



# Update on the Behavioral Health Services Act

## Orange County's Integrated Implementation Plan

May 22, 2026

**Behavioral Health Services Act (BHSA) Program Planning & Administration**

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# Behavioral Health Services Act (BHSA) – Proposition 1 Overview

# 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

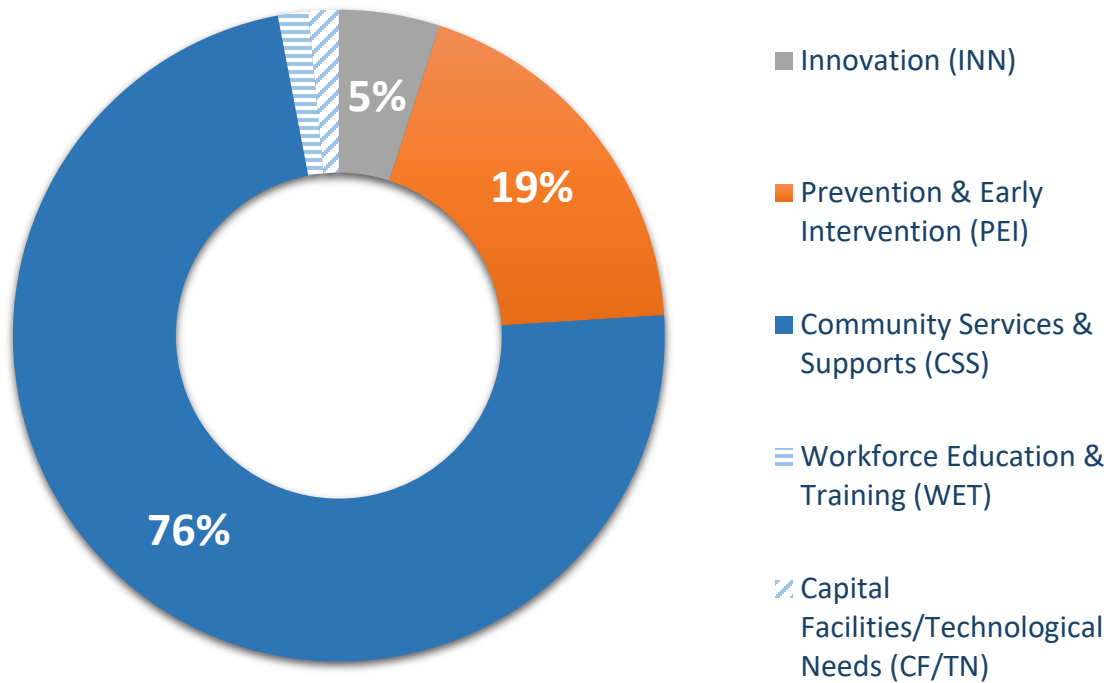
- **Reduce homelessness**
- Focus on “vulnerable populations” with emphasis on the **unhoused** and **children/youth**
- Whole person approach
- **Reduce disparities**
- Increase **transparency** and **accountability**
- **Alignment** of state behavioral health initiatives



