

Planning Advisory Committee (PAC) Meeting

Mental Health Services Act (MHSA)

December 12, 2024



Today's Agenda



- **Welcome and Introductions**
- **Announcements**
- **Gratitude Activity**
- **Innovation – PIVOT**
- **Break**
- **Opioid Overdose Prevention Training**
- **MHSA Annual Update for FY 2025/26 Overview**
- **Lunch, Networking, and Open Forum**

BHS and Stakeholder Announcements



Community Program Planning

COUNTY REGION



27% North
39% Central
15% South
19% Other/Decline

CONSUMER/FAMILY MEMBER

20%
Family
Members



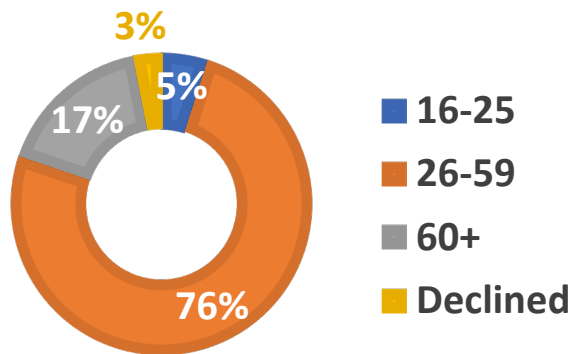
46%
Consumer

MILITARY SERVICE

1% Current
1% Previous
97% None
1% Decline



AGES (YEARS)

