

# Overview

## Draft MHSA Three Year Program and Expenditure Plan

### Fiscal Years (FY) 2023/24 through 2025/26

**Michelle Smith, MHSA Administrative Manager**  
**MHSA Program Planning and Administration**  
**HCA, Mental Health and Recovery Services**



## Mental Health Services Act

### Origin

The Mental Health Services Act (MHSA), Proposition 63, was passed by California voters November 2004 and went into effect in January 2005.

- The MHSA provides increased funding for mental health programs across the State.
- The MHSA is funded by a 1% tax surcharge on personal income over \$1 million per year.
- As these taxes are paid, fluctuations impact fiscal projections and available funding.

MHSA intention is to create a culturally competent system that promotes recovery/wellness for adults and older adults with severe mental illness, resiliency for children with serious emotional disorders, and their families.

## Mental Health Services Act

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### Why do we do an MHSA Three-Year Plan?

- The MHSA Three-Year Integrated Plan is required by MHSA regulations.
- The Plan provides service data for the prior fiscal year and provides information on program planning for the upcoming three fiscal years.

(WIC §5847)

## Mental Health Services Act

### Purpose of MHSA Three-Year Plan

**The purpose of the MHSA Three-Year Plan is to:**

- Provide information of MHSA funded programs in Orange County to our stakeholders.
- Include any proposed changes or updates to programs that might be made to the MHSA Plan.
- Evaluate short-term and long-term impacts of MHSA programs.
- Use as evidence to demonstrate that we are meeting the regulatory requirements associated with MHSA.

# MENTAL HEALTH AND RECOVERY SERVICES (MHRS)

## Mental Health Services Act

### MHSA Components

The MHSA Three-Year Plan is constructed out of MHSA's program components, as well as an overview of the Community Program Planning process and Budget Summary:

76%

CSS

Accounting for 76% of a county's MHSA allocation, CSS funds are intended for direct treatment and recovery services to individuals living with serious mental illness or serious emotional disturbance.

WET

*Counties may transfer CSS funds to WET for family/caregiver training to provide skills to promote wellness and other positive mental health outcomes.*

CFTN

*Counties may transfer CSS funds to CFTN for facility construction and technological mental health illness and avoid negative outcomes like suicide, incarcerations, school failure, unemployment, etc.*

19%

PEI

Accounting for 19% of a county's MHSA allocation, PEI funds are intended to prevent mental illness from becoming severe and disabling and to avoid negative outcomes like suicide, incarcerations, school failure, unemployment due to unaddressed behavioral health conditions.

5%

INN

Accounting for 5% of a county's MHSA allocation, INN funds are intended to test novel strategies and approaches to improve access to underserved groups, increase the quality of services, and/or promote interagency collaboration.

## Mental Health Services Act

### Community Program Planning

As part of the continuous feedback and improvement process, we meet with stakeholders every month in many ways:

- Allows continuous communication between the agency and our stakeholders regarding our services, programs, and other information related to the public behavioral health system.
- CPP stakeholder meetings emphasize the importance of consumer and family member involvement and attendance, as they are one of our major stakeholder populations.
- Information gathered over time is regularly analyzed and considered as part of MHSA stakeholder informed decision-making.

## Mental Health Services Act

### Community Program Planning: Who are the Stakeholders?

WIC §5848 identifies the following as stakeholders:

- Adults and seniors with severe mental illness
- Families of children, adults, and seniors with severe mental illness
- Providers of services
- Law Enforcement agencies
- Education and social services agencies
- Veterans and representatives from Veteran organizations
- Providers of alcohol and drug services
- Healthcare organizations
- Any other interested parties

## Mental Health Services Act

### Community Program Planning: Stakeholder Engagement Examples

Examples of stakeholder engagement include:

- Community Engagement Meetings
- MHSA Summit
- Innovation Planning Meetings
- Behavioral Health Equity Committee (BHEC)
  - BHEC Workgroups
- Behavioral Health Advisory Committee/Subcommittees
- MHRS Contracted Provider Meeting
- Ad hoc planning meetings with systems partners



# MENTAL HEALTH AND RECOVERY SERVICES MHSA PROGRAM PLANNING AND ADMINISTRATION

FISCAL YEAR  
2022-23

## Community Program Planning (July – January)

The Mental Health and Recovery Services team conducted a series of community program planning meetings between July 2022 and January designed to provide information, engage stakeholders in discussions around program review, evaluation, policy, improvements, and needs. Analysis of the feedback is provided over the next several slides.

