

A NEW MINDSET

California's Behavioral Health Transformation



Agenda

- » Shared Commitment to Deliver Results for Californians
- » **Build** - New Treatment Sites and Supportive Housing
- » **Plan** – Behavioral Health Services Act Reform
- » **Act** – Urgent Action for the Most Ill, Unsheltered, Vulnerable
- » Next Steps



Shared Commitments to Californians

- » More Mental Health Care & Substance Use Treatment for All
- » Urgent Action
- » Accountability for Results
- » Partnership - City/County, Public/Private, Local/State
- » Nation-Leading Investments – Behavioral Health Services, Treatment Sites, Workforce

Build for Transformation



Behavioral Health Infrastructure Bond Act

\$6.38 billion general obligation bond – Treatment Sites and Housing

- Total Funding will be used to construct, acquire, and rehabilitate more than an estimated:
 - 6,800 treatment beds and 26,700 out-patient treatment slots
 - 4,350 permanent supportive housing units, with 2,350 of those set-aside for veterans
- \$4.4 Billion for grants to public or private entities for BH treatment and residential settings.
 - Includes \$1.5 billion to be awarded only to counties, cities and tribal entities, with \$30M set aside for tribes.
- \$1.065 billion in housing investments for veterans experiencing or at risk of homelessness who have behavioral health challenges.
- \$922 million in housing investments for persons experiencing or at risk of homelessness who have behavioral health challenges.
- Modelled on successful Behavioral Health Community Infrastructure Project (BHCIP)

State Map

BH Community Infrastructure Project (BHCIP) Awards – to date

- Round 1: Crisis Care Mobile Units (CCMUs)
- Round 2: Planning Grants
- Round 3: Launch Ready
- Round 4: Children and Youth
- Round 5: Crisis and Behavioral Health Continuum



BHCIP Round 1



Crisis Care Mobile Units (CCMUs)

\$185 million

21,625 requests were received from counties, cities, and tribal entities for Crisis Care Mobile Unit services in Q3 2023
81% resulted in a CCMU dispatch

CCMU teams responded to **17,539** behavioral health crisis in Q3 2023 alone

*Round 1 BHCIP funding supports **304 new or enhanced mobile crisis response teams in 48 counties, cities, and tribal entities** throughout California*

BHCIP Round 2



County and Tribal Planning Grants:

\$16 million to fund planning grants for new BH Community Infrastructure projects to counties and tribal grantees

18 tribes and **32 counties** were awarded funds to prepare and plan for BHCIP Rounds 3 through 5

23 Round 2 Planning Grantees received awards in latter BHCIP Rounds

39 planning grants have been completed as of January 2024
9 planning grants to be received by June 2025

BHCIP Round 3



Launch Ready:

\$518.5 million eligible for counties, cities, nonprofit organizations, for-profit organizations, and tribal entities for projects that are launch ready.

*Round 3 BHCIP funding supports the creation of **36 new inpatient/residential facilities** which provides **1,292 treatment beds** annually, and **45 outpatient facilities** which provides treatment to **130,321 individuals served** annually*

BHCIP Round 4



Children and Youth:

\$480.5 million eligible for counties, cities, nonprofit organizations, for-profit organizations, and tribal entities for facilities for children and youth.

*Round 4 BHCIP funding supports **29 new inpatient and residential facilities** and **67 outpatient facilities** to provide care for children and youth ages 25 and younger, including pregnant and postpartum women and their children, and transition-age youth (TAY), along with their families*

BHCIP Round 5



Crisis and Behavioral Health Continuum:

\$430 million eligible for counties, cities, nonprofit organizations, for-profit organizations, and tribal entities for projects focused on crisis services.

*Round 5 BHCIP funding supports **29 new residential facilities** with **800 beds** annually, as well as **44 outpatient facilities** providing treatment to over **73,848 individuals served** annually*

2,601

Total Inpatient & Residential Beds in Rounds 3-5



- 295 Acute Psychiatric Hospital
- 88 Adolescent Residential SUD Treatment Facility
- 1,165 Adult Residential SUD Treatment Facility
- 98 Children's Crisis Residential Program (CCRP)
- 30 Community Residential Treatment/Social Rehabilitation Program
- 42 General Acute Care Hospital
- 358 Mental Health Rehabilitation Center (MHRC)
- 88 Mental Health Rehabilitation Center (MHRC) with LPS Designation
- 22 Peer Respite
- 132 Perinatal Residential SUD Facility
- 149 Psychiatric Health/Treatment Facility
- 28 Recovery Residence/Sober Living Home
- 42 Short-Term Residential Therapeutic Program (STRTP)
- 64 Social Rehabilitation Facility

281,146

Total Outpatient Individuals Served annually in Rounds 3-5



| | |
|--------|------------------------------------------------------------------------|
| 24,585 | Behavioral Health Services Integrated with Wellness/Prevention Centers |
| 20,658 | Behavioral Health Urgent Care/Mental Health Urgent Care |
| 22,102 | Community Mental Health Clinic |
| 80,556 | Community Wellness/Prevention Center |
| 66,523 | Crisis Center Stabilization Unit (CSU) |
| 600 | Hospital-Based Outpatient Treatment/Detox |
| 5,620 | Intensive Outpatient Treatment |
| 4,800 | Mental Health Outpatient Treatment |
| 2,464 | Narcotic Treatment Program (NTP) |
| 600 | NTP Medication Unit |
| 29,645 | Office-Based Opioid Treatment |
| 1,653 | Outpatient Treatment for SUD |
| 1,305 | Partial Hospitalization Program |
| 146 | School-Linked Health Center |
| 24,689 | Sobering Centers |