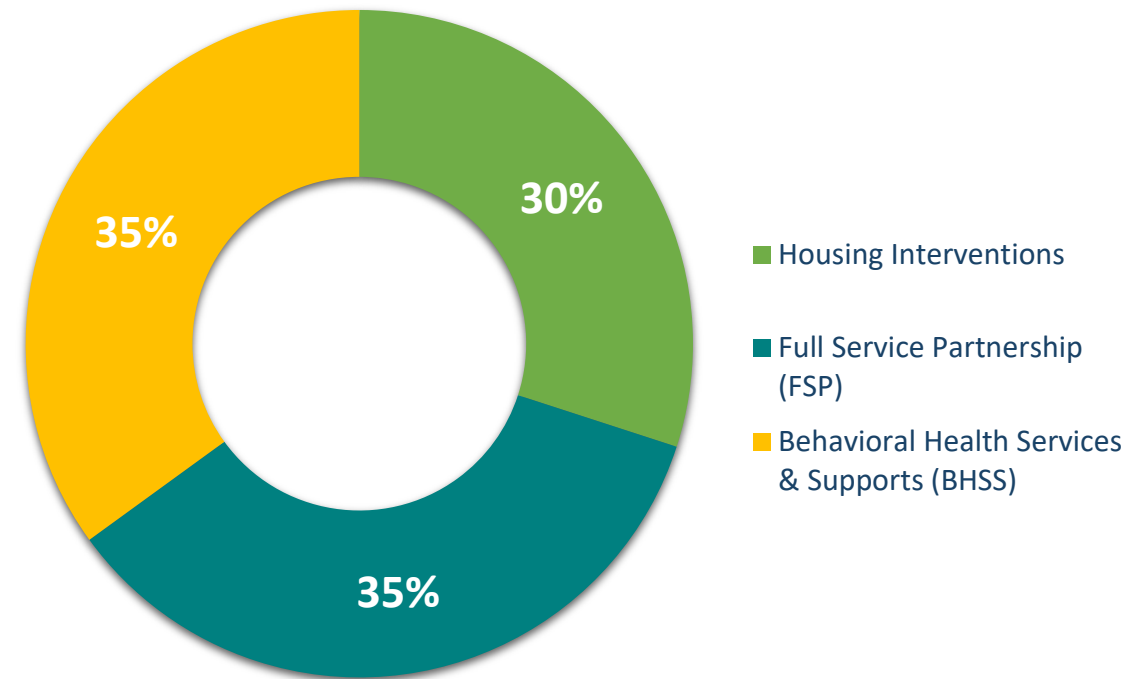
# Fiscal Restructuring: MHSA to BHSA

Modified from 5 Funding Components to 3 Funding Categories

Current MHSA Funding Components



BHSA Funding Categories



# 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

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

7<sup>th</sup> Goal Orange County Behavioral Health Services (BHS) will focus on 

**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.

# 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).

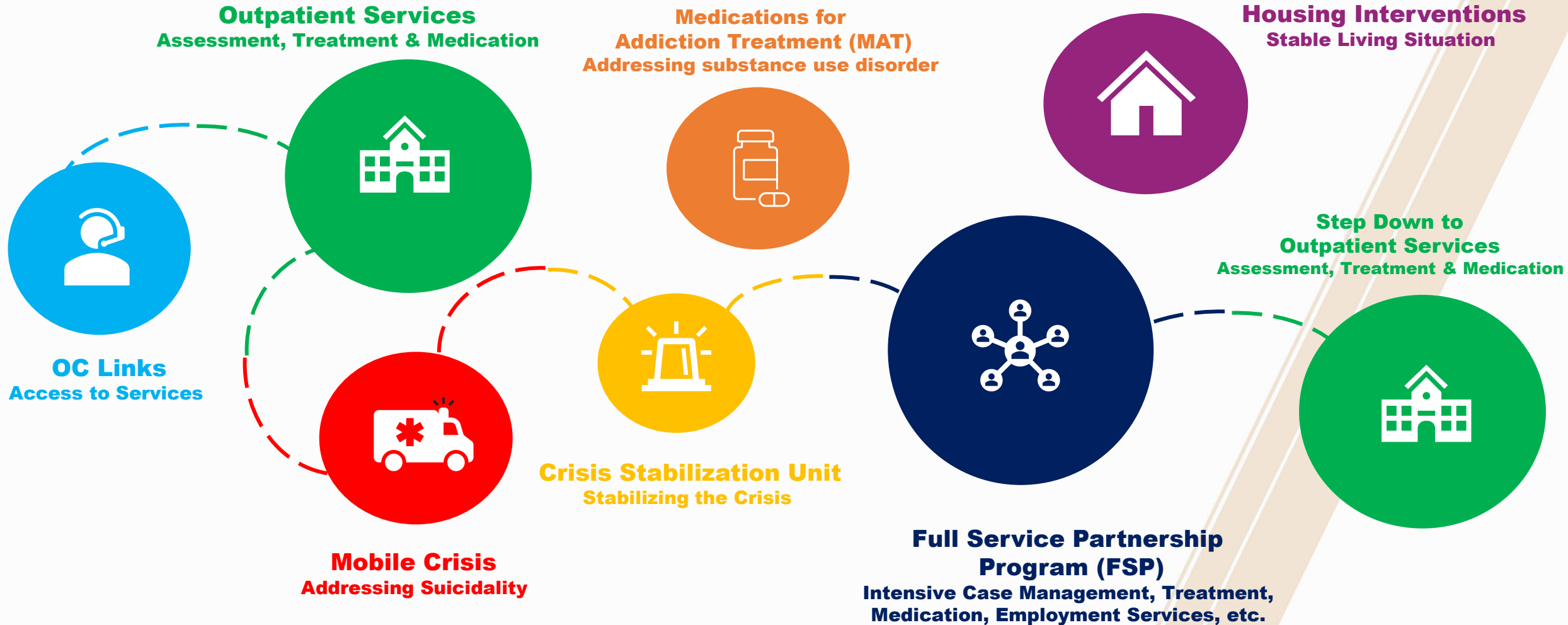
## Our Services:

- 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

# The Path to Wellness





# Behavioral Health Integrated Plan (BHIP)

# Why the Integrated Plan Matters



**Serves as Orange County's three-year roadmap for the planned use of behavioral health funding**

- Aligns behavioral health funding with identified needs and long-term priorities
- Ensured funds are allocated efficiently and outcomes are tracked over the three-year period



**Increases Transparency**

- Outlines services, spending priorities, and programs
- How state and federal funds are allocated
- Benchmarks local performance against state metrics



**Aligns with new state mandates under Proposition 1**

- Reflects the transitions from the Mental Health Services Act to the Behavioral Health Services Act
- Supports progress toward statewide behavioral health goals

# Integrated Plan Structure

The Integrated Plan is developed in accordance with state-defined requirements and standardized planning templates, which guide the structure and level of detail included in the Integrated Plan into 8 high-level categories.



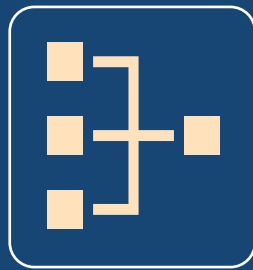
## General Information

- Contact Information
- Who is responsible for the Plan



## Funding Flexibility Requests

- Requests to shift funds



## County Behavioral Health System Overview

- Types of services offered
- Data systems, technology, and reporting tools



## Statewide Planning requirements

- Six State BH Goals
- Population measures all counties must use



## Community Engagement and Transparency

- Stakeholder engagement
- Public comment, hearing process



## County Behavioral Health Service System

- Care Continuum
- Monitoring
- BHSA Programs



## Workforce

- Workforce planning
- Peer, Community Health Worker, clinicians, and support staff roles



## Finance and Budget

- Budget allocations
- Prudent reserve requirements



## Approval and Compliance

- Required county approvals
- State level compliance/certifications

The Plan outlines key priorities and intended investments. More detailed performance measures, outcomes, and progress toward goals will be reported through the Behavioral Health Outcomes, Accountability, and Transparency Reporting (BHOATR) processes required by the California Department of Health Care Services (DHCS).



# Behavioral Health Fiscal Overview

# Behavioral Health Services Act (BHSA) Finance Structure

## 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 category to another BHSA category with a cumulative transfer maximum of **up to 14%**. Monies directed toward outreach in the Housing Interventions category are included in the total transfer percentage. Orange County requested to **transfer 6% (\$5.1M)** funds from the FSP category to the BHSS funding categories for the first BHIP to sustain existing, required programs and services. **DHCS has approved this request.**

# Behavioral Health Integrated Plan Budget

*State projections indicate a probable 2% increase for each year of the Plan*

Funding Source	Projected FY 2026/27	Projected 2027/28	Projected 2028/29
<b>Total Annual Budget</b>	<b>\$797,060,694</b>	<b>\$810,425,892</b>	<b>\$824,058,392</b>
1991 Realignment (Bronzan-McCorquodale Act)	\$56,787,449	\$57,923,198	\$59,081,662
2011 Realignment (Public Safety Realignment)	\$93,714,672	\$95,588,966	\$97,500,745
State General Fund	\$13,424,000	\$13,692,480	\$13,966,329
Medi-Cal Revenue ([SMHS/DMC-ODS], NSMHS)	\$232,450,722	\$236,430,526	\$240,489,926
<b>BHSA - Planned Use</b>	<b>\$304,164,673</b>	<b>\$310,247,966</b>	<b>\$316,452,926</b>
Community Mental Health Block Grant (MHBG)	\$3,942,031	\$3,942,031	\$3,942,031
Substance Use Block Grant (SUBG)	\$19,306,499	\$19,306,499	\$19,306,499
PATH	\$564,842	\$564,842	\$564,842
Opioid Settlement Funds	\$15,538,699	\$15,538,699	\$15,538,699
Commercial Insurance	\$1,178,859	\$1,202,437	\$1,226,485
County General Fund	\$3,550,301	\$3,550,301	\$3,550,301
Other Grants, State Funding, County Funding	\$52,437,947	\$52,437,947	\$52,437,947

