

Behavioral Health Services Act Components & Integrated Plan Review

Housekeeping

- » You may type your comments into the chat box throughout the presentation.
- » Once we reach the discussion portion of our workgroup meeting, please raise your hand to speak and we will go in the order of raised hands.

Webinar Focus

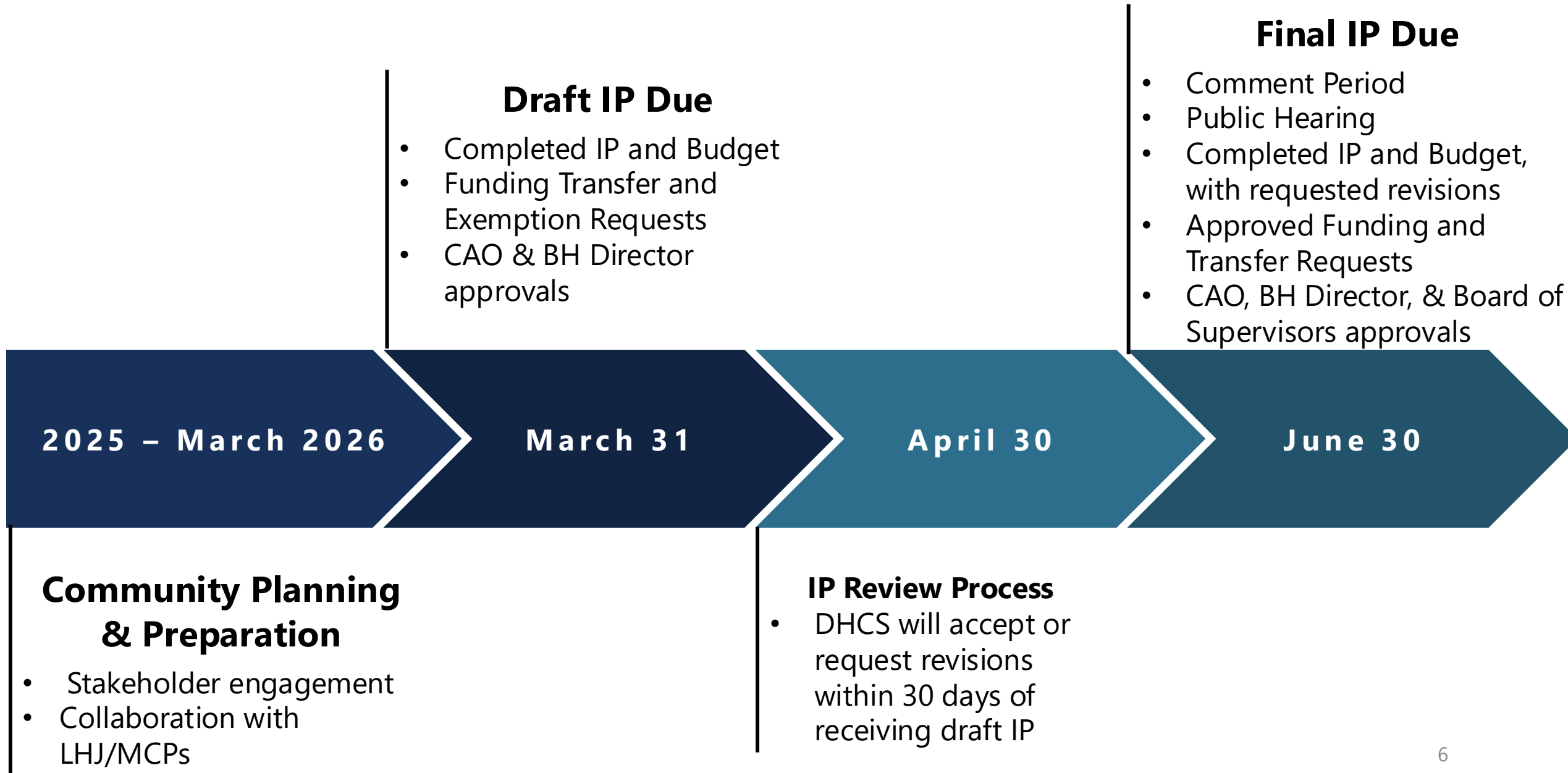
- » Please note this webinar will focus only on instructing counties how to complete the Integrated Plan template, not the policy behind the questions included in the Integrated Plan.
- » All policy information can be found in the [County Behavioral Health Services Act Policy Manual](#).

