October 16, 2025





Planning Advisory Committee (PAC) Meeting

Behavioral Health Services Act (BHSA)

Michelle Smith, BHSA Senior Manager

Sophia Valdez, Health Services Analyst

Today's Agenda

- Welcome and Introductions
- Announcements
- Statewide Behavioral Health Goals
- *The Great Shakeout/Break*
- Community Program Planning Updates
  - Preliminary Findings from Community Program Planning
  - Preliminary Findings from Cross Systems Planning
- Workgroup Updates
- Networking Activity

Stakeholder Announcements

Statewide Behavioral Health Goals

Behavioral Health Services Act (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

Statewide Population Behavioral Health Goals

Health equity will be incorporated into each of the Goals

7th Goal Orange County BHS will focus on

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**

Orange = The six priority goals counties are ***required*** to address in the Integrated Plan including actions they are taking to improve outcomes related to these goals. Counties **MUST** also identify at least one additional goal in which the county's data is higher/lower than statewide rate or average, e.g., the county is underperforming compared to the state.

Source: BHSA County Policy Manual Version 1 2.2 – April 2025

Prevention and Treatment of Co-Occurring Physical Health Conditions

The term “co-occurring” in this context refers to the presence of a physical health condition in an individual who also has a behavioral health condition.

The goal is to ensure both prevention *and* treatment of physical health conditions in this population.

An integrated care approach that addresses both behavioral and physical health needs can lead to earlier detection and management of chronic physical conditions, improving overall health outcomes.

Prevention and Treatment of Co-Occurring Physical Health Conditions (Orange County Compared to the State)

Measure	Type of Measure	State Rate	State Median	Orange County Rate
(1) Adults' Access to Preventive/Ambulatory Health Service, 2022	Primary	65%	68%	**63%**
(2) Child and Adolescent Well-Care Visits, 2022	Primary	50%	48%	**53%**
(3) Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications, 2022	Supplemental	82%	82%	**75%**
(4) Metabolic Monitoring for Children and Adolescents on Antipsychotics: Blood Glucose and Cholesterol Testing, 2022	Supplemental	40%	38%	**37%**

Source: CalMHSA Data Explainer Series, Data Dashboard and **BHSA County Policy Manual Version 1 2.2 – April 2025**

Prevention and Treatment of Co-Occurring Physical Health Conditions

- **Why this goal was selected:**
  - Orange County is performing lower than the statewide rate

Individuals with behavioral health conditions are at increased risk of…

Elevated Mortality and Morbidity	Chronic Physical Conditions	Medication Impact on Physical Health

Closing the prevention gap protects health early on and helps people with behavioral health needs live longer, healthier lives

Source: CalMHSA Data Explainer Series

Shake it Out!

(The Great Shakeout at 10:16am)

https://youtu.be/hwwWsMQlaJE

Preliminary HCA Findings from Community Program Planning

Community Engagement Events

3 **Community Forums**

3 **BHSA Workgroups** launched (Housing Interventions, Full Service Partnership, and Behavioral Health Services and Supports)

4 **BHSA Educational Sessions**

6 **Key Informant Interviews**

12 **Informational Meetings** with systems partners

20 Breakout **focus groups** across **3 Community Listening Sessions**

56 **Focus Groups** with priority population **and** stakeholder groups across 35 meetings

22 focus groups were conducted in a language other than English.

These included:

- American Sign Language
- Arabic
- Farsi
- Khmer
- Korean
- Mandarin
- Spanish
- Vietnamese

How We Captured Your Input

Dual Documentation

Notetaker 1: Tracks frequency of themes using coding grid

Notetaker 2: Recorded confidential detailed conversation notes and quotes

What You'll See Next

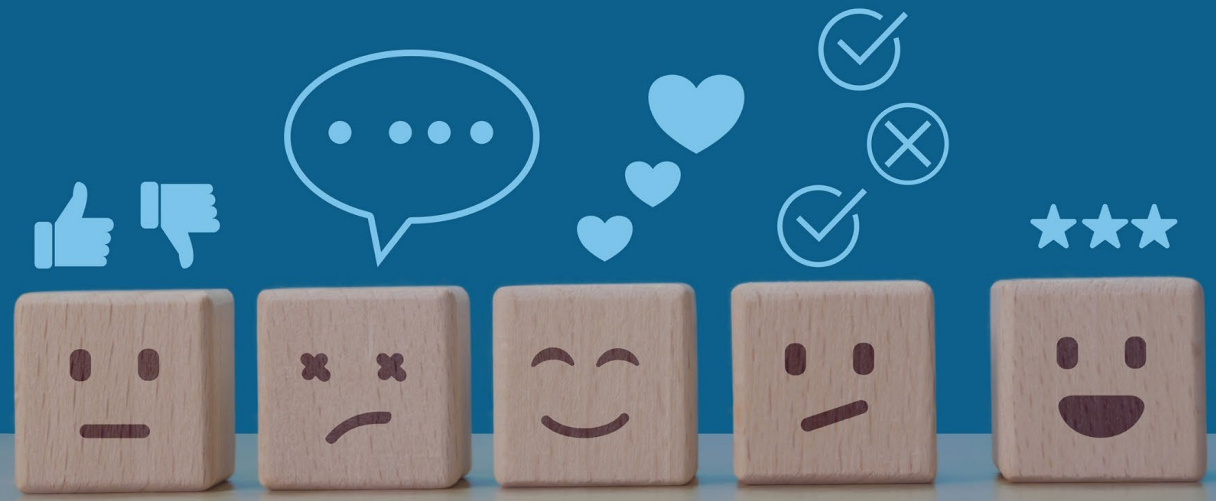
Frequency data showing how often topics were mentioned

