Mental Health for ALL: California's Behavioral Health Transformation

Agenda

- **Act NOW** – Serve the Most Ill, Unsheltered, Vulnerable
- **BUILD** – Bond
- **PLAN** – Behavioral Health Services Act
  - Opportunities for Change
  - BHSA Funding Allocations
  - Enhanced Accountability

Mental Health for ALL

- California is transforming our entire mental health and substance use disorder (SUD) system.
- The result: better behavioral health care for ALL Californians.

MENTAL HEALTH FOR ALL | BCSH | CALVET | CalHHS

Our Commitment to Californians

- More Mental Health Care & Substance Use Treatment for All
- Nation-Leading Behavioral Health Investments– Services, Facilities, Housing and Workforce
- Accountability for Results
- Partnership – City/County, Public/Private, Local/State, Stakeholders
- Action Needed Now

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

MENTAL HEALTH FOR ALL | BCSH | CALVET | CalHHS

Some Examples of 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.
- An additional **$30M to 9 tribal entities**
- **Under the $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.

MENTAL HEALTH FOR ALL | BCSH | CALVET | CalHHS

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.

MENTAL HEALTH FOR ALL | BCSH | CALVET | CalHHS

Mobile Crisis Services

2022: Crisis Care Mobile Units (CCMU) through the Behavioral Health Continuum Infrastructure Program (BHCIP):

- 304 mobile crisis teams created.
- Grants awarded to 48 BH authorities and 24 tribal entities.
- $205 million+; $150 million from the Behavioral Health Continuum Infrastructure Program (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.

*Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA)

Full Service Partnerships (FSP)

Community Services and Support (CSS)

- MHSA funds can be used NOW to provide services to adults/older adults with serious mental illness (SMI) and children/youth with serious emotional disturbance (SED).
- FSPs are one of the service categories.
- Today, counties can also leverage housing funds to build and renovate housing units for individuals with SMI who are unhoused.

DHCS, MHSA Components

CARE Act Cohort 1 Status Update

MENTAL HEALTH FOR ALL | BCSH | CALVET | CalHHS

CARE Act Next Steps

- Cohort 2 launches – All remaining Counties – by December 1, 2024
  - **NOW: Counties can start anytime they are ready! 8 counties live, San Mateo starting July**
- 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.

MENTAL HEALTH FOR ALL | BCSH | CALVET | CalHHS

Reforms to LPS Conservatorship – SB 43

- Requires counties to consider less restrictive alternatives (AOT and CARE) when conducting conservatorship investigations.
- Expanded severe SUD grave disability criteria.
- Expanded definition of grave disability to include individuals who are unable to provide for their basic personal need for 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.
  - **NOW: Counties can start anytime! San Francisco and SLO have started**
- Behavioral Health Information Notice No: 24-011 and FAQ provides additional information.

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

- **193,000+** new patients received medications for OUD
- **30,000+** patients received stimulant use disorder treatment
- **63,000+** patients referred for substance use disorder (SUD) treatment services
- **4,000+** patients received contingency management
- **376,000+** patients referred for or received any recovery support services
- **234,000+** patients received peer support or recovery coaching
- **9,000+** patients received recovery housing

Support Services

- **44,000+** patients referred for housing support
- **13,000+** patients received employment support
- **111,000+** patients received case management services
- **122,000+** patients screened for mental health services
- **80,000+** patients received counseling services
- **146,000+** patients received telehealth services

Ensuring Access to Treatment

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

- **43** narcotic treatment programs
- **282** emergency departments
- **58** DUI programs
- **5** Tribal and Urban Indian organizations
- **27** youth-specific programs
- **28** syringe services programs
- **64** outpatient treatment programs

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

MENTAL HEALTH FOR ALL | BCSH | CALVET | CalHHS

Build for Transformation: Bond Overview

BH Infrastructure Bond Funding: TOTAL

The Behavioral Health Infrastructure Bond Act (AB 531) is a $6.4B general obligation bond:

- **$4.4B** for **Treatment Sites**, modeled after the successful Behavioral Health Continuum Infrastructure Program (BHCIP) to be administered by the Department of Health Care Services (DHCS). Funding will be used to build:
  - **$1.5 billion** to be awarded to counties and cities, and **$30 million set aside for tribal communities**.

