



Planning Advisory Committee (PAC) Meeting

Behavioral Health Services Act (BHSA)

January 30, 2025



Today's Agenda



- Welcome and Introductions
- Announcements
- Community Program Planning
- Break
- Activity
- BHSA Initiatives and Continuum
- BHSA Component Briefing
- Lunch, Networking, and Open Forum
- BHSA Workgroups and Co-Chair Applications
- Stakeholder Feedback from December 2024

Stakeholder Announcements



Community Program Planning for the Upcoming Year

Purpose of Community Program Planning

- Community program planning (CPP) aims to improve the health and well-being of a specific community by identifying community-defined needs, developing strategies, and implementing programs to address those needs.
- CPP is a collaborative process involving consumers/family members, system partners, healthcare professionals, and other stakeholders to create a healthier and more equitable environment.
- By planning BH intervention, treatment and support programs strategically, initiatives are aligned with community priorities, resources are used effectively, and desired outcomes are achieved.

The Behavioral Health Integrated Plan

https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC§ionNum=5963.02.

Stakeholder Involvement Requirements

MHSA and BHSA

Counties shall demonstrate a partnership with stakeholders throughout the CPP process that includes meaningful stakeholder involvement on mental health and substance use disorder:

MHSA	BHSA*
Mental health policy	Mental health and substance use disorder policy
Program planning and implementation	Program planning and implementation
Monitoring	Monitoring
Quality improvement	Workforce
Evaluation	Quality improvement
Budget allocations	Health equity
Requires participation from unserved/underserved populations, individuals with SMI or SED and their families; providers of mental health, physical health, and/or social services; educators or their reps; law enforcement	Evaluation
	Budget allocations
	Requires sufficient participation from diverse groups

*Beginning January 1, 2025. **BOLD** is new.

BHSA Examples of Engagement Activities



BHSA Components

Community Program Planning

Up to 5% of Budget (allowable)

- Expanded stakeholder groups.
- Include planning decisions from other systems in discussion.

Behavioral Health Services and Supports

35% of Budget

- Programs for early intervention, crisis, workforce, recovery supports, and expanding treatment programs in clinics.
- Half for Early Intervention for children and youth 25 and younger.

Improving access,
coordination, and
integration across
BH service
systems

Housing Interventions

30% of Budget

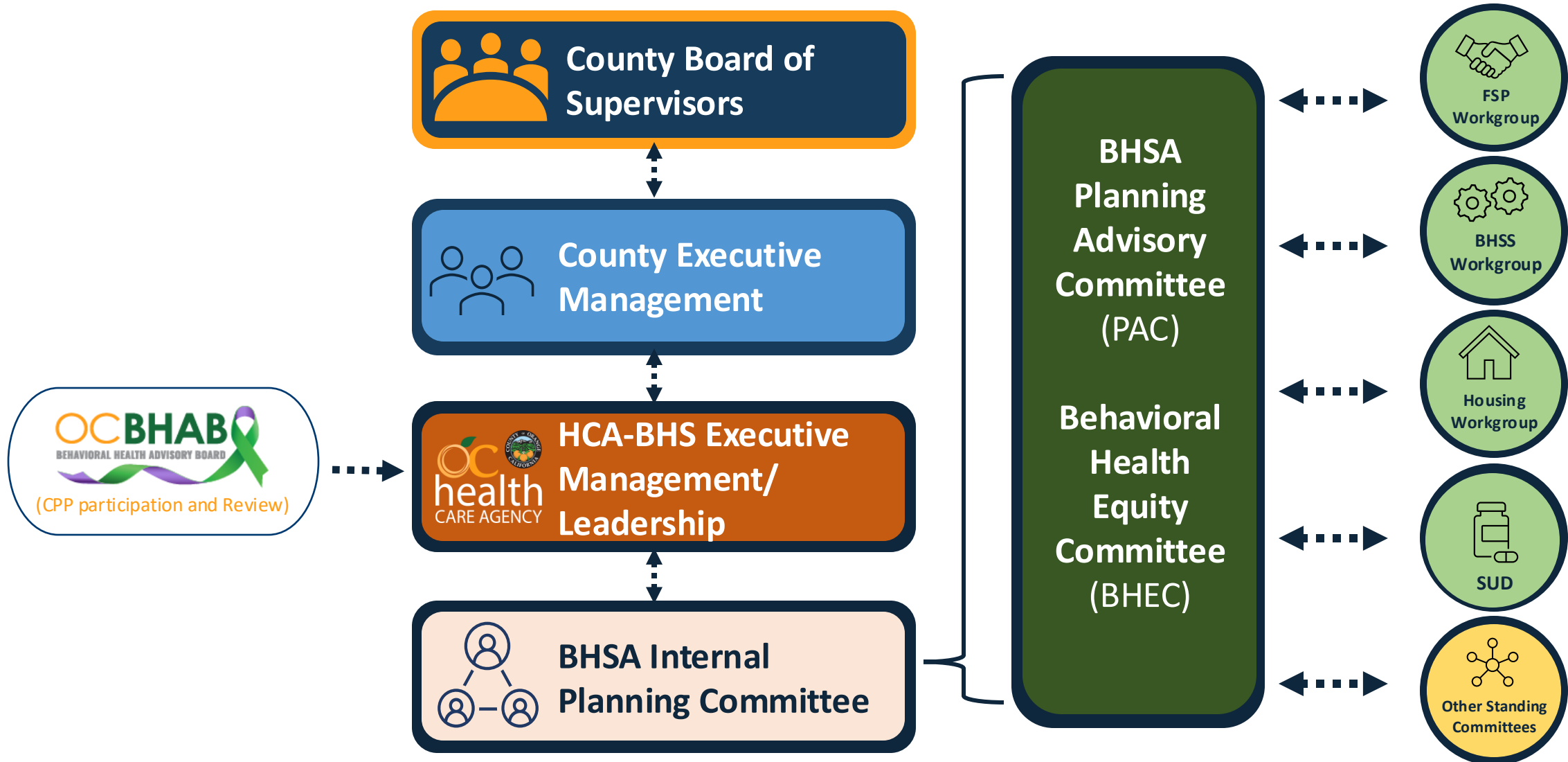
- Money to pay for the cost to get and maintain housing such as rent, basic necessities, and other supports.
- Costs not covered by managed care plans

