Behavioral Health Transformation

Presentation to the Behavioral Health Board

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CONTRA COSTA HEALTH

Behavioral Health Transformation Background and Initiatives

In recent years, California has undertaken efforts to re-envision the State's publicly funded Mental Health and Substance Use Disorder services. These efforts are referred as Behavioral Health Transformation (BHT).

- Behavioral Health Transformation (BHT) includes several initiatives including:
  - California Advancing and Innovating Medi-Cal (CalAIM)
  - Behavioral Health Services Act (BHSA)
  - California Behavioral Health Community-Based Organization Networks of Equitable Care and Treatment (BH-CONNECT)
  - Children and Youth Behavioral Health Initiative (CYBHI)
  - Medi-Cal Mobile Crisis - 988 expansion
  - Behavioral Health Continuum Infrastructure Program (BHCIP)
  - Behavioral Health Bridge Housing
  - CARE Court
  - State Hospital Incompetent to Stand Trial (IST) Diversion

Behavioral Health Transformation Goals

- **Improve** access to care
- **Increase** accountability and transparency for publicly funded, county administered behavioral health services
- **Expand** capacity of behavioral health facilities across California

Statewide Behavioral Health Goals

GOALS TO IMPROVE

- Care Experience
- Access to Care
- Prevention and treatment of co-occurring physical health conditions
- Quality of life
- Social connection
- Engagement in school
- Engagement in work

GOALS TO REDUCE

- Suicides
- Overdoses
- Untreated behavioral health conditions
- Institutionalization
- Homelessness
- Justice-involvement
- Removal of children from home

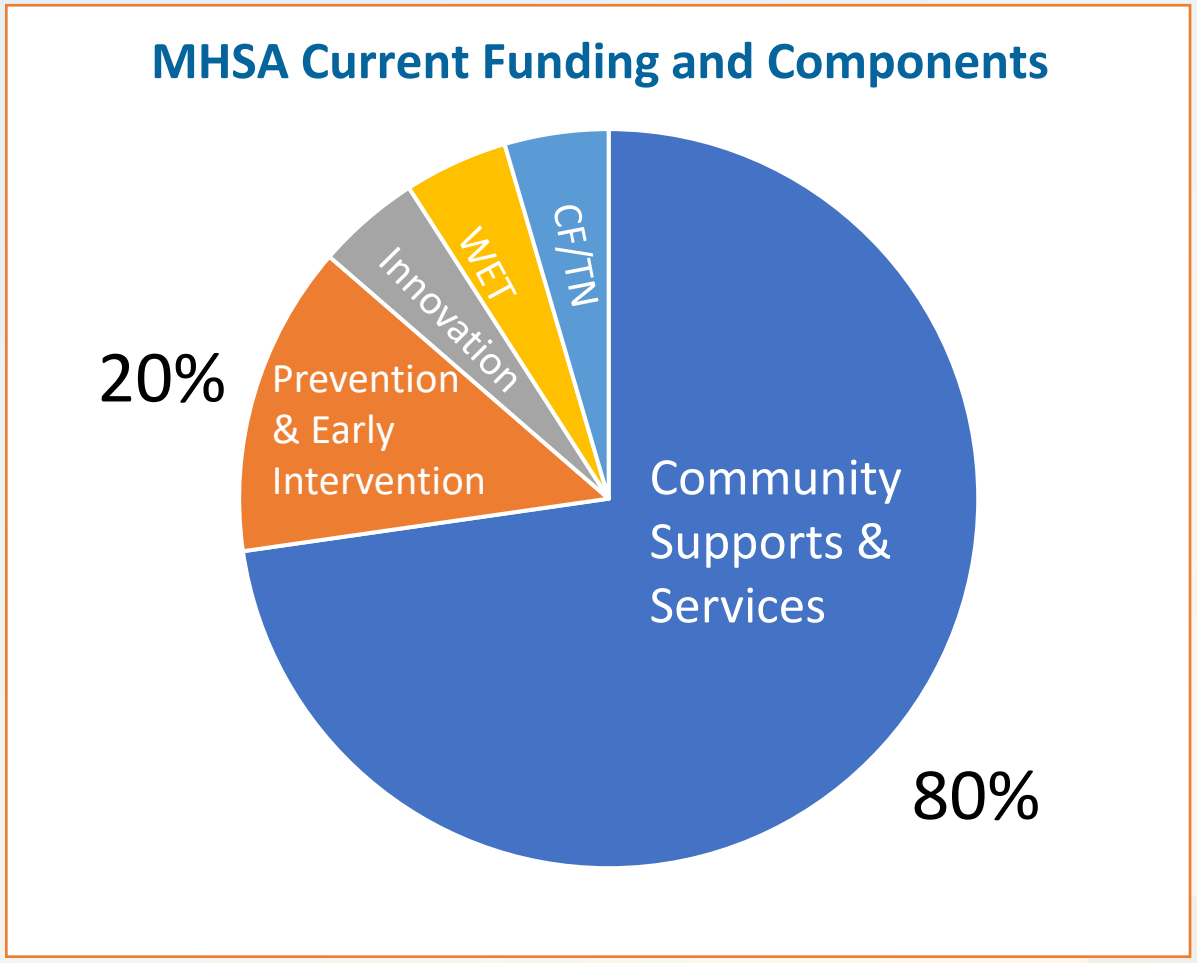
Behavioral Health Services Act (BHSA) History and Context

