

Planning Advisory Committee (PAC) Meeting

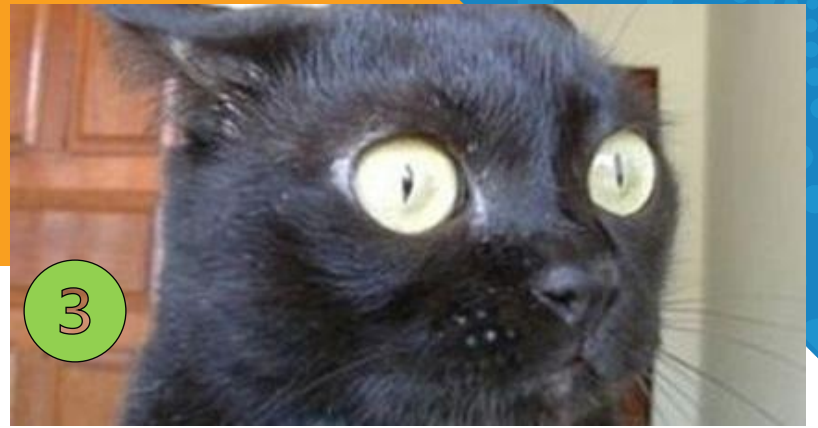
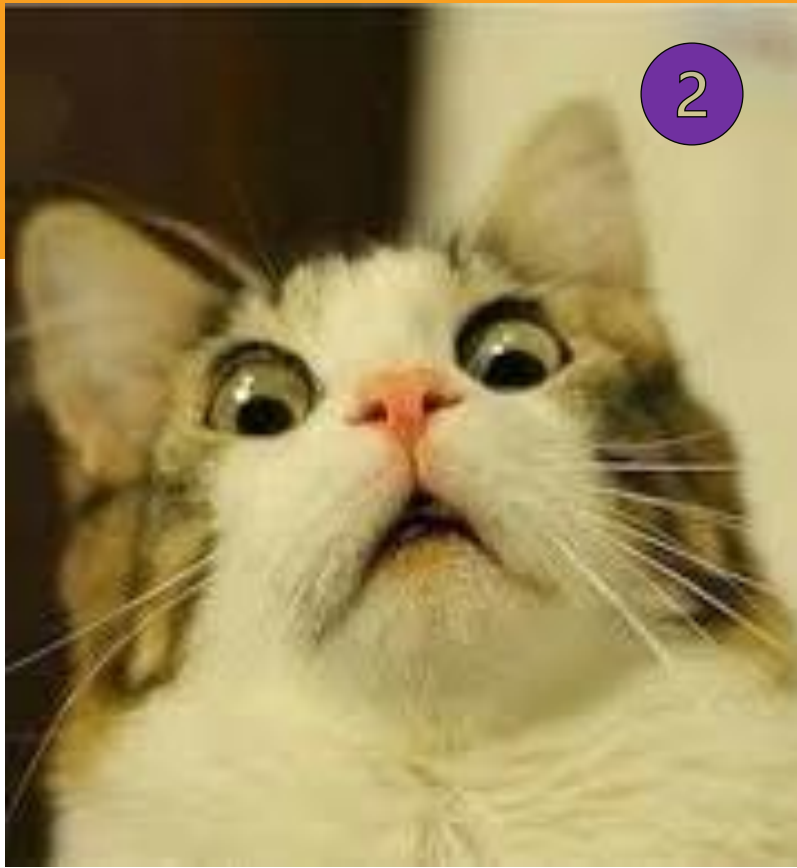
Mental Health Services Act (MHSA)

