Behavioral Health Transformation Public Listening Session

Behavioral Health Services and Supports (BHSS)

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November 2024

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Public Listening Session Format

For each topic, DHCS will:

1. Present the information specified in the County Integrated Plan for Behavioral Health Services and Outcomes.
2. Solicit stakeholder feedback via the prompt(s).

Please note: DHCS is ***gathering information*** and will not be responding to questions during the public listening session. We will only offer points of clarification.

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How to Provide Feedback

1. Type your feedback/comments in the Q&A box (click the icon located on your control panel). The chat is unavailable.
2. Send an email to BHTinfo@dhcs.ca.gov with the subject line "Public Listening Session." Feedback will be accepted through **November 11, 2024**. Feedback received after this date will still be considered, but not included in the summary document.

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Overview of Behavioral Health Services and Support (BHSS)

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Behavioral Health Transformation

In March, California voters passed Proposition 1, a two-bill package to modernize the state's behavioral health care system, including substantial investment in housing for people with behavioral health care needs.

Behavioral Health Services Act

- Reforming behavioral health care funding to provide services to those with the most serious mental illness & to treat substance use disorders.
- Expanding the behavioral health workforce to reflect and connect with California's diverse population.
- Focusing on outcomes, accountability, and equity.

Behavioral Health Bond Act

- Funding behavioral health treatment beds, supportive housing, and community sites.
- Directing funding for housing for veterans with behavioral health needs.

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Behavioral Health Services and Supports

Per WIC Section 5892, Behavioral Health Services and Supports (BHSS) include:

- ✓ Early Intervention
- ✓ Children's, Adult, and Older Adult Systems of Care
- ✓ Outreach and Engagement
- ✓ Workforce, Education, and Training
- ✓ Capital Facilities and Technological Needs
- ✓ Innovative behavioral health pilots and projects

Other than Early Intervention, counties are not required to fund any of the listed program categories. Counties have the flexibility to fund any category according to local needs.

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BHSS - Early Intervention

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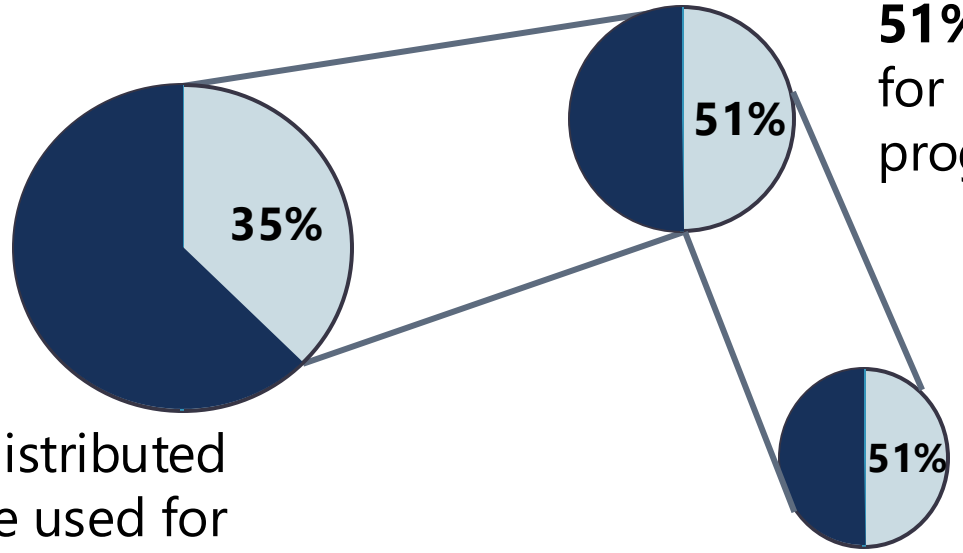
Early Intervention
Legislative Funding Requirements



51% of BHSS funds must be used for **Early Intervention** services and programs

35% of the funds distributed to counties must be used for **Behavioral Health Services and Supports (BHSS)**

51% of Early Intervention funds must be used for **children and youth 25 years of age or younger**

Counties have the flexibility to transfer 7% of funds from BHSS into another funding category (FSP or Housing Interventions) for a maximum total shift of 14% into a single funding category.