Tahoe Forest Hospital District



Tahoe Forest Hospital District Medical Office Building Renovation

Awarded **\$2.3 million** in BHCIP Round 3

This BHCIP funded facility serves **600 individuals** annually for hospital-based outpatient treatment care, from psychiatric services including diagnostic evaluations, medication management, and therapy to Medication Assisted Treatment (MAT) for SUDs

- **Service populations include:** Adults in the Tahoe Basin communities including the Town of Truckee and multiple counties including rural areas

First BHCIP
Funded Facility
to Open

Offering BH Services **March 2024**

Drug Abuse Alternatives Center



DAAC Residential Facility

Awarded **\$7.1 million** in BHCIP Round 3

- » DAAC is a **50 bed** Behavioral Health Residential Substance Abuse Treatment Facility that provides comprehensive rehabilitation, health and social services to more than 4,000 individuals and families each year
- » **Service populations include:** Individuals with substance use disorders, individuals with justice involvement, individuals experiencing or at risk of homelessness

Offering BH Services **April 2024**

Sonoma County

BH Infrastructure Bond Funding: Treatment Sites

- [AB 531](#) / Behavioral Health Infrastructure Bond Act provides **\$6.38 billion** with up to **\$4.4 billion** for competitive grants for counties, cities, tribal entities, non-profit and private sector towards **behavioral health treatment settings**.
- Of the **\$4.4 billion** available for treatment sites, \$1.5 billion, with \$30 million set aside for tribes, will be awarded through competitive grants **ONLY** to **counties, cities** and tribal entities.
- Competitive grants requirements will be similar to current BHCIP requirements.
- Additional requirements, due to the provision of receiving bond funding, will be outlined in the request for application.

Public Listening Session by DHCS

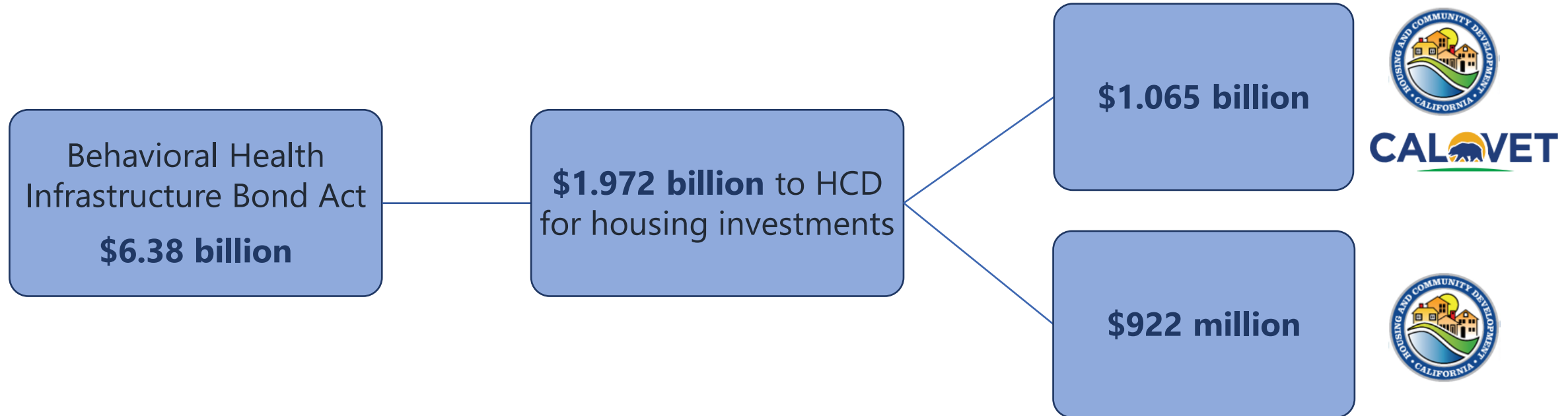
DHCS is developing plans for distribution of \$4.4 billion in bond funds (BH Infrastructure Bond Act, BHIBA) for BHCIP competitive grants for treatment sites. During this public listening session, input can be provided directly to DHCS on BHCIP bond funding.

Friday, April 19, 2024, from 2:00-3:00 p.m.

Registration is required.

[REGISTRATION BUTTON](#)

Behavioral Health Infrastructure Bond Funding – Supportive Housing



BH Infrastructure Bond Funding – Supportive Housing

- Modeled after HCD’s existing Homekey Program
- Extremely low income (30% AMI or less).
- Experiencing or at-risk of homelessness + behavioral health challenge
- HCD and CalVet to coordinate on Veterans program

Eligible Use of Funds:

- Acquisition, rehabilitation of motels, hotels, hostels, or other sites and assets that could be converted to permanent housing.

Eligible Entities:

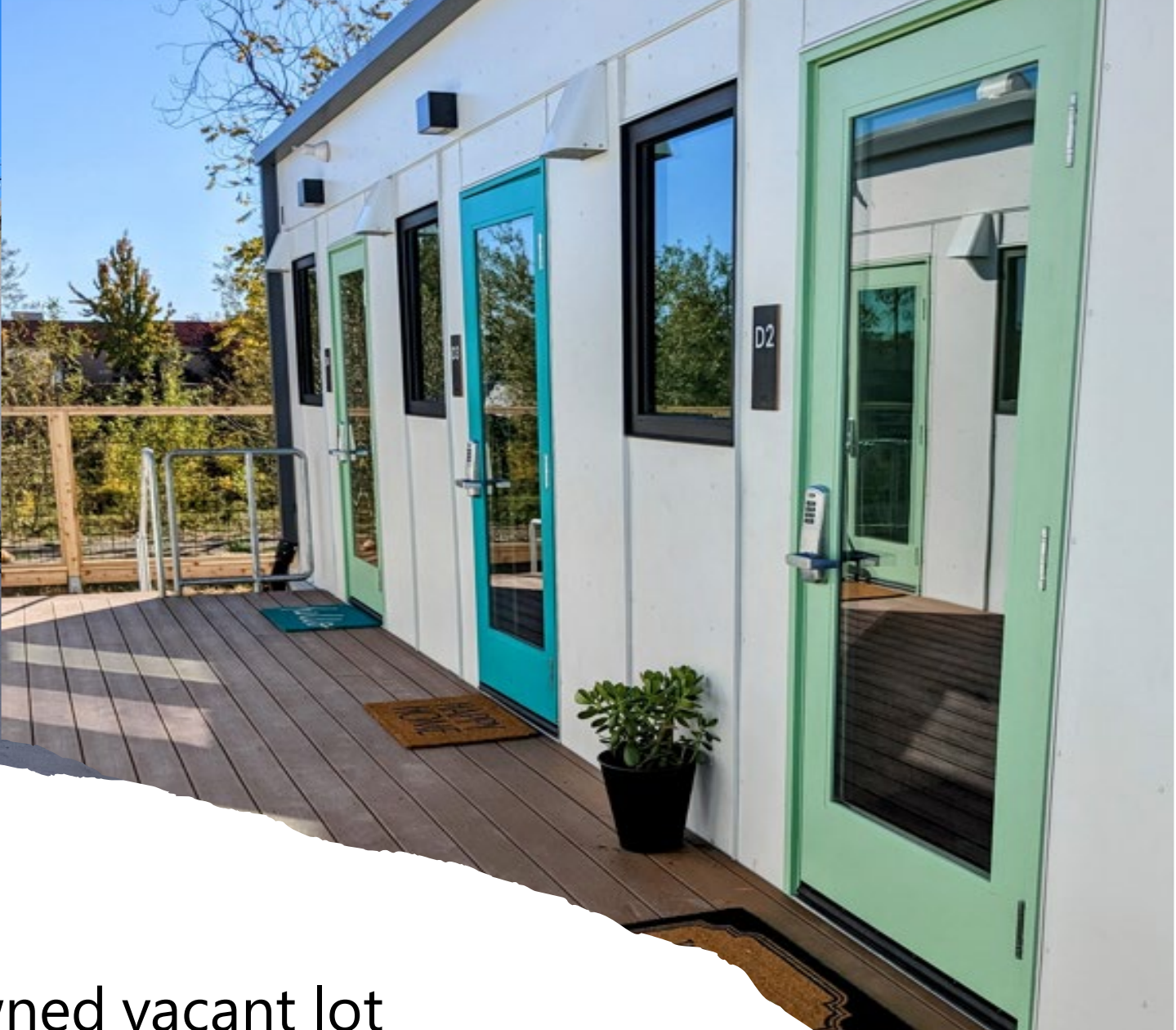
- Cities, Counties, regional and local public entities
- Development Sponsor (loans only)

Homekey Program Highlights to date

- Born out of necessity in time of crisis
- Built for speed and efficiency
- Lower costs than conventional new construction
- Local Government partnerships
- Interim and Interim to Permanent projects occupied within 90 days of acquisition
- Launched in June 2020: three funding rounds to date
 - **250 projects**
 - **15,319 units**
 - **167,000 households** to be assisted over time

L&M Village (City of Healdsburg)

- 22 studio units
- On and off-site supportive services
- Located within 1 mile of grocery store, pharmacy and transit.



Labath Landing (City of Rohnert Park)

- 60 modular units on city-owned vacant lot
- 25% of units targeted to chronically homeless

Kearny Mesa (San Diego Housing Commission)

- Acquisition of former Residence Inn
- 142 one and two-bedroom units
- Permanent Housing (55 years)
- Sensory and mobility accessible units



Lotus Living Tiny Homes (City of El Centro)

- Partnership between City of El Centro and Imperial Valley College
- 26 Permanent Units of Manufactured Housing
- Target Population: Transition Age Youth



Promesa Commons (City of Fresno Housing Authority)

- Acquisition and rehabilitation of former Days Inn hotel
- 96 units
- Interim to Permanent Housing



Veterans Housing and Homeless Prevention Program to date



- » Voter Approved Prop 41 June, 2014
- » **\$600 Million** for the development of new affordable housing for veterans and their families
- » HCD, CalVet and CalHFA collaboration
- » 8 funding rounds completed to affordable housing developers and supportive service providers
- » **96 projects awarded** / 60 currently operating and 36 on track to open soon
- » **6389 units total** with **3249 specially for veterans** once all 96 projects are operating.

BH Infrastructure Bond Funding - Supportive Housing for Veterans

\$1.065 billion worth of housing investments for veterans who are at risk of homelessness, experiencing homelessness, or experiencing chronic homelessness who have mental health needs or a substance use disorder.

CalVet and HCD will coordinate to determine methodology and distribution of funds, as well as the supportive service plan standards and other program areas of expertise such as:

- USDVA Disability/Pension Claims and Compensation
- Legal Aid
- Veteran Cultural Competency

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Edwin M. Lee Apartments San Francisco

- VHHP Loan \$10 Million Round 3
- 118 units
- 62 Permanent Supportive
- 56 Affordable Rental



Reform: Modernize with Results



DHCS Lead Initial BH Transformation Milestones

Below outlines high-level timeframes for several milestones that will inform requirements and resources. Additional updates on timelines and policy will follow throughout the project.

Starting Spring 2024

Stakeholder Engagement

Stakeholder Engagement including public **listening sessions** will be utilized through all milestones to inform policy creation.



Beginning Summer 2024

Bond Funding Availability Begins

Requests for application for bond funding will leverage the BHCIP and HomeKey models.



Beginning Early 2025

Integrated Plan Guidance and Policy

Policy and guidance will be **released in phases** beginning with policy and guidance for Integrated Plans.



