BEHAVIORAL HEALTH SERVICES ACT INTEGRATED PLAN TEMPLATE VERSION 1

June 30, 2025

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Introduction

The Behavioral Health Services Act (BHSA) (Senate Bill (SB) 326, Chapter 90, Statutes of 2023) requires all county Behavioral Health Departments 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, 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.
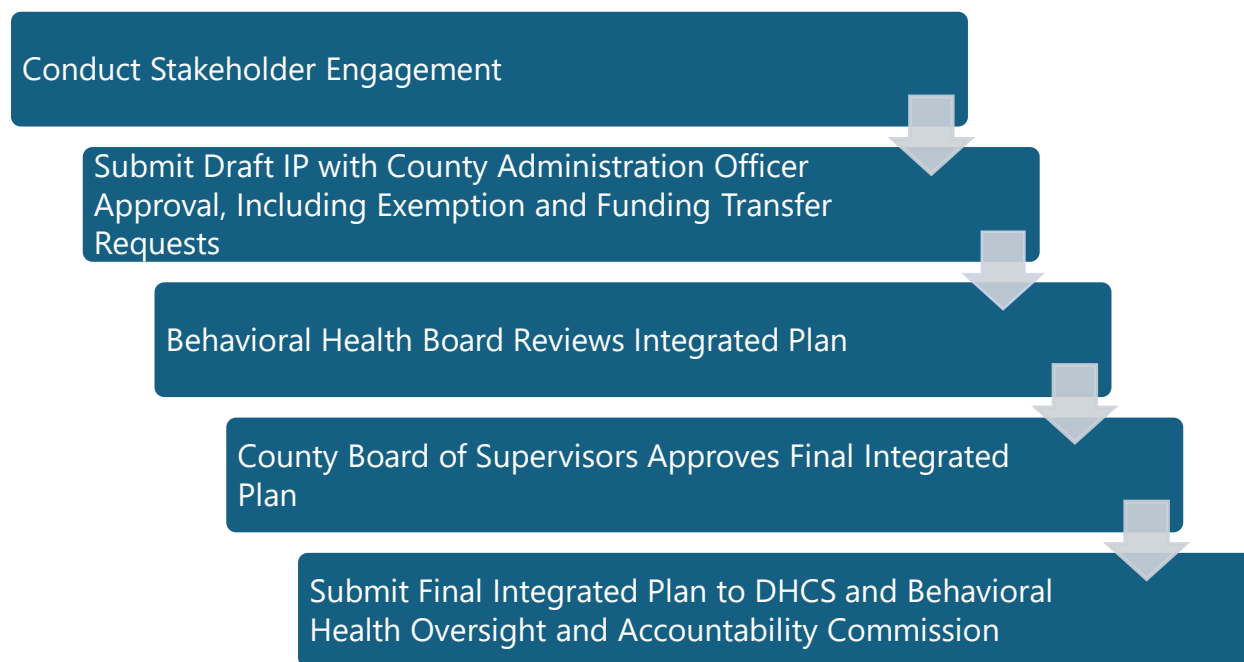

Figure 1. Integrated Plan Submission Workflow

*Recommended sequence. See details on the exemption submission process in the Integrated Plan Submission section (Policy Manual Chapter 3, Section E.4).

General Information

1. County, City, Joint Powers, or Joint Submission [checkbox] [logic to alter text below based on selection]

2. Entity Name (county, city, joint powers, or other) [narrative box]

3. Behavioral Health Agency Name [narrative box]

4. Behavioral Health Agency Mailing Address [narrative box]

5. Primary Mental Health Contact

    a. Name [narrative box]

    b. Email [email box]

    c. Phone [phone box]

6. Secondary Mental Health Contact

    a. Name [narrative box]

    b. Email [email box]

    c. Phone [phone box]

7. Primary Substance Use Disorder Contact

    a. Name [narrative box]

    b. Email [email box]

    c. Phone [phone box]

8. Secondary Substance Use Disorder Contact

    a. Name [narrative box]

    b. Email [email box]

    c. Phone [phone box]

9. Primary Housing Interventions Contact (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. Compliance Officer for Specialty Mental Health Services (SMHS)

    a. Name [narrative box]

    b. Email [email box]

11. Compliance Officer for Drug Medi-Cal Organized Delivery System (DMC-ODS) Services [Helper text: For some counties the Compliance Officer names will be the same. No compliance officer for DMC State Plan is required.]

    a. Name [narrative box]

    b. Email [email box]

12. Behavioral Health Services Act (BHSA) Coordinator (Minimum one contact required)

Name	Email Address
[name]	[email]
[name]	[email]

13. Substance Abuse and Mental Health Services Administration (SAMHSA) liaison (Minimum one contact required)

Name	Email Address
[name]	[email]
[name]	[email]

14. Quality Assurance or Quality Improvement (QA/QI) lead (Minimum one contact required)

Name	Email Address
[name]	[email]
[name]	[email]

15. Medical Director (Minimum one contact required)

Name	Email Address
[name]	[email]
[name]	[email]

Exemption Requests

Please complete the following section if the 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 exemption 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.

[Helper Text: 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 Policy Manual Chapter 7, Section B.3.4. Counties do not need to submit exemptions to FSP requirements for this IP.]

If the county has a population of less than 200,000, according to the Department of Finance Population and Housing Estimates, the county is able to request a Housing Intervention exemption. To apply, select which Housing Intervention Exemption you would like to request (counties are able to request more than one exemption): [logic: populate corresponding exemption request selected]

   a. Behavioral Health Services Fund Housing Intervention Component Exemption
   b. Housing Intervention Funds for Chronically Homeless Exemption
   c. Housing Intervention Funds for Capital Development Exemption

Behavioral Health Services Fund (BHSF) Housing Interventions Component Exemption Request

[Logic: Conditional on question #3: populate section if a is selected]

1. **Behavioral Health Services Fund Housing Intervention Component:** For counties seeking an exemption to the requirement to allocate 30 percent of the BHSA funds (beyond transfer allowance) distributed to the county for Housing Intervention services. [logic: populate a-d if Apply is selected]

    a. What percentage of funds is the county requesting to utilize for the Housing Intervention Component? [Helper text: Enter the percentage value as a whole number.] [numeric response]

    b. Of the percentage of funds above or below the required 30 percent being utilized for Housing Interventions, identify which allocation components and the percentage the funding will transfer from or into

        i.   Full Service Partnerships [numeric response]

        ii. Behavioral Health Services and Supports [numeric response]

    c. Please select which Housing Interventions exemptions criteria the county meets [multi-select list]

        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

    d. Please provide justification for this Housing Interventions exemption request [narrative box]

Supporting Data #1

    e. Please upload supporting data [file upload]

    f. Please select the data source [multi-select list]

        i.   Claims Data

        ii. Coordinated Entry System Data

        iii. [Housing Inventory Count](#)

        iv. Homeless Management Information System Data

        v.   [Point in Time Count](#)

        vi. Other [narrative box]

[Logic: (button) Add More Supporting Data (optional)]

Housing Intervention Funds for <u>Chronically Homeless</u> Exemption Request

[Logic: Conditional on question #3: populate section if b is selected]

1. **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. [logic: populate a-e if Apply is selected]

    a. What percentage of Housing Intervention Component allocation is the county requesting to use for those who are chronically homeless? [Helper text: Enter the percentage value as a whole number. [numeric response]

    b. Please select which Housing Interventions exemptions criteria the county meets [multi-select list]

        i.   Very limited need (e.g., small number of Behavioral Health Services Act eligible individuals experiencing chronic homelessness)

        ii. Sufficient funding from other sources to address housing needs

        iii. Other considerations

    c. Please provide justification for this Housing Interventions exemptions request [narrative box]

Supporting Data #1

    d. Please upload supporting data [file upload]

    e. Please select the data source [multi-select list]

        i.   Claims Data

        ii. Coordinated Entry System Data

        iii. <u>Housing Inventory Count</u>

        iv. Homeless Management Information System Data

        v.   <u>Point in Time Count</u>

        vi. Other [narrative box]

[Logic (button): Add More Supporting Data (optional)]

Housing Intervention Funds for Capital Development Exemption Request

[Logic: Conditional on question #3: populate section if c is selected]

1. **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. [logic: populate a-e if Apply is selected]

    a. What percentage of Housing Intervention Component allocation is the county requesting to use for capital development projects? [Helper text: Enter the percentage value as a whole number][numeric response]

    b. Please select which Housing Intervention exemptions criteria the county meets [multi-select list]

        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 this Housing Interventions exemptions request [narrative box]

Supporting Data #1

    d. Please upload supporting data [file upload with option for multiple uploads]

    e. Please select the data source [single-select list]

        i. Evidence of need for housing production

        ii. Partnership agreements/letters of support

        iii. Project budget with funding breakdown

        iv. Other [narrative box]

[Logic (button): Add More Supporting Data (optional)]

Funding Transfer Requests

If the county aims to submit a [funding transfer request](#) for the Fiscal Years (FY) 2026-2029 Integrated Plan (IP) period, please complete the questions below. Counties must submit their request by March 31 of the FY prior to the FY 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: display the following statement if county population is less than 200,000]

Counties with populations under 200,000 can assume that their request to reduce Housing Intervention Component funds from the required 30 percent is approved when completing the table below.

1. Please enter the proposed allocation adjustments to the tables below. [Helper text and logic: each year column 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 the county allocates any Housing Interventions outreach and engagement funds up to 7 percent, the amount of funds the county can transfer out of the Housing Interventions allocation component must be decreased by the corresponding amount. The base percentage for Housing Interventions may be higher or lower for small counties requesting a Housing Interventions exemption.]
   Counties may transfer no more than 7 percent of total funds from each component to another component, with a maximum of 14 percent of total funds transferred.

