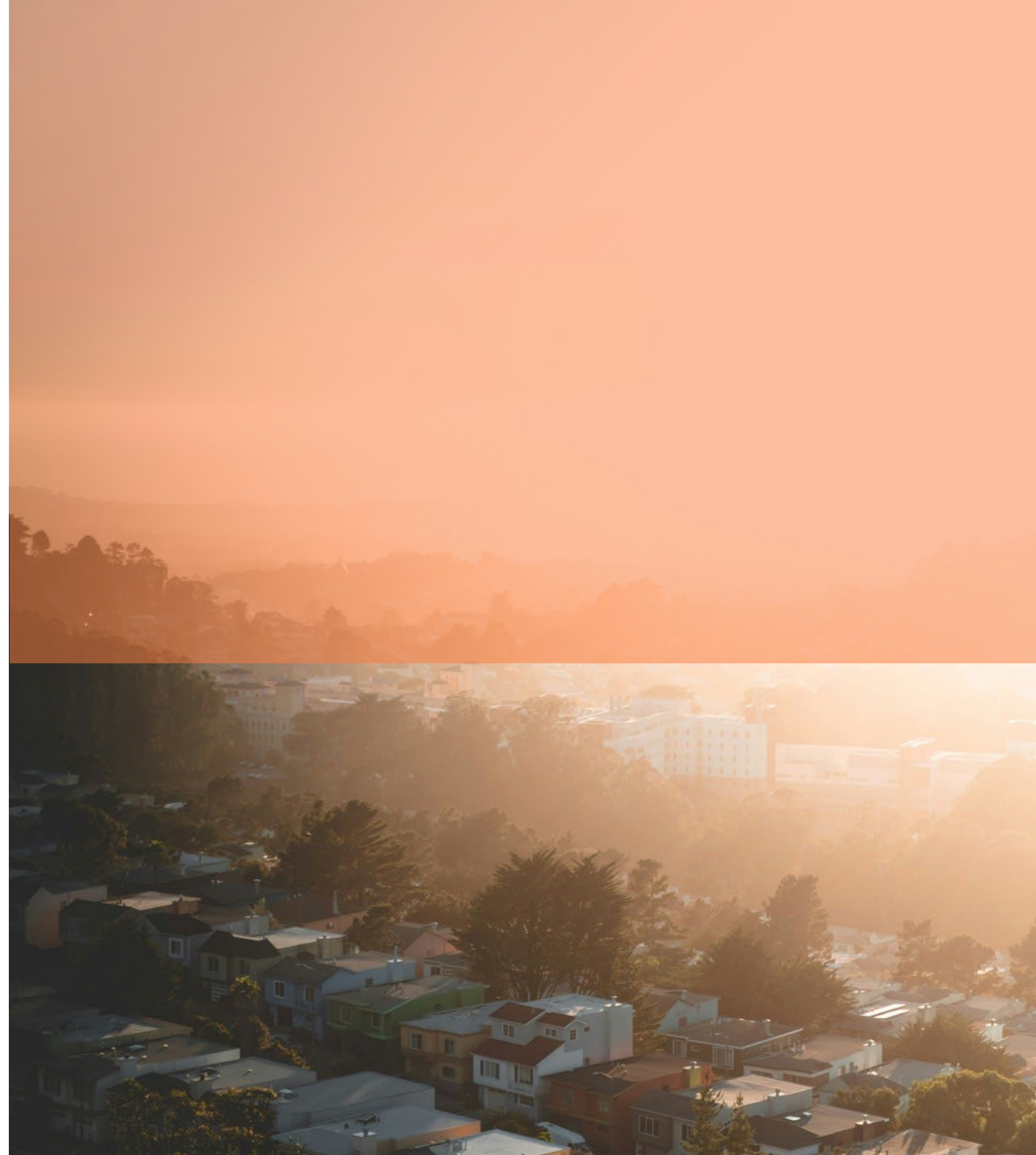




Integration of Substance Use Disorder (SUD) Focuses into the Commission's Portfolio