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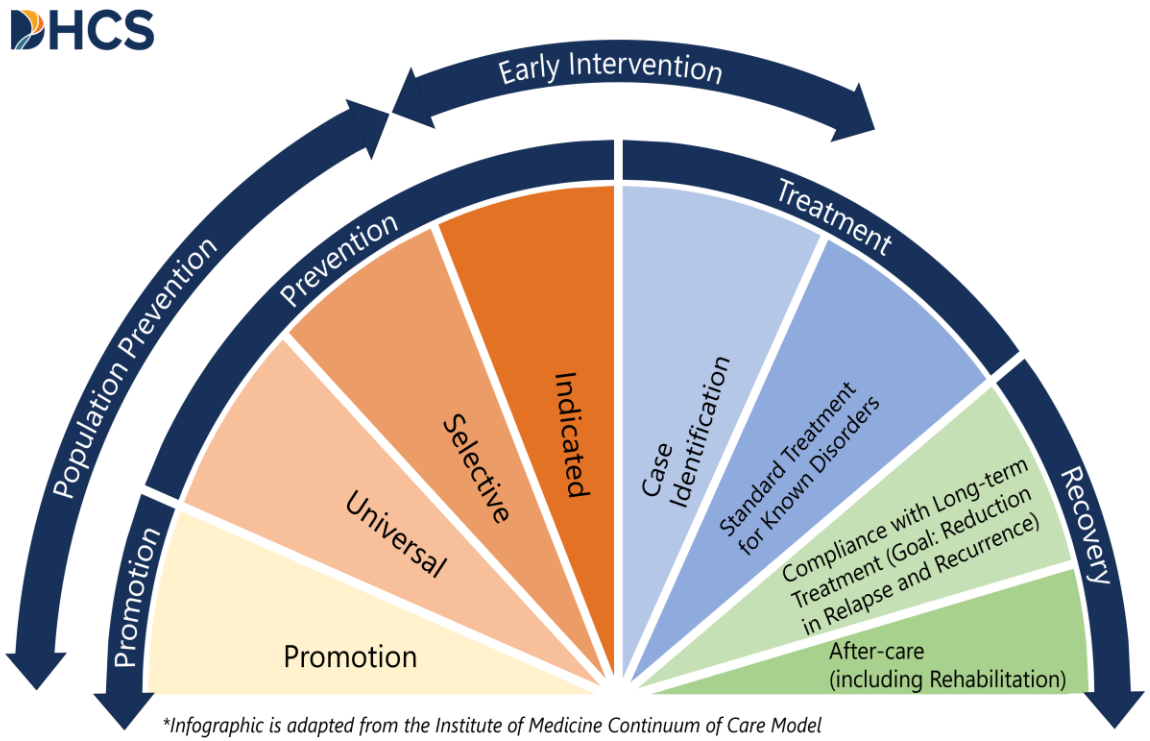
Defining Early Intervention, Target Populations

- WIC Section 5840(a)(1) defines Early Intervention as those designed to prevent mental illnesses and substance use disorders from becoming severe and disabling. Individuals would not need a BH diagnosis in order to receive Early Intervention services.
- Early Intervention would include indicated prevention case identification and early treatment and supports.
- Early Intervention programs for children and youth are required to be designed to meet their social, emotional, developmental and behavioral needs (WIC Section 5840(d)) along the continuum of care.



Infographic is adapted from the Institute of Medicine Continuum of Care Model

Early Intervention Funds for Children & Youth

The Behavioral Health Services Act strengthens prioritization of resources to serve children and youth with its dedicated allocation of Early Intervention funds.