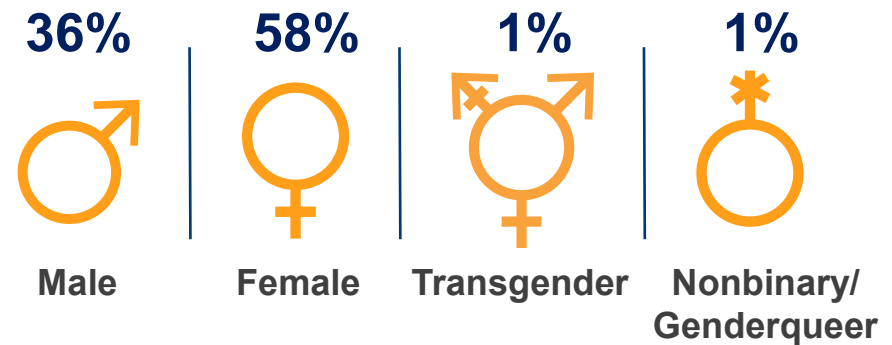


Primary Language

70% English
10% Spanish
15% Vietnamese
1% Farsi
1% Arabic
3% Not Listed

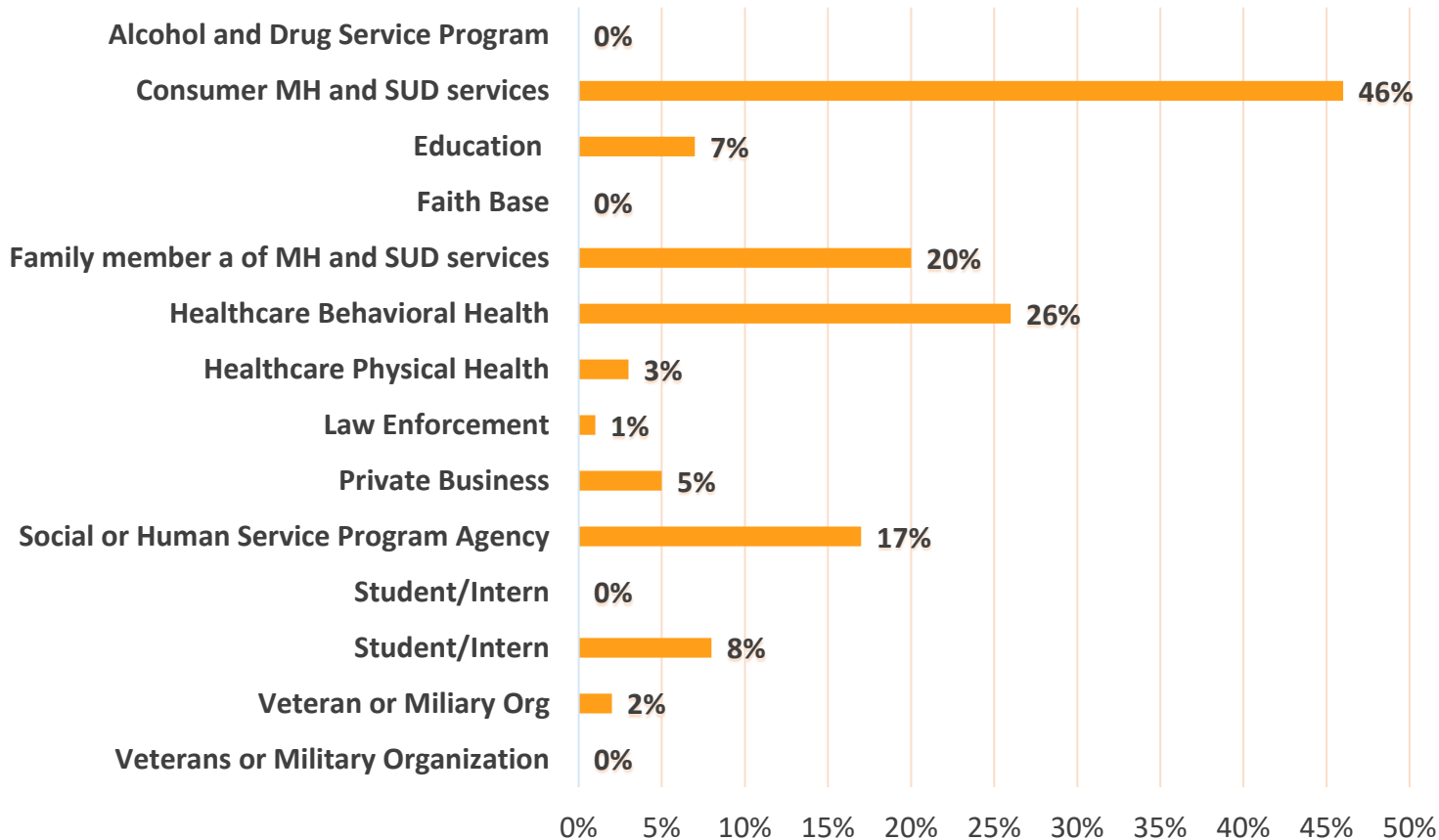


GENDER IDENTITY



Community Program Planning

Stakeholder Groups*



*Attendees are allowed to select more than one

Race/Ethnicity



- 3%** African American/Black
- 3%** American Indian or Alaskan Native
- 22%** Asian
- 37%** Caucasian/White
- 21%** Hispanic/Latino
- 1%** Native Hawaiiian/Pacific Islander
- 8%** More than One Race
- 5%** Decline

Stakeholder Feedback

Positive Feedback

1

Informative and Useful

Many participants found the meeting informative and useful, appreciating the detailed information provided.

2

Inclusivity and Accessibility

Suggestions were made to improve inclusivity, such as having interpreters and considering the needs of different demographics.

3

Engagement and Format

Participants enjoyed the format and engagement opportunities, including open discussions and Q&A sessions.

4

Appreciation for Efforts

There was appreciation for the effort put into organizing the meeting and the hospitality provided.

Stakeholder Feedback

Opportunities

1

Funding and Resource Allocation

There were strong opinions on the need for more funding, especially for wellness centers and mental health services.

2

Inclusivity and Accessibility

Suggestions were made to improve inclusivity, such as considering the needs of different demographics.

3

Meeting Structure and Interaction

Some participants felt the meeting could be more interactive and better structured.

4

Specific Concerns and Suggestions

Various specific concerns and suggestions were raised, such as the need for more training, addressing housing issues, and including diverse educational topics.

Gratitude Activity



Transformational Power of Gratitude Activity



Today, look around - “People everywhere are dying - dying to be seen and dying to hear how they matter; they are dying to receive your ‘Gracenote’:

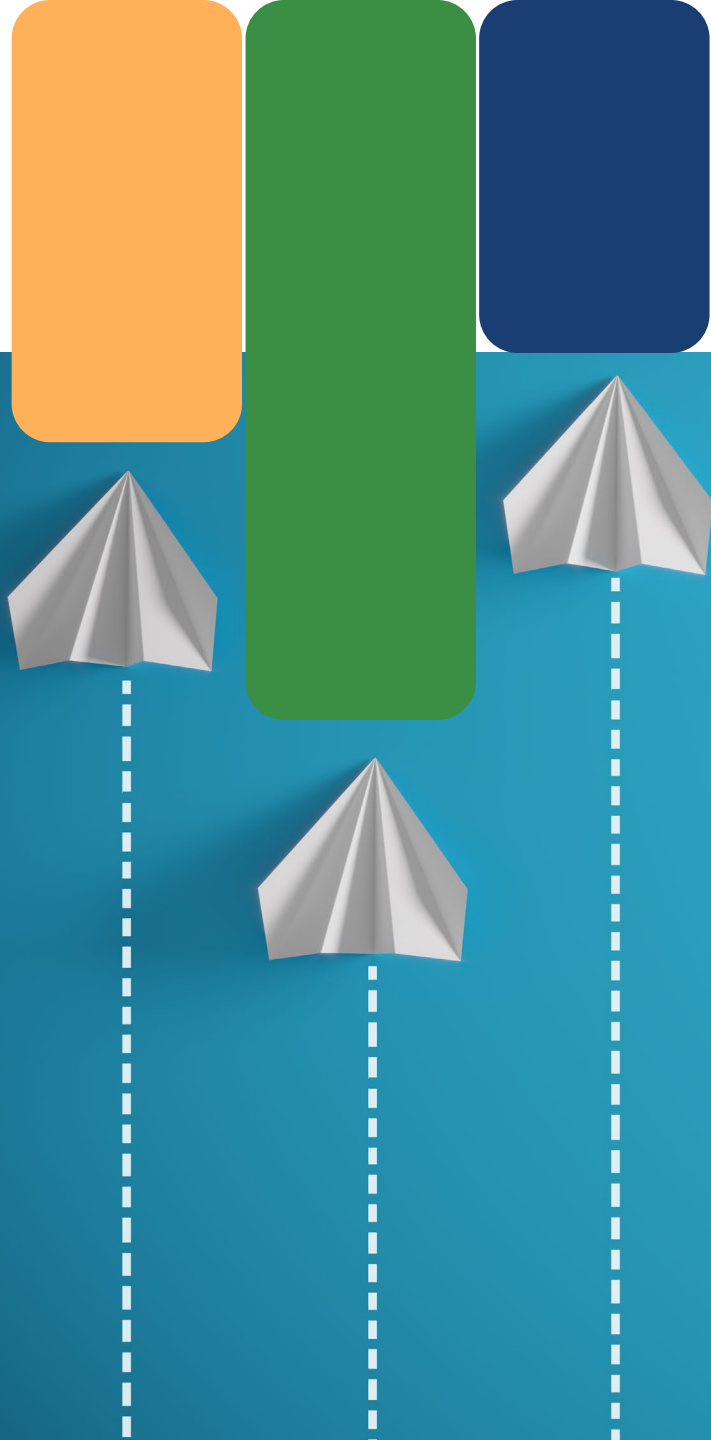
→ You are the only person I know who _____

→ I always laugh when I think about _____

→ You will leave a legacy around _____



Program Improvements for Valued Outpatient Treatment (PIVOT)



Orange County MHSA Innovation Project
November 21, 2024

Project Description

Primary Problem

- Behavioral Health Transformation initiatives, including BHSA, will require changes in behavioral health operations and programs.
- Several areas within the system of care require administrative and/or program changes to improve access to and quality of services.