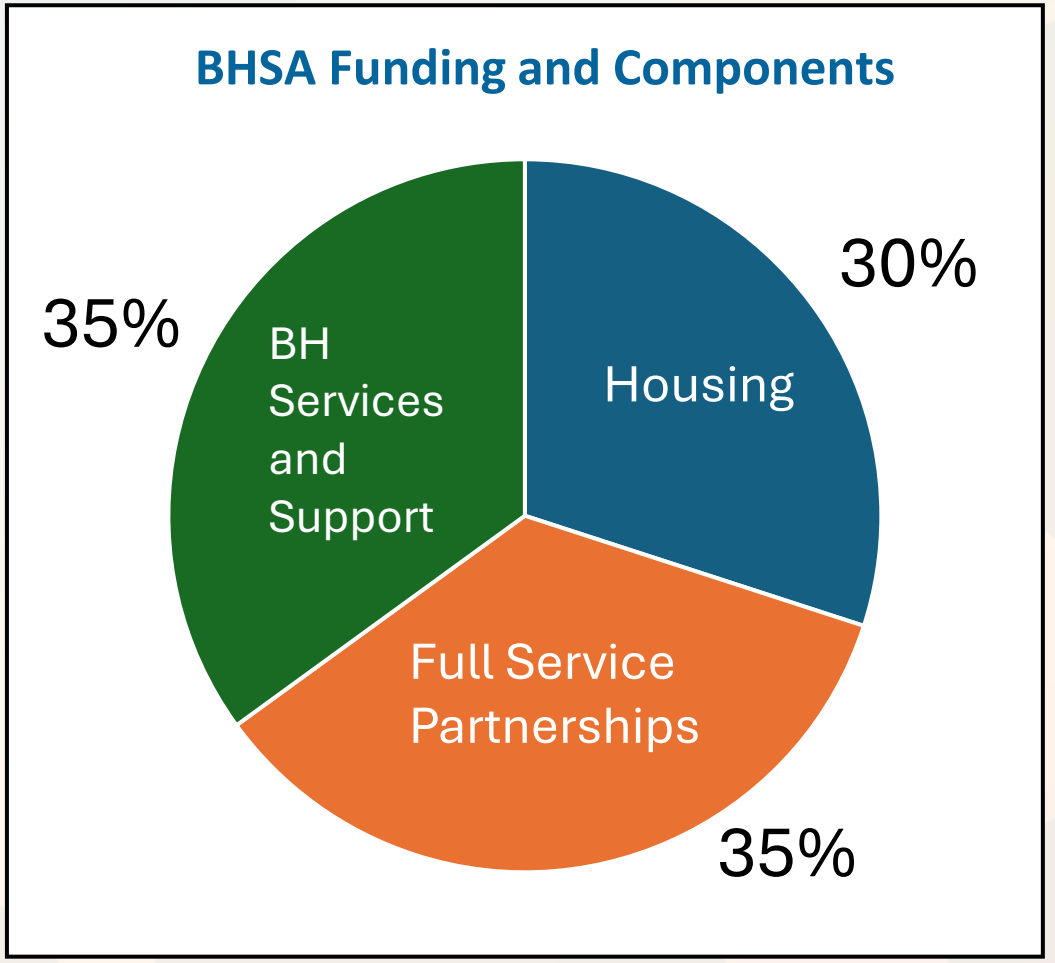
In November 2004, California voters passed Proposition 63, or the Mental Health Services Act (MHSA). The MHSA's transformed California's public mental health system into a person-centered, prevention-oriented system with direct involvement and input from clients, parents, families and diverse communities.