51% of Early Intervention funds must be used for **children and youth 25 years of age or younger**

Early Intervention funds must **prioritize childhood trauma** through addressing the root causes of Adverse Childhood Experiences or other social determinants of health that contribute to early origins of mental health and substance use disorder, including strategies focused on:

- Youth experiencing homelessness
- Justice-involved youth
- Child welfare-involved youth with a history of trauma
- Other populations at risk of developing serious emotional disturbance or substance use disorders
- Children and youth in populations with identified disparities in behavioral health outcomes (WIC Sections 5840 and 5892)

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Feedback
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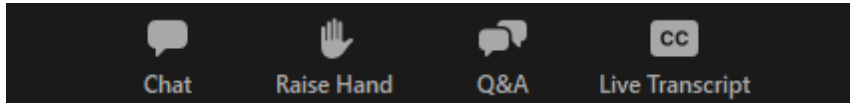

1. Early Intervention services for children and youth is an integral part of the BHSS funding. What models and services have been effective in serving this population?

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MHSA to BHSA: BHSS Early Intervention Aims

The Behavioral Health Services Act requires that Early Intervention programs focus on reducing the likelihood of certain adverse outcomes (WIC Section 5840(d)).

- Suicide and **self harm**
- Incarceration
- School **suspension, expulsion, referral to an alternative or community school,** or failure to complete*
- Unemployment
- Prolonged suffering
- Homelessness
- **Overdose**
- Removal of children from homes
- **Mental illness in children and youth from social, emotional, developmental, and behavioral needs in early childhood**

Bold represents additional goals for counties under the Behavioral Health Services Act

* Including early childhood 0 to 5 years of age, inclusive, TK-12, and higher education

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Behavioral Health Services Act Early Intervention Program Components

BHSA requires that county Early Intervention programs be "designed to prevent mental illnesses and substance use disorders from becoming severe and disabling and to reduce disparities in behavioral health." WIC Section 5840(a)(1)

Behavioral Health Services Act requires that county Early Intervention programs include:

- Outreach
- Access and Linkage of Care
- Mental Health and Substance Use Disorder Treatment Services and Supports

The Early Intervention services provided should fall into one of these component categories. *DHCS may include additional components (WIC Section 5840(b)(4)).

Outreach under Early Intervention

"**Outreach** to families, employers, primary care health care providers, behavioral health urgent care, hospitals, inclusive of emergency departments, education, including early care and learning, TK-12, and higher education, and others to recognize the early signs of potentially severe and disabling mental health illnesses and substance use disorders." WIC Section 5840(b)(1)

Outreach that may be funded under Early Intervention

- Outreach must be directed **toward priority populations[1], including older adults[2] and youth[3],** and outreach cannot be directed at an entire population.
- Outreach must have the goal of **identifying individuals** for **access and linkage to services and treatment and supports.**
- Outreach **must be able to connect individuals directly** to access and linkage programs or to mental health and substance use disorder treatment services and supports, should an individual wish to be connected to services.

1. WIC Section 5892(d) 2. WIC Section 5840.6(g) 3.WIC Section 5840.6(e)

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Access and Linkage to Care

Early Intervention programs **must contain a component that focuses on access and linkage to medically necessary care** provided by county behavioral health programs as early in the onset of these conditions as practicable.

- Access and linkage to care includes, but is not limited to:
  - Scaling of and referral to:
    - Early Psychosis Intervention (EPI) Plus Program
    - Coordinated Specialty Care
    - Other similar Evidence Based Practices (EBPs) and Community Defined Evidence Based Practices) CDEPs for early psychosis and mood disorder detection and intervention programs
  - Activities with a primary focus on screening, assessment, and referral
  - Telephone help lines
  - Mobile response

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Mental Health and Substance Use Disorder Treatment Services and Supports

- This component includes mental health and substance use disorder treatment services and supports **that are effective in preventing mental health illnesses and substance use disorders from becoming severe**, and that have been successful in reducing the duration of untreated serious mental health illnesses and substance use disorders and assisting people in quickly regaining productive lives.
- This component must include services that are demonstrated **to be effective at meeting the cultural and linguistic needs of diverse communities**.
- May include **services to address first episode psychosis and services that prevent, respond, or treat** a behavioral health crisis or activities that decrease the impacts of suicide.

