Behavioral Health Integrated Plan Community Forum

January 2026

Behavioral Health Services Act (BHSA) Program Planning & Administration
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Today's Agenda

- Welcome & Opening Remarks
- Community Meeting Purpose & Goals
- New Behavioral Health Integrated Plan
- Statewide Behavioral Health Goals
- Behavioral Health Fiscal Overview
- Community Program Planning Overview
- Discussion
- Timeline & Next Steps

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Welcome & Opening Remarks

Community Regional Meeting Purpose & Goals

Purpose
Provide overview of the draft Behavioral Health Integrated Plan (BHIP) including programmatic changes for Behavioral Health Services Act (BHSA) funding
Present an overview of statewide priorities and local data
Share findings from the Community Program Planning (CPP) Process
Review system capacity, fiscal overview, and community input
Create space for discussion, feedback, and collaboration

Goals
Strengthen understanding of community strengths, needs, and priorities
Advance cross-systems coordination among Behavioral Health, Public Health, and Managed-Care Plan (MCP) partners
Demonstrate alignment between community feedback, requirements, and the Behavioral Health Integrated Plan (BHIP)
Support transparency, accountability, and shared ownership in planning
Finalize community-informed input toward the new Behavioral Health Integrated Plan (BHIP)

We seek to promote transparency, understanding, collaboration, and equity in behavioral health planning.

NEW
Behavioral Health Integrated Plan (BHIP)

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About the County Behavioral Health System of Care

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).

Our Services:

- Mental health (MH) services
- Substance use disorder (SUD) services
- Housing and residential support services
- Crisis and post hospital services

Who We Serve:

- 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
- Individuals who are at risk of or have more serious mental health and substance use challenges

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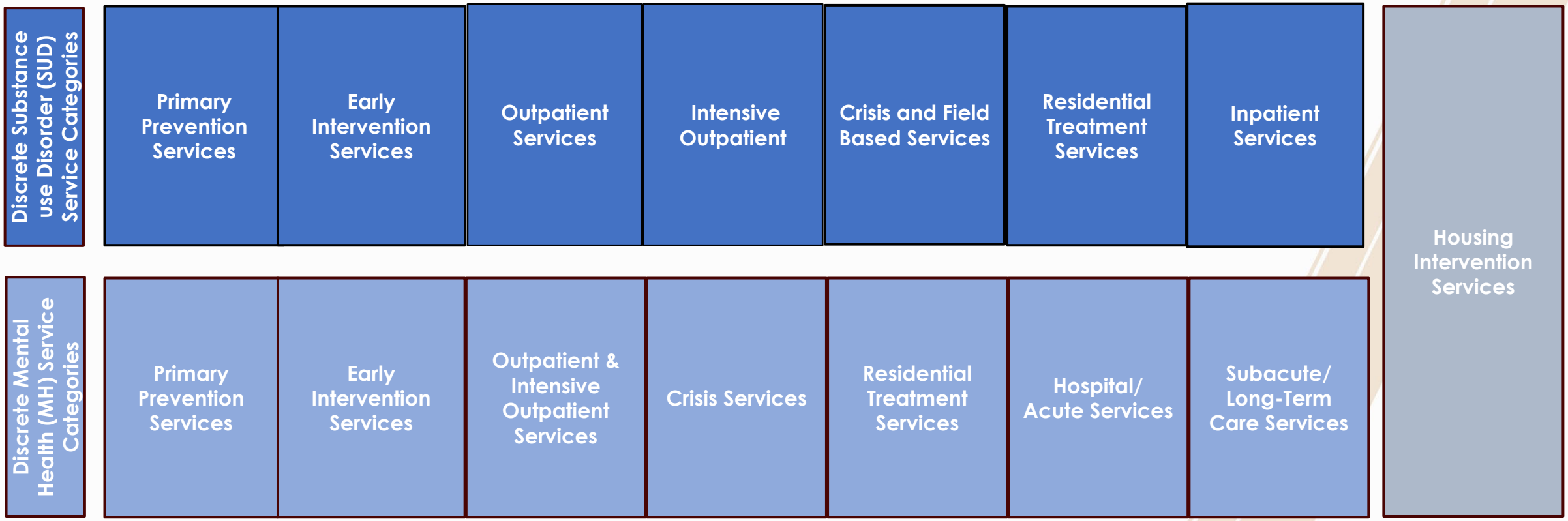
3-Year Behavioral Health Integrated Plan

3-Year Behavioral Health Integrated Plan (BHIP) structure for **ALL** county behavioral health funding sources, not just the Behavioral Health Services Act (BHSA), will be reported via the state-defined Behavioral Health Care Continuum.



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Fiscal Restructuring of the Behavioral Health Services Act (BHSA) "Millionaire's Tax" Funding

County Allocation vs. State Allocation

4% allocation is made to the No Place Like Home (NPLH) Housing Bond before any monies are allocated to state entities or counties.

86% County Allocation down from 91%			**10% State Allocation up from 5%**
35% Full Service Partnership (FSP)	**35%** Behavioral Health Services & Supports (BHSS)	**30%** Housing Interventions	**Minimum of 4%** Population Based Prevention
			3% State Behavioral Health Workforce
			3% State Administration

Counties ***may*** request to transfer a **maximum of 7%** from any one BHSA funding category to another BHSA funding category with a cumulative transfer maximum of **up to 14%**. Orange County does **NOT** plan to request to transfer funds between the BHSA funding categories for the first BHIP.

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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

Behavioral Health Services Act (BHSA) Planning Workgroups

- This collaborative process combined consumers, system partners, professionals and other stakeholders to work together to create a more equitable system of care.
- These workgroups assisted with our community program planning by ensuring services, treatment and support programs were strategically aligned with community priorities, resources are used effectively, and desired outcomes are attained.

YOU helped to improve the health and well-being of the community.

YOU helped identify community-defined needs.

YOU helped develop strategies to address those needs.

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Behavioral Health Services Act (BHSA) Full Service Partnership (FSP) Identified Gaps & Next Steps

Identified Gaps

- Use of required Full Service Partnership (FSP) evidence-based practices (EBPs) to fidelity including meeting **required** staff to consumer ratios
- Full Service Partnership (FSP) Level of Care (LOC) criteria
- Referral pathways between the 2 Full Service Partnership (FSP) levels of care and outpatient and other supports including employment and housing
- Need to strengthen local implementation of required assertive field-based for Substance Use Disorder (SUD) and rapid access to Medications for Addiction Treatment (MAT)
- Use of the required American Society of Addiction Medicine (ASAM) Substance Use Disorder (SUD) screening tool at intake for all Full Service Partnership (FSP) consumers
- Substance Use Disorder (SUD) treatment integration into Full Service Partnership (FSP) program