- **$1.972B** for **Supportive Housing**, to be managed by the Department of Housing and Community Development (HCD), modeled after Project Homekey. Funding will be invested in housing for individuals with extremely low income and behavioral health challenges who are experiencing or at risk of homelessness.
  - **$1.065 billion in housing investments for veterans** experiencing or at risk of homelessness who have behavioral health needs. These funds will be administered in collaboration with CalVet.
  - **$922 million in housing investments** for people at risk of homelessness who have behavioral health conditions.

MENTAL HEALTH FOR ALL | BCSH | CALVET | CalHHS

BH Infrastructure Bond Funding: Treatment Sites

- DHCS will administer **$4.4B** for competitive grants for counties, cities, tribal entities, non-profit and private sector towards **behavioral health treatment settings**.
- Of the **$4.4B** available for BH treatment sites, **$1.5B** will be awarded through competitive grants **ONLY** to **counties, cities** and **tribal entities**. **$30M** will be set aside for tribes ONLY.
- **Competitive grant** requirements will be **like the BH Continuum Infrastructure Program** requirements (2022-2024).

  NOW: Get ready to apply for BHCIP Round 1: Launch Ready – Guidance released in May with RFA for up to $3.3B released in July.
- Additional requirements, due to the provision of receiving bond funding, will be outlined in the request for application.

MENTAL HEALTH FOR ALL | BCSH | CALVET | CalHHS

State Map

BH Continuum 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

DHCS, BHCIP

BHCIP Outcomes

2,601 Total Inpatient & Residential Beds in Rounds 3-5

281,146 Total Outpatient Individuals Served annually in Rounds 3-5

130 behavioral health treatment projects in 38 counties have received state funds for behavioral health facility construction

MENTAL HEALTH FOR ALL | BCSH | CALVET | CalHHS

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

Nevada County

MENTAL HEALTH FOR ALL | BCSH | CALVET | CalHHS

Bond BHCIP Round 1: Launch Ready

- May 14, 2024: **$3.3 billion** in funding for behavioral health treatment facilities statewide through **Bond BHCIP Round 1: Launch Ready** was announced by the **Governor** which will provide up to:
  - $1.8 billion open to counties, cities, and tribal entities, as well as nonprofit and for-profit organizations
  - $1.5 billion open only to counties, cities, and tribal entities.
  - $30 million minimum to be awarded to tribal entities.
- A Request for Applications will be posted **Summer 2024.**
- **Funds awarded by early 2025.**

Business, Consumer Services and Housing Agency (BCSH)

Bridging the connection between housing and health.

- Support HCD and CalVet in implementation of capital investments from AB 531 for supportive housing.
- BCSH and CalHHS Co-Chair of the California Interagency Council on Homelessness.
- Support the successful implementation of the BHSA, including housing interventions.

With the understanding of housing as social driver of health,
the administration is working collaboratively to support the local integration of health & housing supports.

MENTAL HEALTH FOR ALL | BCSH | CALVET | CalHHS

BH Infrastructure Bond Funding: Supportive Housing

- AB 531 /Prop 1 Behavioral Health Infrastructure Bond Act provides **$6.38 billion** with up to **$1.972** to HCD/CalVet for supportive housing (HomeKeyPlus)
- Of the **$1.972** available for supportive housing:
  - **$922 million** will go to HCD for housing investments
  - **$1.065 billion** will go to CalVET and HCD for housing investments

BH Infrastructure Bond Funding:

Supportive Housing

- Modeled after HCD's existing Homekey Program grants for housing with supportive services
- Extremely low income (30% AMI or less).
- Experiencing or at-risk of homelessness + behavioral health challenge
- At least 5 years supportive services required; initial seed money for operations but looking for long term sustainability
- 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)

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

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

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

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.

Edwin M. Lee Apartments San Francisco

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

What's Next:

- Other BH Infrastructure Bond construction funding **(up to $2 billion)** will be available to build permanent supportive housing (PSH) for veterans and others that are homeless or at risk of homelessness and that have mental health or substance use challenges.
  - HCD and CalVet are actively working to make applications for funding available by **late 2024**.
- The final round of BH Infrastructure Bond funding for behavioral health treatment sites **(up to $1.1 billion),** Bond BHCIP Round 2: Unmet Needs, will be made available in **mid-2025** from DHCS.
- All Bond funds will be awarded and put to work in communities **by 2026**.

