

Planning Advisory Committee (PAC) Meeting

Mental Health Services Act (MHSA)

September 19, 2024



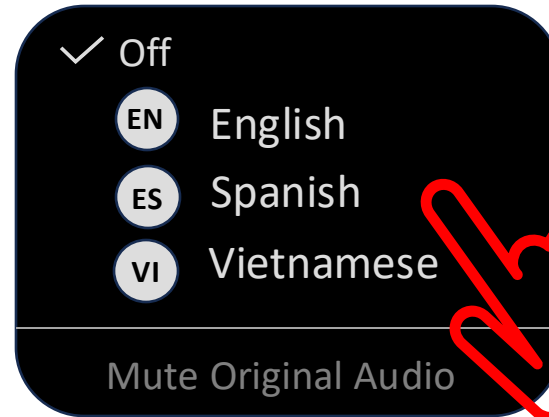
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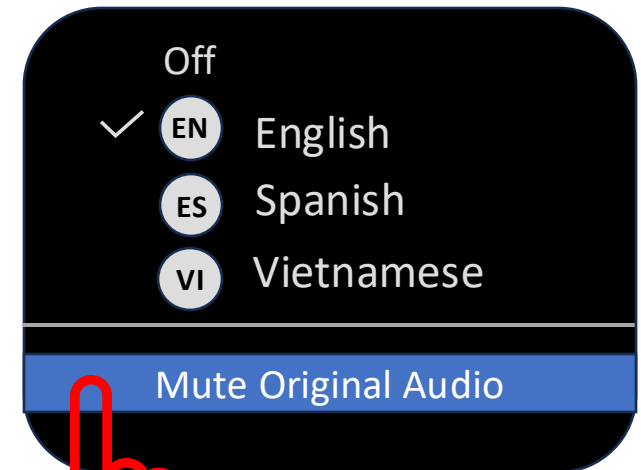
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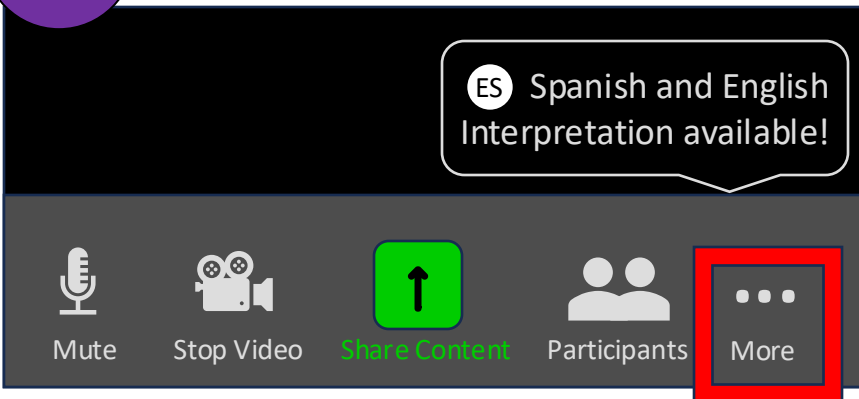
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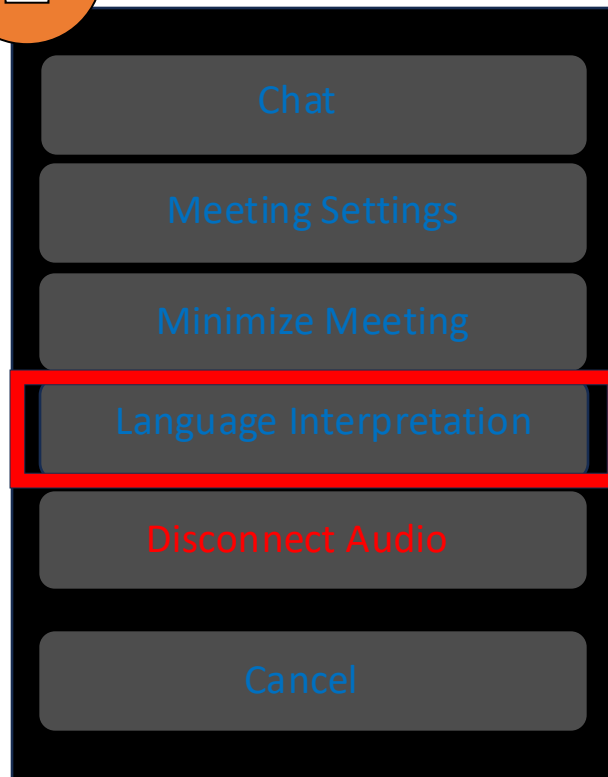
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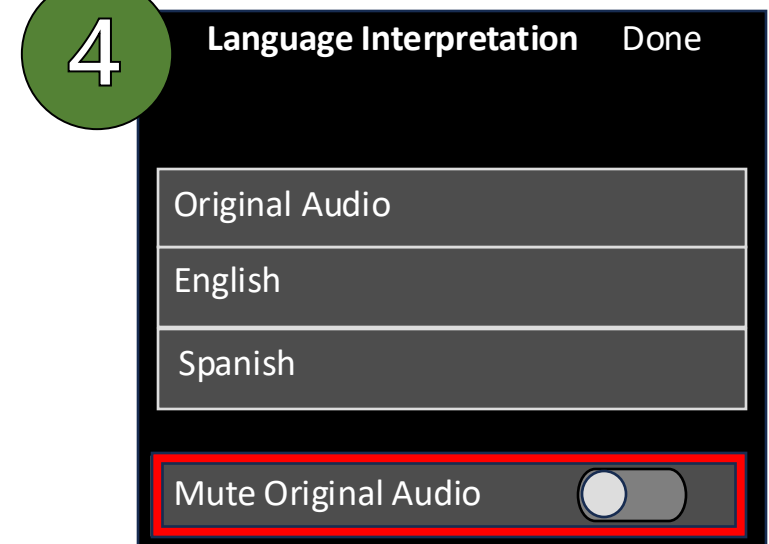
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4