Supporting quotes providing context and detail

Together, these give us the full picture of what matters to the community

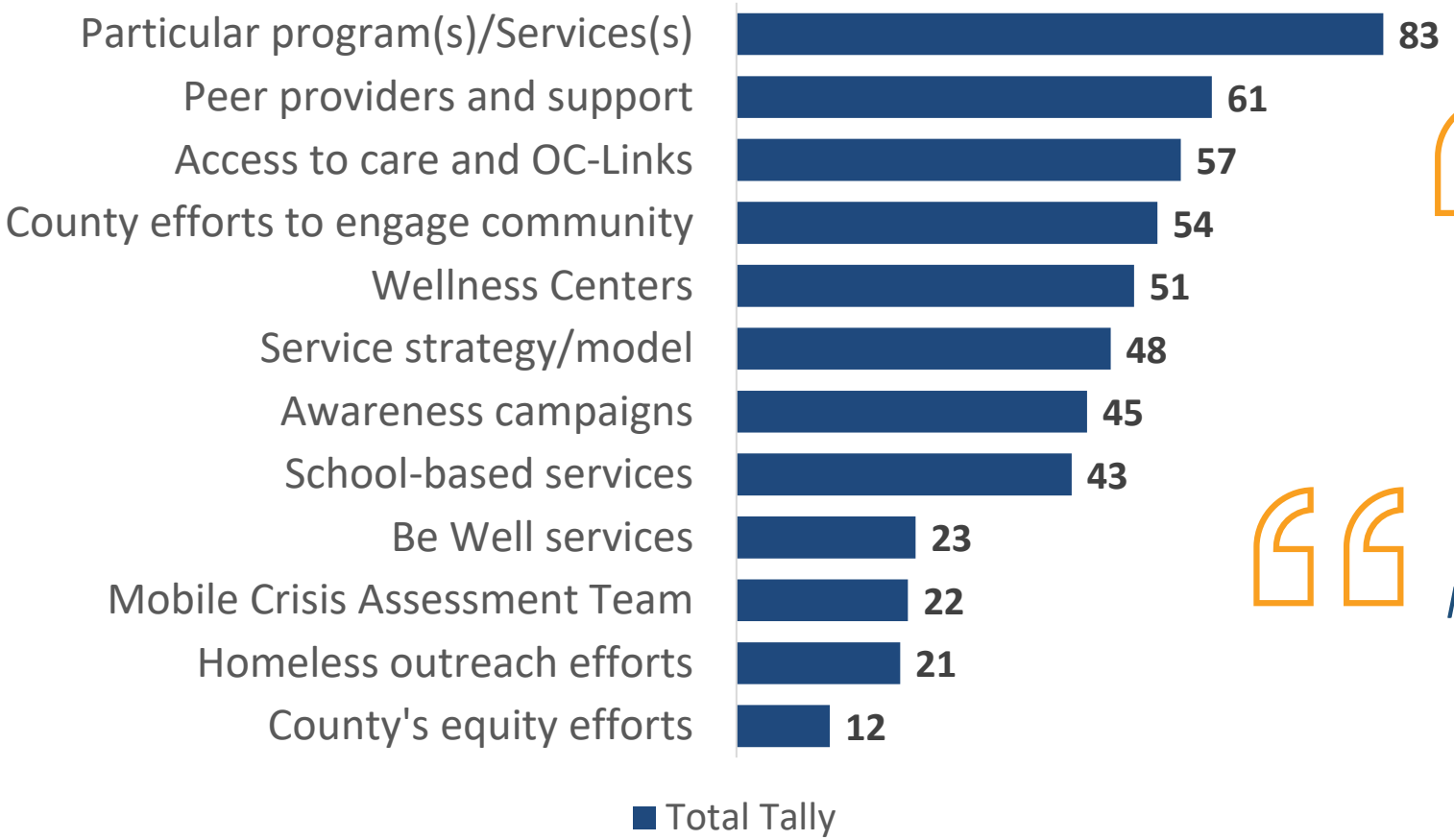
Community Feedback (Categories we asked our CPP participants)

- System Strengths & Resources
- Gaps & Needs
- Barriers & Risk Factors
- Priority Populations
- Recommendations



System Strengths & Resources

The *tallies* represent the number of times a particular theme or category was mentioned during coding. In other words, each tally is a count of how many times that specific code appeared across the data.



> *[There are] knowledgeable individuals in the County with different expertise to support the whole system.*