Summer 2026

Integrated Plan

New Integrated Plans, fiscal transparency, and data **reporting requirements** go-live in July 2026 (for next three-year cycle)



Engagement with Counties

Engagement with DHCS partners at the California State Association of Counties and the County Behavioral Health Directors Association is specified on core issues, throughout the Welfare and Institutions Code (WIC):

Accountability:

- **WIC 5963.04 (b):** shall establish metrics...to measure and evaluate the quality and efficacy of the behavioral health services and programs
- **WIC 5664 (a):** county behavioral health systems shall provide reports and data to meet the information needs of the state

Engagement with Counties (cont)

Quality:

- **WIC 5840 (c)(1):** establish a biennial list of evidence-based practices and community-defined evidence practices
- **WIC 5887:** Full Service Partnerships, Assertive Community Treatment and Forensic Assertive Community Treatment fidelity, Individual Placement and Support model of Supported Employment, high fidelity wraparound, or other evidence-based services and treatment models
- **WIC 5887 (e)** Full-service partnership programs shall have an established standard of care with levels based on an individual's acuity and criteria for step-down into the least intensive level of care

Engagement with Counties (cont)

Flexibility

- **WIC 5892** : Multiple subsections contain language regarding developing an exemption process and reasonable criteria for requesting an exemption of statutory funding percentages

Funding

- **WIC 5892 (e)(2)(D)**: new costs to implement this article that exceed existing county obligations... for inclusion in the Governor's 2024–25 May Revision
- **WIC 5963 (c)**: costs pertaining to the alignment of Behavioral Health Medi-Cal programs contract with relevant Managed Care Plan contracts per WIC 14197.71
- **WIC 5892.3 (a)**: Behavioral Health Services Act Revenue Stability Workgroup

Community Engagement

County Behavioral Health (BH) Advisory Boards

- Consists of 10-15 members, including one member from local governing body.
- Also includes: consumers, or the parents, spouses, siblings, or adult children of consumers, who are receiving or have received behavioral health services (at least one aged 25 or younger).
 - In counties with a population of 100,00 plus, also include a veteran or veteran advocate.

Community Stakeholder Process: Integrated Plan for Behavioral Health Services and Outcomes

- Meaningful stakeholder engagement throughout the process.
- County BH Advisory Board required to conduct a public hearing on the draft Integrated Plan at the close of a 30-day public comment period.
- County BH Advisory Board shall review adopted plan and make recommendations to local MH/SUD/BH Agency.
- Local MH/SUD/BH Agency must provide written explanations to local governing body and DHCS for County BH Advisory Board recommendations not included in final integrated plan.

BHSOAC

- New perspectives added to BHSOAC, with 27 voting members (up from 16 members):
 - Two persons who have or have had a SUD.
 - One person who is 25 years of age or younger and has or has had a MH/SUD/or cooccurring disorder.
 - Family member of an adult or older adult who has or has had a SUD and family member of a child or youth who has or has had a SUD.
 - Current or former county behavioral health director.
 - Professional with expertise in housing and homelessness.
 - Representative of an aging or disability organization.
 - Person with knowledge and experience in community-defined evidence practices and reducing BH disparities.
 - Representative of a children and youth organization.
 - Veteran or a representative of a veterans organization.

Behavioral Health Services Act (BHSA)

Population, Funding and Services

Priority Populations for BHSA

» Eligible adults and older adults who are:

- Chronically homeless or experiencing homelessness or are at risk of homelessness.
- In, or are at risk of being in, the justice system.
- Reentering the community from prison or jail.
- At risk of conservatorship.
- At risk of institutionalization.

» Eligible children and youth who are:

- Chronically homeless or experiencing homelessness or are at risk of homelessness.
- In, or at risk of being in, the juvenile justice system.
- Reentering the community from a youth correctional facility.
- In the child welfare system.
- At risk of institutionalization.

Health Equity in BHSA

Support culturally responsive services that improve health and reduce health disparities for all:

- Reduces the silos for planning and service-delivery and sets clear principles.
- Requires stratified data and strategies for reducing health disparities in the planning, services, and outcomes.
- Clearly advances community-defined practices as a key strategy of reducing health disparities and increasing community representation.
 - Additional representation on State and Local Oversight Bodies

County Allocations:

1. BH Housing Interventions

30% for BH Housing Interventions

- For children and families, youth, adults, and older adults living with SMI/SED and/or SUD who are experiencing or at risk of homelessness.
- Includes rental subsidies, operating subsidies, shared and family housing, capital, and the non-federal share for certain transitional rent.
- 50% is prioritized for housing interventions for the chronically homeless with BH challenges.
- Up to 25% may be used for capital development.
- Allows small county exemption for 2026-29 planning cycle.
- Not limited to Full Service Partnerships partners or persons enrolled in Medi-Cal.
- Provides flexibility for the remaining counties commencing with the 2032-2035 planning cycle on the 30% requirement based on DHCS criteria for exemptions.

MHSA: Housing is currently allowable as well as BHBH Housing

County Allocations:

2. Full Service Partnerships

35% for Full Service Partnership (FSP) Programs

- Includes mental health, supportive services, and substance use disorder treatment services.
 - Medication-Assisted Treatment (MAT)
 - Community-defined evidence practices (CDEP)
- Assertive Community Treatment /Forensic Assertive Community Treatment, Supported employment, & high fidelity wraparound are required.
 - Small county exemptions are subject to DHCS approval.
- Establishes standards of care with levels based on criteria.
- Outpatient behavioral health services, either clinic or field based, necessary for ongoing evaluation and stabilization of an enrolled individual.
- Ongoing engagement services necessary to maintain enrolled individuals in their treatment plan inclusive of clinical and non-clinical services, including services to support maintaining housing.