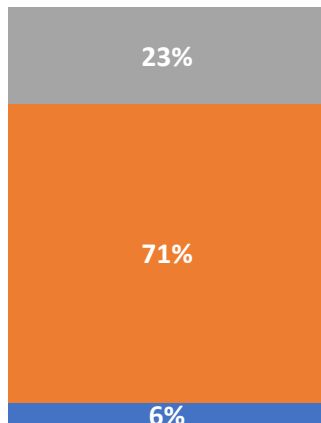
# 1,023

**estimated  
participants**

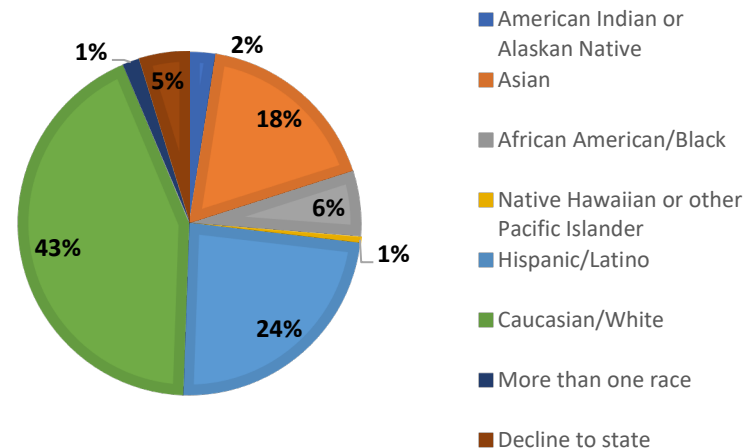
### Who Participated

#### AGE (YEARS)

■ 16-25 ■ 26-59 ■ 60+



#### RACE/ETHNICITY

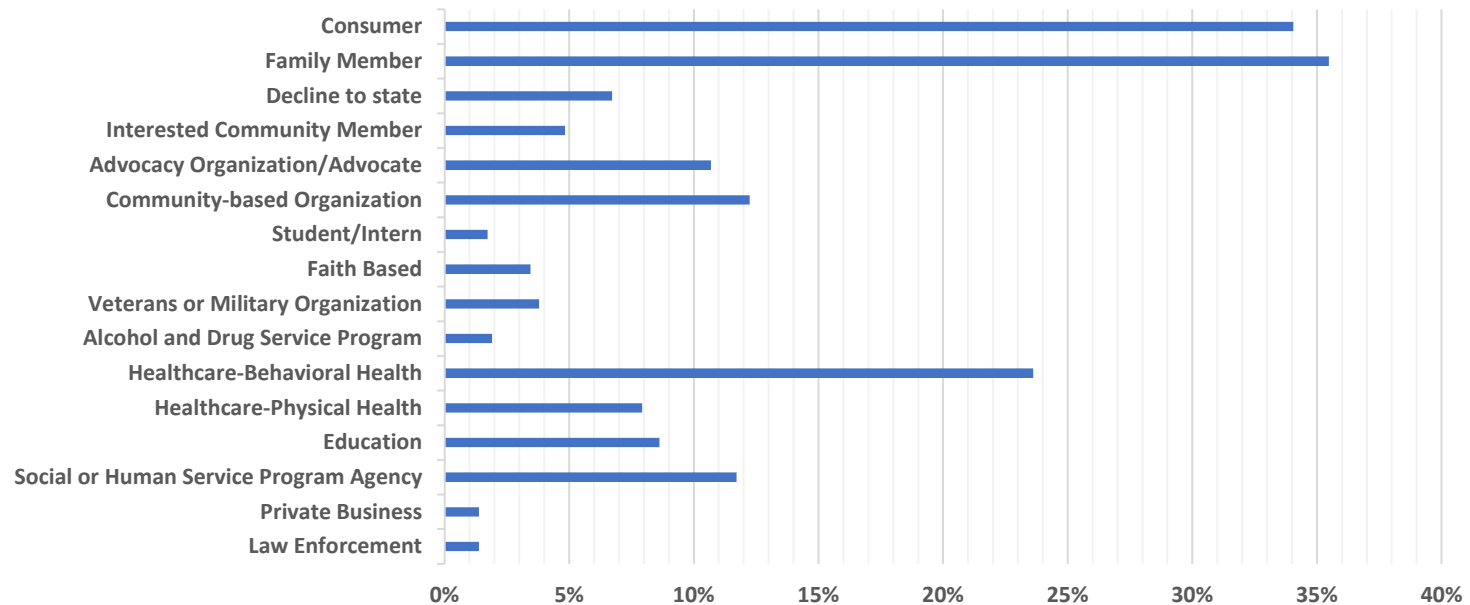


# MENTAL HEALTH AND RECOVERY SERVICES MHSA PROGRAM PLANNING AND ADMINISTRATION

FISCAL YEAR  
2022-23

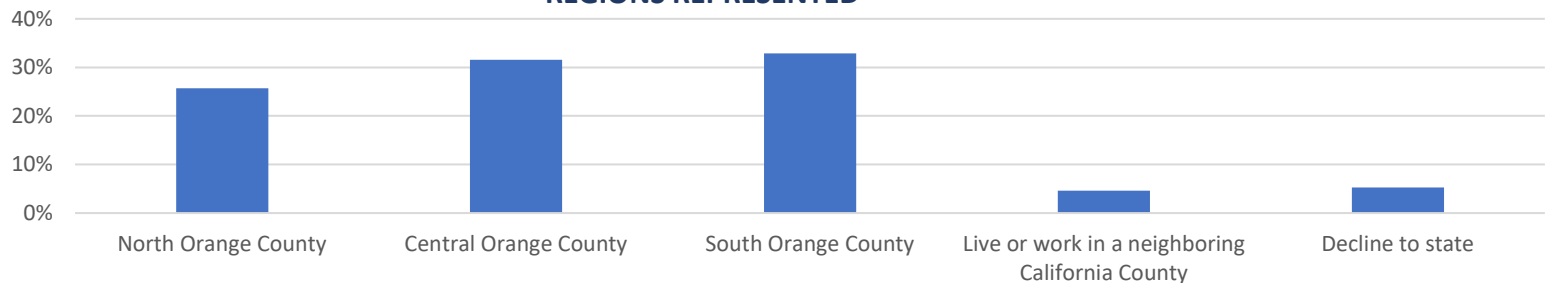
## Community Program Planning (July – January)

### GROUPS REPRESENTED



### Who Participated

### REGIONS REPRESENTED



# MENTAL HEALTH AND RECOVERY SERVICES (MHRS) MHSA PROGRAM PLANNING AND ADMINISTRATION

## Overview: Trends in Stakeholder Feedback

### Outreach and Education/Training

- Outreach to underserved
- More training
- Know current issues
- Virtual outreach events
- Invest in specialized trainings based on populations being served
- Help for consumers navigating programs

### System Development/Coordination

- Invest in coordination across multiple service systems (includes enhanced coordination for high acuity populations)
- Enhance TAY specific programming
- Enhance continuum of services for very young children
- Expand workforce development

### Expand Access

- Weekend and evening clinical services
- Expand culturally specific programs (Veterans, LGBTQI+, API, disabilities, etc.)
- Expand services for older adults and very young children
- Expand access in natural settings/one-stops
- Enhance employment programs to include pre-vocational opportunities.