Webinar Agenda

- » Integrated Plan Submission Timeline
- » BHSA Components
 - Behavioral Health Services and Supports (BHSS)
 - Full Service Partnership (FSP)
 - Housing Interventions
- » Innovation Behavioral Health Pilots and Programs
- » Workforce Strategy
- » Next Steps

Integrated Plan Submission Timeline

Integrated Plan Submission Timeline



BHSA Components Reporting in the Integrated Plan

Behavioral Health Services and Supports

Behavioral Health Services and Supports

- » Counties will indicate which Behavioral Health Services and Supports (BHSS) are included in their plan.
- » The IP includes a section for each BHSS category where counties will provide program details.

Behavioral Health Services and Supports Categories
Children's, Adults, Older Adults System of Care
Early Intervention Programs (EIP)
Outreach and Engagement (O&E)
Workforce, Education and Training (WET)
Capital Facilities and Technological Needs (CFTN)

Systems of Care (Non-FSP)

- » For each program or service funded under their BHSS Adults/ Older Adults or Children's System of Care (non-Full Service Partnership), counties will:
 - Identify and describe the service type provided.
 - Mental health, supportive services, and/or SUD treatment services.
 - Provide the projected number of individuals served each Fiscal Year for this program or service and describe how that number was estimated, including any data referenced.
- » Please note, in the IP, estimates of projected individuals to be served will be provided by each individual program. In the IP Budget, counties will provide an *unduplicated, aggregated total* number of projected individuals served under BHSS.

Systems of Care (Non-FSP): How to Estimate Population Served

- » To estimate the total projected number of individuals served each year, counties should consider community needs to determine which programs to implement.
- » Program types determine capacity.
- » Counties can consider actual counts of individuals served in prior years, reported in MHSA three-year plans to inform BHSA estimates, or other data available.

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	[numeric response]
FY 2027 – 2028	[numeric response]
FY 2028 – 2029	[numeric response]

Questions?



Early Intervention Programs

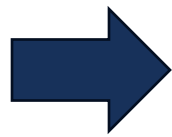
- » Counties are required to provide all required Early Intervention (EI) components:
 - Outreach
 - Access and Linkage
 - Treatment Services and Supports
- » Counties can develop multiple EI programs and EI programs can meet more than one requirement.
 - All EI programs must be reported in the IP.

Early Intervention Programs

- » To complete this section, counties will check the forthcoming Evidence Based Practices (EBPs) or Community Defined Evidence Practices (CDEPs) Biennial List.
 - The EBP/CDEP Biennial List will be made available in future Policy Manual guidance (Mod 4).
 - The EI programs implemented do not need to be on this list.
- » Counties will report the intended outcomes of the program/service.
 - Remember, EI programs cannot be broad, population-level prevention programs; they must be targeted at eligible, at-risk individuals.

Population Estimates for Coordinated Specialty Care


- » DHCS will provide counties with the estimates of individuals eligible for CSC in Fall 2025 to include in their Integrated Plan.
- » These data-driven estimates are being developed in partnership with CalMHSA.
- » Counties will review and include the estimates provided to them in the IP.



CSC Eligible Population	Estimates (Provided by DHCS)
Number of Medi-Cal Enrolled Individuals	[numeric response]
Number of Uninsured Individuals	[numeric response]
CSC Practitioners and Teams Needed	Estimates (Provided by DHCS)
Number of Practitioners Needed to Serve Total Eligible Population	[numeric response]
Number of Teams Needed to Serve Total Eligible Population	[numeric response]

Practitioner and Team Estimates for CSC

- » DHCS will also provide counties with the estimates of the practitioners and teams needed to serve the total eligible population. Counties will review and include the estimates provided to them in the IP.
- » DHCS recognizes that counties will likely be unable to support enough practitioners and teams to serve the estimated eligible population.