Table 1. Proposed Allocation Adjustments for Each Funding Component

	Plan Year One	Plan Year Two	Plan Year Three
Behavioral Health Services and Supports [Base 35%]	[percent]	[percent]	[percent]
Full Service Partnership [Base 35%]	[percent]	[percent]	[percent]

	Plan Year One	Plan Year Two	Plan Year Three
Housing Interventions [Base 30%]	[percent]	[percent]	[percent]
Housing Interventions for Outreach and Engagement	[percent]	[percent]	[percent]

Behavioral Health Services and Supports Transfers

1. Enter the proposed dollars transferred into/from Behavioral Health Services and Supports (Base 35 percent)

Table 2. Behavioral Health Services and Supports Transfers

	Plan Year One	Plan Year Two	Plan Year Three
Dollars transferred **from** Full Service Partnerships	[dollars]	[dollars]	[dollars]
Dollars transferred **from** Housing Interventions	[dollars]	[dollars]	[dollars]
Dollars transferred **into** Full Service Partnerships	[dollars]	[dollars]	[dollars]
Dollars transferred **into** Housing Interventions	[dollars]	[dollars]	[dollars]

2. For Behavioral Health Services and Supports, please include a rationale for the funding allocation transfer request [narrative box]

Full Service Partnerships Transfers

1. Enter the proposed dollars transferred into/from Full Service Partnerships (Base 35 percent)

Table 3. Full Service Partnerships Transfers

	Plan Year One	**Plan Year Two**	**Plan Year Three**
Dollars transferred **from** Behavioral Health Services and Supports	[dollars]	[dollars]	[dollars]
Dollars transferred **from** Housing Interventions	[dollars]	[dollars]	[dollars]
Dollars transferred **into** Behavioral Health Services and Supports	[dollars]	[dollars]	[dollars]
Dollars transferred **into** Housing Interventions	[dollars]	[dollars]	[dollars]

2. For Full Service Partnerships, please include a rationale for the funding allocation transfer request [narrative box]

Housing Interventions Transfers

1. Enter the proposed dollars transferred into/from Housing Interventions (Base 30 percent)

Table 4. Housing Interventions Transfers

	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]

	Plan Year One	**Plan Year Two**	**Plan Year Three**
Dollars transferred **into** Behavioral Health Services and Support	[dollars]	[dollars]	[dollars]
Dollars transferred **into** Full Service Partnerships	[dollars]	[dollars]	[dollars]

2. For Housing Interventions, please include a rationale for the funding allocation transfer request [narrative box]

Supporting Information and Data

1. How does this funding transfer request respond to community needs and input? [narrative box]

2. Please include local data supporting the funding transfer request [file upload]

County Behavioral Health System Overview

Please provide the city/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 city/county behavioral health system's populations served, technological infrastructure, and services provided. This information is intended to support city/county planning and transparency for stakeholders. The Department of Health Care Services recognizes that some information provided in this section is subject to change over the course of the Integrated Plan (IP) period. All data should be based on FY preceding the year plan development begins (i.e., for 2026-2029 IP, data from FY 2023-2024 should be used).

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 Population-Level Behavioral Health Measure Workbook.

Children and Youth

1. In the table below, please report the number of children and youth (under 21) served by the county behavioral health system who meet the criteria listed in each row. **Counts may be duplicated as individuals may be included in more than one category.**

Table 5. Number of Children and Youth Served

Criteria	Number of Children and Youth Under Age 21
Received Medi-Cal Specialty Mental Health Services (SMHS)	[rate]
Received at least one substance use disorder (SUD) individual-level prevention and/or early intervention service	[numeric response]
Received Drug Medi-Cal (DMC) or Drug Medi-Cal Organized Delivery System (DMC-ODS) services	[rate]
Received mental health (MH) and SUD services from the mental health plan (MHP) and DMC county or DMC-ODS plan	[rate]
Accessed the Early Psychosis Intervention Plus Program, pursuant to Welfare and Institutions Code Part 3.4 (commencing with section 5835), Coordinated Specialty Care, or other similar evidence-based practices and community-defined evidence practices for early psychosis and mood disorder detection and intervention programs	[numeric response]
Were chronically homeless or experiencing homelessness or at risk of homelessness	[numeric response]
Were in the juvenile justice system	[numeric response]
Have reentered the community from a youth correctional facility	[numeric response]

Criteria	Number of Children and Youth Under Age 21
Were served by the Mental Health Plan and had an open child welfare case	[rate]
Were served by the DMC County or DMC-ODS plan and had an open child welfare case	[rate]
Have received acute psychiatric care	[numeric response]

Adults and Older Adults

1. In the table below, please report the number of adults and older adults (21 and older) served by the county behavioral health system who meet the criteria listed in each row. **Counts may be duplicated as individuals may be included in more than one category.**

Table 6. Adults and Older Adults Served

Criteria	Number of Adults and Older Adults
Were dual-eligible Medicare and Medicaid members	[numeric response]
Received Medi-Cal SMHS	[rate]
Received DMC or DMC-ODS services	[rate]
Received MH and SUD services from the MHP and DMC county or DMC-ODS plan	[rate]
Were chronically homeless, or experiencing homelessness, or at risk of homelessness	[numeric response]
Experienced unsheltered homelessness	[numeric response]
Moved from unsheltered homelessness to being sheltered (emergency shelter, transitional housing, or permanent housing)	[numeric response]
Of the total number of those who moved from unsheltered homelessness to being sheltered, how many transitioned into permanent housing	[numeric response]

Criteria	Number of Adults and Older Adults
Were in the justice system (on parole or probation and not currently incarcerated)	[numeric response]
Were incarcerated (including state prison and jail)	[numeric response]
Reentered the community from state prison or county jail	[numeric response]
Received acute psychiatric services	[numeric response]

2. Input the number of persons in designated and approved facilities who were

    a. Admitted or detained for 72-hour evaluation and treatment rate [rate]
    b. Admitted for 14-day and 30-day periods of intensive treatment [rate]
    c. Admitted for 180-day post certification intensive treatment [rate]

3. Please report the total population enrolled in Department of State Hospital (DSH) Lanterman-Petris-Short (LPS) Act programs [numeric response]

4. Please report the total population enrolled in DSH community solution projects (e.g., community-based restoration and diversion programs) [numeric response]

5. Of the data reported in this section, are there any areas where the county would like to provide additional context for DHCS's understanding? [Yes/No radio button] [logic: if Y, populate narrative box] [narrative box]

6. Please describe the local data used during the planning process [narrative box]

7. If desired, provide documentation on the local data used during the planning process [optional file upload]

County Behavioral Health Technical Infrastructure

Cities submitting their Integrated Plan independently from their counties do not have to complete this section.

1. Does the county behavioral health system use an Electronic Health Record (EHR)? [Yes/No radio buttons; if Y, populate question 1a below]

    a. Please select which of the following EHRs the county uses [multi-select list]

        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

      xiv. Practice Fusion

      xv. Qualifacts Credible

      xvi. SmartCare

      xvii. TherapyNotes

      xviii. Other [narrative box]

2. Does the county behavioral health system participate in a Qualified Health Information Organization (QHIO)? [Yes/No radio buttons; if Y, populate question 2a below]

    a. Please select which QHIO the county participates in [multi-select list]

      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

Application Programming Interface Information

Counties are required to implement Application Programming Interfaces (API) in accordance with [Behavioral Health Information Notice (BHIN) 22-068](#) and federal law.

1. Please provide the link to the county's API endpoint on the county behavioral health plan's website [URL validation box]

2. Does the county wish to disclose any implementation challenges or concerns with these requirements? [Yes/No radio buttons; if Y, populate question 2a below]

    a. Please describe these challenges and concerns [narrative box]

3. 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 the county wish to disclose any implementation challenges or concerns with these requirements? [Yes/No radio buttons; if Y, populate question 3a below]

    a. Please describe these challenges and concerns [narrative box]

County Behavioral Health System Service Delivery Landscape

Cities submitting their Integrated Plan independently from their counties do not have to complete this section.

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

1. Will the county participate in [SAMHSA's PATH Grant](#) during the Integrated Plan period? [Yes/No radio buttons; if Y, populate question 1a below]

    a. Please select all services the county behavioral health system plans to provide under the PATH grant [multi-select list]

        i. Alcohol or Drug Treatment Services

        ii. Case Management Services

        iii. Community Mental Health Services

    iv. Habilitation and Rehabilitation Services

    v. Outreach Services

    vi. Referrals for Primary Health Care, Job Training, Educational Services, and Housing 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. [logic: Populate question if vi is selected in list above] Please select the county's referrals for Primary Health Care, Job Training, Educational Services, and Housing Services [multi-select list]

    a. Costs Associated with Matching Eligible Homeless Individuals with Appropriate Housing Situations

    b. Improving the Coordination of Housing Services

    c. Minor Renovation, Expansion, and Repair of Housing

    d. One-time Rental Payments to Prevent Eviction

    e. Planning of Housing

    f. Security Deposits

    g. Technical Assistance in Applying for Housing

3. Does the county wish to disclose any implementation challenges or concerns with the requirements under this program? [Yes/No radio buttons; if Y, populate question 3a below]

    a. Please describe these challenges or concerns: [narrative box]

Community Mental Health Services Block Grant (MHBG)

1. Will the county behavioral health system participate in any MHBG set-asides during the Integrated Plan period? [Yes/No radio buttons; logic: if Y, populate question 1a below]

    a. Please select all set asides that the county behavioral health system plans to participate in under the MHBG [multi-select list]

        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 the county wish to disclose any implementation challenges or concerns with the requirements under this program? [Yes/No radio buttons; if Y, populate question 2a below]

    a. Please describe these challenges or concerns: [narrative box]

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

1. Will the county behavioral health system participate in any SUBG set asides during the Integrated Plan period? [Yes/No radio buttons; logic: if Y, populate question 1a below]

    a. Please select all set-asides that the county behavioral health system participates in under SUBG [multi-select list]

        i. Adolescent/Youth Set-Aside

        ii. Discretionary

        iii. Perinatal Set-Aside

        iv. Primary Prevention Set-Aside

        v. Syringe Services Program Allowance

2. Does the county wish to disclose any implementation challenges or concerns with the requirements under this program? [Yes/No radio buttons; if Y, populate question 2a below]

    a. Please describe these challenges or concerns [narrative box]

Opioid Settlement Funds (OSF)

1. Will the county behavioral health system have planned expenditures for OSF during the Integrated Plan period? [Yes/No radio buttons; logic: if Y, populate question 1a below]

     a. Please check all set asides the county behavioral health system participates in under OSF Exhibit E [multi-select list]

        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

        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 the county wish to disclose any implementation challenges or concerns with the requirements under this program? [Yes/No radio buttons if Y, populate question 2a below]

     a. Please describe these challenges or concerns [narrative box]

Bronzan-McCorquodale Act

[Context text: The county behavioral health system is mandated to provide the following community mental health services as described in the Bronzan-McCorquodale Act (BMA).