Pick Your Language Now

Ahora, seleccione su idioma

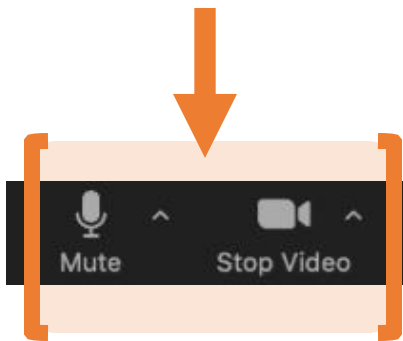
Bây giờ hãy chọn ngôn ngữ của quý vị

지금 언어를 선택하세요

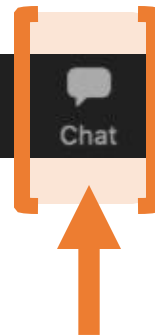
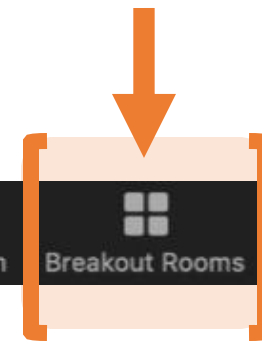
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Zoom Support

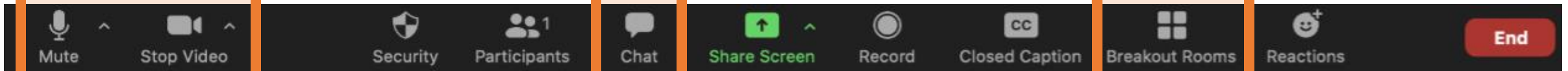
Mic and Video



Breakout Rooms



Chat with **John Doe**
with any tech issues and
questions



Today's Agenda

- Welcome and Introductions
- BHS and Stakeholder Announcements
- August PAC Feedback and Demographics
- MHSA Transitions
 - PEI Implementation under BHSA
 - MHSA PEI Available Funding for FY 2025/26
- Discussion
- Policy Brief
- Next Steps
- Closing