### Peer Expansion

- Include peers in crisis system
- Peers in jails/re-entry
- Peers to welcome people at clinics
- Integrate peer panels/peer networks at various programs to improve quality of programs in real time
- Peer run supports on weekends, peer run supports at housing units
- Peer run groups in wellness centers

### Transportation

- Consider alternative transportation options to support needs (monthly bus passes, access tickets, transportation van pick up and take home)
- Access to additional service provider (i.e., UBER/LIFT/Veyeo)
- Provide mobile therapy/field-based services, virtual options
- Decrease barriers (the need to have a smart phone to access transportation)

### Shelter, Housing & Homelessness

- Increase collaboration
- Increase shelter and housing infrastructure (options for types of housing and hard-to-place populations)
- Partner with other agencies

**MENTAL HEALTH AND RECOVERY SERVICES (MHRS)  
MHSA PROGRAM PLANNING AND ADMINISTRATION**

## **Orange County CY 2021 Medi-Cal Review Summary**

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Based on the number of Medi-Cal eligible residents in CY 2021 and the number of beneficiaries with an approved service, the following groups were identified as underrepresented:

Asian or Pacific Islanders	Youth 5 years of age and under
Black or African Americans	Adults over the age of 60
Native Americans	Residents who spoke a language other than English

## Mental Health Services Act

### Changes, Program Updates and Proposed Programs

MHRS continuously reviews projected revenue, expenditures, utilization, availability of funding, legislative information and stakeholder input for program updates and development.

- The MHSA Three Year Plan is structured by Component to align with statutory requirements.
- MHRS will continue using MHSA funds to support existing programs, right-size programs, consolidated programs, or expand programs.
- The review of stakeholder feedback is a continuous process that allows MHRS to learn what programs/services best meet the needs of community in the proposal of new programs.

# MENTAL HEALTH AND RECOVERY SERVICES

## MHSA PROGRAM PLANNING AND ADMINISTRATION

### Prevention and Early Intervention Updates and New Programs

Programs	Program Changes, Updates, Proposed New Programs	Funding Changes
<b>Infant and Early Childhood Continuum of Care (NEW)</b>	Proposing to establish a continuum of care for very young children (aged 0-8). Continuing coordinated planning with systems and community partners to identify needs, gaps, and opportunities to meet additional needs across early childhood serving systems.	Placeholder: FY 23/24: \$1M FY 24/25: \$2M FY 24/25: \$2M
<b>Prevention Services and Supports for Families</b>	Consolidation and Name Change: Combined School Readiness Services, Parent Education Services, and Family Support Services in to one program.	Funding Increase
<b>Prevention Services and Supports for Youth</b>	Consolidation and Name Change: Combined School Based Behavioral Intervention and Supports, Gang and Violence Prevention Education in to one program. Includes expansion to sustain school-based services coordination once MHSSA grant end.	Funding Increase
<b>Thrive Together</b>	Clinical High-Risk program being transitioned from Innovation and sustained in PEI. Working with OC CREW, offers a continuum of specialized services for psychosis.	Transition from INN
<b>OC4VETS</b>	Transition of Military Families to program, while continuing to explore for possible enhancements for individuals in need of higher levels of care.	Funding Increase

**MENTAL HEALTH AND RECOVERY SERVICES  
MHSA PROGRAM PLANNING AND ADMINISTRATION**

**Prevention and Early Intervention Updates and New Programs**

<b>Programs</b>	<b>Program Changes, Updates, Proposed New Programs</b>	<b>Funding Changes</b>
<b>Outreach for Increasing Recognition of Mental Illness</b>	Expansion of mental health outreach and education for: very young children and their families, diverse communities, TAY and young adults	Adjusted Funding over 3 Year Period
<b>Mental Health Community Education for Reducing Stigma</b>	Adjusting program with updated contracted provider	Reduced Funding
<b>Statewide PEI Projects: Assignment to JPA</b>	Reduced amount assigned to CalMHSA based on current utilization	Reduced Assignment