Plan for Transformation: Behavioral Health Services

Legislative Findings

Over 1.2 million adults in California are living with a serious mental illness, and 1 in 13 children has a serious emotional disturbance.

82% of Californians experiencing homelessness reported having a serious mental health condition, and 1 in 10 Californians meet the criteria for a substance use disorder (SUD).

Shortages of behavioral health facilities contribute to the growing crisis of homelessness and incarceration among those with a mental health disorder.

Behavioral Health Services Act (BHSA)

Today most Californians have coverage for behavioral health care either through commercial insurance or Medi-Cal. To ensure tax payor dollars are being used most effectively, changed were needed.

The BHSA is the first major structural reform of the Mental Health Services Act since 2004. It expands and increases the types of supports available to Californians in need by focusing on gaps and priorities.

- Focuses on the most vulnerable and at-risk, including set-asides for children and youth.
- Broadens the target population to include individuals with substance use disorder.
- Updates allocations for local services and state directed funding categories, including housing supports.
- Clearly advances community-defined practices as a key strategy of reducing health disparities and increasing community representation.
- Revises county processes for planning and reporting.
- Improves transparency and accountability.

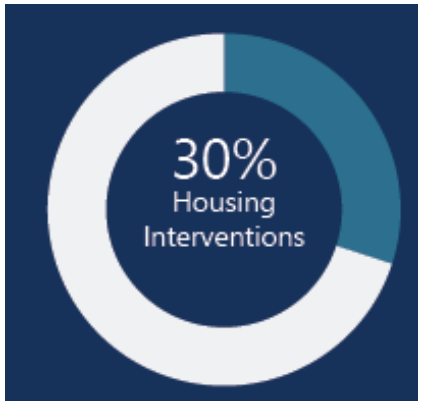
MENTAL HEALTH FOR ALL | BCSH | CALVET | CalHHS

BHSA County Funding Allocations

90% of Total Funds

Local Service Funding Categories:

- Housing Interventions – 30%
- Full Service Partnerships (FSP) – 35%
- Behavioral Health Services and Supports (BHSS) –35%
  - Includes "outreach and engagement" as allowable service
  - At least 51% of BHSS shall be used for Early Intervention
    - At least 51% of Early Intervention shall be used to serve individuals who are 25 years of age or younger.



