

Behavioral Health Services Act (BHSA) Community Forums 2025

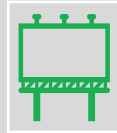
Meeting Agenda



Welcome & Opening



History of Prop 1 & Overview of BHSA



County System of Care



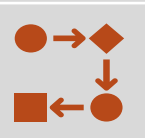
Community Program Planning



Graffiti Wall Activity



Bringing it Together: Community Conversation



Next Steps & Closing

History of Prop 1 & BHSA

Legislative Background of Prop 1 & BHSA

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

- In March of 2024, California voters approved **Proposition 1** which was a two-part measure based on two bills introduced to the California Legislature in February of 2023:
 - **Assembly Bill (AB) 531 (Irwin)** Creation of a \$6.38 billion general obligation bond to fund behavioral health treatment and residential facilities with an emphasis on veterans and individuals with behavioral health needs experiencing homelessness.

 - **Senate Bill (SB) 326 (Eggman)** Reform of the MHSA, the county behavioral health children and adult systems of care, and reporting processes.

High Level Overview of SB 326 (Eggman) & BHSA

Prop 1 is part of a larger effort towards *Behavioral Health Transformation* in California.

Restructured the Millionaire's Tax Funding Categories

Created a **New** Housing Interventions Funding Category

Eliminated Dedicated Prevention Funding

Eliminated Dedicated Innovation (INN) Funding & Requirement for Separate INN Plans, Created a **New** Innovation Partnership Fund Overseen by the state

Established the Millionaire's Tax as a **New** Source of Funding for Substance Use Disorder (SUD) Services

Doubled the State's Allocation of the Tax from **5% to 10%** to Fund **New** Workforce & Population-Based Prevention Initiatives

Created **New** Priority Populations

Reached Beyond MHSA - Overhauled Adult & Children's System of Care Statutes

Changes to the Community Program Planning (CPP) Process & **Expanded** Stakeholders

Created **New** Structure for Planning, Data Gathering, Reporting, & Accountability Across **ALL** County Behavioral Health Funding Sources

Increased Focus on Maximizing Medi-Cal Billing & Partnership Between County and Managed Care Plans (MCPs)

Changed Role & Responsibilities of State Partners

Overarching Goals of BHSA

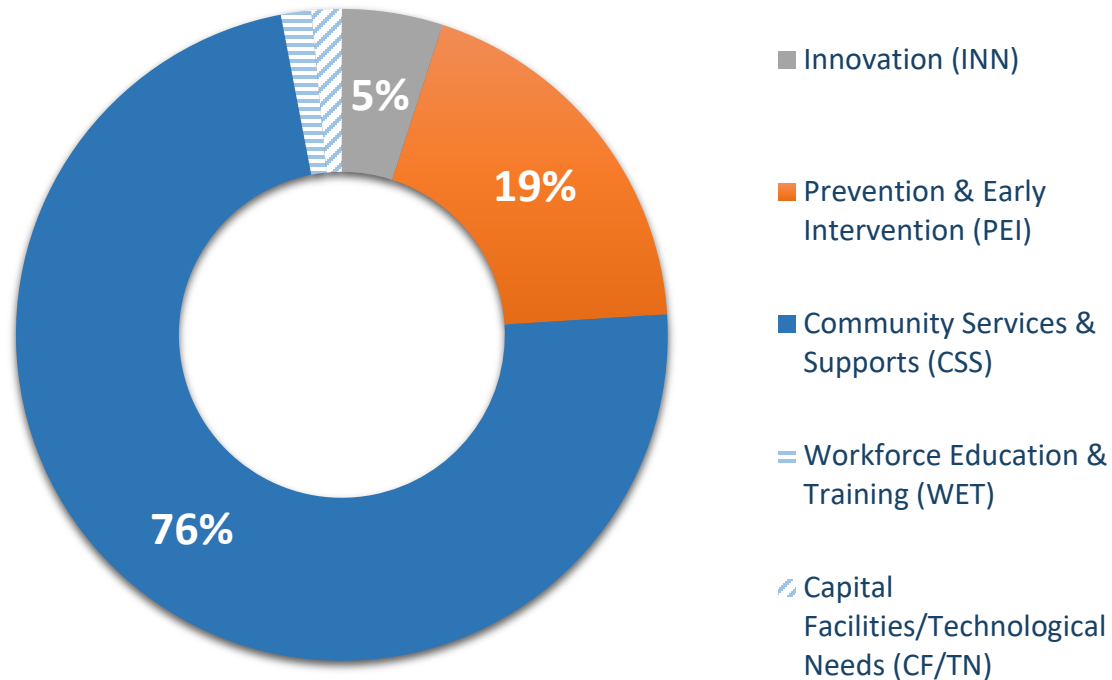
- **Reduce homelessness**
- Focus on “vulnerable populations” with emphasis on the **unhoused** and **children/youth**
- Whole person approach
- **Reduce disparities**
- Increase **transparency** and **accountability**
- **Alignment** of state behavioral health initiatives