CSC Eligible Population	Estimates (Provided by DHCS)
Number of Medi-Cal Enrolled Individuals	[numeric response]
Number of Uninsured Individuals	[numeric response]
CSC Practitioners and Teams Needed	Estimates (Provided by DHCS)
Number of Practitioners Needed to Serve Total Eligible Population	[numeric response]
Number of Teams Needed to Serve Total Eligible Population	[numeric response]

Practitioners and Teams Counties will Utilize During First IP Period

- » Counties will provide the actual number of practitioners and teams they plan to utilize (includes existing practitioners and teams and newly hired practitioners /established teams) over the first IP period.
 - If the county already runs a CSC program, these teams should be included in the projections.
- » Counties should review and adjust the practitioner and team estimates provided by DHCS based on community need and available county resources.
 - DHCS will make available training and technical assistance for practitioners and teams to ensure CSC is provided to fidelity.
 - DHCS generally does not expect counties to be able to serve the entire eligible population for CSC given limited resources.

County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Practitioners	[numeric response]	[numeric response]	[numeric response]
Total Number of Teams	[numeric response]	[numeric response]	[numeric response]

BHSS Outreach and Engagement

- » Counties may use a portion of BHSS funds for Outreach and Engagement (O&E).
- » This O&E funding cannot include outreach activities required under Early Intervention or outreach activities for FSP and Housing Interventions.
 - Caveat: BHSS funds may be used for O&E activities to engage individuals in housing interventions, if the county is not funding these activities under Housing Interventions.
- » Outreach Activities must be funded and tracked under the correct BHSA component in the Integrated Plan.

County Workforce, Education, and Training (WET)

- » Counties will report all WET activities in the IP.
 - WET activities are funded with BHSA dollars to support recruitment and retention of the behavioral health workforce.
- » Reminder: Counties should still utilize other state-administered workforce programs, such as BH-CONNECT and Health Care Access and Information (HCAI) Workforce Programming to fund workforce programs - but not report on them in this section of the IP or as WET activities.

Examples of WET Activities

- » Continuing Education
- » Internship/Apprenticeship Programs
- » Loan Repayment
- » Professional Licensing
- » Certification Testing and Fees
- » Retention Incentives and Stipends

Questions?



Full Service Partnerships

Population Estimates for Full Service Partnership High Intensity Service Models

- » DHCS will provide counties with the estimates of eligible individuals for the total adult Full Service Partnerships (FSP) population as well as estimates of eligible individuals for each high intensity service model to include in their IP (Assertive Community Treatment (ACT), Forensic ACT (FACT), FSP Intensive Case Management (ICM), and High Fidelity Wraparound (HFW).
- » These data-driven estimates are being developed in partnership with CalMHSA.
- » Counties will review and include the estimates provided to them in the IP.

Total Adult FSP Eligible Population	Estimates (Provided by DHCS)
Number of Medi-Cal Enrolled Individuals	[numeric response]
Number of Uninsured Individuals	[numeric response]
Number of Total FSP Eligible Individuals with Some Justice-System Involvement	[numeric response]

Practitioner and Team Estimates for FSP High Intensity Service Models

- » DHCS will provide counties with the estimates of the practitioners and teams needed to serve the total eligible population for each service. Counties will review and include the estimates provided to them in the IP.
- » Estimates will be provided to counties in Fall 2025.
- » DHCS recognizes that counties will likely be unable to support enough practitioners and teams to serve the entire eligible population.

ACT and FACT Practitioners and Teams Needed	Estimates (Provided by DHCS)
Number of Practitioners Needed to Serve Total Eligible Population	[numeric response]
Number of Teams Needed to Serve Total Eligible Population	[numeric response]

Practitioners and Teams Counties will Utilize During First IP Period

- » Counties will provide the actual number of practitioners and teams they plan to utilize (includes existing practitioners and teams and newly hired practitioners /established teams) over the first IP period.
- » Counties should review and adjust the practitioner and team estimates provided by DHCS based on community need and available resources.
 - DHCS will make available training and technical assistance for practitioners and teams to ensure ACT, FACT, IPS, and HFW are provided to fidelity.
 - DHCS generally does not expect counties to be able to serve the entire eligible population for each service given limited resources.