BHSA State Funding Allocations

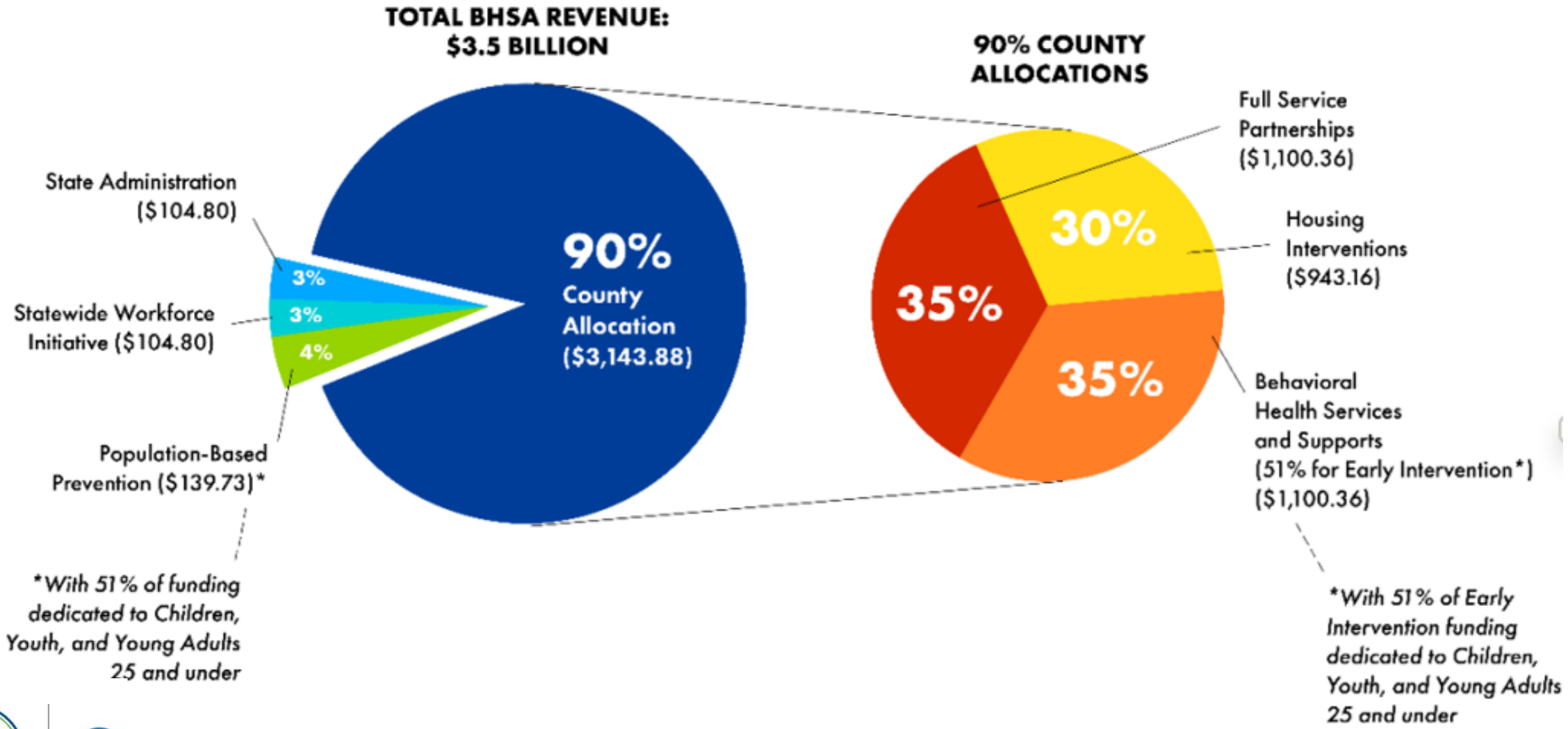
10% of Total Funds

New State Responsibilities

- 4% for Statewide Population-Based Prevention (CDPH)
- 3% for Statewide Workforce (HCAI)

- Remaining 3% for State Administration reduced from 5% obligating the state to be more efficient.
- $20 million annually (FY 2026–27 to 2030–31) for the Behavioral Health Services Act Innovation Partnership Fund, administered by the Behavioral Health Services Oversight & Accountability Commission (BHSOAC).

Sample BHSA Allocation



MENTAL HEALTH FOR ALL | BCSH | CALVET | CalHHS

BHSA 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 permitted in all categories.**

Engagement with Local Government

Accountability:

- County BH Outcomes, Accountability and Transparency Report and the Integrated Plan for Behavioral Health Services and Outcomes
- Establish metrics to measure and evaluate the quality and efficacy of the BH services and programs.

Quality:

- Establish a biennial list of evidence-based practices and community-defined evidence practices (CDEP) for EI program.
- Full Service Partnerships (FSP) services.

Flexibility:

- Exemption and flexibility processes for requesting an exemption of statutory funding percentages throughout.

Funding:

- New costs to implement law that exceed existing county obligations… for inclusion in the Governor's 2024–25 May Revision; BHSA Revenue Stability Workgroup.

Engagement with Communities

County Behavioral Health (BH) Advisory Boards

- Must reflect the diversity and demographics of the county, additional membership to reflect modernization (e.g. + SUD perspective).
- Engages with stakeholders on 3-year plan through a 30-day comment period and public hearing.

Integrated Plan for Behavioral Health Services and Outcomes

- Must be informed by meaningful stakeholder engagement from diverse viewpoints.
- 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.
- 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.

Behavioral Health Services Oversight & Accountability Commission (BHSOAC)

- New perspectives added to BHSOAC, with 27 voting members (up from 16 members).
- Administers the BHSA Innovation Partnership Fund.

MENTAL HEALTH FOR ALL | BCSH | CALVET | CalHHS

DHCS 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.

Started 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

BH Services Integrated Plan Guidance and Policy

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

Summer 2026

BH Services Integrated Plan Begins

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

Five Key Opportunities for Transformational Change

1. Reaching & Serving High Need/Risk Priority BHSA Populations

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.

2. Inclusion of Substance Use Disorder

BHSA expands eligible services beyond those for serious mental illness to include treatment for SUD for children, youth, adults and older adults.