Response to Need

Create an overarching proposal that:

- Identifies successful strategies and administrative changes needed to prepare for the transition to BHSA and share lessons learned.
- Proposes innovative strategies to address local areas of need identified through stakeholder feedback.
- Offers counties with similar challenges the opportunity to participate in PIVOT components that best align with their local needs.

PIVOT

1

Full-Service Partnership Reboot

Establish the local administrative processes and data infrastructure needed to prepare the county for changes to FSP programs under BHSA.

2

Integrated Complex Care Management for Older Adults

Develop a system of care for older adults living with co-occurring mental health and neurocognitive conditions, who may also be homeless or at risk of homelessness.

3

Developing Capacity for Specialty MH Plan Services with Diverse Communities

Identify the minimum capacity of a community-based organization to be able to become a specialty mental health plan/DMC-ODS contracted provider.

4

Innovative Countywide Workforce Initiatives

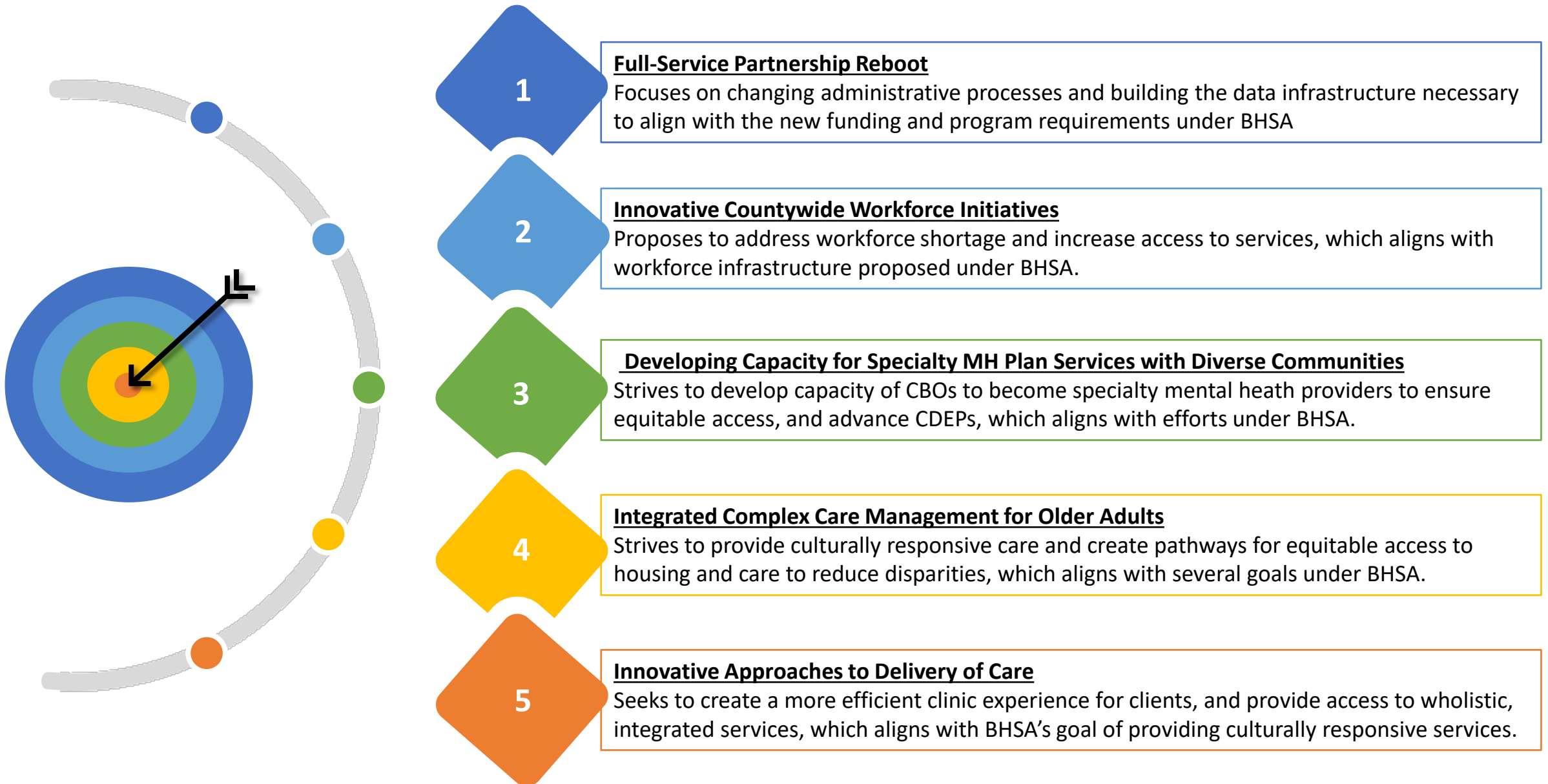
Explore an alternative strategy to build a culturally competent and well-trained behavioral health workforce of professionals and paraprofessionals.

