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Behavioral Health Services Act Integrated Plan Template Version 1

April 7, 2025

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Introduction

The Behavioral Health Services Act (BHSA) ([Senate Bill \(SB\) 326, Chapter 90, Statutes of 2023](#)) requires all counties to submit a three-year Integrated Plan for Behavioral Health Services and Outcomes outlining intended use of funds and a budget for behavioral health programs administered,¹ beginning with Fiscal Years (FY) 2026-2029 (July 1, 2026 – June 30, 2029). The Department of Health Care Services (DHCS) is developing a portal where counties will enter their Integrated Plans and updates (herein referred to as the “county portal”).

This document is the template for the Three-Year Integrated Plan. The final release of the Integrated Plan will be available on the county portal and questions will be formatted to collect information in a streamlined manner. The county portal will include web form elements such as dropdown menus and text fields. **Throughout this template, bracketed text represents planned user interface elements for the county portal.** Additional information on standards for completing and submitting the Integrated Plan is provided in the Behavioral Health Services Act County Policy Manual (herein referred to as the “Policy Manual”) Chapter 3.

¹ [Welfare and Institutions \(W&I\) Code § 5963.02](#)

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Figure 1. Integrated Plan Submission Workflow

*Recommended sequence. See Policy Manual Chapter 3, Section E.4.2 for details on exemption submission process.

General Information

1. County, City, Joint Powers, or Joint Submission: [checkbox] [logic to alter text below based on selection]
2. Entity Name(s) (county, city, joint powers, or other): [narrative box]
3. Behavioral Health Agency Name(s): [narrative box]
4. Behavioral Health Agency Mailing Address(es): [narrative box]
5. Entity Primary Mental Health Contact for Integrated Plan:
 - a. Name: [narrative box]
 - b. Email: [email box]
 - c. Phone: [phone box]
6. Entity Secondary Mental Health Contact for Integrated Plan:
 - a. Name: [narrative box]
 - b. Email: [email box]

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- c. Phone: [phone box]
7. Entity Primary Substance Use Disorder Contact for Integrated Plan:
- a. Name: [narrative box]
- b. Email: [email box]
- c. Phone: [phone box]
8. Entity Secondary Substance Use Disorder Contact for Integrated Plan:
- a. Name: [narrative box]
- b. Email: [email box]
- c. Phone: [phone box]
9. Entity Primary Housing Interventions Contact for Integrated Plan (if different from those listed above, use N/A if the same)
- a. Name: [narrative box]
- b. Email: [email box]
- c. Phone: [phone box]
10. Please provide the name and email address of your Compliance Officer for Specialty Mental Health Services (SMHS): [name box, email entry]
11. Please provide the name and email address of your Compliance Officer for Drug Medi-Cal Organized Delivery System (DMC-ODS) Services. **Note:** for some counties the Compliance Officer names will be the same. No compliance officer for DMC State Plan is required: [name box, email entry]
12. Please provide the name and email address of your Behavioral Health Services Act (BHSA) Coordinator(s): [two name boxes and email entries (min. one contact required)]
13. Please provide the name and email address of your Substance Abuse and Mental Health Services Administration (SAMHSA) liaison(s): [two name boxes and email entries (min. one contact required)]
14. Please provide the name and email address of your Quality Assurance or Quality Improvement (QA/QI) lead(s): [two name boxes and email entries (min. one contact required)]
15. Please provide the name and email address of your Medical Director(s): [two name boxes and email entries (min. one contact required)]

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Exemption Requests

Please complete the following section if your county is requesting a Housing Interventions exemption for the Integrated Plan (IP) covering Fiscal Years (FY) 2026-2029. Only counties with a population of less than 200,000 may request a Housing Interventions exemption for the FY 2026-2029 IP. Counties must submit their request by March 31 of the fiscal year prior to the fiscal year covered in the IP (i.e., exemption requests for the FY 2026-2029 IP must be submitted to DHCS by March 31, 2026) to facilitate timely review and approval.

For the FY 2026-2029 IP, all counties, regardless of population size, are exempt from the evidence-based practice (EBP) fidelity requirements for Assertive Community Treatment (ACT), Forensic Assertive Community Treatment (FACT), Individual Placement and Support (IPS) model of supported employment, and High Fidelity Wraparound (HFW); counties must deliver Full Service Partnership (FSP) services and adhere to the FSP requirements outlined in the Policy Manual, including EBP implementation requirements in Chapter 7, Section B.3.4. Counties do not need to submit exemptions to FSP requirements for this IP.

1. Does your county have a population of less than 200,000: [Y/N] [logic: if Y, populate Q2. If N, indicate that county is not eligible for Housing Intervention exemptions]
2. Please select which exemption(s) your county is requesting: [multi-select dropdown] [logic: populate questions corresponding to each option selected]
 - a. **Behavioral Health Services Fund (BHSF) Housing Intervention Component:**
For counties seeking an exemption to the requirement to allocate 30 percent of the Behavioral Health Services Act (BHSA) funds distributed to the county for Housing Intervention services.²

² The amount a county requests would be beyond the allowable total distribution of funds maximum of seven percent. For more information on funding transfer requests please see the Behavioral Health Services Act County Policy Manual (hereinafter referred to as the "Policy Manual") Chapter 6, Section B.5.

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- b. **Housing Intervention Funds for Chronically Homeless:** For counties seeking an exemption to the requirement to use 50 percent of Housing Intervention Component funds for individuals who are chronically homeless.
 - c. **Housing Intervention Funds for Capital Development:** For counties seeking an exemption to the requirement that no more than 25 percent of Housing Intervention Component funds can be spent on capital development.
3. [logic: populate if question 2.a is selected] **BHSF Housing Intervention Component:** For counties seeking an exemption to the requirement to allocate 30 percent of the Behavioral Health Services Act (BHSA) funds (beyond transfer allowance) distributed to the county for Housing Intervention services.
- a. Please list the percent allocation the county is requesting to utilize for the Housing Intervention Component funds (above or below the required 30%): [numeric response]
 - b. [logic: if below 30%, populate question] Of the percentage of funds below the required 30 percent no longer being utilized for Housing Interventions, identify which allocation components and the percentage the funding will transfer into:
 - i. Full Service Partnerships (FSP): [numeric response]
 - ii. Behavioral Health Services and Supports (BHSS): [numeric response]
 - c. [logic: if above 30%, populate question] Of the percentage of funds above the required 30 percent being utilized for Housing Interventions, identify which allocation components and the percentage the funding will transfer from:
 - i. Full Service Partnerships (FSP): [numeric response]
 - ii. Behavioral Health Services and Supports (BHSS): [numeric response]
 - d. Please indicate which criteria you meet: [multi-select dropdown]
 - i. Very significant or very limited need (e.g., small/large eligible population)
 - ii. Sufficient/insufficient funding from other sources to address housing needs
 - iii. Other considerations
 - iv. Please provide justification for your request: [narrative box]
 - e. Please upload supporting data: [file upload]
 - i. What is the data source: [multi-select dropdown]
 - 1. Point in Time (PIT) Count

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2. Housing Inventory Count (HIC)
 3. Homeless Management Information System (HMIS) Data
 4. Coordinated Entry System (CES) Data
 5. Electronic Health Record (EHR) Data
 6. Claims Data
 7. Other [narrative box]
4. [logic: populate if question 2.b is selected] **Housing Intervention Funds for Chronically Homeless:** For counties seeking an exemption to the requirement to use 50 percent of Housing Intervention Component allocation for individuals who are chronically homeless.
- a. What percentage of Housing Intervention Component allocation is your county requesting to use for those who are chronically homeless: [percentage]
 - b. Please indicate which criteria you meet: [multi-select dropdown]
 - i. Very limited need (e.g., small number of BHSA eligible individuals experiencing chronic homelessness)
 - ii. Sufficient funding from other sources to address housing needs
 - iii. Other considerations
 - c. Please provide justification for your request: [narrative box]
 - d. Please upload supporting data: [file upload]
 - e. What is the data source: [multi-select dropdown]
 - i. Point in Time (PIT) Count
 - ii. Housing Inventory Count (HIC)
 - iii. Homeless Management Information System (HMIS) Data
 - iv. Coordinated Entry System (CES) Data
 - v. Electronic Health Record (EHR) Data
 - vi. Claims Data
 - vii. Other [narrative box]
5. [logic: populate if question 2.c has been selected] **Housing Interventions Funds for Capital Development:** For counties seeking an exemption to the requirement that no more than 25 percent of Housing Intervention Component allocation can be spent on capital development.

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- a. What percentage of Housing Intervention Component allocation is your county requesting to use for capital development projects: [percentage]
- b. Please indicate which criteria you meet: [multi-select dropdown]
 - i. Significant capital development required to meet housing needs of eligible population (e.g., demonstrated lack of existing suitable housing facilities within the county)
 - ii. Other funding sources insufficient to address need
 - iii. Costs of accessibility improvements exceed 25 percent capital improvement limits
 - iv. Other [narrative box]
- c. Please provide justification for your request: [narrative box]
- d. Please upload supporting data: [file upload with option for multiple uploads]
- e. What is the data source: [single-select dropdown]
 - i. Project budget with funding breakdown
 - ii. Partnership agreements/letters of support
 - iii. Evidence of need for housing production
 - iv. Other [narrative box]

Funding Transfer Requests³

If a county aims to submit a funding transfer request for the FY 2026-2029 Integrated Plan (IP) period, please complete the questions below. Counties must submit their request by March 31 of the fiscal year prior to the fiscal year covered in the IP (i.e., exemption requests for the FY 2026-2029 IP must be submitted to DHCS by March 31, 2026) to facilitate timely review and approval.

[Logic: only display the following statement if county population is less than 200,000/Housing Exemptions question #1 response is Y] Counties with a population of less than 200,000 that are requesting to reduce their Housing Intervention Component allocation from the required 30 percent should assume the exemption has been approved when completing the table below.

³ Policy Manual Chapter 6, Section B.5

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1. Please complete the tables below: [Logic: each year row must equal 100 percent. Counties may transfer no more than 7 percent from each component to another component, with a maximum of 14 percent of total funds transferred. If a county allocates any Housing Intervention outreach and engagement funds up to 7 percent, the amount of funds the county can transfer out of the housing intervention allocation component must be decreased by the corresponding amount.^{4,5}]

Table 1. Proposed Allocation Adjustments for Each Funding Component

	Behavioral Health Services and Supports [Base 35%]	Full Service Partnership [Base 35%]	Housing Intervention [Base 30% ⁶]	Housing Interventions for Outreach and Engagement
Plan Year One	[percent]	[percent]	[percent]	[percent]
Plan Year Two	[percent]	[percent]	[percent]	[percent]
Plan Year Three	[percent]	[percent]	[percent]	[percent]

⁴ [W&I Code § 5892, subdivision \(c\)\(1\)](#)

⁵ Policy Manual Chapter 6, Section B.4

⁶ Percentage may be higher or lower for small counties requesting a Housing Interventions exemption.

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Table 2. Proposed Dollars Transferred Into/Out of Each Funding Component

Behavioral Health Services and Supports [Base 35%]			
	Plan Year One	Plan Year Two	Plan Year Three
Dollars transferred from Full Service Partnerships	[dollars]	[dollars]	[dollars]
Dollars transferred from Housing Intervention	[dollars]	[dollars]	[dollars]
Dollars transferred into Full Service Partnerships	[dollars]	[dollars]	[dollars]
Dollars transferred into Housing Intervention	[dollars]	[dollars]	[dollars]
Full Service Partnerships [Base 35%]			
	Plan Year One	Plan Year Two	Plan Year Three
Dollars transferred from Behavioral Health Services and Supports	[dollars]	[dollars]	[dollars]
Dollars transferred from Housing Intervention	[dollars]	[dollars]	[dollars]
Dollars transferred into Behavioral Health Services and Supports	[dollars]	[dollars]	[dollars]
Dollars transferred into Housing Intervention	[dollars]	[dollars]	[dollars]

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Housing Interventions [Base 30%]			
	Plan Year One	Plan Year Two	Plan Year Three
Dollars transferred from Behavioral Health Services and Supports	[dollars]	[dollars]	[dollars]
Dollars transferred from Full Service Partnerships	[dollars]	[dollars]	[dollars]
Dollars transferred into Behavioral Health Services and Support	[dollars]	[dollars]	[dollars]
Dollars transferred into Full Service Partnerships	[dollars]	[dollars]	[dollars]

2. Please include a rationale for the funding allocation transfer request: [logic: for each BHSF component allocation that does not equal base allocation, require below questions]
3. How does funding transfer request respond to community needs and input: [narrative box]
4. Please include local data supporting the funding transfer request: [file upload]

County Behavioral Health System Overview ^{7,8}

Please provide and/or confirm the county behavioral health system (inclusive of mental health and substance use disorder) information listed throughout this section. The purpose of this section is to provide a high-level overview of the county behavioral

⁷ All data should be based on FY preceding year of plan development or most recent data available (i.e., for 2026-2028 IP, data from FY 2024-2025 should be used).

⁸ [42 USC 300x-1](#)

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health system's populations served, technological infrastructure, and services provided. This information is intended to support county planning and transparency for stakeholders. DHCS recognizes that some information provided in this section is subject to change over the course of the county's Integrated Plan (IP) period.

Populations Served by County Behavioral Health System

Includes individuals that have been served through the county Medi-Cal Behavioral Health delivery system and individuals served through other county behavioral health programs. Population-level behavioral health measures, including for untreated behavioral health conditions, are covered in the Statewide Behavioral Health Goals section and County Performance Workbook.

1. Number of children and youth served by the county behavioral health system⁹ who:
 - a. received Medi-Cal specialty mental health services [numeric response]
 - b. have received at least one substance use disorder (SUD) prevention and/or early intervention service [numeric response]
 - c. were served by the Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan or received Drug Medi-Cal (DMC) services from the county [numeric response]
 - d. received mental health (MH) and SUD services from the mental health plan (MHP) and DMC county or DMC-ODS plan [numeric response]

Note: Counts below may be duplicated as individuals may be included in more than one category.

 - e. are accessing the Early Psychosis Intervention (EPI) Plus Program, pursuant to Welfare and Institutions Code (W&I Code) Part 3.4 (commencing with Section 5835), Coordinated Specialty Care (CSC), or other similar evidence-based practices (EBP) and community-defined evidence practices (CDEP) for early psychosis and mood disorder detection and intervention programs [numeric response]

⁹ Policy Manual Chapter 2, Section B.3

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- f. are chronically homeless or experiencing homelessness or at risk of homelessness¹⁰ [numeric response]
 - g. are in the juvenile justice system¹¹ [numeric response]
 - h. are reentering the community from a youth correctional facility [numeric response]
 - i. are in the child welfare system pursuant to W&I Code sections [300](#), [601](#), or [602](#) [numeric response]
 - j. have received acute psychiatric care¹² [numeric response]
2. Number of adults/older adults served by the county behavioral health system who:
- a. are dual-eligible Medicare and Medicaid members [numeric response]
 - b. received Medi-Cal specialty mental health services [numeric response]
 - c. were served by the DMC-ODS Plan or received DMC services from the county [numeric response]
 - d. received MH and SUD services from the MHP and DMC county or DMC-ODS plan [numeric response]
- Note: Counts below may be duplicated as individuals may be included in more than one category.**
- e. are veterans [numeric response]
 - i. How is the county serving veterans through the County Behavioral Health System? [narrative box]
 - f. are chronically homeless, or experiencing homelessness, or at risk of homelessness¹³ [numeric response]
 - g. are experiencing unsheltered homelessness [numeric response]
 - h. have moved from unsheltered homelessness to being sheltered (emergency shelter, transitional housing, or permanent housing) [numeric response]
 - i. have gone from experiencing homelessness to move into permanent housing [numeric response]
 - j. are in the justice system [numeric response]
 - k. are incarcerated [numeric response]

¹⁰ Additional information and definitions should be referenced in the Housing chapter below. Policy Manual Chapter 7, Section C.

