting innovation and/or that the current situation is untenable, e.g., statements that the performance and value-based contracting innovation is absolutely necessary or that the performance and value-based contracting 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 OC Navigator innovation and/or that the current situation is untenable, e.g., statements that the OC Navigator innovation is absolutely necessary or that the OC Navigator innovation is redundant with other programs.
		2. Compatibility	The degree of tangible fit between meaning and values attached to the performance and value-based contracting innovation by involved individuals, how those align with individuals' own norms, values, and perceived risks and needs, and how the performance and value-based contracting innovation fits with existing workflows and systems.	The degree of tangible fit between meaning and values attached to the OC Navigator innovation by involved individuals, how those align with individuals' own norms, values, and perceived risks and needs, and how the OC Navigator innovation fits with existing workflows and systems.
		3. Relative Priority	Individuals' shared perception of the importance of the performance and value-based contracting innovation within the organization. Include statements that reflect the relative priority of the performance and value-based contracting 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 innovation within the organization. Include statements that reflect the relative priority of the OC Navigator innovation (e.g., statements related to change fatigue in the organization due to the implementation of many other programs).
		B. Readiness for Implementation	Tangible and immediate indicators of organizational commitment to its decision to implement the performance and value-based contracting innovation.	Tangible and immediate indicators of organizational commitment to its decision to implement the OC Navigator innovation.
		1. Leadership engagement	Commitment, involvement, and accountability of leaders and managers with the performance and value-based contracting innovation.	Commitment, involvement, and accountability of leaders and managers with the OC Navigator innovation.
		2. Available resources	The level of resources dedicated for the performance and value-based contracting innovation and on-going operations, including money, training, education, physical space, staffing, and time.	The level of resources dedicated for the OC Navigator innovation 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 performance and value-based contracting innovation. Ease of access to digestible information and knowledge about the performance and value-based contracting innovation and how to incorporate it into work tasks.	Guidance and direction (including training) are accessible for employees to implement and deliver the OC Navigator innovation. Include training sessions that teach individuals specifically about the OC Navigator and how to utilize it. Ease of access to digestible information and knowledge about the OC Navigator innovation and how to incorporate it into work tasks.
		C. Networks & Communications	Formal and informal relationships, networks, and interactions within and across structural, professional, or other inner setting 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 inner setting 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.
		Culture	Norms, values, and basic assumptions of a given organization.	Norms, values, and basic assumptions of a given organization.
		User Needs and Resources	Consideration of the needs and resources of the performance and value-based contracting innovation's target group (could be the needs of consumers or the needs of clinicians).	Consideration of the needs and resources of OC Navigator innovation's target group (e.g., perceived vulnerability, digital literacy, language, but also storage space, data volume, availability of hardware, network connection).

Innovation Characteristics	<p>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.</p> <p>BHST Part 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.</p> <p>BHST Part Two: OC Navigator - The innovation is the OC Navigator platform/application.</p>	Innovation Source	Perception of key stakeholders about whether the performance and value-based contracting innovation 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.	Perception of key stakeholders about whether the OC Navigator innovation 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 performance and value-based contracting will have desired outcomes. Evidence includes peer-reviewed publication, reports, and anecdote.	Stakeholders' perceptions of the quality and validity of evidence supporting the belief that the OC Navigator innovation will have desired outcomes. Evidence includes peer-reviewed publication, reports, and anecdote.
		Relative Advantage	Stakeholders' perception of the advantage of implementing performance and value-based contracting versus an alternative solution.	Stakeholders' perception of the advantage of implementing the OC Navigator versus an alternative solution.
		Adaptability	The degree to which the performance and value-based contracting innovation can be adapted, tailored, refined, or reinvented to meet local needs.	The degree to which the OC Navigator innovation can be adapted, tailored, refined, or reinvented to meet local needs.
		Trialability (keep the code at this point, may combine later)	The ability to test the performance and value-based contracting innovation on a small scale in Orange County, and to be able to reverse course (undo implementation) if warranted.	The ability to test the OC Navigator innovation on a small scale in the organization, and to be able to reverse course (undo implementation) if warranted.
		Complexity	The performance and value-based contracting innovation is complicated, which may be reflected by its scope and/or the nature and number of connections and steps.	The OC Navigator innovation is complicated, which may be reflected by its scope and/or the nature and number of connections and steps.
		Design, Quality and Packaging	N/A	The OC Navigator is well designed and packaged, including how it is assembled, bundled, and presented.
Outer Setting	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 the inner setting 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 performance and value-based contracting innovation.	Networks and relationships between the inner setting 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 OC Navigator innovation.
		Covid-19 (Added - not an original CFIR Construct)	The effect that COVID-19 has had on the performance and value-based contracting innovation planning and implementation.	The effect that COVID-19 has had on the OC Navigator innovation planning and implementation.
		External Policies and Incentives	Legislation, guidelines, regulations, criteria, recommendations from influential entities including 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 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.
		Community Characteristics	"the effect that communities can have on individual patients, health providers, and organizations by influencing patient care seeking as well as intervention design, delivery processes, and supportive policies. Notably, this construct would also apply in circumstances in which community stigma or resistance might influence design or uptake of an intervention."	"the effect that communities can have on individual patients, health providers, and organizations by influencing patient care seeking as well as intervention design, delivery processes, and supportive policies. Notably, this construct would also apply in circumstances in which community stigma or resistance might influence design or uptake of an intervention."
		Market Pressure		Include statements about perceived pressure or motivation from other entities or organizations in the local geographic area or system to implement the innovation - Competing with and/or imitating peer entities drives implementation and/or delivery of the innovation.