> *Mobile clinics bring street medicine to where the clients are at.*

System Strengths & Resources

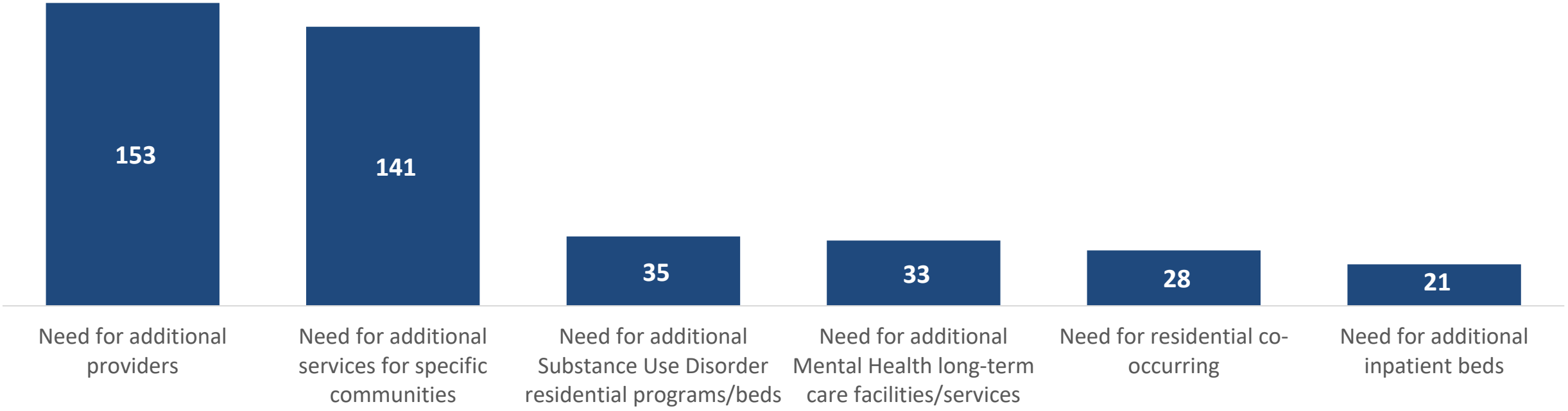
What's Working Well

- Specific county and community programs and services
- Peer providers and support
- Access to care
- County efforts to engage the community

"Mobile Crisis Units (CAT) with adults with disabilities---I got to witness through my son a crisis unit was called in. People who were trained on how to work with him. They also talked to my son about it. Thought it was really cool and didn't even know it was an option."

"[There has been] a growth of services. Citizens throughout the county are getting the care they need. Not just certain cities or regions."

System Gaps & Needs



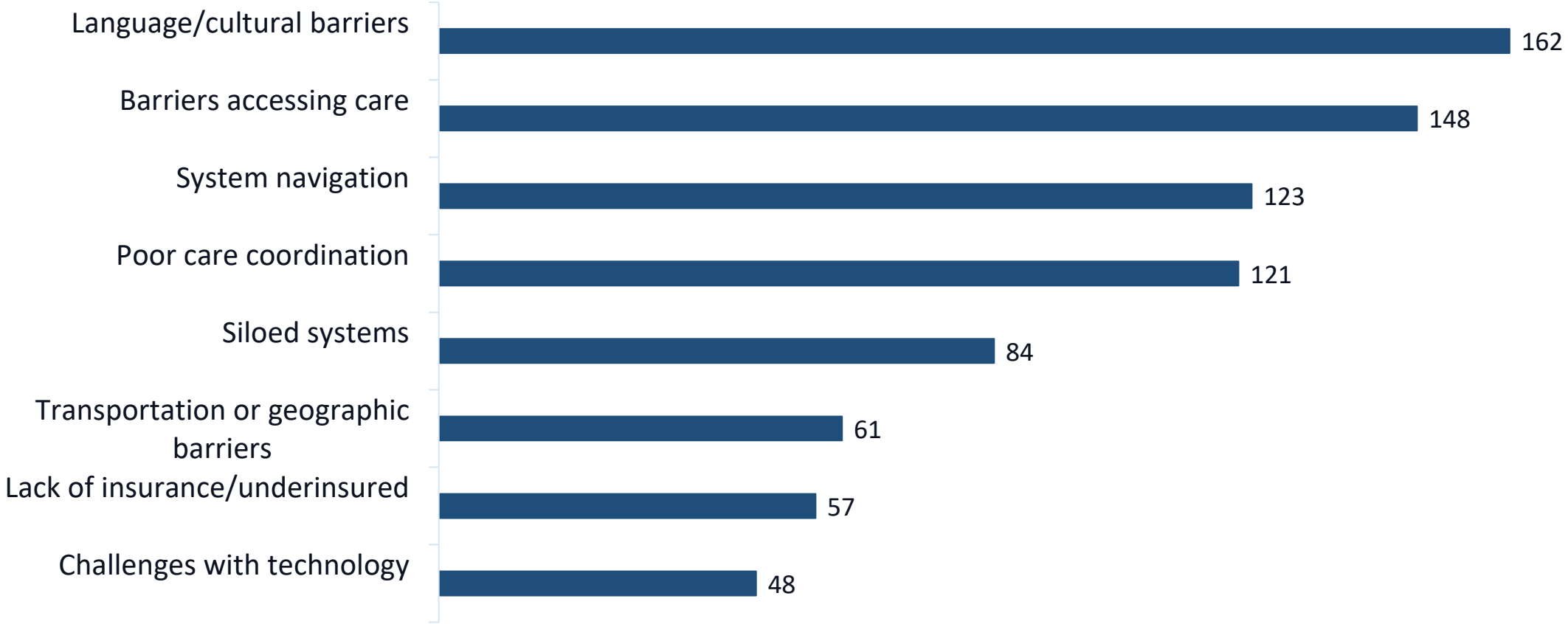
"[There is a] lack of connection to a mental health provider and inconsistency with services while hospitalized."

"There is a strong need for Korean-speaking psychologists who deeply understand Korean culture"

"Senior Veterans- we do not have proper VA services. We have satellite clinics but not our own OC VA. OC has a high veteran population. Need more services for veterans"

Barriers

From coding grids – frequencies of predetermined themes mentioned



Barriers

"Even if I could get therapy, how can I explain things about my culture and values to someone who doesn't get it?"

