



Pre-Meeting Activity

What concerns do you have going into or about today's agenda?

• ¿Qué preocupaciones tiene usted de cara o sobre la agenda de hoy?

 Quý vị có mối quan tâm về việc tham gia chương trình buổi họp kế hoạch ngày hôm nay không?















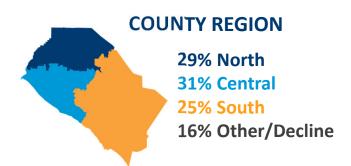
Today's Agenda

- Welcome and Introductions
- Icebreaker
- June MHSA PAC Meeting Recap
- MHSA Financial Overview
 - What the law says
 - Forecast
- Prevention and Early Intervention Part One
- Announcements
- Closing



Community Program Planning

Who Participated



CONSUMER/FAMILY MEMBER

26%

Consumer

20% **Family Members**



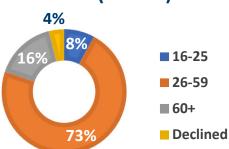
4% Current **6% Previous**

85% None

5% Decline



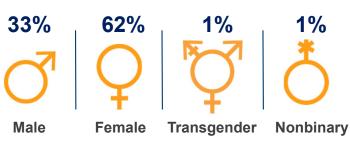
AGES (YEARS)



COUNTY REGION



GENDER IDENTITY

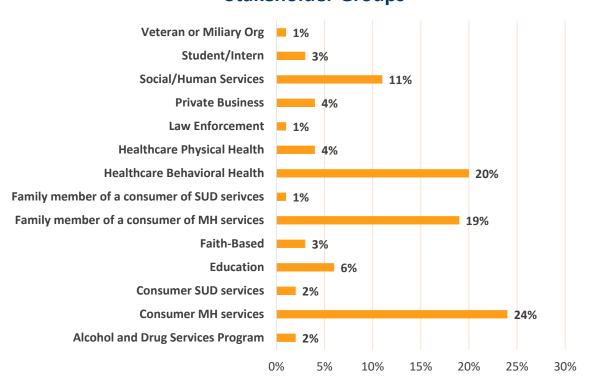




Community Program Planning

Who Participated





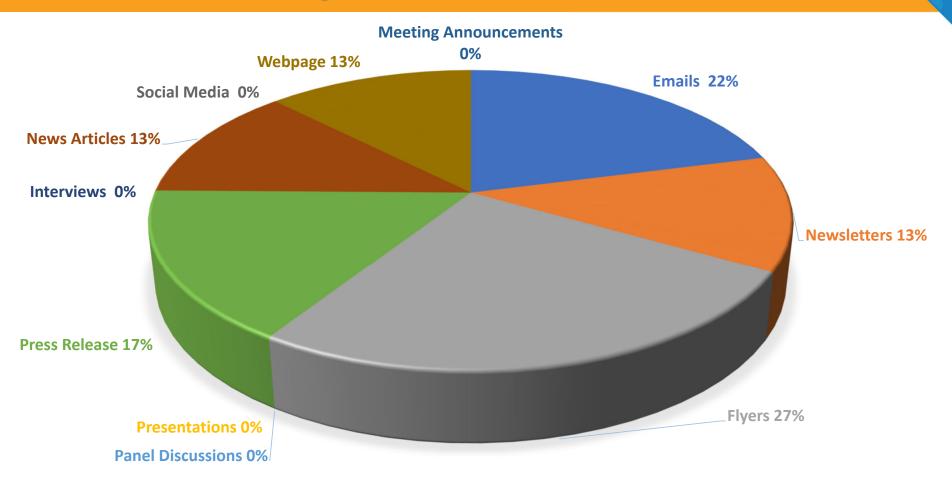
Race/Ethnicity



- 17% African American/Black
- 11% Asian
- 39% Caucasian/White
- 19% Hispanic/Latino
- **3%** Native American
- 1% Native Hawaiian/Pacific Islander
- 8% More than One Race
- 5% Decline