# Behavioral Health Integrated Plan Service Obligations

## Medi-Cal Specialty Mental Health Services (SMHS)

- Adult Residential Treatment Services
- Crisis Intervention
- Crisis Residential Treatment Services  
Crisis Stabilization
- Day Rehabilitation
- Day Treatment Intensive
- Mental Health Services  
Medication Support Services
- Mobile Crisis Services
- Psychiatric Health Facility Services
- Psychiatric Inpatient Hospital Services  
Targeted Case Management Functional Family Therapy for under the age of 21
- High Fidelity Wraparound for under the age of 21 Intensive Care Coordination for under 21
- Intensive Home-based Services for under 21  
Multisystemic Therapy for under 21
- Parent-Child Interaction Therapy for under 21
- Therapeutic Behavioral Services for under 21 Therapeutic Foster Care for under 21
- All Other Medically Necessary SMHS for under 21

## SUD Block Grant

- Discretionary
- Primary Pv Set Aside
- Perinatal Set Aside
- Adolescent/Youth Set Aside

## Drug Medi-Cal Organized Delivery System (DMC-ODS)

- Care Coordination Services
- Clinician Consultation
- Outpatient Treatment Services
- Intensive Outpatient Treatment Services
- Medications for Addiction Treatment, w/Narcotics Tx Program
- Mobile Crisis Services
- Recovery Services
- Residential Treatment Services
- Traditional Healers and Natural Helpers
- Withdrawal Management Services
- All Other Medically Necessary Services for under age 21
- Early Intervention for under age 21

## Bronzan-McCuorquodale Act

- Case Management
- Comprehensive Evaluation and Assessment
- Group Services
- Individual Service Plan
- Medication Education and Management
- Pre-crisis and Crisis Services
- Rehabilitation and Support Services
- Residential Services
- Services for Homeless Persons
- Twenty-four-hour Treatment Services
- Vocational Rehabilitation

## Behavioral Health Services Act

- Housing Interventions: 51% Chronic
- Early Intervention w/51% for CH/Y
- Coordinated Specialty Care for First Episode Psychosis
- Assertive Community Treatment (ACT)
- Forensic Assertive Community Treatment (FACT)
- High Fidelity Wrap
- Full Service Partnership – Intensive Case Management
- IPS-Supportive Employment
- Assertive Field-Based Outreach for SUD with Medication Assisted Treatment

## Opioid Settlement Funds

- Criminal Justice Involved Persons
- Pregnant/Parenting Women
- Abstinence Syndrome
- Pv Misuse of Opioids
- Tx Opioid Use Disorder
- Pv Overdose Death and Harms

## Public Safety Realignment (2011 Realignment)

- Drug Courts
- Medi-Cal Specialty Mental Health Services, including Early Periodic Screening Diagnostic Treatment (EPSDT)
- Regular and Perinatal Drug Medi-Cal Services
- Regular and Perinatal DMC Organized Delivery System Services, including EPSDT
- Regular and Perinatal Non-Drug Medi-Cal Services



# 2025-26 Community Program Planning Overview

# 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.**

# Required BHSA Stakeholders

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

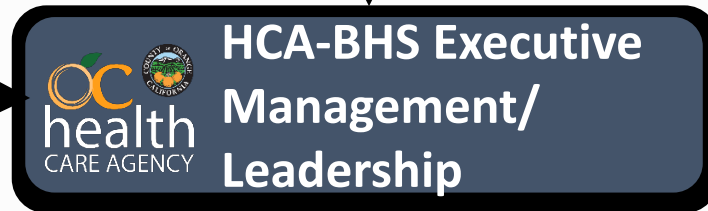
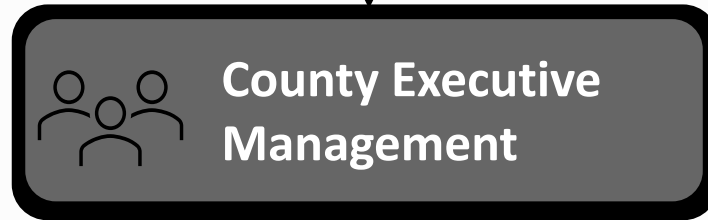
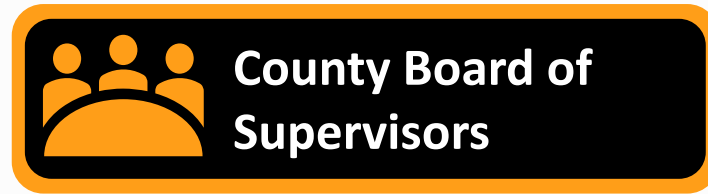
- Eligible youth, adults, older adults and families as defined in Section 5892
- **Youths or youth mental health/substance use disorder organizations**
- Providers of mental health/substance use disorder treatment services
- Public safety partners including **county juvenile justice agencies**
- Local 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
- 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**