Next Steps

- Engage in trainings on evidence-based practices (EBPs)
  - High Fidelity Wraparound (HFW)
  - Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT)
  - Individual Placement and Support (IPS) employment model
  - Intensive Case Management (ICM)
- Develop Levels of Care (LOC) criteria
  - FSP Level 2: (ACT/FACT)
  - FSP Level 1: (FSP ICM)
  - Outpatient Level
- Develop referral pathways and workflows for Full Service Partnership (FSP) levels of care (LOC), outpatient, Individual Placement and Support (IPS), housing supports and higher level Substance Use Disorder (SUD) treatment
- Develop process for delivery assertive field-based strategies for the initiation of Substance Use Disorder (SUD) treatment and rapid access to Medications for Addiction Treatment (MAT)

See Appendices for overarching requirements for Full Service Partnerships (FSP)

Behavioral Health Services Act (BHSA) Full Service Partnership (FSP) Impact on the Behavioral Health Integrated Plan (BHIP)

Estimated Annual Budget for Full Service Partnerships (FSP) for Fiscal Year (FY) 2026/27 $85,750,000

Planned Program Implementation or Expansions for Full Service Partnership (FSP) for Children, Transitional Aged Youth (TAY), Adults and Older Adults

- ✓ Utilization of Evidence Based Practices (EBPs)
- ✓ Differing Levels of Care (LOC)
- ✓ Expansion of assertive field-based strategies for the initiation of Substance Use Disorder (SUD) treatment and rapid access to Medications for Addiction Treatment (MAT)
- ✓ Expansion of the Individual Placement and Support (IPS) employment model

See Appendices for overarching requirements for Full Service Partnerships (FSP)

Behavioral Health Services Act (BHSA) Behavioral Health Services & Supports (BHSS) Identified Gaps & Next Steps

Identified Gaps

- Early Intervention (EI) services for the 0-5 population
- Programs addressing Substance Use Disorders (SUD) specifically
- Capacity for Early Psychosis Early Intervention (EI) services utilizing the ***required*** Coordinated Specialty Care (CSC) evidence-based practice (EBP) – not enough providers
- Early Intervention (EI) services for older adults
- Desire for Walk-In "Urgent Care" in Crisis Stabilization Units

Next Steps & Impact on the Behavioral Health Integrated Plan (BHIP)

- Design programming for 0-5 and older adult populations
- Secure Coordinated Specialty Care (CSC) training for the current First Episode Psychosis (FEP) Identification and Treatment program
  - Expand CSC-FEP to build additional capacity
- While not identified as a gap, include Veterans as an important population to be served across programs
- Release Requests for Proposals (RFPs) as needed

See Appendices for overarching requirements for Behavioral Health Services & Supports (BHSS) programming

Behavioral Health Services Act (BHSA) Behavioral Health Services and Supports (BHSS) Impact on the Behavioral Health Integrated Plan (BHIP)

Estimated Annual Budget for Behavioral Health Services & Supports (BHSS) for Fiscal Year 2026/27 $112,848,953 and of that $12,600,000 is budgeted for Behavioral Health Outreach and Engagement

Planned Program Implementation or Expansion for Behavioral Health Navigation, Outreach, and Engagement

Dollar amount listed is for Year 1 of the Behavioral Health Integrated Plan (BHIP)

BHS Connect provides proactive, person-centered outreach, engagement, and navigation services for individuals with behavioral health needs across Orange County with an emphasis on timely linkage to appropriate behavioral health, medical, and social supports through sustained, relationship-based engagement.

- ✓ Implemented through three (3) pathways:
  - ✓ Peer Support Specialists and Parent Partners (connections with hospitals, peer support programs)
  - ✓ Enhanced Community Health Workers (connections with primary care and outpatient)
  - ✓ County Teams (systems connections)

See Appendices for overarching requirements for Behavioral Health Services & Supports (BHSS) programming

Behavioral Health Services Act (BHSA) Behavioral Health Services and Supports (BHSS) Impact on the Behavioral Health Integrated Plan (BHIP)

Estimated Annual Budget for Behavioral Health Services & Supports (BHSS) for Fiscal Year 2026/27 $112,848,953 and of that $55,295,987 is budgeted for Behavioral Health Services & Supports (BHSS) Other

Planned Program Implementation or Expansion for Behavioral Health Services & Supports (BHSS) Other

Dollar amount listed is for Year 1 of the Behavioral Health Integrated Plan (BHIP)

- ✓ System of Care Outpatient Programs (uninsured MHP and SUD) - **$7.3M**
- ✓ Centralized Intake Program - **$2.5M**
- ✓ Supportive Employment - **$3M**
- ✓ STRTP **- $6M**
- ✓ OC Links- **$6M**
- ✓ Crisis Residential Program- **$10.3M**
- ✓ Wellness Centers- **$5.3M**
- ✓ Supportive Employment - **$3M**

See Appendices for overarching requirements for Behavioral Health Services & Supports (BHSS) programming

Behavioral Health Services Act (BHSA) Behavioral Health Services and Supports (BHSS) Impact on the Behavioral Health Integrated Plan (BHIP)

Estimated Annual Budget for Behavioral Health Services & Supports (BHSS) for Fiscal Year (FY) 2026/27 $112,848,953 and of that $57,552,966 is budgeted for Early Intervention (EI)

Planned Program Implementation or Expansion for Behavioral Health Services & Supports (BHSS) Early Intervention (EI)

Dollar amount listed is for Year 1 of the Behavioral Health Integrated Plan (BHIP)

Early Intervention (EI) for Children/Youth Under 25

- ✓ Family, Infant and Early Childhood Services - **$3M**
- ✓ Early Childhood Mental Health Consultation & EI - **$1M**
- ✓ Early Psychosis Identification - **$1.3M**
- ✓ Coordinated Specialty Care for Early Psychosis - **$4M**
- ✓ Children's Specialized Services - **$4.2M**
- ✓ Children's Crisis Assessment Teams- **$2.8M**
- ✓ In Home Crisis Stabilization for Children- **$2.7M**
- ✓ Children/Youth Crisis Stabilization Unit- **$2.3M**
- ✓ Children's Substance Use Disorder (SUD) Program - **$1M**
- ✓ Justice System Involved Youth Program - **$3M**

See Appendices for overarching requirements for Behavioral Health Services & Supports (BHSS) programming

Behavioral Health Services Act (BHSA) Behavioral Health Services and Supports (BHSS) Impact on the Behavioral Health Integrated Plan (BHIP)

Estimated Annual Budget for Behavioral Health Services & Supports (BHSS) for Fiscal Year (FY) 2026/27 $112,848,953 and of that $57,552,966 is budgeted for Early Intervention (EI)

Planned Program Implementation or Expansion for Behavioral Health Services & Supports (BHSS) Early Intervention (EI)

Dollar amount listed is for Year 1 of the Behavioral Health Integrated Plan (BHIP)

Early Intervention (EI) for <u>Adults/Older Adults</u>

- ✓ Perinatal Substance Use Disorder (SUD) Services - **$1.2M**
- ✓ Justice-Involved Programs - **$10.8M**
- ✓ Older Adult Program - **$2M**
- ✓ Crisis Assessment Teams- **$5.6M**
- ✓ Crisis Stabilization Units- **$8M**