Full Service Partnership

35% of Budget

- Intense outpatient, field-based programs that provide multiple engagement and/or treatment services over the course of a month.

BHSA CPP: Framework



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



Listening and Data Overview Sessions

April – June 2025

Committees

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



Workgroups Start

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)

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.)

Jan – March 2026

Approve & Post

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

June 2026

Board Approval

Approval, implementation continues Upon approval



Upcoming Community Opportunities

Listening Sessions

- Hosted by the Behavioral Health Advisory Board (BHAB)
- Opportunity for the Community and Stakeholders to help inform the development of our BHSA plan to deliver services to those with SMI receiving Medi-Cal
- Held regionally – Open to the public



TENTATIVE DATES – details to follow

Date		Time	Location
Thursday	March 6, 2025	4:00 pm – 6:00 pm	Council on Aging Southern California, Irvine
Wednesday	March 19, 2025	6:00 pm – 8:00 pm	Wellness & Prevention Center, San Juan Capistrano
Thursday	March 20, 2025	4:00 pm – 6:00 pm	Access California Services, Anaheim

Upcoming Community Opportunities – Cont'd

Data Discussions

- Review and discussion of County-wide Behavioral Health related data and information.
- Held at community and provider sites throughout the County.
- In-Person or virtual opportunities.
- Open to providers, clients, family members, and public at large.

Providers wishing to host a Data Discussion at your site, please email BHSA@ochca.com for a request form with Community Data Request in the subject line



Upcoming Community Opportunities – Cont'd

PAC Meetings – **NOW QUARTERLY ONLY**

- An opportunity to engage stakeholders in discussions about Behavioral Health Policies, planning, program improvements, announce upcoming stakeholder engagement activities, and summarize stakeholder engagement activities held since the last meeting.
- Held quarterly at BHTC
- Open to ALL stakeholders

Future Meeting Dates:

2nd Quarter
April 24, 2025

3rd Quarter
July, TBD

4th Quarter
October, TBD

Let's Take a Break

Activity

“One Word”

Think about how you feel about this upcoming year and describe it in one (1) word.



"Una Palabra"

Piensa en cómo te sientes sobre este año que comienza y descríbelo en una (1) palabra.