**Bold are newly required stakeholders**

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.**

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

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



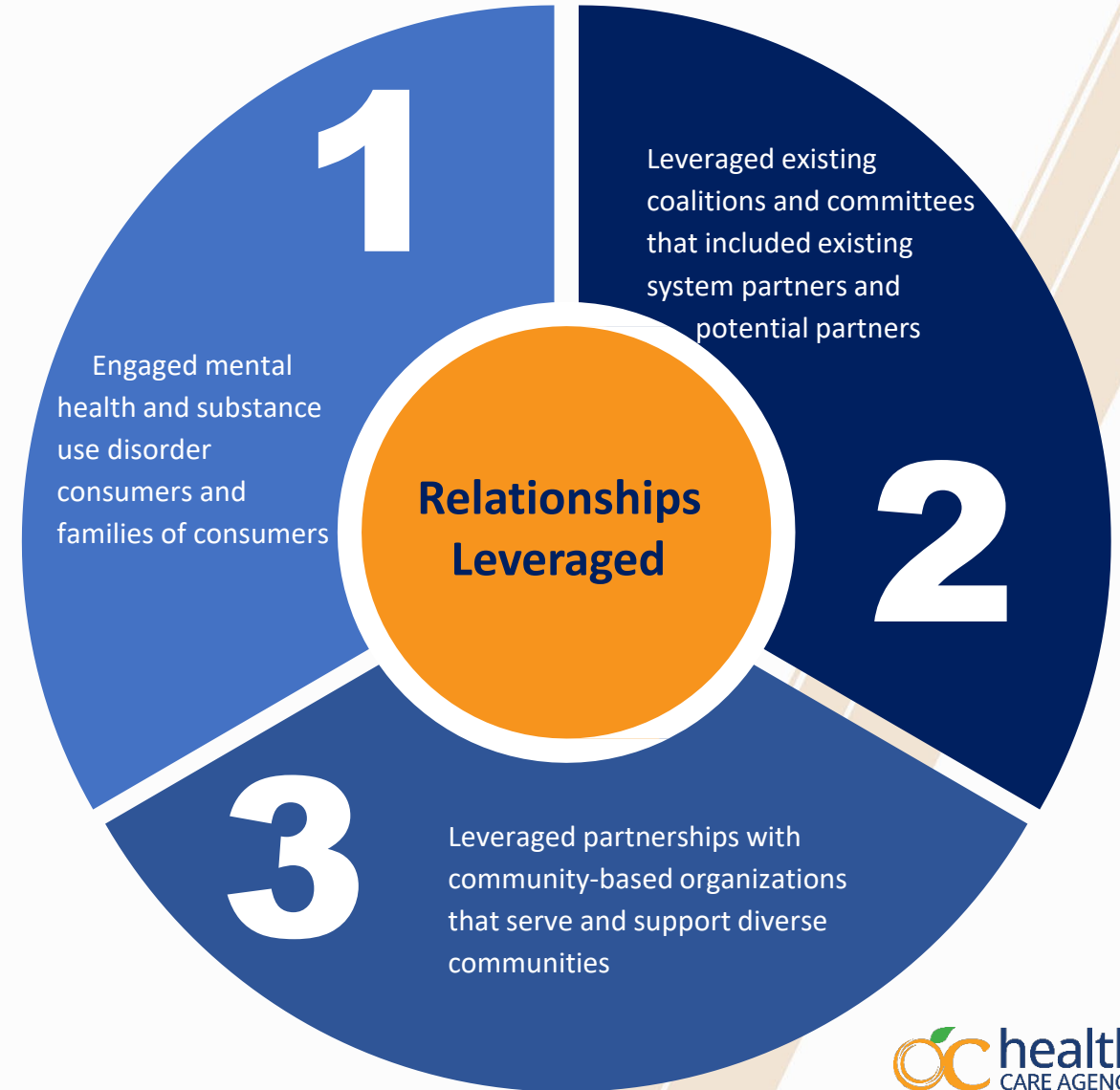
Reached **1,594** individuals in 2025 to date\* which is a **247%** increase from 2020  
\*as of 4/14/26