    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

1. In addition, BMA funds may be used for the specific services identified in the list below. Select all services that are funded with BMA funds: [multi-select list]
   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]
2. Does the county wish to disclose any implementation challenges or concerns with the requirements under this program? [Yes/No radio buttons; if Y, populate question 2a below]
   a. Please describe these challenges or concerns: [narrative box]

Public Safety Realignment (2011 Realignment)

[Context text: The county behavioral health system is required to provide the following services which may be funded under the Public Safety Realignment (2011 Realignment)

    a. Drug Courts

    b. Medi-Cal Specialty Mental Health Services, including Early Periodic Screening Diagnostic Treatment (EPSDT)

    c. Regular and Perinatal Drug Medi-Cal Services

    d. Regular and Perinatal DMC Organized Delivery System Services, including EPSDT

    e. Regular and Perinatal Non-Drug Medi-Cal Services]

1. Does the county wish to disclose any implementation challenges or concerns with the requirements under this program? [Yes/No radio buttons; if Y, populate question 1a below]

    a. Please describe these challenges or concerns [narrative box]

Medi-Cal Specialty Mental Health Services (SMHS)

[Context text: The county behavioral health system is mandated to provide the following services under SMHS authority (no action required).

    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 21]

1. Has the county behavioral health system opted to provide the specific Medi-Cal SMHS identified in the list below as of June 30, 2026? [multi-select list]

   a. ACT

   b. Clubhouse Services

   c. CSC for FEP

   d. Enhanced CHW Services

   e. FACT

   f. IPS Supported Employment

   g. Peer Support Services

2. Does the county wish to disclose any implementation challenges or concerns with the requirements under this program? [Yes/No radio button; if Y, populate question 2a below]

   a. Please describe these challenges or concerns [narrative box]

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

1. Select which of the following services the county behavioral health system participates in [single-select list]

   a. DMC Program [if selected, populate DMC questions]
   b. DMC-ODS Program [if selected, populate DMC-ODS questions]

Drug Medi-Cal Program (DMC)

[Context text: The county behavioral health system is mandated to provide the following services as a part of the DMC Program (no action required)

   a. All Other Medically Necessary Services for individuals under age 21

   b. Intensive Outpatient Treatment Services

    c. Medications for Addiction Treatment (including medication, counseling services, and behavioral therapy) (MAT)

    d. [Mobile Crisis Services](#)

    e. Narcotic Treatment Program (NTP) Services

    f. Outpatient Treatment Services

    g. Perinatal Residential Substance Use Disorder (SUD) Treatment for pregnant women and women in the postpartum period]

1. Has the county behavioral health system opted to provide the specific services identified in the list below? [multi-select list]

    a. Enhanced CHW Services

    b. IPS Supported Employment

    c. Peer Support Services

2. Does the county wish to disclose any implementation challenges or concerns with the requirements under this program? [Yes/No radio buttons; if Y, populate question 2a below]

    a. Please describe these challenges or concerns [narrative box]

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

[Context text: The county behavioral health system is mandated to provide the following services as a part of the [DMC-ODS](#) Program (DHCS currently follows the guidance set forth in the [American Society of Addiction Medicine (ASAM) Criteria, 3rd Edition](#)). (no action required)

    a. Care Coordination Services

    b. Clinician Consultation

    c. Outpatient Treatment Services (ASAM Level 1)

    d. Intensive Outpatient Treatment Services (ASAM Level 2.1)

    e. Medications for Addiction Treatment (MAT), Including Narcotics Treatment Program (NTP) Services

    f. [Mobile Crisis Services](#)

    g. Recovery Services

    h. Residential Treatment services (ASAM Levels 3.1, 3.3., 3.5)

    i. Traditional Healers and Natural Helpers

    j. Withdrawal Management Services

    k. All Other Medically Necessary Services for individuals under age 21

    l. Early Intervention for individuals under age 21]

1. Has the county behavioral health system opted to provide the specific Medi-Cal SUD services identified in the list below as of June 30, 2026? [multi-select list]

    a. Enhanced Community Health Worker (CHW) Services

    b. Inpatient Services (ASAM Levels 3.7 & 4.0)

    c. IPS Supported Employment

    d. Partial Hospitalization Services (ASAM Level 2.5)

    e. Peer Support Services

    f. Recovery Incentives Program (Contingency Management)

2. Does the county wish to disclose any implementation challenges or concerns with the requirements under this program? [Yes/No radio buttons; if Y, populate question 2a below]

    a. Please describe these challenges or concerns [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 and SUD programs. [narrative box, with option to create unlimited number of entries]

Care Transitions

1. Has the county implemented the state-mandated [Transition of Care Tool for Medi-Cal Mental Health Services](#) (Adult and Youth)? [Logic: Yes/no radio buttons]

2. Does the county's Memorandum of Understanding include a description of the system used to transition a member's care between the member's mental health plan and their managed care plan based upon the member's health condition? [Logic: Yes/no radio buttons]

Statewide Behavioral Health Goals

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 for the fiscal year(s) being addressed in the IP. For more information on the statewide behavioral health goals, please see the Policy Manual Chapter 2, Section C.

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 Population-Level Behavioral Health Measure Workbook.

As part of this review, counties are required to evaluate disparities related to the six priority statewide behavioral health goals. Counties are encouraged to use their existing tools, methods, and systems to support this analysis and may also incorporate local data sources to strengthen their evaluation.

Please note that several Phase 1 measures include demographic stratifications – such as race, sex, age, and spoken language – which are included in the prompts below. Counties may also use local data to conduct additional analyses beyond these demographic categories to strengthen their evaluation and better understand community needs.

Priority Statewide Behavioral Health Goals for Improvement

Counties are required to address the six priority statewide behavioral health goals in this section. Cities should utilize data that corresponds to the county they are located within. As such, the City of Berkeley should use data from Alameda County and Tri-City should use data from Los Angeles County.

Access To Care

Primary Measures

Specialty Mental Health Services (SMHS) Penetration Rates for Adults and Children & Youth (DHCS), FY 2023

1. How does your county status compare to the statewide rate?

a. For adults/older adults [above/below/same]

b. For children/youth [above/below/same]

2. What disparities did you identify across demographic groups or special populations? [Multi-select]

 a. Age

 b. Gender

 c. Race or Ethnicity

 d. Sex

 e. Spoken Language

 f. None Identified

 g. No Disparities Data Available

 h. Other [narrative box]

Non-Specialty Mental Health Services (NSMHS) Penetration Rates for Adults and Children & Youth (DHCS), FY 2023

1. How does your county status compare to the statewide rate?

 a. For adults/older adults [above/below/same]

 b. For children/youth [above/below/same]

2. What disparities did you identify across demographic groups or special populations? [Multi-select]

 a. Age

 b. Gender

 c. Race or Ethnicity

 d. Sex

 e. Spoken Language

 f. None Identified

 g. No Disparities Data Available

 h. Other [narrative box]

Drug Medi-Cal (DMC) Penetration Rates for Adults and Children & Youth (DHCS), FY 2022 - 2023

1. How does your county status compare to the statewide rate?

    a. For adults/older adults [above/below/same]

    b. For children/youth [above/below/same]

2. What disparities did you identify across demographic groups or special populations? [Multi-select]

    a. Age

    b. Gender

    c. Race or Ethnicity

    d. Sex

    e. Spoken Language

    f. None Identified

    g. No Disparities Data Available

    h. Other [narrative box]

Drug Medi-Cal Organized Delivery System (DMC-ODS) Penetration Rates for Adults and Children & Youth (DHCS), FY 2022 - 2023

1. How does your county status compare to the statewide rate?

    a. For adults/older adults [above/below/same]

    b. For children/youth [above/below/same]

2. What disparities did you identify across demographic groups or special populations? [Multi-select]

    a. Age

    b. Gender

    c. Race or Ethnicity

    d. Sex

    e. Spoken Language

    f. None Identified

     g. No Disparities Data Available

     h. Other [narrative box]

Supplemental Measures

Initiation of Substance Use Disorder Treatment (IET-INI) (DHCS), FY 2023

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

2. What disparities did you identify across demographic groups or special populations? [Multi-select]

     a. Age

     b. Gender

     c. Race or Ethnicity

     d. Sex

     e. Spoken Language

     f. None Identified

     g. No Disparities Data Available

     h. Other [narrative box]

Disparities Analysis

1. For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis [narrative box]

Cross-Measure Questions

1. Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may increase your county's level of access to care. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, 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]

2. Please identify the category or categories of funding that the county is using to address the access to care goal [multi-select dropdown]

a. BHSA Behavioral Health Services and Supports (BHSS)

b. BHSA Full Services Partnership (FSP)

c. BHSA Housing Interventions

d. 1991 Realignment

e. 2011 Realignment

f. State General Fund

g. Federal Financial Participation (SMHS, Drug Medi-Cal/Drug Medi-Cal Organized Delivery System (DMC/DMC-ODS)

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

i. Community Mental Health Block Grant (MHBG)

j. Substance Use Block Grant (SUBG)

k. Other [narrative]

Homelessness

Primary Measures

People Experiencing Homelessness Point-in-Time Count (Rate per 10,000 people by Continuum of Care Region) (HUD), 2024

1. 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]

2. What disparities did you identify across demographic groups or special populations? [Multi-select]

    a. Age

    b. Gender

    c. Race or Ethnicity

    d. Sex

    e. Spoken Language

    f. None Identified

    g. No Disparities Data Available

    h. Other [narrative]

Homeless Student Enrollment by Dwelling Type, California Department of Education (CDE), 2023 - 2024

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

2. What disparities did you identify across demographic groups or special populations? [Multi-select]

   a. Age

   b. Gender

   c. Race or Ethnicity

   d. Sex

   e. Spoken Language

   f. None Identified

   g. No Disparities Data Available

   h. Other [narrative]

Supplemental Measures

PIT Count Rate of People Experience Homelessness with Severe Mental Illness, (Rate per 10,000 people by Continuum of Care Region) (HUD), 2024

1. 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]

2. What disparities did you identify across demographic groups or special populations? [Multi-select]

   a. Age

   b. Gender

   c. Race or Ethnicity

   d. Sex

   e. Spoken Language

   f. None Identified

   g. No Disparities Data Available

   h. Other [narrative]

PIT Count Rate of People Experience Homelessness with Chronic Substance Abuse, (Rate per 10,000 people by Continuum of Care Region) (HUD), 2024

1. 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]

2. What disparities did you identify across demographic groups or special populations? [Multi-select]

    a. Age
    b. Gender
    c. Race or Ethnicity
    d. Sex
    e. Spoken Language
    f. None Identified

    g. No Disparities Data Available
    h. Other [narrative]

People Experiencing Homelessness Who Accessed Services from a Continuum of Care (CoC) Rate (BCSH), 2023 (This measure will increase as people access services.)