See Appendices for overarching requirements for Behavioral Health Services & Supports (BHSS) programming

Behavioral Health Services Act (BHSA) Housing Interventions Identified Gaps & Next Steps

Identified Gaps

- Specific types of housing needed
- Use of Housing First Model across all housing programs
- Referral pathways
- Use of the Homeless Management Information System (HMIS) system for all housing programs
- Policies needed for all allowable settings and housing interventions

Next Steps

- Develop referral pathways for Housing Intervention services specific to coordination with Managed Care Plans (MCPs) for use of Community Supports benefits
- Training in Housing First Model for staff and housing providers
- Policy development including partnering with Managed Care Plans (MCPs) and Continuum of Care (CoC)
- Release Request for Proposals (RFPs) as needed

See Appendices for overarching requirements for Housing Interventions

Behavioral Health Services Act (BHSA) Housing Interventions Impact on the Behavioral Health Integrated Plan (BHIP)

Estimated Annual Budget for Housing Interventions for Fiscal Year (FY) 2026/27 $73,500,000

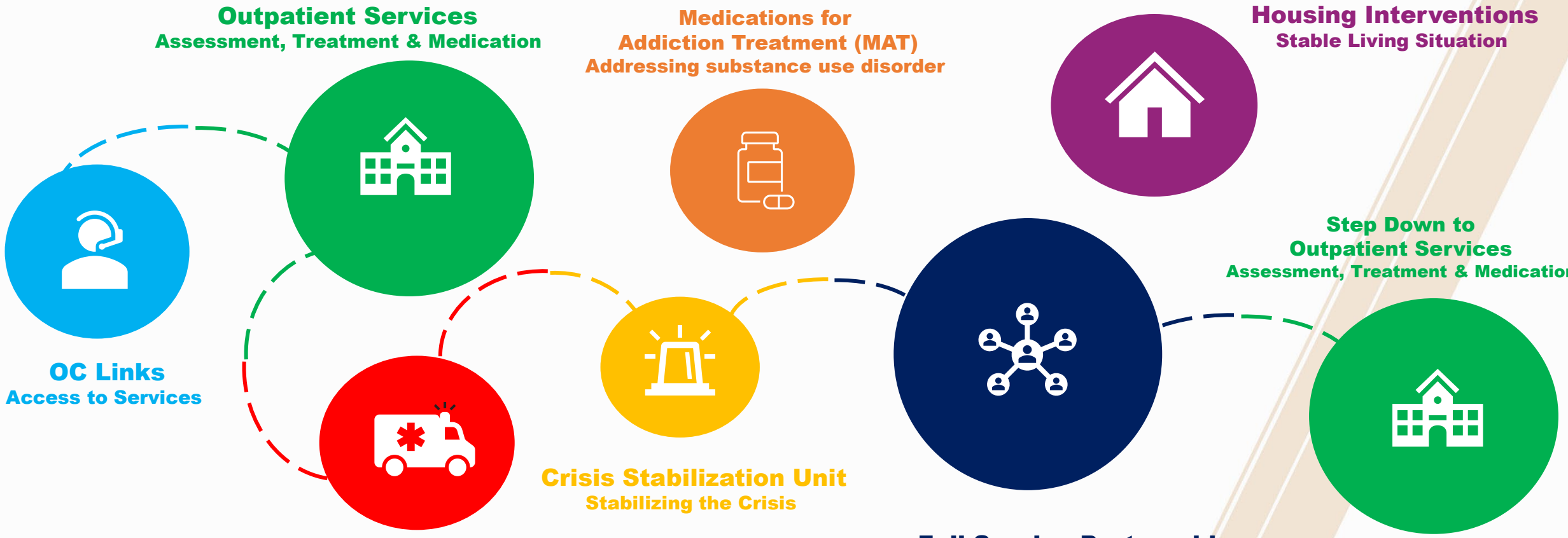
Planned Program Implementation or Expansions for Housing Interventions

Dollar amount listed is for Year 1 of the Behavioral Health Integrated Plan (BHIP)

- ✓ Transitional Rent/Subsidies (Permanent or Limited) - $23.2M (1,820)
- ✓ Capital Development Projects (Permanent) - $18M (Units TBD)
- ✓ Interim Housing (Limited) - $11.5M (500)
- ✓ Housing & Year-Round Shelters (Limited) - $1.7M (93)
- ✓ Housing Supports for Full Service Partnership Consumers (Limited and Permanent)- $4.1M (440)
- ✓ Homeless Outreach & Engagement - $3.6M
- ✓ Other Housing Supports; Participant Funds, Landlord Mitigation, etc. (Permanent) – $3.5M
- ✓ Administration - $7.4M

See Appendices for overarching requirements for Housing Interventions

The Path to Wellness



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Behavioral Health Services Act (BHSA) Statewide Behavioral Health Goals

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Statewide Population Behavioral Health Goals

Health equity will be incorporated into each of the Goals

7th Goal Orange County Behavioral Health Services (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**

Bold Blue = The six priority goals counties are ***required*** to address in the Integrated Plan including actions being taken 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 on the primary measure compared to the state.

Information related to the County's performance on all of the statewide goals is in the Appendices.

