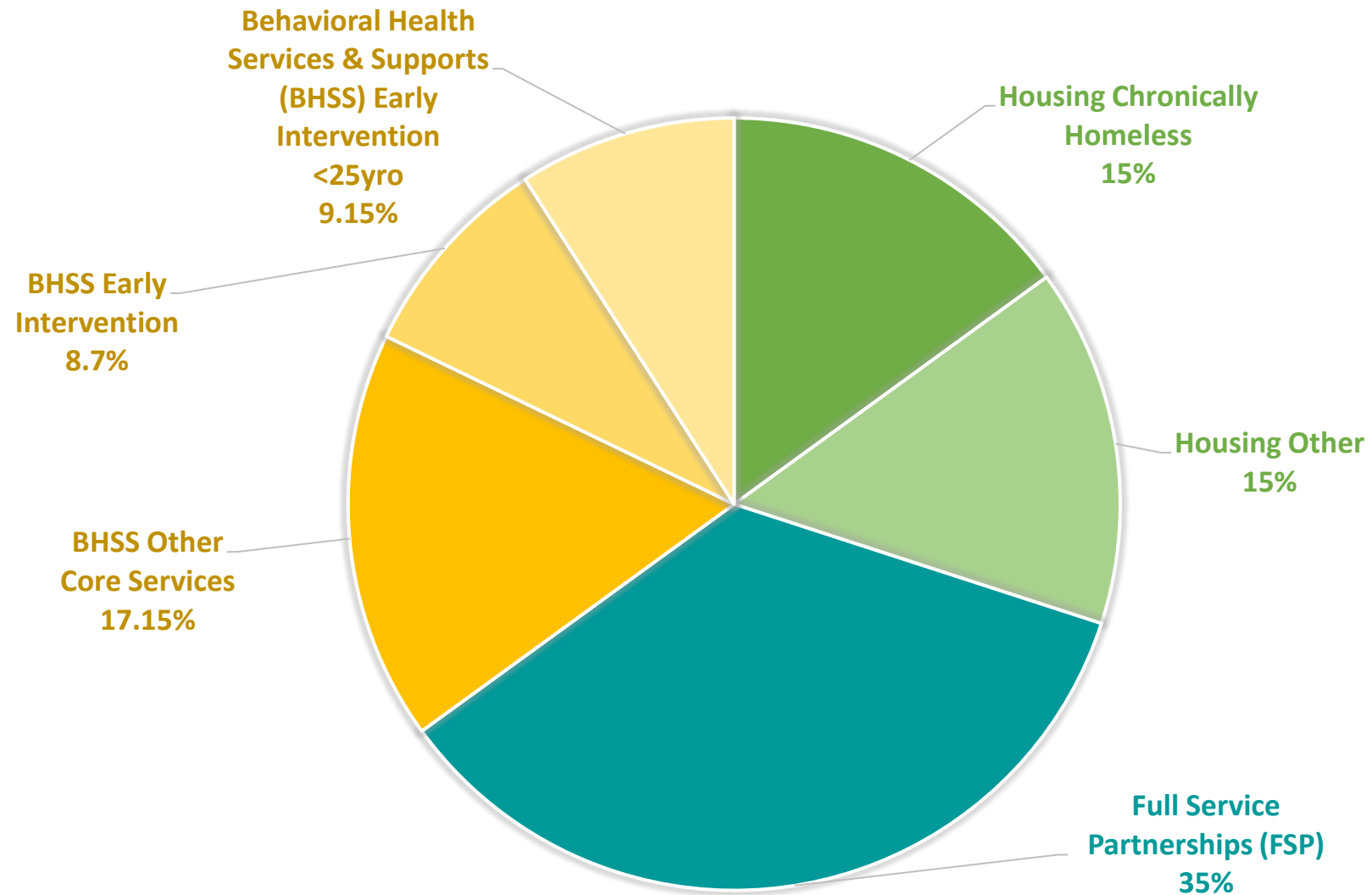


# Behavioral Health Services Act (BHSA) Behavioral Health Services and Supports (BHSS) Workgroup



# BHSA Funding Categories



# Highlights of the BHSS Category

BHSS represents **35%** of the Total Local BHSA Funds

- **51%** of the BHSS funds **must** be used for early intervention (EI) programming:
  - 51% of EI services **must** be directed to individuals 25yrs and younger
    - EI supports and services to parents and caregivers **cannot** be counted towards the 51% requirement to spend 51% on individuals 25yrs and younger
- **49%** of the BHSS funds can be used for:
  - Children's, Adult and Older Adult Systems of Care
  - Outreach & Engagement (O&E)
  - Workforce Education & Training (WET)
  - Capital Facilities & Technological Needs (CFTN)
  - Innovation Pilots & Projects (expected across all BHSA funding categories)