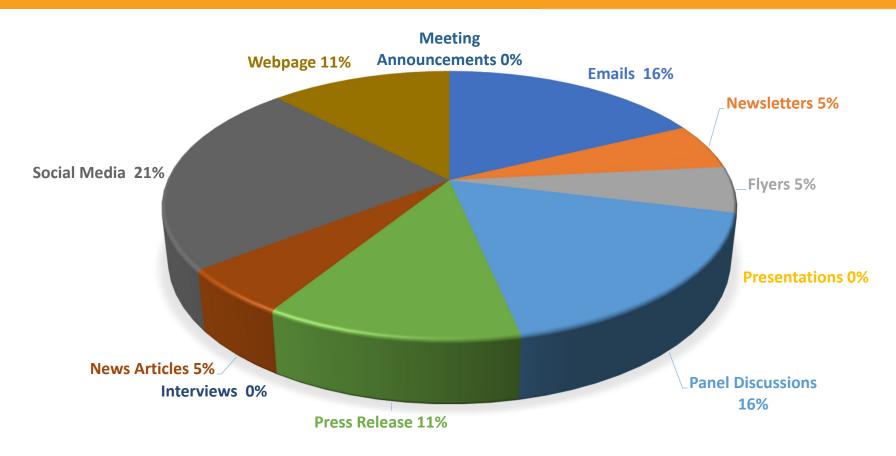


1. What Strategies Are Not Effective



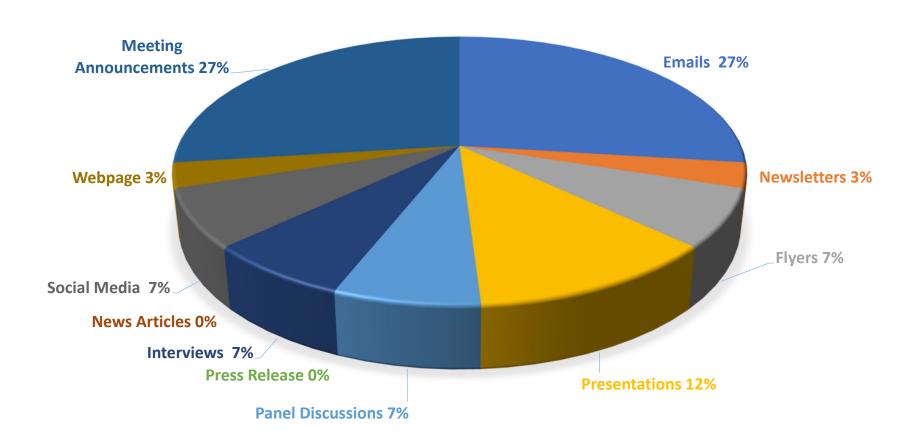


2. What Strategies Need Improvement



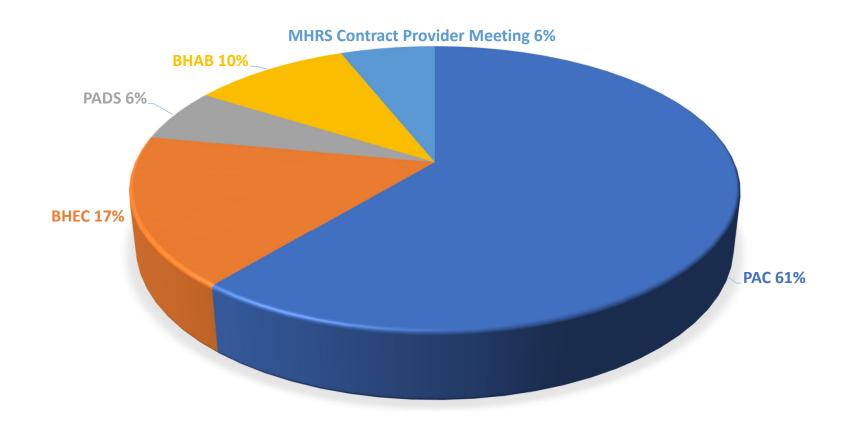
3. What have been the primary method of being engaged





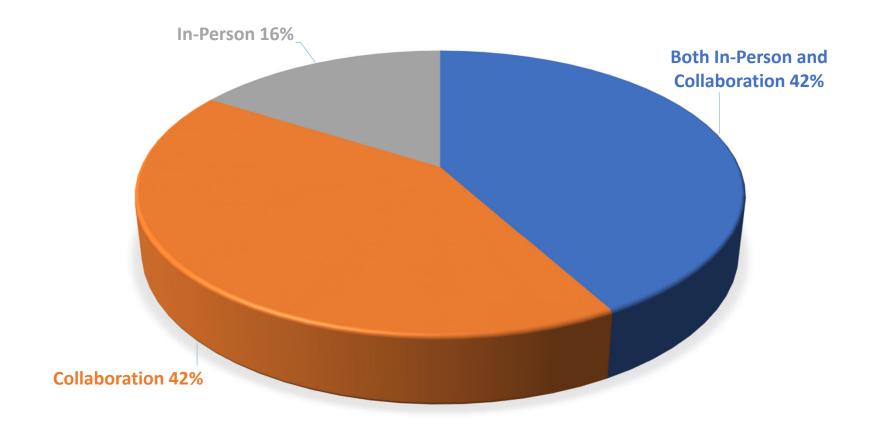
health CARE AGENCY

4. What were the two most recent stakeholder meetings you attended



healt CARE AGEN

5. Which types of collaboration are more valued – hosting or attending meetings?





6. How has system networking increased

Written Open Ended Responses:

"Networking and increase communication"

"Learning, better understanding"

"Partnering on meetings could increase stakeholder engagement"

"Involvement was valued when CAAC met"

"Awareness"

"Informing us about the stakeholder meetings through communications allows us to show up"

"It helps me understand what is happening and what the potential partnerships I can engage with as a member of the UCI community"

"Growth"







Pre-Pulse Check:
How are we feeling?





MHSA Finance – The Basics

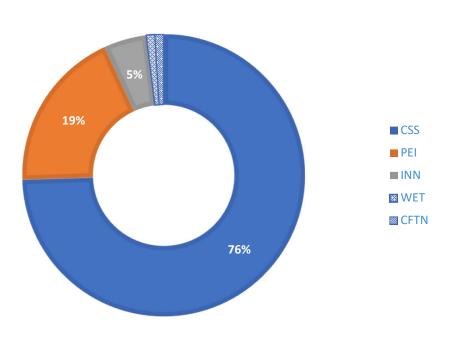
- Allowable Use
 - Components
- Tools for Managing Fund Volatility
 - Reversion Period
 - Prudent Reserve
- Accountability
 - Revenue and Expenditure Report





MHSA Finance – Components

MHSA COMPONENT BREAKDOWN



CSS: Community Services and Supports PEI: Prevention and Early Intervention

INN: Innovation

WET: Workforce Education and Training

CFTN: Capital Facilities and Technological Needs

Note: Up to 5% can be used to support Community Planning Activities



MHSA Finance – Management Tools



- Reversion Period
 - Three Years to spend from the time received (CSS, PEI)
 - Innovation: Funds can be encumbered and used over the lifespan of a project (max 5 years)
 - Infrastructure components (WET, CFTN) had 10-year reversion periods and are now sustained through transferred CSS funds

MHSA County Reversion Enclosures (ca.gov)



MHSA Finance – Management Tools

Prudent Reserve

- Required to establish and maintain prudent reserve
- Funded with CSS dollars
- Cannot exceed 33% of the County's average CSS distribution for the previous five years.
- Funding levels must be assessed and certified every 5 years
- Use of Prudent Reserve funds must be approved by DHCS and can only be accessed during an economic downturn





MHSA Finance – Accountability

MHSA ANNUAL REVENUE AND EXPENDITURE REPORTS



Fiscal Year 2022/23 - Certification

Fiscal Year 2021/22

Fiscal Year 2020/21

Fiscal Year 2019/20

Fiscal Year 2018/19

Fiscal Year 2017/18

Fiscal Year 2016/17

SHARE THIS









MHSA Annual Revenue and Expenditure Reports | Orange County California - Health Care Agency (ochealthinfo.com)



MHSA Finance – The Big Picture

- MHSA Funds are highly Volatile and are projected to be reduced by (\$71M) in FY 2024/25 and an additional (\$91M) in FY 2025/26.
- HCA Plans to expend all MHSA funds by end of FY 2025/26.
- Must significantly reduce expenses in FY 2025-26.

Fiscal Year	MHSA Revenue Received inc. Interest	MHSA Funds Spent	Balance at the end of Fiscal Year
Carry over Funds from Prior years			\$124M
FY 2021-22	\$256M	(\$191M)	\$189M
FY 2022-23	\$178M	(\$296M)	\$71M
FY 2023-24	\$330M	(\$303M)	\$98M
FY 2024-25	\$259M (Proj)	(\$304M) (Proj)	\$53M (Proj)
FY 2025-26	\$168M (Proj)	(\$221M) (Proj)	\$0 (Proj)



MHSA Finance – Component Summary

- MHSA Funds must be spent on the component it belongs to except for CSS.
- CSS Funds can be shifted to fund WET and CFTN programs.
- Must significantly reduce expenses in FY 2025-26.
 Significant impact to PEI.