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Stigma and Discrimination Reduction

Required Programs within the MHSA PEI Component	Required Components for Behavioral Health Services Act Early Intervention Program		
	Outreach to recognize early signs of severe MH or SUDs	Access and linkage to care provided by county BH	MH & SUD treatment services/EBPs & CDEPs for Early Intervention
Prevention			
Early intervention		X	X
Outreach to recognize early signs of severe MH	X		
Access and linkage to treatment		X	
Stigma and discrimination reduction			

- Stigma and Discrimination Reduction programs align with population-based prevention activities, which will be funded by other funding sources (including Substance Abuse and Mental Health Services Administration (SAMHSA) Block Grants, California Department of Public Health (CDPH) Behavioral Health Services Act funding, other prevention dollars).
- CDPH will provide guidance on the Behavioral Health Services Act population-based prevention funding. DHCS is working collaboratively with CDPH on the guidance.
- Stigma and discrimination reduction activities aim to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness or seeking mental health services.

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Feedback
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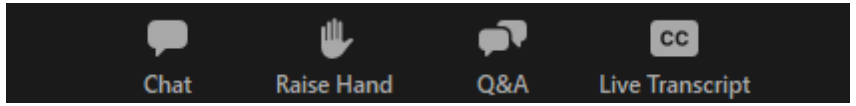

2. Besides the broad categories of Outreach, Access, Linkages, Services and Supports, are there other categories of Early Intervention that DHCS should consider?

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Early Intervention Evidence Based Practices and Community Defined Evidence Practices Biennial List

Biennial List Purpose

- DHCS will develop a non-exhaustive list of Early Intervention EBPs and CDEPs biennially, in consultation with the Behavioral Health Services Oversight and Accountability Commission (BHSOAC), counties, and stakeholders.

- DHCS proposes that the biennial EBP and CDEP list will be a reference tool for counties to determine which practices to implement locally.

- This non-exhaustive list will include suggested EBPs and/or CDEPs that a county may implement.

- If a county is demonstrating gaps in services or is struggling to meet performance measures, DHCS may require a county to implement a particular EBP or CDEP from the biennial list.[1]

1. WIC Section 5840 (c)(5)

Sources for Evidence-Based and Community-Defined Evidence Practices

DHCS will leverage the following sources to identify EBPs and CDEPs:

- Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Medicaid Section 1115 Demonstration
- The Children and Youth Behavioral Health Initiative (CYBHI)
- Family First Prevention Services Act (FFPSA)
- Early intervention EBP's identified by the Prevention and Youth Branch (ex: UCLA, National Registry of Evidence-based Programs and Practices, Blueprints Programs, Athena Forum, programs implemented through Substance Use Block Grant (SUBG))
- Community-Defined Evidence Practices identified through the California Reducing Disparities Project (CRDP)
- Evidence-Based Practices Resource Center developed by the Substance Abuse and Mental Health Services Administration
- The Cognitive-Behavioral Interventions for Substance Use (CBI-SU) curriculum designed by the University of Cincinnati
- California Evidence-Based Clearinghouse for Child Welfare (CEBC)

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Considerations for Inclusion in Biennial EBP and CDEP List

- EBPs: Levels of evidence (Well-Supported, Supported, Promising, Emerging)
- CDEPs: Strong level of efficacy within specific communities based on their perceived positive outcomes
- Cultural evidence
- Populations served
- Risk and protective factors
- Program type (Universal, Selective, Indicated, Tiered)

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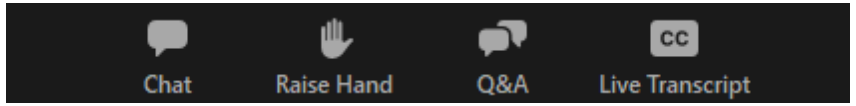

3. Are there any additional considerations DHCS should add for inclusion in the biennial EBP and CDEP list?

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BHSS – Children's, Adult, and Older Adult Systems of Care

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Systems of Care: Policy Approach