¹¹ [BHIN-21-073](#)

¹² The DHCS [ECM Guide](#) defines institutionalization as “broad and means any type of inpatient, Skilled Nursing Facility, long-term, or emergency department setting.”

¹³ Additional information and definitions are referenced in the Policy Manual Chapter 7, Section C.

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- l. are reentering the community from state prison or county jail [numeric response]
- m. have received acute psychiatric services [numeric response]
- n. The number of persons in designated and approved facilities who were:
 - i. admitted or detained for 72-hour evaluation and treatment [numeric response]
 - ii. admitted for 14-day and 30-day periods of intensive treatment [numeric response]
 - iii. admitted for 180-day post certification intensive treatment [numeric response]
- 3. Of the data reported in this section, are there any areas where your county would like to contest accuracy and/or provide additional context for DHCS's understanding? [Y/N checkbox] [logic: if Y, populate narrative box] [narrative box]
- 4. Please describe and, if desired, provide documentation on local data used during the planning process. [narrative box; optional file upload]

County Behavioral Health Technical Infrastructure

- 1. County behavioral health system uses an Electronic Health Record (EHR): [Y/N checkbox]
 - a. If yes, which EHR(s) does the county use: [multi-select dropdown]
 - i. Altera Digital Health
 - ii. Athena Health
 - iii. Clinicians Gateway
 - iv. CPSI
 - v. eClinicalWorks
 - vi. Epic Systems
 - vii. GE Centricity
 - viii. Greenway Health
 - ix. MEDHOST
 - x. MediTech
 - xi. Netsmart
 - xii. NextGen Healthcare
 - xiii. Oracle Cerner

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- xiv. Practice Fusion
 - xv. Qualifacts Credible
 - xvi. SmartCare
 - xvii. TherapyNotes
 - xviii. Other [narrative box]
2. County behavioral health system participates in a Qualified Health Information Organization (QHIO): [Y/N checkbox]
- a. If yes, which QHIO: [dropdown menu]
 - i. Connex
 - ii. Cozeva
 - iii. Health Gorilla, Inc.
 - iv. Long Health, Inc.
 - v. Los Angeles Network for Enhanced Services (LANES)
 - vi. Manifest MedEx
 - vii. Orange County Partners in Health HIE
 - viii. Serving Communities Health Information Organization
 - ix. San Diego Health Connect
 - x. SacValley MedShare
3. Counties are required to implement Application Programming Interfaces (API) in accordance with [Behavioral Health Information Notice \(BHIN\) 22-068](#) and federal law.
- a. Please provide the link to your county's API endpoint on the county behavioral health plan's website. [URL validation box]
 - b. Does your county wish to disclose any implementation challenges or concerns with these requirements? [Y/N checkbox; if Y, populate below questions]
 - i. Please describe: [narrative box]
4. Counties are required to meet admission, discharge, and transfer data sharing requirements as outlined in the attachments to BHINs [23-056](#), [23-057](#), and [24-016](#). Does your county wish to disclose any implementation challenges or concerns with these requirements? [Y/N checkbox; if Y, populate below questions]
- a. Please describe: [narrative box]

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5. County has accessed resources via the California Advancing and Innovating Medi-Cal's (Cal-AIM) Providing Access and Transforming Health (PATH) Initiative: [Y/N checkbox]

County Behavioral Health System Service Delivery Landscape

This section covers programs and services provided pursuant to, or funded under, the following:

Substance Abuse and Mental Health Services Administration (SAMHSA) Projects for Assistance in Transition from Homelessness (PATH) Grant¹⁴

1. Will your county participate in SAMHSA's Projects for Assistance in Transition from Homelessness grant (PATH Grant) during the Integrated Plan period: [Y/N checkbox]
[logic: if Y, populate below questions]
 - a. Please select all services the county behavioral health system plans to provide under the PATH grant: [multi-select dropdown]
 - i. Alcohol or Drug Treatment Services
 - ii. Case Management Services
 - iii. Community Mental Health Services
 - iv. Habilitation and Rehabilitation Services
 - v. Referrals for Primary Health Care, Job Training, Educational Services, and Housing Services: [multi-select dropdown]
 1. Costs Associated with Matching Eligible Homeless Individuals with Appropriate Housing Situations
 2. Improving the Coordination of Housing Services
 3. Minor Renovation, Expansion, and Repair of Housing
 4. One-time Rental Payments to Prevent Eviction

¹⁴ [W&I Code § 5963.02, subdivision \(c\)\(1\)\(C\)](#)

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- 5. Planning of Housing
 - 6. Technical Assistance in Applying for Housing
 - 7. Security Deposits
 - vi. Outreach Services
 - vii. Screening and Diagnostic Treatment Services
 - viii. Staff Training, including the training of individuals who work in shelters, mental health clinics, substance use disorder programs, and other sites where homeless individuals require services
 - ix. Supportive and Supervisory Services in Residential Settings
2. Does your county wish to disclose any implementation challenges or concerns with the requirements under this program? [Y/N checkbox; if Y, populate below question]
- a. Please describe: [narrative box]

Community Mental Health Services Block Grant (MHBG)¹⁵

1. Will your county behavioral health system participate in any Community Mental Health Services Block Grant (MHBG) set-asides during the Integrated Plan period: [Y/N checkbox; logic: if Y, populate below questions]
- a. Please select all set asides that your county behavioral health system plans to participate in under the MHBG: [multi-select dropdown]
- i. Children's System of Care Set-Aside
 - ii. Discretionary/Base Allocation
 - iii. Dual Diagnosis Set-Aside
 - iv. First Episode Psychosis Set-Aside
 - v. Integrated Services Agency Set-Aside
2. Does your county wish to disclose any implementation challenges or concerns with the requirements under this program? [Y/N checkbox; if Y, populate below questions]
- a. Please describe: [narrative box]

¹⁵ [W&I Code § 5963.02, subdivision \(c\)\(1\)\(D\); 42 USC § 300x – 300x-9](#)

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Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG)¹⁶

1. Will your county behavioral health system participate in any Substance Use, Prevention, Treatment, and Recovery Services Block Grant (SUBG) set asides during the Integrated Plan period: [Y/N checkbox; logic: if Y, populate below questions]
 - a. Please select all set-asides that your county behavioral health system participates in under SUBG: [multi-select dropdown]
 - i. Adolescent/Youth Set-Aside
 - ii. Discretionary
 - iii. Perinatal Set-Aside
 - iv. Primary Prevention Set-Aside
 - v. Syringe Services Program Allowance
2. Does your county wish to disclose any implementation challenges or concerns with the requirements under this program? [Y/N checkbox; if Y, populate below question]
 - a. Please describe: [narrative box]

Opioid Settlement Funds (OSF)¹⁷

1. Will your county behavioral health system have planned expenditures for Opioid Settlement Funds (OSF) during the Integrated Plan period: [Y/N checkbox; logic: if Y, populate below questions]
 - a. Please check all set asides that your county behavioral health system participates in under [OSF Exhibit E](#): [multi-select dropdown]
 - i. Address The Needs of Criminal Justice-Involved Persons
 - ii. Address The Needs of Pregnant or Parenting Women and Their Families, Including Babies with Neonatal Abstinence Syndrome
 - iii. Connect People Who Need Help to The Help They Need (Connections to Care)
 - iv. First Responders

¹⁶ [W&I Code § 5963.02, subdivision \(c\)\(1\)\(E\); 42 USC § 300x-21 – 300x-35](#)

¹⁷ [W&I Code § 5963.02, subdivision \(c\)\(1\)\(I\)](#)

The information included in this document may be pre-decisional, draft, and subject to change.

- v. Leadership, Planning and Coordination
 - vi. Prevent Misuse of Opioids
 - vii. Prevent Overdose Deaths and Other Harms (Harm Reduction)
 - viii. Prevent Over-Prescribing and Ensure Appropriate Prescribing and Dispensing of Opioids
 - ix. Research
 - x. Support People in Treatment and Recovery
 - xi. Treat Opioid Use Disorder (OUD)
 - xii. Training
2. Does your county wish to disclose any implementation challenges or concerns with the requirements under this program? [Y/N checkbox; if Y, populate below question]
- a. Please describe: [narrative box]

1991 Realignment (Bronzan-McCorquodale Act)¹⁸

1. The county behavioral health system is mandated to provide the following community mental health services as described in the 1991 Realignment (Bronzan-McCorquodale Act).¹⁹
- a. Case Management
 - b. Comprehensive Evaluation and Assessment
 - c. Group Services
 - d. Individual Service Plan
 - e. Medication Education and Management
 - f. Pre-crisis and Crisis Services
 - g. Rehabilitation and Support Services
 - h. Residential Services
 - i. Services for Homeless Persons
 - j. Twenty-four-hour Treatment Services
 - k. Vocational Rehabilitation

¹⁸ [W&I Code § 5963.02, subdivision \(c\)\(1\)\(A\)](#)

¹⁹ [W&I Code commencing with § 5600](#)

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2. In addition, 1991 Realignment funds may be used for the specific services identified in the list below. Select all services that are funded with 1991 Realignment funds:
[multi-select dropdown]
 - a. Assertive Community Treatment (ACT)
 - b. Clubhouse Services
 - c. Community Health Worker Services (CHW)
 - d. Coordinated Specialty Care for First Episode Psychosis (CSC for FEP)
 - e. Forensic Assertive Community Treatment (FACT)
 - f. Individual Placement and Support (IPS) Model of Supported Employment
 - g. Other Programs and Services [narrative box]
3. Does your county wish to disclose any implementation challenges or concerns with the requirements under this program? [Y/N checkbox; if Y, populate below question]
 - a. Please describe: [narrative box]

Public Safety Realignment (2011 Realignment)²⁰

1. The county behavioral health system is required to provide the following services which may be funded under the Public Safety Realignment (2011 Realignment):²¹
 - a. Drug Courts
 - b. Medi-Cal Specialty Mental Health Services, including Early Periodic Screening Diagnostic Treatment (EPSDT)
 - c. Regular and Perinatal Drug Medi-Cal (DMC) Services
 - d. Regular and Perinatal DMC Organized Delivery System (DMC-ODS) Services
 - e. Regular and Perinatal Non-Drug Medi-Cal Services
2. Does your county wish to disclose any implementation challenges or concerns with the requirements under this program? [Y/N checkbox; if Y, populate below question]
 - a. Please describe: [narrative box]

²⁰ [W&I Code § 5963.02, subdivision \(c\)\(1\)\(J\)](#)

²¹ Legislative Analyst's Office Report: [The Budget Package: 2011-12 California Spending Plan](#)

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Medi-Cal Specialty Mental Health Services (SMHS)²²

1. The county behavioral health system is mandated to provide the following services under Medi-Cal Specialty Mental Health Services (SMHS) authority.
 - a. Adult Residential Treatment Services
 - b. Crisis Intervention
 - c. Crisis Residential Treatment Services
 - d. Crisis Stabilization
 - e. Day Rehabilitation
 - f. Day Treatment Intensive
 - g. Mental Health Services
 - h. Medication Support Services
 - i. Mobile Crisis Services
 - j. Psychiatric Health Facility Services
 - k. Psychiatric Inpatient Hospital Services
 - l. Targeted Case Management
 - m. Functional Family Therapy for individuals under the age of 21
 - n. High Fidelity Wraparound for individuals under the age of 21
 - o. Intensive Care Coordination for individuals under the age of 21
 - p. Intensive Home-based Services for individuals under the age of 21
 - q. Multisystemic Therapy for individuals under the age of 21
 - r. Parent-Child Interaction Therapy for individuals under the age of 21
 - s. Therapeutic Behavioral Services for individuals under the age of 21
 - t. Therapeutic Foster Care for individuals under the age of 21
 - u. All Other Medically Necessary SMHS for individuals under the age of 21²³
2. In addition, the county behavioral health system has opted to provide the specific services identified in the list below. [multi-select dropdown]
 - a. Assertive Community Treatment (ACT)
 - b. Clubhouse Services
 - c. Coordinated Specialty Care for First Episode Psychosis (CSC for FEP)

²² [W&I Code § 5963.02, subdivision \(c\)\(1\)\(F\)](#)

²³ [42 USC § 1396d, subdivision \(r\)](#). These include SMHS otherwise available at county option.

The information included in this document may be pre-decisional, draft, and subject to change.

- d. Enhanced Community Health Worker (CHW) Services
 - e. Forensic Assertive Community Treatment (FACT)
 - f. Individualized Placement and Support (IPS) Supported Employment
 - g. Peer Support Services
3. Does your county wish to disclose any implementation challenges or concerns with the requirements under this program? [Y/N checkbox; if Y, populate below question]
- a. Please describe: [narrative box]

Drug Medi-Cal (DMC)/Drug Medi-Cal Organized Delivery System (DMC-ODS)²⁴

- 1. County behavioral health system participates in:
 - a. Drug Medi-Cal Program (DMC) [checkbox; logic: if selected, populate DMC questions]
 - b. Drug Medi-Cal Organized Delivery System (DMC-ODS) [checkbox; logic: if selected, populate DMC-ODS questions]

Drug Medi-Cal Program (DMC)²⁵

- 1. The county behavioral health system is mandated to provide the following services as a part of the Drug Medi-Cal (DMC) Program:
 - a. All Other Medically Necessary Services for individuals under age 21²⁶
 - b. Intensive Outpatient Treatment Services
 - c. Medications for Addiction Treatment (including medication, counseling services, and behavioral therapy) (MAT)
 - d. Mobile Crisis Services²⁷
 - e. Narcotic Treatment Program (NTP) Services
 - f. Outpatient Treatment Services

²⁴ [W&I Code § 5963.02, subdivision \(c\)\(1\)\(G-H\)](#)

²⁵ [W&I Code § 5963.02, subdivision \(c\)\(1\)\(G\)](#)

²⁶ [42 USC § 1396d, subdivision \(r\)](#). These include DMC services otherwise available at county option and all DMC-ODS services.

²⁷ [W&I Code § 14132.57](#)

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- g. Perinatal Residential Substance Use Disorder (SUD) Treatment for pregnant women and women in the postpartum period
- 2. In addition, the county behavioral health system has opted to provide the specific services identified in the list below. [checkbox]
 - a. Enhanced Community Health Worker (CHW) Services
 - b. Individual Placement and Support (IPS) Supported Employment
 - c. Peer Support Services
- 3. Does your county wish to disclose any implementation challenges or concerns with the requirements under this program? [Y/N checkbox; if Y, populate below question]
 - a. Please describe: [narrative box]

Drug Medi-Cal Organized Delivery System (DMC-ODS)²⁸

- 1. The county behavioral health system is mandated to provide the following services as a part of the Drug Medi-Cal Organized Delivery System (DMC-ODS) Program:²⁹
 - a. Outpatient Treatment Services (American Society of Addiction Medicine (ASAM) Level 1)
 - b. Intensive Outpatient Treatment Services (ASAM Level 2.1)
 - c. Residential Treatment services (ASAM Levels 3.1, 3.3., 3.5): [logic: if this box is selected then a narrative box asks, "please explain how the county intends to make investments in ASAM levels of care 3.1 vs. 3.5 based on need" [narrative box]
 - d. All Other Medically Necessary Services for individuals under age 21³⁰
 - e. Care Coordination Services
 - f. Clinician Consultation
 - g. Early Intervention for individuals under age 21
 - h. Medications for Addiction Treatment (MAT), Including Narcotic Treatment Program (NTP) Services

²⁸ [W&I Code § 5963.02, subdivision \(c\)\(1\)\(H\)](#)

²⁹ DHCS currently follows the guidance set forth in the [American Society of Addiction Medicine \(ASAM\) Criteria, 3rd Edition](#)

³⁰ [42 USC § 1396d, subdivision \(r\)](#). These include DMC-ODS services otherwise available at county option.