5

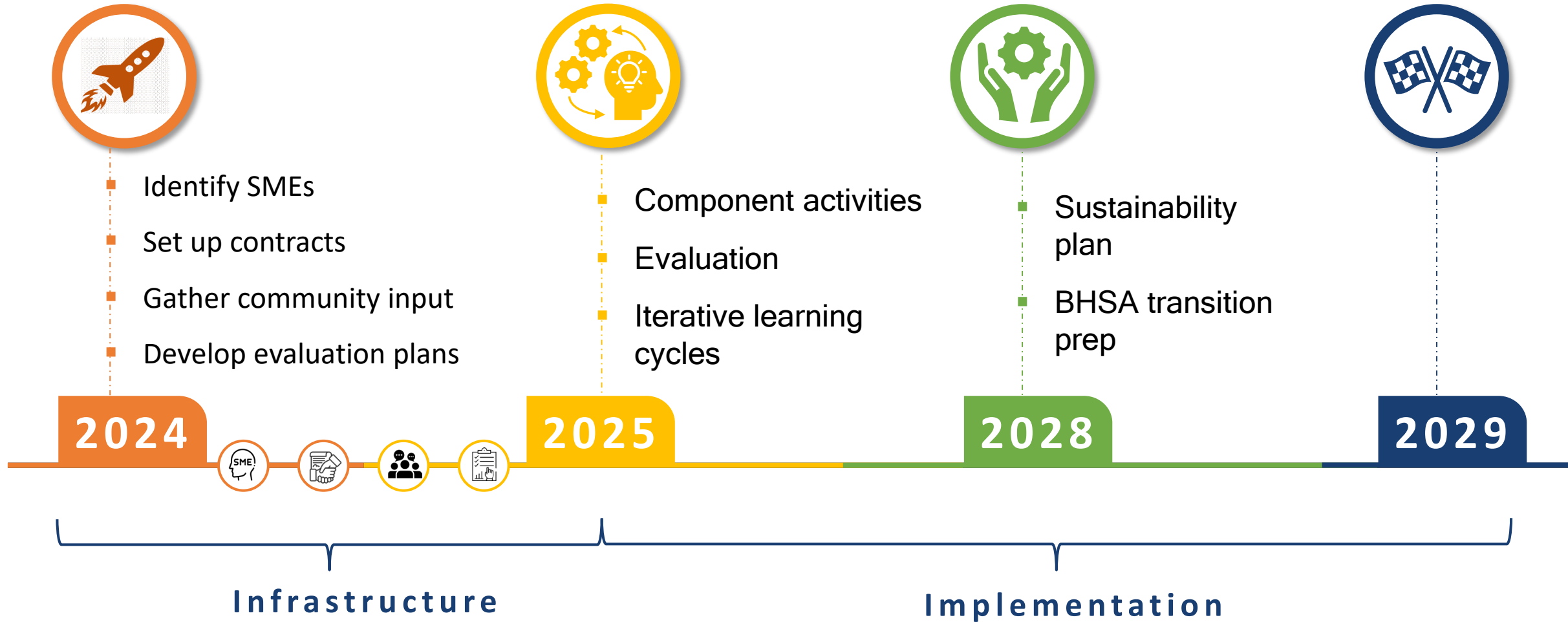
Innovative Approaches to Delivery of Care

Identify a more culturally responsive, inclusive and efficient delivery of care, utilizing a User Experience model to gather input from consumers and their family members.

Behavioral Health Transformation Alignment



5-Year Project Timeline



Sustainability

Developing Capacity for Specialty MH Plan Services with Diverse Communities

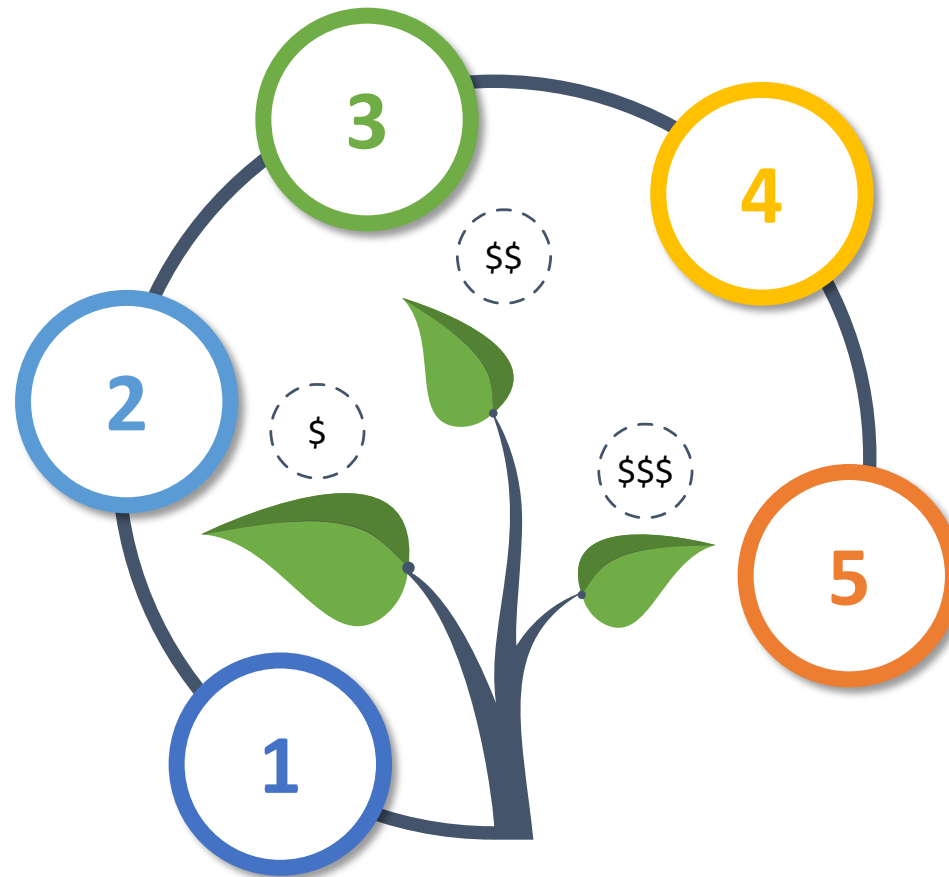
Provide CBOs with minimum steps to become Medi-Cal providers. CBOs will sustain services through Medi-Cal billing.

Integrated Complex Care Management for Older Adults

Sustain through proposed blend of funding structure.

Full-Service Partnership Reboot

Implement new changes into FSP programs to support ongoing operations and sustain service delivery under BHSA.



Innovative Countywide Workforce Initiatives

Embed successful strategies into administrative policies; apply for additional workforce development grants and opportunities with partners; collaboration with Managed Care Plans and explore ability to maintain through the BHSS component.

Innovative Approaches to Delivery of Care

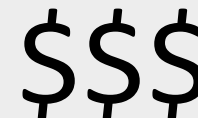
Integrate successful approaches into daily program operations, where possible. Infuse culture of change to normalize piloting different approaches to care to establish a culture of continued learning.



Integrate successful approaches and strategies into administrative processes or program operations.