Component	FY 23-24 Ending balance \$98M
CSS	\$41M
PEI	\$5M
INN	\$35M
WET	\$0
CFTN	\$17M

Component	Projected Funds available for FY 25/26 \$221M	Current FY 25-26 3-yr Plan Budget
CSS	\$149M (\$31M to WET/CFTN)	(\$259M)
PEI	\$32M	(\$78M)
INN	\$8M	(\$4M)
WET	\$9M (From CSS)	(\$9M)
CFTN	\$23M (From CSS)	(\$23M)

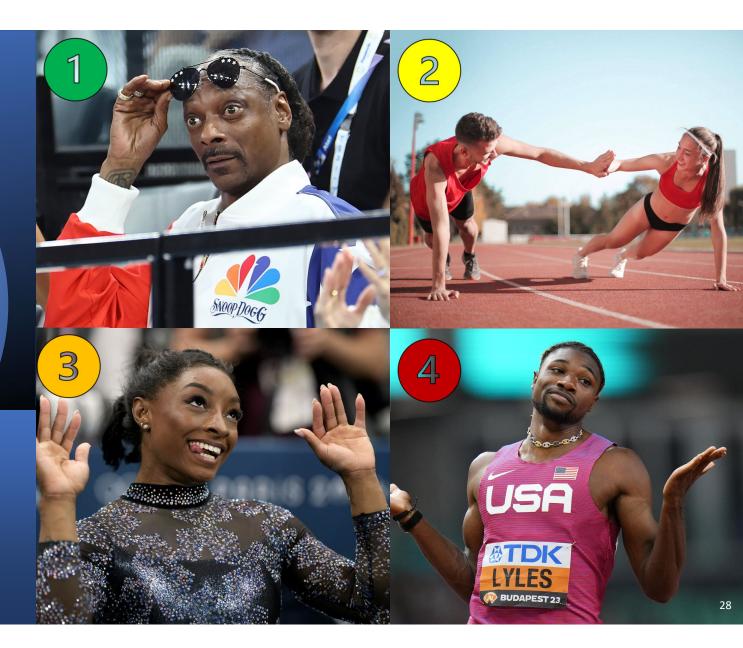


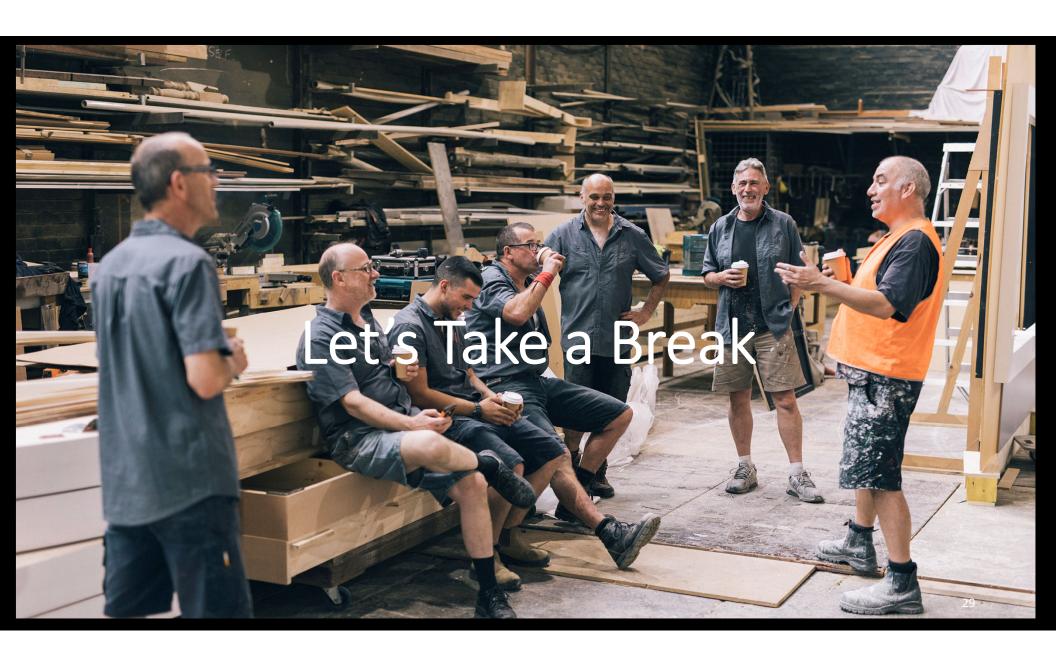
MHSA Finance – PEI

- PEI Funds allocated are projected to be reduced by (\$13M) in FY 2024/25 and an additional (\$17M) in FY 2025/26.
- PEI's Budget for FY 25/26 is currently \$78M.
- PEI must significantly reduce expenses in FY 2025-26.