1. How does your local CoC's rate compare to the average rate across all CoCs? [above/below/same]

2. What disparities did you identify across demographic groups or special populations? [Multi-select]

    a. Age

    b. Gender
    c. Race or Ethnicity
    d. Sex
    e. Spoken Language
    f. None Identified

    g. No Disparities Data Available
    h. Other [narrative box]

Disparities Analysis

1. For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis [narrative box]

Cross-Measure Questions

1. Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may reduce your county's level of homelessness in the population experiencing severe mental illness, severe SUD, or co-occurring conditions. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, 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]

2. Please identify the category or categories of funding that the county is using to address the homelessness goal [multi-select dropdown]

   a. BHSA BHSS
   b. BHSA FSP
   c. BHSA Housing Interventions
   d. 1991 Realignment
   e. 2011 Realignment
   f. State General Fund
   g. Federal Financial Participation (SMHS, DMC/DMC-ODS)
   h. SAMHSA PATH
   i. MHBG
   j. SUBG
   k. Other [narrative box]

Institutionalization

[Context text: Per 42 CFR 435.1010, an institution is "an establishment that furnishes (in single or multiple facilities) food, shelter, and some treatment or services to four or more persons unrelated to the proprietor." Institutional settings are intended for individuals with conditions including, but not limited to, behavioral health conditions.

Care provided in inpatient and residential (i.e., institutional) settings can be clinically appropriate and is part of the care continuum. Here, institutionalization refers to individuals residing in these settings longer than clinically appropriate. Therefore, the goal is not to reduce stays in institutional settings to zero. The focus of this goal is on reducing stays in institutional settings that provide a Level of Care that is not – or is no longer – the least restrictive environment. (no action)]

Primary Measures

Inpatient administrative days (DHCS) rate, FY 2023

1. How does your county status compare to the statewide rate/average?

    a. For adults/older adults [above/below/same]

    b. For children/youth [above/below/same]

2. What disparities did you identify across demographic groups or special populations? [Multi-select]

    a. Age
    b. Gender
    c. Race or Ethnicity
    d. Sex
    e. Spoken Language
    f. None Identified
    g. No Disparities Data Available
    h. Other [narrative box]

Supplemental Measures

Involuntary Detention Rates, FY 2021 - 2022

1. How does your county status compare to the statewide rate/average?

    a. 14-day involuntary detention rates per 10,000 [above/below/same]

    b. 30-day involuntary detention rates per 10,000 [above/below/same]

    c. 180-day post-certification involuntary detention rates per 10,000 [above/below/same]

2. What disparities did you identify across demographic groups or special populations? [Multi-select]

    a. Age
    b. Gender

c. Race or Ethnicity

d. Sex

e. Spoken Language

f. None Identified

g. No Disparities Data Available

h. Other [narrative box]

Supplemental Measure: Conservatorships, FY 2021 - 2022

1. How does your county status compare to the statewide rate/average?

    a. Temporary Conservatorships [above/below/same]

    b. Permanent Conservatorships [above/below/same]

2. What disparities did you identify across demographic groups or special populations? [Multi-select]

    a. Age

    b. Gender

    c. Race or Ethnicity

    d. Sex

    e. Spoken Language

    f. None Identified

    g. No Disparities Data Available

    h. Other [narrative box]

SMHS Crisis Service Utilization (Crisis Intervention, Crisis Residential Treatment Services, and Crisis Stabilization) (DHCS), FY 2023

[Context text: Increasing access to crisis services may reduce or prevent unnecessary admissions to institutional facilities.]

1. How does your county status compare to the statewide rate/average?

    a. Crisis Intervention

        i. For adults/older adults [above/below/same]

        ii. For children/youth [above/below/same]

    b. Crisis Residential Treatment Services

        i. For adults/older adults [above/below/same]

        ii. For children/youth [above/below/same]

    c. Crisis Stabilization

      i. For adults/older adults [above/below/same]

      ii. For children/youth [above/below/same]

2. What disparities did you identify across demographic groups or special populations? [Multi-select]

    a. Age
    b. Gender
    c. Race or Ethnicity
    d. Sex
    e. Spoken Language
    f. None Identified
    g. No Disparities Data Available
    h. Other [narrative box]

Disparities Analysis

1. For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis [narrative box]

Cross-Measure Questions

1. 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]

2. Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may reduce your county's rate of institutionalization. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, 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]

3. Please identify the category or categories of funding that the county is using to address the institutionalization goal [multi-select dropdown]

    a. BHSA BHSS
    b. BHSA FSP
    c. BHSA Housing Interventions

d. 1991 Realignment

e. 2011 Realignment

f. State General Fund

g. Federal Financial Participation (SMHS, DMC/DMC-ODS)

h. SAMHSA PATH

i. MHBG

j. SUBG

k. Other [narrative box]

Justice-Involvement

Primary Measures

Arrests: Adult and Juvenile Rates (Department of Justice), Statistical Year 2023

1. How does your county status compare to the statewide rate/average?

    a. For adults/older adults [above/below/same]

    b. For juveniles [above/below/same]

2. What disparities did you identify across demographic groups or special populations? [Multi-select]

    a. Age

    b. Gender

    c. Race or Ethnicity

    d. Sex

    e. Spoken Language

    f. None Identified

    g. No Disparities Data Available

    h. Other [narrative box]

Supplemental Measures

Adult Recidivism Conviction Rate (California Department of Corrections and Rehabilitation (CDCR)), FY 2019 - 2020

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

2. What disparities did you identify across demographic groups or special populations? [Multi-select]

    a. Age

    b. Gender

    c. Race or Ethnicity

    d. Sex

    e. Spoken Language

    f. None Identified

    g. No Disparities Data Available

    h. Other [narrative box]

Incompetent to Stand Trial (IST) Count (Department of State Hospitals (DSH)), FY 2023

Note: The IST count includes all programs funded by DSH, including, state hospital, Jail Based Competency Treatment (JBCT), waitlist, community inpatient facilities, conditional release, community-based restoration and diversion programs. However, this count excludes county-funded programs. As such, individuals with Felony IST designations who are court-ordered to county-funded programs are not included in this count.

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

2. What disparities did you identify across demographic groups or special populations? [Multi-select]

    a. Age

    b. Gender

    c. Race or Ethnicity

    d. Sex

    e. Spoken Language

    f. None Identified

    g. No Disparities Data Available

    h. Other [narrative box]

Disparities Analysis

1. For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis [narrative box]

Cross-Measure Questions

1. Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may reduce your

county's level of justice-involvement for those living with significant behavioral health needs. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, 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]

2. Please identify the category or categories of funding that the county is using to address the justice-involvement goal [multi-select dropdown]

   a. BHSA BHSS
   b. BHSA FSP
   c. BHSA Housing Interventions
   d. 1991 Realignment
   e. 2011 Realignment
   f. State General Fund
   g. Federal Financial Participation (SMHS, DMC/DMC-ODS)
   h. SAMHSA PATH
   i. MHBG
   j. SUBG
   k. Other [narrative box]

Removal Of Children from Home

Primary Measures

Children in Foster Care (Child Welfare Indicators Project (CWIP)), as of January 2025

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

2. What disparities did you identify across demographic groups or special populations? [Multi-select]

   a. Age
   b. Gender
   c. Race or Ethnicity
   d. Sex
   e. Spoken Language
   f. None Identified

g. No Disparities Data Available

h. Other [narrative box]

Supplemental Measures

Open Child Welfare Cases SMHS Penetration Rates (DHCS), 2022

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

2. What disparities did you identify across demographic groups or special populations? [Multi-select]

   a. Age

   b. Gender

   c. Race or Ethnicity

   d. Sex

   e. Spoken Language

   f. None Identified

   g. No Disparities Data Available

   h. Other [narrative box]

Child Maltreatment Substantiations (CWIP), 2022

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

2. What disparities did you identify across demographic groups or special populations? [Multi-select]

   a. Age

   b. Gender

   c. Race or Ethnicity

   d. Sex

   e. Spoken Language

   f. None Identified

   g. No Disparities Data Available

   h. Other [narrative box]

Disparities Analysis

1. For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis [narrative box]

Cross-Measure Questions

1. Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may reduce your county's level of the removal of children from home. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, 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]

2. Please identify the category or categories of funding that the county is using to address the removal of children from home goal [multi-select dropdown]

   a. BHSA BHSS
   b. BHSA FSP
   c. BHSA Housing Interventions
   d. 1991 Realignment
   e. 2011 Realignment
   f. State General Fund
   g. Federal Financial Participation (SMHS, DMC/DMC-ODS)
   h. SAMHSA PATH
   i. MHBG
   j. SUBG
   k. Other [narrative box]

Untreated Behavioral Health Conditions

Primary Measures

Follow-Up After Emergency Department Visits for Substance Use (FUA-30), 2022

1. How does your county status compare to the statewide rate/average?

   a. For the full population measured [above/below/same]

2. What disparities did you identify across demographic groups or special populations? [Multi-select]

   a. Age
   b. Gender

c. Race or Ethnicity

d. Sex

e. Spoken Language

f. None Identified

g. No Disparities Data Available

h. Other [narrative box]

Follow-Up After Emergency Department Visits for Mental Illness (FUM-30), 2022

1. How does your county status compare to the statewide rate/average?

   a. For the full population measured [above/below/same]

2. What disparities did you identify across demographic groups or special populations? [Multi-select]

   a. Age

   b. Gender

   c. Race or Ethnicity

   d. Sex

   e. Spoken Language

   f. None Identified

   g. No Disparities Data Available

   h. Other [narrative box]

Supplemental Measures

Adults that needed help for emotional/mental health problems or use of alcohol/drugs who had no visits for mental/drug/alcohol issues in past year (CHIS), 2023

1. How does your county status compare to the statewide rate/average?

   a. For the full population measure [above/below/same]

2. What disparities did you identify across demographic groups or special populations? [Multi-select]

   a. Age

   b. Gender

   c. Race or Ethnicity

   d. Sex

   e. Spoken Language

   f. None Identified

    g. No Disparities Data Available

    h. Other [narrative box]

Disparities Analysis

1. For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis [narrative box]

Cross-Measure Questions

1. Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026, that may decrease your county's level of untreated behavioral health conditions. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, 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]

2. Please identify the category or categories of funding that the county is using to address the untreated behavioral health conditions goal [multi-select dropdown]

    a. BHSA BHSS

    b. BHSA FSP

    c. BHSA Housing Interventions

    d. 1991 Realignment

    e. 2011 Realignment

    f. State General Fund

    g. Federal Financial Participation (SMHS DMC/DMC-ODS)

    h. SAMHSA PATH

    i. MHBG

    j. SUBG

    k. Other [narrative box]

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 six 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.