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- i. Mobile Crisis Services³¹
 - j. Recovery Services
 - k. Traditional Healers and Natural Helpers
 - l. Withdrawal Management Services
2. In addition, the county behavioral health system has opted to provide the specific services identified in the list below:
- a. Partial Hospitalization Services (ASAM Level 2.5)
 - b. Inpatient Services (ASAM Levels 3.7 & 4.0)
 - c. Enhanced Community Health Worker (CHW) Services
 - d. Individual Placement and Support (IPS) Supported Employment
 - e. Peer Support Services
 - f. Recovery Incentives Program (Contingency Management)
3. Does your county wish to disclose any implementation challenges or concerns with the requirements under this program? [Y/N checkbox; if Y, populate below question]
- a. Please describe: [narrative box]

Other Programs and Services

1. Please list any other programs and services the county behavioral health system provides through other federal grants or other county mental health (MH) and substance use disorder (SUD) programs. [narrative box, with option to create unlimited number of entries]

Care Transitions³²

1. Please indicate whether the state-mandated Transition of Care Tool for Medi-Cal Mental Health Services (Adult and Youth) has been implemented across all delivery systems in your county: [checkbox]
2. Please indicate whether your county's Memorandum of Understanding (MOUs) include a description of the system used to transition a member's care between the

³¹ [W&I Code § 14132.57](#)

³² [W&I Code § 5963.02\(c\)\(9\)](#)

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member's mental health plan (MHP) and their managed care plan (MCP) based upon the member's health condition: [checkbox]

3. Please describe policies and procedures for the following required elements of care transitions:
 - a. Timeframe [narrative box]
 - b. Responsible parties [narrative box]
 - c. All requirements of the tool/process for timely transitions of exiting services to other delivery system [narrative box]
 - d. Process for coordinating referrals and sharing transition tool between delivery system [narrative box]

Statewide Behavioral Health Goals^{33, 34}

Population-Level Behavioral Health Measures

The statewide behavioral health goals and associated population-level behavioral health measures must be used in the county Behavioral Health Services Act (BHSA) planning process and should inform resource planning and implementation of targeted interventions to improve outcomes. Please review your county's status on each population-level behavioral health measure, including the primary measures and supplemental measures for each of the 14 goals. All measures are publicly available, and counties are able to review their status by accessing the measures via DHCS-provided instructions and the County Measures Performance Workbook. For measures that are publicly reported as counts rather than rates, the measure workbook has calculated rates based on census data and provides instructions for counties to be able to do the same. Questions about measure-specific disparities for your county provide answer options that are tailored to the demographic groups for which stratified data is available. A disparity is indicated if a group either has a higher rate than other groups or is overrepresented in the proportion with a bad outcome relative to its proportional share of the population. Additional detail is available in the County Performance Workbook Measure Description and Access Instructions document. Please note that

³³ [W&I Code § 5963.02, subdivision \(c\)\(3-5\)](#)

³⁴ [Policy Manual Chapter 2, Section C](#)

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future improvement on a goal may be indicated by a measure increasing or decreasing, dependent on the specific measure and goal.
Your county will describe how it plans to focus on the statewide behavioral health goals in this section.

For more information on the statewide behavioral health goals, please see the [Policy Manual Chapter 2, Section C](#).

Priority Statewide Behavioral Health Goals for Improvement

Counties are required to address the six priority statewide behavioral health goals in this section.

1. Access To Care:

a. Primary Measure: Specialty Mental Health Services (SMHS) Penetration Rates for Adults and Children & Youth (DHCS)

i. How does your county status compare to the statewide rate:

1. For adults/older adults: [above/below/same]
2. For children/youth: [above/below/same]

ii. Are there disparities for this measure in your county? [Y/N checkbox; [logic: multi-select dropdown if Y]

1. Indicate the demographic group for which disparities are identified: [multi-select dropdown]

- a. Race
- b. Sex
- c. Age

b. Primary Measure: Non-Specialty Mental Health Services (NSMHS) Penetration Rates for Adults and Children & Youth (DHCS)

i. How does your county status compare to the statewide rate:

1. For adults/older adults: [above/below/same]
2. For children/youth: [above/below/same]

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- ii. Are there disparities for this measure in your county? [Y/N checkbox;
logic: multi-select dropdown if Y]
 - 1. Indicate the demographic group for which disparities are
identified: [multi-select dropdown]
 - a. Race
 - b. Sex
 - c. Age
- c. Primary Measure: Initiation of Substance Use Disorder Treatment (IET-INI)
(DHCS) ****Note: the county performance workbook contains regional level
data for reference; county-specific data for this measure is forthcoming****
 - i. How does your county status compare to the statewide rate:
[above/below/same]
- d. Please describe what programs, services, partnerships, or initiatives the county
is planning to implement that may increase your county's level of access to
care. In your response, please refer to any data that was used to inform new
programs, services, partnerships, or initiatives the county is implementing (e.g.,
developing an intervention targeting a sub-population in which data
demonstrates they have poorer outcomes): [narrative box]
- e. Please identify the category(ies) of funding that the county is using to address
the access to care goal: [multi-select dropdown]
 - i. BHSA
 - 1. Behavioral Health Services and Supports (BHSS)
 - 2. Full Services Partnership (FSP)
 - 3. Housing Interventions
 - ii. 1991 Realignment (Bronzan-McCorquodale Act)
 - iii. 2011 Realignment (Public Safety Realignment)
 - iv. State General Fund
 - v. Federal Financial Participation (SMHS, Drug Medi-Cal/Drug Medi-Cal
Organized Delivery System (DMC/DMC-ODS))
 - vi. Substance Abuse and Mental Health Services Administration (SAMHSA)
Projects for Assistance in Transition from Homelessness (PATH)
 - vii. Community Mental Health Block Grant (MHBG)

**The information included in this document may be pre-decisional, draft, and
subject to change.**

viii. Other

2. Homelessness:

a. Primary Measure: People Experiencing Homelessness Point-in-Time Count (Rate per 10,000 people by Continuum of Care Region) (HUD):

- i. How does your county status compare to the PIT Count Rate out of every 10,000 people by Continuum of Care region: [above/below/same]
- ii. Are there disparities for this measure in your county? [Y/N checkbox; logic: multi-select dropdown if Y]

1. Indicate the demographic group for which disparities are identified: [multi-select dropdown]

- a. Race
- b. Sex
- c. Age

b. Supplemental Measure: PIT Count Rate of People Experience Homelessness with Severe Mental Illness, (Rate per 10,000 people by Continuum of Care Region) (HUD):

- i. How does your county status compare to the PIT Count Rate out of every 10,000 people by Continuum of Care region: [above/below/same]
- ii. Are there disparities for this measure in your county? [Y/N checkbox; logic: multi-select dropdown if Y]

1. Indicate the demographic group for which disparities are identified: [multi-select dropdown]

- a. Race
- b. Sex

c. Supplemental Measure: PIT Count Rate of People Experience Homelessness with Substance Use Disorder, (Rate per 10,000 people by Continuum of Care Region) (HUD):

- i. How does your county status compare to the PIT Count Rate out of every 10,000 people by Continuum of Care region: [above/below/same]
- ii. Are there disparities for this measure in your county? [Y/N checkbox; logic: multi-select dropdown if Y]

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1. Indicate the demographic group for which disparities are identified: [multi-select dropdown]
 - a. Race
 - b. Sex
- d. Supplemental Measure: People Experiencing Homelessness Who Accessed Services from a Continuum of Care (CoC) rate (BCSH)³⁵:
 - i. How does your local CoC's rate compare to the average rate across all CoCs: [above/below/same]
 - ii. Are there disparities for this measure in your county? [Y/N checkbox; logic: multi-select dropdown if Y]
 1. Indicate the demographic group for which disparities are identified: [multi-select dropdown]
 - a. Race and Ethnicity
 - b. Gender
 - c. Age
- e. Please describe what programs, services, partnerships, or initiatives the county is planning to implement that may reduce your county's level of homelessness. In your response, please refer to any data that was used to inform new programs, services, partnerships, or initiatives the county is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes): [narrative box]
- f. Please identify the category(ies) of funding that the county is using to address the homelessness goal: [multi-select dropdown]
 - i. BHSA
 1. BHSS
 2. FSP
 3. Housing Interventions
 - ii. 1991 Realignment
 - iii. 2011 Realignment
 - iv. State General Fund
 - v. Federal Financial Participation (SMHS, DMC/DMC-ODS)

³⁵ This measure will increase as people access services.

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- vi. SAMHSA PATH
- vii. MHBG
- viii. Other

3. Institutionalization³⁶:

- a. Primary Measure: Inpatient administrative days (DHCS) rate ****Note: the county performance workbook contains data for this measure stratified by sex for reference; a singular, county-specific rate for this measure is forthcoming****
 - i. How does your county status compare to the statewide rate/average:
 - 1. For adults/older adults: [above/below/same]
 - 2. For children/youth: [above/below/same]
 - ii. Are there disparities for this measure in your county? [Y/N checkbox; logic: multi-select dropdown if Y]
 - 1. Indicate the demographic group for which disparities are identified: [multi-select dropdown]
 - a. Race
 - b. Sex
 - c. Age
- b. Supplemental Measure: Involuntary Detention Rates ****Note: the county performance workbook contains data for this measure stratified by sex for reference; a singular, county-specific rate for this measure is forthcoming****
 - i. How does your county status compare to the statewide rate/average:
 - 1. 14-day involuntary detention rates per 10,000: [above/below/same]
 - 2. 30-day involuntary detention rates per 10,000: [above/below/same]
 - 3. 180-day post-certification involuntary detention rates per 10,000: [above/below/same]

³⁶ Stays in institutional settings are sometimes clinically appropriate and therefore the goal is not to reduce institutionalization to zero. These measures are to provide context and transparency about the numbers of individuals utilizing inpatient and institutional settings in a county, and how long they are staying in those settings.

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c. Supplemental Measure: Conservatorships ****Note: the county performance workbook contains data for this measure stratified by sex for reference; a singular, county-specific rate for this measure is forthcoming****

- i. How does your county status compare to the statewide rate/average:
 - 1. Temporary Conservatorships: [above/below/same]
 - 2. Permanent Conservatorships: [above/below/same]

d. Supplemental Measure: SMHS Inpatient (DHCS):

- i. How does your county status compare to the statewide rate/average:
 - 1. SMHS Inpatient
 - a. For adults/older adults: [above/below/same]
 - b. For children/youth: [above/below/same]
- ii. Are there disparities for this measure in your county? [Y/N checkbox; logic: multi-select dropdown if Y]
 - 1. Indicate the demographic group for which disparities are identified: [multi-select dropdown]
 - a. Race
 - b. Gender/Sex
 - c. Age

e. Supplemental Measure: SMHS Crisis Service Utilization (Crisis Intervention, Crisis Residential Treatment Services, and Crisis Stabilization) (DHCS)³⁷:

- i. How does your county status compare to the statewide rate/average:
 - 1. Crisis Intervention
 - a. For adults/older adults: [above/below/same]
 - b. For children/youth: [above/below/same]
 - 2. Crisis Residential Treatment Services
 - a. For adults/older adults: [above/below/same]
 - b. For children/youth: [above/below/same]
 - 3. Crisis Stabilization
 - a. For adults/older adults: [above/below/same]
 - b. For children/youth: [above/below/same]

³⁷ Increasing access to crisis services may reduce or prevent unnecessary admissions to institutional facilities.

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- ii. Are there disparities for this measure in your county? [Y/N checkbox; logic: multi-select dropdown if Y]
 - 1. Indicate the demographic group for which disparities are identified: [multi-select dropdown]
 - a. Race
 - b. Sex
 - c. Age
- f. What additional local data do you have on the current status of institutionalization in your county? (Example: utilization of Mental Health Rehabilitation Center or Skilled Nursing Facility-Special Treatment Programs) [narrative box; optional file upload]
- g. Please describe what programs, services, partnerships, or initiatives the county is planning to implement that may reduce your county's rate of institutionalization. In your response, please refer to any data that was used to inform new programs, services, partnerships or initiatives the count is implementing (e.g., enhancing crisis response services targeting a sub-population in which data demonstrates they have poorer outcomes): [narrative box; optional file upload]
- h. Please identify the category(ies) of funding that the county is using to address the institutionalization goal: [multi-select dropdown]
 - i. BHSA
 - 1. BHSS
 - 2. FSP
 - 3. Housing Interventions
 - ii. 1991 Realignment
 - iii. 2011 Realignment
 - iv. State General Fund
 - v. Federal Financial Participation (SMHS, DMC/DMC-ODS)
 - vi. SAMHSA PATH
 - vii. MHBG
 - viii. Other

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4. Justice-Involvement:

- a. Primary Measure: Arrests: Adult and Juvenile Rates (Department of Justice)
 - i. How does your county status compare to the statewide rate/average:
 - 1. For adults/older adults: [above/below/same]
 - 2. For juveniles: [above/below/same]
 - ii. Are there disparities for this measure in your county? [Y/N checkbox; logic: multi-select dropdown if Y]
 - 1. Indicate the demographic group for which disparities are identified: [multi-select dropdown]
 - a. Race/Ethnicity
 - b. Gender/Sex
 - c. Age
- b. Supplemental Measure: Adult Recidivism Conviction Rate (California Department of Corrections and Rehabilitation (CDCR))
 - i. How does your county status compare to the statewide rate/average: [above/below/same]
 - ii. Are there disparities for this measure in your county? [Y/N checkbox; logic: multi-select dropdown if Y]
 - 1. Indicate the demographic group for which disparities are identified: [multi-select dropdown]
 - a. Race/Ethnicity
 - b. Gender
 - c. Age
- c. Supplemental Measure: Incompetent to Stand Trial (IST) Count (Department of State Hospitals (DSH))
 - i. How does your county status compare to the statewide rate/average: [above/below/same]
- d. Please describe what programs, services, partnerships, or initiatives the county is planning to implement that may reduce your county's level of justice-involvement for those living with behavioral health needs. In your response, please refer to any data that was used to inform new programs, services, partnerships or initiatives the count is implementing (e.g., developing an

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intervention targeting a sub-population in which data demonstrates they have poorer outcomes): [narrative box; optional file upload]

e. Please identify the category(ies) of funding that the county is using to address the justice-involvement goal: [multi-select dropdown]

- i. BHSA
 - 1. BHSS
 - 2. FSP
 - 3. Housing Interventions
- ii. 1991 Realignment
- iii. 2011 Realignment
- iv. State General Fund
- v. Federal Financial Participation (SMHS, DMC/DMC-ODS)
- vi. SAMHSA PATH
- vii. MHBG
- viii. Other

5. Removal Of Children From Home:

a. Primary Measure: Children in Foster Care (Child Welfare Indicators Project (CWIP))

- i. How does your county status compare to the statewide rate?
[above/below/same]

b. Supplemental Measure: Open Child Welfare Cases SMHS Penetration Rates (DHCS)

- i. How does your county status compare to the statewide rate?
[above/below/same]
- ii. Are there disparities for this measure in your county? [Y/N checkbox;
logic: multi-select dropdown if Y]
 - 1. Indicate the demographic group for which disparities are identified: [multi-select dropdown]
 - a. Race
 - b. Sex
 - c. Age