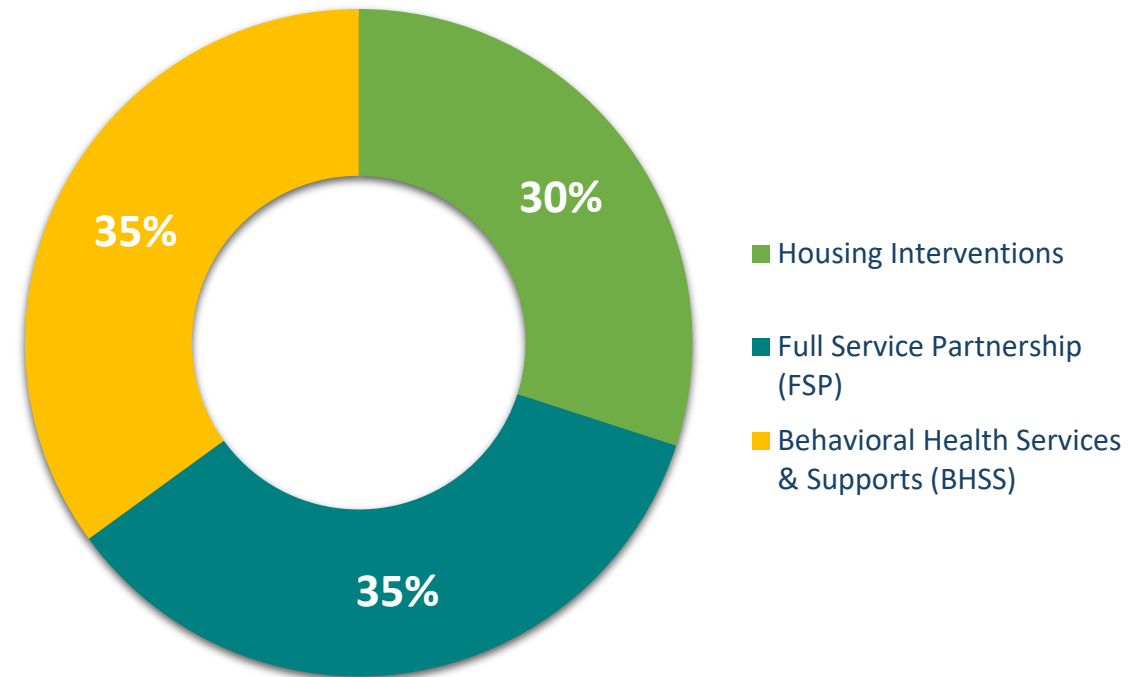
Fiscal Restructuring: MHSA to BHSA

Modified from 5 Funding Components to 3 Funding Categories

Current MHSA Funding Components



BHSA Funding Categories



BHSA 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

Source: [BHSA County Policy Manual Version 1 2.2 – April 2025](#)
and new BHSA language [W&I Code section 5892 subdivision \(d\)](#)

Statewide Population Behavioral Health Goals

Health equity will be incorporated in each of the Goals

| Goals for Improvement  | Goals for Reduction  |
|---|---|
| Care experience | Suicides |
| Access to Care | Overdoses |
| Prevention and Treatment of Co-Occurring Physical Health Conditions | Untreated Behavioral Health Conditions |
| Quality of Life | Institutionalization |
| Social Connection | Homelessness |
| Engagement in School | Justice-Involvement |
| Engagement in Work | Removal of Children from Home |

County Behavioral Health System of Care

Different Behavioral Health Systems of Care (SOC)

Private Insurance & Other Insurance

- Kaiser
- Blue Cross
- Blue Shield
- TRICARE (military)
- Other

Medi-Cal Managed Care Plans (MCPs)

- CalOptima
- Kaiser

OC Health Care Agency- Behavioral Health

- Mental Health Plan (MHP) Specialty Mental Health Services (SMHS)
- Drug Medi-Cal Organized Delivery System (DMC-ODS)



Who the County is Responsible to Serve

The County has a contract with the state Department of Health Care Services (DHCS) to deliver services through the County Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS) for:

- Children/youth ages 0-17 years old
- Adults 18 years and older
- Individuals who reside in Orange County and have Medi-Cal or Medicare insurance
- Uninsured individuals



