

BHSA Overview – Planning and Program Requirements



SAN MATEO COUNTY HEALTH
**BEHAVIORAL HEALTH
& RECOVERY SERVICES**

Prop. 1 Components

AB 531

Obligation Bond – \$6.38 billion

- CA Dept of Health Care Services: Bond BHCIP for treatment residential facilities
- CA Dept of Housing and Community Development: Homekey+ for permanent supportive housing*

**In San Mateo County, Dept. of Housing is taking the lead and working in collaboration with BHRS*

SB 326

Behavioral Health Services Act (BHSA)

- Mental Health Services Act (MHSA) Reform
- Statewide Accountability & Transparency
- Community Program Planning + Three-Year Integrated Plan
- System Changes Across the Behavioral Health Continuum of Care



SAN MATEO COUNTY HEALTH

**BEHAVIORAL HEALTH
& RECOVERY SERVICES**

Obligation Bonds (AB 531)*

- \$4.4 billion for unlocked community behavioral health **treatment and residential care** settings
- \$922 million for **permanent supportive housing** for individuals living with behavioral health conditions
- \$1.1 billion for **permanent housing for veterans** living with behavioral health conditions

** Administered by California Dept of Health Care Services and Dept of Housing and Community Development: Homekey+ for permanent supportive housing. In San Mateo County, Dept. of Housing is taking the lead and working in collaboration with BHRS.*

MHSA Reform (SB 326)

New BHSA Funding Categories

- **30% Housing Interventions**
 - *SMC estimated allocation: \$19M (30%)**
- **35% Full Service Partnerships**
 - *SMC estimated allocation: \$20M (32%)**
- **35% Behavioral Health Services and Supports (BHSS)**
 - *SMC estimated allocation: \$24M (38%)**

**Allowable transfer between categories is up to 7% per category*

Prop. 1 Impacts to Services

Fiscal Strategies	Housing Interventions* Housing Operations and Policy (HOP) Committee July 10 th 9am	Full-Service Partnerships	Prevention & Early Interventions* Behavioral Health Commission (BHC) Youth Subcommittee June 18 th 4pm
Substance Use & Mental Health Integration* BHC Alcohol and Other Drug (AOD) Committee July 9 th 4pm	Peer-Based Services* Lived Experience Education Workgroup (LEEW) July 1 st 3:30pm	Workforce Development & Evidence Based Practices	Outcome Reporting* Behavioral Health Commission August 6 th 3:30pm

** Can join a deep dive Info Sessions on these topics – [Flyer](#) (link)*

What is BHRS doing to address the required changes?

- Identified internal BHRS leads for implementation of required changes.
- Developing implementation plans with milestones and activities – progress will be communicated.
- Developed a BHSA Transition website and a communication plan to share key updates and progress.
- Conducting deep dive “Info Sessions” to share more and allow for community input – sessions will be recorded and posted on the BHSA Transition website.



What is New for Fiscal Strategies

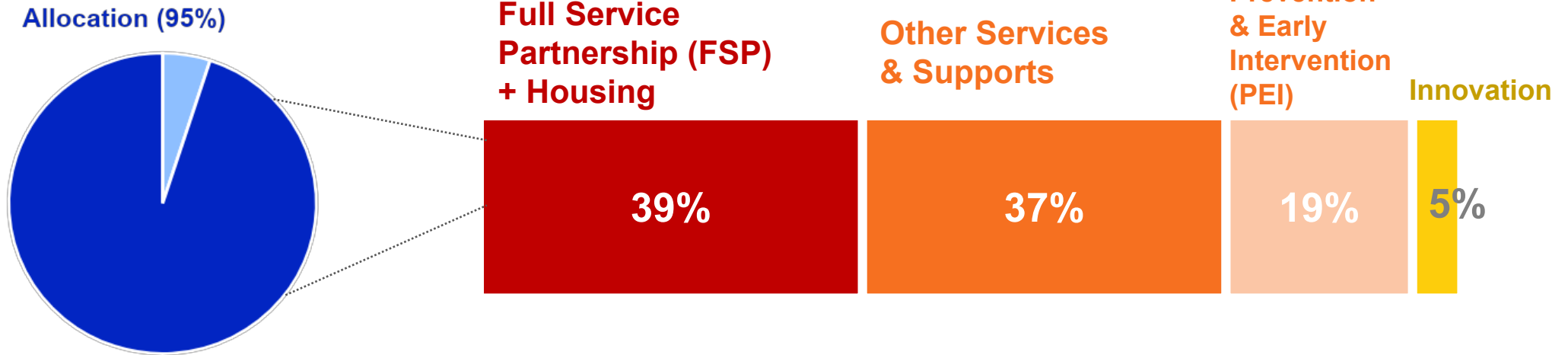
- Emphasizes maximizing MediCal billing across all services and leveraging expanded opportunities for billing (e.g. CalAIM, BHCONNECT).
- Expands expenditure plans and annual reporting to include all BHRS revenues (local, state and federal), not just the millionaires' tax.
- Reduces prudent reserve from 33% to 20% of the 5-year average revenue.



