A NEW MINDSET
California's Behavioral Health Transformation

Presentation to the Mental Health Services Oversight and Accountability Commission

April 25, 2024

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Agenda

- We Can Act Now
- Overview:
  - Build - Bond
  - Plan and Act - BHSA
- Opportunities for Change in BHSA
- Enhanced Accountability
- Q/A

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Our Commitment to Californians

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

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Act with Urgency – Most Ill, Unsheltered, & Vulnerable

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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.

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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.

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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.

*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.

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 funded
- 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

- 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

Observations from Recent Site Visits

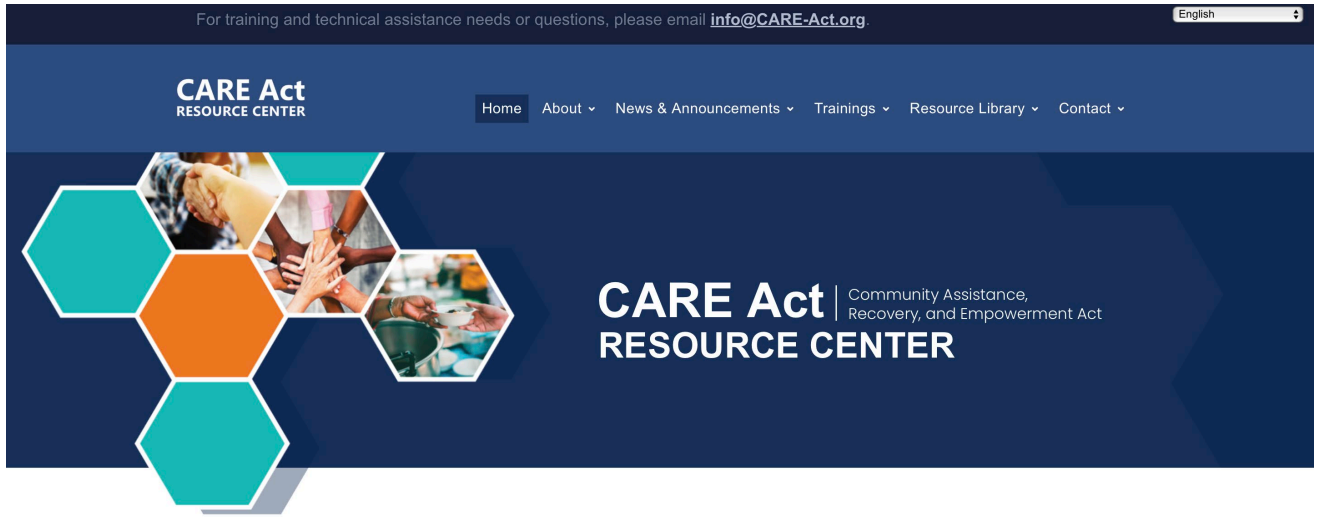
CARE Act Next Steps

- 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



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

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

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Build for Transformation: Bond Overview

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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 BHCIP** requirements.
- Additional requirements, due to the provision of receiving bond funding, will be outlined in the request for application.

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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

DHCS, BHCIP

BHCIP Rounds 1-3

BHCIP Round 1: Crisis Care Mobile Units (CCMUs): $185 million

- **21,625** requests were received from counties, cities, and tribal entities for CCMU services in Q3 2023
- **81%** resulted in a CCMU dispatch
- CCMU teams responded to **17,539** behavioral health crisis in Q3 2023 alone
- *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.
- *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 Rounds 4 and 5