Care Experience

Primary Measures

Perception of Cultural Appropriateness/Quality Domain Score (Consumer Perception Survey (CPS)), 2024

1. How does your county status compare to the statewide rate/average?

   a. For adults/older adults [above/below/same]
   b. For children/youth [above/below/same]

Quality Domain Score (Treatment Perception Survey (TPS)), 2024

1. How does your county compare to the statewide rate/average?

   a. For adults/older adults [above/below/same]
   b. For children/youth [above/below/same]

Engagement In School

Primary Measures

Twelfth Graders who Graduated High School on Time (Kids Count), 2022

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

Supplemental Measures

Meaningful Participation at School (California Health Kids Survey (CHKS)), 2023

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

Student Chronic Absenteeism Rate (Data Quest), 2022

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

Engagement In Work

Primary Measures

Unemployment Rate (California Employment Development Department (CA EDD)), 2023

1. How does your county status compare to the statewide rate/average?

   [above/below/same]

Supplemental Measures

Unable to Work Due to Mental Problems (California Health Interview Survey (CHIS)), 2023

1. How does your county status compare to the statewide rate/average?

   [above/below/same]

Overdoses

Primary Measures

All Drug-Related Overdose Deaths (California Department of Public Health (CDPH)), 2022

1. How does your county status compare to the statewide rate/average?
   - a. For the full population measure [above/below/same]
   - b. For adults/older adults [above/below/same]
   - c. For children/youth [above/below/same]

Supplemental Measures

All-Drug Related Overdose Emergency Department Visits (CDPH), 2022

1. How does your county status compare to the statewide rate/average?

   - a. For the full population measure [above/below/same]
   - b. For adults/older adults [above/below/same]
   - c. For children/youth [above/below/same]

Prevention And Treatment of Co-Occurring Physical Health Conditions

Primary Measures

Adults' Access to Preventive/Ambulatory Health Service & Child and Adolescent Well-Care Visits (DHCS), 2022

1. How does your county status compare to the statewide rate/average?

a. For adults (specific to Adults' Access to Preventive/Ambulatory Health Service) [above/below/same]

b. For children/youth (specific to Child and Adolescent Well-Care Visits) [above/below/same]

Supplemental Measures

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), 2022

1. How does your county status compare to the statewide rate/average?

a. For adults/older adults (specific to Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications) [above/below/same]

b. For children/youth (specific to Metabolic Monitoring for Children and Adolescents on Antipsychotics: Blood Glucose and Cholesterol Testing) [above/below/same]

Quality Of Life

Primary Measures

Perception of Functioning Domain Score (CPS), 2024

1. How does your county status compare to the statewide rate/average?

a. For the full population measured [above/below/same]
b. For adults/older adults [above/below/same]
c. For children/youth [above/below/same]

Supplemental Measures

Poor Mental Health Days Reported (Behavioral Risk Factor Surveillance System (BRFSS)), 2024

1. How does your county status compare to the statewide rate/average?

a. For the full population measure [above/below/same]

Social Connection

Primary Measures

Perception of Social Connectedness Domain Score (CPS), 2024

1. How does your county status compare to the statewide rate/average?

a. For the full population measured [above/below/same]

b. For adults/older adults [above/below/same]

c. For children/youth [above/below/same]

Supplemental Measures

Caring Adult Relationships at School (CHKS), 2023

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

Suicides

Primary Measures

Suicide Deaths, 2022

1. How does your county status compare to the statewide rate/average?

a. For the full population measured [above/below/same]

Supplemental Measures

Non-Fatal Emergency Department Visits Due to Self-Harm, 2022

1. How does your county status compare to the statewide rate/average?

a. For the full population measured [above/below/same]

b. For adults/older adults [above/below/same]

c. For children/youth [above/below/same]

County-Selected Statewide Population Behavioral Health Goals

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]

1. **Goal #1** [logic: auto-populate name of selected goal]

a. Please describe why this goal was selected [narrative box]

b. What disparities did you identify across demographic groups or priority populations among the Additional Statewide Behavioral Health Goals? For any disparities observed, please provide a written summary of your findings,

including the measures and population groups experiencing disparities and a description of the data that supported your analysis.

c. Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 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]

d. Please identify the category or categories of funding that the county is using to address this goal [multi-select dropdown]

   i. BHSA BHSS

   ii. BHSA FSP

   iii. BHSA Housing Interventions

   iv. 1991 Realignment

   v. 2011 Realignment

   vi. State General Fund

   vii. Federal Financial Participation (SMHS, DMC/DMC-ODS)

   viii. SAMHSA PATH

   ix. MHBG

   x. SUBG

   xi. Other [narrative box]

Community Planning Process

Stakeholder Engagement

1. Please indicate the type of engagement used to obtain input on the planning process [multi-select check boxes; display those selected with ability to choose from options below]
   a. County outreach through social media
   b. County outreach through townhall meetings
   c. County outreach through traditional media (e.g., television, radio, newspaper)
   d. Focus group discussions

    e. Key informant interviews with subject matter experts

    f. Meeting(s) with county

    g. Provided data to county

    h. Public e-mail inbox submission

    i. Survey participation

    j. Training, education, and outreach related to community planning

    k. Workgroups and committee meetings

    l. Other [Logic: If l is selected, populate question 2]

2. Please specify the other strategies that demonstrate the meaningful partnerships with stakeholders [narrative box]

3. Include date(s) of stakeholder engagement for each type of engagement [question repeats for each type of engagement selected above] [format date box MM/DD/YYYY, option to add multiple entries]

4. Please list specific stakeholder organizations that were engaged in the planning process. Please do not include specific names of individuals. [narrative box]

5. Which required stakeholder/groups were engaged in the planning process? [multi-select check boxes]

    a. Area agencies on aging

    b. BHSA eligible adults and older adults (individuals with lived experience)

    c. Community-based organizations serving culturally and linguistically diverse constituents

    d. Continuums of care, including representatives from the homeless service provider community

    e. County social services and child welfare agencies

    f. Disability insurers

    g. Early childhood organizations

    h. Emergency medical services

    i. Families of BHSA eligible children and youth, eligible adults, and eligible older adults (with lived experience)

    j. Higher education partners

    k. Health care organizations, including hospitals

    l. Health care service plans, including Medi-Cal managed care plans

    m. Independent living centers

    n. Individuals with behavioral health experience, including peers and families

    o. Labor representative organizations

    p. Lesbian, Gay, Bisexual, Transgender, Queer, Plus (LGBTQ+) communities

    q. Local education agencies

r. Local public health jurisdictions
s. Organizations specializing in working with underserved racially and ethnically diverse communities
t. People with lived experience of homelessness
u. Providers of mental health services
v. Providers of substance use disorder treatment services
w. Public safety partners, including county juvenile justice agencies
x. Regional centers
y. The five most populous cities in counties with a population greater than 200,000 (Cities submitting IP independently are not required to collaborate with other cities.) [Logic: populate 5 boxes for counties to list cities with N/A option for counties with fewer than 5 cities]
z. Tribal and Indian Health Program designees established for Medi-Cal Tribal consultation purposes
aa. Veterans and representatives from veterans' organizations
bb. Victims of domestic violence and sexual abuse
cc. Youth from historically marginalized communities
dd. Youths (individuals with lived experience), youth mental health organizations, or youth substance use disorder organizations

6. [Populate if any stakeholder/group is not selected in list above, ask for each] Please indicate whether you engaged stakeholders from this group during the planning process [radio buttons]
   a. Yes
   b. No
   c. Attempted but did not receive a response
   d. Stakeholder group is not applicable to county

7. [Populate for each type of stakeholder group not engaged] What was the reason stakeholder was not engaged? [radio buttons]
   a. Stakeholder declined to participate
   b. Unable to contact
   c. Other

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

Local Health Jurisdiction (LHJ)

Cities submitting their Integrated Plan independently from their counties do not have to complete this section.

1. Did the county work with its LHJ on the development of the LHJ's recent Community Health Assessment (CHA) and/or Community Health Improvement Plan (CHIP)? Additional information regarding engagement requirements with other local program planning processes can be found in Policy Manual Chapter 3, Section B.2.3. [radio buttons]
    a. Yes. [Populate question 2 and 3, if selected]
    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. Please describe how the county engaged with LHJs, along with Medi-Cal managed care plans (MCPs), across these three areas in developing the CHA and/or CHIP: collaboration, data-sharing, and stakeholder activities [narrative box]
3. Did the county utilize the County-LHJ-MCP Collaboration Tool provided via technical assistance? [Yes/No radio buttons]

Collaboration

1. Please select how the county collaborated with the LHJ [multi-select list]
    a. Attended key CHA and CHIP meetings as requested.
    b. Served on CHA and CHIP governance structures and/or subcommittees as requested.
    c. Other. [logic: if selected, populate question i below]
        i. Please describe the other way the county collaborated with LHJs and MCPs in developing the CHA/CHIP [narrative box]

Data-Sharing

Data-Sharing to Support the CHA/CHIP
1. Select Statewide Behavioral Health Goals that were identified for data-sharing to support behavioral health-related focus areas of the CHA and CHIP [multi-select list]
    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? [Yes/No radio buttons]

Data-Sharing from MCPS and LHJs to Support IP development

1. Select Statewide Behavioral Health Goals that were identified for data-sharing to inform IP development [multi-select list]
     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 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? [Yes/No radio buttons]

Stakeholder Activities

1. Select which stakeholder activities the county has coordinated for IP development with the LHJ engagement on the CHA/CHIP. Please note that although counties must coordinate stakeholder activities with LHJ CHA/CHIP processes (where feasible), the

options below are for illustrative purposes only and are not required forms of stakeholder activity coordination (e.g., counties do not need to conduct each of these activities). [multi-select]

    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. [logic: if selected, populate question i below]

        i. Please describe how the county has coordinated stakeholder activities for IP development and the CHA/CHIP [narrative box]

Most Recent Community Health Assessment (CHA), Community Health Improvement Plan (CHIP) or Strategic Plan

1. Has the county considered either the LHJ's most recent CHA/CHIP or strategic plan in the development of its IP? Additional information regarding engagement requirements with other local program planning processes can be found in Policy Manual Chapter 3, Section B.2.3 [Yes/No radio buttons]

    a. Yes [logic: if Y, populate question i below]

        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 [logic: if N, populate question i below]

        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 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 community planning

process and collaboration between the county, MCP, and other stakeholders on the county's Integrated Plan? [narrative box]

Comment Period and Public Hearing

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 [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]
   a. Please provide proof of a public posting with information on the public hearing. Please select the county's preferred submission modality [single-select list]
      i. Link
         1. [If link selected] Please provide the link to the public posting
      ii. PDF, image, or other document
         1. [if PDF, image, or document selected] Please upload the PDF image, or other file documenting the public posting
4. [Optional] If the county uses an existing landing page or other web-based location to publicly post IPs for comment, please provide a link to the landing page [validate link or option to upload PDF]
5. Please select the process by which the draft plan was circulated to stakeholders [multi-select list]
   a. Public posting
   b. Email outreach [if selected, attach email (no file type restrictions)]
   c. Other [logic: if selected, populate question 6 below]
6. Please specify the other process the draft plan was circulated to stakeholders [narrative box]
7. Please describe stakeholder input in the table below. Please add each stakeholder group into their own row in the table

Table 7. Stakeholder Input

Stakeholder group that provided feedback	Summarize the substantive revisions recommended this stakeholder 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. If no substantive revisions were recommended by stakeholders during the comment period, please input N/A. [narrative response, with unlimited option to add new entries]

County Behavioral Health Services Care Continuum

The Behavioral Health Care Continuum is composed of two distinct frameworks for substance use disorder and mental health 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 Budget Template.