BHS and Stakeholder Announcements



Summary of Concerns Identified from August PAC Meeting

<p>1</p>	<p>Funding & Budget Cuts</p>	<ul style="list-style-type: none"> ▪ Concerns about shifts in BHS funding and decrease in PEI funding. ▪ Impact of Prop 1 funding on current and future services. ▪ Future funding and sustainability for existing programs. ▪ Fluctuations in funding towards mental health programs. ▪ How funds will be made accessible to SUD services and Peer Navigation.
<p>2</p>	<p>Impact on Services</p>	<ul style="list-style-type: none"> ▪ How changes in funding will affect services. ▪ Impact on mental health programs, especially those at risk of being canceled. ▪ Concerns about losing programs for older adults. ▪ How to continue supporting prevention programming financially. ▪ MHSA to BHSA transitions and their impact on services.
<p>3</p>	<p>Community Needs</p>	<ul style="list-style-type: none"> ▪ Meeting the needs of the community with changes in funding. ▪ Ensuring continued community engagement during the transition period. ▪ Providing mental shelters, jobs, healthcare for people experiencing homelessness, and activity places for older adults. ▪ Categorizing “Early Intervention” differently depending on the organization/topic.
<p>4</p>	<p>Specific Program Concerns</p>	<ul style="list-style-type: none"> ▪ How changes in funding affect prevention services. ▪ Ensuring stakeholders have opportunity to participate in BHSA planning. ▪ Understanding implications of funding changes on services over the next 2+ years. ▪ Demonstrating alternative ways to fund programs.
<p>5</p>	<p>General Concerns</p>	<ul style="list-style-type: none"> ▪ Agencies’ expectations going forward. ▪ Concerns about the forecast and how laws will affect things. ▪ How funds will be made accessible to SUD services.

Summary of Recommendations from August PAC Meeting

Develop a Funding Strategy:	<ul style="list-style-type: none">■ Create a comprehensive plan to pivot services currently funded to be funded later in 2026.■ Explore alternative funding sources and partnerships to ensure sustainability.
Engage with Stakeholders:	<ul style="list-style-type: none">■ Communicate with stakeholders about the impact of funding changes and involve them in finding solutions.■ Ensure transparency about funding shifts and their implications.
Focus on Community Needs:	<ul style="list-style-type: none">■ Prioritize services that meet the community's most critical needs, such as mental health support, shelters, and activities for older people.■ Ensure that changes in funding do not disproportionately affect vulnerable populations.
Advocate for Support:	<ul style="list-style-type: none">■ Advocate for continued or increased funding from state and local governments.■ Highlight prevention programs' importance and long-term benefits to secure funding.
Monitor and Adapt:	<ul style="list-style-type: none">■ Regularly monitor the impact of funding changes on services and adapt strategies as needed.■ Collect feedback from the community and service providers to ensure needs for specialty behavioral health clients are being met.

PAC Participants

Who Participated in August 2024 Meeting

COUNTY REGION



25% North
37% Central
19% South
19% Other/Decline

CONSUMER/FAMILY MEMBER

30%
Family
Members



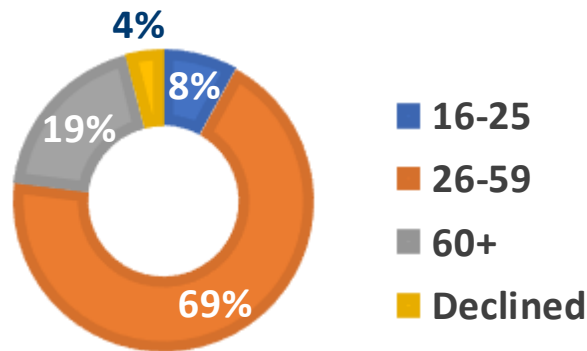
25%
Consumer

MILITARY SERVICE

2% Current
6% Previous
88% None
4% Decline



AGES (YEARS)