# MENTAL HEALTH AND RECOVERY SERVICES MHSA PROGRAM PLANNING AND ADMINISTRATION

## Community Services and Supports Updates and New Programs

### Full Service Partnerships (FSP)

Programs	Program Changes, Updates, Proposed New Programs	Funding Changes
<b>Community Assistance, Recovery, and Empowerment (CARE) Court (New)</b>	Orange County is part of first cohort required to implement the Community Assistance, Recovery, and Empowerment (CARE) act (SB1338). Establishing a Full Service Partnership for individuals deemed eligible (at-risk of civic commitment/committed and living with a qualifying diagnosis).	<u>Placeholder</u> 23/24:       +\$2M 24/25:       +\$3.35M 25/26:       +\$3.2M
<b>Children's Full Service Partnerships</b>	Increase to keep up with service demand, expansion of teams to additional regions of County. Establish a Family Full Service Partnership, providing services beyond the familial supports typically provided in a Children's FSP.	Funding Increase
<b>Adult Full Service Partnerships</b>	Increase to keep up with business costs, establishment of Vietnamese, Spanish and Veterans serving FSPs	Funding Increase
<b>Older Adult Full Service Partnerships</b>	Increase to keep up with business costs, establishment of Vietnamese, Spanish and Veterans serving FSPs	Funding Increase



**MENTAL HEALTH AND RECOVERY SERVICES  
MHSA PROGRAM PLANNING AND ADMINISTRATION**

**Community Services and Supports Updates and New Programs**

**Outreach and Engagement and General System Development**

<b>Programs</b>	<b>Program Changes, Updates, Proposed New Programs</b>	<b>Funding Changes</b>
<b>Crisis Residential Treatment</b>	Addition of Children and Youth Psychiatric Residential Treatment facility; contract increases for existing contracts to adjust for inflation	Funding Increase
<b>Children and Youth Regional Outpatient</b>	Expand program (County and Contracted) across the county to meet increase in demand	Funding Increase
<b>Wellness Centers</b>	Increase to support additional staffing and transportation	Funding Increase
<b>Mobile Crisis Assessment Team (CAT)</b>	Allows for establishment of satellite location, vehicle maintenance, and a community education campaign around mental health crisis services	Funding Increase
<b>Crisis Stabilization Units</b>	Increase in contracts to account for increased lengths of stay, increased costs related to salaries and inflation.	Funding Increase
<b>CSS Supportive Housing</b>	Expand program to build 100 additional units, including the Capitalized Operating Subsidy Reserve (COSR) for each unit and increased costs associated with bridge housing.	Funding Increase

# MENTAL HEALTH AND RECOVERY SERVICES

## MHSA PROGRAM PLANNING AND ADMINISTRATION

### Innovation Updates and New Programs

Programs	Program Changes, Updates, Proposed New Programs	Funding Changes
Early Psychosis Learning Health Care Network	<b>Thrive Together OC Set Aside:</b> This portion of the project came to planned end and transitioned to PEI for sustainability. Works with OC CREW to enhance the continuum of specialized services for individuals at high clinical risk of or first experiencing psychosis.	Moved to PEI
Continuum of Care	Came to planned end.	Military Families moved to PEI