In March 2024, Proposition 1 was passed by California voters which transforms the MHSA into the Behavioral Health Services Act (BHSA). BHSA expands services for individuals which may have Mental Health and/or Substance Use Disorder (SUD) challenges.

The BHSA is part of the Behavioral Health Transformation with most changes scheduled to go into effect 7/1/2026.

Behavioral Health Services Act: Shift in Focus





Behavioral Health Services Act (BHSA) New Funding Categories

35%

Full-Service Partnerships

Intensive community-based care for people with complex BH needs

Fidelity to evidence-based models: ACT/FACT, ISP Supported Employment, Wraparound

35%

BH Services and Supports (BHSS)

Early Intervention Programs

Outreach and Engagement

Adult and Childrens' System of Care services and staffing

WET, CFTN

>50% toward Early Intervention with majority toward Youth

30%

Housing

Building development, construction and renovation

May include: Capital development (up to 25%), rental & operating subsidies, housing supports

>50% toward "chronically homeless"

Priority Populations Under BHSA

- **Eligible adults and older adults who are:**
  - Chronically homeless or experiencing homelessness or are at risk of homelessness.
  - In, or are at risk of being in, the justice system.
  - Reentering the community from prison or jail.
  - At risk of conservatorship.
  - At risk of institutionalization.

- **Eligible children and youth who are:**
  - Chronically homeless or experiencing homelessness or are at risk of homelessness.
  - In, or at risk of being in, the juvenile justice system.
  - Reentering the community from a youth correctional facility.
  - In the child welfare system.
  - At risk of institutionalization.

Adult Evidence-Based Practices (EBP's) and Best Practices

1. Assertive Community Treatment (ACT)
2. Forensic Assertive Community Treatment (FACT)
3. Full-Service Partnership- Intensive Case Management (FSP-ICM)

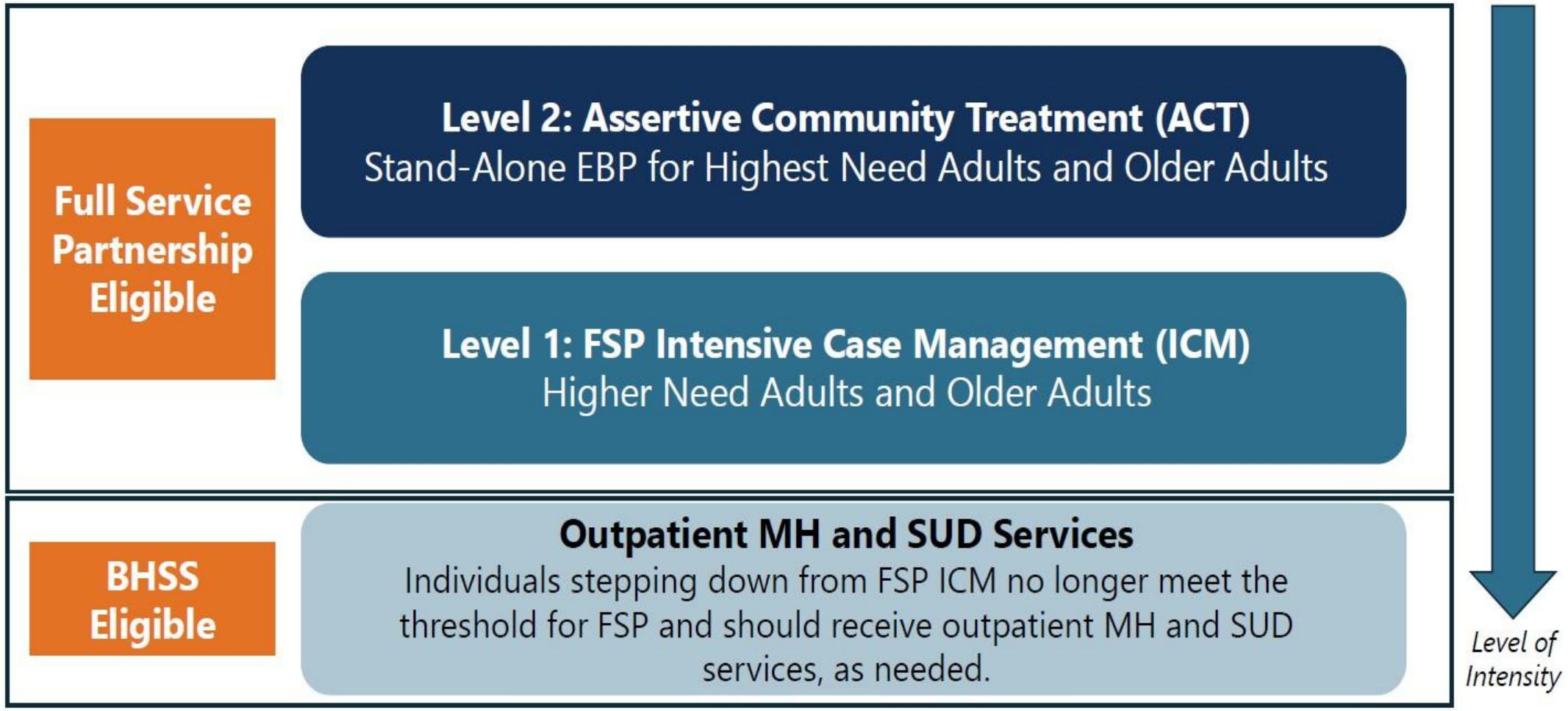
4. Individual Placement and Supported Model of Supported Employment (IPS)
6. Community In-Reach Services
7. Enhanced Community Health Worker
8. Clubhouse