“Một Chữ”

Quý vị hãy suy nghĩ về một (1) chữ để mình phải cần làm gì về năm sắp tới đây

“មួយពាកយ”

គិតថាផងតើជោកអ្នកមានអារមមណ៍ យ៉ា ងដូចម្តេចក្នុងឆ្នាំ បន្ទាប់ និង ពិពណ៌នាពាកយមួយផងនោះដោយពាកយមួយ។



Activity Pt. 1 - Strengths & Core Values

Q: What are the things you love most about this community?

P: ¿Qué es lo que más le gusta de esta comunidad?

Câu Hỏi: Quý vị yêu thích điều gì nhất ở cộng đồng này?

សំណួរ: តើមានអ្វីដែលជឿតែងទប់ដល់ជោគជ័យសម្រាប់ តក់នុងស គមន៍របស់ជោគជ័យ?



Activity Pt. 1 - Strengths & Core Values

Q: What values define our community?

P: ¿Qué valores definen a nuestra comunidad?

Câu Hỏi: Quý trọng nào xác định cộng đồng của chúng ta?

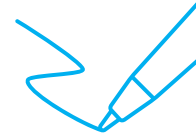
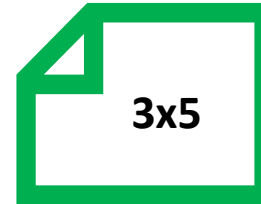
សំណួរ: ធាតុតមលអ្វីបង្កលកំណាង
ផ្សាយស តមន្តរបស់ខ្មែរ-អ្នក?



Activity Pt. 1 - Continued

“What’s Your Vision”

Briefly describe **one (1) thing** you hope to achieve in the next year with the Community Planning Process (CPP).



¿Cuál es su Visión?

Describe brevemente **una (1) cosa** que espera lograr en el próximo año con el Proceso De Planificación Comunitaria.

Tầm Nhìn Của Quý Vị Cho Tương Lai Là Gì?

Mô tả ngắn gọn một (1) điều quý vị hy vọng đạt được trong năm tới với Community Planning Process (CPP).



"ផតើអ្វីជាចុខុរិស័យរបស់អ្នក" - ពិពណ៌នាដោយសង្គម

ឧបនូវផ្សេងមួយ (1) បដលអ្នកសង្ឃឹមថានឹង សង្រមច្បាននៅឆ្នាំ ំផរោយជាមួយ នឹងដំណើរការច្នោរស គមន៍(CPP)។

Activity Pt. 2 – Planning & Steps Forward

Q: What support, resources, and partnerships can be leveraged for this upcoming year?

P: ¿Qué apoyo, recursos y asociaciones pueden movilizarse para el año que viene?

Câu Hỏi: Những hỗ trợ, nguồn lực và quan hệ đối tác nào có thể được tận dụng cho năm sắp tới?

សំណួរ: អ្វីជាទោរកំរទ របកពាត៍មាន និង ភាពជានដគូរបដលអាចុោកំបញ្ចូលសរមាប់ ឆ្ន ំបន្ទា ប់?



Behavioral Health Transformation

Behavioral Health Transformation Initiatives

Builds upon and aligns with other major behavioral health initiatives in California including:

California Advancing and
Innovating Medi-Cal
(CalAIM) initiative

California Behavioral Health
Community-Based
Organization Networks of
Equitable Care and Treatment
(BH-CONNECT) initiative

Children and Youth
Behavioral Health
Initiative (CYBHI)

Medi-Cal Mobile
Crisis services

Behavioral Health
Bridge Housing
program

Community Assistance,
Recovery, and
Empowerment (CARE) Act,
Lanterman-Petris-Short
Conservatorship reforms