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

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**

Behavioral Health Fiscal Overview

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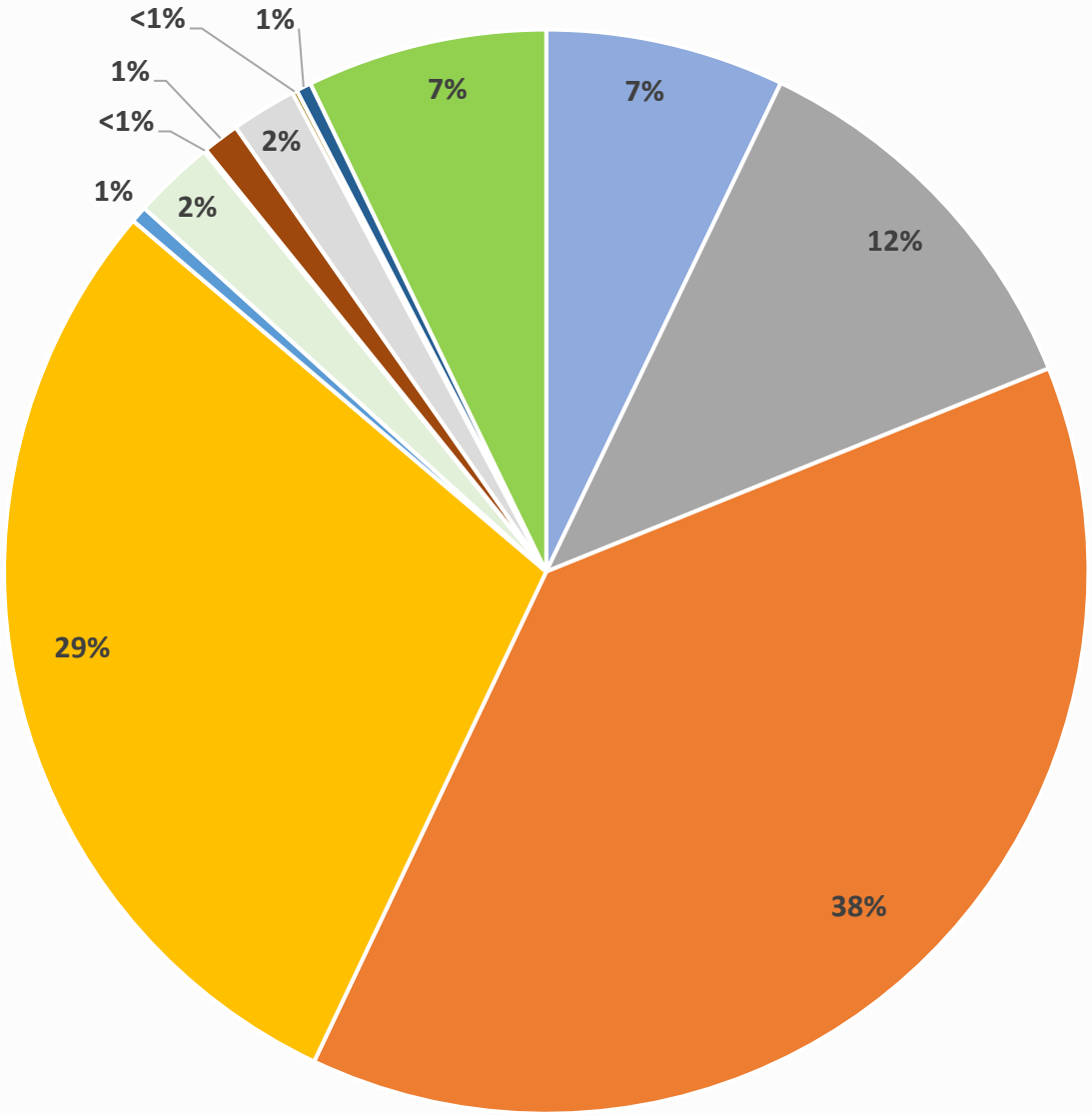
Estimated Budget for Three-Year Behavioral Health Integrated Plan (BHIP) Fiscal Years 2026/2029

Fiscal Year (FY)	Projected Annual Budget
FY 2026/27	$797,060,694
FY 2027/28	$797,060,694
FY 2028/29	$797,060,694

Overall Estimated Behavioral Health Budget for Fiscal Year (FY) 2026/27

Funding Source	Projected Fiscal Year (FY) 2026/27
Total Annual Budget	**$797,060,694**
1991 Realignment (Bronzan-McCorquodale Act)	**$56,787,449**
2011 Realignment (Public Safety Realignment)	**$93,714,672**
State General Fund	**$8,753,500**
Medi-Cal Revenue (Specialty Mental Health Services [SMHS], Drug Medi-Cal Organized Delivery System [DMC-ODS],Non-Specialty Mental Health Services [NSMHS])	**$232,450,722**
Behavioral Health Services Act (BHSA) Planned Use	**$304,164,673**
Community Mental Health Block Grant (MHBG)	**$3,942,031**
Substance Use Block Grant (SUBG)	**$19,306,499**
Projects for Assistance in Transition from Homelessness (PATH)	**$564,842**
Opioid Settlement Funds	**$15,538,699**
Commercial Insurance	**$1,178,859**
County General Fund	**$3,550,301**
Other Federal Grants, Other State Funding, Other County Mental Health (MH)/Substance Use Disorder (SUD) funding	**$57,108,447**

Overall Estimated County Behavioral Health Budget for Fiscal Year (FY) 2026/27 (con't.)



Total Budget for FY 2026/27
$797,060,694

- 1991 Realignment
- 2011 Realignment
- Behavioral Health Services Act (BHSA)
- Medi-Cal Revenue
- Mental Health Block Grant
- Substance Use Block Grant
- Projects for Assistance in Transition from Homelessness Grant
- State General Fund
- Opioid Settlement Funds
- Commercial Insurance
- County General Fund
- Federal and State Grants/Other Funding

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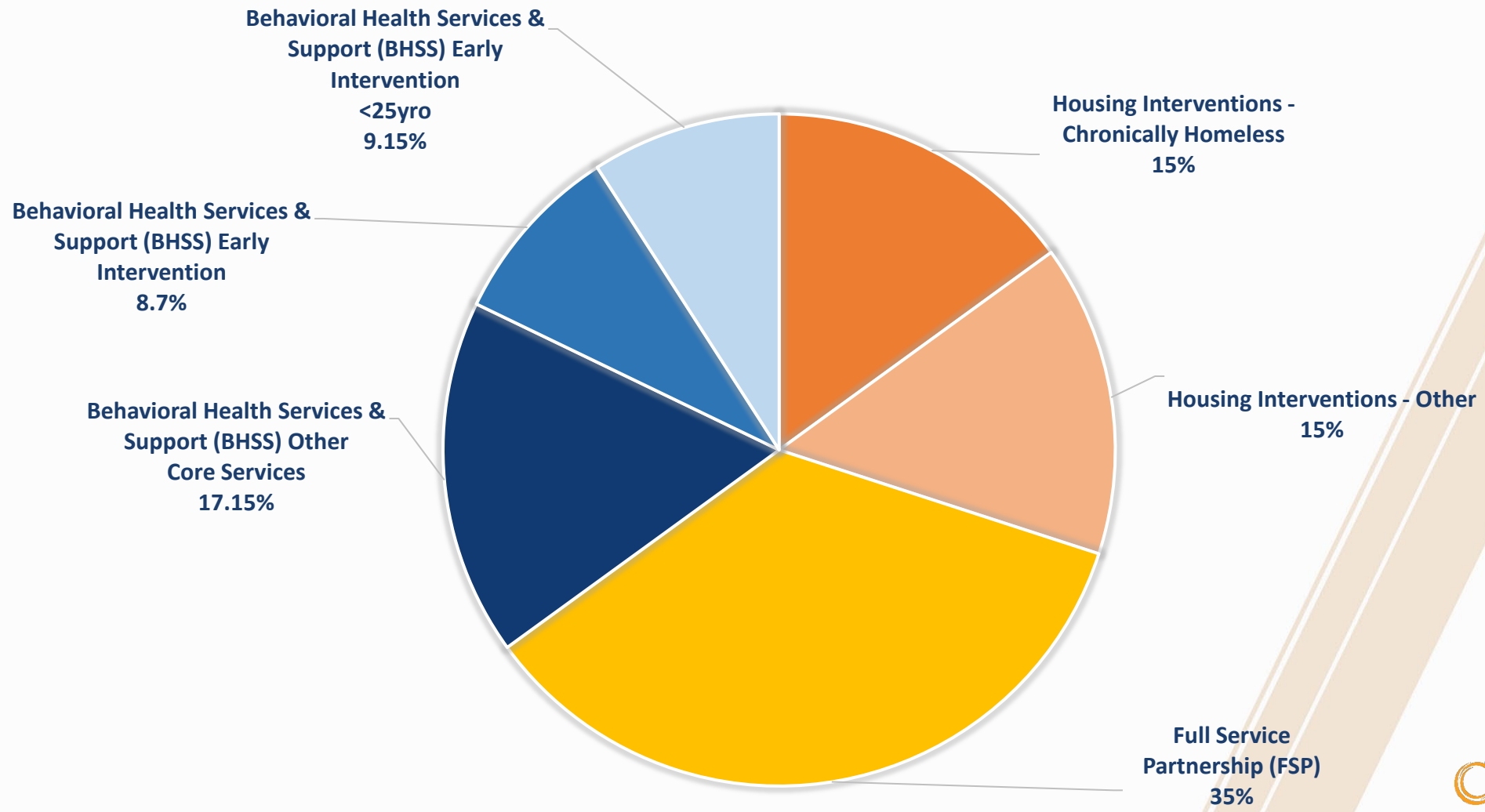
BHSA Estimated Budget for Three-Year Behavioral Health Integrated Plan (BHIP) Fiscal Years 2026/2029