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- c. Supplemental Measure: Child Maltreatment Substantiations (CWIP)
- i. How does your county status compare to the statewide rate?
[above/below/same]
 - ii. Are there disparities for this measure in your county? [Y/N checkbox;
logic: multi-select dropdown if Y]
 - 1. Indicate the demographic group for which disparities are
identified: [multi-select dropdown]
 - a. Ethnicity
 - b. Sex
 - c. Age
 - d. Please describe what programs, services, partnerships, or initiatives the
county is planning to implement that may reduce your county's level of
the removal of children from home. In your response, please refer to any
data that was used to inform new programs, services, partnerships or
initiatives the count is implementing (e.g., developing an intervention
targeting a sub-population in which data demonstrates they have poorer
outcomes): [narrative box; optional file upload]
 - e. Please identify the category(ies) of funding that the county is using to
address the removal of children from home goal: [multi-select dropdown]
 - i. BHSA
 - 1. BHSS
 - 2. FSP
 - 3. Housing Interventions
 - ii. 1991 Realignment
 - iii. 2011 Realignment
 - iv. State General Fund
 - v. Federal Financial Participation (SMHS, DMC/DMC-ODS)
 - vi. SAMHSA PATH
 - vii. MHBG
 - viii. Other

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subject to change.**

6. Untreated Behavioral Health Conditions

- a. Primary Measure: Follow-Up After Emergency Department Visits for Substance Use (FUA-30)
 - i. How does your county status compare to the statewide rate/average:
 - 1. For the full population measured: [above/below/same]
- b. Primary Measure: Follow-Up After Emergency Department Visits for Mental Illness (FUM-30)
 - i. How does your county status compare to the statewide rate/average:
 - 1. For the full population measured: [above/below/same]
- c. Supplemental Measure: Adults with serious psychological distress during past year who had no visits for mental health/drug/alcohol issues in past year (CHIS)
 - i. How does your county status compare to the statewide rate/average:
 - 1. For the full population measure: [above/below/same]
 - 2. For adults/older adults: [above/below/same]
 - ii. Are there disparities for this measure in your county? [Y/N checkbox]
[logic: multi-select dropdown if Y]
 - 1. Indicate the demographic group for which disparities are identified:
 - a. Race
 - b. Sex
 - c. Age
- d. Please describe what programs, services, partnerships, or initiatives the county is planning to implement that may decrease your county's level of untreated behavioral health conditions. In your response, please refer to any data that was used to inform new programs, services, partnerships, or initiatives the county is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes): [narrative box]
- e. Please identify the category(ies) of funding that the county is using to address the untreated behavioral health conditions goal: [multi-select dropdown]
 - i. BHSA
 - 1. Behavioral Health Services and Supports (BHSS)

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2. Full Services Partnership (FSP)
3. Housing Interventions
 - ii. 1991 Realignment (Bronzan-McCorquodale Act)
 - iii. 2011 Realignment (Public Safety Realignment)
 - iv. State General Fund
 - v. Federal Financial Participation (SMHS, Drug Medi-Cal/Drug Medi-Cal Organized Delivery System (DMC/DMC-ODS)
 - vi. Substance Abuse and Mental Health Services Administration (SAMHSA) Projects for Assistance in Transition from Homelessness (PATH)
 - vii. Community Mental Health Block Grant (MHBG)
 - viii. Other

Additional Statewide Behavioral Health Goals for Improvement

Please review your county's status on the remaining eight statewide behavioral health goals using the primary measure(s) to compare your county to the statewide status and review the supplemental measure(s) for additional insights in the County Performance Workbook. These measures should inform the overall strategy and where relevant, be incorporated into the planning around the five priority goals.

In the next section, the county will select AT LEAST one goal from below for which your county is performing below the statewide rate/average on the primary measure(s) to improve on as a priority for the county.

1. Care Experience

- a. Primary Measure: Perception of Cultural Appropriateness/Quality Domain Score (Consumer Perception Survey (CPS))
 - i. How does your county status compare to the statewide rate/average:
 1. For adults/older adults: [above/below/same]
 2. For children/youth: [above/below/same]
 - iii. Are there disparities for this measure in your county? [Y/N checkbox; logic: multi-select dropdown if Y]
 1. Indicate the demographic group for which disparities are identified:

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- a. Age
- b. Primary Measure: Quality Domain Score (TPS)
 - i. How does your county status compare to the statewide rate/average:
 - 1. For adults/older adults: [above/below/same]
 - 2. For children/youth: [above/below/same]
 - ii. Are there disparities for this measure in your county? [Y/N checkbox; logic: multi-select dropdown if Y]
 - 1. Indicate the demographic group for which disparities are identified:
 - a. Age

2. Engagement In School

- a. Primary Measure: Twelfth graders who graduated high school on time (Kids Count)
 - i. How does your county status compare to the statewide rate/average: [above/below/same]
 - ii. Are there disparities for this measure in your county? [Y/N checkbox; logic: multi-select dropdown if Y]
 - 1. Indicate the demographic group for which disparities are identified:
 - a. Race
- b. Supplemental Measure: Meaningful Participation at School (California Health Kids Survey (CHKS))
 - i. How does your county status compare to the statewide rate/average: [above/below/same]
 - ii. Are there disparities for this measure in your county? [Y/N checkbox; logic: multi-select dropdown if Y]
 - 1. Indicate the demographic group for which disparities are identified:
 - a. Race
 - b. Sex
 - c. Age

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- c. Supplemental Measure: Student Chronic Absenteeism Rate (Data Quest)
 - i. How does your county status compare to the statewide rate/average:
[above/below/same]
- d. Are there disparities for this measure in your county? [Y/N checkbox; logic:
multi-select dropdown if Y]
 - i. Indicate the demographic group for which disparities are identified:
 - 1. Race
 - 2. Sex
 - 3. Age

3. Engagement In Work

- a. Primary Measure: Unemployment rate (California Employment Development Department (CA EDD))
 - i. How does your county status compare to the statewide rate/average:
[above/below/same]
- b. Supplemental Measure: Unable to work due to mental problems (California Health Interview Survey (CHIS))
 - i. How does your county status compare to the statewide rate/average:
[above/below/same]
 - ii. Are there disparities for this measure in your county? [Y/N checkbox;
logic: multi-select dropdown if Y]
 - 1. Indicate the demographic group for which disparities are
identified:
 - a. Race
 - b. Sex
 - c. Age

4. Overdoses

- a. Primary Measure: All Drug-Related Overdose Deaths (California Department of Public Health (CDPH))
 - i. How does your county status compare to the statewide rate/average:
 - 1. For the full population measure: [above/below/same]

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2. For adults/older adults: [above/below/same]
3. For children/youth: [above/below/same]
- ii. Are there disparities for this measure in your county? [Y/N checkbox;
logic: multi-select dropdown if Y]
 1. Indicate the demographic group for which disparities are identified:
 - a. Race/Ethnicity
 - b. Sex
 - c. Age
- b. Supplemental Measure: All-Drug Related Overdose Emergency Department Visits (CDPH)
 - i. How does your county status compare to the statewide rate/average:
 1. For the full population measure: [above/below/same]
 2. For adults/older adults: [above/below/same]
 3. For children/youth: [above/below/same]
 - ii. Are there disparities for this measure in your county? [Y/N checkbox;
logic: multi-select dropdown if Y]
 1. Indicate the demographic group for which disparities are identified:
 - a. Race/Ethnicity
 - b. Sex
 - c. Age

5. Prevention And Treatment of Co-Occurring Physical Health Conditions

- a. Primary Measure: Adults' Access to Preventive/Ambulatory Health Service & Child and Adolescent Well-Care Visits (DHCS)
 - i. How does your county status compare to the statewide rate/average:
 1. For adults (specific to Adults' Access to Preventive/Ambulatory Health Service): [above/below/same]
 2. For children/youth (specific to Child and Adolescent Well-Care Visits): [above/below/same]

The information included in this document may be pre-decisional, draft, and subject to change.

b. Supplemental Measure: Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications & Metabolic Monitoring for Children and Adolescents on Antipsychotics: Blood Glucose and Cholesterol Testing (DHCS)

- i. How does your county status compare to the statewide rate/average:
 - 3. For adults/older adults (specific to Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications): [above/below/same]
 - 4. For children/youth (specific to Metabolic Monitoring for Children and Adolescents on Antipsychotics: Blood Glucose and Cholesterol Testing): [above/below/same]

6. Quality Of Life

a. Primary Measure: Perception of Functioning Domain Score (CPS)

- i. How does your county status compare to the statewide rate/average:
 - 1. For the full population measured: [above/below/same]
 - 2. For adults/older adults: [above/below/same]
 - 3. For children/youth: [above/below/same]
- ii. Are there disparities for this measure in your county? [Y/N checkbox; logic: multi-select dropdown if Y]
 - 1. Indicate the demographic group for which disparities are identified:
 - a. Age

b. Supplemental Measure: Poor Mental Health days reported (Behavioral Risk Factor Surveillance System (BRFSS))

- i. How does your county status compare to the statewide rate/average:
 - 1. For the full population measure: [above/below/same]

7. Social Connection

a. Primary Measure: Perception of Social Connectedness Domain Score (CPS)

- i. How does your county status compare to the statewide rate/average:
 - 1. For the full population measured: [above/below/same]

The information included in this document may be pre-decisional, draft, and subject to change.

- 2. For adults/older adults: [above/below/same]
 - 3. For children/youth: [above/below/same]
- ii. Are there disparities for this measure in your county? [Y/N checkbox; logic: multi-select dropdown if Y]
 - 1. Indicate the demographic group for which disparities are identified:
 - a. Age
- b. Supplemental Measure: Caring Adult Relationships at School (CHKS)
 - i. How does your county status compare to the statewide rate/average: [above/below/same]
 - ii. Are there disparities for this measure in your county? [Y/N checkbox; logic: multi-select dropdown if Y]
 - 1. Indicate the demographic group for which disparities are identified:
 - a. Race
 - b. Sex
 - c. Age

8. **Suicides**

- a. Primary Measure: Suicide deaths
 - i. How does your county status compare to the statewide rate/average:
 - 1. For the full population measured: [above/below/same]
 - ii. Are there disparities for this measure in your county?
 - 1. Indicate the demographic group for which disparities are identified:
 - a. Race
 - b. Sex
 - c. Age
- b. Supplemental Measure: Non-fatal Emergency Department visits due to self-harm
 - i. How does your county status compare to the statewide rate/average:
 - 1. For the full population measure: [above/below/same]

The information included in this document may be pre-decisional, draft, and subject to change.

2. For adults/older adults: [above/below/same]
3. For children/youth: [above/below/same]
- ii. Are there disparities for this measure in your county? [Y/N checkbox;
logic: multi-select dropdown if Y]
 1. Indicate the demographic group for which disparities are identified:
 - a. Race
 - b. Sex
 - c. Age

County-Selected Statewide Population Behavioral Health Goals

1. Based on your county's performance or inequities identified, select **at least one additional goal** to improve on as a priority for the county for which your county is performing below the statewide rate/average on the primary measure(s). For each county-selected goal, provide the information requested below. [multi-select dropdown of statewide goals for improvement and reduction, excluding statewide priority goals] [logic: populate questions below for each goal selected]
 - a. **Goal #1** [logic: auto-populate name of selected goal]
 - i. Please describe why this goal was selected: [narrative box]
 - ii. Please describe what programs, services, partnerships, or initiatives the county is planning to implement that may improve your county's level of [selected goal] and refer to any data that was used to make this decision (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes): [logic: auto-populate name of selected goal] [narrative box]
 - iii. Please identify the category(ies) of funding that the county is using to address this goal: [multi-select dropdown]
 1. BHSA
 - a. BHSS
 - b. FSP

The information included in this document may be pre-decisional, draft, and subject to change.

c. Housing Interventions

2. 1991 Realignment
3. 2011 Realignment
4. State General Fund
5. Federal Financial Participation (SMHS, DMC/DMC-ODS)
6. SAMHSA PATH
7. MHBG
8. Other

The information included in this document may be pre-decisional, draft, and subject to change.

Community Planning Process³⁸

An example of the Stakeholder Engagement Table can be seen below. Please refer to Appendix A to view the Stakeholder Engagement Table in its entirety.

Required stakeholder/group:

[dropdown menu]

[Required Stakeholder/Group #1]

Please indicate whether you engaged stakeholders from the groups listed during the planning process:

[single-select dropdown]:

- » yes
- » no
- » attempted but did not receive response

Please list specific stakeholder organizations that were engaged, if applicable:

Please do not include specific names of individuals.

[narrative box]

For each organization named, please indicate the type of engagement used to obtain input on the planning process:

[multi-select dropdown]

[display those selected with ability to choose from options below]:

- » Meeting(s) with county
- » Provided data to county
- » Survey participation
- » Key informant interviews with subject matter experts
- » Focus group discussions

³⁸ [W&I Code § 5963.03, subdivision \(a\)](#)

The information included in this document may be pre-decisional, draft, and subject to change.

- » Workgroups and committee meetings
- » County outreach through traditional media (E.g. television, radio, newspaper)
- » County outreach through social media
- » County outreach through townhall meetings
- » Public e-mail inbox submission
- » Training, education, and outreach related to community planning
- » Other, please specify: [narrative box]

Include date(s) of stakeholder engagement for each organization listed:

[format date box MM/DD/YYYY]

For each type of stakeholder group not engaged, indicate reason stakeholder was not engaged:

[single-select dropdown menu]:

- » Stakeholder declined to participate
- » Unable to contact
- » Other

The information included in this document may be pre-decisional, draft, and subject to change.

Stakeholder Engagement

1. Please describe and provide documentation to support how diverse stakeholder viewpoints were incorporated into the development of the Integrated Plan (IP), including any community-identified strengths, needs, and priorities: [narrative box; optional file upload]

Local Health Jurisdiction (LHJ)

1. Did the county work with its local health jurisdiction (LHJ)³⁹ on the development of the LHJ's recent Community Health Assessment (CHA) and/or Community Health Improvement Plan (CHIP):⁴⁰ [single-select dropdown]
 - a. Yes.
 - b. No. The LHJ is not currently working on and/or did not develop a recent CHA and/or CHIP.
 - c. Other. Please explain why or describe an alternate approach taken. [narrative box]
2. If the county worked with its LHJ on the development of the CHA/CHIP, please describe how the county engaged with LHJs, along with Medi-Cal managed care plans (MCPs), across these three areas.⁴¹ [logic: populate these questions if yes is selected in question above]
 - a. Collaboration: Select all that apply [multi-select dropdown]
 - i. Attended key CHA and CHIP meetings as requested
 - ii. Served on CHA and CHIP governance structures and/or subcommittees as requested
 - iii. Other. Please describe. [narrative box]
 - b. Data-sharing:
 - i. Data-sharing to support the CHA/CHIP

³⁹ Per [Health and Safety Code \(HSC\) §124030, subdivision \(f\)](#) a "Local health jurisdiction" means county health department or combined health department in the case of counties acting jointly or city health department within the meaning of [HSC §101185](#).

⁴⁰ [W&I Code §5963.01, subdivisions \(a-b\)](#); Policy Manual Chapter 3, Section B.2.3.

⁴¹ Policy Manual Chapter 3, Section B.2.3

The information included in this document may be pre-decisional, draft, and subject to change.

1. Which Statewide Behavioral Health Goals were identified for data-sharing to support behavioral health-related focus areas of the CHA and CHIP: Check all that apply. [multi-select dropdown]
 - a. Access to Care
 - b. Care Experience
 - c. Engagement in School
 - d. Engagement in Work
 - e. Homelessness
 - f. Institutionalization
 - g. Justice Involvement
 - h. Overdoses
 - i. Prevention of Co-Occurring Physical Health Conditions
 - j. Quality of Life
 - k. Removal of Children from Home
 - l. Social Connection
 - m. Suicides
 - n. Untreated Behavioral Health (BH) Conditions (e.g., substance use disorder, depression, maternal and child behavioral disorders, other adult mental health conditions)
 - o. Other [narrative box]
2. Was data shared: [Y/N checkbox]
- ii. Data-sharing from MCPS and LHJs to support Integrated Plan (IP) development
 1. Which Statewide Behavioral Health Goals were identified for data-sharing to inform IP development Select all that apply. [multi-select dropdown]
 - a. Access to Care
 - b. Care Experience
 - c. Engagement in School
 - d. Engagement in Work
 - e. Homelessness

The information included in this document may be pre-decisional, draft, and subject to change.