Primary Language

77% English
4% Spanish
6% Vietnamese
2% Arabic
6% Khmer
5% Not Listed



GENDER IDENTITY

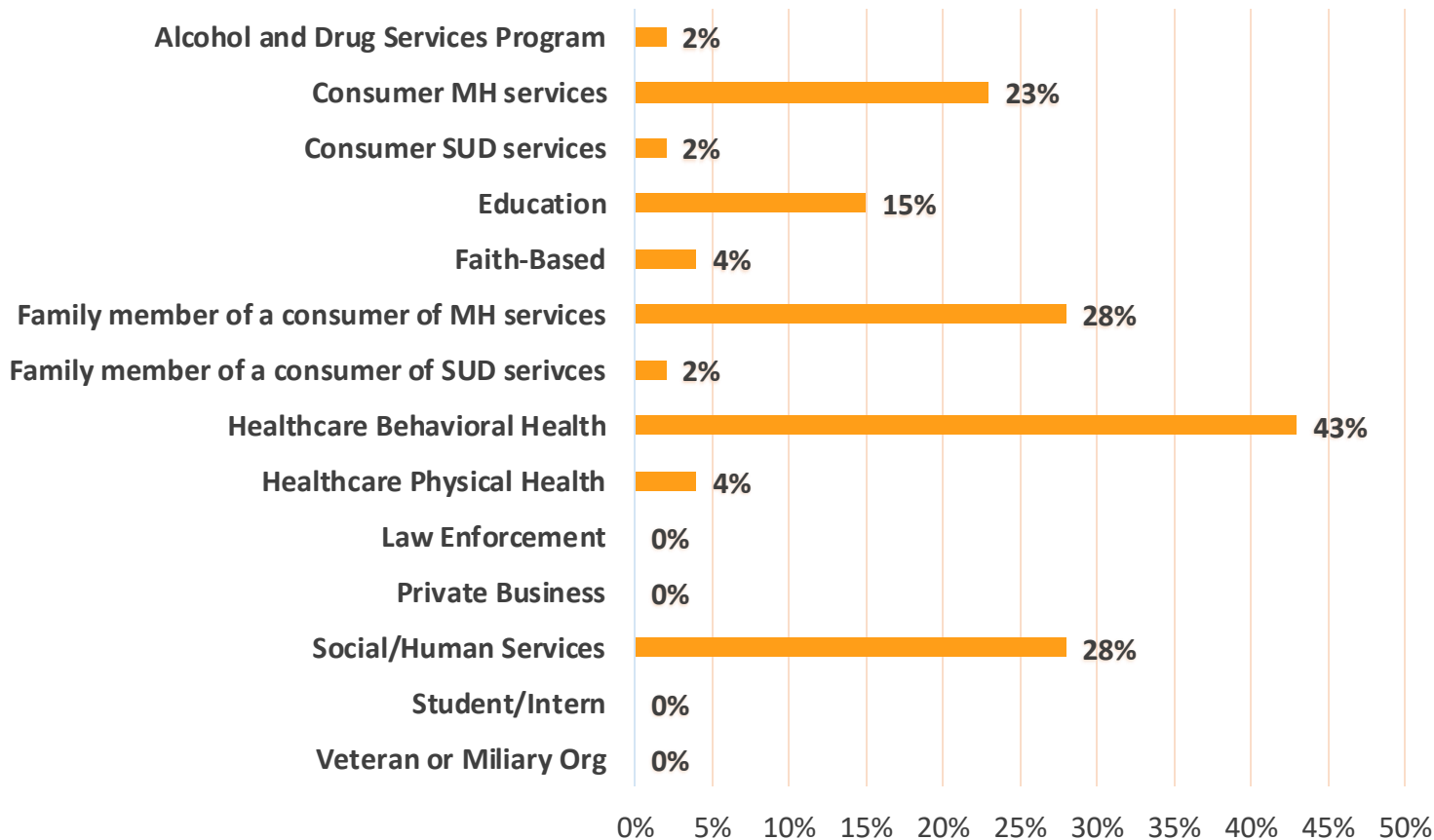
21% Male
75% Female
2% Nonbinary
2% Not Listed



Community Program Planning

Who Participated in August 2024 Meeting

Stakeholder Groups*



*Applicants are allowed to select more than one

Race/Ethnicity



- 6% African American/Black
- 2% American Indian or Alaskan Native
- 29% Asian
- 29% Caucasian/White
- 20% Hispanic/Latino
- 4% Native Hawaiian/Pacific Islander
- 6% More than One Race
- 4% Decline



