



**California
Behavioral Health
Planning Council**

ADVOCACY • EVALUATION • INCLUSION

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July 8, 2025

Behavioral Health Transformation
Department of Health Care Services
P.O. Box 997413
Sacramento, CA 95899-7413

RE: Behavioral Health Services Act Manual - Module 1, Module 2 & Module 3

Dear Behavioral Health Transformation Team:

The California Behavioral Health Planning Council (Council) commends the Department of Health Care Services (DHCS) for its leadership and commitment to advancing behavioral health services throughout California. The release of the final versions of Modules 1 and 2 of the Behavioral Health Services Act (BHSA) County Policy Manual marks a significant milestone, and we appreciate the dedication and collaboration DHCS has demonstrated throughout this process.

The Council has been actively engaged in providing feedback and recommendations across Modules 1, 2, and 3 of the BHSA County Policy Manual. We are proud to have contributed comments informed by public input and the lived experiences of our members, many of whom have direct experience with serious mental illness (SMI) and substance use disorders (SUD). These perspectives are essential to understanding the challenges, successes, and best practices in behavioral health services statewide.

We commend DHCS for integrating much of our feedback into Module 1, demonstrating a commitment to transparency and stakeholder engagement. By incorporating perspectives from individuals with lived experience, DHCS is ensuring that behavioral health policies are informed by those directly impacted.

However, while we appreciate the responsiveness to Module 1, several of our comments and recommendations for Module 2 remain unaddressed. We believe these perspectives are critical to developing a well-rounded approach to behavioral health services, and we encourage DHCS to revisit and refine Module 2 accordingly.



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Ensuring Continuity of Care During MHSA to BHSA Transition

The Council remains concerned about the continuity of care for beneficiaries transitioning from the Mental Health Services Act (MHSA) to the Behavioral Health Services Act (BHSA). Although Module 2 outlines levels of care for eligible adults and older adults receiving Full Service Partnerships (FSP), it does not provide clear guidance on the following:

- How current FSP beneficiaries under MHSA will transition into BHSA.
- The process for transitioning care between Medi-Cal Managed Care Plans and county Mental Health Plans.
- The continuation of housing benefits and supportive services for impacted individuals.

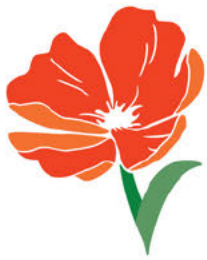
To support a seamless transition for counties and beneficiaries, the Council previously recommended the inclusion of a “Transition Period” policy to address key planning, funding, and programming considerations. Without such a policy, we believe beneficiaries could face uncertainty and potential service disruptions, which may impact continuity of care and recovery progress.

Potential Impact of Fixed Staffing Ratios on Access to Care

The Council is also concerned about the potential decrease in the number of individuals served due to staffing ratios. While ratios are fixed for Tier 1 (most intensive care) and Tier 2 (moderate level of care), there is no standardized ratio for outpatient programs, which may create inconsistencies across service delivery. Additionally, external factors such as county-specific geographic constraints, workforce shortages in behavioral health, and the rising cost per FSP beneficiary in Tier 2, may further limit service availability, ultimately affecting access to care.

Safeguarding Service Diversity

We also recognize the potential unintended consequences of having a single provider deliver services across all three tiers. This could lead to the growth of large providers, potentially reducing the presence of diverse, community-based organizations, particularly at Tier 3 (lowest acuity level). Such a shift may impact local provider networks, diminishing the variety of services available to beneficiaries. The Council would like to emphasize the importance of client voice and choice in their healthcare decisions,



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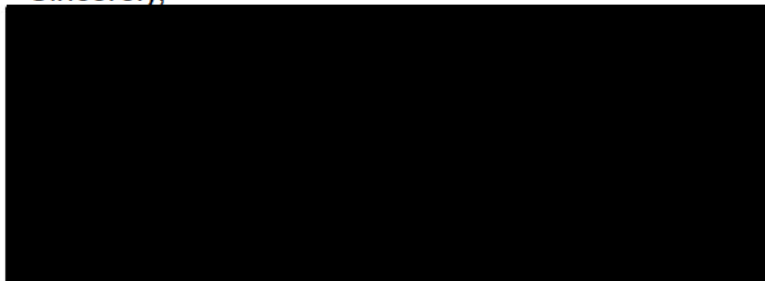
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particularly for those receiving lower-acuity care. We believe ensuring equitable access to a diverse network of service providers is essential to addressing individuals' unique needs and promoting individualized, community-driven care that supports long-term recovery.

The Council acknowledges the release of Module 3 of the BHSA County Policy Manual on June 30, 2025. We are currently reviewing the final version and will be submitting feedback in the coming weeks. We remain committed to supporting DHCS in its ongoing efforts to transform behavioral health services in California. We appreciate the opportunity to provide feedback, and we look forward to continuing our partnership in shaping policies that promote equity, resilience, and recovery.

Thank you for your time and consideration.

Sincerely,



Jenny Bayardo
Executive Officer