- f. Institutionalization
 - g. Justice Involvement
 - h. Overdoses
 - i. Prevention of Co-Occurring Physical Health Conditions
 - j. Quality of Life
 - k. Removal of Children from Home
 - l. Social Connection
 - m. Suicides
 - n. Untreated BH Conditions (e.g., substance use disorder, depression, maternal and child behavioral disorders, other adult mental health conditions)
 - o. Other [narrative box]
2. Was data shared: [Y/N checkbox]
3. How has the county coordinated stakeholder activities for IP development with the LHJ engagement on the CHA/CHIP: Select all that apply. [multi-select dropdown]
- a. Collaborated with LHJ to identify shared stakeholders that are key for both the IP and CHA/CHIP process.
 - b. Collaborated on joint surveys, focus groups, and/or interviews that can be used to inform both the IP and CHA/CHIP.
 - c. Co-hosted community sessions, listening tours, and/ or other community events that can be used to strengthen stakeholder engagement for both the IP and CHA/CHIP.
 - d. Coordinated messaging and stakeholder events calendars (e.g., governance meetings) around IP development and CHA/CHIP engagement.
 - e. Other. Please describe. [narrative box]
4. Has the county considered either the LHJ's most recent CHA/CHIP or strategic plan in the development of its IP⁴²: [single-select dropdown]
- a. Yes.
 - i. Provide a brief description of how the county has considered the LHJ's CHA/CHIP or strategic plan when preparing its IP. [narrative box]
 - b. No.

⁴² [W&I Code § 5963.02, subdivision \(b\)\(3-4\)](#); Policy Manual Chapter 3, Section B.2.3.

The information included in this document may be pre-decisional, draft, and subject to change.

- i. Please explain why the county did not consider the LHJ's CHA/CHIP or strategic plan when preparing its IP. [narrative box]

Medi-Cal Managed Care Plan (MCP) Community Reinvestment

1. Please list the Medi-Cal Managed Care Plans (MCP) the county worked with to inform the MCPs' respective community reinvestment planning and decision-making processes. [narrative box]
2. Which activities in the MCP Community Reinvestment Plan submissions address needs identified through the Behavioral Health Services Act (BHSA) community planning process and collaboration between the county, MCP, and other stakeholders on the county's Integrated Plan (IP)? [narrative box]

Comment Period and Public Hearing⁴³

1. Date the draft Integrated Plan (IP) was released for stakeholder comment: [date box, date format MM/DD/YYYY]
2. Date the stakeholder comment period closed/ended: [date box, date format MM/DD/YYYY]
3. Date of behavioral health board public hearing on draft IP: [date box, date format MM/DD/YYYY]
4. Link to public posting with information on public hearing: [validate link or option to input PDF]
5. [Optional] If your county uses an existing landing page or other web-based location to publicly post IPs for comment, please provide the landing page: [validate link]
6. Please indicate the process by which the draft plan was circulated to stakeholders: [multi-select dropdown]
 - a. Public posting
 - b. Email outreach [if selected, attach email (no file type restrictions)]

⁴³ [W&I Code § 5963.03, subdivisions \(a-c\)](#)

The information included in this document may be pre-decisional, draft, and subject to change.

c. Other, please specify [narrative box]

7. Please describe stakeholder input in the table below⁴⁴

List the stakeholder groups that provided feedback	Summarize the substantive revisions recommended by stakeholders during the comment period
[text field]	[text field]

8. Please describe any substantive recommendations made by the local behavioral health board that are not included in the final integrated plan or update. Substantive recommendation description: [narrative response, with unlimited option to add new entries]

County Behavioral Health Services Care Continuum⁴⁵

The Behavioral Health Care Continuum is composed of two distinct frameworks for substance use disorder (SUD) and mental health (MH) services. These frameworks are used for counties to demonstrate planned expenditures across key service categories in their service continuum. Questions on the Behavioral Health Care Continuum are in the Integrated Plan (IP) Budget Template.

County Provider Monitoring and Oversight⁴⁶

1. For Specialty Mental Health Services (SMHS) or for integrated SMHS/Drug Medi-Cal Organized Delivery System (DMC-ODS) contracts under Behavioral Health Administrative Integration, please provide your current Quality Improvement Plan (QIP) for State Fiscal Year (SFY) 2026-2027. [file upload]

⁴⁴ [W&I Code § 5963.03, subdivision \(b\)\(3\)](#)

⁴⁵ [W&I Code § 5963, subdivision \(a\)\(1\)](#)

⁴⁶ [W&I Code § 5963.02, subdivision \(c\)\(8\)\(I\)](#)

The information included in this document may be pre-decisional, draft, and subject to change.

2. Does your county operate a standalone DMC-ODS program (i.e., a DMC-ODS program that is not under an integrated SMHS/DMC-ODS contract)? [Y/N checkbox; logic: if Y, show question a below]
 - a. For DMC-ODS, please provide your current QIP for SFY 2026-2027. [file upload]
3. Please provide the total number of contracted Behavioral Health Services Act (BHSA) provider locations – i.e., BHSA-funded locations that are not owned or operated by the county. *(A provider location that contracts with the county to provide both mental health and substance use disorder services should be counted separately.)*
 - a. Mental Health (MH) services only [numeric response]
 - b. Substance Use Disorder (SUD) services only [numeric response]
 - c. Both MH and SUD services [numeric response]
4. Among your contracted BHSA provider locations, please identify the number of locations that also participate in your county's Medi-Cal Behavioral Health Delivery System (BHDS) (including SMHS and Drug MC/DMC-ODS)
 - a. SMHS only: [numeric response]
 - b. DMC/DMC-ODS only [numeric response]
 - c. Both SMHS and DMC/DMC-ODS systems [numeric response]
5. To maximize resource efficiency, counties must require their BHSA providers to (subject to certain exceptions): Check whether an individual seeking BHSA services is enrolled in Medi-Cal and/or a commercial health plan, and if uninsured, refer the individual for eligibility screening; bill the Medi-Cal BHDS for covered services; and make a good faith effort to seek reimbursement from Medi-Cal Managed Care Plans (MCPs) and commercial health plans for covered services. Does your county wish to describe implementation challenges or concerns with these requirements? [Y/N checkbox; if Y, populate below question]
 - a. Please describe: [narrative box]
6. Among your county's SMHS provider locations (county-operated and contracted), how many contract with at least one MCP in your county for the delivery of non-specialty mental health services? [single-select dropdown list; logic: if 40-60% or <40% are selected, populate i.]
 - a. More than 60% of SMHS providers
 - b. 40 to 60% of SMHS providers
 - c. Under 40% of SMHS providers

The information included in this document may be pre-decisional, draft, and subject to change.

- i. Please describe your county's plans to enhance rates of MCP contracting over the next three years among your SMHS providers. [narrative box]
7. Counties must monitor their BHSA providers in accordance with the Policy Manual,⁴⁷ the County Performance contract, and other applicable authorities. Does your county wish to disclose any implementation challenges or concerns with the requirements under this program? [Y/N checkbox; if Y, populate below question]
 - a. Please describe: [narrative box]

Behavioral Health Services Act/Fund Programs⁴⁸

Housing Interventions⁴⁹

Planning

1. Please identify the biggest gaps in your county's homelessness response system for individuals experiencing homelessness and at risk of homelessness with a behavioral health condition. Please use the following definitions to inform your response: No gap – resources and connectivity available; Small gap – some resources available but limited connectivity; Medium gap – minimal resources and limited connectivity available; Large gap – limited or no resources and connectivity available. [multi-select dropdown; logic: list all settings from Policy Manual Chapter 7, Section C.9.3 Allowable Settings and include additional dropdown options for permanent rental subsidies and housing supportive services. For each, counties select from dropdown: no gap, small gap, medium gap, large gap.]
 - a. Please submit your most recent Housing Inventory Count (HIC) report. [file upload]
 - b. What additional non-BHSA resources (e.g., county partnerships, vouchers, data sharing agreements) or funding sources will your county behavioral

⁴⁷ Policy Manual Chapter Oversight and Monitoring (forthcoming)

⁴⁸ [W&I Code § 5963.02, subdivision \(c\)\(1\)\(B\)](#)

⁴⁹ [W&I Code § 5963.02, subdivision \(b\)\(2\); W&I Code § 5963, subdivision \(a\)\(2\)\(A\)](#)

The information included in this document may be pre-decisional, draft, and subject to change.

- health system utilize (local, state, and federal) to expand supply and/or increase access to housing for BHSA eligible individuals? [narrative box]
- c. How will BHSA Housing Interventions intersect with those other resources and supports to strengthen or expand the continuum of housing supports available to BHSA eligible individuals? [narrative box]
2. Please describe how your county behavioral health system will:
- a. Identify individuals eligible for BHSA Housing Interventions [narrative box]
 - b. Screen individuals for BHSA Housing Interventions eligibility [narrative box]
 - c. Refer and/or connect individuals to BHSA Housing Interventions [narrative box]
3. What is your overall strategy to promote permanent housing placement and retention for populations served? [narrative box]
4. How will your county behavioral health system receive referrals from the homeless response system in your county (e.g., Continuum of Care coordination and referrals)? [narrative box]
5. Please identify if your county behavioral health system will provide Behavioral Health Services Act (BHSA)-funded Housing Interventions to individuals living with a substance use disorder (SUD) only:⁵⁰ [Y/N checkbox]
- a. If no, please indicate why and include data to support: [multi-select dropdown]
 - i. Insufficient need (i.e., individuals with SUD have sufficient access to housing, there is a limited number of individuals with SUD who are unhoused): [narrative box]
 - ii. Insufficient resources: [narrative box]
 - iii. Other: [narrative box]
 - iv. Please upload supporting data: [file upload]
6. Please describe your approach to collaborating with your local Continuum of Care (CoC), Public Housing Agencies, Medi-Cal Managed Care Plans (MCPs), Enhanced Care Management (ECM) and Community Supports providers, as well as other

⁵⁰ Pursuant to [W&I Code §5891.5, subdivision \(a\)\(2\)](#), the provision of Housing Interventions to individuals with an SUD only is optional for counties.

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housing partners, including existing and perspective Permanent Supportive Housing developers and providers in your community to: [complete table below]

Housing Interventions Planning Table 1. Local Housing System Engagement

	Identify and enroll individuals into Housing Interventions	Identify housing supports available to meet client needs	Provide and coordinate the delivery housing supports across programs	Administer BHSA Housing Interventions as a contracted provider
Local Continuum of Care	[narrative box]	[narrative box]	[narrative box]	[Y/N checkbox]
Public Housing Agency	[narrative box]	[narrative box]	[narrative box]	[Y/N checkbox]
Managed Care Plans	[narrative box]	[narrative box]	[narrative box]	[Y/N checkbox]
Enhanced Care Management and Community Supports providers	[narrative box]	[narrative box]	[narrative box]	[Y/N checkbox]
Other (e.g., CalWORKS/TANF housing programs, child welfare housing programs, etc.) [please define]	[narrative box]	[narrative box]	[narrative box]	[Y/N checkbox]

The information included in this document may be pre-decisional, draft, and subject to change.

7. How will your county behavioral health system work with Homekey+ and supportive housing sites to provide services, funding, and referrals that support and house BHSA eligible individuals? [narrative box]
8. Did your county apply for HHAP Round 6 funding? [Y/N checkbox; logic: if Y, populate a.]
 - a. How will your county coordinate the use of HHAP dollars to support the housing needs of BHSA eligible individuals in your community? [narrative box]
9. Please describe how your county considered the unique needs of eligible children and youth in the development of your county's Housing Intervention services who are⁵¹:
 - a. In, or at-risk of being in, the juvenile justice system: [narrative box]
 - b. Lesbian, Gay, Bisexual, Transgender, Queer, Plus (LGBTQ+): [narrative box]
 - c. In the child welfare system: [narrative box]
10. Please confirm your county considered the unique needs of eligible adults who are:
 - a. Older adults: [narrative box]
 - b. In, or are at risk of being in, the justice system: [narrative box]
11. What actions or activities did your county behavioral health system engage in to consider the unique needs of these populations in your Housing Interventions planning (e.g., review data, engage with stakeholders, analyze research, etc.)? [narrative box]

Program Requirements

1. Please indicate which of the following Housing Interventions your county behavioral health system will include (Note: counties will be asked to provide additional details about each intervention they will offer in the Implementation section): [complete table below]

⁵¹ [W&I Code § 5963.02, subdivision \(c\)\(7\)](#)

The information included in this document may be pre-decisional, draft, and subject to change.

Housing Interventions Program Requirements Table 1. Allowable Expenditures

Housing Intervention	Are you providing this Housing Intervention?	Are you providing this Intervention to chronically homeless individuals?
Rental subsidies, ⁵² including but not limited to project-based housing assistance (Policy Manual Chapter 7, Section C.9.1)	[Y/N checkbox; logic: if Y, populate question 4 below]	[Y/N checkbox]
Operating subsidies (Policy Manual Chapter 7, Section C.9.2)	[Y/N checkbox]	[Y/N checkbox]
Other Housing Supports: Landlord outreach and mitigation funds (Policy Manual Chapter 7, Section C.9.4.1)	[Y/N checkbox]	[Y/N checkbox]
Other Housing Supports: Participant assistance funds (Policy Manual Chapter 7, Section C.9.4.2)	[Y/N checkbox]	[Y/N checkbox]
Other Housing Supports: Housing navigation and tenancy	[Y/N checkbox]	[Y/N checkbox]

⁵² The intent of Housing Interventions is to provide rental subsidies in permanent settings to eligible individuals for as long as needed, or until the individual can be transitioned to an alternative permanent housing situation or rental subsidy source.

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Housing Intervention	Are you providing this Housing Intervention?	Are you providing this Intervention to chronically homeless individuals?
sustaining services (Policy Manual Chapter 7, Section C.9.4.3)		
Other Housing Supports: Housing navigation and tenancy sustaining services for non-Medi-Cal members ⁵³ (Policy Manual Chapter 7, Section C.9.4.3)	[Y/N checkbox]	[Y/N checkbox]
Other housing supports: Outreach and engagement (Policy Manual Chapter 7, Section C.9.4.4)	[Y/N checkbox]	[Y/N checkbox]
Capital development projects (Policy Manual Chapter 7, Section C.10)	[Y/N checkbox]	[Y/N checkbox]
Other [narrative]	[Y/N checkbox]	[Y/N checkbox]

2. [Logic: If N to any of the above, include follow-up prompt] Please explain why:
[narrative box]

⁵³ Pursuant to [W&I Code section 5830, subdivision \(c\)\(2\)](#), BHSA Housing Interventions may not be used for housing services covered by Medi-Cal Managed Care Plans (MCP). Please select Y only if you are providing these services to individuals who are not eligible to receive the services through their Medi-Cal MCP.

The information included in this document may be pre-decisional, draft, and subject to change.

3. Do your Housing Interventions accommodate shared housing? [Y/N checkbox]
Please provide a brief description. [narrative box]
4. Do your Housing Interventions accommodate family housing? [Y/N checkbox]
Please provide a brief description. [narrative box]
5. Please provide additional information about your rental assistance programs.
 - a. How many individuals does your county behavioral health system expect to serve with rental subsidies under BHSA Housing Interventions on an annual basis? How many individuals does your county behavioral health system expect to serve with rental subsidies under BHSA Housing Interventions on an annual basis? [numeric response]
 - i. How many slots are estimated for permanent housing? [numerical response]
 - ii. How many slots are estimated for interim housing? [numerical response]
 - b. What is your methodology for estimating total rental subsidies and total number of slots (individuals served in interim and permanent settings) on an annual basis? [narrative box]
 - c. Please describe how you will identify, confirm eligibility, and connect Medi-Cal members with Transitional Rent through the Medi-Cal MCPs operating in your county. [narrative box]
 - d. Please describe whether you will provide rental assistance through project-based (tied to a particular unit), site-based (tied to a particular unit), or tenant-based (tied to the individual) subsidies. [narrative box]
 - e. How will housing units be identified and secured for BHSA eligible individuals? Describe your strategy for developing a portfolio of and placing individuals in available units. Please include partnerships and collaborative efforts your county behavioral health system will engage in. [narrative box]
6. Please indicate which of the allowable settings your county behavioral health system will include: [complete table below]

The information included in this document may be pre-decisional, draft, and subject to change.