Top 3 County Behavioral Health Funding Sources

- **Vehicle License Fees**
- **Revenue generated from Medi-Cal**
- **Behavioral Health Services Act**



Estimated BHSA Revenue for Orange County

These are preliminary estimates and are subject to change!

| BHSA Funding Category | Projected FY 2026/27 BHSA Incoming Revenue* |
|---|---|
| Total Annual BHSA Funding | \$244,486,000* |
| Housing Interventions (30% of total BHSA) | \$73,345,800 |
| Chronically Homeless (50%) | \$36,672,900 |
| Other (50%) | \$36,672,900 |
| Permanent Supported Housing (25% of Other) | \$18,336,450 |
| Behavioral Health Services & Supports (BHSS) (35% of total BHSA) | \$85,570,100 |
| BHSS Other (49%) | \$41,929,349 |
| Early Intervention (EI) (51%) | \$43,640,751 |
| Early Intervention <25yro (51% of EI) | \$22,256,783 |
| Full Service Partnership (FSP) (35% of total BHSA) | \$85,570,100 |

*Based on weighted average as required by the state.

Behavioral Health System of Care



A **System of Care (SOC)** is a collaborative network designed to deliver coordinated services and supports. These supports are **community-based, and culturally and linguistically responsive**, for those facing mental health and substance use challenges.

Mapping the SOC

In February 2025, we began mapping our current mental health (MH), substance use disorder (SUD) and housing services and supports.



New Behavioral Health Care Continuum

3-Year Integrated Plans (IPs) structure for **ALL** county behavioral health funding sources, not just the BHSA, reported in the ***New*** Behavioral Health Care Continuum.

| | | | | | | | | |
|------------------------------------|-----------------------------------|-----------------------------------|---|-------------------------|---------------------------------------|--------------------------------------|--|-------------------------------------|
| Discrete SUD Service Categories | Primary Prevention Services | Early Intervention Services | Outpatient Services | Intensive Outpatient | Crisis and Field Based Services | Residential Treatment Services | Inpatient Services | Housing Intervention Services |
| Discrete MH Service Categories | Primary Prevention Services | Early Intervention Services | Outpatient & Intensive Outpatient Services | Crisis Services | Residential Treatment Services | Hospital/ Acute Services | Subacute/ Long-Term Care Services | |

Purpose of Mapping the SOC

Align

Align programs with the new BH continuum

Inform

Inform our fiscal mapping and the development of the Behavioral Health Integrated Plan