# 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



# 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

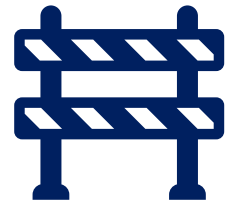


*“[There has been] a growth of services. Citizens throughout the county are getting the care they need. Not just certain cities or regions.”*

## 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

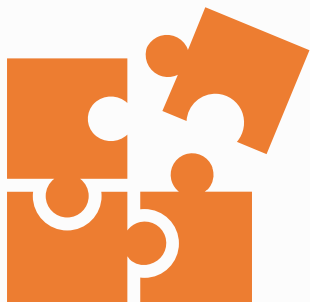


# High Level Overview of the Community Program Planning (CPP) Findings

## 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.”*

# 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



# 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. Increase spending on behavioral health, community-based organizations, transportation, etc.



5. Organizational growth (improved coordination, transparency, continuity, referrals, and capacity)

# Community Engagement Events

<b>3</b> Behavioral Health Equity Committee Public Meetings
<b>8</b> Community Forums (6 In-Person and 2 Virtual)
<b>3</b> Behavioral Health Services Act (BHSA) Workgroups launched (Behavioral Health Services & Supports, Full Service Partnership and Housing Interventions)
<b>4</b> Behavioral Health Services Act (BHSA) Educational Sessions
<b>6</b> Key Informant Interviews
<b>12</b> Informational Meetings with Systems Partners
<b>20</b> Breakout Focus Groups Across 3 Community Listening Sessions
<b>57</b> 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

# Who Participated in the Community Program Planning (CPP) Process

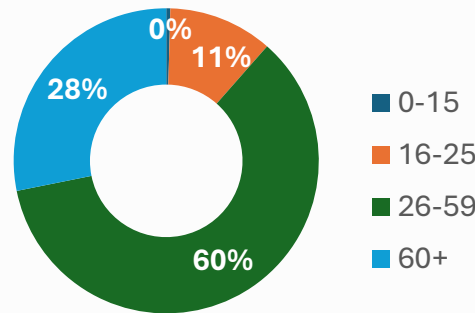
January 2025 - January 2026 (Data is Subject to Change)

## County Region Live or Work

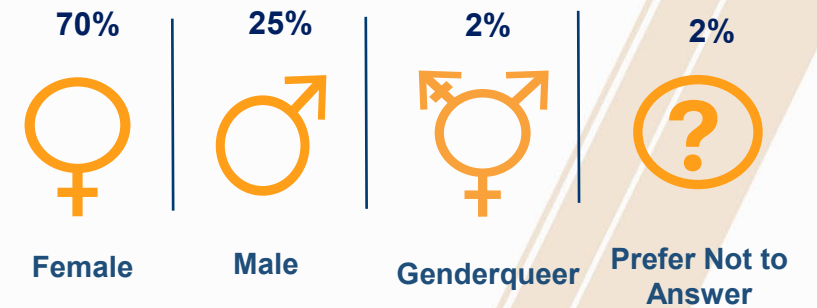


- 34% Central
- 30% North
- 19% South
- 11% All Regions of County
- 4% Other County
- 3% Prefer Not to Answer

## Ages (Years)



## Gender Identity



## Race/Ethnicity

- 32% Asian
- 26% Hispanic/Latino
- 25% Caucasian/White
- 8% Middle Eastern/North American
- 7% African American/Black
- 6% American Indian or Alaskan Native
- 2% Native Hawaiian/Pacific Islander
- 3% Other Race/Ethnicity
- 2% Prefer Not to Answer

## Primary Language

- 58% English
- 10% Spanish
- 9% Vietnamese
- 5% Farsi
- 4% Khmer
- 3% Korean
- 3% Other
- 2% Arabic
- 2% ASL
- 2% Mandarin/Cantonese
- <1% Tagalog
- 2% Prefer Not to Answer

## Sexual Orientation

- 80% Heterosexual
- 4% Bisexual
- 2% Asexual
- 2% Gay
- 2% Other
- 2% Pansexual
- 1% Lesbian
- 1% Queer
- 8% Prefer Not to Answer

\*Each participant can select more than one race category.

# Who Participated in the Community Program Planning (CPP) Process

January 2025 - January 2026 (Data is Subject to Change)

## Lived Experience Consumers & Family Members

**18%** Consumer of Mental Health Services



**14%** 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

**4%**

Domestic Violence/Sexual Abuse Representatives



\*Each participant can select more than one stakeholder category.