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

$ 1,019,357,255.00

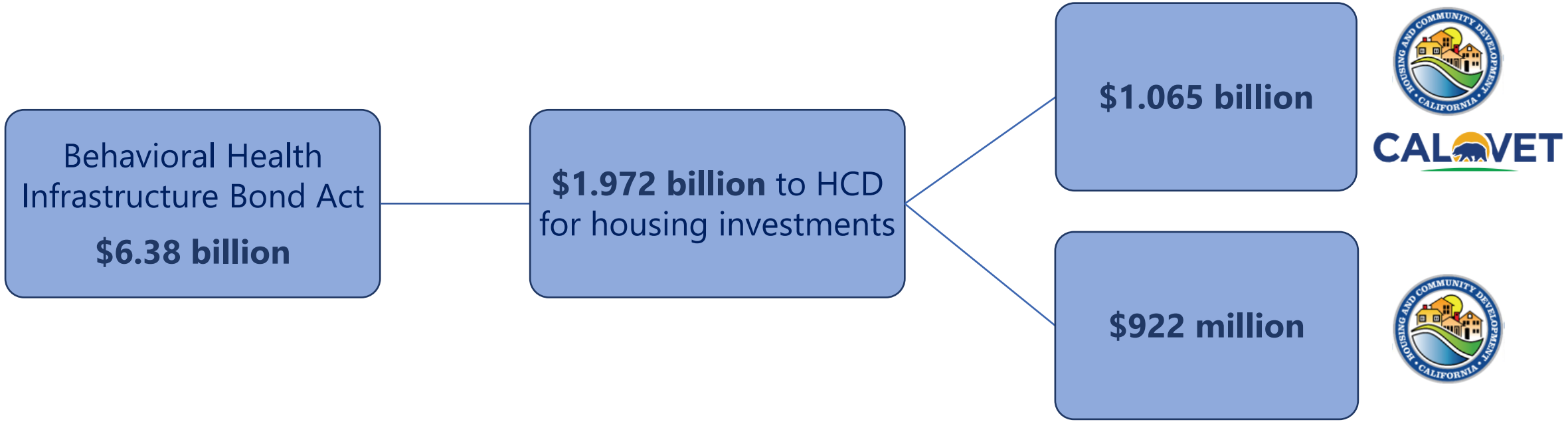
- **Service populations include:** Adults in the Tahoe Basin communities including the Town of Truckee and multiple counties including rural areas

First BHCIP Funded Facility to Open

Offering BH Services March 2024

Nevada County

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)

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.

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.

Plan & Act for Transformation: BHSA

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Legislative Findings

- 1 in 20 adults is living with a serious mental illness (SMI).
- 1 in 13 children has a serious emotional disturbance (SED).
- 1 in 10 Californians meet the criteria for a substance use disorder (SUD).
- Veterans have a higher rate of suicide and experience higher rates of mental illness or substance abuse disorder.
- Most homeless Californians (82%) experienced a serious mental health condition.
- More than one quarter (27%) had been hospitalized for a mental health condition.
- Nearly two-thirds (65%) had a period in their life in which they regularly used illicit drugs.
- Limited community-based care facilities contributes to the growing crisis of homelessness and incarceration among those living with a behavioral health challenges.

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Behavioral Health Services Act (BHSA)

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

BHSA– Funding Allocations

Local Service Funding Categories:

- Full Service Partnerships (FSP) – 35%
- Housing Interventions – 30%
- 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.