Housing Interventions Program Requirements Table 2. Allowable Settings⁵⁴

Allowable Setting	Is the county including this setting?
Non-Time-Limited Permanent Settings⁵⁵	
Supportive housing	[Y/N checkbox]
Apartments, including master-lease apartments	[Y/N checkbox]
Single and multi-family homes	[Y/N checkbox]
Housing in mobile home communities	[Y/N checkbox]
Single room occupancy units	[Y/N checkbox]
Accessory dwelling units, including Junior Accessory Dwelling Units	[Y/N checkbox]
Tiny homes	[Y/N checkbox]
Shared housing	[Y/N checkbox]
Recovery/Sober Living housing, including recovery-oriented housing	[Y/N checkbox]
Assisted living (adult residential facilities, residential facilities for the elderly, and licensed board and care)	[Y/N checkbox]
License-exempt room and board	[Y/N checkbox]
Time-Limited Interim Settings	
Hotel and motel stays	[Y/N checkbox]
Non-congregate interim housing models	[Y/N checkbox]
Congregate settings that have only a small number of individuals per room and sufficient common space (not	[Y/N checkbox]

⁵⁴ Please see the Policy Manual Chapter 7, Section C.9.3, Allowable Settings, for additional details.

⁵⁵ The aim of Housing Interventions is to help individuals achieve permanent housing stability. To the maximum extent possible, counties should seek to place individuals in permanent housing settings. Housing Interventions may only be used for placement in interim settings for a limited time, 6 months for BHSA eligible individuals who have exhausted the Transitional Rent benefit and 12 months for BHSA eligible individuals not eligible to receive Transitional Rent through their Medi-Cal MCP.

The information included in this document may be pre-decisional, draft, and subject to change.

Larger dormitory sleeping halls⁵⁶ (does not include behavioral health residential treatment settings)	
Recuperative Care	[Y/N checkbox]
Short-Term Post-Hospitalization housing	[Y/N checkbox]
Tiny homes, emergency sleeping cabins, emergency stabilization units	[Y/N checkbox]
Peer respite	[Y/N checkbox]

7. What actions or activities is your county behavioral health system engaging in to connect eligible individuals to and support permanent supportive housing (e.g., rental subsidies for individuals residing in Permanent Supportive Housing (PSH) projects, operating subsidies for PSH projects, providing supportive services to individuals in other permanent housing settings, capital development funding for PSH? [narrative box]
8. Please describe how your county behavioral health system will ensure all Housing Interventions settings provide access to clinical and supportive behavioral health care and housing services. [narrative box]

Relationship to Housing Services Funded by Medi-Cal Managed Care Plans

1. Is your county behavioral health system a Managed Care Provider (MCP)-contracted provider of housing-related Community Supports:
- a. Housing Transition Navigation Services: [Y/N checkbox]
 - b. Housing Deposits: [Y/N checkbox]
 - c. Housing Tenancy and Sustaining Services: [Y/N checkbox]
 - d. Short-Term Post-Hospitalization Housing: [Y/N checkbox]
 - e. Recuperative Care: [Y/N checkbox]
 - f. Day Habilitation: [Y/N checkbox]
 - g. Transitional Rent: [Y/N checkbox]

⁵⁶ Congregate settings do not include behavioral health residential treatment settings. Housing Interventions may not be used to cover room & board in residential treatment settings.

The information included in this document may be pre-decisional, draft, and subject to change.

2. Does your county behavioral health system plan to become an MCP-contracted provider of any of the following: [Y/N checkboxes]
 - a. Housing Transition Navigation Services: [Y/N checkbox]
 - b. Housing Deposits: [Y/N checkbox]
 - c. Housing Tenancy and Sustaining Services: [Y/N checkbox]
 - d. Short-Term Post-Hospitalization Housing: [Y/N checkbox]
 - e. Recuperative Care: [Y/N checkbox]
 - f. Day Habilitation: [Y/N checkbox]
 - g. Transitional Rent: [Y/N checkbox]
 - [logic: if Y for a.-g. populate for each service] When does your county behavioral health system plan to become an MCP-contracted provider? [date; date format MM/YYYY]
3. How will your county behavioral health system identify, confirm eligibility, and refer Medi-Cal members to housing interventions covered under MCPs prior to utilizing BHSA Housing Interventions?⁵⁷ [narrative box]
4. Please describe coordination efforts and ongoing processes to ensure county behavioral health contracted provider network for housing interventions is known and shared with MCPs serving your county. [narrative box]
5. Does your county behavioral health system track which of its contracted housing providers are also contracted by MCPs for housing-related Community Supports (provided in #1 and #2 above)? Please describe coordination efforts to align network development. [narrative box]
6. What processes does your county behavioral health system have in place to ensure Medi-Cal members living with significant behavioral health conditions do not experience gaps in service once any of the MCP housing interventions are exhausted? [narrative box]

Flexible Housing Subsidy Pools

Flexible Housing Subsidy Pools (“Flex Pools”) are an effective model to streamline and simplify administering rental assistance and related housing supports. DHCS released

⁵⁷[W&I Code § 5830, subdivision \(c\)\(2\)](#)

The information included in this document may be pre-decisional, draft, and subject to change.

the Flex Pools TA Resource Guide that describes this model in more detail linked here: [Flexible Housing Subsidy Pools - Technical Assistance Resource](#). Please reference the TA Resource Guide for descriptions of the Flex Pool model and roles referenced below including the Lead Entity, Operator, and Funder.

1. Is there an operating Flex Pool (or elements of a Flex Pool) in your county (Please refer to DHCS' Flex Pools TA Resource Guide)? [Y/N checkbox; logic: if Y, populate question a.; if N, populate question c.]
 - a. Is your county behavioral health system participating in the Flex Pool? [Y/N checkbox; logic: if Y, populate question b., d., e.; if N, populate question i.]
 - i. Please explain why. [narrative box]
 - b. What role does your county behavioral health system have in the Flex Pool (e.g., Lead Entity, Operator, Funder, or Housing Supportive Services Provider)? [narrative box]
 - c. Are you involved in planning efforts to launch a Flex Pool in your county? [Y/N checkbox; logic: If Y, populate i.-iii., d., and e.]
 - i. Are you participating in the DHCS Flex Pool TA Academy? [Y/N checkbox]
 - ii. Will you be serving as the Lead Entity as described in the TA Resource Guide? [Y/N checkbox]
 - iii. Have you identified an Operator of the Flex Pool? [Y/N checkbox; logic: if Y, populate 1.]
 - What organization will serve as the Operator? [narrative box]
 - d. Do you plan to administer some or all Housing Interventions funds through the Flex Pool? [Y/N checkbox; logic: if Y, populate i]
 - i. Which Housing Interventions do you plan to administer through or in coordination with a Flex Pool? [Y/N checkbox; drop-down list of Housing Interventions in Program Requirements Table 1]
 - ii. [Logic: if county selects Y to rental assistance in i., populate ii.] What share of your BHSA rental assistance will be administered through a Flex Pool? [checkbox]
 - 0-25%
 - 25-50%

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- 50-75%
- 75-100%

e. Please describe any other roles and functions your county behavioral health system plans to take to support the operations or launch and scaling of a Flex Pool in addition to those described above. [narrative box]

Implementation

1. [Logic: For every Housing Intervention with a Y in Program Requirements Table 1 (except for capital development), populate 1.a.-h. for each] Identify each of the Housing Interventions your county behavioral health system will include and its corresponding information as requested:
 - a. Anticipated implementation date [date; date format DD/MM/YYYY]
 - b. Anticipated number of individuals served per year [numeric response]
 - c. Brief description of intervention [narrative box]
 - d. Setting type according to the allowable settings table included in the Policy Manual Housing Interventions Chapter (7.C.9.3 Allowable Settings): [single-select dropdown of allowable settings or N/A]
 - e. Will this be a scattered site initiative: [Y/N/NA checkbox; optional narrative box]
 - f. Will this be shared housing: [Y/N/NA checkbox; optional narrative box]
 - g. Total number of units in project: [numeric response or N/A; logic: if a number is in-put, populate follow up question]
 - h. Total number of units funded with Housing Interventions funds only: [numeric response or N/A]
2. Counties may spend up to 25 percent of their Housing Interventions on capital development projects. Will your county behavioral health system use BHSA Housing Interventions for capital development projects? [Y/N checkbox; logic: if Y, populate a-d]
 - a. What percent of Housing Interventions funding does your county behavioral health system anticipate spending on capital development projects per year: [percent]

The information included in this document may be pre-decisional, draft, and subject to change.

- b. What is the total amount you will spend on capital development? [numeric response]
- c. How many capital development projects will you fund with BHSA Housing Interventions? [numeric response]
- d. [Logic: populate d.(i.-ix.) to correspond with the number of projects identified in c] For each capital development project, provide:
- i. Name of Project [narrative box]
 - ii. Setting type according to the allowable settings table included in the Policy Manual Housing Interventions Chapter (7.C.9.3 Allowable Settings) [single-select dropdown of allowable settings]
 - iii. Anticipated number of individuals able to be housed at a given time [numeric response]
 - iv. Will this project braid funding with non-BHSA funding source(s) [Y/N checkbox]
 - v. Total number of units in project [numeric response; logic: if a number is input to the text box populate follow up question]
 - vi. Total number of units funded with Housing Interventions funds only [numeric response]
 - vii. Anticipated date of unit availability (Note: DHCS will evaluate unit availability date to ensure projects become available within a reasonable timeframe) [date; date format DD/MM/YYYY]
 - viii. Expected cost per unit (Note: this must be equal to or less than \$450,000) [numeric response]
 - ix. Please explain how you have incorporated the development "by right" provisions of state law into your project [narrative box]
 1. If you have not incorporated use of the "by right" provisions into your project, please explain why [narrative box]

The information included in this document may be pre-decisional, draft, and subject to change.

Full Service Partnership Program^{58, 59}

1. Please indicate the total estimated number of individuals who may be eligible for each of the following Full Service Partnership (FSP) services (based on the Service Criteria in the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Evidence-Based Practice (EBP Policy Guide), the Policy Manual, and forthcoming High Fidelity Wraparound (HFW) Medi-Cal Guidance (links forthcoming)): Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT), Full Service Partnership (FSP) Intensive Case Management (ICM), HFW and Individual Placement and Support (IPS) Model of Supported Employment).

This information will be used to project the number of behavioral health practitioner teams required to meet the current needs in your county given the typical caseload ratios for each EBP. These projections are not binding and are for planning purposes only. DHCS will provide technical assistance to counties to support completion.

a. Please complete the following information:

- i. Total FSP Eligible Population: [numeric response]
- ii. Proportion of FSP Eligible Population Enrolled in Medi-Cal:
[percentage]
 1. Of those not enrolled in Medi-Cal, please provide:
 - a. Number of individuals who are uninsured: [numeric response]
 - b. Number of individuals who are commercially insured:
[numeric response]
- iii. Estimated Number of FSP Eligible for Each EBP in the table below:
 1. Please complete the table below and describe how you reached the number of eligible individuals for each service in Column 1 of the table below:
 - a. ACT and FACT [narrative box]

⁵⁸ [W&I Code § 5963.02, subdivision \(b\)\(2\)](#)

⁵⁹ [W&I Code § 5963.02, subdivision \(c\)\(7\)](#)

The information included in this document may be pre-decisional, draft, and subject to change.

- a. ACT and FACT [narrative box]
 - b. FSP ICM [narrative box]
 - c. HFW [narrative box]
 - d. IPS Supported Employment [narrative box]
- b. These inputs are based on the fidelity models for case ratios and FTEs; however, we know counties implementing these EBPs today may have other methods of estimating teams needed.
- i. Do you agree with the estimated number of teams? [Y/N checkbox; logic, if answer N to any of the following, populate question ii.]
 - 1. ACT and FACT [Y/N checkbox]
 - 2. FSP ICM [Y/N checkbox]
 - 3. HFW [Y/N checkbox]
 - 4. IPS Supported Employment [Y/N checkbox]
 - ii. Please explain your rationale and include a description of how you would approach this estimate. Please share your approach to calculating the requested estimates. [narrative box; optional file upload])

Full Service Partnership Program Table 1. Estimate of Teams Needed

The information included in this document may be pre-decisional, draft, and subject to change.

	Estimated Number of FSP Eligible Individuals Eligible for Each EBP	Estimated Proportion of FSP Eligible Individuals with Some Justice-System Involvement	EBP Formula Input	Estimate of Practitioners Needed	Estimate of Teams Needed
ACT and FACT	[numeric response]	[percentage response]	<i>Assumes a ratio of one practitioner to ten ACT recipients and team sizes between 6-10 FTEs</i>	[populated in workbook]	[populated in workbook]
FSP ICM	[numeric response]		<i>Assumes a ratio of one practitioner to 25 FSP ICM recipients and teams of approximately 4-6 FTE</i>	[populated in workbook]	[populated in workbook]
HFW	[numeric response]		<i>TO BE ADDED</i>	[populated in workbook]	[populated in workbook]
IPS	[numeric response]		<i>Assumes a ratio of 1 practitioner to 20 IPS recipients and teams of 2.2 FTE</i>	[populated in workbook]	[populated in workbook]

The information included in this document may be pre-decisional, draft, and subject to change.

1. Recognizing it will take time for county FSP programs to build capacity to meet the total estimated team needs in your county, based on current and projected workforce capacity, please provide the **estimated number** of FTEs (county and noncounty contracted providers) your county behavioral health system plans to resource for each service over this Integrated Plan, by year. Please provide estimated FTEs for the following practitioner types:
- a. Licensed practitioners with prescribing privileges (e.g., psychiatrists, psychiatric mental health nurse practitioners)
 - b. Non-prescribing licensed practitioners (e.g., psychologists, clinical social workers)
 - c. Non-prescribing, non-licensed practitioners (e.g., substance use disorder counselors, community health workers, peer support specialists)

This information will be used for planning purposes only. DHCS will not hold counties accountable to the numbers they input below.

Full Service Partnership Table 2. Estimate of Practitioner Resources

	Estimate of Practitioners Needed	Estimate of Practitioners Counties Plan to Resource		
		FY 26-27	FY 27-28	FY 28-29
ACT and FACT	[Populated in workbook]	Licensed prescribers: [numeric response] Non-prescribing licensed practitioners: [numeric response] Non-licensed practitioners: [numeric response]	Licensed prescribers: [numeric response] Non-prescribing licensed practitioners: [numeric response] Non-licensed practitioners: [numeric response]	Licensed prescribers: [numeric response] Non-prescribing licensed practitioners: [numeric response] Non-licensed practitioners: [numeric response]

The information included in this document may be pre-decisional, draft, and subject to change.