988 expansion,

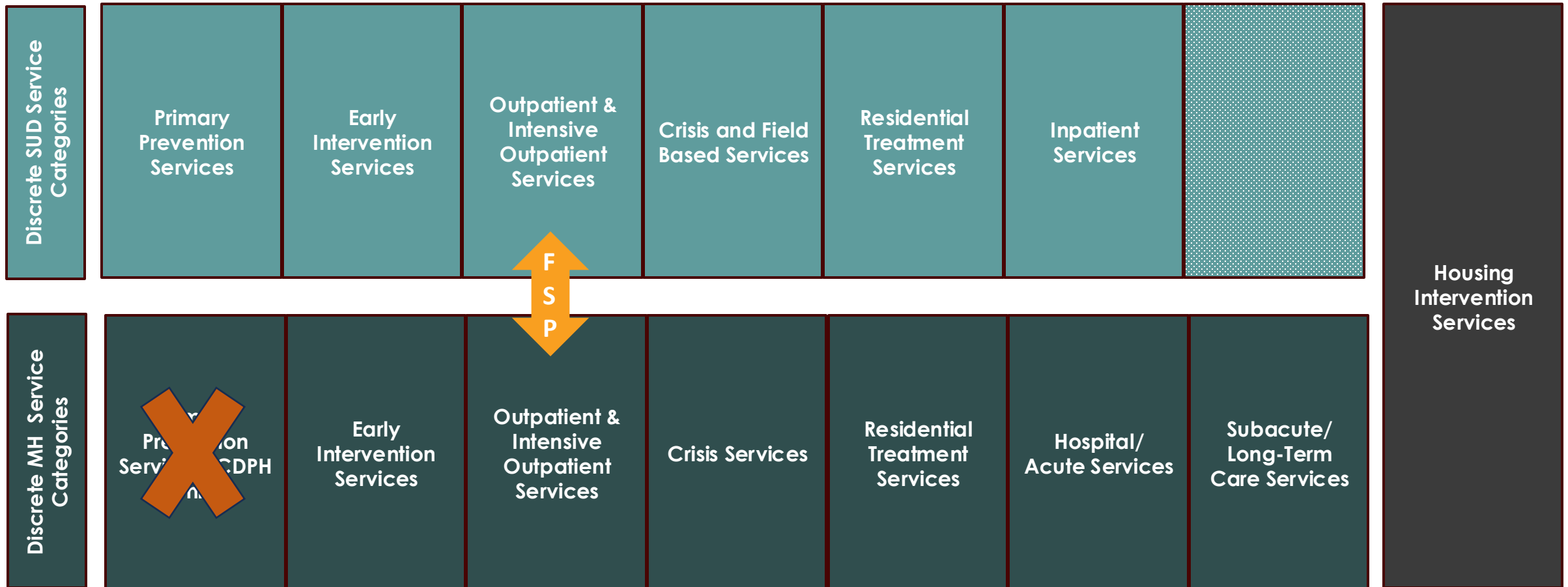
Behavioral Health
Continuum Infrastructure
Program (BHCIP)

WARNING:

Final guidance has not been received from the Department of Health Care Services and the information presented is subject to change.

Behavioral Health Continuum

DHCS Behavioral Health Continuum (DRAFT)



Behavioral Health Services Act Priority Populations

***Individuals living with serious mental illness and individuals living with substance use disorders who qualify for specialty mental health services:**

Eligible Children and Youth who:

Are chronically homeless or experiencing homelessness or at risk of homelessness

Are in, or at risk of being in, the juvenile justice system

Are reentering the community from a youth correctional facility

Are in the child welfare system

Are at risk of institutionalization

Eligible Adults and Older Adults who:

Are chronically homeless or experiencing homelessness or at risk of homelessness

Are in, or at risk of being in, the justice system

Are reentering the community from state prison or county jail

Are at risk of conservatorship

Are at risk of institutionalization

Behavioral Health Services and Supports

BHSS Overview

BHSS includes:

Early Intervention

Programs and treatment services to enhance the Children's, Adult, and Older Adult Mental Health and Substance Use Disorder Systems of Care

Outreach and Engagement Programs

**Outreach with the intention of connecting individuals with medically necessary care.*

Workforce, Education, and Training Strategies

Capital Facilities and Technological Needs

Build space to deliver service and support billing and data systems.

Innovative behavioral health pilots and projects

**Innovative pilots and projects may be included under each component*

BHSS Continued

Early Intervention Services

Programs Allowed

- ✓ Outreach
 - *Outreach with the intention of connecting individuals with medically necessary care*
- ✓ Access and Linkage to treatment
- ✓ Mental Health Treatment Services and Support
- ✓ Substance Use Disorder Treatment Services and Support

Target Populations

- ✓ Mental illness and SUD focus
 - *BH diagnosis not needed*
- ✓ Identification of clinical high risk for psychosis and early treatment

Children and Youth

- ✓ Prioritize root cause of childhood trauma
- ✓ Focus on youth:
 - Experiencing Homelessness
 - Justice-involved
 - Child welfare-involved, with a history of trauma
 - Other populations at risk
 - Youth in populations with identified disparities.