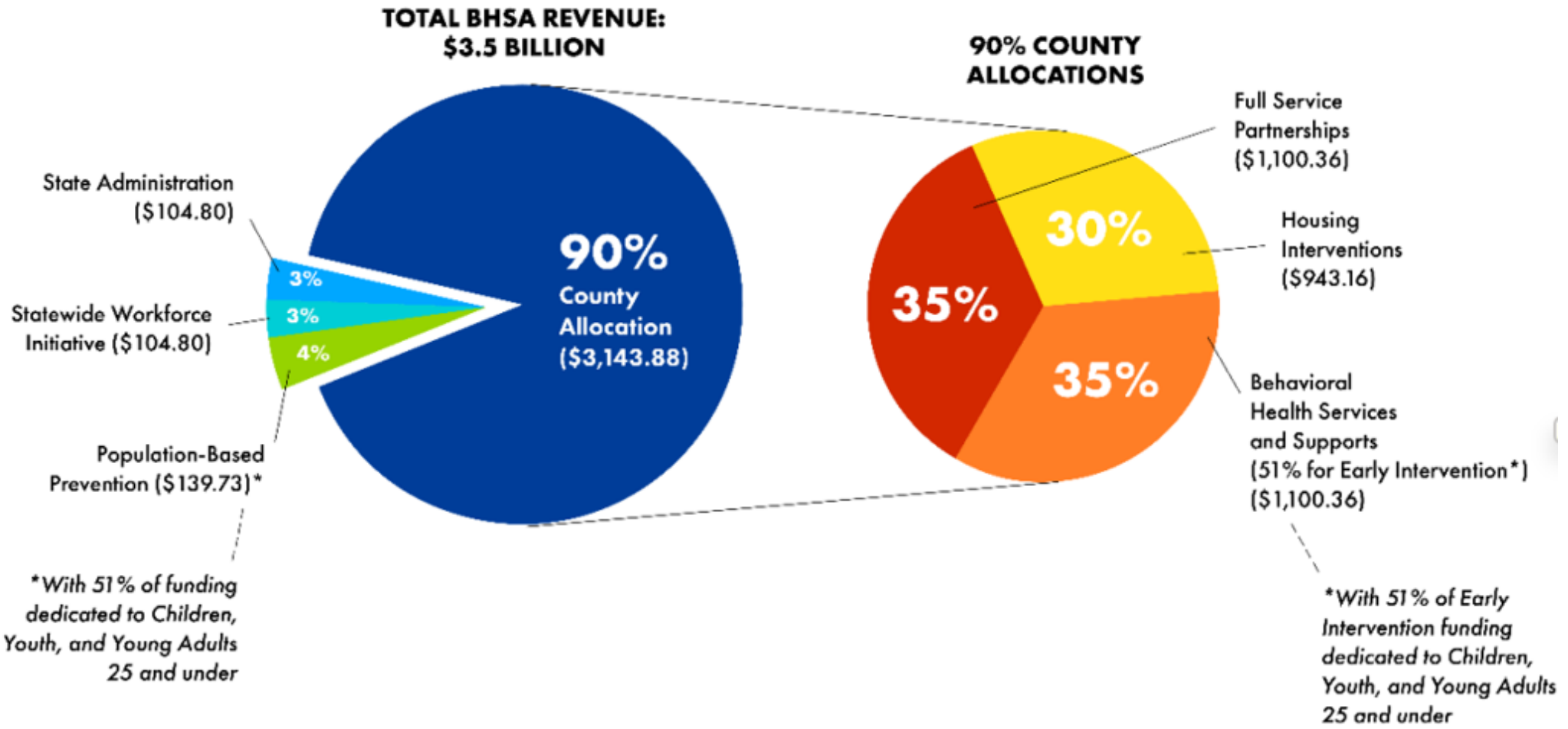
New State Responsibilities Funding Categories:

- 10% of Total Funds
  - 4% for Population-Based Prevention (CDPH)
  - 3% for Statewide Workforce (HCAI)
  - 3% for State Administration (reduced from 5%)
    - $20 million annually (FY 2026–27 to 2030–31) for the Behavioral Health Services Act Innovation Partnership Fund (BHSOAC).

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.**

Sample BHSA Allocation



Engagement with Local Government

DHCS will partner with counties on specified core issues:

Accountability:

- County BH Outcomes, Accountability and Transparency Report; 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 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.

Community Engagement

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.

BHSOAC

- New perspectives added to BHSOAC, with 27 voting members (up from 16 members).
- Administers the BHSA Innovation Partnership Fund, which will be used for improving BHSA programs for underserved, low-income populations, and communities impacted by BH disparities.

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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.

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)

Opportunities for Change

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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.