Full-Service Partnership (FSP) is an **intensive service program** for consumers experiencing and/ or at risk of institutionalization, homelessness, incarceration, or psychiatric in-patient services

The name – Full-Service Partnership – reflects the goal of developing a partnership between the person being served and the service provider, and offering a full array of services, through a "whatever it takes" approach to meet the client's needs.

Adult FSP Levels of Care Framework

The framework includes two levels of coordinated care for adults and older adults with ACT as the highest level and a step-down level from ACT, called FSP Intensive Case Management (ICM).



ASSERTIVE COMMUNITY TREATMENT (ACT) CORE REQUIREMENTS

- Intensive outpatient services provided by a multi-disciplinary team in the community
- Multiple face to face contacts weekly
- Range of services all provided by the ACT team rather than referring out for services, services include MH, SUD, medication management, physical health, employment, housing, and crisis intervention
- Psychological rehabilitation, care coordination, and community support services to support recovery
- Time unlimited to services

ACT Service Components

- Assessment
- Crisis Intervention
- Employment and Education Support Services
- Medication Support Services
- Peer Support Services
- Psychosocial Rehabilitation
- Referral and Linkages
- Therapy
- Treatment and Planning

ACT ELIGIBILITY CRITERIA

- To be eligible for ACT, individuals generally must:
  - Be ages 18+; **AND**
  - Have a current DSM diagnosis consistent with a serious and persistent mental illness; **AND**
  - Have significant functional impairment; **AND**
  - Have an indicator of continuous high-service needs.
- Criteria b) and c) are equivalent to having "serious mental illness" (SMI), although a state can set a higher bar for the level of functional impairment required to receive ACT. Criteria d) permits states more flexibility to determine the exact nature of the population requiring ACT.
- **DHCS's proposed ACT eligibility criteria is based on the SAMHSA toolkit and criteria from other states.** The proposed criteria was vetted as part of the BH-CONNECT ACT workgroup process.

ACT SPECIALTY MODELS (ADAPTATIONS)

FACT (ACT FORENSIC)

- Tailored to justice-involved individuals
- Can be a separate program or part of an ACT program
- The goal is to reduce recidivism
- Includes intensive coordination with justice partners (courts, probation)
- Use risk/needs assessments to inform joint treatment planning with justice partners to promote wellness and public safety, with a focus on criminogenic risks
- The Rochester Forensic Assertive Community Treatment Scale (R-FACT) must be used to monitor fidelity
- FACT teams are multidisciplinary and must include members with lived experience in the justice system,
- All members have FACT training

ACT-SUD

- Assertive field-based initiation for SUD treatment services
- Provision of all forms of federal food and drug administration approved medications for addiction treatment, as specified by DHCS
- No wrong door to connect to Medication Assisted Treatment (MAT)
- Outreach and engagement to individuals wherever they are, (e.g., on the street, EDs, in syringe exchange programs, in homeless encampments) »
- Expand low-barrier, rapid access to all forms of MAT (buprenorphine, methadone, naltrexone) for individuals with opioid use disorder and alcohol use disorder when they ready for treatment using harm reduction principles

FSP Intensive Case Management (ICM)

- ICM is a well-known service and documented in the literature.
- ICM includes a **comprehensive set of community-based services** for individuals with significant behavioral health conditions.
- Compared to standard care, ICM has been shown to improve general **functioning, employment and housing outcomes, and reduce length of hospital stays**.
- ICM does not have set fidelity criteria like ACT but generally **combines the principles of case management** (assessment, planning, linkages) with **low staff to client ratios**, **assertive outreach**, and **direct service delivery**.