# MENTAL HEALTH AND RECOVERY SERVICES MHSA PROGRAM PLANNING AND ADMINISTRATION

## Workforce Education and Training Updates and New Programs

Programs	Program Changes, Updates, Proposed New Programs	Funding Changes
<b><i>Mental Health Career Pathway: Leadership Development Program (NEW)</i></b>	Develop and implement a Leadership Development Program for MHRS and contracted provider agency staff. MHRS will develop leaders from existing staff, begin succession planning, make leadership-based assignments, and build leadership into supervisory training.	Transfer Increase
<b><i>Training and Technical Assistance: Professional and Paraprofessional Development (NEW)</i></b>	Expand Peer Specialist Training to ensure access for individuals interested in becoming a Peer Specialist. Train staff, contracted provider agency staff, and others that interact with behavioral health clients to become Behavioral Health and Wellness Coaches (HWC). HWCs are not required to have advanced degrees, allowing the ability to up-train individuals already working in underserved settings.	Transfer Increase
<b><i>Residencies and Internships: Internship Expansion</i></b>	Increase internships within MHRS and with contract agencies, allowing interns from those agencies to attend group supervision. Provide additional clinical supervisors to the internship program to further the goals of enhanced supervisor competencies; supplement supervision of interns created by staff shortages; provide licensing preparation support to pre-licensed; and create an employee internship program.	Transfer Increase

**MENTAL HEALTH AND RECOVERY SERVICES  
MHSA PROGRAM PLANNING AND ADMINISTRATION**

**Capital Facilities and Technological Needs Updates & New Programs**

<b>Programs</b>	<b>Program Changes, Updates, Proposed New Programs</b>	<b>Funding Changes</b>
<b>Capital Facilities</b>	Funding to offset costs associated with capital projects that will house MHSA services or administration, potentially including Be Well, CCE Preservation projects, and/or additional projects currently being pursued by MHRS to expand public behavioral health safety net services.	Transfer to CFTN
<b>Technological Needs</b>	Continue improvements and enhancements for data systems, electronic health records, network infrastructure, as well as data integration systems. Upgrades will allow compliance with CalAIM implementation.	Transfer to CFTN

# MENTAL HEALTH AND RECOVERY SERVICES

## MHSA PROGRAM PLANNING AND ADMINISTRATION

### Transitioned Programs

Programs	Program Disposition	Funding Changes
<b>Telehealth Virtual Behavioral Health Care</b>	Telehealth options have been integrated into programs across the County. No funds were spent on this program, as it was not implemented.	Removed
<b>OC Children with Co-Occurring Mental Health Disorders</b>	This program has been consolidated into and continues under the Children's Full Service Partnership programs.	Included in Children's FSP
<b>School Readiness, Parent Education, and Family Support</b>	Consolidated into one program named: <b>Prevention Services and Supports for Families.</b>	Included in PEI
<b>School Based Behavioral Intervention and Supports, Gang and Violence Prevention Education</b>	Consolidated into one program named: <b>Prevention Services and Supports for Youth.</b>	Included in PEI

# MENTAL HEALTH AND RECOVERY SERVICES MHSA PROGRAM PLANNING AND ADMINISTRATION

## Fiscal Update

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As part of MHRS's continued fiscal accountability, management, and transparency of MHSA funds, MHRS continues the reporting of program expenditures and revenues for this MHSA Three Year Plan to be in-line with anticipated utilization values based on historical trends, anticipated growth or decreases in funding.

This helps ensure more accurate reporting of usages and availabilities of MHSA funds allotted to MHRS. This is consistent with the Orange County goal of responsible use of our resources to ensure financial sustainability.