Fiscal Year (FY)	Estimated Annual Budget
FY 2026/27	$304,164,673
FY 2027/28	$304,164,673
FY 2028/29	$304,164,673

- During the transition from Mental Health Services Act (MHSA) to BHSA, counties are allowed to maintain any allocated encumbered MHSA Innovation, Capital Facilities & Technological Needs (CF/TN) and Workforce Education & Training (WET) funds and continue to spend them down as planned without transferring to the new BHSA funding categories.
  Estimated totals include:
  - **$36,684,983** for current MHSA Innovation projects which are scheduled to end June of 2029
  - **$48,101,792** for CF/TN to support data and analytic systems, the existing electronic health record (EHR) and implementation of a new EHR.
  - **$11,410,385** for WET to support existing and updated delivery of workforce strategies.
- Counties will have flexibility to determine how to utilize their unspent Community Services & Supports (CSS) and Prevention & Early Intervention (PEI) MHSA funds to the BHSA components (BHSS, Housing Interventions, FSP) per local discretion.
  - ***Estimated*** total of unspent CSS and PEI MHSA funding is **$81,296,859** and will be spent down in the new 3-Year Plan and directed to the Behavioral Health Services and Supports (BHSS) funding category to address anticipated shortfalls and maintain required and current programming.
- The ending balance of Prudent Reserve is **$33,285,769** and will be maintained at the current levels.

Behavioral Health Services Act (BHSA) Funding Categories

Local Allocations at County Level (% of total County allocation per $1M)



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A Closer Look: BHSA Budget for FY 2026/27

Behavioral Health Services Act (BHSA) Funding Category	Projected Fiscal Year (FY) 2026/27 BHSA Incoming Revenue and Budget
Total Annual *Estimated Incoming* BHSA Funding (millionaire's tax)	**$245,000,000**
Housing Interventions - 30% of total incoming BHSA	**$73,500,000**
Chronically Homeless (50% of Housing funds)	$36,750,000
Other (50% of Housing funds)	$36,750,000
Behavioral Health Services & Supports (BHSS) - 35% of total incoming BHSA	**$85,750,000**
Allocation of Unspent MHSA CSS and PEI to BHSS	*+$27,098,953*
New Annual Total for BHSS	**=$112,848,953**
BHSS Other (49% of BHSS funds)	$55,295,987
Early Intervention (EI) (51% of BHSS funds)	$57,552,966
*EI for <25yro (51% of BHSS EI funds)	*$29,352,013 of EI funds ***must*** be directed to <25yro
Full Service Partnership (FSP) - 35% of total incoming BHSA	**$85,750,000**
Innovation Projects	**$12,228,328**
Capital Facilities & Technological Needs (CF/TN)	**$16,033,930**
Workforce Education & Training (WET)	**$3,803,462**
Total Annual BHSA Budget Includes *Incoming and Unspent MHSA CSS/PEI funds*	**$304,164,673**

Community Program Planning Overview

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Transformation/Evolution of the Community Program Planning (CPP) Framework in Orange County

Fiscal Year 2010/2020
Met Minimum Requirements

- Mental Health Services Act (MHSA) Steering Committee – 40-60 Standing Members
- Consumer Action Advisory Committee – 12 Standing Members (Ended 2020)
- Behavioral Health Advisory Board (BHAB)

Fiscal Year 2021/2022
Mental Health Services Act (MHSA) Compliant & Met Basic Standards

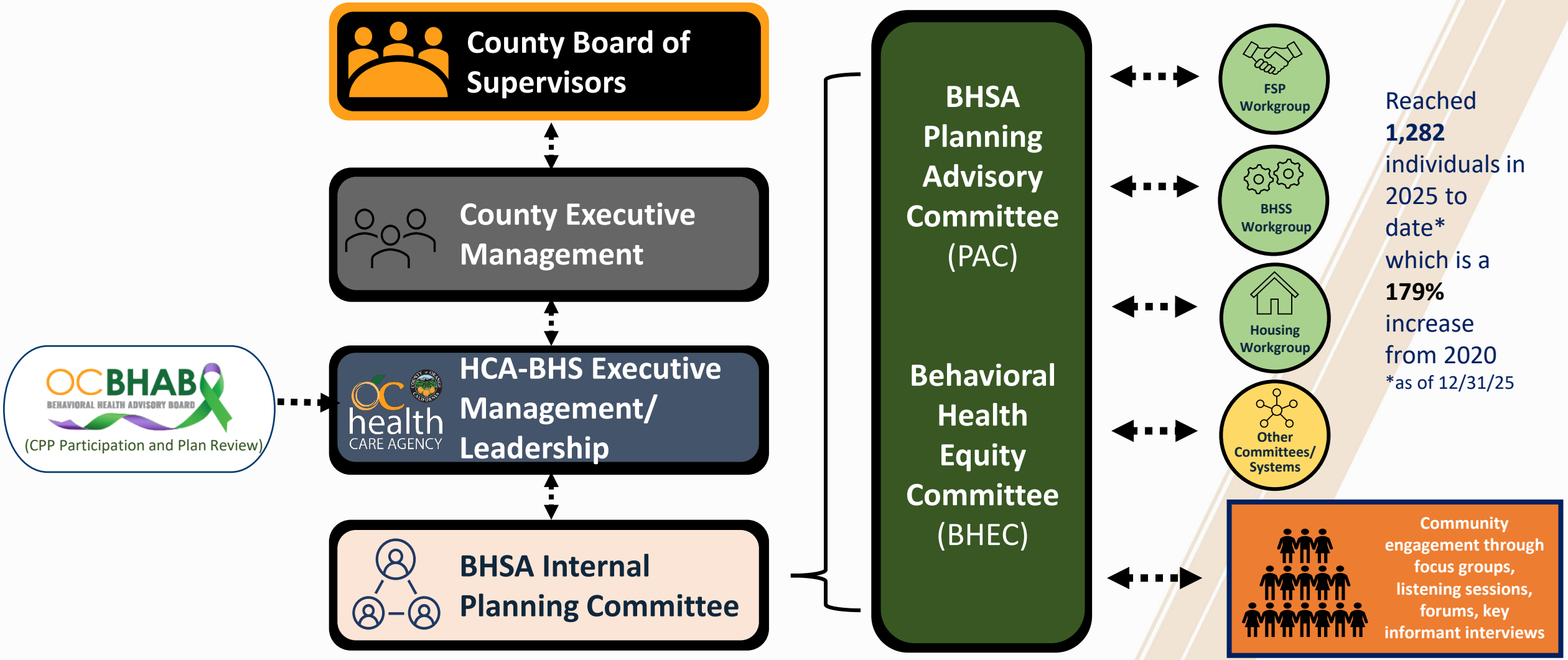
- Mental Health Services Act (MHSA) Steering Committee Ends
- Community Informational Meetings – 200 Participants
- Behavioral Health Advisory Board (BHAB)

