



# ORANGE COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

ALAN V. ALBRIGHT, LMFT  
CHAIR  
FRED WILLIAMS, LMFT  
VICE CHAIR

MAILING ADDRESS 405 W. 5<sup>TH</sup>  
STREET SANTA ANA, CA 92701  
<http://www.ocalthinfo.com/bhs/about/mhb>

## Study Committee Meeting

### NOTES

Wednesday, September 10, 2025

10:00 a.m. – 11:45 a.m.

#### **\*In-Person meeting**

601 N. Ross St., Santa Ana, CA 92701 – MPR Room

#### **Hybrid Option:**

<https://zoom.us/j/99364554212> / Meeting ID: 993 6455 4212

**10:08 – 10:10 a.m.**

#### **Welcome & Introductions**

**Alan Albright**

Members: Alan Albright, Fred Williams, Linda Smith, Steve McNally, Chase Wickersham, Michell Fernandez, Adela Cruz

Staff in attendance: Ian Kemmer, Amy Nguyen, Xyanya Garza, Dawn Smith, Nathan Lopez, Brad Hutchins, Mark Lawrenz, Tracy Ernt, Glenda Aguilar, Jan Amick, Flor Yousefian Tehrani, Michelle Smith, Sophia Valdez, Christy Read-Gomez

**10:10 – 11:40 a.m.**

#### **Scheduled Discussion Items**

- **SUD Updates Continued**  
**By: Mark Lawrenz**

Jan Amick continued from the prior SUD presentation and presented Data Outcomes from Fiscal Years 23/24 and 24/25, aggregated across contracted providers and clinics. For performance outcomes, the goal retention rate is above 50%, and the satisfactory progress rate is above 50%. For both adolescents and adults, target retention rates and satisfactory progress rates were met. Jan also presented data for the Fiscal year 24/25 Outpatient Satisfaction Surveys. The target satisfaction rate is above 75%. Jan clarified that the satisfactory rate was based on the percentage of clients who complete or make satisfactory progress upon discharge. Linda inquired about the lower satisfactory progress rates in adults. Jan provided various reasons for the cause, and what the team was doing to improve that rate. Jan would also send a copy of the satisfaction survey to be shared with the BHAB members.

Mark addressed the questions the BHAB members sent in. Mark shared the funding sources for SUD which included: drug Medi-Cal (DMC) financial federal participation, realignment, federal block grant, opioid settlement funds, AB109, and state general fund. Mark clarified Medications for Assisted Treatment (MAT) is accessible through any treatment provider program, and that the services are provided directly through the county operated clinics in Santa Ana, Anaheim, and Aliso Viejo, as well as through four outpatient contract providers. There are also two narcotic treatment providers, with five

different locations. Residential providers also provide MAT services. A Mobile Narcotic Treatment Program Service is set to be rolled out in the fall.

Mark informed the group about the current South County locations for services and mentioned future plans to expand within the county.

Mark updated the group with information regarding SUD services that will be provided at the new BeWell Irvine campus. The Phoenix House will be the provider of a 48-bed adult residential program for adult men and women. It'll also include beds for withdrawal management. The Phoenix House will also be the provider of a 12-cot sobering, center station. These services are expected to go live early 2026.

Mark shared that SUD services are publicized through presentations, tabling events, health fairs, forums, OC Navigator, Medi-Cal members receive updates through the Behavioral Health Member Handbook, and collaboration with CalOptima.

Mark clarified that the two clinicians being funded for Prop 36 implementation will be designated to do evaluations at court, write reports, and participate in staff proceedings. Currently one position has been funded, and the second will be onboarded soon.

Mark addressed questions about locations that could provide 24/7 Narcan accessibility, which is currently only emergency departments and paramedics. This could be considered in the future.

Steve provided feedback about the response rate for satisfaction surveys. Steve requested, in addition to the funding sources for SUD services, the dollar amount from each source and type of activity associated with them, and specifically with regards to opioid settlement, what funds county controls versus doesn't control. In addition, Steve inquired about funds from the state budget that were supposed to be set aside for Prop 36. Steve also asked when the last time was the state evaluated the DMC ODS plan. Ian clarified the audit is every year and currently there will not be additional funding for Prop 36.