Process	The plan put in place to meet innovation goals (i.e., involving appropriate individuals, developing a method for meeting program goals, etc.).	Reflecting & Evaluation	Quantitative and qualitative feedback about the progress and quality of the performance and value-based contracting innovation accompanied with regular personal and team debriefing about progress and experience.	Quantitative and qualitative feedback about the progress and quality of the OC Navigator innovation accompanied with regular personal and team debriefing about progress and experience.
		Engaging	<p>Attracting and involving appropriate individuals in the planning and use of the performance and value-based contracting innovation through a combined strategy of social marketing, education, role modeling, training, and other similar activities.</p> <p>The actual methods that are being used to make sure that the right individuals are at the table.</p>	<p>Attracting and involving appropriate individuals in the planning and use of the OC Navigator innovation through a combined strategy of social marketing, education (e.g., broad introduction to OC Navigator), role modeling, broad digital literacy training, and other similar activities to bring people to the table.</p> <p>The actual methods that are being used to make sure that the right individuals are at the table.</p>
		Planning	The degree to which a scheme or method of behavior and tasks for implementing the performance and value-based contracting innovation 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 innovation are developed in advance, and the quality of those schemes or methods.
Characteristics of individuals**	Values, opinions, and norms of the targeted users/affected individuals of the innovation.	Knowledge, attitudes & beliefs about the Innovation	Individual attitudes toward and value placed on the performance and value-based contracting innovation as well as familiarity with facts, truths, and principles related to the intervention.	Individual attitudes toward and value placed on the OC Navigator innovation as well as familiarity with facts, truths, and principles related to the intervention.
<p>**Codes for Characteristics of Individuals</p> <p>*BHST Innovation Codebook adapted from https://cfinguide.org/constructs/</p>				

Appendix

D

**Quarterly Milestone Activity Table:
Full List of Community Engagement
Activities, Definitions, and Examples
by Quarter**

Types of Activities	Definition	Example (Oct 2022-Dec 2022)	Example (Jan 2023-Mar 2023)	Example (Apr 2023-Jun 2023)
Trainings	Trainings for consumers, family members, and providers on how to use the OC Navigator to meet their needs	<ul style="list-style-type: none"> • 7 trainings with Health Care Agency (HCA) staff • 2 in-person trainings with Wellness Center community members • 1 training with the Be Well Prenatal to Age 5 workgroup 	<p>8 virtual trainings with:</p> <ul style="list-style-type: none"> • Health Care Agency (HCA) staff • Orange County Social Services Agency (SSA) • South Asian Network service providers <p>4 in-person trainings with:</p> <ul style="list-style-type: none"> • Orange County Asian & Pacific Islander Community Alliance (OCAPICA) HeartOC • Orange County Health Care Agency • Pathways Peers/Peer Specialists • Families and Communities Together (FaCT) OC Family Resource Center staff 	<p>8 virtual and 2 in-person trainings with:</p> <ul style="list-style-type: none"> • 2 county agencies (HCA Mental Health & Recovery Services and OC Social Services Agency) • County-funded orgs (Orange County Asian & Pacific Islander Community Alliance (OCAPICA) and OC Mental Health and Wellbeing for Diverse Communities) • Non-profit organizations (OC Housing Corporation) • Schools and colleges (Anaheim Union High School District and Irvine Valley College Extended Opportunity Programs and Services)
Virtual Community Presentations	Informational online sessions to introduce people to the OC Navigator	<ul style="list-style-type: none"> • Help@Hand • Orange County Asian & Pacific Islander Community Alliance (OCAPICA) • Senior Center Directors • CalOptima & Children's Hospital of Orange County (CHOC) • OC Social Services Agency – Child Welfare 	<ul style="list-style-type: none"> • South Asian Network • OC Department of Child Support Service Customer Service • Help@Hand • OC Eliminating Racial Disparities and Disproportionality Committee • Equity in OC Taskforce • FaCT OC • Anaheim Union High School District Adult Student Program • United American Indian Involvement • Public Health Foundation Enterprise • WIC 	<ul style="list-style-type: none"> • Second Baptist Church • Anaheim Union High School District and OC Links • FaCT Family Resources Center • CARS • Equity in OC API Health Equity Collective • Equity in OC Health Equity for African Americans League • Equity in OC Health Equity Disability Collective • First 5 OC/OC Fatherhood Coalition
In-Person Outreach Events	Engaging with individuals out in the community to introduce them to the OC Navigator	<ul style="list-style-type: none"> • NAMI Walk • Mental Health Services Act (MHSA) Summit • Islamic Center of OC Resource Fair 	<ul style="list-style-type: none"> • OC Heritage Council Black History Parade and Festival in Anaheim • Council on American–Islamic Relations (CAIR)–LA Resource Fair at the Islamic Center of OC • Breaking Barriers and Building Community Trust 	<ul style="list-style-type: none"> • 11th Annual Crisis Response Forum • Meeting of the Minds • Grupo VeLA Community Forum • Juneteenth Festival