Fiscal Year 2023/2024
Built Additional Capacity and Inclusion

- Mental Health Services Act (MHSA) Planning Advisory Committee (PAC) Begins - 500+ (may be duplicated)
- Consumer Voice Included as Equal Part of PAC/Focus Groups
- Expansion/Inclusion of Behavioral Health Equity Committee (BHEC)
- Behavioral Health Advisory Board (BHAB)

Current Community Program Planning (CPP) Framework – Started January 2025

Behavioral Health Services Act (BHSA) Compliant and Above Minimum Standards



Reached **1,282** individuals in 2025 to date* which is a **179%** increase from 2020

*as of 12/31/25

Community Program Planning (CPP) Partners 2025

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Community Program Planning (CPP) Partner Organizations

CHARITABLE VENTURES

Community Engagement

The Cambodian Family

Community Engagement

TRACY LACEY CONSULTING

Project Management & Community Engagement

Data & Evaluation

Orange County Community

Consumers, Family Members, Community Stakeholders, Community Based Organizations

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How We Reached Diverse Communities & Priority Populations

Strategies included:

1. Reached out to cultural ambassadors and existing partners
2. Went to places that communities already gather
3. Focus groups were held in the community's preferred language
4. Incentives provided for consumers, family members, and community members

See Appendices for a list of coalition and community partners who supported the Community Program Planning (CPP) process

Community Engagement Events

2 Behavioral Health Equity Committee (BHEC) Public Meetings
3 Community Forums
3 Behavioral Health Services Act (BHSA) Workgroups launched (Housing Interventions, Full Service Partnership and Behavioral Health Services & Supports)
5 Behavioral Health Services Act (BHSA) Educational Sessions
6 Key Informant Interviews
12 Informational Meetings with systems partners
20 Breakout focus groups across 3 Community Listening Sessions
57 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

A Closer Look at Who We Reached

We reached ALL required BHSA stakeholders (see Appendices) including consumers and family members representing different age groups including youth, adults and older adults across all the Community Program Planning (CPP) events and of the 57 focus groups held we reached diverse communities as outlined below:

41 focus groups were held with diverse ethnic/racial or cultural communities and/or groups that are at greater risk for experiencing health disparities including:

- African American Community
- Asian American/Pacific Islander (AA/PI) Communities
- Cambodian Community
- Chinese Community
- Hispanic/Latino Community
- Korean Community
- LGBTQIA+ Community
- Middle Eastern/North African Community
- Native American/Indigenous Community
- Vietnamese Community
- Person with Disabilities

7 focus groups were held with Behavioral Health Services Act (BHSA) state-defined priority populations and/or other groups including:

- Child Welfare Involved
- Justice Involved
- Lived Experience of Homelessness
- Veterans

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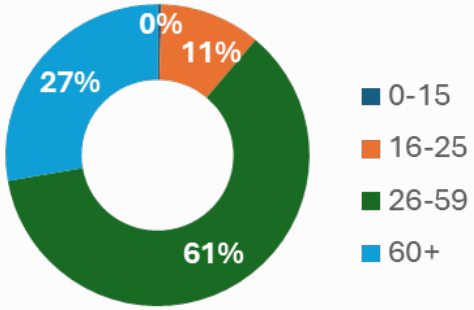
Who Participated in the Community Program Planning (CPP) Process

January 2025-December 2025 – Data is subject to change

County Region Live or Work

34%	Central
29%	North
19%	South
11%	All Regions of County
4%	Other County
3%	Prefer Not to Answer

Ages (Years)



Gender Identity

70%	26%	2%	2%
Female	Male	Genderqueer	Prefer Not to Answer

Race/Ethnicity

31%	Asian
25%	Hispanic/Latino
24%	Caucasian/White
8%	Middle Eastern/North African
8%	African American/Black
6%	American Indian or Alaskan Native
2%	Native Hawaiian/Pacific Islander
3%	Other Race/Ethnicity
2%	Prefer Not to Answer

*Each participant can select more than one race category.

Primary Language

57%	English
10%	Vietnamese
9%	Spanish
6%	Farsi
4%	Khmer
3%	Korean
3%	Other
2%	Arabic
2%	ASL
2%	Mandarin/Cantonese
1%	Tagalog
2%	Prefer Not to Answer

Sexual Orientation

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

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Who Participated in the Community Program Planning (CPP) Process

January 2025-December 2025 – Data is subject to change

Lived Experience Consumers & Family Members

20% Consumer of Mental Health Services

15% Family Member of Mental Health Consumer

5% Consumer of Substance Use Disorder Services

7% Family Member of Substance Use Disorder Consumer

*Each participant can select more than one stakeholder category.

5% Military Service

30% Military Family Member

6% Lived Experience with Homelessness

3% Domestic Violence/Sexual Abuse Representatives

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Categories of Community Feedback

What we asked our Community Program Planning (CPP) participants about

- System Strengths & Resources
- Gaps & Needs
- Barriers & Risk Factors
- Priority Populations as Identified by the Community
- Recommendations

Please see the October Planning Advisory Committee (PAC) meeting slides posted on the website at **https://www.ochealthinfo.com/bhsa-community** for the full Community Program Planning data set.

High Level Overview of the Community Program Planning (CPP) Findings

System Strengths & Resources

Ranked by Top 5

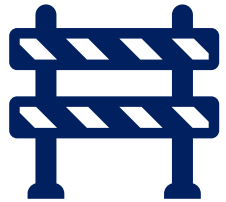
1. Specific Programs/Services
2. Peer Support Providers
3. Access to Care & OC Links
4. County Efforts to Engage Community
5. Wellness Centers

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

Barriers

Ranked by Top 5

1. Language & Culture
2. Accessing Care
3. System Navigation
4. Poor Care Coordination
5. Siloed Systems



"Need culturally appropriate services."