Adela inquired about the process once an individual has exited the program. Mark and Tracy provided information on outreach and linkage to additional sources when needed, and the post-discharge follow up. Michelle asked if there were any programs or resources for families in need, to provide additional support. Mark shared about a few of the education and prevention programs available.

Alan inquired about providing services for individuals not covered by Medi-Cal. Mark shared about the approach to providing services for unfunded individuals. Alan further inquired about individuals who have private insurance, which Mark confirmed would be referred back to their insurance company. Ian addressed Alan and Linda's concerns regarding the differences in services that are available.

Steve inquired if services were provided through the CARE Act, SB 43, or anything that would be reimbursable by private insurance. He also asked if the information regarding the percentage of clients served who were affected by the immigration status changes is available. Ian advised that the information could be requested and provided after the meeting.

- **Follow-up to Children's Full Service Partnership Data (FSP)**  
**By: Dawn Smith**

Dawn Smith presented on the Contracted Full-Service Partnership (FSP) programs for Children and Youth services. Dawn started by providing an overview of an FSP, who is eligible for FSPs, and the types of services provided. The goal of the FSP is to help look at what does a youth need to move forward with the goals that they have, helping them identify what their own goals are, what their family's goals are for their treatment.

Dawn presented outcomes for several of the FSPs. For each program, Dawn highlighted the annual maximum obligation, direct service hours, on-going minimum caseload capacity, and fiscal year 23-24 data. Data presented was based on a contract model, however new models, which is a fee-for-service model, became effective July 1.

Project Health FSP serves children and youth with a coexisting medical condition in addition to a mental health condition. Collaborative Court FSP (CCFSP) is exclusively for the juvenile court's population. Youthful Offender Wraparound (YOW) serves children and youth, ages 12 to 26, with current or past Orange County juvenile justice involvement. Reaching Everyone Needing Effective Wrap (RENEW) serves children and youth, ages 0 to 18, experiencing severe emotional disturbance. Supporting Transitional Age Youth (STAY) serves youth, ages 16 to 26. Project For Our Children's Ultimate Success (FOCUS) serves culturally and/or linguistically – isolated Asian/Pacific Islander (API) children, adolescents, and transitional age youth, ages 0 to 26, who are living with severe emotional disturbance and/or serious mental illness.

Chase inquired if there was tracking for individuals as they move to adulthood to see if individuals are staying in programs, Dawn shared that if the individual continues in services, there is tracking, but it is harder to track individuals if they chose to leave programs. The pathway for individuals is usually an FSP that transitions to outpatient treatment, then managed care, and to being fully discharged.

Dawn will return at a future meeting to continue her presentation and address questions from the board members.

Linda requested a future presentation on workgroups as well.

- **Update on BHAB Responsibility for the Behavioral Health Integrated Plan (BHIP)**  
**By: Michelle Smith**

Michelle started off by providing updates that are related to the implementation of the Behavioral Health Services Act (BHSA) given the direction received from the state and the latest guidelines received pertaining to the community program planning process. Effective January 1, 2025, Behavioral Health Services (BHS), Public Health Services (PHS), and the managed care plans are equally responsible for the community planning process.

Michelle provided updates for current activities taking place, including coordination of data sharing agreements, funding for the various community engagement processes, and working towards an integrated community process among various partners. The expectation is by 2028, there will be a collective community health assessment.

Michelle provided a visual update showing the changes of roles and responsibilities through the change from MHSA to BHSA. Linda Smith asked for clarification for when the WIC codes will be updated to reflect the new roles and responsibilities. Michelle clarified that the WIC code has been revised to show these changes, and clarified that counties are required to follow the most recent application of the law. Alan expressed concerns regarding the conflicting direction being given between the local and state level for the roles and responsibilities of the BHAB. Ian addressed that he will be meeting with the leader of the advisory boards to help ensure coordinated messaging and alignment to help clear up any confusion as pieces of these guidelines get released.

**11:45 a.m.**

**Public Comment**

**Alan Albright**

- Diana

Ms. Diana provided feedback regarding her living situations at two MHSA locations.

**11:59 a.m.**

**Adjourn: 11:59 AM**

**Alan Albright**

You may request supporting documentation distributed to the Behavioral Health Advisory Board as related to the agenda items upon request from Karla Perez, [kperez@ochca.com](mailto:kperez@ochca.com)

**Next Meeting:**

**BHAB Study Committee:** October 8, 2025, 10:00 a.m. – 11:45 a.m.