Policy Goals

- ✓ Reduce adverse outcomes that may result from untreated mental illness

BHSS Continued

Other Services

Systems of Care

- ✓ Individuals not enrolled in an FSP
- ✓ Systems of care will largely remain the same

Outreach and Engagement

- ✓ Outreach with the intention of connecting individuals with medically necessary care
**Includes peers and families*
- ✓ O&E is funded under each component

Workforce, Education, and Training (WET)

- ✓ Addresses county needs to support employment in the Public Behavioral Health System
- ✓ May **not** use WET funding to address workforce recruitment and retention needs outside of Public Behavioral Health

Innovative Behavioral Health Pilots/Projects

- ✓ Counties may pilot and test innovative BH models of care through each funded component
- ✓ Goal is to build the evidence base for new statewide strategies

BHSA - Substance Use Disorders

NEW in BHSA

The Behavioral Health Care Continuum is composed of two distinct frameworks for substance use disorder (SUD) and mental health (MH) services.

- Continue to reduce the stigma associated with SUDs
- Increased need often related to other MH conditions
- SUD services based on community identified needs
- Expand services by using BHSA with federal funding

BHSA - Treatment of Substance Use Disorders



Who is eligible:

- Children and youth 25 and under, and
 - Adults/older adults 26 or older with:
 - A diagnosis of a moderate to severe substance use disorder*
- *(except tobacco-related)

SUD Services Include:

- ❖ Early Intervention
- ❖ Outpatient
- ❖ Intensive Outpatient
- ❖ Crisis and Field Based
- ❖ Residential Treatment
- ❖ Inpatient
- ❖ Housing Intervention (optional)

Full-Service Partnership (FSP)

Full-Service Partnerships (FSP) are comprehensive and intensive care for those with the most complex needs at any age.



Standards of Care:

- Levels based on individual needs
- Goal for step-down into the least intensive level of care

Full-Service Partnership (FSP)

FSP Continuum

Required Services

Mental health services, supportive services, and SUD services

Assertive field-based initiation for SUD, (including medications for addiction treatment)

Outpatient BH, either clinic or field-based for the ongoing evaluation and stabilization of participant

Ongoing engagement services to maintain enrolled individuals in their treatment plan

Service Planning

Housing Interventions*

Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT), or FSP Intensive Case Management (ICM)

High-Fidelity Wraparound (HFW)

Individual Placement and Support (IPS) model of Supported Employment

*Housing Interventions must be funded through Housing Interventions funding

Full-Service Partnership (FSP)

Assertive Community Treatment (ACT)

Highest level of care
MUST monitor to fidelity
MUST mirror components outlined in Medi-Cal and be available to non-Medi-Cal members

Intensive Case Management (ICM)

Step-down option for those with moderate needs
Comprehensive community-based services
(similar to ACT)
NOT monitored to fidelity

Individual Placement and Support (IPS)

Strength-based approach
Supports individuals with SMI find and maintain employment

High Fidelity Wraparound (HFW)

For children and youth
Team-based, family-centered
Intensive services in the family home or community.

Full-Service Partnership (FSP)

Service Components

ACT

- Assessment
- Crisis intervention
- Employment and education support
- Medication support services
- Peer support services
- Psychosocial rehabilitation
- Referral and linkages
- Therapy
- Treatment and Planning

IPS

- Pre-employment services directly related to recovery goals
- Employment sustaining services directly related to recovery goals



HFW

- Engagement and Team Preparation
- Plan Development
- Implementation
- Transition

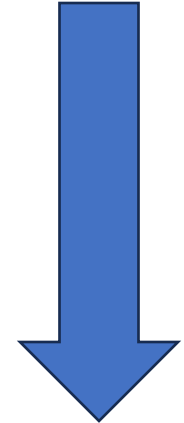
Full-Service Partnership (FSP)

Levels of Care Framework

Full-Service
Partnership
Eligible

Level 2: Assertive Community Treatment (ACT)
Stand-alone EBP for highest need adults and older adults

Level 1: FSP Intensive Case Management (ICM)
Higher need adults and older adults



Level of Intensity

High Fidelity Wraparound (HFW) required for children/youth

Housing Interventions

Housing Interventions include:

- Rental subsidies
- Operating subsidies
- Shared housing (including recovery housing)
- Family housing
- Nonfederal share for Transitional Rent
- Other housing supports, including the community supports
- Capital development projects
- Project-based housing assistance, including master leasing