County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Practitioners	[numeric response]	[numeric response]	[numeric response]
Total Number of Teams	[numeric response]	[numeric response]	[numeric response]

Assertive Field-Based SUD Treatment Integrated Plan Reporting

By July 1, 2029, counties are required to detail their approach to enable rapid, same-day access to Medications for Addiction Treatment (MAT) to meet the estimated population needs.

- » Counties are required to assess the gap between current county MAT resources (including programs and providers) and estimated needs in their county.
- » Counties are highly encouraged to work with their local partners, e.g., EMS, law enforcement, EDs and community-based organizations to understand their community's needs through data on overdose and successful reversals.
- » In addition to pulling their own network data, counties can connect with their FQHCs, primary care clinics, and behavioral health providers to inquire about the forms of MAT provided, whether they are accepting new patients, and how quickly they can see patients requesting MAT.
- » Counties will select from a menu of delivery system strategies to ensure same-day access to MAT, e.g.,:
 - Contract directly with MAT providers in the county
 - Operate MAT clinics directly
 - Enter into referral agreements with other MAT providers
 - Leverage telehealth model(s)
 - Partner with neighboring counties
 - Contract with MAT providers in other counties
 - Other strategies

Assertive Field-Based SUD Treatment Integrated Plan Reporting

- » Counties can either strengthen existing programs and/or implement new initiatives to meet the three program requirements.
 - Counties should include programs funded by any source, not just BHSA.
- » Counties must include information about the existing/new program(s) in their IPs. *See table below for select questions.*

Table 25. Existing Programs for Assertive Field-Based SUD Treatment Services

Requirement	Existing Program	Program Description	Current Funding Source	BHSA Changes to Existing Program(s) to Meet BHSA Requirements	Expected Timeline of Operation
Targeted Outreach	[narrative box]	[narrative box]	[narrative box]	[narrative box]	[narrative box]
Mobile Field-Based Program(s)	[narrative box]	[narrative box]	[narrative box]	[narrative box]	[narrative box]
Open-Access Clinic(s)	[narrative box]	[narrative box]	[narrative box]	[narrative box]	[narrative box]

Questions?



Housing Interventions

Housing Interventions Planning

- » To facilitate Housing Interventions planning, counties will begin by assessing system gaps facing BHSA eligible individuals experiencing or at risk of experiencing homelessness in their county.
- » Counties will be asked to select the level of gap identified from a set of dropdown options for a list of settings and other housing supports.
- » Counties should refer to their local [Continuum of Care Housing Inventory Count](#) and other local data sources to inform their understanding of gaps.

Local Housing System Engagement

- » DHCS encourages counties to implement BHSA Housing Interventions in coordination with the broader homelessness response system in their county.
- » Counties will describe their approach to collaborating with local housing partners to implement BHSA Housing Interventions, including:
 - Continuums of Care
 - Public Housing Agencies
 - Medi-Cal managed care plans
- » County responses must detail:
 - How they will collaborate on implementation.
 - Which housing interventions they will collaborate on.
- » If a county department other than behavioral health will collaborate with the local housing system partner, responses must describe how the collaboration will support implementation and how the county behavioral health department will oversee and monitor these implementation activities.

Housing Interventions Implementation

- » Counties will provide information about each of the Housing Interventions services they will provide, such as:
 - Whether the intervention will be provided to chronically homeless individuals.
 - A brief description of the intervention
 - Descriptions should address whether the intervention will be provided by the county or contracted provider, other county department, local housing system partner engagement, services being funded, etc.
 - Total number of units funded with BHSA Housing Interventions
 - There is an optional narrative box for counties to explain if funding is not tied to a specific number of units.

Capital Development

- » For each capital development project, counties will need to describe:
 - Applicable [allowable setting\(s\)](#)
 - Estimated capacity
 - Any non-BHSA funding sources
 - Total number of units
 - Timeline of development
 - Expected cost per unit
- » If the county is funding more than one capital development project, they will need to include multiple entries.

Questions?



Innovative Behavioral Health Pilot and Projects

BHSA Innovative Projects and IP Reporting

- » Under BHSA, there is no innovation (INN) component. Counties cannot encumber BHSA funds for INN.
- » However, counties are encouraged to pilot and test innovative behavioral health models of care programs or practices for BHSS, FSP, and Housing Interventions using funds within those components.
- » Counties will report in the IP how each innovative pilot and program will help build the evidence base for effectiveness of new statewide strategies, intended outcomes, and which component will fund the project (BHSS, FSP, or Housing).