County Provider Monitoring and Oversight

Cities submitting their Integrated Plan independently from their counties do not have to complete the Medi-Cal Quality Improvement Plan questions or Question 1 under All BHSA Provider Locations.

Medi-Cal Quality Improvement Plans

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 upload a copy of the county's current Quality Improvement Plan (QIP) for State Fiscal Year (SFY) 2026-2027 [file upload]

2. Does the county operate a standalone DMC-ODS program (i.e., a DMC-ODS program that is not under an integrated SMHS/DMC-ODS contract)? [Yes/No radio buttons; logic: if Y, populate question a below]

    a. For standalone DMC-ODS, please upload a copy of the county's current QIP for SFY 2026-2027 [file upload]

Contracted BHSA Provider Locations

1. As of the date this report is submitted, please provide the total number of contracted Behavioral Health Services Act (BHSA) provider locations offering non-Housing services for SFY 2025-26. I.e., BHSA-funded locations that are (i) not owned or operated by the county, and (ii) offer BHSA services other than Housing Interventions

services. *(A provider location should be counted if it offers both Housing Interventions and mental health (MH) or substance use disorder services (SUD); provider location that contracts with the county to provide both mental health and substance use disorder services should be counted separately.)*

Table 8. Contracted BHSA Provider Locations Offering Non-Housing Services

Services Provided	Number of Contracted BHSA Provider Locations
Mental Health (MH) services only	[numeric response]
Substance Use Disorder (SUD) services only	[numeric response]
Both MH and SUD services	[numeric response]

2. Among the county's contracted BHSA provider locations, please identify the number of locations that also participate in the county's Medi-Cal Behavioral Health Delivery System (BHDS) (including SMHS and Drug MC/DMC-ODS) for SFY 2025-26

Table 9. Contracted BHSA Provider Locations that Participate in Medi-Cal BHDS

Services Provided	Number of Contracted BHSA Provider Locations
SMHS only	[numeric response]
DMC/DMC-ODS only	[numeric response]
Both SMHS and DMC/DMC-ODS systems	[numeric response]

All BHSA Provider Locations

1. Among the county's BHSA funded SMHS provider locations (county-operated and contracted) that offer services/Levels of Care that may be covered by Medi-Cal MCPs as non-specialty mental health services (NSMHS), what percentage of BHSA funded SMHS providers contract with at least one MCP in the county for the delivery of NSMHS *Note: DHCS will provide each county with a list of their SMHS providers that also contract with MCPs. Counties will then calculate a final percentage after excluding SMHS providers that do not offer any services that may be covered as NSMHS.* [logic: if estimate is <60 percent, populate question a below]

a. Please describe the county's plans to enhance rates of MCP contracting starting July 1, 2027, and over the subsequent two years among the BHSA provider locations that are providing services that can/should be reimbursed by Medi-Cal MCPs [narrative box]

2. To maximize resource efficiency, counties must, as of July 1, 2027, require their BHSA providers to (subject to certain exceptions)

   a. Check whether an individual seeking services eligible for BHSA funding is enrolled in Medi-Cal and/or a commercial health plan, and if uninsured, refer the individual for eligibility screening;

   b. Bill the Medi-Cal Behavioral Health Delivery System for covered services for which the provider receives BHSA funding; and

   c. Make a good faith effort to seek reimbursement from Medi-Cal Managed Care Plans (MCPs) and commercial health plans for covered services for which the provider receives BHSA funding.

      i. Does the county wish to describe implementation challenges or concerns with these requirements? [Yes/No radio buttons; if Y, populate question i below]

         1. Please describe any implementation challenges or concerns with the requirements for BHSA providers [narrative box]

3. Counties must monitor BHSA-funded providers for compliance with applicable requirements under the Policy Manual, the county's BHSA contract with DHCS, and state law and regulations. Effective SFY 2027-2028, counties must (1) adopt a monitoring schedule that includes periodic site visits and (2) preserve monitoring records, including monitoring reports, county-approved provider Corrective Action Plans (CAPs), and confirmations of CAP resolutions. Counties shall supply these records at any time upon DHCS's request. DHCS encourages counties to adopt the same provider monitoring schedule as under Medi-Cal: annual monitoring with a site visit at least once every three years. For providers that participate in multiple counties' BHSA programs, a county may rely on monitoring performed by another county.

Does the county intend to adopt this recommended monitoring schedule for BHSA-funded providers that:

a. Also participate in the county's Medi-Cal Behavioral Health Delivery System? (Reminder: Counties may simultaneously monitor for compliance with Medi-Cal and BHSA requirements) [Yes/No radio buttons; if N populate question i below]

    i. If not, please describe how the county will monitor these providers for compliance with BHSA requirements [narrative box]

b. Do not participate in the county's Medi-Cal Behavioral Health Delivery System? [Yes/No radio buttons; if N populate question i below]

    i. If not, please describe how the county will monitor these providers for compliance with BHSA requirements [narrative box]

Behavioral Health Services Act/Fund Programs

Behavioral Health Services and Supports (BHSS)

General

1. Please select the specific Behavioral Health Services and Supports (BHSS) that are included in your plan [multi-select list]

    a. Children's System of Care (non-Full Service Partnership (FSP))

    b. Adult and Older Adult System of Care (non-FSP)

    c. Early Intervention Programs (EIP)

    d. Outreach and Engagement (O&E)

    e. Workforce, Education and Training (WET)

    f. Capital Facilities and Technological Needs (CFTN)

Children's System of Care (Non-Full Service Partnership (FSP))

For each program or service of the county's BHSS funded Children's System of Care (non-FSP) program, provide the following information. If the county provides more than on program or service type, use the "Add additional program" button.

Program One

1. Please select the service types provided under Program One [multi-select list]

    a. Mental health services

    b. Supportive services

    c. Substance Use Disorder treatment services

2. Please describe the specific services provided [narrative box]

3. Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Table 10. Number of Individuals in the Children's System of Care (Non-FSP) Served During the Plan Period by Year

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	[numeric response]
FY 2027 – 2028	[numeric response]
FY 2028 – 2029	[numeric response]

4. Please describe any data or assumptions your county used to project the number of individuals served through the Children's System of Care [narrative box]

[logic: Add button for additional program or service types and if selected, repeat above questions; unlimited option to add programs or service types]

Adult and Older Adult System of Care (Non-Full Service Partnership (FSP))

For each program or service type that is part of the county's BHSS funded Adult and Older Adult System of Care (Non-FSP) program, provide the following information. If the county provides more than one program or service type, use the "Add additional program" button.

Program One

1. Please select the service type provided under Program One [multi-select list

   a. Mental health services

   b. Supportive services

   c. Substance Use Disorder (SUD) treatment services

2. Please describe the specific services provided [narrative box]

3. Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Table 11. Number of Individuals in the Adult and Older Adult Systems of Care (Non-FSP) Served During the Plan Period by Year

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	[numeric response]
FY 2027 – 2028	[numeric response]
FY 2028 – 2029	[numeric response]

4. Please describe any data or assumptions the county used to project the number of individuals served through the Adult and Older Adult System of Care [narrative box]

[logic: Add button for additional program or service type and if selected, repeat above questions; unlimited option to add programs or service types]

Early Intervention (EI) Programs

For each program or service type that is part of the county's overall EI program, provide the following information. County EI 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 EI requirements. If the county provides more than one program or service type, use the "add additional program" button.

Program One

1. Program or service name [narrative box]

2. Please select which of the three EI components are included as part of the program or service [multi-select list]

    a. Outreach

    b. Access and Linkage: Screenings

    c. Access and Linkage: Assessments

    d. Access and Linkage: Referrals

    e. Access and Linkage: Other

    f. Treatment Services and Supports: Services to address first episode psychosis (FEP)

    g. Treatment Services and Supports: Services that prevent, respond to, or treat a behavioral health crisis or decrease the impacts of suicide

h. Treatment Services and Supports: Services to address co-occurring mental health and substance use issues

i. Treatment Services and Supports: Other

j. [Logic: Populate if e is selected above] Please specify "other" type of Access and Linkage [narrative box]

k. [Logic: Populate if i is selected above] Please specify "other" type of Treatment Services and Supports [narrative box]

3. 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 [Yes/No radio button; logic: if Y, populate question 5a below]

a. Please select the EBPs and CDEPs that apply [PLACEHOLDER: biennial EBP list; multi-select list]

4. Please describe intended outcomes of the program or service [narrative box]

5. Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2 [Yes/No radio button; logic: if Y, populate question below]

a. Additional priority name [narrative box]

b. 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]

6. Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY) in the table below

Table 12. Estimated Number of Individuals Served in Early Intervention Programs by Plan Year

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	[numeric response]
FY 2027 – 2028	[numeric response]
FY 2028 – 2029	[numeric response]

a. Please describe any data or assumptions the county used to project the number of individuals served through EI programs [narrative box]

[logic: Add button for additional program or service and if selected, repeat above questions; option to add up to 10 new line items]

Coordinated Specialty Care for First Episode Psychosis (CSC) program

1. Please provide the following information on the county's Coordinated Specialty Care for First Episode Psychosis (CSC) program

    a. CSC program name [narrative box]
    b. CSC program description [narrative box]

[Context text: DHCS will provide counties with information to complete the estimated fields for eligible population and practitioners/teams needed for CSC. The estimated numbers of teams/practitioners reflect the numbers needed to reach the entire eligible population (i.e., achieve a 100 percent penetration rate), and DHCS recognizes that counties will generally not be able to reach the entire eligible population. These projections are not binding and are for planning purposes. In future guidance, DHCS will provide more information on the number of teams counties must implement to demonstrate compliance with BHSA CSC requirements.]