Who Might FSP ICM Serve?

- Individuals receiving FSP ICM may include **members who were receiving ACT and have been clinically determined to be ready for a step-down** level of care
- Individuals may also enter an FSP program **needing a moderate to significant level of support** but do not meet the qualifications for ACT
- Individuals living with **co-occurring SMI/SUD**
- Individuals ages 18-26 or younger who are **not connected to children's services**, if determined to be clinically and developmentally appropriate

FSP ICM: Proposed Services

FSP ICM participants may need some or all of the same service components as ACT.

- Assessment
- Crisis Intervention
- Employment and Education Support Services
- Medication Support Services
- Peer Support Services
- Psychosocial Rehabilitation
- Referral and Linkages
- Therapy
- Treatment and Planning
- Housing supports
- ***Note:*** *This list is not exhaustive. Additional services may be provided on an as needed basis.*

A Note on Permanent Supportive Housing:
Pairing intensive behavioral health services like ACT and FSP ICM with permanent housing is a recommended best practice for achieving long-term housing stability.

Overview: Individual Placement and Support (IPS)

Over 60% of clients with severe mental illness want to work, but less than 20% are employed.[1] The IPS model of supported employment is an evidence-based intervention that engages people with severe mental illness in finding and maintaining *competitive* employment or education *of their own choice*.

- The IPS model uses a strength-based approach to support individuals living with serious mental illness[1] **find and maintain employment**, which plays a crucial role in their **recovery and integration into the community**.
- Supported Employment can be **integrated into other FSP services** such as ACT, HFW, and Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP,) to offer a comprehensive approach to recovery that addresses both clinical and functional needs.
- BHT Supported Employment programs will align with the evidence-based IPS model and **mirror the Medi-Cal benefit** being developed through BH-CONNECT.
- Compared to traditional vocational rehabilitation approaches, IPS has demonstrated **higher rates of competitive employment** for individuals with behavioral health disorders.

IPS Supported Employment Eligibility Criteria

Proposed eligibility criteria aligns with best practices, prioritizing inclusivity and client choice.

Proposed Eligibility Criteria

To be eligible for Supported Employment services, an individual must:

a) Meet FSP eligibility criteria[1]; **AND**

b) Express interest in receiving Supported Employment Services

» This approach is grounded in national best practices including **"zero exclusion criteria"** from the official IPS fidelity scale and "**eligibility is based on consumer choice"** from SAMHSA's Supported Employment toolkit.

Enhanced Community Health Worker (CHW) Services

- Community Health Workers have historically been a part of other systems such as Managed Care Plans and Public Health
- AND now have recently been added to Behavioral Health under the title of Enhanced Community Health Worker
  - The Enhanced Community Health Worker is now an approved Medi-Cal provider who can work in Mental Health and/or Alcohol and other Drug Services
- Enhanced CHW will provide
  - preventive services to prevent disease, disability, and other health conditions or their progression;
  - to prolong life; and
  - Provide health education to promote physical and behavioral health, address barriers to health care
  - Provide instructions on health topics
  - Health navigation to provide information, training, referrals or support to assist Medi-cal members to access health care , understand the health care system, and engage in their own care and to connect members to community resources necessary to promote their health

Clubhouse

The Clubhouse Model is an intentional, voluntary, and organized support system that uses a strengths-based approach to help members build emotional, cognitive, and social skills in an inclusive, community-based setting.

Clubhouses are physical settings that facilitate opportunities to build skills and relationships supportive of autonomous employment, education, and housing.

Members are involved in all major decisions related to the Clubhouse's operation. Through the Work-Ordered Day program, members and staff work together as colleagues to stock, clean, organize, and generally maintain the clubhouse. Clubhouses offer employment programs and provide structured opportunities for socialization and recreation on evenings, weekends, and holidays.

Clubhouse Services is a covered benefit under Medi-Cal through the SMHS delivery system, and Behavioral Health Plans (BHPs) will have the option to provide the service to eligible members.