- Children's, Adult, and Older Adult Systems of Care services for individuals **who are not enrolled in an FSP and that do not include Housing Interventions** may be funded under BHSS.
  - Under Mental Health Services Act, systems of care services for non-FSP enrollees were funded under CSS GSD.
- The activities counties may fund under BHSS systems of care will largely **remain the same as what counties were funding under Mental Health Services Act** CSS GSD, with a few distinctions that are not BHSS specific, including:
  - The addition of SUD services
  - Modified eligible and priority populations

- ✓ Early Intervention
- ✓ **Children's, Adult, and Older Adult Systems of Care**
- ✓ Outreach and Engagement
- ✓ Workforce, Education, and Training
- ✓ Capital Facilities and Technological Needs
- ✓ Innovative behavioral health pilots and projects

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BHSS – Outreach and Engagement

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Outreach and Engagement: Policy Approach

- Outreach and Engagement is included under the BHSS funding component.
- Behavioral Health services Act newly defines Outreach and Engagement activities as those that **reach, identify, and engage individuals and communities in the behavioral health system, including peers and families, and to reduce disparities.**

- ✓ Early Intervention
- ✓ Children's, Adult, and Older Adult Systems of Care
- ✓ **Outreach and Engagement**
- ✓ Workforce, Education, and Training
- ✓ Capital Facilities and Technological Needs
- ✓ Innovative behavioral health pilots and projects

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Outreach and Engagement: BHSS and Other Service Categories

- BHSS Outreach and Engagement activities are **distinct from those that may be funded through Early Intervention** or within FSP. When outreach and engagement activities are performed as part of an Early Intervention program or as part of a FSP program, the activities should be tracked and funded through those programs.
- BHSS Outreach and Engagement activities do not require regular or ongoing funding, but this program type does **allow for broad engagement of unserved and underserved populations** in the behavioral health system when they are **not part of an FSP or Early Intervention program.**
- BHSS Outreach and Engagement activities can also **cover outreach activities for housing navigation. The Housing Interventions funding cannot be used for outreach and engagement activities.**

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BHSS – Workforce, Education, and Training (WET)

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WET: Policy Approach

- There are no longer distinct funding categories within WET – Behavioral Health Services Act includes a **non-exhaustive list of WET activities** that counties may fund in accordance with county needs to support employment in the Public Behavioral Health System (including county-contracted providers):
  - Workforce Recruitment, Development, Training, and Retention
  - Professional Licensing and/or Certification Testing and Fees
  - Loan Repayment
  - Retention Incentives and Stipends
  - Internship and Apprenticeship Programs
  - Continuing Education
  - Efforts to increase the racial, ethnic, and geographic diversity of the behavioral health workforce
- Counties may, but are no longer required, to fund a WET Coordinator.
- Additional information and minimum requirements for certain WET activities is provided on subsequent slides.

- ✓ Early Intervention
- ✓ Children's, Adult, and Older Adult Systems of Care
- ✓ Outreach and Engagement
- ✓ **Workforce, Education, and Training**
- ✓ Capital Facilities and Technological Needs
- ✓ Innovative behavioral health pilots and projects

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WET: Workforce Needs Assessment and Integrated Plan Requirements

- Under Behavioral Health Services Act, Counties will be required to report on **workforce needs and strategy** every three years as part of the Integrated Plan.
  - Counties should align their strategy with statewide workforce goals and will be required to describe efforts to leverage, and not duplicate, available workforce investments, including BH-CONNECT, and how BHSS WET activities are being used to fill gaps.
- Behavioral Health Services Act **will not require** a separate Workforce Needs Assessment beyond what is included in the Integrated Plan, and Counties will use planning dollars, as opposed to BHSS WET funding, to assess workforce needs as part of their Integrated Plan.

WET: Professional Licensing and/or Certification Testing and Fees

- Funds may support **any** fees associated with preparing for, applying for, or renewing a license or certification that will be used in support of employment in the public behavioral health system.
  - Examples include academic membership fees, application fees, exam fees, background check fees, and license renewal fees.
- Funds may support **any** activities that enable provider testing for a license or certification, such as training courses or coaching.