Permanent Settings without time-limits include:

- Apartments
- Supportive housing
- Master-lease apartments
- Single room occupancy
- Shared housing (i.e., living with roommates)
- Recovery Housing
- Assisted Living (Adult Residential Care Facilities, Residential Care Facilities for the Elderly, Unlicensed Board and Care Patches)

Housing Interventions

Target Populations

Children and youth or adults and older adults **MUST** meet one of the following:

- a. Are chronically homeless or experiencing homelessness or are at risk of homelessness.
- b. Are in, or at risk of being in the Justice or juvenile justice system.
- c. Are reentering the community from a youth correctional facility, prison, or jail.
- d. Are in the child welfare system (children), or At risk of conservatorship (adults)
- e. Are at risk of institutionalization.

Goals for Housing

Focus Area: Chronic homelessness, especially in encampments.

Key Interventions:

- ✓ Access to Care
- ✓ Low-Barrier Entry
- ✓ Diverse Housing Options

Expanding Housing Availability:

- 📌 Increase **quality housing settings** (temporary → permanent).
- 📌 Provide **flexibility** for counties

Building on Existing Programs:

- 🏠 Leverage current Housing Programs, Behavioral Health Bridge Housing, and Homekey.
- 📈 Ensure continuity, advancement, and expansion.

Maximizing Funding Efficiency:

- 💰 Optimize BHSA funding by integrating Medi-Cal & HUD housing vouchers.

Housing First

Core Components:


Inclusive Screening & Selection

- ✓ Applicants accepted regardless of sobriety, substance use, treatment completion, or service participation.
- ✓ No rejections due to:
 - Poor credit or financial history
 - Lack of rental history
 - Criminal convictions unrelated to tenancy
 - Perceived "housing readiness"

Low-Barrier Entry

- ✓ Direct referrals from shelters, street outreach, drop-in centers, and crisis response systems.
- ✓ No requirement for program participation or service compliance as a condition for tenancy.

Tenant Rights & Responsibilities

-  Leases granted with full tenant rights & responsibilities.
- ⊘ No eviction solely for alcohol or drug use unless other lease violations occur.

Prioritization & Case Management

-  Selection based on need, not "first-come-first-serve"—factors include:
 - Chronic homelessness duration
 - Vulnerability to early mortality
 - High crisis service utilization

Housing First

Core Components (continued):

Case managers & service coordinators trained in evidence-based practices:


Motivational interviewing


 Harm Reduction

 Nonjudgmental communication

 Connects tenants to evidence-based treatment

Client-centered counseling

 Recognizes substance use & addiction as part of tenants' lives.

 Offers education on reducing risky behaviors & safer practices.

 Safe & Supportive Environments

Housing includes physical features to:

- Accommodate disabilities
- Reduce harm
- Promote health, independence, & community

Lunch, Open Forum



Partnership Opportunities

BHSA Workgroup Overview

Introduction

4 BHSA Component Workgroups

1. Full-Service Partnership (FSP)
2. Behavioral Health Services and Supports (BHSS)
3. Housing Interventions
4. Substance Use Disorder (SUD)

Term

One-Year

- ✓ Ending around January 2026
- ✓ No maximum term enforced

Workgroup Makeup

Co-chairs (2)

- ✓ One elected community member
- ✓ One HCA representative

Committee Members

- ✓ Interested community and HCA staff members

Time Commitment

Meetings

- ✓ In-Person or virtually
- ✓ At least 1-2 times/month (TBD by workgroup)

BHSA Workgroup Co-Chair Applications



Co-Chair Applications

- Workgroup co-chair applications available via email at BHSA@ochca.com
- Applications currently being accepted
- Review process approximately 30 days



Alternates

Co-chairs may nominate an alternate

Alternates must follow the same application process as co-chairs

Scoring

- Applications reviewed by:
- HCA Ethnic Services Manager, Two BHSA Division Staff, One BHAB member and a Peer

Scoring criteria

- Relevant Experience, commitment to role, communication skills, collaborative skills, understanding of BHSA component goals
- Final recommendation:
- BHS Director

BHSA Workgroup Co-Chair Job Aide

Responsibilities

Plan meetings and schedule conference calls.

Prepare and distribute agendas and meeting minutes.

Coordinate the distribution of materials.

Lead the development of programs and services for the Integrated Plan.

Monitor progress of workgroup.

Hold individual workgroup members accountable.