BHSA Housing Interventions

What Types of "housing" BH Does Now

TEMPORARY BEDS	TREATMENT BEDS		INTERIM/PERMANENT HOUSING
ACUTE	SUB-ACUTE	RESIDENTIAL	1. Board and Care (non-enhanced) 2. Room and Board
1. State Hospital Beds 2. Acute Psychiatric 3. General Acute Care Hospital with Psychiatric Ward 4. Psychiatric Health Facility (PHF) 5. Crisis Stabilization Unit (CSU) 6. ASAM Medically Managed Inpatient (ASAM 4)	1. Sub-Acute State Hospital beds 2. Special Treatment Program/Skilled Nursing Facility (STP/SNF) 3. ASAM Medically Managed Residential (3.7) 4. Mental Health Rehab Center (MHRC) 5. Recuperative Care	1. Crisis Residential 2. Peer Respite (29 days-tenancy 3. ASAM 3.1-3.5 4. Transitional Adult Residential Treatment Facilities 5. Enhance Board and Care (patched)	3. Peer Supported Housing & Peer Run Recovery Residence (ASAM Type P) 4. Recovery Residences Supervised (ASAM Type S) 5. Recovery Residences Monitored (ASAM Type M) 6. Transitional /Bridge Housing 7. Permanent Supportive Housing -Individual Units 8. Permanent Supportive Housing – Shared Units 9. Permanent Supportive Housing –SRO Motel Conversion 10. Master Lease Housing 11. Affordable Senior Housing 12. Affordable rental/ Affordable Homeowner 13. Unsubsidized Rental/ Standard Homeowner

Refocus of Behavioral Health Housing and Supports

Program Goals

- Reduce homelessness among BHSA eligible individuals
- To the extent possible – provide permanent supportive housing (PSH) including supports such as ACT and ICM. (Intersection with FSP group)
- Support low-barrier, harm reduction and housing first principals
- Complement other ongoing initiatives including State and Continuum of Care

Allowable Uses Under BHSA

Non- Time Limited Permanent Settings	Amount Budgeted	Amount Expended	Time Limited Interim Settings	Amount Budgeted	Amount Expended
Supportive Housing			Hotel and motel stays		
Apartments, including master-lease apartments			Non-congregate interim housing models		
Single and multi-family homes			Congregate setting		
Single room occupancy units			Recuperative care		
Accessory dwelling units, inluding Junior Accessory Dwelling Units			Short-term post hospitalization housing		
Shared Housing			Tiny homes, emergency sleeping cabins, emergency stablization units		
Revoery/Sober living housing			Peer respite		
Assisted Living (ARF, RCFE and licensed board and care)			Other settings definied under Transitional Rent		
Unlicensed room and board					
Other settings defintied under transitional rent benefit					

Other Housing Supports:	Amount Budgeted	Amount Expended
Housing Flex Pool Expenditures (start-up expenditures)		
Rental Subsides		
% administered through Flex Pools		
Operating Subsides		
Other Housing Supports: Landlord Outreach and Mitigation		
Other Housing Supports: Participant Assistance Funds		
Other Housing Supports: Housing Transition Navigation Services and Housing Tenancy Sustaining Services		
Capital Development Projects		

High Fidelity Wrap, Coordinated Specialty Care, Functional Family Therapy, Multi-Systemic Therapy, Parent Child Interactive Therapy

High Fidelity Wraparound (HFW) Overview

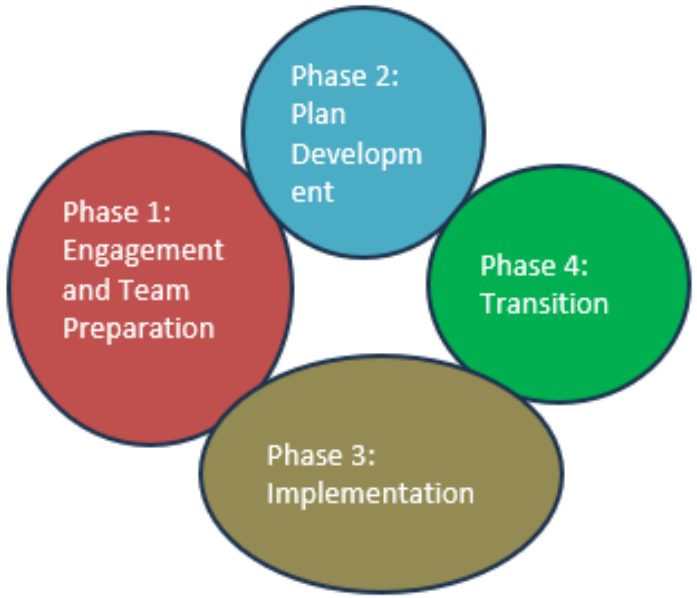
HFW is a **team-based** and **family-centered evidence-based practice** that includes an **“anything necessary”** approach for children/youth living with the **most intensive mental health or behavioral health challenges**. HFW is regarded as an **alternative to out-of-home placement for children with complex needs**, by providing intensive services in the family’s home and community.