MHSA: 50% of Community Services and Supports is dedicated to FSP

County Allocations:

3. Behavioral Health Services and Supports

35% for Behavioral Health Services and Supports (BHSS)

- Includes early intervention, outreach and engagement, workforce education and training, capital facilities, technological needs, and innovative pilots and projects.
- A majority (51%) of this amount must be used for Early Intervention services to assist in the early signs of mental illness or substance misuse.
 - A majority (51%) of these Early Intervention services and supports must be for people 25 years and younger.

County Allocations: BHSS Early Intervention

- Emphasize Reductions on Negative Outcomes:
 - Suicide, self harm, overdose
 - Incarceration, unemployment, homelessness, prolonged suffering,
 - School (including early childhood 0-5 age, inclusive, TK-12, and higher education) suspension, expulsion, referral to an alternative or community school, or failure to complete,
 - Removal of children from homes,
 - Mental illness in children and youth from social, emotional, developmental, and behavioral needs in early childhood. Including outreach to education, including early care and learning and TK-12.
- Reduce disparities.
- Expand community-defined evidence practices and evidence-based practices.

MH and SUD services may be provided to individual children and youth when:

- At high risk for a behavioral health disorder due to trauma, via the ACEs screening tool, involvement in the child welfare system or juvenile justice system, who are experiencing homelessness, or who are in populations with identified disparities in behavioral health outcomes.

County Allocations: Funding Flexibility

- **Counties will have the flexibility within the above funding areas to move up to 7% from one category into another, for a maximum of 14% more added into any one category,** to allow counties to address their different local needs and priorities – based on data and community input.
- Changes are subject to DHCS approval and can only be made during the 3-year plan cycle. The next cycle is Fiscal Year 2026-2029.
- Innovation will be permitted in all categories.

State Directed Funding: Prevention

4% of total funding for Population-Based Prevention

- Population-based programming on behavioral health and wellness to increase awareness about resources and stop behavioral health problems before they start.
- A majority of Prevention programming (51%) must serve people 25 years and younger. Early childhood population-based prevention programs for 0-5 shall be provided in a range of settings.
- California Department of Public Health is lead, in consultation with DHCS and BHSOAC.
- Provides for school-based prevention supports and programs. Services shall be provided on a schoolwide or classroom basis and may be provided by a community-based organization off campus or on school grounds.

State Directed Funding: Workforce

3% of total funding for BH Workforce Expansion

- The Department of Health Care Access and Information, in collaboration with CalHHS, will implement a behavioral health workforce initiative to expand a culturally-competent and well-trained behavioral health workforce.
- Assist in drawing down federal funding (\$2.4 Billion over 5 years) through the Medi-Cal BH-CONNECT demonstration project.
- A portion of the workforce initiative may focus on providing technical assistance and support to county and contracted providers to maximize the use of peer support specialists.

State Directed Funding: Innovation

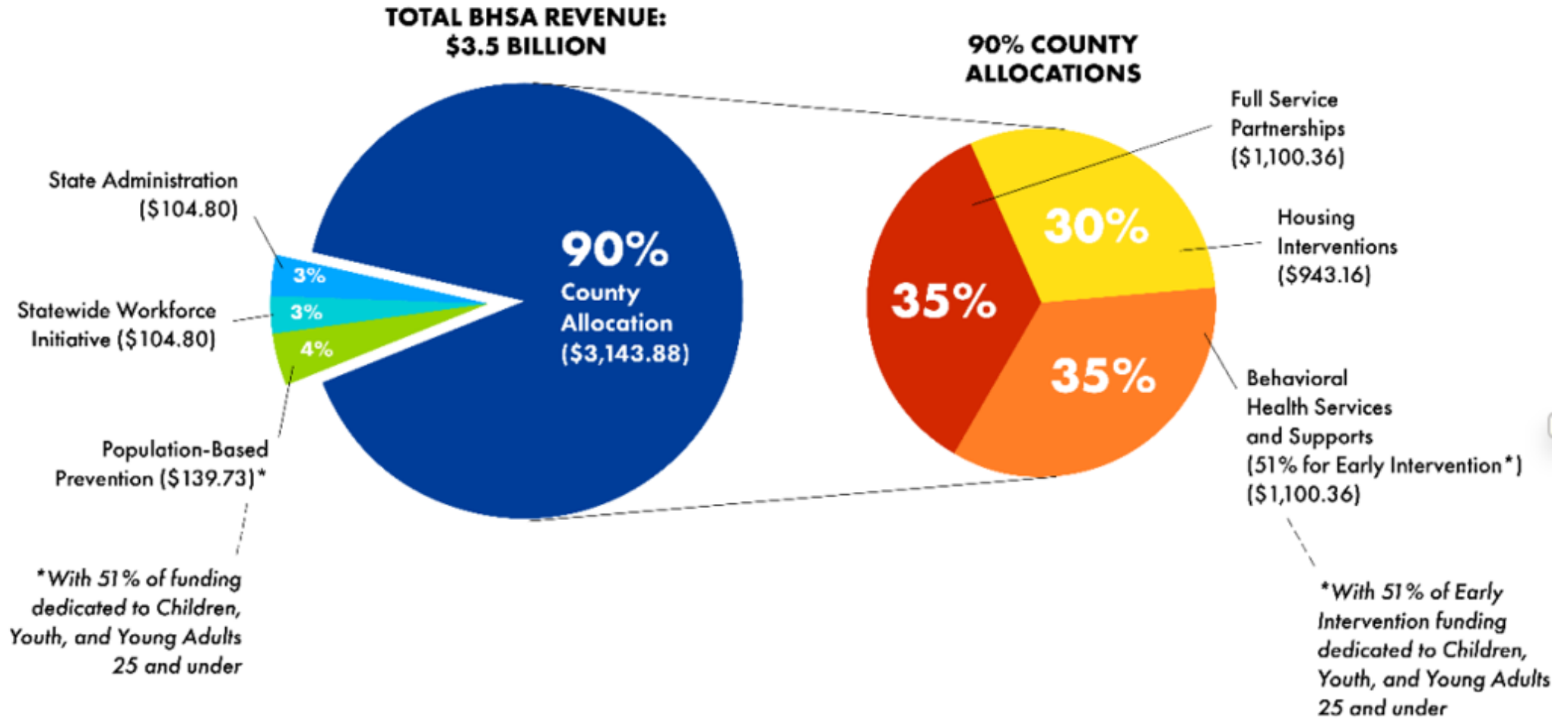
- \$20 million annually will be directed to the Behavioral Health Services Act Innovation Partnership Fund, to develop innovations with non-governmental partners.
- The independent State Behavioral Health Services Outcomes & Accountability Commission is the lead for these funds.