June 20, 2024



Today's Agenda

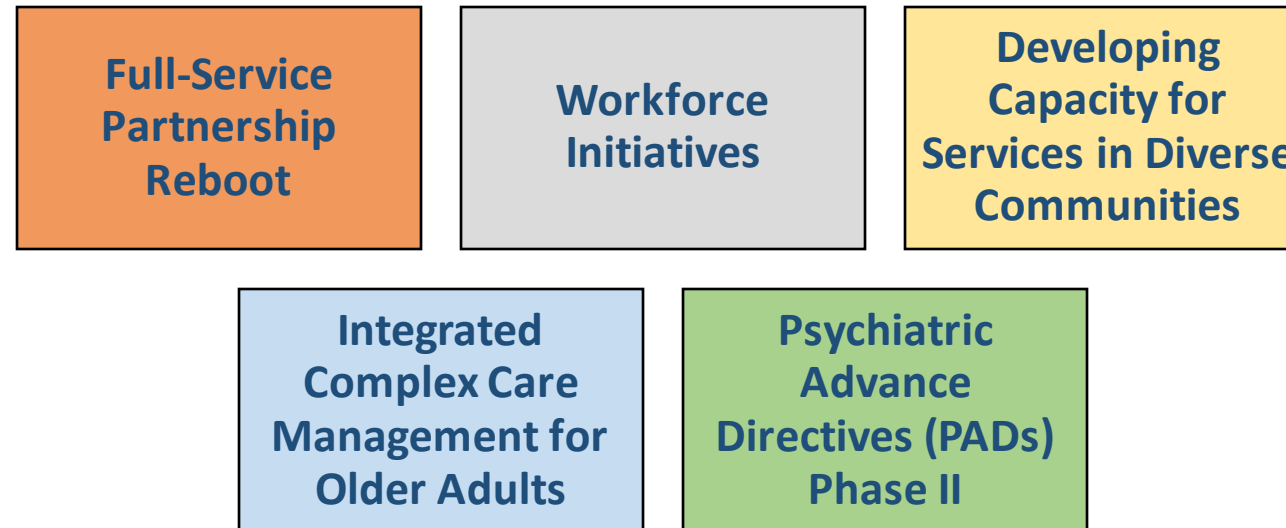
- Welcome and Introductions
- Innovation Concept Planning
 - Overview of Feedback
 - Next Steps
- FY 2023-24 Community Program Planning (CPP) Review
- CPP Planning Discussion
 - Timeline, Topics, and Opportunities
- Announcements – PAC Meeting will be dark July 2024
- Closing



Which # are you feeling today?

Innovation Planning Review

- During the May 16th PAC Meeting, Innovation Staff facilitated a World Café activity to gather community feedback on project concepts:



- ~70 stakeholders attended and participated in the activity
- Innovation Staff reviewed and summarized the feedback received into general categories

Full-Service Partnership Reboot

Q1. What are the things that a provider could look at to measure a client's/person's wellbeing/success?

- Treatment progress, reaching identified goals
- Screening and assessment
- Basic needs
- Quality of life
- Employment
- Access to resources
- Support system



Q2. What outcomes help you know what the FSP program has been successful?

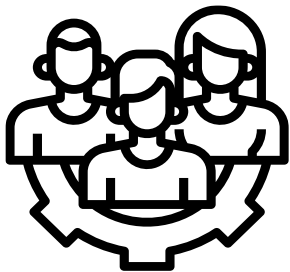
- Self-report
- Peer Specialist and provider reports
- Client's involvement/participation in treatment
- Improved client outcomes
- Continuity of care
- Treatment approach



Workforce Initiatives

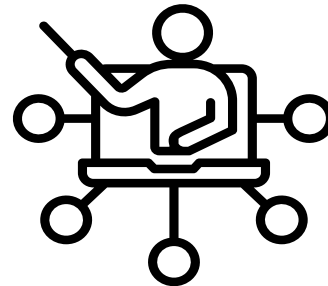
Q1. What challenges do you foresee in developing a countywide public behavioral health workforce initiative?

- Knowledge and awareness
- Community perception
- Incentives
- Administrative
- Systemic



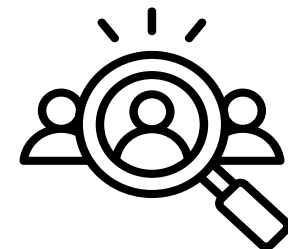
Q2. What has been successful in creating a seamless pathway from education/training to employment?

- Paid work experience, supervision, mentorship
- Developing career pathways
- Early recruitment
- Identify intern needs



Q3. What factors contribute to recruiting/retaining qualified staff?