# MENTAL HEALTH AND RECOVERY SERVICES

## MHSA PROGRAM PLANNING AND ADMINISTRATION

### Fiscal Update: CSS

Current Balances for Planning		
<b>CSS FY 2022-23</b>		
Beginning Balance	\$100,678,024	
Projected Revenue (inc. interest)	\$175,435,008	
Projected Expenditures	-\$192,597,434	
Projected WET Transfer	-\$4,890,822	
Projected CFTN Transfer	-\$33,006,208	
Projected Ending Balance	\$45,618,568	
<b>CSS FY 2023-24</b>	<b>Budgeted</b>	<b>CSS Est. 82% spending</b>
Projected Beginning Balance	\$45,618,568	\$45,618,568
Projected Revenue (inc. Interest)	\$235,669,335	\$235,669,335
Requested Budget from Three-Year Plan	-\$228,994,278	
Projected Expenditures		-\$187,775,308
Projected WET Transfer	-\$7,504,623	-\$7,504,623
Projected CFTN Transfer	-\$32,961,359	-\$32,961,359
Projected Ending Balance	\$11,827,642	\$53,046,612
<b>CSS FY 2024-25</b>	<b>Budgeted</b>	<b>CSS Est. 82% spending</b>
Projected Beginning Balance	\$53,046,612	\$53,046,612
Projected Revenue (inc. Interest)	\$235,046,135	\$235,046,135
Requested Budget from Three-Year Plan	-\$257,467,229	
Projected Expenditures based off of proposed budget		-\$211,123,128
Proposed WET Transfer based off of proposed budget	-\$8,758,368	-\$8,758,368
Proposed CFTN Transfer based off of proposed budget	-\$21,401,488	-\$21,401,488
Projected Ending Balance	\$465,661	\$46,809,763
<b>CSS FY 2025-26</b>	<b>Budgeted</b>	<b>CSS Est. 82% spending</b>
Projected Beginning Balance	\$46,809,763	\$46,809,763
Projected Revenue (inc. Interest)	\$235,046,135	\$235,046,135
Requested Budget from Three-Year Plan	-\$259,181,497	
Projected Expenditures based off of proposed budget		-\$212,528,828
Proposed WET Transfer based off of proposed budget	-\$8,787,501	-\$8,787,501
Proposed CFTN Transfer based off of proposed budget	-\$23,091,028	-\$23,091,028
Projected Ending Balance	-\$9,204,129	\$37,448,540
Projected Unspent CSS funds at the end of three-year plan ending FY 25-26		\$37,448,540

# MENTAL HEALTH AND RECOVERY SERVICES

## MHSA PROGRAM PLANNING AND ADMINISTRATION

### Fiscal Update: PEI

Current Balances for Planning		
<b>PEI FY 2022-23</b>		
Beginning Balance	\$35,180,971	
Projected Revenue (inc. Interest)	\$42,684,533	
Projected Expenditures	-\$59,321,860	
<b>Projected Ending Balance</b>	<b>\$18,543,644</b>	
<b>FY 2023-24</b>	<b>Planning with Requested Budgeted Amounts</b>	<b>PEI Est. 80% spending</b>
Projected Beginning Balance	\$18,543,644	\$18,543,644
Projected Revenue (inc. interest)	\$59,425,000	\$59,425,000
Requested Budget from Three-Year Plan	-\$79,551,441	
Projected Expenditures based off proposed budget		-\$63,641,153
<b>Preliminary Ending Balance</b>	<b>-\$1,582,797</b>	<b>\$14,327,491</b>
<b>FY 2024-25</b>	<b>Planning with Requested Budgeted Amounts</b>	<b>PEI Est. 80% spending</b>
Projected Beginning Balance	\$14,327,491	\$14,327,491
Projected Revenue (inc. interest)	\$59,268,700	\$59,268,700
Requested Budget from Three-Year Plan	-\$82,273,482	
Projected Expenditures based off proposed budget		-\$65,818,786
<b>Projected Ending Balance</b>	<b>-\$8,677,292</b>	<b>\$7,777,405</b>
<b>FY 2025-26</b>	<b>Planning with Requested Budgeted Amounts</b>	<b>Est. 80% spending</b>
Projected Beginning Balance	\$7,777,405	\$7,777,405
Projected Revenue (inc. interest)	\$59,268,700	\$59,268,700
Requested Budget from Three-Year Plan	\$0	
Projected Expenditures based off of proposed budget	-\$79,053,250	-\$63,242,600
<b>Projected Ending Balance</b>	<b>-\$12,007,145</b>	<b>\$3,803,505</b>
<b>Projected Unspent PEI funds at the end of three-year plan ending FY 25/26</b>		<b>\$3,803,505</b>