WET: Loan Repayment

- Counties will have flexibility to establish loan repayment programs that meet local needs
- **Minimum requirements** for county loan repayment programs include:
  - Participants must be employed in the Public Behavioral Health System and commit to a term of employment.
  - Loan repayment for each participant will be subject to a maximum amount per 12 months of employment in alignment with BH-CONNECT with **no lifetime limit.**
    - Mental Health Services Act maximum = $10,000 a year, $60,000 lifetime limit
  - Counties have **flexibility to define terms of employment** for participants that are commensurate with the loan repayment amount.
    - For example, a county could provide a loan repayment of $10,000 with a 6-month term of employment or a $50,000 repayment with a 24-month term of employment.
  - Counties must ensure terms of employment are met and have processes to recoup funds if commitments are not met.
  - Loans eligible for repayment must be held by an educational institution and payments must be made directly to the educational institution.

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WET: Retention Incentives and Stipends

- Retention incentives and stipends shall pay or reimburse individuals training or working in the Public Behavioral Health System for expenses, or a portion of the expenses, associated with working in the Public Behavioral Health System or participation in any training or educational programs/activities in preparation for working in the Public Behavioral Health System.
  - Training/educational programs and activities for which individuals receive incentives or stipends may include those funded by Behavioral Health Services Act **or other sources.**
- **Minimum requirements** for county retention incentives and stipends include:
  - Participants must be employed or training in the Public Behavioral Health System and commit to a county-determined term of employment that is commensurate with the incentive/stipend amount.
  - Counties must ensure service commitments are met and have processes to recoup funds if commitments are not met.

WET: Retention Incentives and Stipends

- Counties will have **flexibility** to define which expenses are eligible for retention incentives and stipends and level of payment.
  - Examples of retention incentives and stipends counties may provide include:
    - Scholarships, which may fund tuition and fees and other educational costs, including books, supplies, room and board, and other costs associated with attending an educational program
    - Recruitment and retention bonuses, such as signing bonuses
    - Coverage of costs associated with maintaining employment, including commuting, home office, professional insurance, childcare, wellness, moving or relocation expenses, housing, professional travel, cellphone or internet services to support employment, and training and professional development

WET: Unallowable Activities

- While counties have discretion to fund WET activities that are responsive to local needs, counties **may not** use WET funding to:
  - Address the workforce recruitment and retention needs of **systems other than the Public Behavioral Health System** (e.g., criminal justice, social services)
  - Pay for staff time spent **providing direct public behavioral health services**
    - Staff time spent supervising interns and/or residents who are providing direct public behavioral health services through an internship or residency program may be funded
  - **Off-set lost revenues** that would have been generated by staff who participate in WET programs and/or activities

Feedback
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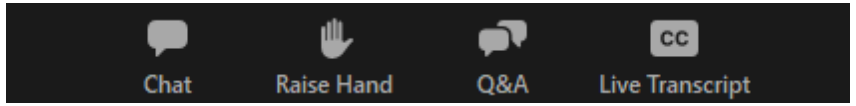

4. Are there other WET activities that DHCS should consider including in the proposed policy?

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BHSS – Capital Facilities and Technological Needs (CFTN)

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CFTN: Policy Approach

- Under Behavioral Health Services Act, CFTN is included under the BHSS funding component.
- CFTN projects **do not** require a separate plan or proposal, and for restrictive setting projects, do not require the least restrictive settings demonstration.
- Counties may use their CFTN funds as the required match for Bond BHCIP awards.

- ✓ Early Intervention
- ✓ Children's, Adult, and Older Adult Systems of Care
- ✓ Outreach and Engagement
- ✓ Workforce, Education, and Training
- ✓ **Capital Facilities and Technological Needs**
- ✓ Innovative behavioral health pilots and projects

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CFTN: Allowable Expenditures

Technological Needs Allowable Expenditures:

Technological needs projects should: 1) increase client and family empowerment and engagement by providing the tools for secure access to health information and 2) modernize and transform clinical and administrative information systems.