Identify and/or set up alternative sources of funding (Medi-Cal, grants).



Explore ability to sustain through BHSS funding component.

Project Budget



**Total 5-Yr Requested Budget
\$34,950,000**





Thank you!

Let's Take a Break

Opioid Overdose Prevention Training

MHSA

December 12, 2024



Agenda



Naloxone

What it is, how to administer it and where to get it



Naloxone



**Naloxone
reverses opioid
overdoses and
saves lives**

What is
Naloxone?



Know the Signs of an Opioid Overdose

OPIOID
OVERDOSE

Symptoms of overdose could include:

- Small, constricted “pinpoint pupils”
- Falling asleep or losing consciousness
- Slow, weak, or no breathing
- Choking or gurgling sounds
- Limp body
- Cold and/or clammy skin
- Discolored skin (especially in lips and nails)



How to Administer Naloxone

1

Open Box

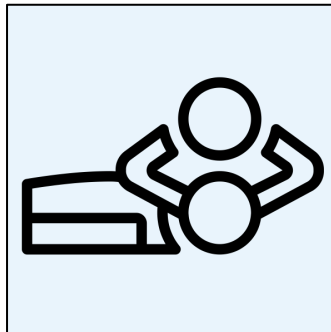
Remove Naloxone (Narcan®/Kloxxodo™) from packaging.



2

Support Head

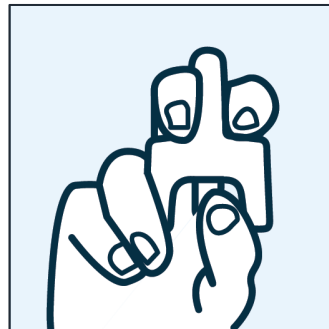
Support the person under their neck with one hand, tipping their head back slightly.



3

Hold Spray

with your thumb on the plunger and first two fingers on either side of the nozzle.



4

Insert Nozzle

into one nostril using your other hand, until your fingers are at the base of the person's nose.



5

Press Plunger

firmly and all the way down to administer Naloxone.





When Administering Naloxone

Recovery Position



Knee stops
body from
rolling onto
stomach

Hand
supports
head

- 1** **Call 911**
- 2** Move the person onto their side, into Recovery Position
- 3** Watch the person closely for signs of waking up



When Administering Naloxone

Recovery Position



Knee stops body from rolling onto stomach

Hand supports head

- 4** If trained, consider CPR (rescue breaths if person is not breathing and chest compressions if person has no pulse)
- 5** If the person does not wake up after 2-3 minutes, give another Naloxone dose in the other nostril
Naloxone can be given every 2-3 minutes until the person wakes or emergency medical help arrives
- 6** Stay with the person until medical help arrives



California's Good Samaritan Law

DON'T RUN

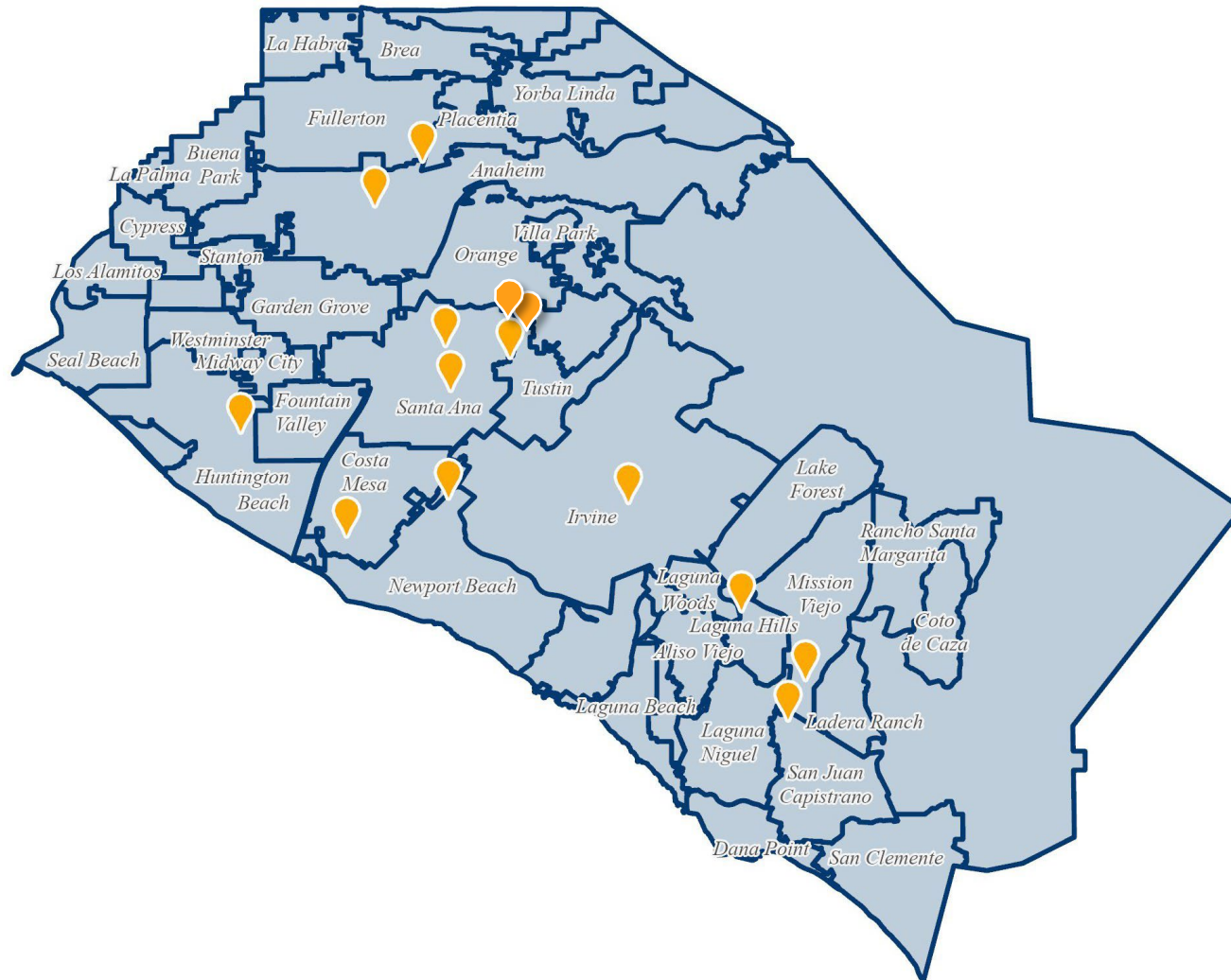
CALL 911

Call for help

California's Good Samaritan Law will protect you



Get Free Naloxone and Save Lives



- Anaheim
- Costa Mesa
- Huntington Beach
- Irvine
- Laguna Hills
- Mission Viejo
- Newport Beach
- San Juan Capistrano
- Santa Ana
- Tustin