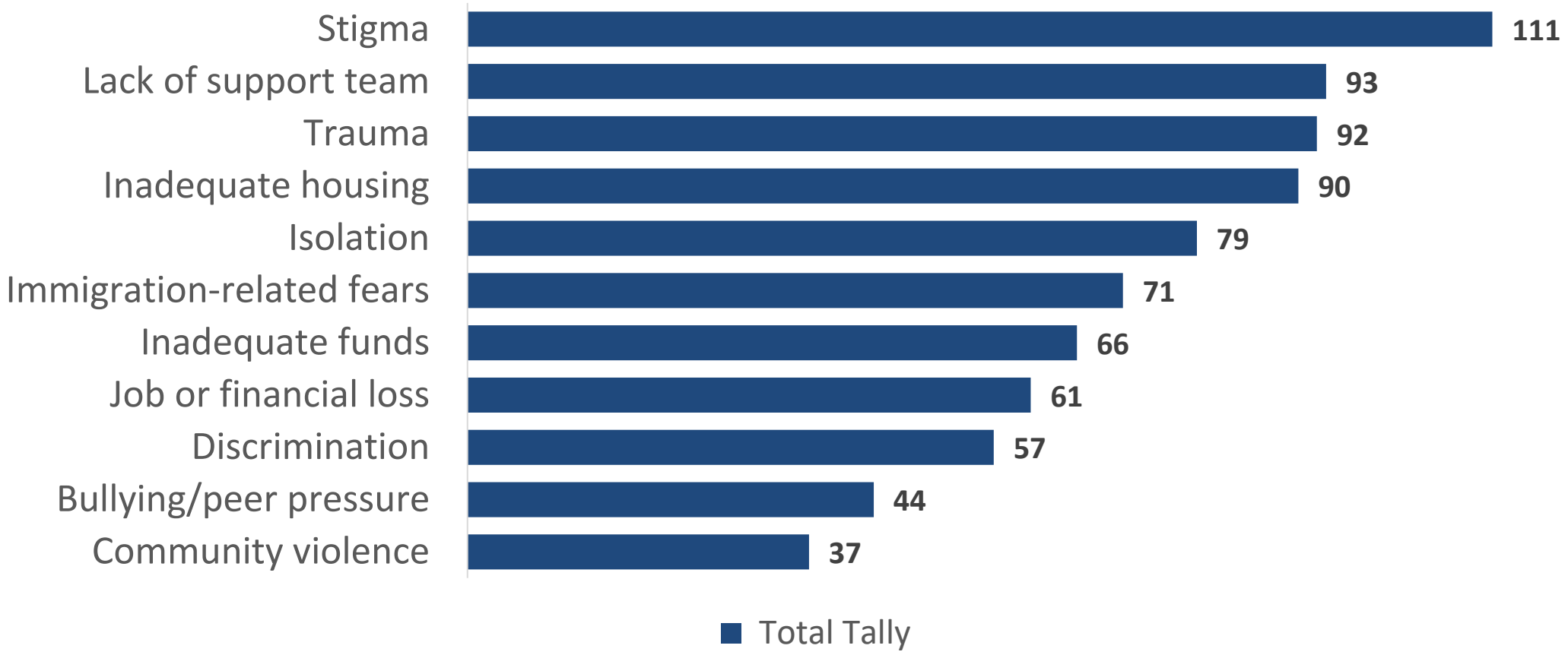
"Need culturally appropriate services."

"Clients face inconsistent access to mental health services; although they can go to different providers, systemic fragmentation leads to confusion and delays."

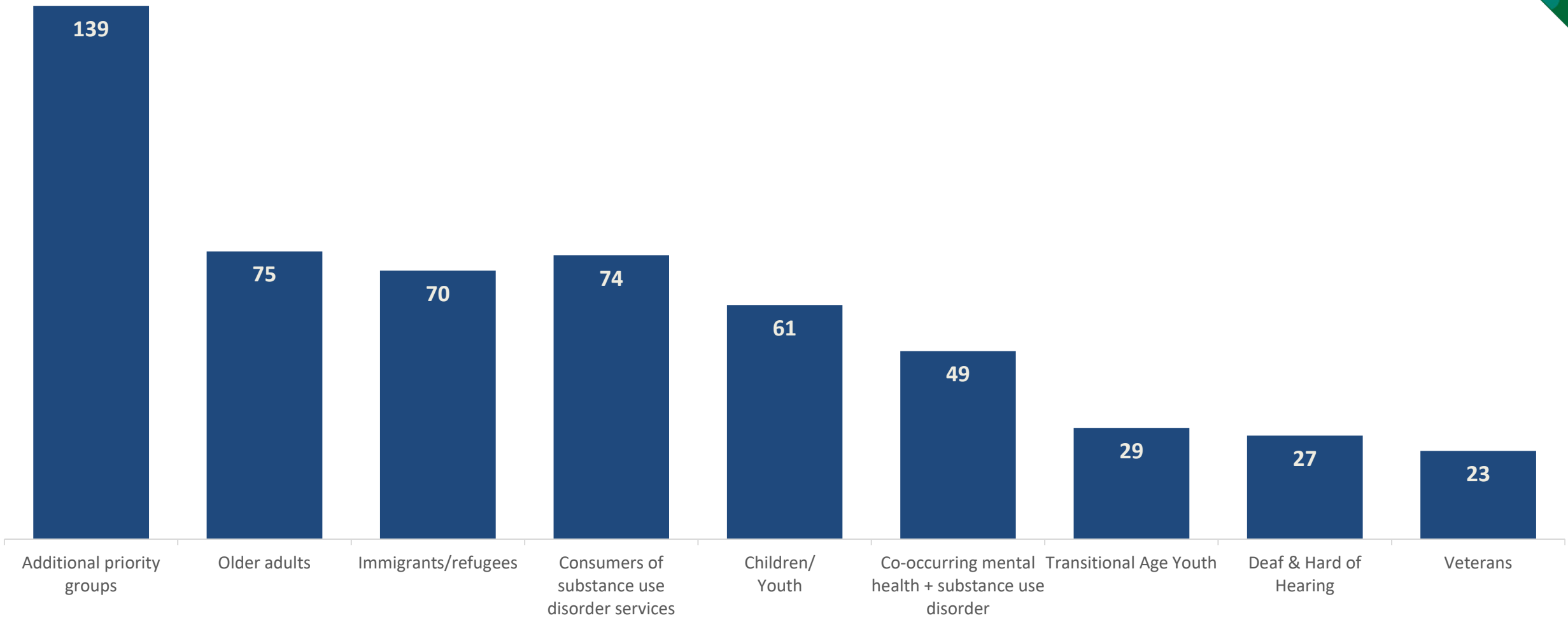
"…More languages will be good, for services & forms & activities."