Types of projects that meet the above goals include:

- Electronic Health Record System Projects
- Client and Family Empowerment and Engagement Projects (including access to computing resources, personal health record system, and online information resource projects)
- Other Technological Needs Projects (including telemedicine and monitoring of new programs)

CFTN: Allowable Expenditures

Capital Facilities Allowable Expenditures:

Capital facilities funds should be used for land and buildings, including administrative offices, which enable the county to meet objectives outlined in its Integrated Plan. Specific allowable uses include:

- Acquire and build upon land that will be county-owned
- Acquire, construct, or renovate buildings that are or will be county-owned
- Establish a capitalized repair/replacement reserve for buildings, including administrative offices, which enable the county to meet objectives outlined in its Integrated Plan and/or personnel cost directly associated with a capital facilities project
- Renovate buildings that are privately owned if the building is dedicated and used to provide behavioral health services
- **Acquire facilities not secured to a foundation that is permanently affixed to the ground (i.e., buses, trailers, or recreational vehicles).**

Propose allowing counties to acquire mobile facilities (previously unallowable under Mental Health Services Act).

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CFTN: Requirements for Funds

Additional requirements for use of funds:

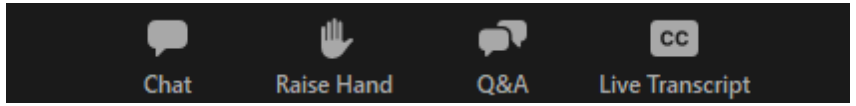
- Funds shall only be used for portions of land and buildings where **public behavioral health services** are provided.
- Land acquired and built upon or construction/renovation of buildings using BHSS funds shall be used to provide public behavioral health services **for a minimum of 20 years.**
- All buildings must comply with federal, state, and local laws and regulations.
- For purchase of land with no Behavioral Health Services Act funds budgeted for construction or purchase of a building, counties must include explanation of timeline and expected sources of income for planned used of land in their Integrated Plan.
- If a county is leasing (renting) to own a building, they must provide information on why purchase of the property is not feasible in their Integrated Plan.

CFTN: Unallowable Expenditures

Examples of costs for which Capital Facilities funds may not be used:

- Facilities where the purpose of the building is to provide housing
- Master leasing or renting of building space
- Purchase of vacant land with no plan for building construction
- Acquisition of land and/or buildings and/or construction of buildings, when the owner of record is a nongovernment entity
- Furniture or fixtures not attached to the building (e.g., desks, chairs, tables, sofas, lamps)

Feedback
(Please Use Q&A Feature)



5. What other types of allowable expenditures should DHCS consider for CFTN?

BHSS – Innovative Behavioral Health Pilots and Projects

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Innovative Pilots and Projects: Policy Approach

- Under BHSA, counties may **pilot and test innovative behavioral health models of care programs** or innovative promising practices for programs in **all funding components** (BHSS, FSP, Housing Interventions). These innovative promising practices will be funded through each component.
- The goal of innovative pilots and projects is to build the evidence base for the effectiveness of new statewide strategies.
- Innovative pilots and projects **do not require** a separate plan or approval.
  - Pilots and projects will be subject to review as part of a County's Integrated Plan, Annual Update, and Behavioral Health Outcomes, Accountability, and Transparency Report (BHOATR).

- ✓ Early Intervention
- ✓ Children's, Adult, and Older Adult Systems of Care
- ✓ Outreach and Engagement
- ✓ Workforce, Education, and Training
- ✓ Capital Facilities and Technological Needs
- ✓ **Innovative behavioral health pilots and projects**

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Resources

Behavioral Health Transformation Website and Monthly Newsletter

Explore the Behavioral Health Transformation website to discover additional information and access resources.

Please sign up on the DHCS website to receive monthly Behavioral Health Transformation updates.

Infographics and FAQs

Explore our infographics and FAQs for additional insight in the Behavioral Health Transformation on the Behavioral Health Transformation website, along with this public listening recordings, once available.

Questions and Feedback

Please send any other questions or feedback about Behavioral Health Transformation to BHTInfo@dhcs.ca.gov.

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Thank You

For More Information

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