# BHSS Early Intervention (EI) Programming

**BHSS EI programs MUST include outreach, access and linkage to care, MH and SUD early treatment services and supports, include culturally responsive and linguistically appropriate interventions, and MUST emphasize the reduction of the likelihood of the following adverse outcomes:**

Suicide and self harm

Incarcerations

School suspensions, expulsion, referral to an alternative or community school, failure to complete TK-12 or higher education

Unemployment

Prolonged suffering

Homelessness

Removal of children from their homes

Overdose

Mental illness in children/youth

# BHSS EI Programming con't

- May be provided to individuals without a specific behavioral health diagnosis.
- Focus on screening for, and addressing trauma in children and youth.
- Significant emphasis on evidenced based practices (EBPs) and community defined evidence practices (CDEPs).
  - Requires the state to develop a biennial list of EPBs and CDEPs.
  - Gives DHCS authority to require counties to implement specific EBPs and CDEPs within EI programming.
- Expanded to include outreach to urgent care, hospitals, emergency departments and education including early care and learning, TK-12 and higher education.
- **Cannot** fund stigma and discrimination reduction activities. These activities are considered population-based prevention activities funded by the state.

## EI Priorities per SB 326 Blue = New

Childhood Trauma Early Intervention to Deal with Early Origins of Mental Health & Substance Use D/O Needs

Early Psychosis & Mood Disorder Detection and Intervention & Mood Disorder Programming Across the Lifespan

Outreach & Engagement Targeting **Early Childhood 0-5**, inclusive of **Out-of-School Youth** and **Secondary Youth**

Culturally Responsive & Linguistically Appropriate Interventions

Strategies Targeting Mental Health & Substance Use D/O Needs of Older Adults

Strategies Targeting MH Needs of Children 0-5 Including Infant & Early Childhood MH Consultation

Strategies to Advance Equity and Reduce Disparities

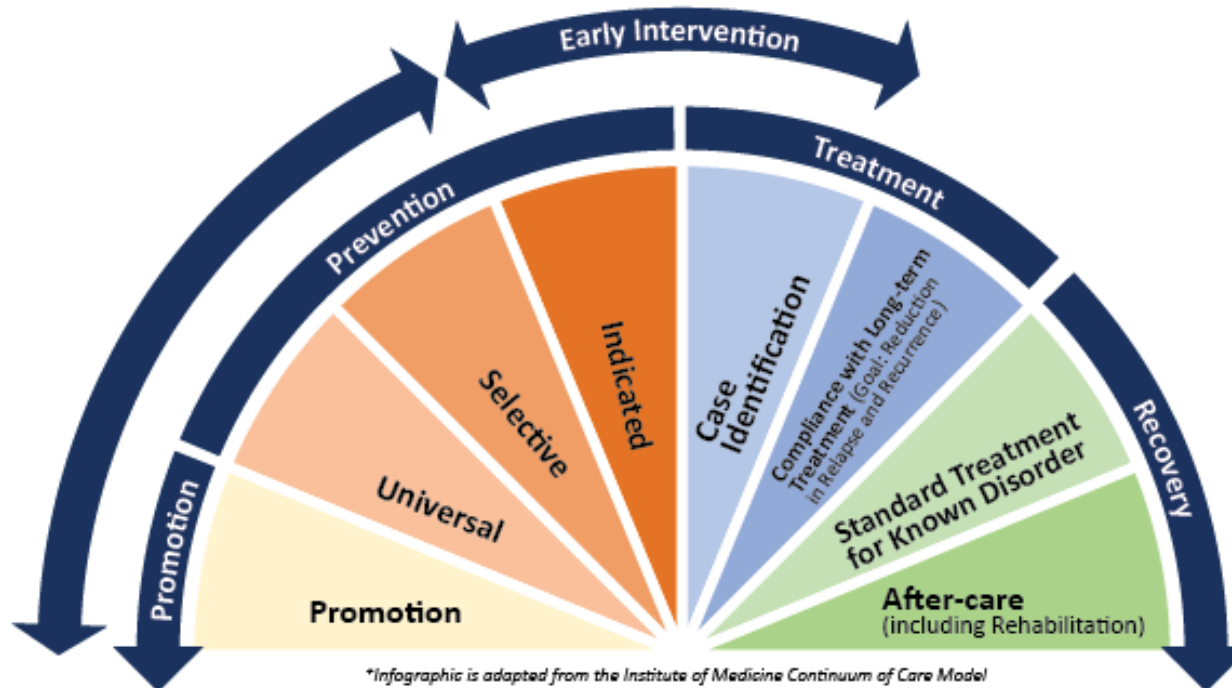
Programs that Include CDEPs and EBPs, and MH and SUD Treatment Services

Strategies Addressing Needs of Individuals at High Risk of Crisis



# BHSS EI Programming con't

“Early Intervention (EI) is the proactive approach of identifying and addressing behavioral health concerns in their early stages before they escalate into more severe, disabling or chronic conditions. DHCS adapted the Institute of Medicine’s Continuum of Care to clarify the types of services and supports that can be funded under EI as directed towards an individual.



