



BHSA BHSS Workgroup Summary

DATE: September 8, 2025

TIME: 1:00 PM – 2:30 PM

LOCATION: Behavioral Health Training Center:
750 The City Dr. S., Suite #130, Orange CA 92868

AGENDA TOPICS

1. **Demographic Survey - Lesa**
2. **Welcome and Recap – Annette & Lorry**

We have finished a review of the of the system of care maps, CalOptima came and spoke on the responsibility of Managed Care Plans, and the Co-Chairs spoke on the other workgroups. Annette asked for a show of hands of what groups are being represented by those in the room (i.e., children's, adults, older adults, SUD, WET, etc.)

3. **Quick review BHSA & BHSS estimated* funding – Michelle** (*funding numbers are pre-decisional and subject to change)
 - Michelle Smith- restructuring from MHSA to BHSA and the allowable use of funds.
 - 5 components of funding under MHSA moved into 3 components of funding under BHSA.
 - 30% Housing for those are chronically homeless, some to capital development of projects and housing intervention services.
 - 35% FSP which is a little less then what is currently being spent on FSP.
 - Remainder 35% is BHSS and funds everything else. Remember SUD was not funded by MHSA.
 - Outreach and engagement is more than a tabling event. Providers will need to go to clients to make sure they are getting access to care that is medically necessary after being discharged to make sure they are being taken care of.
 - Early Intervention providers need to change the way they think about services
 - There will be a metric for providers generating Medi-Cal as a measurable output to verify funds are being used effectively.



- Innovation funds are to be integrated across all three categories.
4. **Estimated BHSA Funding for OC – Michelle** (*funding numbers are pre-decisional and subject to change)

- There are rules for unspent funding; 3 years and goes back to the state.
- WET and CFTN have 10 years
- Need this workgroup to be a part of the thought process about what goes and what stays, what can be funded differently
- Find the gaps, identify overlap and duplication of services.

5. **Exercise #1 – Breakout**

- Use system of care maps to place services into Early Intervention or BHSS Other
- If Early Intervention, determine 25 and under, or 26 and over, both
- Proposed map of Early Intervention services
- Groups to share services they identified that are missing

Gaps Identified - Early intervention Under 25

- PRE-SUD families
- IHSS- child focused
- Parent partners
- Children wellness center
- Including peers
- Systems navigation
- Children re-entry
- High risk: SUP SSA
- Family services 0-5 and perinatal
- Services for justice involved youth

Concerns

- Needs to be focused on child, but parents and families also need services
- Young people are unaware if they meet criteria is met for services
- Awareness of first signs so they can get help
- Need wellness connections outside of school to be safe for children
- Idea of stay with the child through the services and collaborate to not duplicate services



Concerns Cont'd

- Veteran population right after discharge, needs very supportive outcomes within first 12 months of discharge
 - Need to include native American population who are not serviced, perhaps a cdep (Community Defined Evidence Practice-delivery of culturally and linguistically and religiously services and programs for specific populations)
 - How can we support closing gap that entities are able to bill?
 - Changes to insurance and how to support those who are not eligible for Medi-Cal
 - Looking into a tool-kit for CBOs to be certified as a specialty MH provider
 - The state will not help you become Medi-Cal certified until you have a contract with HCA that requires you to bill Medi-Cal
 - Regardless of whether you currently have a contract or not, the contract will change under BHSA
6. BHSS Other and Exercise #2, we'll pick up next week.
7. Next Meeting – September 15, 2025
Gap Analysis and matching services to goals