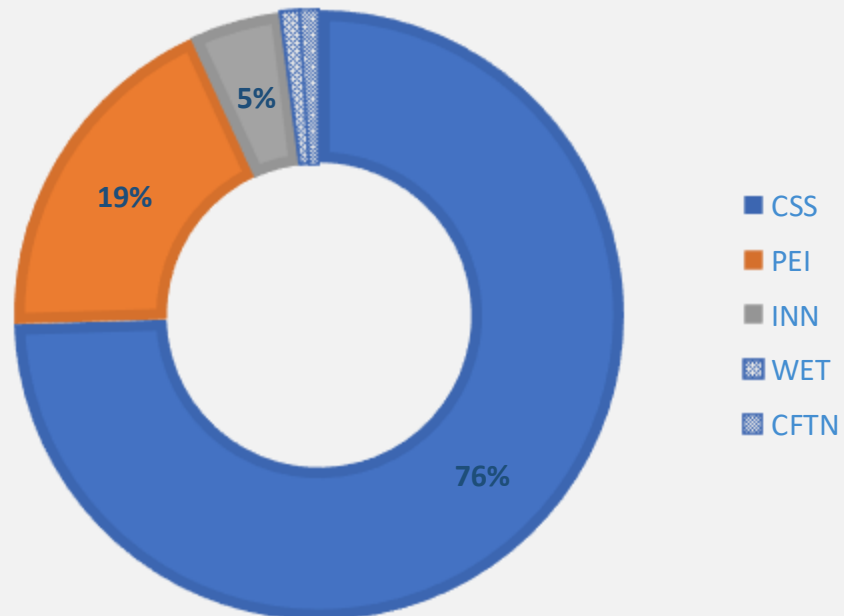
MHSA PEI Transition to BHSA EI

MHSA Modernization Review

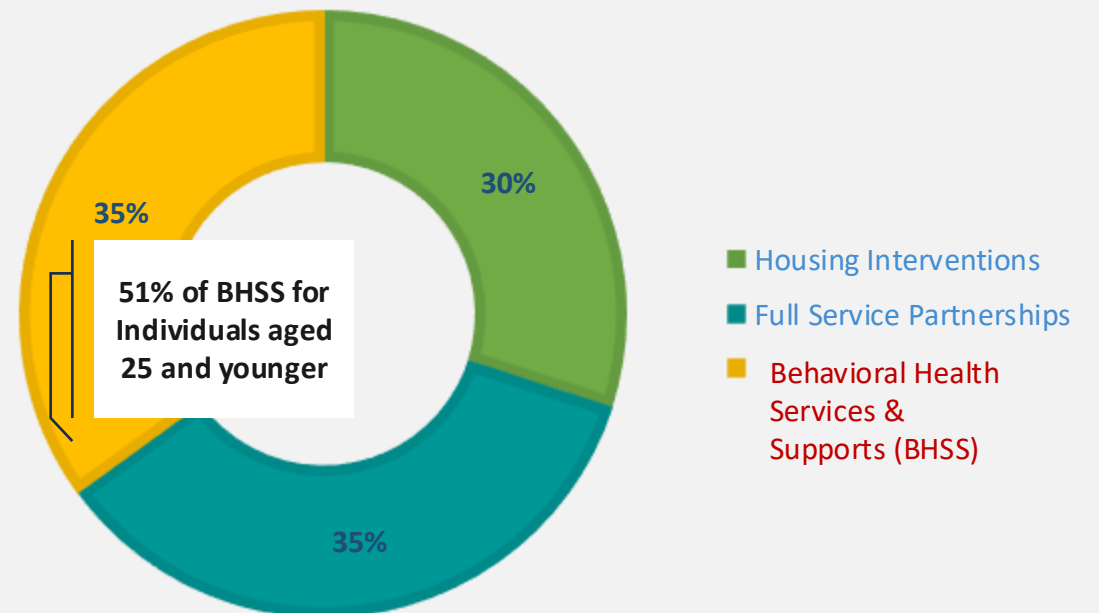
Updated Categorical Funding and Use

Revenue Breakup

MHSA -CURRENT MODEL



BHSA MODEL



Prop 1: Population-Based Prevention and Early Intervention*

Population-Based Prevention under CDPH

- Targets a whole population, not just those at-risk
- Aims to prevent a mental health or substance use disorder from ever developing

(similar to current local Mental Health Wellbeing and Promotion, Stigma and Discrimination Reduction programs under PEI)

BHSA BHSS Early Intervention under DHCS

- Targets those at risk of or showing signs of a severe mental health or substance use disorder
- Aims to prevent existing mental health or substance use disorder from becoming severe and disabling

**Note: Counties have not received the final language related to Prop 1 requirements. The information is subject to change, based on the state guidance and any subsequent updates to regulation*

Acronym Key

CDPH	California Department of Public Health
DHCS	Department of Health Care Services