Skills

Strong leadership and collaboration skills.

Knowledge of publicly funded behavioral health services, BHSA components and related policies.

Cultural competence and sensitivity.

Strategic planning and problem-solving.

Effective communication and stakeholder engagement.

Proposed BHSA Workgroup County Co-chairs

**Full-Service
Partnership (FSP)**

Chi Lam

**Behavioral Health
Services and Supports
(BHSS)**

TBD

Housing Interventions

Christina Weckerly

**Substance Use
Disorder (SUD)**

Mark Lawrenz

BHSA Workgroup Members

- No applications needed
- Interested? Email your interest to BHSA@ochca.com or sign up now!



WORKGROUPS BEGINNING ON OR AROUND APRIL 1ST

December 2024 PAC Demographics

COUNTY REGION



23% North
35% Central
28% South
14% Decline to State

CONSUMER/FAMILY MEMBER

21%
Family
Members



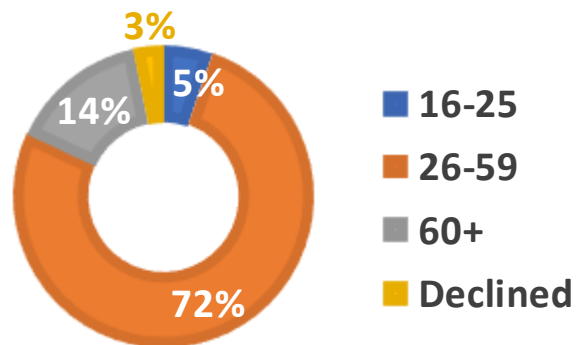
41%
Consumer

MILITARY SERVICE

0% Current
0% Previous
91% None
9% Decline



AGES (YEARS)