# Behavioral Health Services Act (BHSA) Workgroups

# 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.

# Housing Interventions Planned Use \$73.5M TO SERVE 2,853

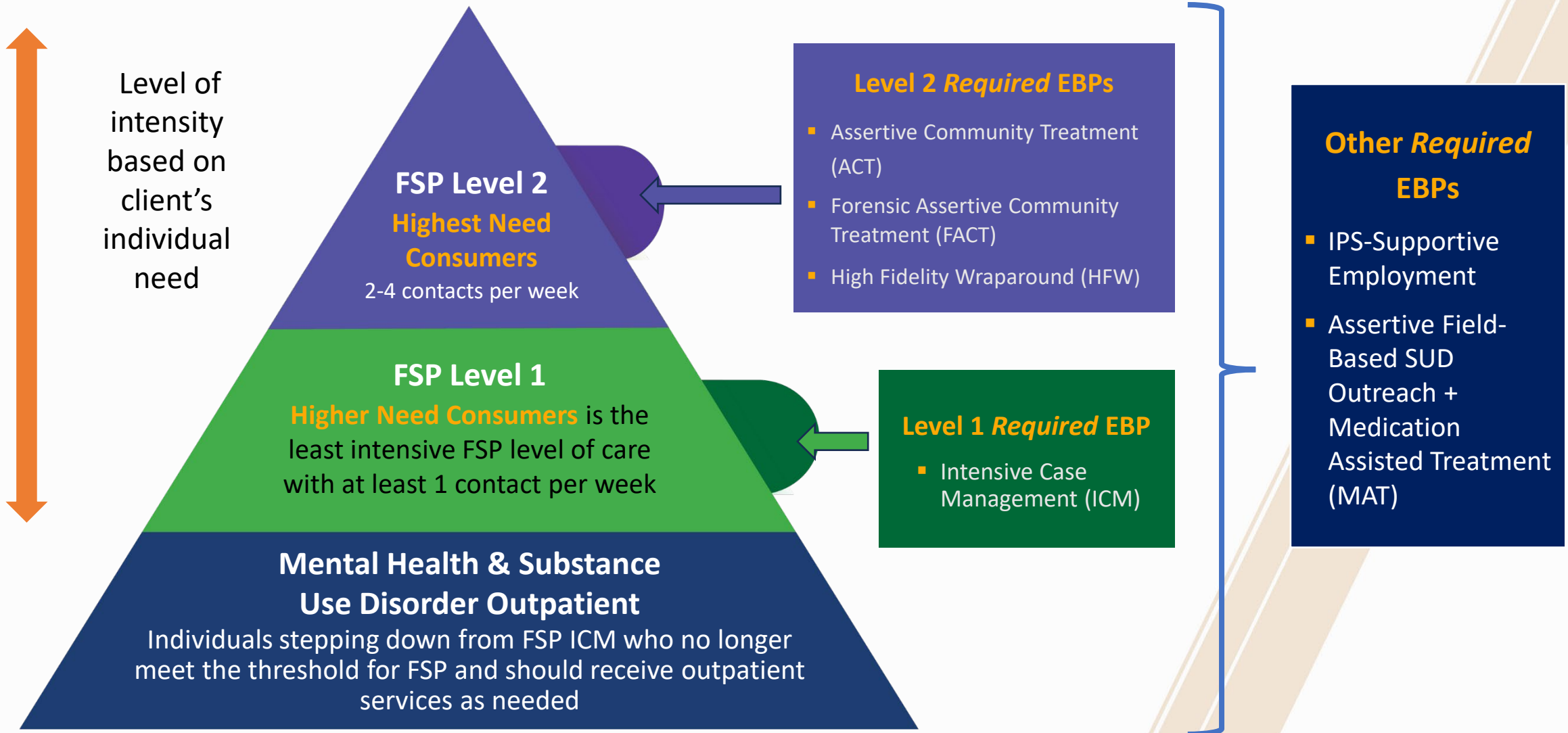
Estimated to support 2,800+ households

Intervention Type	Permanent Setting	Interim Setting	Funding	Estimated Households Served
Transitional Rent/Subsidies	X	X	\$23.2M	1,820
Interim Housing		X	\$11.5M	500
Year-Round Shelters		X	\$1.7M	93
Housing for Full Service Partnership Consumers	X	X	\$4.1M	440
Other Housing Supports: Participant Funds, Landlord Mitigation, etc.	X		\$3.1M	*2,800
Capital Development Projects	X		\$18.4M	416 Total Units; 56 BHSA Units
Homeless Outreach and Engagement	N/A	N/A	\$3.6M	13,000 Engagements
<b>Totals (administration costs included)</b>			<b>\$73.5M</b>	<b>2,853</b>

\*Duplicated number reflects planning for an average of \$700/household for participant funding, with 20% (560) needing access to landlord mitigation funds and 10% (280) needing other supports.