MHSA to BHSA: Priorities for Early Intervention Funds

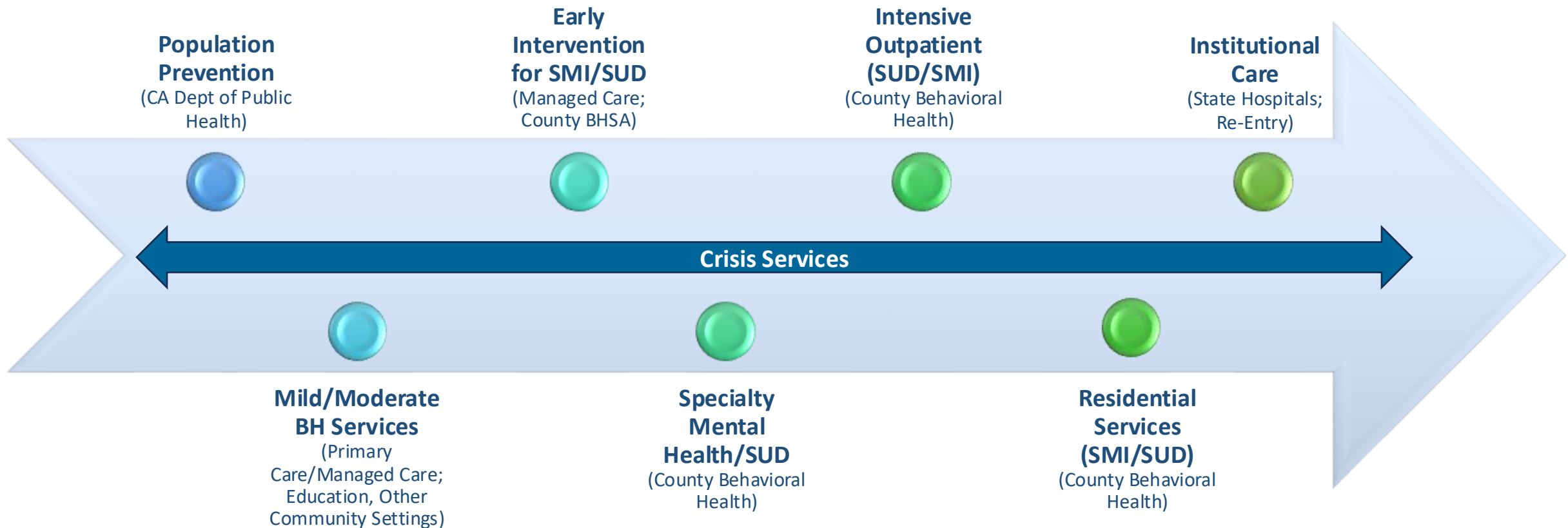
MHSA Priorities

- Childhood trauma to address early origins of mental health needs
- Early psychosis and mood disorder detection, and suicide prevention programming
- Youth outreach for secondary school and transition aged youth
- Culturally competent and linguistically appropriate prevention
- Target the mental health needs of older adults

BHSA Additions

- Target early childhood 0-5 years of age, including infant and early childhood mental health
- Advance equity and reduce disparities
- Programs that include community-defined evidence-based practices and mental health and substance use disorder treatment services similar to programs that have been effective and successful in the past
- Address the needs of individuals at high risk/experiencing behavioral health crises

Public Behavioral Health Continuum Framework for Medi-Cal Members



Food for Thought

Do you see any gaps that may occur with these changes?

How do you recommend preparing clients/families for any of these transitions?

What is needed to help bridge the transition to BHSA?



MHSA Prevention and Early Intervention (PEI) Impacts

NOW

FY 2025/26 Estimates

CURRENT IMPACTS

\$82M	3 Year Plan PEI Estimate
\$50M	Available FY 2024/25 PEI
\$35M	Available FY 2025/26 PEI
\$17.8M	Individuals 25-years-old and under

LATER

Future BHSA Estimates

BHSA IMPACTS

\$31M- \$37M	Estimate for FY 2026/27 Early Intervention (EI)
\$15.8M- \$18.8M	Estimate for Early Intervention (EI) for Individuals 25-years-old and under

Mental Health Services Act Expenditure Plan FY 2024-2025 Annual Plan Update



Prevention And Early Intervention (PEI) Exhibit

Program-Description	Fiscal Year 2024-2025					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PREVENTION: CHILD, YOUTH AND PARENT PROGRAMS						
1. Prevention Services and Supports for Families	4,400,000	4,400,000				
2. Prevention Services and Support for Youth	5,634,172	4,892,086				742,086
3. Infant and Early Childhood Continuum	1,000,000	1,000,000				
MENTAL HEALTH AWARENESS & STIGMA REDUCTION CAMPAIGNS & EDUCATION						
4. Mental Health Community Educ. Events for Reducing Stigma & Discrimination	930,000	930,000				
5. Outreach for Increasing Recognition of Early Signs of Mental Illness	16,132,232	16,122,232	-	-	-	10,000
Behavioral Health Training Services	1,547,086	1,547,086				
Early Childhood Mental Health Providers Training	1,000,000	1,000,000				
Mental Health & Well-Being Promotion for Diverse Communities	6,236,752	6,226,752				10,000
K-12 School-Based Mental Health Services Expansion	-	-				
Services for TAY and Young Adults	700,871	700,871				
Statewide Projects	6,647,523	6,647,523				
CRISIS PREVENTION & SUPPORT						
6. Suicide Prevention Services	4,200,000	4,200,000				0