Questions?



Workforce Strategy

Workforce Strategy

- » In this section of the IP, counties must confirm:
 - Whether they will require their BHSA providers to comply with the same standards as Medi-Cal providers.
 - If not, describe how the county will ensure that BHSA-funded providers are qualified to deliver services.
 - Comply with nondiscrimination requirements.
 - Deliver services in a culturally competent manner.
- » Counties must also assess their workforce gaps and describe current and future workforce related needs.

Workforce Strategy vs Workforce, Education, & Training

Workforce Strategy

- » Focus on monitoring and assessing the behavioral health workforce to ensure adequate number of providers to meet needs, quality, and cultural competency.
- » No BHSA fund reporting in this section of IP.
- » Report on plans to leverage BH-CONNECT in the IP.

WET

- » Focus on activities that can support recruitment and retention of behavioral health staff.
- » Component of BHSA under Behavioral Health Services and Supports.

Questions?



Next Steps

Upcoming Webinar

- » Integrated Plan Budget, Funding Transfers, Exemptions, and Integrated Plan Review – August 26

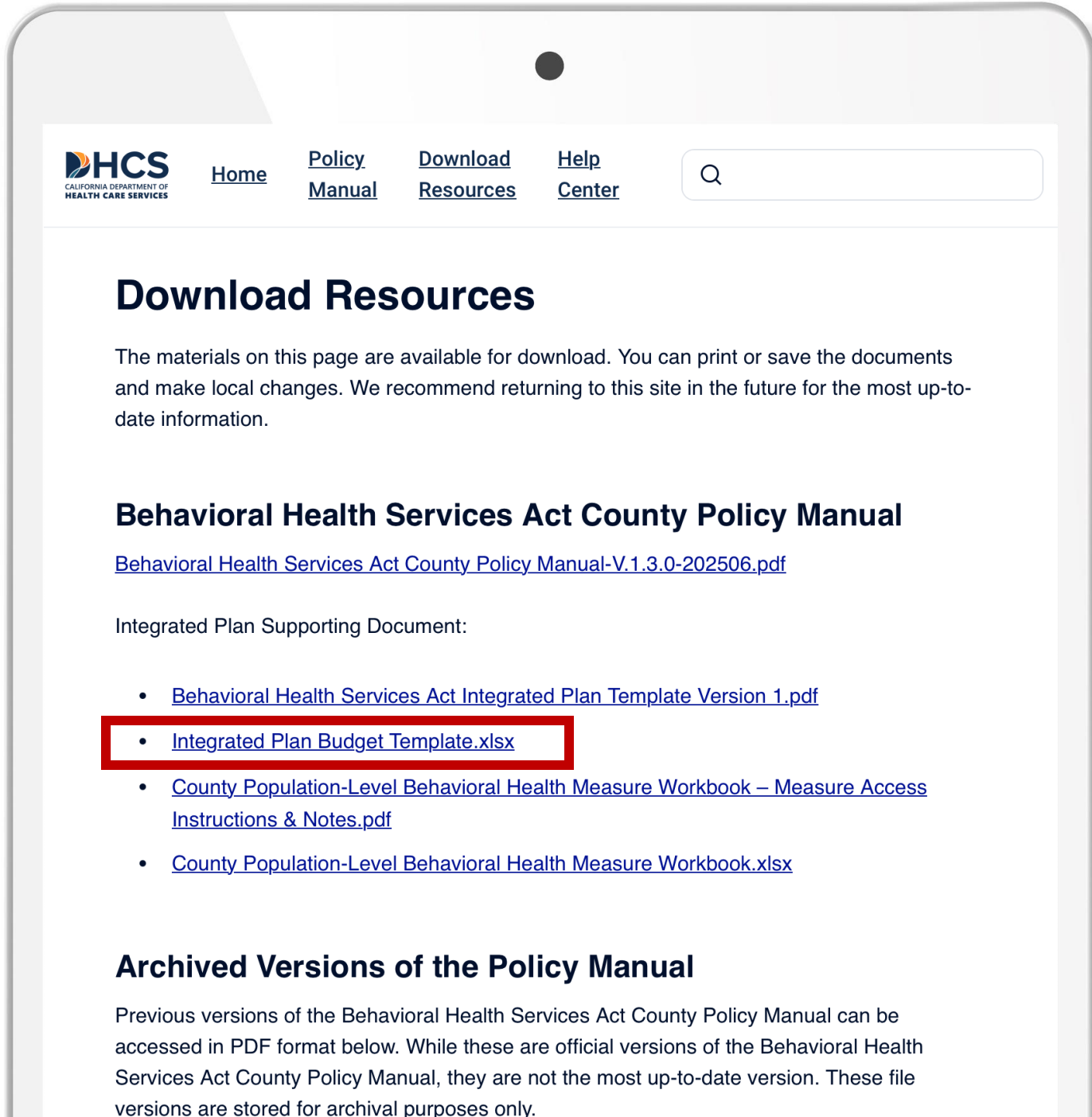
Appendix

Locating the Integrated Plan

- » The Integrated Plan will be available through the County Portal.
 - The County Portal is an online tool that will allow the counties to complete the IP, upload the budget template and other supporting documents, and submit to DHCS for review.
 - Additional webinars on logging into and navigating the Portal are forthcoming.
- » A PDF version of the IP is available; however, counties must submit their IP through the County Portal.

Downloadable Resources – IP Budget

» The Budget template must be [downloaded](#), completed, and uploaded to the County Portal.



The screenshot shows the HCS (California Department of Health Care Services) website. The header includes the HCS logo, navigation links for Home, Policy Manual, Download Resources, and Help Center, and a search bar. The main content area is titled "Download Resources" and contains a paragraph about the availability of materials for download. Below this, there is a section for the "Behavioral Health Services Act County Policy Manual" with a link to the manual. Underneath, it lists "Integrated Plan Supporting Documents" with a bulleted list of links. The link "Integrated Plan Budget Template.xlsx" is highlighted with a red box. At the bottom, there is a section for "Archived Versions of the Policy Manual" with a paragraph about accessing previous versions.