Risk Factors

Ranked by Top 5

1. Stigma
2. Trauma
3. Lack of Support System
4. Inadequate Housing
5. Isolation

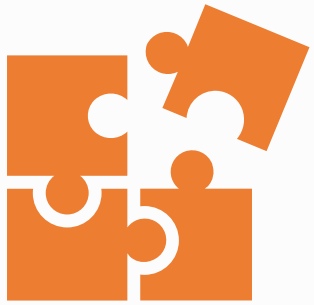
OC health CARE AGENCY

High Level Overview of the Community Program Planning (CPP) Findings

System Gaps & Needs

Ranked by Top 5

1. More Providers
2. Services for Specific Communities
3. More Substance Use Disorder Residential Programs/Beds
4. More Mental Health Long-term Care Facilities/Services
5. More Residential Programs for Individuals with Co-Occurring Mental Health and Substance Use Disorders



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

Groups Identified as Impacted by Gaps in the System of Care

Not Listed by Ranking

- Black and Indigenous People of Color (BIPOC)
- People with Substance Use Disorders (SUD)
- 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

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

OC health CARE AGENCY

High Level Overview of the Priority Populations Identified by the Community

Overall Priority Populations

Ranked by Top 5

1. Specific Groups (Adults with Eating Disorders, College Students, People with Disabilities, Vietnamese Community)
2. Older Adults
3. Consumers of Substance Use Disorder (SUD) Services
4. Immigrants & Refugees
5. Children & Youth

Youth Priority Populations

Ranked by Top 3

1. LGBTQIA+
2. Youth At Risk of Homelessness
3. Youth At Risk of Justice Involvement

Adult/Older Adult Priority Populations

Ranked by Top 3

1. Adults At Risk of Homelessness
2. Older Adults At Risk of Homelessness
3. Re-entering Community after Justice Involved placement

OC health CARE AGENCY

High Level Overview of the Community Recommendations

Suggestions to Improve the System of Care

Ranked by Top 5

1. Increase outreach and engagement, awareness and education, and build community trust
2. Increase representation and cultural competence
3. Provide specific programs, services, and trainings
4. Increased spending on behavioral health, community-based organizations, transportation, etc.
5. Organizational growth (improved coordination, transparency, continuity, referrals, and capacity)

Discussion

What surprised you?

What resonated with you?

What do you still have questions about?

Timeline & Next Steps

OC health CARE AGENCY

Behavioral Health Integrated Plan Community Planning Timeline

Community Program Planning Reporting

Jan – March 2025

Plan & Assess

Community planning PAC Kick-Off, listening and data sessions throughout county, co-chair(s) recruitment and selection process

April –May 2025

Committees & Focus Group

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

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), and Community Forums

Listening and Data Overview Sessions

Workgroups Start

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

Thank You for Your Participation

Access QR code for information!

Or check out our website

www.ochealthinfo.com/bhsa-community

For questions, please contact

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

Thank You for Your Participation

Access QR code for survey

Demographic Survey

https://ochca.sjc1.qualtrics.com/jfe/form/SV_6VEIbsgUCnpL1wq

Access QR code for survey

Satisfaction Survey

https://ochca.sjc1.qualtrics.com/jfe/form/SV_ef96OKxSvDnqCiy

Thank you for your participation.
Please stay connected!

OC Health Care Agency

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Appendices

Appendices: Full Service Partnership (FSP) Overarching Requirements

35% of the total BHSA funding:

- FSP programs provide **individualized, recovery-focused, age-appropriate care** for individuals with significant behavioral health needs.
- Services are delivered by multidisciplinary teams in partnership with families or the individual's natural supports and are anchored in a **"whatever it takes"** philosophy.
- Under BHSA FSPs will have 2 levels of care (LOC) one utilizing identified intensive Evidence-Based Practices (EBPs) and a step-down level utilizing Intensive Case Management (ICM)

FSP are *required* to:

Utilize	Utilize Evidence-Based Practices (EBPs) and Community-Defined Evidence Practices (CDEPs)
Conduct	Conduct the American Society of Addiction Medicine (ASAM) screening during the assessment
Offer	Offer medications for addiction treatment (MAT) or have an effective referral process in place
Coordinate	Coordinate with a Full Service Partnership (FSP) participant's primary care provider as appropriate
Provide	Provide ongoing engagement services to include peer support services, transportation and services to support maintaining housing

Source: BHSA County Policy Manual Version 1 2.2 – April 2025 and new BHSA language W&I Code section 5887

Appendices: Behavioral Health Services and Supports (BHSS) Overarching Requirements

35% of the total BHSA Funding:

- Stigma and discrimination activities ***cannot*** be funded with BHSS Early Intervention (EI) these would be funded by the state via the population-based prevention
- There are 9 EI priorities the county ***must*** address*
- Early Psychosis programming utilizing the Coordinated Specialty Care (CSC) model is ***required***

BHSS Other funds ***can*** be used for:

- Children's, Adult and Older Adult Systems of Care
- Outreach & Engagement (O&E)
- Workforce Education & Training (WET)
- Capital Facilities & Technological Needs (CF/TN)
- Innovation Pilots & Projects (expected across all BHSA funding categories)

BHSS EI *must* include:

- Outreach
- Access and linkage to care
- Mental Health and Substance Use Disorder early treatment services and supports
- Include culturally responsive and linguistically appropriate interventions
- Emphasize the reduction of the likelihood of specifically listed adverse outcomes

Source: BHSA County Policy Manual Version 1 2.2 – April 2025 and new BHSA language W&I Code section 5840 Subdivision D

Appendices: Behavioral Health Services and Supports (BHSS) Early Intervention (EI) Mandated Priorities

BHSA *Mandated* EI Priorities per BHSA

- Childhood Trauma Early Intervention to Deal with Early Origins of Mental Health & Substance Use D/O Needs
- Early Psychosis & Mood Disorder Detection and Intervention & Mood Disorder Programming Across the Lifespan
- Outreach & Engagement Targeting Early Childhood 0-5, inclusive of Out-of-School Youth and Secondary Youth
- Culturally Responsive & Linguistically Appropriate Interventions
- Strategies Targeting Mental Health & Substance Use D/O Needs of Older Adults
- Strategies Targeting MH Needs of Children 0-5 Including Infant & Early Childhood MH Consultation
- Strategies to Advance Equity and Reduce Disparities
- Programs that Include CDEPs and EBPs, and MH and SUD Treatment Services
- Strategies Addressing Needs of Individuals at High Risk of Crisis

Appendices: Housing Intervention Overarching Requirements

30% of the total BHSA Funding:

- 50% of the Housing funds ***must*** be used for individuals who are chronically homeless with a focus on encampments
- 25% of the Housing Intervention funds may be used for housing capital development projects
- Core components of Housing First Model ***required*** across Housing Interventions
- BHSA funds ***cannot*** be used to pay for benefits covered by MCPs
  - ***BHSA subsidies cannot be paid until an individuals' transitional rent benefit is fully exhausted***
- Counties ***cannot*** use these funds for Mental Health (MH) or Substance Use Disorder (SUD) treatment or case management programs