Mental Health Services Act Expenditure Plan FY 2024-2025 Annual Plan Update



Prevention And Early Intervention (PEI) Exhibit

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ACCESS & LINKAGE TO TREATMENT (TX)						
8. OCLinks	5,000,000	5,000,000				
9. BHS Outreach & Engagement (O&E)	7,150,000	7,150,000				0
10. Integrated Justice Involved Services	7,007,402	7,007,402				
OUTPATIENT TREATMENT - EARLY INTERVENTION						
11. School-Based Mental Health Services	670,000	600,000	30,000			40,000
12. Clinical High Risk for Psychosis	1,000,000	1,000,000				
13. 1st Onset of Psychiatric Illness	1,525,000	1,250,000	250,000			25,000
14. OC Parent Wellness Program	1,900,000	1,900,000				
15. Community Counseling & Supportive Services	2,036,136	2,036,136				
16. Early Intervention Services for Older Adults	3,000,000	3,000,000				
17. OC4VETS	2,615,000	2,600,000				15,000
PEI Administration	9,000,000	9,000,000				
Total PEI Program Estimated Expenditures	\$73,215,514	\$72,087,856	\$280,000	-	-	\$847,658

MHSA Prevention and Early Intervention (PEI) Impacts

NOW

MHSA FY 2025/26 Estimates

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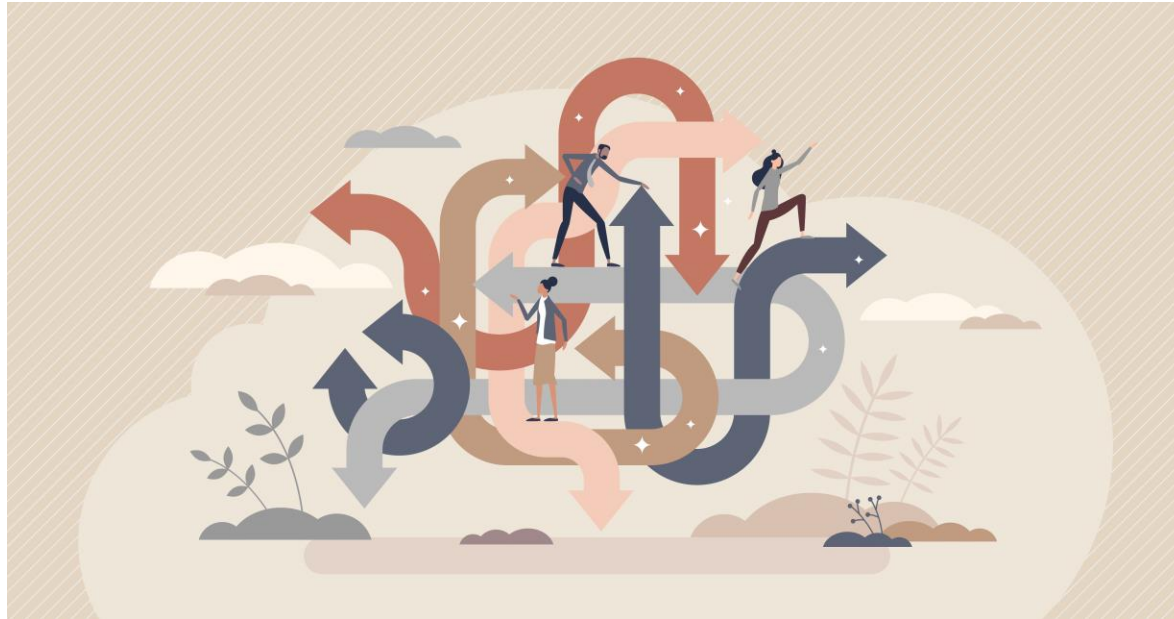
BHSA IMPACTS

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OPEN DISCUSSION



Behavioral Health Transformation Overview



a.k.a. a feeble attempt to explain a portion of something complex and detailed in a simple, easy(ish) to understand way

Interconnected Behavioral Health Initiatives for California

Prop 1: Integrated Behavioral Health and update MHSAs

(SB 326, AB 531)

Create BH Integrated Plan, expand to SUD, change the way counties can use money, and shift prevention to CDPH

Children and Youth Behavioral Health Initiative (CalAIM)

Improve access/quality of MH and SUD services for children/youth from birth to age 25. Integrate behavioral health into primary care, schools, and other community-based settings to create a comprehensive, culturally responsive, and trauma-informed system of care.

