



Early Intervention Transition Process Frequently Asked Questions (FAQ)

Response date: 3/7/25

1. What's the definition of Outreach?

Activities that engage various groups (families, employers, primary care health care providers, BH urgent care, hospitals, inclusive of emergency departments, education, early care and learning, TK-12, and higher education, and others) to recognize and respond to early signs of potentially severe and disabling MH illnesses & SUD and to support individuals in seeking and accessing services. WIC Section 5840(b)(1). Per new Behavioral Health Services Act (BHSA) regulations, Outreach services must:

- Be directed toward priority populations, including older adults and youth, and outreach cannot be directed at an entire population. WIC Section 5892(d), WIC Section 5840.6(g), 3.WIC Section 5840.6(e)
- Have goal of identifying individuals for access and linkage to services and treatment and supports.
- 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.

Examples of possible Outreach activities include:

- Active and continuous promotion of services in culturally responsive activities and languages, including promotion of mental health services and resources at community events such as hosting or co-hosting health fairs or cultural events, development of resource guides, newsletters, and social media platforms within the community and to other Alameda County mental health organizations to provide access to community members of all ages.

2. For those agencies who want to Opt-in into transitioning to SMH, will they be able to sub-contract with other agencies to provide linguistic and/or cultural services?

Retaining cultural and linguistic services is of high value to ACBHD in the transition to BHSA. Early Intervention providers will continue to deliver linguistic and cultural services as part of their SMH services. However, it should be noted that there cannot be subcontracting of Medi-Cal services to another agency who also bills to Medi-Cal (there are issues around double-dipping for administrative costs). However, ACBHD could opt to contract with the lead organization and another organization separately if that was determined to be a systems need. The language around the County approving subcontracts is in the Master Contract or SAN Contract Boilerplate.

3. For agencies that are providing EI right now, have they been connected to the Managed Care Plans (MCPs) in Alameda County to be on their panel to see mild-moderate clients? *(This would just be a way for them to sustain funding even if it's not a contract with us.)*

The ACBHD PEI team is coordinating with internal stakeholders to share information and resources related to MCP services so that interested providers may learn about this service delivery path. More information will be provided at future ACBHD PEI meetings on this.

4. What will be the method/channel of receiving Prevention funding?

Starting in FY 26/27 counties will no longer be able to fund prevention programming with Behavioral Health Services Act (BHSA) funding as these types of services have been realigned to the state.

As of February 2025, information on the distribution of the 4% of BHSA Administrative funding for prevention programming has not been publicly communicated from the State. ACBHD will broadly communicate this information once known. You can also go to the [State Department of Public Health](#) to sign up for updates.

5. How will the CBOs know how to decide to opt-in or opt-out?

For CBO's that meet the ACBHD eligibility criteria to transition to Specialty Mental Health Services (SMHS) for this initial transition phase, providers should review the SMHS Medi-Cal Decision-Making Tool and its four key areas. This information will assist a CBO to understand the necessary transition process to become a SMHS provider.

ACBHD will notify the first cohort of providers to transition to SMHS in late spring 2025.

6. Will the recording for this training be posted? even for folks who can't make either date?

Yes. A PDF version of the Information Session presentation and the recording is posted to the Alameda County MHPA [website](#) under the [BHSA](#) tab.

7. The survey requires FTE of SMH with positions and licenses. Does this need to be exact? If it needs to be exact, does it include vacancies?

It does not need to be exact. Estimates are acceptable. Please include staff vacancies.

8. For the organization that received a 1-year PEI contract, are those contracts being automatically renewed?

Yes, you will receive your renewal packet in early Spring 2025.

9. If we opt it, will we now be billing Medi-Cal directly and will we only be able to serve individuals that have Medi-Cal? Currently, Medi-Cal enrollment is not required for those we serve. This clarity would be important.

Opting in on the survey does not automatically position an agency to start the Medi-Cal certification process. Opting in signals to ACBHD that your agency is interested in being considered to deliver SMHS.

10. The survey does not allow multiple responses for the kind of SMH services we provide. I/we just wrote everything in the "other" option. but hope this doesn't skew the analysis...

We have corrected the survey to all multiple answers to be selected.

11. Can you share the link for CDPH?

Yes, here is the website link: [State Department of Public Health](#)

12. Are UELP services considered SMHS?

No, UELP preventative counseling services are prevention and early intervention.

Medi-Cal covers Specialty Mental Health Services (SMHS) through a county's Mental Health Plan (MHP). These services include a wide range of mental health services, which may be provided in the community or in a hospital or other institution. Many of these services are designed to keep individuals out of the hospital. Some examples of SMHS include: individual and group therapy, medication support, case management, day programs, in-home support, crisis support, outreach, peer support and other services.

The county Mental Health Plan (MHP) is part of Alameda County's behavioral health department. More information on SMHS can be found here: https://www.dhcs.ca.gov/services/Pages/Medi-cal_SMHS.aspx

13. As a current PEI program that does not bill Medi-cal. With the transition to BHSA will we be required to become certified and bill Medi-Cal? This might be implied; I just want to clarify. [Yes](#)

14. Will non-licensed folks be considered peer support? Will they be required to have an annual CANS certification or anything like that?

Non-licensed staff will be able to provide a variety of functions for the program including peer support, outreach services, access and linkage as well as other possible services. Regarding CANS certification, no, we don't believe an annual CANS certification will be required, however keeping up other certifications, such as for the state defined peer specialist certification, will be the responsibility of the staff and program.

15. What is considered evidence based? Will cultural consideration be taken into consideration?

Evidence-based practice guides programming planning and service delivery based on scientific evidence (data). Related approaches include community-informed practice and culturally competent practice. Many PEI programs use a combination of evidence-based, community-informed, and culturally competent practices and curricular resources. All of these practices have been and will continue to be valued core elements of BHD's EI model under BHSA.

16. Can each of our respective agencies (La Clinica, La Familia, and Tiburcio) be opted into the new BHSA system change under different types of programming outside of the CyB collaborative? For example, CyB like services, UIY (Caminos), school-based services, etc.

Please complete the Profile survey for your singular agency. This will let ACBHD know that your agency is interested in opting in.