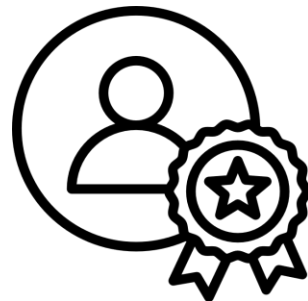
- Compensation and incentives
- Work environment
- Treatment approaches
- Trainings
- Supervision



Developing Capacity for Services in Diverse Communities

Q1. What challenges do you think we will encounter as we help CBOs to become specialty mental health providers?

- Staffing/workforce
- Infrastructure and technology
- Training and education
- Community population focus
- Regulatory compliance
- Support and engagement



Q2. How can we incorporate effective cultural practices while still being able to bill for Medi-Cal?

- Collaboration and integration
- Billing and funding strategies
- Advocacy
- Innovation flexibility



Integrated Complex Care Management for Older Adults

Q1. Who else should be included as part of the multi-disciplinary team?

- Medical health care professionals
- Supportive care services
- Community organizations
- Educational institutions
- Specialized services



Q2. In the proposed model of care above, what other areas should be included, if any?

- Accessibility and affordability
- Housing/living arrangements
- Spiritual care



PADs Phase II

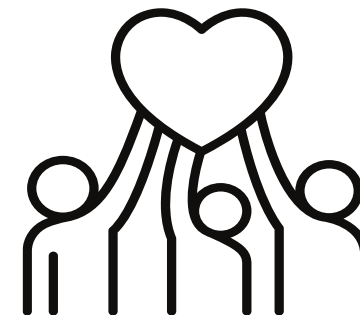
Q1. What strategies would be useful in getting hospitals to use or access PADs?

- Engagement
- Awareness, education and trainings
- Integration into daily operations
- Access
- Identification



Q2. What challenges do you see as we introduce PADs to the community?

- Awareness, education & training
- Integration into daily operations
- Access
- Stigma
- Safety and privacy



Next Steps

- Develop Innovation project proposals, with the support of consultants and subject matter experts
- Submit proposals for approval by the Mental Health Services Oversight and Accountability Commission
 - Goal is to obtain approvals by Fall 2024
- Provide ongoing proposed project updates to community members

What is Community Program Planning (CPP)

Community Program Planning (**CPP**) provides a structured process that the County uses in partnership with stakeholders in determining how best to serve communities through the programs contained in the MHSa Three-Year Program and Expenditure Plan and Annual Updates.

- Allows continuous communication between the agency and our stakeholders regarding our services, outcomes, and other information related to the public behavioral health system.
- Helps identify community issues related to mental illness, including challenges identified during implementation of MHSa programs/services.
- Analyze mental health needs in the community.
- Identify and re-evaluate priorities and strategies to meet identified mental health needs.



Community Program Planning (CPP)

This required part of MHSAs encourages stakeholder contribution to improve behavioral health outcomes for MHSAs program recipients.

CPP efforts include informing stakeholders of:



CPP is an evolving practice. BHS consistently evaluates the CPP process and adjusts.

Who are Stakeholders?

WIC § 5848 identifies the following as stakeholders:

- Adults and seniors living with severe mental illness,
- Families of children, adults, and seniors living with severe mental illness,
- Providers of services,
- Law Enforcement/criminal justice agencies,
- Education, social services agencies,
- Veterans, representatives from Veterans organizations,
- Providers of alcohol and drug services,
- Health care organizations, and
- Other important interests.



What Else is Required?

Stakeholder should reflect the diversity of the demographics of the County, including but not limited to:

- Geographic Location
- Age
- Gender
- Race/Ethnicity

Consistency with recovery philosophy, principles, and practices

- Hope, Respect, and Self - Determination
- Personal Empowerment
- Social Connections and Self-Responsibility

Tell us about yourself



Community Program Planning

FY 2023-24 Year in Review

- Overview of PAC Meetings
 - Who participated
 - How we reached out
- Opportunities
 - Stakeholder meetings not included in the metrics
 - Stepping up our game
- Next 18 months
 - Timeline
 - Meeting Cadence

Community Program Planning

Starting in August 2023, MHSA Program Planning and Administration began collecting data and information related to MHSA hosted stakeholder engagement meetings for FY 2023/24. The data do not include meetings that were hosted in collaboration with other entities.