			<p>Resource Fair</p> <ul style="list-style-type: none"> • Health and Resource Fair at Wellness Center Central • Health and Resource Fair at Centennial Park 	
English Workgroups	Workgroup meetings with project stakeholders and/or stakeholder meetings with specific groups	<ul style="list-style-type: none"> • 1 workgroup with the project’s main stakeholder group • 2 workgroups with Be Well Prenatal to Age Five group 	<ul style="list-style-type: none"> • 1 workgroup with the project’s main stakeholder group • 3 workgroups with the Be Well Prenatal to Age Five workgroup 	<ul style="list-style-type: none"> • 2 workgroups with the project’s main stakeholder group • 3 workgroups with service providers from HCA and the Regional Center of OC
Spanish Workgroups	Monthly workgroup meetings with Spanish stakeholders	<ul style="list-style-type: none"> • 3 workgroups with Grupo VeLA 	<ul style="list-style-type: none"> • 1 workgroup with Grupo VeLA 	<ul style="list-style-type: none"> • 2 workgroups with Grupo VeLA
Marketing and Promotion	Community outreach through advertising	<ul style="list-style-type: none"> • Bounce Back page for general promotion of digital resources • Ducks Stadium campaign 	<ul style="list-style-type: none"> • Ducks campaign • Angels campaign • Community events • Resource fairs • Swag items, etc. 	<ul style="list-style-type: none"> • New Angels landing page to enter to win free Angels tickets • Gratitude page
Co-Chair Meetings	Meetings with the community co–chairs who are community stakeholders comprising an advisory council	<ul style="list-style-type: none"> • 2–3x per month meetings with Chorus 	<ul style="list-style-type: none"> • Weekly meetings with Chorus 	<ul style="list-style-type: none"> • Bi–weekly meetings with Chorus
Subject Matter Expert (SME) Meetings	Meetings with experts in areas to identify resources, functions, product enhancements, or dissemination of the OC Navigator	<p>SME Interviews with:</p> <ul style="list-style-type: none"> • City of Santa Ana for guides for underserved communities • Workgroups with women to create resource guides • HCA OC Links for SPMI guide • OC Public Health for review of medical category keywords • Wellness Center Central for review of Learning category keywords • OC SSA for trust based relational intervention resources • OC Housing for housing resources for Spanish speakers 	<p>5 SME Interviews with:</p> <ul style="list-style-type: none"> • Wellness Center Central • SSA • OCHCA • The Kennedy Commission <p>2 meetings with:</p> <ul style="list-style-type: none"> • OCHCA and Regional Center of OC Staff • OCHCA CalWorks 	<p>4 SME interviews with:</p> <ul style="list-style-type: none"> • OCHCA and the Regional Center OC

<p>User Feedback Sessions</p>	<p>Meeting designed for consumers and community stakeholders to provide feedback on their experience using the OC Navigator</p>	<ul style="list-style-type: none"> • Monolingual community partners sharing input on language toggle • Wellness Centers to understand community members' experience with the training and using OC Navigator 	<p>4 user feedback sessions to obtain feedback from stakeholders on site features and to inform improvements:</p> <ul style="list-style-type: none"> • Wellness Center Central • OCAPICA/HeartOC • Family Support Network • SSA Emergency Response 	<p>2 user feedback sessions to obtain feedback from stakeholders on site features and inform improvements</p> <ul style="list-style-type: none"> • 5 community members at Wellness Center Central • Community Partners Workgroups
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**Performance
and Value-Based
Contracting**



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