HFW Overview

HFW centers **family voice** and decision making in developing a **care plan** to reach desired family outcomes by providing a structured, creative and **individualized** set of strategies that result in plans/services that are effective and relevant to the child, youth , and family.

HFW is delivered by a HFW facilitator who leads a **team** through a prescribed process, which is both flexible and responsive to child and family-identified strengths and needs

At its core, high fidelity is defined as adherence to the four phases of the MHW model:



Coordinated Specialty Care

- CSC is a community-based service designed for members experiencing **clinical high risk for psychosis** or **first episode psychosis.** By providing timely and integrated support during the critical initial stages of psychosis, CSC reduces the likelihood of psychiatric hospitalization, emergency room visits, residential treatment placements, involvement with the criminal justice system, substance use, and homelessness.
- CSC is a person-centered**, team-based service** that helps members and their caregivers cope with the symptoms of their mental health condition and to function and remain integrated in the community.
- Multidisciplinary CSC teams provide a wide range of individualized supports to members exhibiting initial signs of psychosis.
- Bundled Rate (under BH-Connect)

Center of Excellence: Early Psychosis Intervention California
Website: EPI-CAL

Functional Family Therapy

FFT is an effective, short-term, family-based, proprietary counseling service which seeks to **empower families to solve their own problems** through growth and change. FFT is designed for young people (ages 10-18) who are at risk of, or have been referred for, behavioral or emotional problems (e.g., delinquency, substance use).

Center of Excellence: **FFT LLC**
Website: FFT | Evidence-Based Interventions and Family Counseling

Status in Contra Costa: Contracted program with EMBRACE Mental Health

Multi-Systemic Therapy

MST is an intensive, evidence-based, family-driven, proprietary treatment model for youth (ages 12 to 17 years old) who are **involved in the juvenile justice** system or who are **at risk of out-of-home placement** due to a history of delinquent behavior. This service emphasizes cultural responsiveness and the centering of home and community settings, as well as partnership with law enforcement and the juvenile justice system.

Center of Excellence: **MST Services, LLC**
Website: MST Services | Multisystemic Therapy for Juveniles

Status in Contra Costa: Contracted program with EMBRACE Mental Health

Parent Child Interactive Therapy

PCIT is an evidence-based, short-term treatment designed to foster the well-being of children and families of all cultures by teaching parents strategies that will promote positive behaviors in children and youth (ages 2 to 7) who exhibit challenging behaviors such as defiance and aggression.

Center of Excellence: **PCIT International Association**
Website: Official website for PCIT International and Parent-Child Interaction Therapy (PCIT) - Home

Status in Contra Costa: Currently not implemented

Initial Child Welfare/Specialty Mental Health Assessment

- DHCS is partnering with CDSS to require a specialty mental health provider accompany a child welfare worker during a home visit within 30 days following substantiation of an allegation of abuse or neglect by an investigating social worker. The specialty mental health provider would complete the home visit to provide holistic insight into the child's family structure and identify mental health and/or substance use conditions related to the child and/or family.
- Through the joint child welfare/specialty mental health visit, a specialty mental health provider and child welfare worker will partner to:
- Identify necessary social supports
- Connect the child and family (both the biological family and the resource family, as appropriate) to any needed clinical or community services

COMMUNITY PLANNING PROCESS

THE BEHAVIORAL HEALTH SERVICES ACT REQUIRES: The development of a Behavioral Health Implementation Plan (BHIP)

- A wide and intense Community Engagement Process
- Engagement of constituents. There are 21 required stakeholders
- Stakeholder must have meaningful involvement, to include representation of different viewpoints
- Input regarding quality improvement, policy, program planning/implementation, monitoring, workforce, evaluation, and budget allocations
- Health Equity
- The Plan must focus on Goals for Improvement and Goals for Reduction
- The County must collaborate and look for opportunities to avoid duplication for: data sharing and stakeholder participation