Impacts to Funding

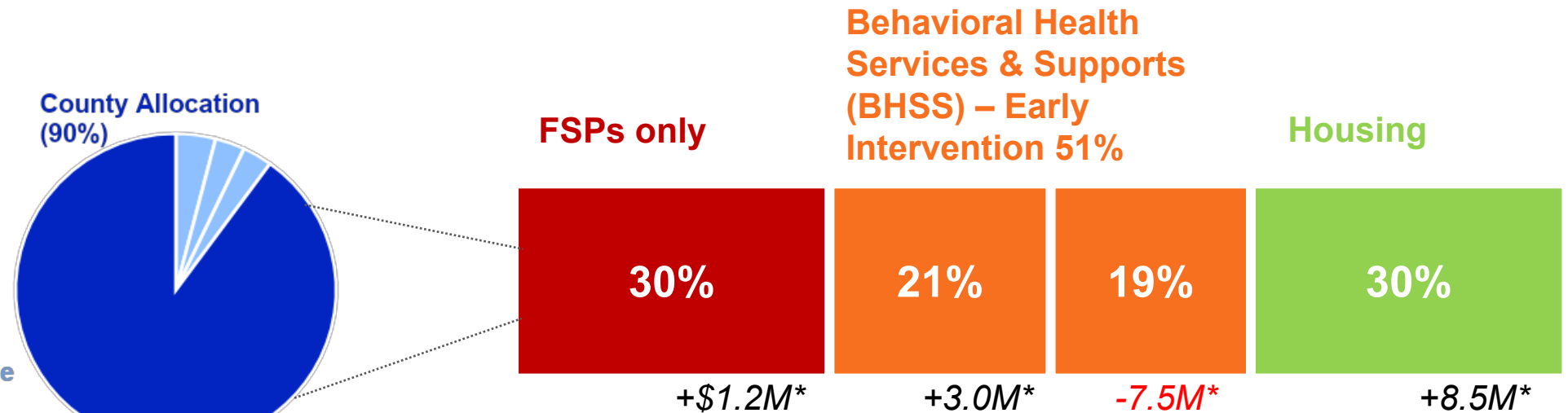
MHSA Allocation

State Allocation (5%)



BHSA Allocation

State Allocation (10%)
- 3% Administration
- 3% Workforce Initiative
- 4% Prevention



*Estimated Amount Needed to Meet BHSA Requirements

What is New for Housing Interventions

- Increases access to permanent supportive housing for individuals living with serious mental illness and/or substance use disorders.
- Prioritizes chronically homeless individuals, especially those in encampments.
- Expands allowable expenditures:
 - Rental and operating subsidies
 - Housing supports including landlord outreach, mitigation, assistance, navigation and maintenance – not covered by Medi-Cal Managed Care Plans.
 - Up to 7% for outreach activities for unhoused populations
 - Up to 25% to capital development to acquire, build, and/or renovate permanent housing.
- Requires housing projects to adhere Housing First principles.
- Emphasizes collaboration with Managed Care Plans (e.g., HPSM, Kaiser) on Transitional Rent benefit to ensure a seamless pathway for clients to permanent supportive housing.



What is New for Full Service Partnerships

- FSPs provide a full array of services through a "whatever it takes" approach to meet clients' stability and recovery needs.
- Includes access to SUD treatment including medication assistance treatment, and co-occurring capacity.
- Requires counties to implement evidence-based practices to fidelity.
- Develops a tiered model for levels of care, including step-down to Intensive Case Management and/or a substance use disorder supports.

What is New for Prevention & Early Interventions

- Early Interventions should identify and address behavioral health concerns in their early stages.
- Prioritizes childhood trauma and substance use integration.
- Requires three components for early intervention programs:
 1. Culturally informed outreach
 2. Screening and linkages to care
 3. Medi-Cal billable intervention
- Shifts prevention funding to the CA Public Health Department



Public Health Policy & Planning – Community Health Improvement Plan (CHIP) Workgroups

- Visit [San Mateo County All Together Better](#) website to learn about the work groups:
- **Access Work Group:**
 - 2nd Wed 9-10:30am
 - Contact Corina Chung, cochung@smcgov.org
- **Social Determinants of Health (SDOH):**
 - 1st Thu 9-10:30am
 - Contact Veena Raghavan at vraghavan@smcgov.org
- **Mental Health:**
 - 3rd Thu 9-10:30am
 - Contact Doris Estremera, destremera@smcgov.org or Luci Latu, lflatu78@gmail.com



What is New for Substance Use and Mental Health Integration

- Expands funding to comprehensive care for individuals with substance use disorders (SUDs) regardless of the presence of a primary mental health diagnosis.
- Requires counties to implement integrated service delivery models across the continuum of care.
- Enhances workforce training and development by requiring co-occurring capacity for staff including peer supports for both mental health and substance use treatment.



What is New for Peer Services

- Advances Peer Support Specialists as a Medi-Cal provider type and Peer Support Services as a direct service type for county behavioral health providers.
- Aims to increase the number of certified Peer Support Services Specialists across the continuum of care.
- Emphasizes co-occurring capacity for peer specialists.
- Leverages expanded opportunities for billing (e.g., Peer Support Services, BHCONNECT - California Clubhouse).



What is New for Workforce Strategies and Evidence-Based Practices (EBPs)

- Encompasses workforce planning, recruitment, training, development, and retention activities.
- Prioritizes diversity of the behavioral health workforce, including pathways, supports and opportunities for individuals with lived experience.
- Emphasizes developing workforce capacity to provide culturally informed and evidence-based services.
- Emphasizes utilization of EBPs across behavioral health services.
- Leverages expanded opportunities for workforce initiatives and billing through BHCONNECT waiver.



What is New for Outcome Reporting

- Expands outcome reporting to all behavioral health services including local, state and federal funding streams.
- Utilizes population-level indicators and disparities analysis (i.e., Priority Goals) to assess statewide progress.
- Utilizes performance indicators to measure county success (to be determined).



Thank You!

- **Subscribe** to stay up-to-date and receive opportunities to get involved in MHSA and Prop.1 planning: www.smchealth.org/MHSA
- **Contact:** mhsa@smcgov.org
- **Let us know how we can improve:**
https://www.surveymonkey.com/r/BHSA_Transition



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