	Estimate of Practitioners Needed	Estimate of Practitioners Counties Plan to Resource		
		FY 26-27	FY 27-28	FY 28-29
		Non-licensed practitioners: [numeric response]	Non-licensed practitioners: [numeric response]	Non-licensed practitioners: [numeric response]
HFW	[Populated in workbook]	Licensed prescribers: [numeric response] Non-prescribing licensed practitioners: [numeric response] Non-licensed practitioners: [numeric response]	Licensed prescribers: [numeric response] Non-prescribing licensed practitioners: [numeric response] Non-licensed practitioners: [numeric response]	Licensed prescribers: [numeric response] Non-prescribing licensed practitioners: [numeric response] Non-licensed practitioners: [numeric response]
IPS	[Populated in workbook]	Licensed prescribers: [numeric response] Non-prescribing licensed practitioners: [numeric response] Non-licensed practitioners: [numeric response]	Licensed prescribers: [numeric response] Non-prescribing licensed practitioners: [numeric response] Non-licensed practitioners: [numeric response]	Licensed prescribers: [numeric response] Non-prescribing licensed practitioners: [numeric response] Non-licensed practitioners: [numeric response]

The information included in this document may be pre-decisional, draft, and subject to change.

2. Will any of the estimated practitioners provided above be responsible for providing more than one EBP: [Y/N checkbox; logic: if yes, populate below question]
 - a. Please describe: [narrative box]
3. Please describe your FSP Intensive Case Management team structure by provider type and FTE (i.e., county and noncounty contracted providers): [multi-select dropdown with narrative box for each selection]
 - a. FSP Intensive Case Manager:
 - i. Provider type: [narrative box]
 - ii. FTE: [numeric response, fraction of 1]
 - b. Peer Specialist:
 - i. FTE: [numeric response, fraction of 1]
 - c. Psychologist:
 - i. FTE: [numeric response, fraction of 1]
 - d. Licensed Clinical Social Worker:
 - i. FTE: [numeric response, fraction of 1]
 - e. Licensed Clinical Professional Counselor:
 - i. FTE: [numeric response, fraction of 1]
 - f. Psychiatrist:
 - i. FTE: [numeric response, fraction of 1]
 - g. Registered Nurse:
 - i. FTE: [numeric response, fraction of 1]
 - h. Alcohol and Other Drug Counselor:
 - i. FTE: [numeric response, fraction of 1]
 - i. Mid-Level Practitioner:
 - i. Provider type: [narrative box]
 - ii. FTE: [numeric response, fraction of 1]
 - j. Other Qualified Provider:
 - i. Provider type: [narrative box]
 - ii. FTE: [numeric response, fraction of 1]

The information included in this document may be pre-decisional, draft, and subject to change.

4. Please indicate which activities your county behavioral health system is participating in to build capacity to support the projected number of individuals over this IP period for each FSP EBP.
- a. ACT
 - i. Select from the following options: **[Placeholder: multi-select list of BHT and BH-CONNECT workforce activities, repeats for items b-d below]**
 - b. FACT
 - i. Select from the following options: [multi-select list]
 - c. HFW
 - i. Select from the following options: [multi-select list]
 - d. IPS
 - i. Select from the following options: [multi-select list]
5. Please describe your Behavioral Health Services Act (BHSA) FSP program, including:
- a. How your county is employing a whole-person, trauma-informed approach, in partnership with families or an individual's natural supports: [narrative box]
 - b. Efforts to reduce disparities: [narrative box]
 - c. What goals are you hoping to support based on your allocation of FSP funding: [multi-select dropdown; logic: statewide priority goals and county goals selected from the Plans, Goals, and Objective section]
 - d. Please describe what actions or activities your county behavioral health system is doing to provide ongoing engagement services necessary to maintain individuals in their treatment plans: [narrative box]
 - e. Please describe how you will comply with the required levels of care: [narrative box]
6. Please indicate whether your county FSP program will include any of the following allowable services:
- a. Primary substance use disorder (SUD) FSPs: [Y/N checkbox]
 - i. If yes, please describe: [narrative box]

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- b. Outreach activities related to enrolling individuals living with significant behavioral health needs in an FSP⁶⁰: [Y/N checkbox]
 - i. If yes, please describe: [narrative box]
 - c. Other recovery-oriented services: [Y/N]
 - i. If yes, please describe: [narrative box]
- 7. If there are other services not described above that you are including in your FSP program, please list here. For team-based services, please include number of teams. If no additional FSP services, use "N/A": [narrative box]
- 8. Please describe how your county considered the unique needs of eligible children and youth in the development of your FSP program who are:⁶¹
 - a. In, or at-risk of being in, the juvenile justice system. [narrative box]
 - b. Lesbian, Gay, Bisexual, Transgender, Queer, Plus (LGBTQ+): [narrative box]
 - c. In the child welfare system: [narrative box]
- 9. Please describe how in your FSP planning your county considered the unique needs of eligible adults who are:⁶²
 - a. Older adults: [narrative box]
 - b. In, or are at risk of being in, the justice system: [narrative box]
- 10. What actions or activities did your county behavioral health system engage in to consider the unique needs of these populations in your FSP planning (e.g., review data, engage with stakeholders, analyze research, etc.)? [narrative box. Optional file upload]

⁶⁰ Activities that fall under assertive field-based Initiation of SUD treatment services are captured separately in the next section.

⁶¹ [W&I Code § 5963.02, subdivision \(c\)\(7\)](#)

⁶² [W&I Code § 5963.02, subdivision \(c\)\(3\)\(7\)](#)

The information included in this document may be pre-decisional, draft, and subject to change.

Assertive Field-Based SUD Questions

1. Please describe your county behavioral health system's approach and timeline(s) to support and implement assertive field-based initiation for substance use disorder (SUD) treatment services program requirements⁶³:
 - a. Please list the existing programs (as applicable) your county will leverage to support the assertive field-based SUD program requirements and describe its current funding source, planned Behavioral Health Services Act (BHSA) service expansion, and the expected operation timeline for expanding before July 1, 2029⁶⁴:

Full Service Partnership Assertive Field-Based SUD Table 1. Existing Programs

Requirement	Existing Program(s)	Program Description(s)	Current Funding Source	Planned BHSA Service Expansion	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]

2. Please list the new programs (as applicable) your county behavioral health system will stand up to support the assertive field-based SUD program requirements and describe its planned funding, operations, and the expected timeline for implementation before July 1, 2029:

⁶³ Policy Manual Chapter 7, Section B.6

⁶⁴ Counties should include programs not funded directly or exclusively by BHSA dollars.

The information included in this document may be pre-decisional, draft, and subject to change.

Full Service Partnership Assertive Field-Based SUD Table 2. New Programs

Requirement	New Program(s)	Program Description(s)	Planned Funding	Planned Operations	Expected Timeline of implementation
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]

The information included in this document may be pre-decisional, draft, and subject to change.

3. Please describe your approach to enabling access to same-day medications for addiction treatment (MAT) to meet the estimated population needs before July 1, 2029:
- Describe how your county will assess the gap between current county MAT resources (including programs and providers) and MAT resources that can meet estimated needs: [narrative box]
 - Which of the following practices will your county implement to ensure same day access to MAT: [multi-select dropdown]
 - Contract directly with MAT providers
 - Operate MAT clinics directly
 - Enter into referral agreements with other MAT providers including providers whose services are covered by Medi-Cal MCPs and/or Fee-For-Service (FFS) Medi-Cal
 - Leverage telehealth model(s)
 - Partner with neighboring counties: [Y/N checkbox; logic: if Y, populate below question]
 - Please provide the names of the neighboring counties: [narrative box]
 - Contract with MAT providers in other counties: [Y/N checkbox; logic: if Y, populate below question]
 - Please provide the names of neighboring counties: [narrative box]
 - Other strategy: [narrative box]

Behavioral Health Services and Supports (BHSS)⁶⁵

General

1. Please indicate the specific Behavioral Health Services and Supports (BHSS) that are included in your plan: [multi-select dropdown]
- Children's System of Care (non-Full Service Partnership)
 - Adult and Older Adult System of Care (non-Full Service Partnership)
 - Early Intervention Programs (EIP)
 - Outreach and Engagement (O&E)
 - Workforce, Education and Training (WET)

⁶⁵ [W&I Code § 5963.02, subdivision \(c\)\(1\)](#)

The information included in this document may be pre-decisional, draft, and subject to change.

f. Capital Facilities and Technological Needs (CFTN)

Children's System of Care (Non-FSP)

1. Please provide the following information on each service type that is part of your overall Children's System of Care (Non-FSP) program: [unlimited option to add additional programs/activities]
 - a. Service type: [dropdown of service types]
 - i. Mental health services
 - ii. Supportive services
 - iii. SUD treatment services
 - b. Please describe the specific services provided. [narrative box, limit 250 words]
 - c. Please provide the projected number of individuals served during the plan period by fiscal year (FY):
 - i. FY 2026 – 2027: [numeric response]
 - ii. FY 2027 – 2028: [numeric response]
 - iii. FY 2028 - 2029: [numeric response]
 - d. Please describe any data or assumptions your county used to project the number of individuals served through the Children's System of Care.

Adult and Older Adult System of Care (Non-FSP)

1. Please provide the following information on each service type that is part of your overall Adult and Older Adult System of Care (Non-Full Service Partnership) program: [unlimited option to add additional programs/activities]
 - a. Service Type Name [dropdown of service types]
 - i. Mental health services
 - ii. Supportive services
 - iii. SUD treatment services
 - b. Please describe the specific services provided. [narrative box, limit 250 words]
 - c. Please provide the projected number of individuals served during the plan period by fiscal year (FY):

The information included in this document may be pre-decisional, draft, and subject to change.

- i. FY 2026 – 2027: [numeric response]
- ii. FY 2027 – 2028: [numeric response]
- iii. FY 2028 - 2029: [numeric response]
- d. Please describe any data or assumptions your county used to project the number of individuals served through the Adult and Older Adult System of Care.

Early Intervention Programs

1. Please provide the following information on each program or service that is part of your overall Early Intervention (EI) program⁶⁶: [unlimited option to add additional programs/interventions; questions a-g repeat for each entry]
 - a. Program or service name: [narrative box]
 - b. Please indicate which of the three EI components are included as part of the program or service: [multi-select dropdown]
 - i. Outreach
 - ii. Access and Linkage:
 1. Screenings
 2. Assessments:
 3. Referrals
 4. Other [narrative box]
 - iii. Treatment Services and Supports:
 1. Services to address first episode psychosis (FEP)
 2. Services that prevent, respond to, or treat a behavioral health crisis or decrease the impacts of suicide
 3. Services to address co-occurring mental health and substance use issues
 4. Other: [narrative box]

⁶⁶ County Early Intervention programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3, but counties may develop multiple programs/interventions to meet all county Early Intervention requirements.

The information included in this document may be pre-decisional, draft, and subject to change.

- c. Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs: [Y/N checkbox; logic: if Y, populate below questions]
- d. Please select the EBPs and CDEPs that apply: [PLACEHOLDER: biennial EBP list multi-select dropdown list]
- e. Please describe intended outcomes of the program or service: [narrative box].
- f. Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2⁶⁷: [Y/N checkbox]
 - i. If yes, please describe for each additional priority why the county opted to include this priority and metrics to assess the effectiveness of the program: [narrative box; logic: option to add up to 10 new line items]
- g. Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY):
 - i. FY 2026 – 2027: [numeric response]
 - ii. FY 2027 – 2028: [numeric response]
 - iii. FY 2028 – 2029: [numeric response]
- h. Please describe any data or assumptions your county used to project the number of individuals served through EI programs.

Coordinated Specialty Care for First Episode Psychosis (CSC for FEP) program

1. Please provide the following information on your Coordinated Specialty Care for First Episode Psychosis (CSC for FEP) program:
 - a. CSC for FEP program name: [narrative box]
 - b. CSC for FEP program description: [narrative box]
2. Please indicate the total estimated number of individuals who may be eligible for CSC for FEP (based on the Service Criteria in the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) EBP Policy Guide (links forthcoming)).

⁶⁷ Policy Manual Chapter 7, Section A.7.2

The information included in this document may be pre-decisional, draft, and subject to change.

This information will be used to project the number of behavioral health practitioner teams required to meet the current needs in your county given the typical caseload ratios for CSC for FEP. These projections are not binding and are for planning purposes only. DHCS will provide a workbook with a formula for CSC for FEP team size and case ratio and will make technical assistance available to counties to support completion.

- a. Please complete the Estimated Number of CSC for FEP Eligible and Estimated Proportion Enrolled in Medi-Cal in the table below.
- b. Please describe how you reached the number of eligible individuals for CSC for FEP in Column 1 of the table below: [narrative box]
- c. These inputs are based on the fidelity model for case ratios and FTEs; however, we know counties implementing CSC for FEP today may have other methods of estimating teams needed.
 - Do you agree with the estimated number of teams? [Y/N checkbox]
 - [Logic: populate if N] Please explain your rationale and include a description of how you would approach this estimate. Please show your work. [narrative box; optional file upload]

Behavioral Health Services and Supports Coordinated Specialty Care for First-Episode Psychosis Table 1. Estimate of Teams Needed

The information included in this document may be pre-decisional, draft, and subject to change.

	Estimated Number of Individuals Eligible for CSC for FEP	Estimated Proportion of CSC for FEP Eligible Individuals Enrolled in Medi-Cal	EBP Formula Input	Estimate of Practitioners Needed	Estimate of Teams Needed
CSC for FEP	[numeric response]	[percentage]	<i>Assumes a ratio of one practitioner to ten CSC for FEP recipients and team sizes between of 4 FTE</i>	[populated in workbook]	[populated in workbook]

- Recognizing it will take time for counties to build capacity to meet the total estimated team needs in your county, based on current and projected workforce capacity, please provide the **estimated number** of FTEs (county and noncounty contracted providers) your county behavioral health system plans to resource for CSC for FEP over this Integrated Plan, by year. Please provide estimated FTEs for the following practitioner types:
 - Licensed practitioners with prescribing privileges (e.g., psychiatrists, psychiatric mental health nurse practitioners)
 - Non-prescribing licensed practitioners (e.g., psychologists, clinical social workers)
 - Non-prescribing, non-licensed practitioners (e.g., SUD counselors, community health workers, peer support specialists)

This information will be used for planning purposes only. DHCS will not hold counties accountable to the numbers they input below.

The information included in this document may be pre-decisional, draft, and subject to change.

Behavioral Health Services and Supports Coordinated Specialty Care for First-Episode Psychosis Table 2. Estimate of Practitioner Resources

	Estimate of Practitioners Needed	Estimate of Practitioners Counties Plan to Resource		
		FY 26-27	FY 27-28	FY 28-29
CSC for FEP	[Populated in workbook]	Licensed prescribers: [numeric response] Non-prescribing licensed practitioners: [numeric response] Non-licensed practitioners: [numeric response]	Licensed prescribers: [numeric response] Non-prescribing licensed practitioners: [numeric response] Non-licensed practitioners: [numeric response]	Licensed prescribers: [numeric response] Non-prescribing licensed practitioners: [numeric response] Non-licensed practitioners: [numeric response]

- Please indicate which activities your county behavioral health system is participating in to build capacity to support the projected number of individuals over this IP period for CSC-FEP: [PLACEHOLDER: multi-select list of BHT and BH-CONNECT workforce activities]
- What barriers, if any, are you experiencing with implementation and/or meeting the fidelity requirements of CSC-FEP: [narrative box]
- Please indicate whether your CSC-FEP program will be supplemented with other (non-BHSA) funding source(s): [Y/N checkbox; logic: if Y populate below question]
 - a. Please indicate the other funding source(s): [narrative box]

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Outreach and Engagement (O&E)

1. Please provide the following information on each program or activity that is part of your standalone Outreach and Engagement (O&E) program(s): [unlimited option to add additional programs/activities]
 - a. Program or activity name: [narrative box]
 - b. Please describe the program or activity: [narrative box]
 - c. Please provide the projected number of individuals served during the plan period by fiscal year (FY):
 - i. FY 2026 – 2027: [numeric response]
 - ii. FY 2027 – 2028: [numeric response]
 - iii. FY 2028 - 2029: [numeric response]
 - d. Please describe any data or assumptions your county used to project the number of individuals served through O&E programs.