For More Information



Centers for Disease Control and Prevention

www.cdc.gov/opioids/basics/fentanyl.html



U.S. Drug Enforcement Administration

www.dea.gov/resources/facts-about-fentanyl/



National Institute
on Drug Abuse



National Institute on Drug Abuse

<https://nida.nih.gov/drug-topics/fentanyl>



**Substance Abuse Mental Health Services
Administration Health and Human Services**

<https://www.hhs.gov/overdose-prevention>



Proposed Draft MHSA Annual Update for FY 2025-2026

MHSA Finance FY 2025-26 – The Big Picture

- MHSA Funds are highly volatile and are projected to be reduced by **(\$91M)** in FY 2025/26.
- Must significantly reduce expenses in FY 2025-26.
- BHS Plans to expend/encumber all MHSA funds by end of FY 2025/26. This coincides with the implementation of the new BHS requirements

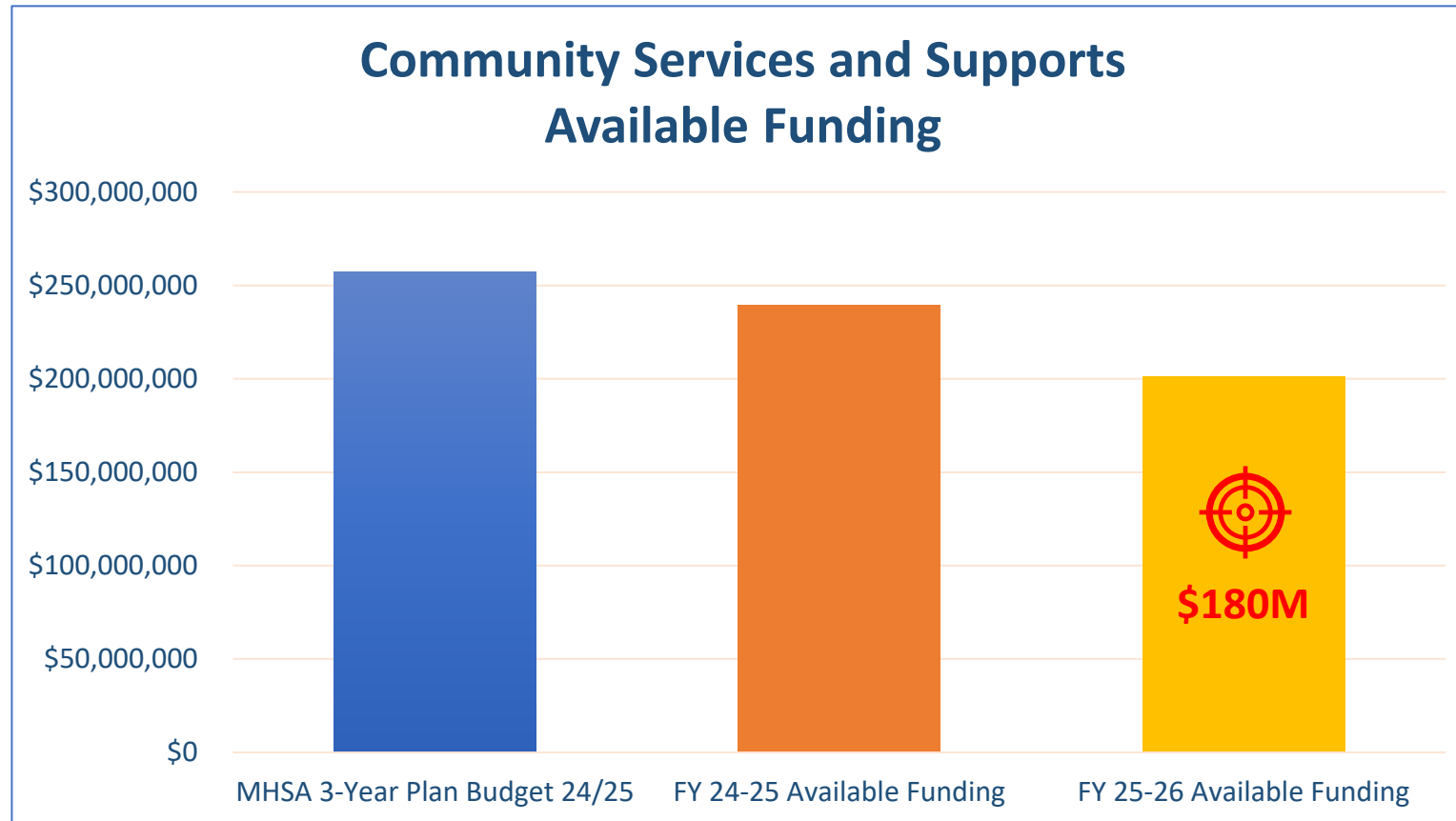
Fiscal Year	MHSA Revenue Received inc. Interest	MHSA Funds Spent	Balance at the end of Fiscal Year
Carry over Funds from Prior years			\$124M
FY 2021-22	\$256M	(\$191M)	\$189M
FY 2022-23	\$178M	(\$296M)	\$71M
FY 2023-24	\$330M	(\$303M)	\$98M
FY 2024-25	\$259M (Proj)	(\$304M) (Proj)	\$53M (Proj)
FY 2025-26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



MHSA Finance – CSS

- CSS Funds allocated are projected to be reduced by **(\$50.1 M)** in FY 2024/25 and an additional **(\$51.7 M)** in FY 2025/26.
- CSS Budget for FY 25/26 is currently **\$199 M**.
- CSS must reduce expenses in FY 2025-26.