2. Please review the total estimated number of individuals who may be eligible for CSC (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 and the Policy Manual Chapter 7, Section A.7.5). Please input the estimates provided to the county in the table below.

Table 13. Estimated Number of Individuals Eligible for CSC and Estimated Number of Teams Needed to Serve Total Eligible Population

CSC Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	[numeric response]
Number of Uninsured Individuals	[numeric response]
CSC Practitioners and Teams Needed	Estimates
Number of Practitioners Needed to Serve Total Eligible Population	[numeric response]
Number of Teams Needed to Serve Total Eligible Population	[numeric response]

3. Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for BHSS, please provide the

total number of teams and Full-Time Equivalents (FTEs) (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTE) to provide CSC over this Integrated Plan period, by fiscal year.

Table 14. Total Number of CSC Practitioners and Teams

County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Practitioners	[numeric response]	[numeric response]	[numeric response]
Total Number of Teams	[numeric response]	[numeric response]	[numeric response]

4. Will the county's CSC program be supplemented with other (non-BHSA) funding source(s)? [Yes/No radio button; logic: if Y populate question 4a below]

    a. Please list the other funding source(s) [narrative box]

Outreach and Engagement (O&E)

For each program or activity that is part of the county's standalone O&E programs provide the following information. If the county provides more than one program or activity, use the "Add additional program" button.

Program One

1. Program or activity name [narrative box]

2. Please describe the program or activity [narrative box]

3. Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Table 15. Estimated Number of Individuals Served in O&E Programs by Plan Year

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	[numeric response]
FY 2027 – 2028	[numeric response]
FY 2028 – 2029	[numeric response]

4. Please describe any data or assumptions the county used to project the number of individuals served through O&E programs [narrative box]

[logic: Add button for additional program and if selected, repeat above questions; unlimited option to add additional programs]

County Workforce, Education, and Training (WET)

As described in the Policy Manual, 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 Integrated Plan (IP).

For each program or activity that is part of the county's overall WET program, provide the following information. If the county provides more than one program or activity type, use the "Add additional program" button.

Program One

1. Program or activity name [narrative box]
2. Please select which of the following categories the activity falls under [single-select dropdown]
   a. Continuing Education
   b. Internship and Apprenticeship Programs
   c. Loan Repayment
   d. Professional Licensing and/or Certification Testing and Fees
   e. Retention Incentives and Stipends
   f. Staff time spent supervising interns and/or residents who are providing direct county behavioral health services through an internship or residency program
   g. Workforce Recruitment, Development, Training, and Retention
   h. Other [narrative box]
   i. Please describe efforts to address disparities in the Behavioral Health workforce. Additional information regarding diversity of the behavioral health workforce can found in Policy Manual Chapter 7, Section A.4.9 [narrative box]

[logic: Add button for additional programs and if selected, repeat above questions; unlimited option to add additional programs]

Capital Facilities and Technological Needs (CFTN)

For each project that is part of the county's CFTN project, provide the following information. If the county provides more than one project, use the "Add additional project" button. Additional information on CFTN policies can be found in Policy Manual Chapter 7, Section A.5.

Project One

1. Project name [narrative box]
2. Please select the type of project [single-select]
   - a. Capital facilities project
   - b. Technological needs project
3. Please describe the project [narrative box]
4. If capital facilities project, please indicate which of the following categories the project falls under [single-select]
   - a. Acquiring, renovating, or constructing buildings that are or will be county-owned. *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.*
   - b. Acquiring facilities not secured to a foundation that is permanently affixed to the ground
   - c. Establishing a capitalized repair or replacement reserve
   - d. Meeting match requirements for Behavioral Health Continuum Infrastructure Program (Bond BHCIP) award
   - e. Renovating or constructing buildings that are privately owned
5. [logic: Populate if a is selected in question 4 above] Please indicate if the project involves leasing or renting to own a building [Yes/No radio button; logic: if Y, populate question 5a below]
   - a. Please explain why purchase of the building was not possible [narrative box]
6. If Technological Needs Project, please select 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

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

j. Resources to support web content and mobile app accessibility

k. System maintenance costs

l. Telemedicine

m. Other [narrative box]

Full Service Partnership Program

[Context text: DHCS will provide counties with information to complete the estimated fields for eligible population and practitioners/teams needed for each EBP. The estimated numbers of teams/practitioners reflect the numbers needed to reach the entire eligible population (i.e., achieve a 100 percent penetration rate), and DHCS recognizes that counties will generally not be able to reach the entire eligible population, in consideration of BHSA funding availability. These projections are not binding and are for planning purposes only. In future guidance, DHCS will provide more information on the number of teams counties must implement to demonstrate compliance with BHSA FSP requirements.]

1. Please review the total estimated number of individuals who may be eligible for each of the following Full Service Partnership (FSP) services (consistent with 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 Chapter 7, Section B, and forthcoming High Fidelity Wraparound (HFW) Medi-Cal Guidance): 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). Please input the estimates provided to the county in the table below

Table 16. Estimated Number of Individuals Eligible for Full Service Partnership Services

Total Adult FSP Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	[numeric response]
Number of Uninsured Individuals	[numeric response]
Number of Total FSP Eligible Individuals with Some Justice-System Involvement	[numeric response]

Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT) Eligible Population

1. Please input the estimates provided to the county in the table below

Table 17. Estimated Number of Individuals Eligible for ACT and FACT and Estimated Number of Teams Needed to Serve Total Eligible Population

ACT and FACT Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	[numeric response]
Number of Uninsured Individuals	[numeric response]
Number of Total FSP Eligible Individuals with Some Justice-System Involvement	[numeric response]

ACT and FACT Practitioners and Teams Needed	Estimates
Number of Practitioners Needed to Serve Total Eligible Population	[numeric response]
Number of Teams Needed to Serve Total Eligible Population	[numeric response]

2. Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for FSP, please provide the total number of teams and Full-Time Equivalents (FTEs) (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTEs) to provide ACT and FACT over this Integrated Plan period, by fiscal year. DHCS will provide further guidance and Technical Assistance (TA) to assist counties with completing these fields.

Table 18. Total Number of ACT and FACT Practitioners and Teams

County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Practitioners	[numeric response]	[numeric response]	[numeric response]
Total Number of Teams	[numeric response]	[numeric response]	[numeric response]

Full Service Partnership (FSP) Intensive Case Management (ICM) Eligible Population

1. Please input the estimates provided to the county in the table below

Table 19. Estimated Number of Individuals Eligible for FSP ICM and Estimated Number of Teams Needed to Serve Total Eligible Population

FSP ICM Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	[numeric response]
Number of Uninsured Individuals	[numeric response]
FSP ICM Practitioners and Teams Needed	**Estimates**
Number of Practitioners Needed to Serve Total Eligible Population	[numeric response]
Number of Teams Needed to Serve Total Eligible Population	[numeric response]

2. Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for FSP, please provide the total number of teams and FTEs (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTEs) to provide FSP ICM over this Integrated Plan period, by fiscal year. DHCS will provide further guidance and TA to assist counties with completing these fields.

Table 20. Total Number of FSP ICM Practitioners and Teams

County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Practitioners	[numeric response]	[numeric response]	[numeric response]
Total Number of Teams	[numeric response]	[numeric response]	[numeric response]

High Fidelity Wraparound (HFW) Eligible Population

1. Please input the estimates provided to the county in the table below

   Note: HFW guidance is forthcoming; DHCS will provide these estimates in accordance with HFW guidance

Table 21. Estimated Number of Individuals Eligible for HFW and Estimated Number of Teams Needed to Serve Total Eligible Population

HFW Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	*[Forthcoming]*
Number of Uninsured Individuals	*[Forthcoming]*
HFW Practitioners and Teams Needed	***Estimates***
Number of Practitioners Needed to Serve Total Eligible Population	*[Forthcoming]*
Number of Teams Needed to Serve Total Eligible Population	*[Forthcoming]*

2. Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for FSP, please provide the total number of teams and FTEs (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTE) to provide HFW over this Integrated Plan period, by fiscal year. DHCS will provide further guidance and TA to assist counties with completing these fields.

Table 22. Total Number of HFW Practitioners and Teams

County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Practitioners	[numeric response]	[numeric response]	[numeric response]
Total Number of Teams	[numeric response]	[numeric response]	[numeric response]

Individual Placement and Support (IPS) Eligible Population

1. Please input the estimates provided to the county in the table below

Table 23. Estimated Number of Individuals Eligible for IPS and Estimated Number of Teams Needed to Serve Total Eligible Population

IPS Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	[numeric response]
Number of Uninsured Individuals	[numeric response]
IPS Practitioners and Teams Needed	**Estimates**
Number of Practitioners Needed to Serve Total Eligible Population	[numeric response]
Number of Teams Needed to Serve Total Eligible Population	[numeric response]

2. Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for FSP, please provide the total number of teams and FTEs (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTE) to provide IPS over this Integrated Plan period, by fiscal year.