County Workforce, Education, and Training (WET)

As described in the Policy Manual, Workforce, Education, and Training (WET) activities should supplement, but not duplicate, funding available through other state-administered workforce initiatives, including the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) workforce initiative administered by the Department of Health Care Access and Information (HCAI). Counties should prioritize available BH-CONNECT and other state-administered workforce programs whenever possible. Responses in this section should address the county's WET program. Other workforce efforts should be addressed in the Workforce Strategy section of the IP.

1. Please provide the following information for each program or activity that is part of your overall county WET program: [unlimited option to add additional programs/activities].
 - a. Program or activity name: [narrative box].
 - b. Please indicate which of the following categories the program or activity falls under: [single-select dropdown]
 - i. Continuing Education
 - ii. Internship and Apprenticeship Programs
 - iii. Loan Repayment

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- iv. Professional Licensing and/or Certification Testing and Fees
- v. Retention Incentives and Stipends
- vi. Staff time spent supervising interns and/or residents who are providing direct county behavioral health services through an internship or residency program
- vii. Workforce Recruitment, Development, Training, and Retention
- viii. Other: [narrative box]
- c. Please describe efforts to address disparities in the Behavioral Health workforce⁶⁸: [narrative box]

Capital Facilities and Technological Needs (CFTN)⁶⁹

1. Please provide the following information for each Capital Facilities and Technological Needs (CFTN) project: [unlimited option to add additional projects]
 - a. Project name: [narrative box]
 - i. Please indicate the type of project: [single-select dropdown]
 1. Capital facilities project
 2. Technological needs project
 - ii. Please describe the project: [narrative box]
 - iii. If capital facilities project:
 1. Please indicate which of the following categories the project falls under: [single-select dropdown]
 - a. Acquiring, renovating, or constructing buildings that are or will be county-owned⁷⁰:
 - i. Please indicate if the project involves leasing or renting to own a building: [Y/N; logic: if Y, populate below question]

⁶⁸ Policy Manual Chapter 7, Section A.4.9

⁶⁹ Policy Manual Chapter 7, Section A.5

⁷⁰ The building can be owned and operated by a non-profit if the non-profit is providing behavioral health services under contract with the county.

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1. Please explain why purchase of the building was not possible:
[narrative box]
 - b. Acquiring facilities not secured to a foundation that is permanently affixed to the ground: [Y/N checkbox]
 - c. Establishing a capitalized repair or replacement reserve:
[Y/N checkbox]
 - d. Renovating buildings that are privately owned: [Y/N checkbox]
 - e. Meeting match requirements for Behavioral Health Continuum Infrastructure Program (Bond BHCIP) awards:
[Y/N checkbox]
- iv. If Technological Needs Project:
1. Please indicate the focus area(s) of the project: [multi-select dropdown]
 - a. Data exchange and interoperability
 - b. Data security and privacy
 - c. Data warehouse
 - d. Electronic health record system (EHR)
 - e. Individual/family access to computing resources
 - f. Imaging/paper conversion
 - g. Monitoring
 - h. Online information resources for individuals/families
 - i. Personal health record system (PHR)
 - j. Resources to support web content and mobile app accessibility
 - k. System maintenance costs
 - l. Telemedicine
 - m. Other: [narrative box]

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Behavioral Health Services Fund: Innovative Behavioral Health Pilot and Projects

1. Does your plan include the development of innovative programs or pilots: [Y/N checkbox; logic: if Y, populate below questions [unlimited option to add programs/activities]]
 - a. For each innovative program or activity:
 - i. What Behavioral Health Services Act (BHSA) component will fund the innovative program: [single-select drop-down]
 1. Housing Interventions
 2. Full Service Partnership (FSP)
 3. Behavioral Health Services and Supports (BHSS)
 - ii. Please describe how the innovative program or pilot will help build the evidence base for the effectiveness of new statewide strategies: [narrative box].
 - iii. Please describe intended outcomes of the project: [narrative box]

Workforce Strategy⁷¹

Maintain an Adequate Network of Qualified and Culturally Responsive Providers

1. The county must ensure its county-operated and county-contracted behavioral health workforce is well-supported and culturally and linguistically responsive with the population to be served. Through existing oversight processes, DHCS will assess whether the county:
 - a. Maintains and monitors a network of providers that is sufficient to provide adequate access to services and supports for individuals with behavioral health needs; and

⁷¹ [W&I Code § 5963.02, subdivision \(c\)\(8\); W&I Code § 5963, subdivision \(a\)\(5\)](#)

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- b. Meets federal and state standards for timely access to care and services, considering the urgency of the need for services.
- 2. The county must require BHSA-funded providers to comply with certain Medi-Cal standards with respect to their Behavioral Health Services Act (BHSA) services (i.e. requiring the same standards regardless of whether a given service is reimbursed under BHSA or Medi-Cal), as described in the Policy Manual.⁷² Does your county wish to disclose any implementation challenges or concerns with these requirements? [Y/N checkbox; if Y, populate below questions]
 - a. Please describe: [narrative box]

Build Workforce to Address Statewide Behavioral Health Goals

Assess Workforce Gaps

1. What is the overall vacancy rate for permanent behavioral health positions in the county (including county-operated and county-contracted providers): [percentage]
2. Upload any data source(s) used to determine vacancy rate [optional file upload]
3. Please select the five positions⁷³ with the greatest vacancy rates: [multi-select dropdown]
 - a. Advanced Emergency Medical Technicians (EMT)
 - b. Alcohol and Other Drug (AOD) Counselor
 - c. Certified Nurse Specialist
 - d. Clinical trainee
 - e. Community Health Workers (CHW) defined in the Community Health Worker Services benefit
 - f. Community Paramedics
 - g. Emergency Medical Technicians (EMT)
 - h. Licensed Clinical Social Worker (LCSW)
 - i. Licensed Practitioner of the Healing Arts (LPHA)
 - j. Licensed Professional Clinical Counselor (LPCC)
 - k. Licensed Vocational Nurse (LVN)
 - l. Marriage and family therapist (MFT)

⁷² [W&I Code § 5963.02, subdivision \(c\)\(8\)\(C\)-\(G\)](#)

⁷³ [SPA 24-0042](#)

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- m. Medical assistant (MA)
 - n. Mental Health Rehabilitation Specialist (MHRS)
 - o. Nurse practitioner (NP)
 - p. Occupational Therapist (OT)
 - q. Peer Support Specialist
 - r. Pharmacist
 - s. Physician
 - t. Physician assistant
 - u. Psychiatric Technician (PT)
 - v. Psychologist
 - w. Registered nurse (RN)
 - x. Waivered Psychologist
 - y. Waivered/Registered Clinical Social Worker
 - z. Waivered/Registered Professional Clinical Counselor (PCC)
 - aa. Other qualified provider
4. Please describe any other key workforce gaps in your county: [narrative box; optional file upload]
 5. How do you expect workforce needs to shift over the next three fiscal years given new and forthcoming requirements, including implementation of new evidence-based practices under Behavioral Health Transformation (BHT) and Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT): [narrative box]

Address Workforce Gaps

1. Is your county planning to leverage the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) workforce initiative to address workforce gaps, including through applying for and/or encouraging providers to apply for the following BH-CONNECT workforce programs: [multi-select dropdown]
 - a. Behavioral Health Scholarship Program: [Y/N checkbox; logic: If Y, populate follow up question]
 - i. Please explain any actions or activities your county is engaging in to leverage the program: [narrative box]
 - b. Behavioral Health Student Loan Payment Program: [Y/N; logic: If Y, populate follow up question]

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- i. Please explain any actions or activities your county is engaging in to leverage the program: [narrative box]
- c. Behavioral Health Recruitment and Retention Program: [Y/N checkbox; logic: If Y, populate follow up question]
 - i. Please explain any actions or activities your county is engaging in to leverage the program: [narrative box]
- d. Behavioral Health Community-Based Provider Training Program: [Y/N checkbox; logic: If Y, populate follow up question]
 - i. Please explain any actions or activities your county is engaging in to leverage the program: [narrative box]
- e. Behavioral Health Residency Program: [Y/N checkbox; logic: If Y, populate follow up question]
 - i. Please explain any actions or activities your county is engaging in to leverage the program: [narrative box]
- 2. Please describe any other efforts underway or planned in your county to address workforce gaps aside from those already described above under BHSA Workforce, Education, and Training (WET): [narrative box]

Budget And Prudent Reserve⁷⁴

- 1. Budget: [complete budget template and upload]
- 2. Please indicate how you plan to spend the amount over the maximum allowed prudent reserve limit for each category: [narrative box]
 - a. Enter date of last prudent reserve assessment: [date; date format MM/DD/YYYY]
 - b. Please describe how the use of excess prudent reserve funds drawn down from the local prudent reserve aligns with the goals of the Integrated Plan: [multi-select dropdown; logic: populate narrative box if response item selected]
 - i. Behavioral Health Services and Supports (BHSS): [narrative box]
 - ii. Full Service Partnerships (FSP): [narrative box]
 - iii. Housing Interventions: [narrative box]

⁷⁴ [W&I Code § 5963.02, subdivision \(c\)\(2\); W&I Code § 5892, subdivision \(b\)\(5\)\(A\)](#)

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Plan Approval and Compliance

Behavioral Health Director Certification

I hereby certify that [County Name] has complied with all statutes, regulations, and guidelines in preparing and submitting this Three-Year Integrated Plan for Behavioral Health Services and Outcomes, including all fiscal accountability and stakeholder participation requirements.⁷⁵ I further certify that:

1. The information, statements, and attachments included in the Three-Year Integrated Plan are, to the best of my knowledge and belief, true and correct: [checkbox]
2. I understand and agree that the Department of Health Care Services (DHCS) reserves the right to request clarification regarding unclear or ambiguous statements made in the Integrated Plan and other supporting documents submitted in the Integrated Plan: [checkbox]
3. The County will use Behavioral Health Services Act (BHSA) funds to serve the targeted population(s) as described in statute, regulations, and guidance: [checkbox]
4. Behavioral Health funding from all sources will be spent only on allowable uses as stated in statute, statute, regulations, and guidance: [checkbox]
5. BHSA funding will supplement, and not supplant, other funding available from existing local, state, or federal programs or from grants with similar purposes: [checkbox]
6. The Integrated Plan was submitted to the local behavioral health board: [checkbox]
7. Does your county wish to disclose any implementation challenges or concerns with these requirements? [Y/N checkbox; if Y, populate below questions]
 - Please describe: [narrative box]

Contact information

1. County Name: [narrative box]
2. Certification for:
 - a. Three-Year Integrated Plan: [checkbox]

⁷⁵ [W&I Code § 5963.02, subdivision \(c\)\(10-11\)](#)

The information included in this document may be pre-decisional, draft, and subject to change.

- b. Annual Update: [checkbox]
3. County Behavioral Health Agency Director:
- a. Name: [narrative box]
- b. Phone: [narrative box]
- c. Email: [narrative box]

Printed Name

Title [Behavioral Health Director]

Signature

Date

Chief Administration Officer Certification

I hereby certify that:

1. The County will use Behavioral Health Services Act (BHSA) funds to serve the targeted population(s) as described in statute: [checkbox]
2. Behavioral Health funding from all sources will be spent only on allowable uses as stated in statute: [checkbox]
3. BHSA funding will supplement, and not supplant, other funding available from existing local, state, or federal programs or from grants with similar purposes: [checkbox]
4. Does your county wish to disclose any implementation challenges or concerns with these requirements? [Y/N checkbox; if Y, populate below questions]
 - a. Please describe: [narrative box]

Printed Name

Title [Chief Administration Officer]

Signature

Date

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Contact information

1. County Name: [narrative box]
2. Certification for:
 - a. Three-Year Integrated Plan: [checkbox]
 - b. Annual Update: [checkbox]
3. County Chief Administration Officer:
 - a. Name: [narrative box]
 - b. Phone: [narrative box]
 - c. Email: [narrative box]

Board of Supervisor Certification

[Entity name] Boards of Supervisors certifies the following:

1. [Entity name] Board of Supervisors has reviewed and approved this Integrated Plan for the period of [FY-FY].
2. County will meet its realignment obligations pursuant to W&I Code section 14197, including but not limited to time or distance standards and appointment time standards set forth in [W&I Code section 14197](#) or other applicable guidance, without utilizing waitlists.
3. Does your county wish to disclose any implementation challenges or concerns with these requirements? [Y/N checkbox; if Y, populate below questions]
 - a. Please describe: [narrative box]

Printed Name

Title: Designated Representative, [Entity Name] Board of Supervisors

Signature

Date

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Appendix A: Community Planning Process Stakeholder Engagement Table

Required stakeholder/group:

[dropdown menu]

- » Eligible adults and older adults (individuals with lived experience)⁷⁶
- » Families of eligible children and youth, eligible adults, and eligible older adults (with lived experience)⁷⁷
- » Individuals with behavioral health experience, including peers and families
- » Youths (individuals with lived experience), youth mental health organizations, or youth substance use disorder organizations
- » Providers of mental health services
- » Providers of substance use disorder treatment services
- » Public safety partners, including county juvenile justice agencies
- » Local education agencies
- » Higher education partners
- » Early childhood organizations
- » Local public health jurisdictions
- » County social services and child welfare agencies
- » Labor representative organizations
- » Veterans & Representatives from veterans' organizations
- » Health care organizations, including hospitals
- » Health care service plans, including Medi-Cal managed care plans⁷⁸
- » Disability insurers⁷⁹
- » Tribal and Indian Health Program designees established for Medi-Cal Tribal consultation purposes
- » The five most populous cities in counties with a population greater than 200,000
[5 boxes for counties to list cities]

⁷⁶ [W&I Code § 5892, subdivision \(k\)\(8\)\(A\)](#)

⁷⁷ [W&I Code § 5892 subdivision \(c\)](#)

⁷⁸ [W&I Code § 14184.01, subdivision \(j\)](#)

⁷⁹ A commercial disability insurer that covers hospital, medical, or surgical benefits as defined in Insurance Code section 106(b).

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- » Area agencies on aging
- » Independent living centers
- » Continuums of care, including representatives from the homeless service provider community
- » Regional centers
- » Emergency medical services
- » Community-based organizations serving culturally and linguistically diverse constituents
- » Youth from historically marginalized communities
- » Organizations specializing in working with underserved racially and ethnically diverse communities
- » Lesbian, Gay, Bisexual, Transgender, Queer, Plus (LGBTQ+) communities
- » Victims of domestic violence and sexual abuse
- » People with lived experience of homelessness

Please indicate whether you engaged stakeholders from the groups listed during the planning process:

[single-select dropdown]

- » Yes
- » No
- » Attempted but did not receive response

Please list specific stakeholder organizations that were engaged, if applicable:

- » Please do not include specific names of individuals.
- » [narrative box]

For each organization named, please indicate the type of engagement used to obtain input on the planning process:

[Multi-select dropdown]

- » Education and engagement to support meaningful involvement, including policies that govern the behavioral health delivery system
- » Listening sessions
- » Conference calls

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- » Client advisory meetings
- » Consumer and family group meetings
- » Town hall meetings
- » Video conferences
- » Media announcements
- » Targeted Outreach
- » Public comment
- » Public hearings
- » Stakeholder workgroups and committees
- » Focus groups
- » Surveys
- » Key informant interviews or engaging with subject matter experts
- » Training, education, and outreach related to community planning
- » Other strategies that demonstrate meaningful partnerships with stakeholders, please specify: [narrative box]

Include date(s) of stakeholder engagement for each organization listed:

- » [date; date format MM/DD/YYYY]

For each type of stakeholder group not engaged, indicate reason stakeholder was not engaged:

[single-select dropdown menu]

- » Stakeholder declined to participate
- » Attempted but did not receive response
- » Other

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