Fiscal Year	CSS Revenue Received inc. Interest	CSS Funds Spent	CSS Balance at the end of Fiscal Year
Carry over PEI Funds from Prior years			\$62.8M
FY 2021-22	\$194.9M	(\$123.3M)	\$100.7M
FY 2022-23	\$135M	(\$234.9M)	\$800K
FY 2023-24	\$248.4M	(\$207.8M)	\$41.4M
FY 2024-25	\$198.3M (Proj)	(\$185.2M) (Proj)	\$54.5 (Proj)
FY 2025-26	\$146.6M (Proj)	(\$201.1M) (Proj)	\$0 (Proj)

Proposed CSS Changes for MHSA FY 2025/26 Update

Overview of Updates

All Programs

- All CSS program budgets will be reduced to align with the amount of funding being used.
- All CSS programs that can bill Medi-Cal will be required to maximize Medi-Cal billing
- Stand alone programs that can be included as a support for other programs will be integrated into the Scope of Work of those programs.
- WET will remain funded at the same level
- CFTN transfers amount will be reduced

Crisis Services

- Use Realignment funding for Crisis Stabilization Units
- Reduce Warmline funding

Full Service Partnerships

Require maximum Medi-Cal billing

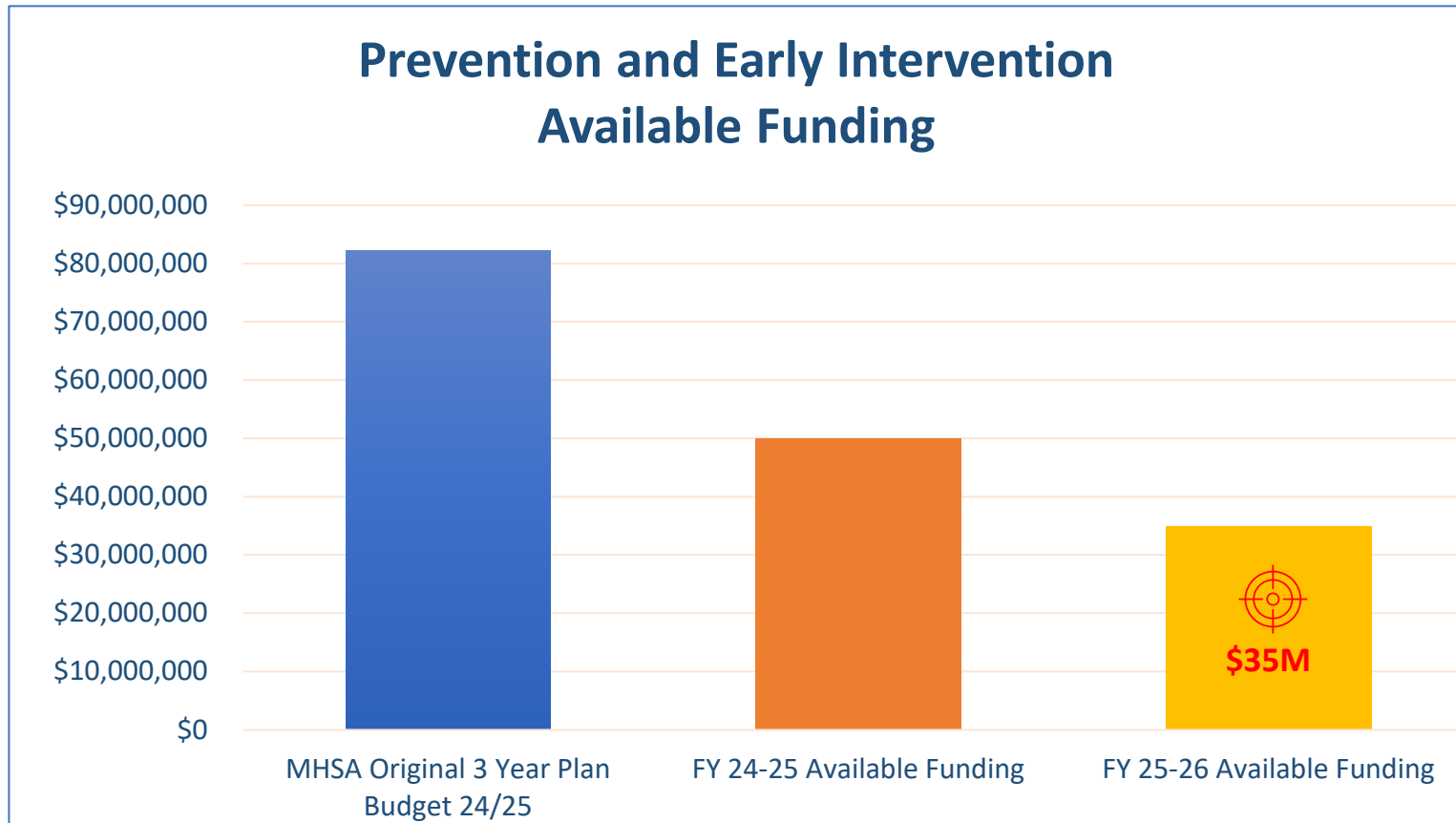
Housing

No transfer to housing trust

Multi-Service Center

Contract comes to natural end

MHSA Finance - PEI



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 is currently \$78M.
- PEI must significantly reduce expenses in FY 2025-26 to \$35M.

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)

Proposed PEI Changes for MHSA FY 2025/26 Update

Overview of Updates

All Programs

- All PEI program budgets will be reduced to align with the amount of funding being used.
- Contracted PEI programs that are unable to continue under BHSA will end June 30, 2025.
- All PEI programs that do not meet requirements of BHSA/other mandates will come to an end either June 30, 2025, or June 30, 2026.