State Directed Funding: Oversight and Monitoring

State Oversight and Administration Reduced from 5% to 3%

- Used to develop statewide outcomes, conduct oversight of county outcomes, train and provide technical assistance, research and evaluate, and administer programs.

BHSA Allocation



Behavioral Health Services Act (BHSA)

Outcomes, Accountability, and Equity



County Integrated Plan for Behavioral Health Services and Outcomes

- Three-year plans no longer focus on MHSA funds only. Must include:
 - **All local, state, and federal behavioral health funding (e.g., BHSA, opioid settlement funds, SAMHSA and PATH grants, realignment funding, federal financial participation) and behavioral health services, including Medi-Cal.**
 - A budget of planned expenditures, reserves, and adjustments
 - Alignment with statewide and local goals and outcomes measures
 - Workforce strategies
- Plans must be developed with consideration of the population needs assessments of each Medi-Cal Managed Care Plan and in collaboration with local health jurisdictions on community health improvement plans.
- Plans must be informed by local stakeholder input, including additional voices on the local behavioral health advisory boards.
- Performance outcomes will be developed by DHCS in consultation with counties and stakeholders.

County Behavioral Health Outcomes, Accountability, and Transparency Report

- Counties will be required to **report annually** on expenditures of **all local, state, and federal behavioral health funding** (e.g., BHSA, SAMHSA grants, realignment funding, federal financial participation), unspent dollars, service utilization data and outcomes with health equity lens, workforce metrics, and other information.
- DHCS is authorized to impose corrective action plans on counties that fail to meet certain requirements.

County Behavioral Health Outcomes, Accountability, and Transparency Report

- The plans and reports shall include data through the lens of health equity to identify racial, ethnic, age, gender, and other demographic disparities and inform disparity reduction efforts.
- Other data and information may include the number of people who are eligible adults and older adults, who are incarcerated, experiencing homelessness, inclusive of the availability of housing, the number of eligible children and youth.
- The metrics shall be used to identify demographic and geographic disparities in the quality and efficacy of behavioral health services and programs listed in paragraph (1) of subdivision (c) of Section 5963.02.

Funds for Local Planning and Reporting

- An additional 2% and up to 4% for small counties of local BHSA revenue may be used to improve planning, quality, outcomes, data reporting, and subcontractor oversight for all county behavioral health funding, on top of the existing 5% county planning allotment.
- Permits a county to provide supports, such as training and technical assistance, to ensure stakeholders have enough information and data to participate in the development of integrated plans and annual updates.

Behavioral Health Services Oversight and Accountability Commission (BHSOAC)

- The Mental Health Services Oversight and Accountability Commission (MHSOAC) will become the BHSOAC
 - Established to promote transformational change in behavioral health system through research, evaluation and tracking outcomes, and other strategies to assess and report progress.
 - Expands commission membership to include community representation, namely for transition-age youth and for individuals who are aging or disabled, and other critical community perspectives.
 - Will receive funding for a new \$20 million Innovation Partnership Fund to provide grants to develop innovations with non-government partners.
- DHCS will consult with BHSOAC on:
 - Development of biennial list of Early Intervention evidence-based practices
 - Building FSP levels of care
 - Developing statewide outcome metrics
 - Determining statewide BH goals and outcome measures

State Auditor Report

- The State Auditor shall issue a comprehensive report on the progress and effectiveness of implementation of BHSA by December 31, 2029 and every 3 years thereafter until 2035.

Shall include:

- BHSA policy impact
- Timeliness of guidance and technical assistance
- Progress toward goals and outcomes
- Gaps in service and trends in unmet needs
- Inclusion and impact of SUD services and personnel
- Effectiveness of reporting requirements
- DHCS oversight of plans and reports
- Coordination and collaboration areas of improvement
- Recommendations of changes or improvements

Align Managed Care and BH Contracts

- Authorizes DHCS to align the terms of the county behavioral health plan contracts regarding organization, infrastructure, and administration with Medi-Cal managed care plan contracts.

Act with Urgency Now – Most Ill, Unsheltered, & Vulnerable



County Tools to Serve the High-Risk/High-Need Populations

- » [Behavioral Health Bridge Housing](#) – immediate, interim housing
- » [Mobile Crisis](#) (Infrastructure and Service Delivery) and [AB 988](#)
- » [Full Service Partnership](#) (funded through MHSA, Medi-Cal, Realignment)
- » [CARE Act](#)
- » [SB 43](#) LPS Conservatorship Reform
- » [Opioid Response](#)

BH Bridge Housing County Funding

- » **Opportunity and Focus:** For county BH administrators use in the implementation of bridge housing settings for Californians experiencing homelessness who have serious behavioral health conditions.
- » **Fiscal Year 2022-23 Allocation, \$907 million:**
 - [Awards](#) were made to **53 of 58 counties**. Engagement with the remaining five counties is ongoing.
- » **Under this \$907 million, our projections suggest:**
 - **3,448 new bridge housing beds** created through infrastructure projects.
 - Approximately **4,700 bridge housing beds funded annually** through rental assistance programs, shelter/interim housing, and/or auxiliary funding to assisted living.