"Unable to get MH services here, but I was unhoused and know a case manager that could refer me to AICC; I wouldn't be here if I hadn't gotten the services I needed there."

Risk Factors



Priority Populations as Identified by the Community (Adults and Youth)



Priority Populations Impacted by Gaps in the System of Care as Identified by the Community

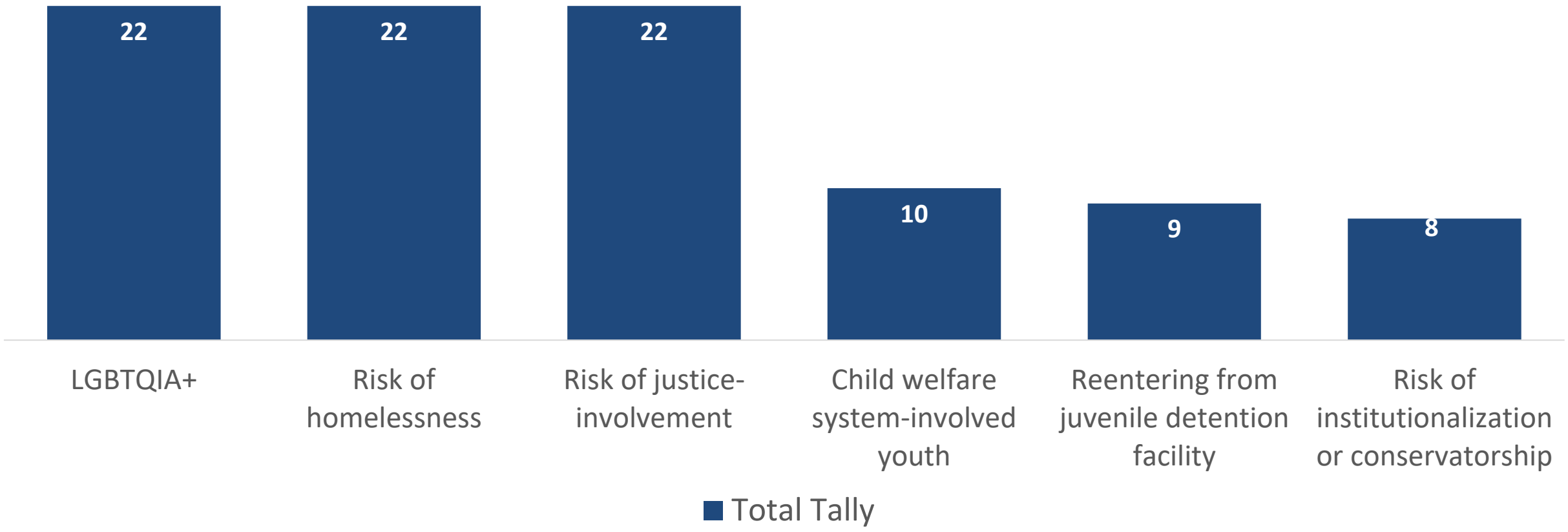
> *"Systemic discrimination against LGBTQ BIPOC individuals adds another layer of stress."*