Mental Health Awareness and Stigma Reduction

- Mental Health Community Education Events for Reducing Stigma will end June 30, 2025

Outreach to Increase Recognition of Signs/Symptoms

- Crisis Intervention Training and Well-Being promotion for Diverse Communities contracts end June 30, 2025
- Mental Wellness Campaigns will no longer be PEI funded.

Access and Linkage to Treatment

- Integrated Justice Involved Services will move to CSS.
- Offset BHS Outreach with grant funds.
- Possibly offset funding for OC Links

Outpatient Services

- Outpatient treatment services will integrate with clinics
- OC4Vets Reduced
- Outpatient services that are serving mild/moderate will be reduced and then end.



Questions

Thoughts

Discussion

BH Integrated Plan Community Planning Timeline

Jan – March 2025

Plan & Assess

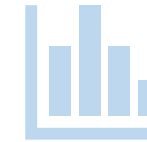
Community planning PAC Kick-Off, listening and data sessions throughout county, co-chair(s) recruitment and selection process



April – June 2025

Committees

PAC (April) data summary, committee co-chair selected and announced, committee work begins; BHAB CPP report out (April)



July – Sept 2025

Program Planning

PAC (July) - Committee Report Outs, review for program/system intersectionality, finalize draft programs, align evaluation plans/metrics with state requirements; BHAB CPP report out (July)

Jan – March 2026

Approve & Post

DHCS transfer approval, 30 day posting, continue Plan overview meetings during posting, implementation planning, setting up administrative infrastructure



Oct – Dec 2025

Draft Plan Review

Draft Plan finalized, internal review, overview at BHAB, PAC (October) and throughout county; CPP report out at BHAB (October)



April – May 2026

Public Hearing

Host Public Hearing, implementation planning, establishing admin infrastructure (RFPs, contract modification development, set up of financial tracking mechanisms, evaluation systems, policies and procedures, etc.)



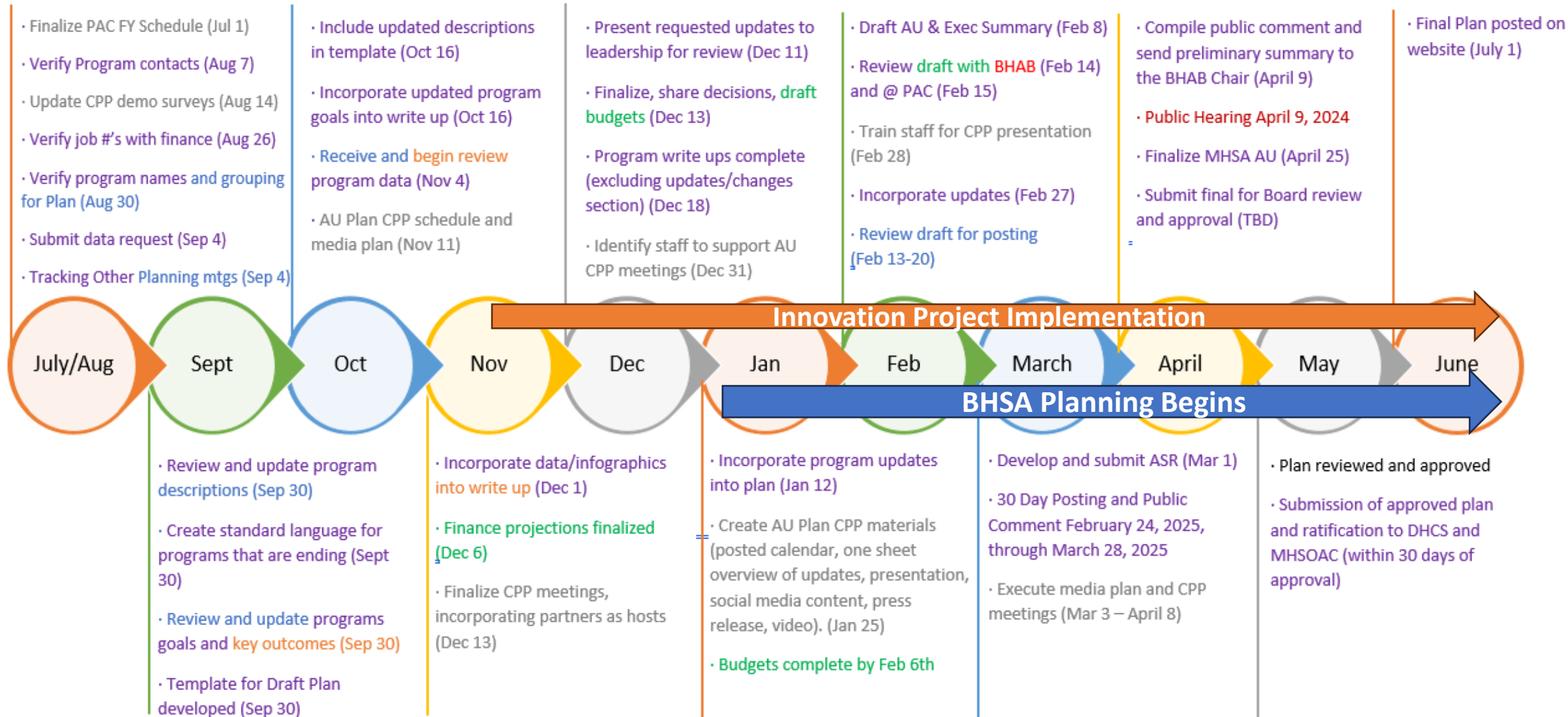
June 2026

Board Approval

Approval, implementation continues Upon approval



Concurrent Process for MHSA Annual Update FY 2025/26 (timeline shows actions taking place in FY 2024/25)



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

Stay Connected!



www.ochealthinfo.com



assess.

discuss.

improve.

#MHSA

Next meeting, Thursday

January 30, 2025

Scan the QR code below for more information