Fresno BH Bridge Housing Program



- DHCS provided \$21 million to the county for the project.
- People who participate in the program will receive wraparound support that focuses on whole-person care. They will be able to stay in the units for 90 to 180 days while working toward long term housing.
- Sierra Summit has provided bridge housing for 60 people since January 2024.
- A second location, Phoenix Landing, is scheduled to open early this year and will provide housing for 120 people.

Mobile Crisis Services

2022: Crisis Care Mobile Units (CCMU) through BHCIP:

- 304 mobile crisis teams created.
- Grants awarded to 48 BH authorities and 24 tribal entities.
- \$205 million+; \$150 million from BHCIP and \$55 million from SAMHSA CRRSAA*

January 2024: Medi-Cal Mobile Crisis Services Benefit:

- 31 counties' Medi-Cal Mobile Crisis Plans have been approved.
- Goal is all 58 counties by 6/30/2024.



Grantees

- Counties with 0 implementation grantees
- Counties with 1 or more implementation grantees
- Tribal Grantee

*Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) Behavioral Health Continuum Infrastructure Program, [Crisis Care Mobile Crisis Units Program Grant](#)

988 Crisis Center Capacity Building Update

- **Over the past year California has seen a steady increase in call volume.** In August of 2022, California received 31,458 calls, 26,110 of which were answered in-state, yielding an 83% in-state answer rate. California experienced an initial surge in 988 calls at implementation, a peak of 32,416 calls in September 2022, which lasted about three months, and then call volume declined to 25,336 in February 2023.
- **Call volume has increased 19% between February 2023 and February 2024.** Looking back a year to February 2023, CA received 25,336 calls and answered 22,721 in-state, giving centers a 90% in-state answer rate. The most recent state data available is from February 2024, where CA received 30,222 calls while achieving a roughly 90% in-state answer rate with 27,090 calls answered.
- **Staffing has increased and strengthened skills.** In August 2022, data collected by Didi Hirsch showed 429 staff members and 648 volunteers. By February 2023, the number of staff increased to 532, with 555 volunteers. As of February 2024, there were **593 staff and 563 volunteers** across the 988 Crisis Centers in California.

CARE Act Cohort 1 Status Update

- Petition numbers during this early implementation stage are in line with our expectations for a new model and allow the counties to effectively manage the resources needed to serve the population.
- This provides the opportunity for counties to identify the necessary resources to build the comprehensive CARE plans, including identifying housing solutions that meet client needs.
- Initial petitions fairly representative of local demographics but skewing male and not capturing many young adults/ younger people
- [Planning Funding BHIN](#) for Counties

Solutions and Ongoing Challenges

Effective Solutions

- Deep system coordination
- Educating the community
- Engagement/ locating people
- Workforce leveraging existing staff and expanding role of peers for outreach and engagement
- Housing leveraging multiple funding sources
- Services – ACT and peers are key

Ongoing Challenges

- Petition and supporting documentation
- Access to PHI
- Deeply complex conditions – co-occurring SUD and physical health conditions
- Acuity



Observations from Recent Site Visits

CARE Act Reporting and Assessment

Early implementation report out December of 2024 with complete annual reports in July of subsequent years. Annual report will include:

- Demographic information
- Outcome measures to assess housing, SUD rates, hospital utilization, law enforcement contacts, and involuntary treatment/conservatorship
- Includes equity assessment

Independent evaluation to be conducted 3 years after implementation

- Analyze and report on CARE Act impact on racial, ethnic, and other demographic disparities
- Preliminary Independent Evaluation Report will be delivered in December 2026, with final report in December 2028.

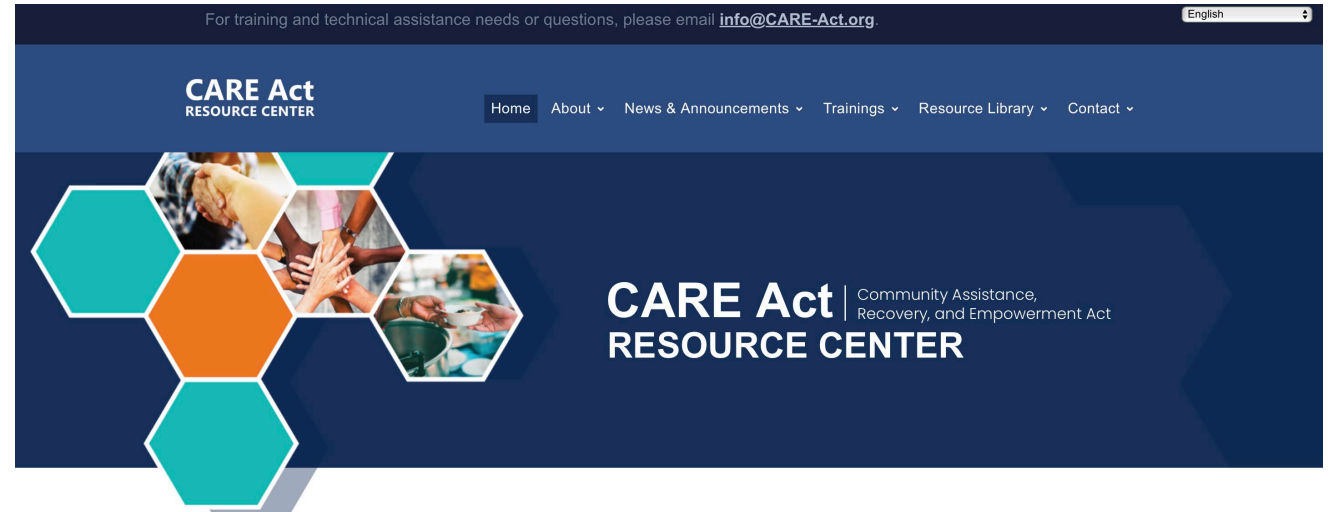
CARE Act Next Steps

- » Cohort 2 launches – All remaining Counties - by December 1, 2024
- » CalHHS, DHCS, and Judicial Council continue to work closely with counties, the courts, legal representation, and others through the CARE Act Working Group to support successful implementation.
 - This includes efforts to support data and evaluation, communication tools to support local partner engagement, and supporting the provision of provide integrated, holistic care to CARE respondents.
- » Ongoing efforts to support understanding of the CARE Act
 - Efforts include outreach and training through NAMI, California Medical Association, First Responders, and others