> *"There are no treatment centers for Natives at all."*

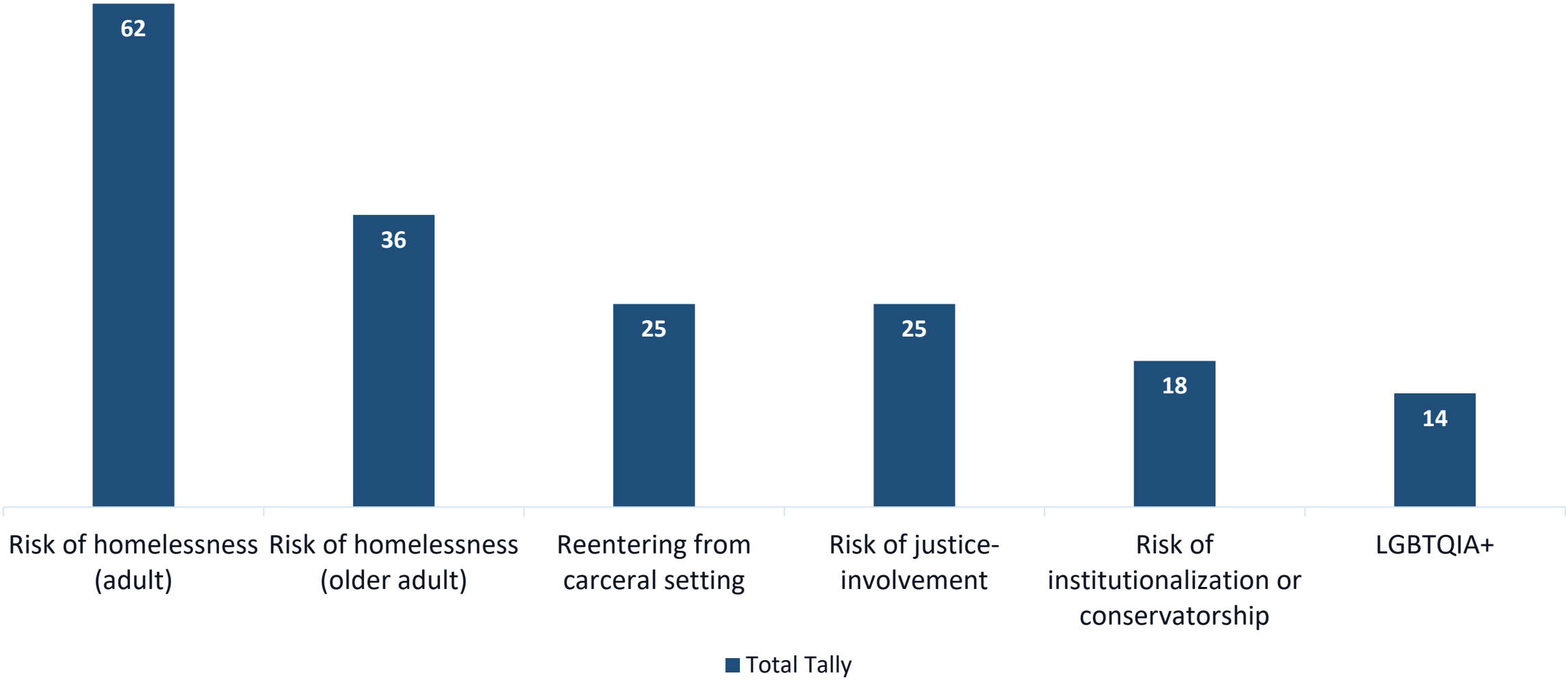
Groups identified as impacted by gaps in the system of care based on findings from qualitative notes:

- Black and Indigenous People of Color (BIPOC)
- People with substance use disorders
- LGBTQIA+
- Deaf and Hard of Hearing
- Older adults
- Unhoused individuals or individuals at risk of homelessness
- Immigrants and individuals with English as a second language
- Children/youth

Youth Priority Populations as Identified by the Community



Adult Priority Populations as Identified by the Community



Recommendations as Identified by the Community

(Top 5 in order of most frequently mentioned)

Suggestions to improve the system of care:

- Increase outreach and engagement, awareness and education, and build community trust [217]
- Increase representation and cultural competence [172]
- Provide specific programs, services, and trainings [161]
- Increased spending on behavioral health, community-based organizations, transportation, etc. [96]
- Organizational Growth (Improved Coordination, Transparency, Continuity, Referrals, and Capacity) [61]

Recommendations as Identified by the Community

"Awareness and access barriers: Services exist but are not always visible or easy to navigate. Some students are hesitant to seek help due to stigma, uncertainty about qualifying, or lack of familiarity with available support."

"The community calls for more culturally competent therapists and greater representation of Vietnamese and BIPOC voices in mental health services. Having more therapists from similar cultural backgrounds would make it easier for individuals to seek care and reduce stigma."

Preliminary Findings from Cross Systems Planning

Families First Prevention Services Act (FFPSA): Community Pathway

Goal: Transition from *mandatory reporting* to *community support*.

Approach:

- County-wide data analysis and engagement of the current child welfare system.
- Collaboration with FFPSA Task Force and like-initiatives.
- Community input through surveys and focus groups.

Community Vision:

- Whole-person wellness and strength-based support.
- Access through any entry point (“any door as the first door”).
- Local hubs for community gathering, education, and navigation.

Recommendations:

- Build equity-centered, cross-sector partnerships.
- Blend and braid resources for sustainability.
- Strengthen existing structures and link services across systems.

Family, Infant, and Early Childhood Mental Health (FIECMH) Roadmap

Overview: A collaborative, countywide effort since early 2024 involving **242 participants** from **70 organizations**.

Goal: Develop a *community-defined continuum of care* for families with children ages 0–8.

Timeline:

- **Roadmap Completion:** December 2025
- **Implementation Launch:** 2026

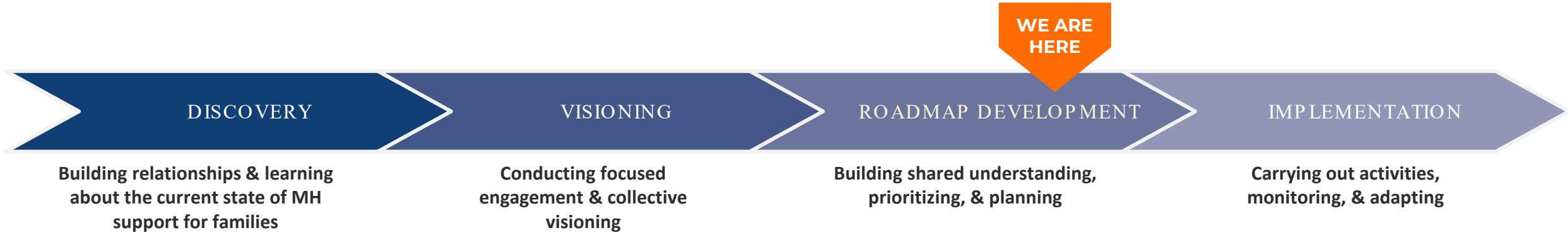
Vision: An Orange County that *promotes and celebrates mental health* for all families, fostering thriving homes, schools, and communities.