# BHSS EI Programming con't

## Indicated Prevention

- ✓ Focused on eligible at-risk individuals such as trauma, adverse childhood experiences, involvement with child welfare or corrections systems.
- ✓ Outreach, training and education for high-risk individuals and/or families who are at risk and experiencing early signs of a mental health or substance use disorder.
- ✓ Indicated prevention is the **only** prevention intervention allowable under EI and BHSA.

## Case Identification

- ✓ Assessment
- ✓ Diagnosis
- ✓ Brief interventions
- ✓ Access and linkages activities

## EI Outreach

- ✓ Focused on eligible high-risk individuals including older adults and youth
- ✓ Goal of identifying individuals for access and linkage to services and supports
- ✓ Connect eligible individuals directly to access and linkage programs or mental health and substance use disorder treatment services and supports

## Access & Linkage to Care

- ✓ Screening and assessment
- ✓ Referrals to telephone help lines, mobile response teams and enhanced care management (ECM) and Community Supports
- ✓ **Must** include scaling and referrals to early psychosis intervention (EPI) Plus program including Coordinated Specialty Care (CSC) or other EBPs and CDEPs for early psychosis and mood disorder detection and intervention programs

## Mental Health (MH) and Substance Use Disorder (SUD) Treatment Services & Supports

- ✓ **Must** be proven to reduce duration of untreated serious MH and/or SUD and assist individuals in quickly regaining productive lives
- ✓ **Must** provide MH treatment services to address first episode psychosis using CSC starting July 2026
- ✓ MH or SUD services that prevent, respond or treat a behavioral health crisis or activity that decrease the impacts of suicide, return to use or illicit substances or misuse of prescription drugs and/or accidental overdose/poisoning
- ✓ Address co-occurring MH and SUD issues

# Coordinated Specialty Care (CSC) Model for First Episode Psychosis (FEP)

The state has made significant investments in expanding CSC for FEP including funding technical assistance, establishment of the Early Psychosis Intervention (EPI) Plus program, Children and Youth Behavioral Health Initiative (CYBHI) grant and coverage for CSC for FEP as a bundled service under BH-CONNECT.

## Goals for Reduction



- Emergency room visits
- Hospitalizations
- Residential placements
- Involvement in criminal justice system
- Substance use
- Homelessness

## Goals for Improvement



- Self-Empowerment
- Quality of Life
- Employment & Education Rates



To learn more about the CSC model **Source:** SAMHSA [Coordinated Specialty Care for First Episode Psychosis: Costs and Financing Strategies](#)



# BHSS “Other” Programming

## Other Allowable BHSS Services/Initiatives

Systems of Care (SOC)	Non-EI Outreach & Engagement (O&E)	Workforce, Education, and Training (WET)	Capital Facilities & Technological Needs (CFTN)
<ul style="list-style-type: none"><li>✓ Children’s SOC</li><li>✓ Adult &amp; Older Adult SOC</li><li>✓ Provision of both mental health and substance use disorder treatment</li><li>✓ May include services that prevent, respond to, or treat a behavioral health crisis</li><li>✓ Intended for individuals <b>not enrolled</b> in an FSP</li><li>✓ <b>May not</b> include housing interventions</li></ul>	<ul style="list-style-type: none"><li>✓ Engagement of unserved and underserved populations</li><li>✓ Goal to connect individuals with medically necessary care</li><li>✓ Can be used for outreach to individuals in encampments to connect to housing programs</li><li>✓ Peer support services including resource navigation</li><li>✓ Enhances use of Community Health Workers</li><li>✓ Food, clothing and other basic necessities when supporting immediate needs of an individual</li><li>✓ Strategies to reduce health disparities</li></ul>	<ul style="list-style-type: none"><li>✓ Addresses county needs to support employment in the Public Behavioral Health System (PBHS)</li><li>✓ <b>May not</b> use WET funding to address workforce recruitment and retention needs outside of PBHS and <b>may not</b> duplicate funding available through state-administered WET initiatives</li><li>✓ Funds allocated to WET initiatives <b>MUST</b> be spent with 10 years</li></ul>	<ul style="list-style-type: none"><li>✓ Acquisition/development of land, construction or rehab of buildings where behavioral health services will be provided for a minimum of 20 years and <b>cannot</b> be used for housing</li><li>✓ Development, maintenance, improvement of information technology including electronic health records, support of telehealth, etc.</li><li>✓ Funds allocated to CFTN initiatives <b>MUST</b> be spent with 10 years and <b>cannot</b> be transferred out of CFTN</li></ul>