- BHSA enables counties to fund these services alone or in combination with other state and federal funds to support **expansion of SUD services**.
- Counties are required **to maximize FFP** through the utilization of Medi-Cal services in the Drug Medi-Cal and **Drug Medi-Cal Organized Delivery System**. For SUD services not covered by Medi-Cal, BHSA funding can be utilized.
- Counties must **use data to appropriately allocate funding** between mental health and substance use disorder treatment services as well as identify strategies to **address disparities** in their integrated plan.
- This expansion of services broadens the populations eligible for services under BHSA.

3. Housing is Health

Housing is an essential component of behavioral health treatment, recovery, and stability.

- While MHSA has always been available for housing supports, the BHSA strengthens the use of this tool.
- 30% of each county's BHSA funding allocation is required to be used for **housing interventions** for Californians with the most significant behavioral health needs **who are homeless or at risk of homelessness**.
  - Half of that amount is prioritized for individuals and families experiencing long-term homelessness.
- The BHSA provides **ongoing revenue** for counties to assist those with severe behavioral health needs to be housed and **provides a path to long-term recovery**, including ongoing capital to build more housing options.

4. Supporting Children, Young Adults & All Ages

BHSA plans and services address the needs of all ages in the community, with BHSA funds prioritizing early-life investments in kids, youth, young adults 25 and younger & families.

Serious mental illness and substance use services:

- Full-service partnership programs (35% of county allocation) must enroll eligible children and youth.
- County programs for housing interventions (30% of county allocation) include children and youth.

Early invention services: These assist in the early signs of mental illness or substance misuse at any age.

- Majority (51%) of county Behavioral Health Services and Supports funds (35% of county allocation) must be for Early Intervention.
  - Majority (51%) of Early Intervention services must serve **individuals 25 years old and younger**.
- DHCS, in consultation with the BHSOAC, counties, and stakeholders, is establishing a biennial **list of evidence-based practices and community-defined evidence practices for early intervention programs** that may include practices identified pursuant to the Children and Youth Behavioral Health Initiative Act.

Prevention: These reduce the possibility of having mental health or substance use disorders needs in the first place.

- BHSA dedicated 4% of funding to **Population-Based Prevention** to reduce the prevalence of mental health and substance use disorders, administered by CDPH.
  - 51% must be used for programs serving populations who are 25 years of age or younger.

5. Measuring Progress and Impact for All

Counties must submit Integrated Plans for ALL Behavioral Health Services and Outcomes and Behavioral Health Outcomes, Accountability, and Transparency Reports. This includes all services funded by BHSA, Medi-Cal, county realignment and other funds.

- The plans and reports will include **data through the lens of health equity** to identify racial, ethnic, age, gender, and other demographic disparities and **inform disparity reduction efforts**.
- Requires stratified data and strategies for reducing health disparities in the planning, services, and outcomes.
- Requires fully **maximizing available health insurance funding** (Medi-Cal and commercial) before using BHSA funds.
- 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.

MENTAL HEALTH FOR ALL | BCSH | CALVET | CalHHS

BHSA Funding Allocations

County Allocations:

1. BH Housing Interventions – 30%

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

County Allocations:
2. Full-Service Partnerships (FSP) Programs – 35%

- Includes mental health, supportive services, and SUD 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 on-going evaluation and stabilization of an enrolled individual.
- On-going engagement services necessary to maintain enrolled individuals in their treatment plan inclusive of clinical and non-clinical services, including services to support maintaining housing.

County Allocations:
3. Behavioral Health Services and Supports (BHSS) – 35%

- 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.

BHSS Early Intervention – Priorities

- Early psychosis and mood disorder detection and intervention and mood disorder programming that occurs across the lifespan.
  - Outreach and engagement strategies that target early childhood 0 to 5 years of age.
- Strategies to:
  - Advance equity and reduce disparities, culturally competent and linguistically appropriate interventions.
  - Target the mental health and SUD needs of older adults.
  - Address the needs of individuals at high risk of crisis.
- Programs that include community-defined evidence practices that have been successful in reducing the duration of untreated severe mental illness and substance use disorders.
- Other programs that are proven effective in preventing mental illness and SUD from becoming severe and disabling.
- Strategies targeting the mental health needs of eligible children and youth who are 0 to 5 years of age.