Improving access, coordination, and integration across BH service systems

Supportive Housing: BHCIP and Prop 1

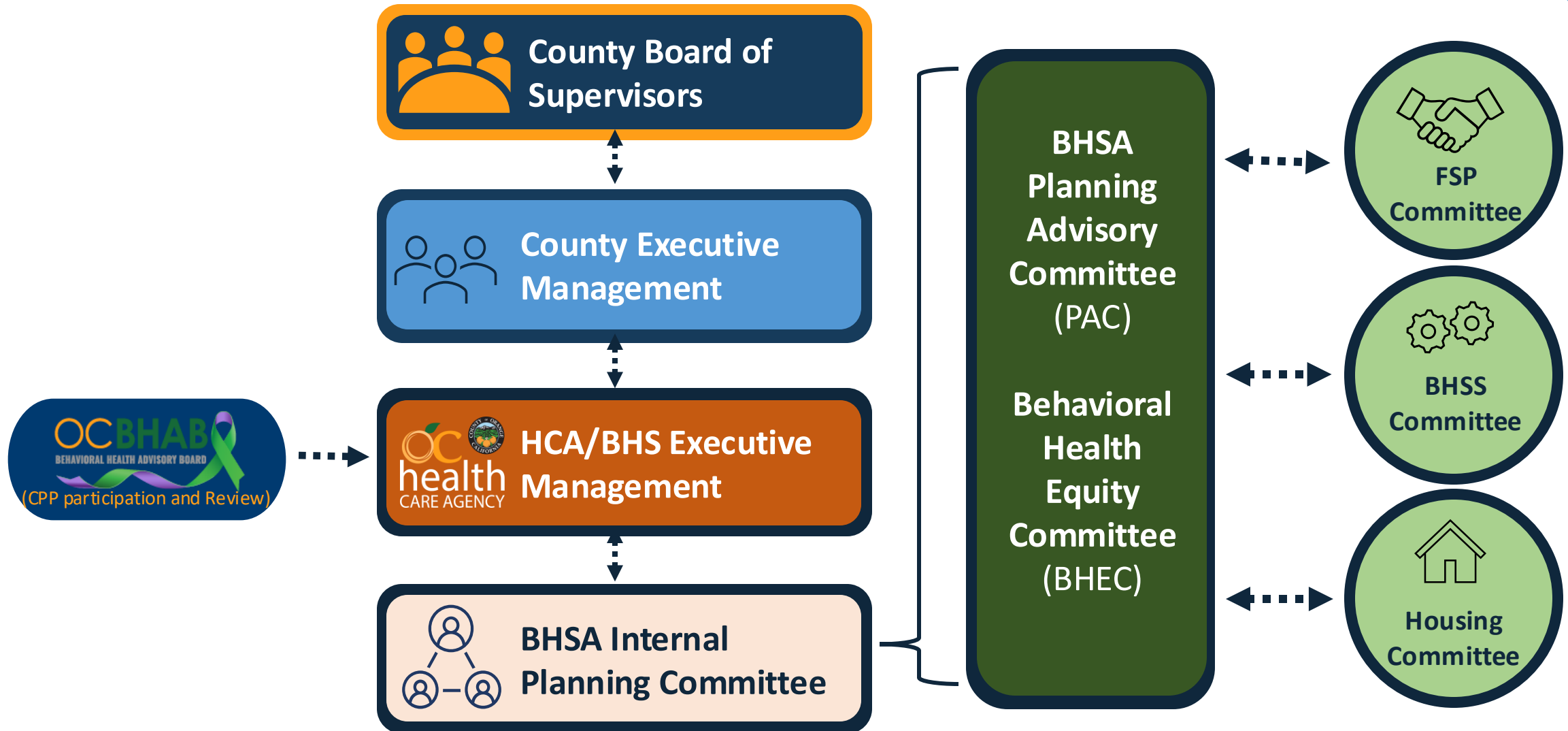
Competitive grants to build treatment facilities/housing. Mandate to direct 30% of BHSAs toward housing supports. Managed Care Plans responsible for paying 6 months of transitional rent to qualified members.

Student Behavioral Health Incentive Program (SBHIP)

[Assembly Bill 133: Section 5961.3](#)

Builds capacity for early identification and treatment through school-affiliated behavioral health services. Schools become Medi-Cal providers for MCPs

BHSA CPP: Draft Framework



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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