Fiscal Year	PEI Revenue Received inc. Interest	PEI Funds Spent	PEI Balance at the end of Fiscal Year
Carry over PEI Funds from Prior years			\$34M
FY 2021-22	\$48M	(\$47M)	\$35M
FY 2022-23	\$33M	(\$57M)	\$11M
FY 2023-24	\$62M	(\$68M)	\$5M
FY 2024-25	\$49M (Proj)	(\$54M) (Proj)	\$0 (Proj)
FY 2025-26	\$32M (Proj)	(\$32M) (Proj)	\$0 (Proj)

Post-Pulse Check: How are we feeling?







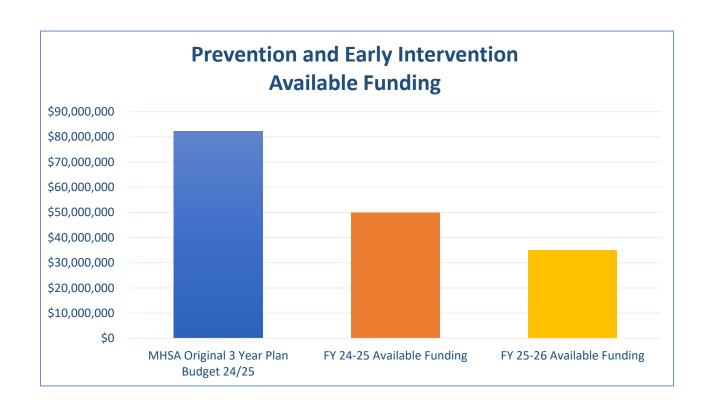
Participant Dialogue

As you know Prop 1 passed in March 2024. What actions/planning have you taken to continue to be able to provide or receive services under the new BHSA?





MHSA Finance - PEI





Current PEI Standards

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



BHSA Funding Shifts Allowable BHS Investments





Campbell, L.A., & Anderko, L. (2020). Moving Upstream From the Individual to the Community: Addressing Social Determinants of Health. NASN School Nurse, 35, 152 – 157.



BHS Mitigation Plan

Primary driver of BHS decision making is sustainability

- Can the program be funded under BHSA?
- When will the program/contract come to a natural end?
- Can the program be leveraged with Medi-Cal or braided with other funding?
- Does the program serve the BHSA identified priority populations?

Working Lunch





Providers and Organizations:

After today's discussion, how will your agency or organization establish new collaborations and or new funding sources to continue to provide program services?

Participants:

Based on today's topic what plans/resources will you utilize to continue to receive services?



Check In, Questions, and Networking



- 1. How will/does today's discussion about the budget impact your program's services or the services you receive?
- 2. What changes will you need to make to continue to provide/receive services based on today's topic?



Planning for PEI Budget Part Two

Please use the paper on the tables to:

 Provide additional feedback on any of these discussion questions to HCA

 Provide topics you'd like to see addressed at the next PAC Meeting, September 19, 2024



BHS and Stakeholder Announcements



Meeting Satisfaction Survey





Bring some Wellness to Your Summer

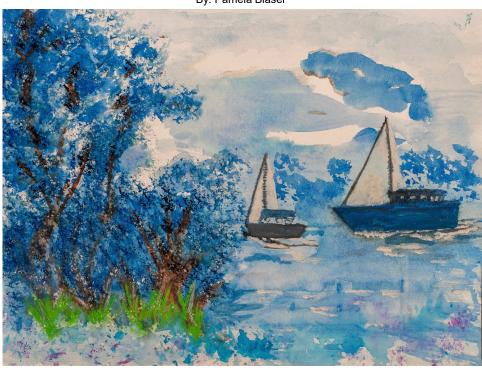
THE FUN AND HAPPY ZONE

I'M APPROACHING,
THE FUN AND HAPPY ZONE.
BRINGING MY FRIENDS,
WITHOUT BEING ALONE.
GOING ON RIDERS,
CHECKING THE ARCADES.
BETTER THAN EVER,
IN PAST DECADES.
HAVING SOME FUN,
AT A PARK NEARBY.
I'M SO HAPPY,
DON'T NEED TO CRY.

By: Craig Costello

The Bay

By: Pamela Blaser





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



Stay Connected!





www.ochealthinfo.com