FY 2022/23

1,317

estimated participants

FY 2023/24

1,296

unduplicated participants

Note: numbers reflect one additional month

FY 22/23

3,553

Social Media Impressions

FY 23/24

8,693

FY 22/23

816

Views of the posted draft plan

FY 23/24

859

FY 22/23

74

Views of the posted video

FY 23/24

114

Community Program Planning

Who Participated

COUNTY REGION



29% North
31% Central
25% South
16% Other/Decline

CONSUMER/FAMILY MEMBER



26% Consumer
20% Family Members

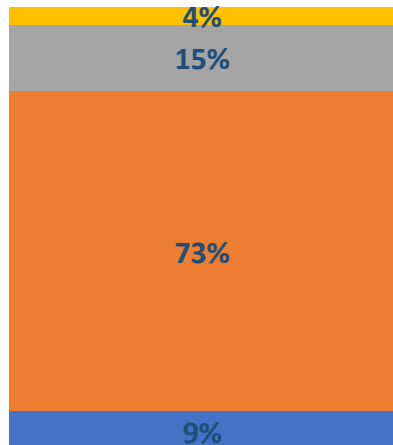
MILITARY SERVICE

5% Current
6% Previous
85% None
5% Decline



AGE (YEARS)

■ 16-25 ■ 26-59 ■ 60+ ■ Declined