# Full Service Partnership (FSP) Planned Use

\$71M (Estimated) To Serve 4,645



# Behavioral Health Services & Supports Planned Use \$128M (Estimated)



**\$15M**

4,200 to be served

## Outreach and Engagement Peers

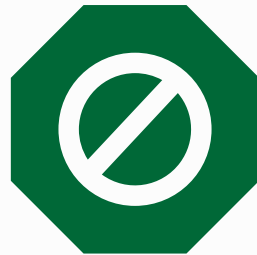
- Hospital In-Reach
- Justice In-Reach
- Connection to Recovery Supports and Services

## Enhanced Community Health Workers

- Access to Physical Healthcare
- SUD connections

## System Navigators

- Field-Based
- Clinics
- Hospitals
- Schools
- Justice-In Reach



**\$63M**

22,530 to be served

## Early Intervention

### Children and Youth (51%)

- Family, Infant, and Early Childhood Programs (includes MH Consultation)
- *Early Psychosis Identification and Treatment Programs*
- Children/TAY Crisis Programs
- Specialized Services, SUD, and Justice-Involved

### Adult/Older Adults (49%)

- Older Adult Early Intervention
- Crisis Programs, including suicide intervention
- Justice Involved Programs (re-Entry)
- Perinatal SUD for uninsured



**\$46M**

20,765 to be served

## System Supports

### Crisis

- Crisis Residential Program

### Recovery

- Wellness Centers
- Supportive Employment

### Core Services

- Pays for uninsured Children, Youth, Adults, Older Adults with SUD and/or Mental Illness who meet criteria for Specialty Services
- OC LINKS
- Centralized Intake (formerly Open Access)
- Short Term Residential Therapeutic Program (STRTP)



# Next Steps

# Integrated Plan Development 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

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), and Community Forums

Community Forums

Oct – Dec 2025

Draft Plan Review

Draft Integrated Plan worked on, internal review, work group review and final recommendations

Workgroup Reviews

Jan – March 2026

Approve & Post

Finalize Integrated Plan, submit **DRAFT IP to DHCS Feb 20th**, provide copy to BHAB, DHCS review by March 16th, **30 day posting February 23rd – March 27th**, continue Plan overview meetings during posting, implementation planning, set up administrative infrastructure

Regional Forums

April – May 2026

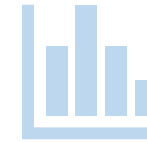
Public Hearing

Host **Public Hearing April 15, 2026**, implementation planning, revise IP based on feedback, admin infrastructure, seek BOS approval **May 19, 2026**, Meeting of the Mind **May 22, 2026**

June 2026

Submission

BOS approved Plan sent to DHCS and BHSOAC by **June 30, 2026**, implementation continues upon approval



# New County Community Engagement Team

County Public  
Health (PH)

PH & BH  
Community  
Engagement  
Team

County  
Behavioral  
Health (BH)

Streamline **planning** and reduce duplication and burden on community

Better **alignment** of plans, programs, data and funding

Aim to be more **cost effective** through shared resources

Shared **responsibility** for local outcomes and performance on statewide goals

# Next Steps for the ICCTM in Orange County



1. **Comprehensive health and cultural needs assessment** with the population groups that are historically underserved in healthcare through community forums, focus groups, key informant interviews and surveys.
2. **Development and facilitation of an Orange County-specific ICCTM training** for cross-sector participants representing the community.
3. **Culturally and linguistically relevant quality improvement (QI) action plans** designed to improve service delivery that are *community-informed*, *community-defined*, and *community-developed*.

# For More Information



Access QR code  
for information!

**Or check out our website**

[www.ochealthinfo.com/bhsa-community](http://www.ochealthinfo.com/bhsa-community)



**For questions, please contact**

BHSA at (714) 834-3104 or  
email [bhsa@ochca.com](mailto:bhsa@ochca.com)



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