Allowable Housing Interventions include:

- Rental Subsidies
- Operating Subsidies
- Allowable Settings
- Other Housing Supports
- Capital Development

Source: BHSA County Policy Manual Version 1 2.2 – April 2025 and new BHSA language W&I Code section 5830

Appendices: Allowable Housing Settings

Non-Time Limited Permanent Settings
Supportive housing
Apartments, including master-lease apartments
Single and multi-family homes
Housing in mobile home communities
Single room occupancy units
Accessory dwelling units, including Junior Accessory Dwelling Units
Tiny Homes
Shared housing
Recovery/Sober Living housing, including recovery-oriented housing
Assisted living (adult residential facilities, residential facilities for the elderly, and licensed board and care)
License-exempt room and board
Other settings identified under the Transitional Rent benefit

Time Limited Interim Settings
Hotel and motel stays
Non-congregate interim housing models
Congregate settings that have only a small number of individuals per room and sufficient common space (not larger dormitory sleeping halls; does not include behavioral health treatment settings)
Recuperative Care
Short-Term Post-Hospitalization housing
Tiny homes, emergency sleeping cabins, emergency stabilization units
Peer respite
Other settings identified under the Transitional Rent benefit

Appendices: Orange County's Performance on the *6 Required* Statewide Population Behavioral Health Goals

Goal	Better *(than state)*	Same *(as state)*	Worse *(than state)*
Improve Access to Care	NSMHS Penetration Rates for Children & Youth NSMHS Penetration Rates for Adults		SMHS Penetration Rates for Adults SMHS Penetration Rates for Children & Youth DMC-ODS Penetration Rates, Adults DMC-ODS Penetration Rates, Children and Youth
Reduce Homelessness	PIT Count Rate of People Experiencing Homelessness		Percent of K–12 Public School Students Experiencing Homelessness
Reduce Institutionalization	Data Not Available		
Reduce Justice-Involvement	Arrests: Juveniles		Arrests: Adults
Reduce Removal of Children from Home (foster care)	Children in Foster Care		
Reduce Untreated Behavioral Health Conditions			Follow-Up After Emergency Department Visit for Mental Illness Follow-Up After Emergency Department Visit for Substance Use

Performance is based on state-defined primary measures/metrics as listed in the table.

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Appendices: Orange County's Performance on the *Remaining* Statewide Population Behavioral Health Goals

Goal	Better *(than state)*	Same *(as state)*	Worse *(than state)*
Improve Care Experience	Quality Domain Score: Perception of Cultural Appropriateness – Adults Quality Domain Score: Perception of Respect - Adults	Quality Domain Score: Perception of Respect - Youth	Quality Domain Score: Perception of Cultural Appropriateness - Youth, Families, and Older Adults
Improve Engagement in School	12th Graders Graduating High School on Time		
Improve Engagement in Work	Unemployment Rate		
Reduce Overdoses	All Drug-Related Overdose Deaths (Rate)		
Improve Prevention & Treatment of Co-occurring Physical Health Conditions	Child/Adolescent Well-Care Visit		Adult Access to Preventive/Amb Care Service
Improve Quality of Life	Perception of Functioning Domain Score - Adults		Perception of Functioning Domain Score - Youth, Families and Older Adults
Improve Social Connection	Perception of Social Connectedness Domain Score - Adults		Perception of Social Connectedness Domain Score - Youth, Families and Older Adults
Reduce Suicides	Suicide Deaths		

Performance is based on state-defined primary measures/metrics as listed in the table.

Appendices: Community Program Planning (CPP) Required BHSA Stakeholders

The County engaged ALL required stakeholders during Community Program Planning to develop the new Behavioral Health Integrated Plan.

- Eligible youth, adults, older adults and families as defined in Section 5892
- **Youths or youth mental health/substance use disorder organizations**
- Providers of mental health/substance use disorder treatment services
- Public safety partners including **county juvenile justice agencies**
- Local education agencies
- **Higher education partners**
- **Early childhood organizations**
- **Local public health jurisdictions**
- County social services and child welfare agencies
- **Labor representative organizations**
- Veterans and representatives from veteran organizations

Bold are newly required stakeholders

- Health care organizations, **including hospitals**
- **Health care services plans including Medi-Cal managed care plans**
- **Disability insurers**
- **Tribal and Indian Health Program designees**
- **Representatives from the five most populous cities in counties with populations greater than 200,000**
- **Area Agencies on Aging**
- **Independent living centers**
- **Continuum of care including representatives from the homeless services provider community**
- **Regional Centers**
- **Emergency medical services**
- **Community-based organizations serving culturally and linguistically diverse constituents**

Partner representation ***must*** include individuals representing diverse viewpoints to include but not limited to **youth representatives from historically marginalized communities; representatives from organizations specializing in working with underserved racially and ethnically diverse communities; representatives from LGBTQ+ communities; victims of domestic violence and sexual abuse; people with lived experience of homelessness.**

Source: W&I Code section 5963.03 subdivision (a)

Appendices: Community Program Planning (CPP) Coalitions & Partners Engaged in CPP Process

Existing Coalitions & Committees

- ✓ Behavioral Health Equity Committee (BHEC) and Subcommittees
- ✓ Orange County Housing Continuum of Care (CoC)
- ✓ Orange County Asian and Pacific Islander Taskforce (OC API Taskforce)
- ✓ Orange County Crisis Intervention Team (CIT) Committee
- ✓ BHSA Workgroups (Housing, FSP & BHSS)
- ✓ Planning Advisory Committee (PAC)
- ✓ Homeless Response System County
- ✓ Community Reinvestment Workgroup
- ✓ Orange County Family, Infant, and Early Childhood Mental Health Initiative Roadmap Working Group

Community-Based Organizations & Partners

- ✓ Council on Aging
- ✓ Rescue Mission
- ✓ Project Kinship
- ✓ OC Veterans
- ✓ Latino Access Health
- ✓ Access California Services
- ✓ Korean Community Services
- ✓ Sacred Path
- ✓ AHRI Center
- ✓ BPSOS Center for Community Advancement
- ✓ Thrive Together OC
- ✓ Southland Integrated Services
- ✓ Pacific Islander Health Partnership
- ✓ Afghan American Muslim Outreach
- ✓ Tiyya Foundation
- ✓ OMID Multicultural Institute for Development
- ✓ Second Baptist Church
- ✓ Orange County Herald Center
- ✓ Orange County Asian and Pacific Islander Community Alliance
- ✓ Vital Access Care Foundation
- ✓ Viet Rainbow of Orange County
- ✓ UCI
- ✓ Adult Wellness Centers
- ✓ Wellness & Prevention Center at Capistrano Union High School
- ✓ First 5 Orange County
- ✓ CalOptima Managed Care Plan
- ✓ Kaiser Managed Care Plan