California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

Comments on Behavioral Health Services Act (BHSA)

Policy Manual Module 4

December 19, 2025

Chapter 3 E.3 Process for Requesting Exemption

- The Planning Council supports the decision to allow counties to request exemptions from certain requirements related to the Behavioral Health Services Act (BHSA) Housing Interventions and Full-Service Partnership (FSP) components. This added flexibility is especially important in the initial Integrated Plan period, given some uncertainties around the new BHSA funding categories. Allowing all counties to access exemptions will help ensure that they can tailor their efforts to meet local needs while navigating new funding structures. We thank the Department of Health Care Services (DHCS) for incorporating flexibility into the policy and supporting counties in this transition.

Chapter 7 A.7 Early Intervention Programs

- The Planning Council appreciates clarification on the use of Early Intervention (EI) funds to provide services for parents and caregivers. We fully support this approach and recognize the critical role caregivers play in fostering the mental health and well-being of young people.

- The Council respectfully requests clarification on the circumstances under which DHCS may require counties to implement a specific Evidence-Based Practice (EBP) from the biennial list. To support transparency and consistent understanding across counties, we seek additional details on the following:
    - The specific criteria or conditions that would prompt the Department of Health Care Services (DHCS) to implement a particular EBP.
    - Whether DHCS will require the EBP in a corrective action plan or as part of another broader statewide initiative.
    - The process for stakeholder engagement and public notice when counties are directed to adopt certain EBPs.

- While we recognize and support the goal of expanding access to evidence-based interventions across the state, we kindly ask that the Department of Health Care Services (DHCS) take the following recommendations into consideration:
    - Outline a clear process to help counties understand the reasons behind these requirements and prepare effectively.

    - Ensure that stakeholders, especially individuals with lived experience and family members, are involved in the decision-making for the required Evidence-Based Practices (EBPs) and included in any revisions considered during the implementation process.

- The Council respectfully submits the following comment regarding the third criterion in Section A.7.6 (Biennial List of Evidence-Based Practices (EBPs) and Community-Defined Best Practices).
    - There is potential for issues in data collection and reporting if some EBPs are counted under population-based prevention and some EBPS are counted in Early Intervention (EI) or another category. With Early Intervention and Prevention now supported through separate agencies, we recommend that the Department of Health Care Services (DHCS) provide additional clarification on how population-based prevention efforts are considered within this criterion. As currently written, the language may be challenging for counties to interpret during implementation, especially when assessing how programs with broad, population-level components align with the intended focus on individual EI services. Clearer guidance from DHCS would help ensure consistent understanding and application across counties.

A.7.6 Biennial List of Evidence-based Practices and Community-Defined Best Practices

- The Council expresses appreciation for including guidance for the Biennial List of Evidence-Based Practices (EBPs) and Community-Defined Evidence Practices (CDEPs). According to the Draft Evidence-Based Practices and Community-Defined Evidence Practices (EBP/CDEP) Resource Guide, Medi-Cal is unlikely to cover the full costs of delivering services on its own and may require braided funding. Given the high value of peer support services, respite and wellness programs as irreplaceable to local programming and community-based practices, we recommend that county behavioral health departments identify actions to ensure that current peer support, respite, and wellness services are not jeopardized through the current BHSA changes.

Chapter 7 B.6 Foundational Requirements for Full-Service Partnership Evidence-Based Practices

- While we support efforts to ensure that Assertive Community Treatment (ACT) teams meet the fidelity requirements, the Council would like to bring attention to the statewide behavioral health workforce shortages that create challenges for implementation. Therefore, we recommend that the Department of Health Care Services (DHCS) acknowledge how the inability to meet the projected number of ACT teams may affect counties in their work with the Centers of Excellence (COEs) and clarify whether there is flexibility within the COE fidelity plan to address such circumstances. Additionally, we recommend that DHCS highlight steps being taken to address the behavioral workforce shortage in California,

which is likely to affect the availability of staff for the ACT teams to meet the state's fidelity standards.

Attachment Evidence-Based Practices / Community-Defined Evidence Practices List

- The Planning Council appreciates the inclusion of the list of Community-Defined Evidence Practices (CDEPs) in Module 4 of the Behavioral Health Services Act (BHSA) County Policy Manual. We would like to express our appreciation to the Department of Health Care Services (DHCS) team for incorporating the Council's prior recommendations reflected in Appendix E, including the listing of PEARLS (Program to Encourage Active, Rewarding Lives) and Early Psychosis Prevention and Interventions. These additions reflect a strong commitment to evidence-based and population-specific approaches, particularly for older adults and youth.

Chapter 9 B. Guiding Principles for BHSA Oversight

- The Planning Council understands the penalty and protocol associated with sanctioned funds under the Behavioral Health Services Act (BHSA). However, we respectfully request clarification on how this process is operationalized at the county level. Specifically, we recommend that the Department of Health Care Services (DHCS) provide guidance on how these funds will be tracked and reported in the Behavioral Health Outcomes, Accountability, and Transparency Reports (BHOATRs). Clear guidance on this process will help counties plan appropriately and maintain accountability and transparency in their financial reporting.

  Additionally, the Council requests clarification regarding the return of sanctioned funds to counties. We recommend that guidance be included in the County Policy Manual on the following items:
  - The presence of specific timelines for the state holding these funds.
  - Any statute of limitations associated with the penalties.
  - How funds returned to counties are categorized from an accounting perspective.

  To prevent situations where sanctions and penalties result in reduced services in any county, we defer details related to compliance and monetary sanctions to county behavioral health departments, as counties are the most appropriate entities to inform the development of policies for these matters. This recommendation will help ensure individuals have access to these essential behavioral health services that align with the vision of the BHSA.