# MENTAL HEALTH AND RECOVERY SERVICES MHSA PROGRAM PLANNING AND ADMINISTRATION

## Fiscal Update: Summary

### County of Orange Summary of Mental Health Services Act Funds

MENTAL HEALTH SERVICES ACT (MHSA) FUNDS	
3 Yr Plan FY 23/24 - 25/26	Projected Balances
<b>Total Funds Available for FY 2022-23</b>	<b>419,120,763</b>
Estimated Costs in FY 2022-23	(306,569,505)
<b>Projected Ending Balance at June 30, 2023 (SEE BELOW)</b>	<b>112,551,258</b>
Revenue for FY 2023-24	310,521,335
Estimated Costs in FY 2023-24	(289,670,117)
<b>Projected Ending Balance at June 30, 2024 (SEE BELOW)</b>	<b>133,402,476</b>
Revenue for FY 2024-25	309,701,335
Estimated Costs in FY 2024-25	(314,425,439)
<b>Projected Ending Balance at June 30, 2025 (SEE BELOW)</b>	<b>128,678,372</b>
Revenue for FY 2025-26	309,701,335
Estimated Costs in FY 2025-26	(311,905,515)
<b>Projected Ending Balance at June 30, 2026 (SEE BELOW)</b>	<b>126,474,193</b>

Detail of Projected Ending Balance at June 30, 2023	
Community Services and Supports (CSS)	45,618,568
Prevention and Early Intervention (PEI)	18,543,644
Innovation (INN)	23,656,007
Capital Facilities and Technological Needs	24,733,039
<b>Total Projected Ending Balance at June 30, 2023</b>	<b>112,551,258</b>

Detail of Projected Ending Balance at June 30, 2024	
Community Services and Supports (CSS)	53,046,612
Prevention and Early Intervention (PEI)	14,327,490
Innovation (INN)	29,235,504
Capital Facilities and Technological Needs	36,793,369
<b>Total Projected Ending Balance at June 30, 2024</b>	<b>133,402,975</b>

Detail of Projected Ending Balance at June 30, 2025	
Community Services and Supports (CSS)	46,809,763
Prevention and Early Intervention (PEI)	7,777,404
Innovation (INN)	37,298,336
Capital Facilities and Technological Needs	36,793,369
<b>Total Projected Ending Balance at June 30, 2025</b>	<b>128,678,872</b>

Detail of Projected Ending Balance at June 30, 2026	
Community Services and Supports (CSS)	37,448,540
Prevention and Early Intervention (PEI)	3,803,504
Innovation (INN)	48,429,279
Capital Facilities and Technological Needs	36,793,369
<b>Total Projected Ending Balance at June 30, 2026</b>	<b>126,474,692</b>

MENTAL HEALTH AND RECOVERY SERVICES  
MHSA PROGRAM PLANNING AND ADMINISTRATION

## CPP Summary

- Draft MHSA Three Year Plan will tentatively be posted and available for review from March 10, 2023 through April 14, 2023 at [www.ochealthinfo.com](http://www.ochealthinfo.com)
- CPP meetings are scheduled during a variety of times, available in each region of the County, includes standing CPP Stakeholder meetings (CEM, BHEC and Workgroups), Wellness Centers, and sessions held in collaboration with community partners.
- Public Hearing is tentatively set to be hosted by the Behavioral Health Advisory Board on **April 26, 2023, from 10:00 am to 12:00 noon** at the Delhi Center (505 E Central Ave, Santa Ana, CA 92707)
- Presentation of the Plan to the Board of Supervisors for approval is tentatively scheduled May-June 2023

**MENTAL HEALTH AND RECOVERY SERVICES  
MHSA PROGRAM PLANNING AND ADMINISTRATION  
Plan Posting and Contact Information**

**Thank you for your thoughtful participation!**  
**Your feedback is important to us.**

**The posted Draft MHSA Three Year Program and Expenditure Plan for Fiscal Years 2023-24 through 2025-26 and public comment forms can be found during the 30-day posting and comment period at**

**[www.ocalthinfo.com](http://www.ocalthinfo.com)**

**MENTAL HEALTH AND RECOVERY SERVICES  
MHSA PROGRAM PLANNING AND ADMINISTRATION  
Plan Posting and Contact Information**

**For questions or comments, please contact:**

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