Priorities:

- Ensure basic needs (housing, childcare, safety, living wages).
- Increase family understanding of early child development & mental health.
- Provide timely access to appropriate supports.
- Expand opportunities for positive family and child development.

Strategies:

- Enhance accessibility and navigation to services.
- Empower informal networks and community-based initiatives.
- Increase knowledge and awareness.
- Strengthen capacity at the organizational and systems levels.



Alignment of FFPSA & FIECMH with BHSA

FFPSA Community Pathway Findings

- ✓ Incorporating community input
- ✓ Promotion efforts needed for young adults and nonparents, e.g., creating community, enhancing well-being, remove risk factors, use of awareness campaigns
- ✓ Education and awareness to reduce stigma
- ✓ Emphasis on equity and culturally responsive care across agenesis and workers
- ✓ Address mental health needs in tandem with basic needs
- ✓ Accessible resources that are inclusive, unique and sustainable
- ✓ Local hub model

FIECMH Roadmap Findings

- ✓ Responsive and reflective of community
- ✓ Promotion efforts for families, e.g., creating community, enhancing well-being, remove risk factors, use of awareness campaigns
- ✓ Education in child development and mental health to ensure early access to treatment and supports
- ✓ Meet basic needs, e.g., stable housing, living wages, childcare and safety
- ✓ Need to strengthen capacity organizational and system levels

BHSA Requirements

- ✓ Community involvement in planning
- ✓ Priority populations including children who homeless or at risk of homelessness, child welfare or justice involved, at risk of institutionalism
- ✓ Addressing childhood trauma and early intervention to address early origins of mental health and substance use disorders
- ✓ **Emphasis on addressing adverse childhood experiences (ACEs)**
- ✓ Emphasis on culturally responsive & linguistically appropriate interventions
- ✓ Advancement of equity and reduction of disparities
- ✓ **Strategies targeting mental health needs of children 0-5 including infant and early childhood mental health consultation**
- ✓ **Outreach and engagement targeting early childhood 0-5,** inclusive of out-of-school youth and secondary youth
- ✓ Access, linkage, early intervention and intervention to include treatment of mental health and substance use disorder

Bold = identified BHSA gap related to these initiatives

Community Program Planning Timeline

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 Integrated Plan worked on, internal review, CPP report out at BHAB and PAC (October)

Jan – March 2026

Approve & Post

Finalize Integrated Plan, BHAB report out, 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

Bringing It All Together

Community Regional Meetings: SAVE THE DATE!

The Regional Meetings in January will provide an overview of the community planning process and the draft Integrated Plan. These meetings will provide an opportunity for the community to offer feedback before the submission to DHCS and the 30-day public comment period.

- Currently being scheduled for January 2026
- 3 held in person and 2 held virtually

IN PERSON

South Laguna Hills Community Center
1/21/26 from 4-6 pm

Central Behavioral Health Training Center
1/22/26 from 9-11 am (in place of the January PAC)

North Fullerton Community Center-*tentative*
1/26/26 from 12-2 pm

VIRTUAL

Virtual PM on 1/27/26 from 5-7 pm
Virtual AM on 1/29/26 from 9-11 am

Stakeholder Demographics and Feedback

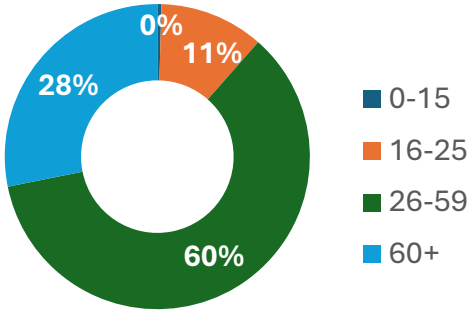
Overview of Demographics of CPP Participants

January 2025-September 2025 – Data is subject to change

County Region Live or Work

- 35% Central
- 30% North
- 19% South
- 10% All Regions of County
- 4% Other County
- 3% Decline to state

Ages (Years)



Gender Identity

69%	27%	2%	2%
Female	Male	Genderqueer	Prefer Not to Answer

Race/Ethnicity

31%	Asian
24%	Hispanic/Latino
23%	Caucasian/White
8%	Middle Eastern/North American
7%	African American/Black
5%	American Indian or Alaskan Native
1%	Native Hawaiian/Pacific Islander
3%	Other Race/Ethnicity
2%	Prefer Not to Answer

*Each participant can select more than one race category.

Primary Language

56%	English
10%	Vietnamese
10%	Spanish
6%	Farsi
4%	Khmer
3%	Korean
3%	Other
3%	Arabic
2%	ASL
2%	Mandarin/Cantonese
1%	Tagalog
3%	Decline to state

Sexual Orientation

79%	Heterosexual
4%	Bisexual
2%	Asexual
2%	Pansexual
2%	Other
1%	Gay
1%	Queer
1%	Lesbian
8%	Prefer not to answer

Overview of Demographics of CPP Participants

January 2025-September 2025 – Data is subject to change

Lived Experience Consumers & Family Members

19% Consumer of Mental Health Services

15% Family Member of Mental Health Consumer

5% Consumer of Substance Use Disorder Services

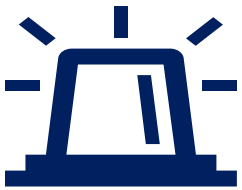
6% Family Member of Substance Use Disorder Consumer

5% Military Service

30% Military Family Member

6% Lived Experience with Homelessness

3% Domestic Violence/Sexual Abuse Representatives



*Each participant can select more than one stakeholder category.