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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

Inclusion of Substance Use Disorder

- Programs and services may include substance use disorder treatment services for children, youth, adults, and older adults.
  - Counties must use the data to appropriately allocate funding between mental health and substance use treatment services as well as identify strategies to address disparities in their integrated plan.
- Provision of housing interventions to individuals with SUD is optional for counties.

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.
- 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 and on-going if approved by DHCS.
- 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.

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Full-Service Partnerships (FSP) Programs – 35%

- 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 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.

Behavioral Health Services and Supports – 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 – Details

Section 5840

- 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.
- DHCS, in consultation with the BHSOAC, counties, and stakeholders, shall establish a biennial list of evidence-based practices and community-defined evidence practices that may include practices identified pursuant to the Children and Youth Behavioral Health Initiative Act.
- Counties may act jointly to meet the requirements of this section.

BHSS Early Intervention – Priorities

- Strategies targeting the mental health needs of eligible children and youth who are 0 to 5 years of age, including, but not limited to, infant and early childhood mental health consultation.
- 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, inclusive, out-of-school youth, and secondary school youth. Partnerships with community-based organizations and college mental health and substance use disorder programs may be utilized to implement the strategies.
- Strategies to advance equity and reduce disparities, culturally competent and linguistically appropriate interventions.
- Strategies targeting the mental health and substance use disorder needs of older adults.
- Programs that include community-defined evidence practices that have been successful in reducing the duration of untreated severe mental illness and substance use disorders.
- Strategies to address the needs of individuals at high risk of crisis.
- Other programs that are proven effective in preventing mental illness and substance use disorders from becoming severe and disabling.

BHSS Early Intervention – Program Focus

E.I. Programs - Outreach, Access and Linkage, and MH and SUD Treatment Services

- Outreach to families, employers, primary care health care providers, behavioral health urgent care, hospitals, inclusive of emergency departments, education, including early care and learning, T-12, and higher education, 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 treatment services may include services to address first episode psychosis.
- Mental health and substance use disorder services shall include services that are demonstrated to be effective at meeting the cultural and linguistic needs of diverse communities.
- Mental health and substance use services may include services that prevent, respond, or treat a behavioral health crisis.
- Mental health and substance use disorder services may 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%

Section 5892 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.

- 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. These supports and programs may include:
  - School-based health centers, student wellness centers, or student wellbeing centers.
  - Activities, including, but not limited to, group coaching and consultation, designed to prevent substance misuse, increase mindfulness, self-regulation, development of protective factors, calming strategies, and communication skills.
  - Integrated or embedded school-based programs designed to reduce stigma associated with seeking help for mental health challenges and substance use disorders.
  - Student mental health first aid programs designed to identify and prevent suicide or overdose.
  - Integrated training and systems of support for teachers and school administrators designed to mitigate suspension and expulsion practices and assist with classroom management.

Population Based Prevention – Details

- Reduce the prevalence of mental health and substance use disorders.
- Evidence-based promising or community-defined evidence practices and meet one or more of the following conditions:
  - 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 substance use disorder.
  - Reduce stigma associated with seeking help for mental health challenges and substance use disorders.
  - Target populations disproportionately impacted by systemic racism and discrimination.
  - Prevent suicide, self-harm, or overdose.
- Population-based prevention programs may be implemented statewide or in community settings.
- Population-based prevention programs shall not include the provision of early intervention, diagnostic, and treatment for individuals.
- Early childhood programs for children 0 to 5 years of age, shall be provided in a range of settings.

New State Responsibility: Workforce 3%

- 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.

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.
- Behavioral Health Services Outcomes & Accountability Commission is lead

Enhanced Accountability

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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.

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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 listed in paragraph (1) of subdivision (c) of Section 5963.02.

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

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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
- Members of the BHSOAC are members of the CBHPC

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.

For more information:

DHCS Behavioral Health Transformation Webpage:

[Behavioral Health Transformation (ca.gov)]

Q&A

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