Identify

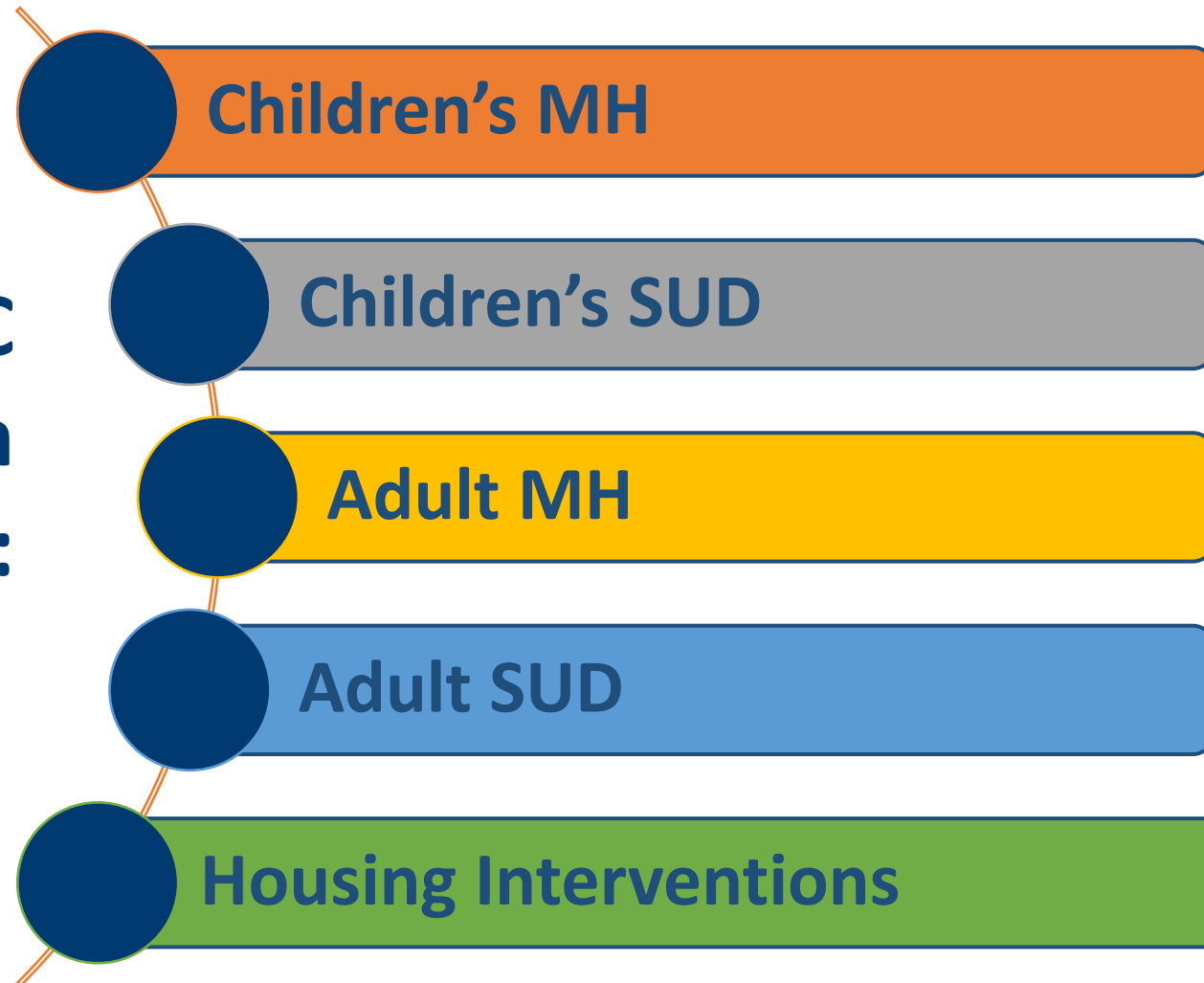
Identify gaps in the SOC

Educate

Educate the community on the services and supports that the County provides during the community engagement process

Mapping (con't)

**Five (5) SOC
maps have been
developed:**



Community Program Planning (CPP)

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.

Your Role as a Stakeholder

Counties are required to demonstrate a partnership with stakeholders throughout the CPP process that includes stakeholders informing the following:

| Under BHSA |
|--|
| Mental health and substance use disorder policy |
| Program planning and implementation |
| Monitoring |
| Workforce |
| Quality improvement |
| Health equity |
| Evaluation |
| Budget allocations |

BOLD is new beginning January 1, 2025

Source: [BHSA County Policy Manual Version 1 2.2 – April 2025](#)
and new BHSA language [W&I Code section 5963.03 subdivision \(a\)](#)

Community Engagement Strategies

In support of the current CPP process to prepare for the transition to BHSA HCA has:

- Facilitated **3** Listening Sessions
- Facilitated **13** Focus Groups
- Scheduled **3** Community Forums
- Kicked off the **3** BHSA Workgroups
- Held **2** PAC meetings
- Presented at **10** Stakeholder Partner meetings
- Held **4** BHSA Educational Sessions
- Launching a Community Survey

Through June HCA has engaged **779** individuals representing the diverse communities of Orange County.

Listening Sessions

**In-Person & Virtual
Targeted Focus
Groups**

Community Forums

**Key Informant
Interviews**

**Three BHSA
Workgroups**

**Planning Advisory
Committee (PAC)**

**Presentations at
Standing
Stakeholder Partner
Meetings**

**Community Needs
Survey**

*Number through June 2025

**YOU
ARE
NOT
ALONE**



Graffiti Wall Activity

Group Agreements

- **Respect:** listen and share your thoughts in a manner that is respectful of others
- **Open-mindedness:** listen to all points of view
- **Acceptance:** suspend judgment as best you can
- **Share the Air:** go for honesty and depth while also making room for others to share
- **Discovery:** question old assumptions, look for new insights, seek to understand rather than persuade
- **Safe Space:** share your honest feedback, positive or negative
- **Other Group Agreements?**

Instructions & Prompts for Graffiti Wall Activity

What are the *unmet needs* for each group?

Please share recommended *solutions* or *ideas* to address the unmet needs identified.

Bringing it Together



Community Conversation

Next Steps

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 – May 2025

Committees & Focus Group

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

Workgroups Start

June – 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), Community Forums, and Community Needs Survey

Community Forums

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)

Jan – March 2026

Approve & Post

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

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



Thank you for your participation!

For questions or for information related to BHSA, please email bhsa@ochca.com or call (714) 834-3104.

Access QR code for
information!



Or access information on the
[BHSA website](#)