July 2025 PAC Feedback

					
Do you feel that we achieved the goals outlined in the meeting agenda?	38%	46%	8%	4%	4%
Did you feel engaged at this meeting?	38%	38%	13%	8%	4%
Do our meetings give you space to interact with fellow community members in ways...	42%	38%	8%	8%	4%
Were you able to ask questions and voice your opinions?	38%	46%	8%	4%	4%
Was everyone given the chance to contribute their ideas?	38%	46%	8%	4%	4%
Overall, I am satisfied with this meeting.	46%	25%	25%	0%	4%

Networking

Conversation Starters

Service Connection
(spend 30 minutes with your table and change tables)

Conversation Starter 1:

Now that we've identified some of the gaps and strengths in our community, take a few minutes to introduce yourself and organization to your table. Please identify a scribe and a person that is willing to share out.

1. Share one way your organization or program you participate in helps fill a gap or builds on a strength we reviewed. Perhaps there is a service or provider you may not know about.

Conversation Starters

Service Connection
(spend 30 minutes with your table and change tables)

Conversation Starter 2:

Now that we've identified some of the gaps in our Children's Cross-System Planning, please identify a scribe and a representative who is willing to share out.

1. Share one way your organization or a program you participate in helps address a gap we recognize using the Children's Cross-System Planning slide deck — and consider whether there may be a service or provider you learned about today that could enhance collaboration.

Demographic and Satisfaction Survey

Thank you for your participation.

For questions, please contact

BHSA at (714) 834-3104 or email bhsa@ochca.com.

Or check out our website

https://www.ochealthinfo.com/bhsa-community

assess.

discuss.

improve.

#BHSA

Next Up - Community Regional Meeting

January 22, 2026

During the normally scheduled PAC meeting
Scan the QR code below for more information *(coming soon)*

Stay Connected!

www.ochealthinfo.com

OC Health Care Agency

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Appendices

Community Engagement Events

Type of Event	Date	Number of Participants
Listening Sessions	March 6	39
	March 19	28
	March 20	20
Educational Sessions	April 30	42
	May 1	28
	May 5	17
	May 13	32
Regional Community Forums	July 22	52
	July 29	60
	July 20	37
Key Informant Interviews	July 29 – September 10	6

Focus Groups Held
(April 2025 – September 2025)

Date	Community of Focus/Stakeholder Groups *Held in primary language or ASL	Number of Focus Groups	Number of Participants
April 8	County Behavioral Health Leadership	9	106
May 2	Transition age youth (TAY)	1	5
May 13	Youth Foster Group	1	9
May 29	Behavioral Health Equity Committee (BHEC) (subcommittees representing multiple cultural groups)	8	38
June 9	People with Disabilities	1	6
June 11	LQBTQIA+ Youth	1	2

Focus Groups Held
(April 2025 – September 2025) (cont)

Date	Community of Focus/Stakeholder Groups *Held in primary language or ASL	Number of Focus Groups	Number of Participants
June 11	Adult Wellness Center Consumers	3	8
June 12	Crisis Intervention Team (CIT) Steering Committee	1	23
June 16	Deaf and Hard of Hearing Community (BHEC subcommittee)*	1	8
June 19	Homeless Community	3	21
June 22	Native American Indigenous Community	1	12
June 24	Cambodian Community*	1	13

Focus Groups Held
(April 2025 – September 2025) (cont)

Date	Community of Focus/Stakeholder Groups *Held in primary language or ASL	Number of Focus Groups	Number of Participants
June 25	TAY	1	6
July 3	Justice-involved youth	1	12
July 15	Vietnamese Community/Older Adults	1	12
July 18	Vietnamese Community*	1	11
July 18	Korean Community*	1	10
July 21	Farsi Community*	1	8
July 21	Korean College-Aged Youth	1	8
July 22	Chinese Community*	1	11

Focus Groups Held
(April 2025 – September 2025) (cont)

Date	Community of Focus/Stakeholder Groups *Held in primary language or ASL	Number of Focus Groups	Number of Participants
July 24	Afghan Muslim Community	1	10
July 25	Vietnamese Community*	1	10
July 29	Vietnamese Community*	1	14
August 1	Middle Eastern/North African Community	1	9
August 3	African American Community	1	14
August 4	Pacific Islander Community	1	10
August 5	Housing & Homeless Continuum of Care (CoC)	1	10
August 6	Parents of LGBTQIA+ Youth	1	6

Focus Groups Held
(April 2025 – September 2025)

Date	Community of Focus/Stakeholder Groups *Held in primary language or ASL	Number of Focus Groups	Number of Participants
August 8	Early Childhood	1	6
August 8	Afghan Community*	1	7
August 11	Veterans	1	9
August 13	CoC Housing Committee	3	15
August 13	Latino/Latinx Community*	1	25
August 13	UCI Students	1	5
August 14	UCI Staff	1	7
	GRAND TOTAL	56	**945****

**Individuals could attend multiple events; these counts are not unduplicated