BHSS Early Intervention – Program Focus

Outreach, Access and Linkage, and MH and SUD Treatment Services:

- Outreach to families, employers, providers, education partners and others to recognize the early signs of potentially severe and disabling mental health illnesses and substance use disorders.
- Access and linkage to medically necessary care provided by county behavioral health programs as early in the onset of these conditions as practicable.
- Mental health and SUD services *shall* include services that are demonstrated to be effective at meeting the cultural and linguistic needs of diverse communities.
- Mental health treatment services *may* include services to address first episode psychosis.
- Mental health and SUD *may*:
  - Include services that prevent, respond, or treat a behavioral health crisis.
  - Be provided to children and youth experiencing or at high risk of trauma, CW or JJ system involvement, or homelessness.

New State Responsibility:
Population Based Prevention 4%

- Administered by CDPH, in consultation with BHSOAC and DHCS
  - 51% of funding must serve people 25 years and younger.
  - Early childhood population-based prevention programs for 0-5 shall be provided in a range of settings.
- Reduce the prevalence of mental health and SUD.
- School-based prevention supports and programs can be at a school site or arranged for by a school on a schoolwide or classroom basis and shall not provide services and supports for individuals.
- Population-based prevention programs may be implemented statewide or in community settings.

Population Based Prevention Ctd.

- **Evidence-based promising or community-defined evidence practices:**
  - Target the entire population of the state, county, or particular community to reduce the risk of individuals developing a mental health or substance use disorder.
  - Target specific populations at elevated risk for a mental health, substance misuse, or SUD.
  - Target populations disproportionately impacted by systemic racism and discrimination.
  - Reduce stigma associated with seeking help for mental health challenges and substance use disorders.
  - Prevent suicide, self-harm, or overdose.
- Population-based prevention programs shall not include the provision of early intervention, diagnostic, and treatment for individuals.

New State Responsibility:
Workforce 3%

- HCAI, 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 additional 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.

Innovation

- County Integrated Plans must demonstrate how the county will strategically invest in early intervention and advance behavioral health **innovation**.
- $20 million annually will be directed to the **Behavioral Health Services Act Innovation Partnership Fund**, to develop innovations with non-governmental partners.
- BH Services Oversight & Accountability Commission (currently named MHSOAC) is lead.

Enhanced Accountability

County Integrated Plan for Behavioral Health Services and Outcomes

Three-year plans 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.

County Integrated Plan for Behavioral Health Services and Outcomes Ctd.

- 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 Ctd.

- The plans and reports is 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.

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

Behavioral Health Services Oversight and Accountability Commission (BHSOAC)

- **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.
- **CDPH will consult with BHSOAC** and DHCS on population-based mental health and SUD prevention programs
- **BHSOAC will consult with:**
  - CalHHS and DHCS to determine allowable uses of funds for the BHSA Innovation Partnership Fund.
    - CDPH for population-based prevention innovations.
    - HCAI for workforce innovations.
  - CalHHS regarding funding allocations created by the Investment in MH Wellness Act.
- **BHSOAC will collaborate with:**
  - CalHHS to promote transformational change through research, evaluation, and tracking outcomes.
  - DHCS and the California Behavioral Health Planning Council (CBHPC) to write a report with recommendations for improving/standardizing BHSA promising practices.

Other Changes

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.

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 Now & Next Steps

- Implement the CARE Act and LPS Reform
- Participate in upcoming and future engagement opportunities with DHCS:
  - Behavioral Health Stakeholders Advisory Group
  - Other stakeholder meetings coming soon on DHCS website
- Review awards of BH infrastructure and BH Bridge Housing in counties across the state, map out the remaining gaps. Prepare to Respond to **Bond BHCIP Round 1: Launch Ready**
- Review HCD Homekey Awards Dashboard.
- Learn more about all funding sources for publicly funded behavioral health services – MHSA, Medi-Cal, 1991 and 2011 Realignment, federal grants, etc.
- CalVet can assist with veteran population data requests & coordination between veteran stakeholders such as developers, County Veteran Service Officers, & CBOs to provide supportive service trainings through its California Transition Assistance Program.
  - VHHP Website

MENTAL HEALTH FOR ALL | BCSH | CALVET | CalHHS

For more information:

- The Governor's Mental Health for All Webpage linked here
- CalHHS Behavioral Health Transformation Webpage linked here
- DHCS Behavioral Health Transformation Webpage linked here