LANGUAGE

84% English
7% Spanish
3% Vietnamese
1% Farsi
1% Korean
1% Chinese
2% Other



GENDER IDENTITY



32% Male



63% Female



1% Transgender

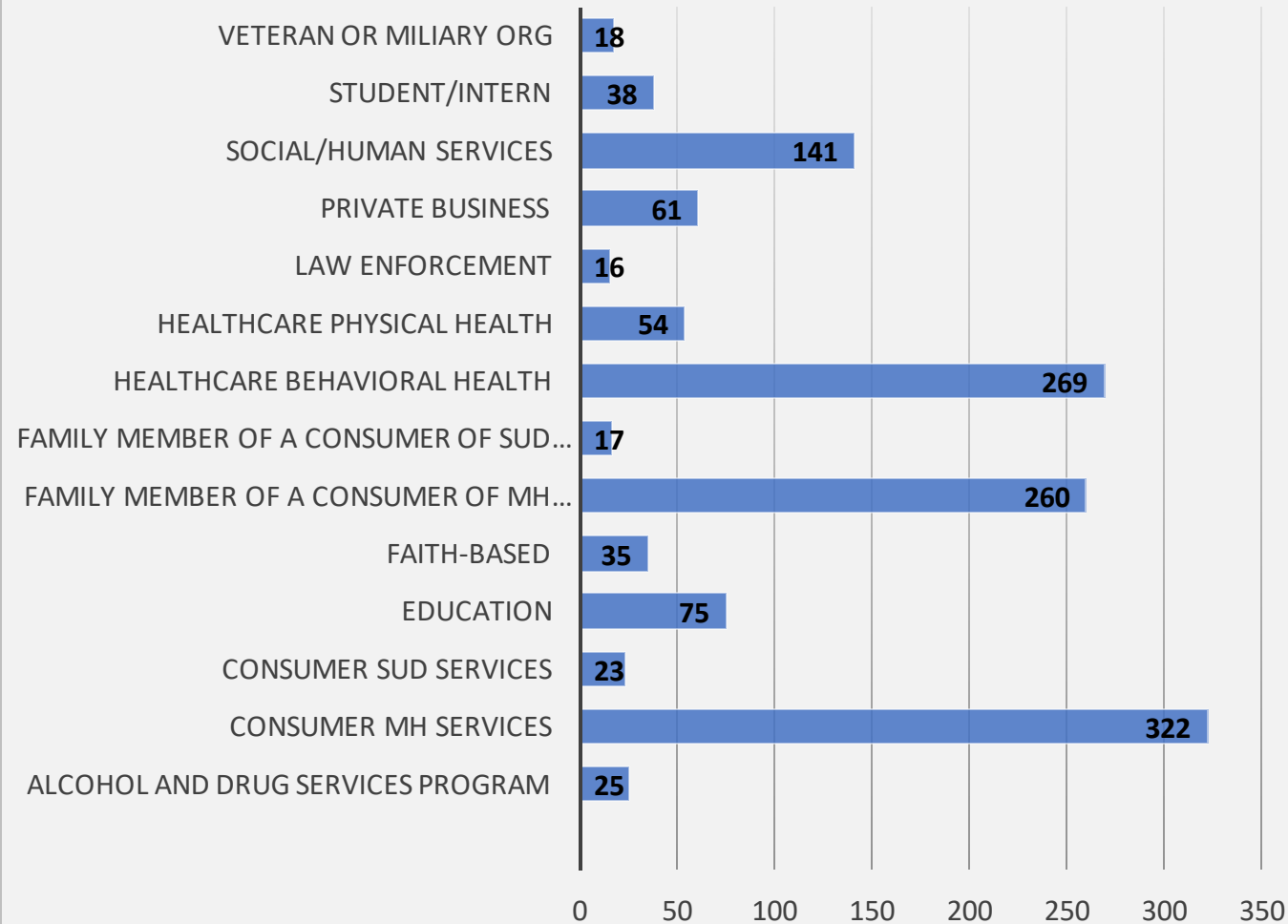


1% Nonbinary

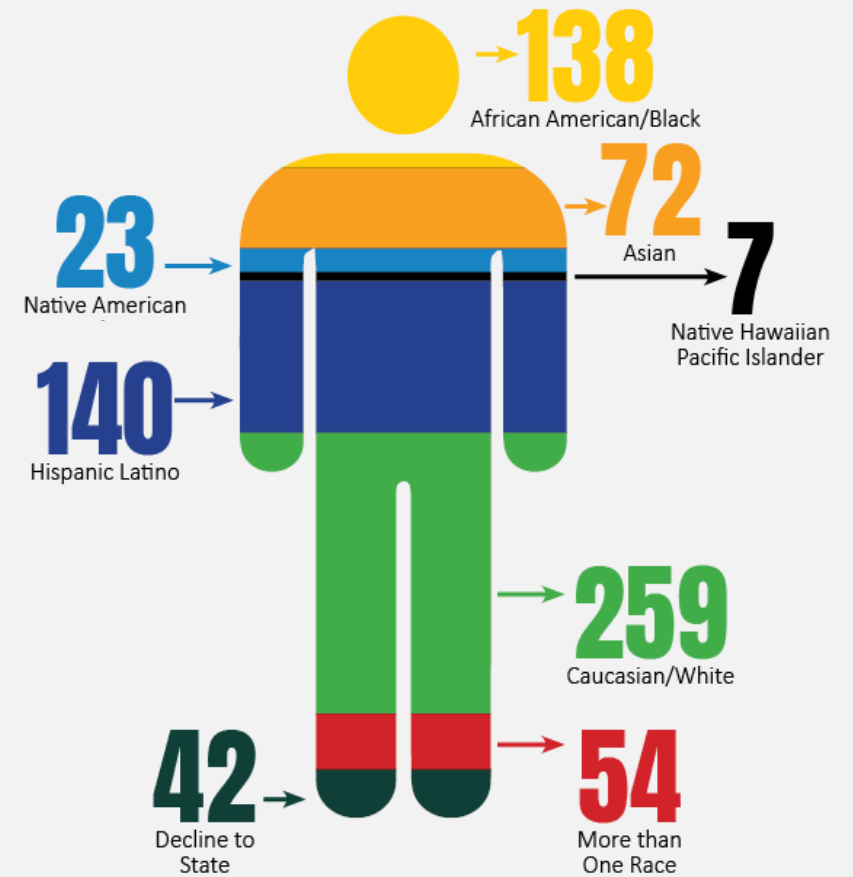
Community Program Planning

Who Participated

STAKEHOLDER GROUPS



RACE/ETHNICITY



Community Program Planning

Behavioral Health Equity Committee (BHEC)

BHEC includes the following sub-committees:

- Spirituality
- Deaf and Hard of Hearing
- Black/African-American
- LGBTQI+
- Latinx
- Asian and Pacific Islander
- Substance Use Disorder (pending)

Types of Organizations:

- Community
- Managed Care Plan
- Behavioral Health Providers
- Hospitals
- Cultural/Ethnic Communities
- Child Serving Organizations
- Homeless Services Organizations
- Faith-Based Organizations
- Families
- LGBTQI+
- Consumer
- Education

FY 2022-2023 Results:



Monthly Meeting



100 unduplicated attendees



47 Community Organizations

Opportunities

Strategies – How BHS Reached Out



Engagement Activity

Review & Look at all eleven (11) Strategies

- First, submit in the chat **three (3)** strategies that you believe are not effective.
- Next, submit in the chat **two (2)** strategies that needs improvement.
- Lastly, submit in the chat **four (4)** strategies, that have been your primary method of being engaged.

Strategies – How BHS Reached Out



NOTE - You CAN submit a # strategy that you have already entered.

Opportunities

Throughout the year, regular **Stakeholder Meetings** were held.
Examples include:

- Behavioral Health Advisory Board (BHAB) and subcommittees
- MHSA Planning Advisory Committee (PAC)
- Behavioral Health Equity Committee (BHEC), along with workgroups
- Community Suicide Prevention Committee (CSPC)
- Crisis Intervention Team (CIT) Steering Committee
- Innovation Planning Meetings
- PHS Contracted Provider Meetings
- Community Quality Improvement Committee (CQIC)

Opportunities

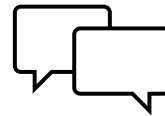
Throughout the year, MHRS participated in **System Planning Meetings**.
Examples include:

- CalOptima/ HCA Collaborative Meeting
- OC Department of Education Superintendent Mental Health Planning Meetings
- Veterans Collaborative
- Housing Provider Meeting
- Master Plan on Aging
- Street Outreach Team Meeting
- Orange County Juvenile Justice Coordinating Council
- Continuum of Care Reform System of Care Coordination Steering Committee
- First 5 Technical Advisory Committee
- MHSA Internal Planning Committee
- County Health Improvement Project Mental Health and Substance Use Committees

Opportunities

- Discussion – CPP Stepping Up "Our" Game? How?

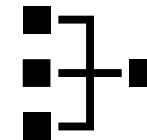
**Q: What were the two (2)
most recent stakeholder meeting(s) you attended?**



**Q: Which types of collaboration are more valued;
hosting- or attending-/partnering- events?**



**Q: How has system networking increased
stakeholder engagement?**



MHSA/BHSA Community Planning Timeline

MHSA

- July 2024 – December 2024
 - MHSA review of available funds
 - Planning for FY 2025-26 Annual Update
- January 2025 – June 2025
 - Develop plan with updates
 - 30 Day Posting and Public Comment
 - Public Hearing
 - Submission to BOS
 - Submission to DHCS and MHSOAC

BHSA

- July 2024 – December 2024
 - RFP for CPP and consultant services
 - Gathering and analysis of data cited in Prop 1
 - Community education materials development
- January 2025 – December 2025
 - New BHSA 18-month transition period begins
 - Begin planning for new BHSA Integrated Plan for ALL funding sources
- January 2026 – June 2026
 - Plan developed
 - 30 day posting and public comment
 - Public Hearing
 - BOS review and approval*
 - DHCS review and approval*
 - Submission of final plan to DHCS/BHSAOAC

