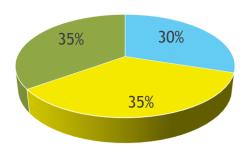


Behavioral Health Services Act (BHSA)

Overview and Project Mapping



What is BHSA?



- Housing Interventions
- Full Service Partnership (FSP)
- Behavioreal Health Services and Supports (BHSS)

- Reforms the Mental Health Services Act (MHSA) passed by voters in 2004
- Establishes broad ranging regulations changes through Senate Bill (SB) 326
 - Additional service requirements
 - Integration of Mental Health and Substance Use Disorder (SUDs) Services
 - Comprehensive Three-Year Integrated Plan (IP)
 - Behavioral Health Outcomes,
 Accountability, and Transparency Report (BHOATR)
- Operational by July 1, 2026
- Restructures funding requirements



Behavioral Health Division (BHD) Transition Strategy

- Phase 1: Comprehensive Project Mapping
 - What funding sources do we anticipate?
 - What services are required?
- Phase 2: Gap Analysis
 - Are there beneficial levels of service not required by regulations or State policy?
 - Who is responsible for that level of service?
 - What collaborations may promote the effective implementation of these services?
- Phase 3: Funding Allocation
 - ► How much funding is available?
 - What are the constraints of the funding source?
 - How does funding not received by EDC BHD influence funding allocation determination?
 - How can funds be most efficiently utilized to administer required services?
- Phase 4: Discretionary Spending
 - What funding remains when all required services are funded sufficiently?
 - How can we maximize discretionary spending through collaborative efforts with community partners?



Integrated Service Delivery

- Access Services
 - Access Call Line and Assessment
 - Community-based Access
 - Forensic Access
- Crisis Services
 - Crisis Call Line and Dispatch
 - ► 24/7 Mobile Crisis
 - Psychiatric Emergency Services
 - Crisis Residential Treatment (CRT)
- Housing Intervention Services
- Inpatient Services (SB 43)
 - Psychiatric Health Facility (PHF)
- Workforce Education and Training (WET)
- Capital Facilities and Technological Needs (CFTN)



Mental Health Services

- Adult Specialty Mental Health Services (SMHS)
 - Residential Services
 - High Intensity Services
 - ▶ Required EBPs Assertive Community Treatment (ACT) , Forensic ACT (FACT)
 - Outpatient behavioral health services for evaluation and stabilization
 - Mental health services, supportive services, and substance use disorder (SUD) services
- Children's SMHS
 - Residential Services
 - High Intensity Services
 - Required EBPs High Fidelity Wraparound (HFW), Multisystemic Therapy (MST), Functional Family Therapy (FFT), Parent-Child Interaction Therapy (PCIT)
 - ► FSP Intensive Case Management (ICM)
 - Outpatient behavioral health services for evaluation and stabilization
 - Mental health services, supportive services, and substance use disorder (SUD) services
 - ▶ Required EBPs Individual Placement and Support (IPS) model of Supported Employment
- ► Early Intervention (EI) Required 51% of BHSS funding
 - ▶ El programs to serve individuals aged 25 years and younger Required 51% of BHSS funding
- Community Assistance, Recovery and Empowerment (CARE) Act



Substance Use Disorder Services

- SUDs Treatment
 - Residential
 - Outpatient
 - Assertive Field-based treatment
- SUDs Prevention
- Opioid Settlement Funds
 - Proposition 36 Opioid Settlement Strategic Framework



Maximizing Funding

- Funding received by all county partners benefits the County as a whole
 - Maximize federal funding opportunities such as Medi-Cal and Block Grants
 - Maximize grants and time limited funding
 - Minimize duplications and contradictions of cross-county efforts
- Sharing information between county partners allows for greater informed decision making
 - Increase collaborations and communication
- Prioritize efficiency
 - Streamline processes and information sources where possible