Why This Matters – By the Numbers

2/3 of Americans say they have family or have been addicted to substances, homeless because of a SUD, or overdosed or died from drug use

Under 15% of those received SUD treatment in the past year, of these **under 6%** received treatment in specialty SUD system

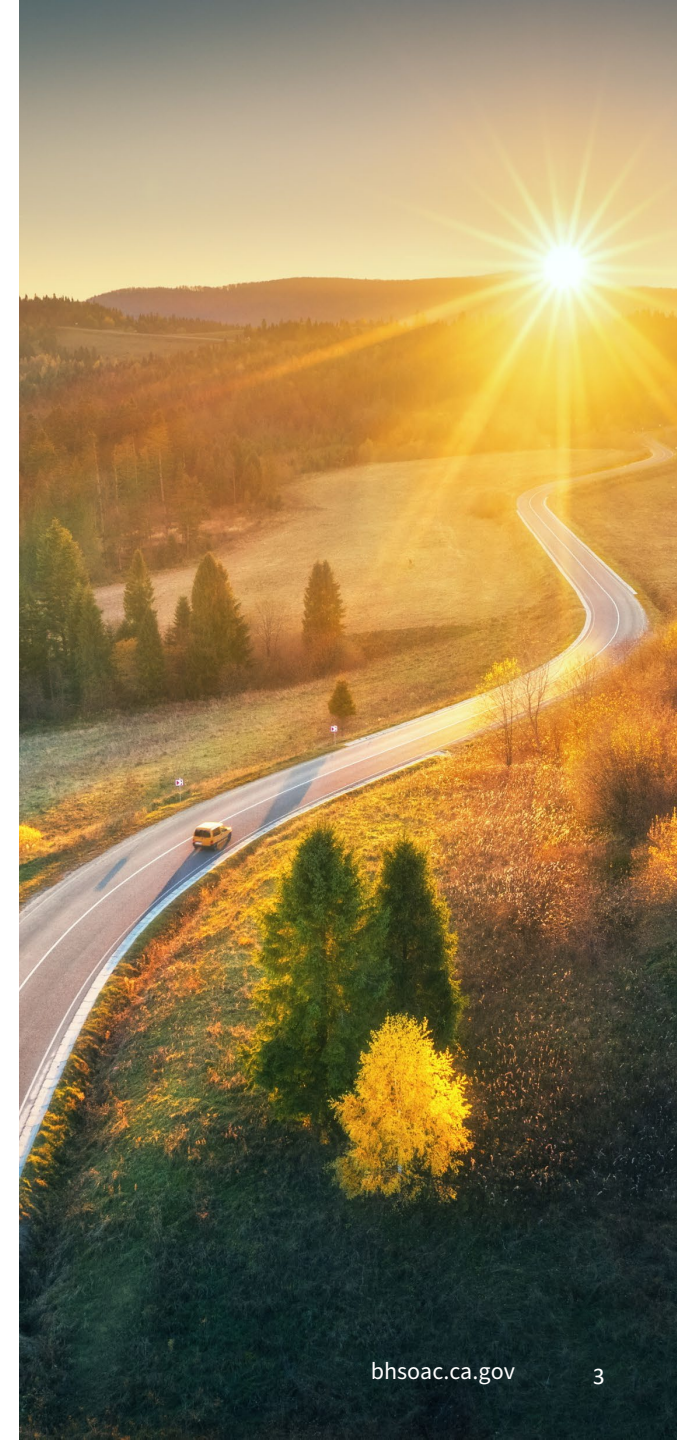
Nearly 17% of people in the U.S. have had an SUD over the past year

- Prevalence of Co-Occurring SUD and SMI Over Past Year = **less than 3%**
- Treatment Access for Co-Occurring SUD and SMI Over Past Year:
 - No treatment ~**30%**
 - Just SUD treatment ~**2%**
 - Just MH treatment ~**49%**
 - Both MH + SUD treatment ~**19%**