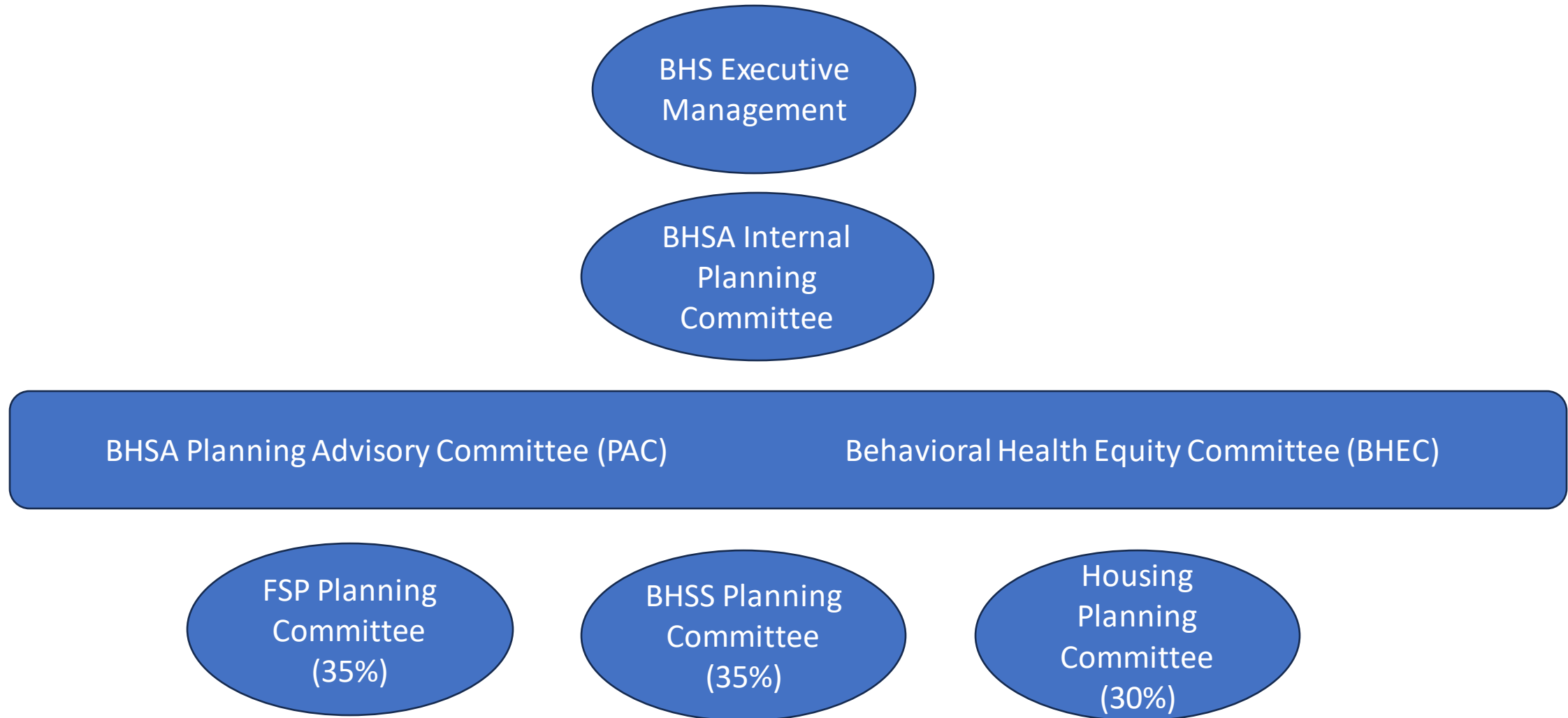
*The process for the 30-day review by DHCS is not known at the time of this presentation and may change

MHSA Community Planning Timeline

MHSA Planning Advisory Committee (PAC) Proposed 2024-2025 Meeting Cadence

3rd Thursday of each Month	Tentative Topics	In-Person/ Virtual	Time Frame
July	DARK	-	-
August 15, 2024	BHSA Annual Update FY 2024-2024 – Financial Overview	In-Person Training Center	10am - 2pm Lunch Provided
September 19, 2024	Prevention Early Intervention (PEI) - Overview & Budgetary Update	Virtual	10am - 12pm
October 17, 2024	Prevention Early Intervention (PEI) - Overview & Budgetary Update <i>Contin.</i>	Virtual	10am - 12pm
November 21, 2024	Community Services and Support (CSS) - Overview	In-Person Training Center	10am - 2pm Lunch Provided
December 19, 2024	Community Services and Support (CSS) - Budgetary Update	Virtual	10am - 12pm
January 2025 – June 2025	Plan development, 30 day posting, Public Hearing, BOS approval, state submission	In Person/Virtual	TBD

BHSA Community Planning Conceptual Framework



BHS and Stakeholder Announcements



Meeting Satisfaction Survey



Thank you for your participation

For questions or to request a meeting, please contact

Michelle Smith at msmith@ochca.com

or call (714) 834-3104

For MHSA information

please call (714) 834-3104 or email mhsa@ochca.com

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