Public Input, Public Hearing and Approval

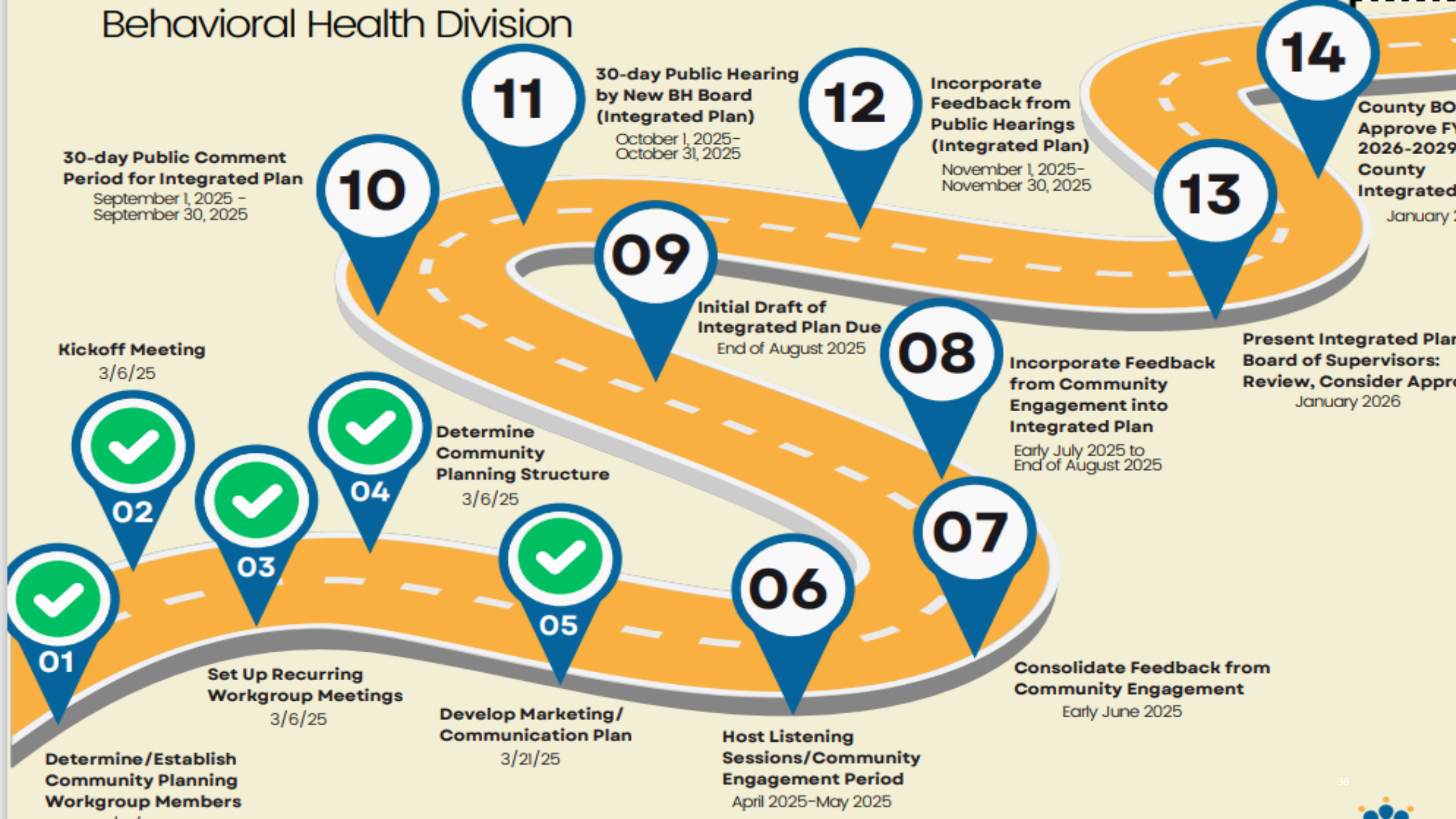
The input gathered through Town Halls and other community engagement events will help inform the Integrated Plan.

The draft shall be available for public comment and viewing later this year or in early 2026. If you'd like to receive notice of when this document is posted, please send an email to **BHSA@cchealth.org** and request to be added to the distribution list.

Once it is posted online, the public has 30 days to make additional comments before it goes to the Contra Costa Behavioral Health Board for a public hearing.

The Plan must be approved by the County's Board of Supervisors.

Behavioral Health Division



Highlights of Community Engagement – By the Numbers

30+
Community Conversations

4 Town Halls
Including One in Spanish

30 Groups
Required Stakeholders

600+
Surveys

6+
Stakeholder-Focused Listening Sessions

6+
Key Informant Interviews

Thank You!

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