CARE Act Resource Center

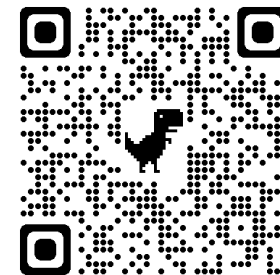
CARE-Act.org

- Information regarding upcoming trainings
- Resource library
- Timeline with implementation milestones and progress
- FAQ
- Technical assistance request form
- Stakeholder feedback form
- Ability to join the listserv



CARE Act OVERVIEW

Through a new civil court process, the [CARE Act](#) provides community-based behavioral health services and supports to Californians living with untreated schizophrenia spectrum or other psychotic disorders.



Reforms to LPS Conservatorship – SB 43

- Act changes the definition of “gravely disabled”
 - ‘gravely disabled’ means...[a] condition in which a person, as a result of a mental health disorder, **a severe substance use disorder, or a co-occurring mental health disorder and severe substance use disorder**
 - ‘gravely disabled’ includes a condition in which a person, as a result of impairment by chronic alcoholism, is unable to provide for their *basic personal needs for food, clothing, or shelter, **personal safety, or necessary medical care.***
- New reporting requirements to comply with SB 43 begin in May 2024.
- SB 43 must be implemented no later than January 1, 2026.

LPS Conservatorship Reform Resources

» DHCS:

- BH Information Notice issued March 25th [SB 43 BHIN-24-011](#)
 - Clarifies allowable sites
- FAQ in development

» Counties that have implemented:

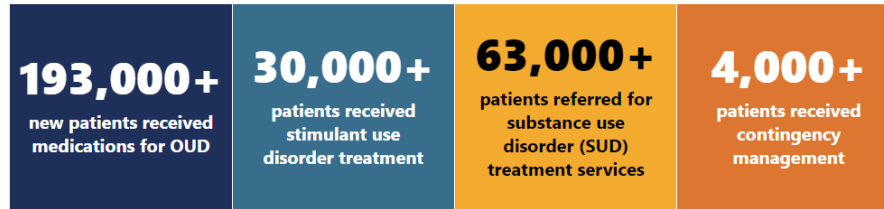
- San Francisco
- San Luis Obispo

DHCS Opioid Response

Reducing Barriers to Care

DHCS Opioid Response has expanded access to treatment for hundreds of thousands of patients in California, including:

Treatment and Recovery Services

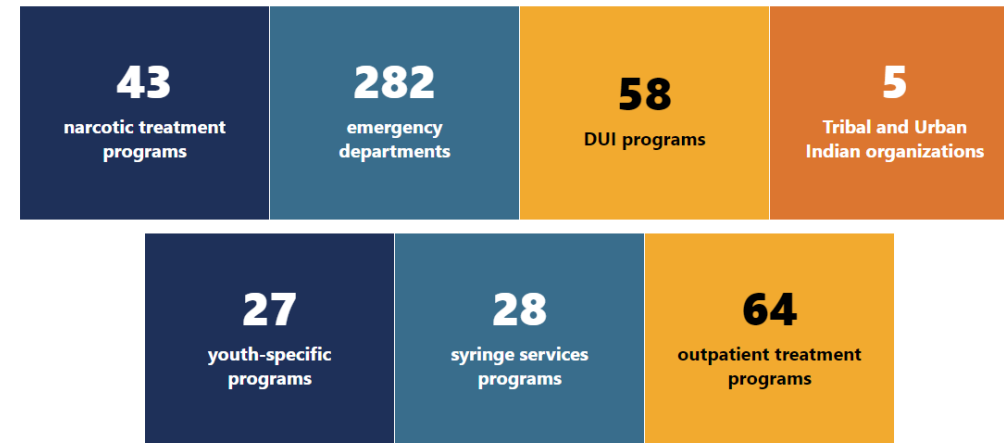


Support Services



Ensuring Access to Treatment

DHCS Opioid Response has expanded access to medications for opioid use disorder in more than 500 access points, including:



Saving Lives

The [Naloxone Distribution Project \(NDP\)](#) provides free naloxone to reduce opioid-related overdose deaths. Since October 2018, the NDP has distributed more than:

3,110,000
units of naloxone to
3,400+
organizations in
all
58
counties resulting in more than
203,000
overdose reversals

Next Steps



Next Steps

- » Participate in upcoming and future engagement opportunities with DHCS:
 - [Bond BHCIP Public Listening Session](#) April 19th
 - [Behavioral Health Stakeholders Advisory Group](#)
 - Other stakeholder meetings coming soon on [DHCS website](#)
- » Review what [BH infrastructure](#) and [BH Bridge Housing](#) has been funded in your county and map out the remaining gaps
- » Review [HCD Homekey Awards Dashboard](#)
- » Review total BH funding in County – MHSA, Medi-Cal, 1991 and 2011 Realignment
- » Review **veterans**: CalVet can assist with veteran population data requests and with coordination between veteran stakeholders such as developers, County Veteran Service Officers, Community Based Organizations and others to provide supportive service trainings through its California Transition Assistance Program.
 - [VHHP Website](#)
- » Assess how to implement Care and LPS Reform as soon as possible

Questions?