Primary Language

79% English
2% Spanish
2% Farsi
5% Khmer
9% Not Listed
2% Decline to State



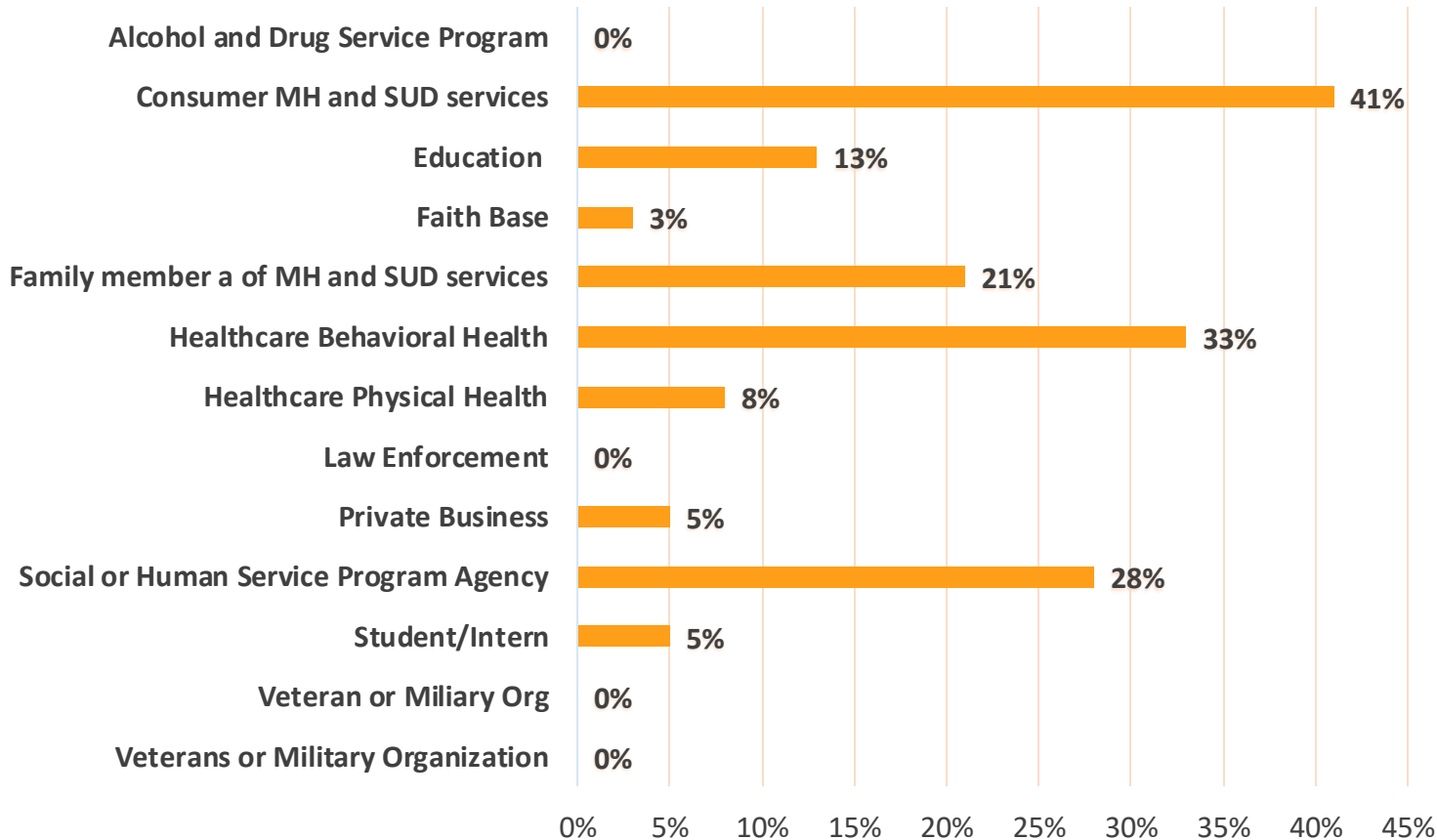
GENDER IDENTITY

28% Male
60% Female
2% Nonbinary
9% Not Listed



December 2024 PAC Demographics – Con't

Stakeholder Groups*







*Attendees are allowed to select more than one

Race/Ethnicity



- 2%** African American/Black
- 2%** American Indian or Alaskan Native
- 16%** Asian
- 35%** Caucasian/White
- 19%** Hispanic/Latino
- 9%** More than One Race
- 16%** Decline

December 2024 PAC Feedback

				
Do you feel that we achieved the goals outlined in the meeting agenda?	7%	14%	53%	26%
Did you feel engaged at this meeting?	2%	24%	53%	21%
Do our meetings give you space to interact with fellow team members in ways...	3%	24%	49%	24%
Were you able to ask questions and voice your opinions?	2%	26%	45%	27%
Was everyone given the chance to contribute their ideas?	5%	19%	37%	39%
Overall, I am satisfied with this meeting.	5%	12%	46%	37%

Stakeholder Feedback from December

Language and Accessibility

- Emphasis on improving language support to enhance understanding.
- Positive feedback on previous improvements in language support, encouraging continuation.
- Requests for simplification of complex terms (e.g., legal jargon) for better comprehension.

Meeting Structure and Engagement

- Appreciation for the structured approach but challenges with the meeting's full length.
- Suggestions to:
 - Share the agenda ahead of time.
 - Reserve questions for the end of presentations to maintain flow.
 - Incorporate more interactive activities to engage participants actively.
 - Allow opportunities for pre-submitted or live questions during meetings.
 - Divide meetings for community members and contracted providers for tailored discussions.

Content and Goals

- Requests for clearer meeting goals and objectives.
- Desire for actionable, working meetings that involve collaborative tasks.
- Suggestions to clarify updates and changes (e.g., highlighting what's new vs. unchanged).
- Questions about services for specific groups, like children.

Additional Features and Requests

- Ability to include links on websites for resources such as budgets and plans.
- Proposals for periodic reviews of plans (e.g., at 3, 6, 9, and 12 months).

Stakeholder Feedback from December – Con't

Feedback and Gratitude

- Positive comments on the informativeness, conciseness, and value of meetings.
- Appreciation for presentations, engagement, and keeping attendees informed, even with challenging news.
- Specific praise for naloxone training as a valuable and inclusive experience.

Suggestions for Improvement

- Provide clear opportunities for participants to contribute ideas.
- Offer forms for submitting questions before, during, or after meetings.
- Enhance the depth of discussions and address unanswered questions in follow-ups.

General Sentiments

- Satisfaction with the overall meeting experience.
- Gratitude for meals provided and efforts made to keep attendees engaged.

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 BHSA information
please call (714) 834-3104 or email bhsa@ochca.com

Stay Connected!



www.ochealthinfo.com



assess.

discuss.

improve.

#BHSA

Next meeting, Thursday

April 24, 2025

Scan the QR code below for more information