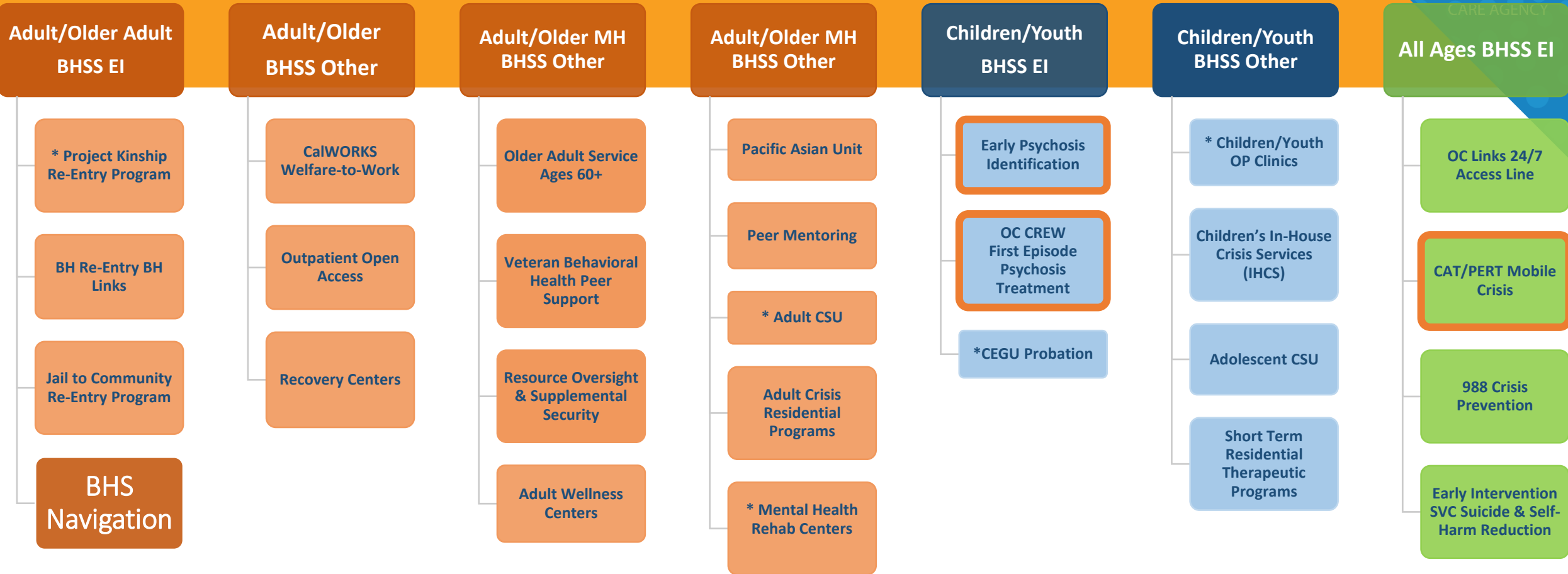
**Innovative Behavioral Health Pilots/Projects** - Counties may pilot and test innovative behavioral health models of care across each BHSA funding category with a goal to build the evidence base for new statewide strategies.

Source: BHSA County Policy Manual Version 1 2.2 – April 2025

# WET Allowable Activities & Initiatives

- Workforce recruitment, development, training, and retention
- Professional licensing and/or certification testing and fees
- Loan repayment
- Retention incentives and stipends
- Internship and apprenticeship programs
- Continuing education
- Efforts to increase the racial, ethnic, and geographic diversity of the behavioral health workforce (e.g., individuals with lived experience)
- Staff time spent supervising interns and/or residents who are providing direct county behavioral health services through an internship or residency program

# Currently Funded BHSS EI & BHSS Other Programming



## Workforce Education & Training (WET)

- Behavioral Health Training
- Intern/Resident Program
- Career Pathways
- Crisis Intervention Training for Law Enforcement
- Recovery Education Institute
- Multi-Cultura Development Program

## Capital Facilities Technological Needs

- Be Well Irvine
- CCIMS
- Electronic Health Record
- Chorus\*

\* = programs that have braided funding including BHSS funding, **orange outline** = mandated programs