Tremendous opportunities to improve SUD services by investing in SUD priorities

The Behavioral Health Services Act (BHSA)

- The BHSA targets funding to provide services to adults and children with or at risk of the ***most serious mental health conditions and SUDs***, and ***includes SUD as a stand-alone condition of eligibility***
- Puts an emphasis on individuals chronically or at risk of becoming homeless, involved in or at risk of entering the justice system, reentering the community from prison or jail, in the child welfare system, at risk of conservatorship, or at risk of institutionalization.
- **BHSA is in alignment with other state efforts designed to integrate mental health and substance use disorder services, e.g. CalAIM**



BHSA Specifications for Substance Use Disorder

Per WIC 5891.5, the programs, services, and supports funded with BHSA may include SUD treatment services for children, youth, adults, and older adults.

- » Counties that provide SUD treatment services must **provide all forms** of federal Food and Drug Administration (FDA) approved **medications for addiction treatment**.
- » Counties may use BHSA funding to **assess** whether a person is living with a SUD and **treat** the individual **prior to a diagnosis** of a SUD.
- » Counties must establish FSP programs that include **assertive field-based initiation for SUD treatment services**.
- » Counties must include SUD treatment services in their **Integrated Plans** (IPs).
- » Counties must report **annual expenditures** of all funds spent (including the nonfederal share for Medi-Cal services) on mental health **and SUD treatment services** in the County Behavioral Health Outcomes, Accountability, and Transparency Report (BHOATR).

Using Data to Inform the Integrated Plan

- » Counties must **meaningfully engage** with stakeholders and include them in the community planning process to determine how counties use their behavioral health funding.
- » Counties shall **consider relevant data sources, such as local data**, to inform prioritization of BHSA resources, including mental health and SUD prevalence and unmet needs for treatment.
- » Counties will identify strategies to address **SUD disparities** in their Integrated Plan.
- » In counties with **separate** mental health and **SUD departments**, both departments will work together to use BHSA funding consistent with local data needs and as reflected in their single IP.
- » DHCS provided **population-level behavioral health measures** to inform county planning.

CBH's purpose is transformational change and our tools include:

- Research & Evaluation
- Pilots to test innovation and system change
- Advocacy & Legislation
- Lifting up community voices and participation

... Behavioral Health Transformation means ensuring that SUD is integrated into CBH's work in each of these areas as well.

The Commission's Portfolio Under Behavioral Health Transformation

Incentive Grants/Contracts

- Mental Health Wellness Act
 - \$20 million
- Behavioral Health Student Services Act/School mental health
 - \$7.6 million
- Innovation Partnership Fund
 - \$20 million
- Advocacy contracts
 - \$7 million

Other Projects

- Workplace mental health
- Criminal justice
- Coordinated Specialty Care
- allcove® youth drop-in centers
- Impacts of Firearm Violence
- School-based Universal Behavioral Health Screening
- Suicide prevention

BHSA Consultation Roles

- Population-based prevention
 - CDPH
- Early intervention
 - DHCS
- Full Service Partnerships
 - DHCS
- Data and metrics
 - DHCS

Local Assistance – Ongoing Funding Sources

SB 465

\$400,000 annually to support FSP evaluation and reports to the Legislature.

Mental Health Wellness Act

\$20 million annually to support crisis intervention and support, and early intervention services.

Behavioral Health Student Services Act

Ongoing appropriation of \$7.6 million.

Community Advocacy Contracts

\$6.7 million annually to competitive grants to organizations serving nine specified high-need populations.

Discussion Questions

- How can the Commission integrate SUD into its portfolio, including grants, advocacy contracts, legislation and policy, and data?
- What does reasonable CBH resource allocation for MH and SUD look like across a “behavioral health” system?
- What should CBH Committees consider when trying to implement SUD into the Commission’s work?
- What does a stakeholder process that meaningfully incorporates SUD perspectives look like within the Commission?