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Download Resources

The materials on this page are available for download. You can print or save the documents and make local changes. We recommend returning to this site in the future for the most up-to-date information.

Behavioral Health Services Act County Policy Manual

[Behavioral Health Services Act County Policy Manual-V.1.3.0-202506.pdf](#)

Integrated Plan Supporting Document:

- [Behavioral Health Services Act Integrated Plan Template Version 1.pdf](#)
- [Integrated Plan Budget Template.xlsx](#)
- [County Population-Level Behavioral Health Measure Workbook – Measure Access Instructions & Notes.pdf](#)
- [County Population-Level Behavioral Health Measure Workbook.xlsx](#)

Archived Versions of the Policy Manual

Previous versions of the Behavioral Health Services Act County Policy Manual can be accessed in PDF format below. While these are official versions of the Behavioral Health Services Act County Policy Manual, they are not the most up-to-date version. These file versions are stored for archival purposes only.

Downloadable Resources – Measures Workbook

- » The County Population-Level Behavioral Health Measure Workbook and its Measure Access Instructions & Notes provide the necessary data for counties to assess their status across the 14 statewide behavioral health goals.
- » These materials are to support county planning; they do not need to be submitted with the IP.

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If an early intervention EBP/CDEP has a focus on population-based prevention:

EBP/CDEP is
already included on
Biennial EBP/CDEP List.



County may fund
program with
BHSS funding.

EBP/CDEP is
not included
on Biennial List.



County may **not** fund
program with
BHSS funding.

Separate Categories of Outreach in the IP

It is important counties are aware of the distinct types of outreach and fund these activities under the corresponding BHSA component.

- » Full Service Partnerships Outreach Activities
 - Goal of enrolling individuals in FSP
- » Housing Interventions Outreach Activities
 - Goal of enrolling individuals in Housing Services
- » BHSS Outreach and Engagement
 - Broad Engagement; Excludes EI Outreach
- » Early Intervention Outreach Activities
 - Targeted Outreach for high-risk populations

Links

- » [County Behavioral Health Services Act Policy Manual](#)
 - [County Integrated Plan](#)
 - [BHSA Components and Requirements](#)