Table 24. Total Number of IPS Practitioners and Teams

County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Practitioners	[numeric response]	[numeric response]	[numeric response]
Total Number of Teams	[numeric response]	[numeric response]	[numeric response]

Full Service Partnership (FSP) Program Overview

Please provide the following information about the county's BHSA FSP program

1. Will any of the estimated number of practitioners the county plans to utilize (provided above) be responsible for providing more than one EBP? [Yes/No radio buttons; logic: if Y, populate question 1a below]

      a. Please describe how the estimated practitioners will provide more than one EBP [narrative box]

2. Please describe how the county is employing a whole-person, trauma-informed approach, in partnership with families or an individual's natural supports [narrative box]

3. Please describe the county's efforts to reduce disparities among FSP participants [narrative box]

4. Select which goals the county is hoping to support based on the county's allocation of FSP funding [multi-select dropdown; logic: statewide priority goals and county goals selected from the Plans, Goals, and Objective section]

5. Please describe what actions or activities the county behavioral health system is doing to provide ongoing engagement services to individuals receiving FSP ICM [narrative box]

      a. (Optional) Ongoing engagement services is a required component of ACT, FACT, IPS, and HFW. Please describe any ongoing engagement services the county behavioral health system will provide beyond what is required of the EBP [narrative box]

6. Please describe how the county will comply with the required FSP levels of care (e.g., transition FSP ICM teams to ACT, stand up new ACT teams and/or stand up new FSP ICM teams, etc.) [narrative box]

7. Please indicate whether the county FSP program will include any of the following optional and allowable services:

      a. Primary substance use disorder (SUD) FSPs [Yes/No radio buttons; logic: if Y populate question i below]

            i. If Y, please describe [narrative box]

b. Outreach activities related to enrolling individuals living with significant behavioral health needs in an FSP (activities that fall under assertive field-based initiation of substance use disorder treatment services will be captured separately in the next section) [Yes/No radio buttons; logic: if Y populate question i below]

    i. Please describe the outreach activities the county will engage in to enroll individuals living with significant behavioral health needs into the county's FSP program [narrative box]

c. Other recovery-oriented services [Yes/No radio buttons; logic: if Y, populate question i below]

    i. Please describe the other recovery-oriented services the county's FSP program will include [narrative box]

8. If there are other services not described above that the county FSP program will include, please list them here. For team-based services, please include number of teams. If no additional FSP services, use "N/A" [narrative box]

9. What actions or activities did the county behavioral health system engage in to consider the [unique needs of eligible children and youth](#) in the development of the county's FSP program (e.g., review data, engage with stakeholders, analyze research, etc.) who are:

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. What actions or activities did the county behavioral health system engage in to consider the [unique needs of eligible adults](#) in the development of the county's FSP (e.g., review data, engage with stakeholders, analyze research, etc.) who are:

a. Older adults [narrative box]

b. Lesbian, Gay, Bisexual, Transgender, Queer, Plus (LGBTQ+) [narrative box]

c. In, or are at risk of being in, the justice system [narrative box]

Assertive Field-Based Substance Use Disorder (SUD) Questions

1. Please describe the county behavioral health system's approach and timeline(s) to support and implement assertive field-based initiation for SUD treatment services program requirements by listing the existing and new programs (as applicable) that the county will leverage to support the assertive field-based SUD program requirements and provide the current funding source, BHSA service expansion, and the expected timeline for meeting programmatic requirements to expand existing programs and/or stand up new initiatives before July 1, 2029. Counties should include programs not funded directly or exclusively by BHSA dollars. Additional information regarding assertive field-based initiation for SUD treatment services can be found in the BHSA Policy Manual [Chapter 7, Section B.6](#).

Table 25. Existing Programs for Assertive Field-Based SUD Treatment Services

Requirement	Existing Program	Program Description	Current Funding Source	BHSA Changes to Existing Program(s) to Meet BHSA Requirements	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]

Table 26. New Programs for Assertive Field-Based SUD Treatment Services

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]

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

Medications for Addiction Treatment (MAT) Details

[Helper Text: Please describe the county's approach to enabling access to same-day medications for addiction treatment (MAT) to meet the estimated population needs before July 1, 2029.]

1. Describe how the county will assess the gap between current county MAT resources (including programs and providers) and MAT resources that can meet estimated needs [narrative box]
2. Select the following practices the county will implement to ensure same day access to MAT [multi-select list]
   a. Contract directly with MAT providers in the county
   b. Operate MAT clinics directly
   c. 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
   d. Leverage telehealth model(s)
   e. Partner with neighboring counties [Yes/No radio buttons; logic: if Y, populate below question]
      i. Please provide the names of the neighboring counties [narrative box]
   f. Contract with MAT providers in other counties [Yes/No radio buttons; logic: if Y, populate below question]
      i. Please provide the names of neighboring counties [narrative box]
   g. Other strategy [narrative box]

Housing Interventions

Planning

System Gaps

1. Please identify the biggest gaps facing individuals experiencing homelessness and at risk of homelessness with a behavioral health condition who are Behavioral Health Services Act (BHSA) eligible in the county. 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; Not applicable – county does not have setting and does not consider there to be a gap. Counties should refer to their local Continuum of Care (CoC) Housing Inventory Count (HIC) to inform responses to this question. [For each, counties select from dropdown: no gap, small gap, medium gap, large gap.]

   a. Supportive housing
   b. Apartments, including master-lease apartments
   c. Single and multi-family homes
   d. Housing in mobile home communities
   e. (Permanent) Single room occupancy units
   f. (Interim) Single room occupancy units
   g. Accessory dwelling units, including junior accessory dwelling units
   h. (Permanent) Tiny homes
   i. Shared housing
   j. (Permanent) Recovery/sober living housing, including recovery-oriented housing
   k. (Interim) Recovery/sober living housing, including recovery-oriented housing
   l. Assisted living facilities (adult residential facilities, residential facilities for the elderly, and licensed board and care)
   m. License-exempt room and board
   n. Hotel and Motel stays
   o. Non-congregate interim housing models
   p. Congregate settings that have only a small number of individuals per room and sufficient common space (does not include behavioral health residential treatment settings)
   q. Recuperative Care
   r. Short-Term Post-Hospitalization housing
   s. (Interim) Tiny homes, emergency sleeping cabins, emergency stabilization units
   t. Peer Respite

     u. Permanent rental subsidies

     v. Housing supportive services

2. What additional non-BHSA resources (e.g., county partnerships, vouchers, data sharing agreements) or funding sources will the county behavioral health system utilize (local, state, and federal) to expand supply and/or increase access to housing for BHSA eligible individuals? [narrative box]

3. 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]

4. What is the county behavioral health system's overall strategy to promote permanent housing placement and retention for individuals receiving BHSA Housing Interventions? [narrative box]

5. What actions or activities is the county behavioral health system engaging in to connect BHSA eligible individuals to and support permanent supportive housing (PSH) (e.g., rental subsidies for individuals residing in PSH projects, operating subsidies for PSH projects, providing supportive services to individuals in other permanent housing settings, capital development funding for PSH)? [narrative box]

6. Please describe how the county behavioral health system will ensure all Housing Interventions settings provide access to clinical and supportive behavioral health care and housing services [narrative box]

Eligible Populations

1. Please describe how the county behavioral health system will identify, screen, and refer individuals eligible for BHSA Housing Interventions [narrative box]

2. Will the county behavioral health system provide BHSA-funded Housing Interventions to individuals living with a substance use disorder (SUD) only? [Yes/No radio buttons; logic: if N, populate question 2a below]

    a. Please indicate why the county behavioral health system will not provide BHSA funded Housing Interventions to individuals living with a SUD only and include data to support [multi-select list]

         i. Insufficient need (i.e., individuals living with an SUD only have sufficient access to housing, there is a limited number of individuals with an SUD only who are unhoused) [logic: if selected, populate question 2.b below]

        ii. Insufficient resources [logic: if selected, populate question 2.c below]

       iii. Other [logic: if selected, populate question 2.d below]

       iv. Please upload supporting data [file upload]

    b. Please explain why there is insufficient need to provide BHSA-funded Housing Interventions living with a SUD only [narrative box]

    c. Please explain why there are insufficient resources to provide BHSA-funded Housing Interventions to individuals living with an SUD only [narrative box]

    d. Other than insufficient need or insufficient resources, please explain why the county is not providing BHSA-funded Housing Interventions to individuals living with a SUD only [narrative box]

3. What actions or activities did the county behavioral health system engage in to consider [the unique needs of eligible children and youth](#) in the development of the county's Housing Interventions services (e.g., review data, engage with stakeholders, analyze research, etc.) who are:

    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]

4. What actions or activities did the county behavioral health system engage in to consider the unique needs of eligible adults in the development of the county's Housing Interventions services (e.g., review data, engage with stakeholders, analyze research, etc.) who are:

    a. Older adults [narrative box]

    b. In, or are at risk of being in, the justice system [narrative box]

    c. In underserved communities [narrative box]

Local Housing System Engagement

3. How will the county behavioral health system coordinate with the Continuum of Care (CoC) and receive referrals for Housing Interventions services? [narrative box]

4. Please describe the county behavioral health system's approach to collaborating with the local CoC, Public Housing Agencies, Medi-Cal managed care plans (MCPs), Enhanced Care Management (ECM) and Community Supports providers, as well as other housing partners, including existing and prospective PSH developers and providers in your community in the implementation of the county's Housing Interventions

    a. Local CoC [narrative box]

    b. Public Housing Agency [narrative box]

    c. MCPs [narrative box]

    d. ECM and Community Supports Providers [narrative box]

e. Other (e.g., CalWORKS/TANF housing programs, child welfare housing programs, PSH developers and providers, etc.) [narrative box]

    i. Please define

5. How will the 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]

6. Did the county behavioral health system receive Homeless Housing Assistance and Prevention Grant Program (HHAP) Round 6 funding? [Y/N radio buttons; logic: if Y, populate a below]

a. How will the county coordinate the use of HHAP dollars to support the housing needs of BHSA eligible individuals in your community? [narrative box]

BHSA Housing Interventions Implementation

[Context text: The following questions are specific to BHSA Housing Interventions funding (no action needed)]

Rental Subsidies (Chapter 7. Section C.9.1)
[Context text: 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. (no action needed)]

1. Is the county providing this intervention? [Yes/No radio buttons; logic: if N, populate question 1.a. If Y, populate question #2 below]
   a. Please explain why the county is not providing this intervention [narrative box]
2. Is the county providing this intervention to chronically homeless individuals? [Yes/No radio buttons]
3. How many individuals does the county behavioral health system expect to serve with rental subsidies under BHSA Housing Interventions on an annual basis? [numeric response]
   a. How many of these individuals will receive rental subsidies for permanent housing on an annual basis? [numeric response][optional narrative box]
   b. How many of these individuals will receive rental subsidies for interim housing on an annual basis? [numeric response] [optional narrative box]
4. What is the county's methodology for estimating total rental subsidies and total number of individuals served in interim and permanent settings on an annual basis? [narrative box]

5. For which setting types will the county provide rental subsidies? [multi-select dropdown of allowable settings included in the BHSA Policy Manual Housing Interventions Chapter (Chapter 7, Section C.9.3 Allowable Settings)]
6. Will this Housing Intervention accommodate family housing? [Yes/No radio buttons]
7. Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding [narrative box]
8. Will the county behavioral health system provide rental assistance through project-based (tied to a particular unit) or tenant-based (tied to the individual) subsidies? [multi-select check box]
    a. Project-based
    b. Tenant-based
9. How will the county behavioral health system identify a portfolio of available units for placing BHSA eligible individuals, including in collaboration with other county partners and as applicable, Flex Pools (e.g., Master Leasing)? Please include partnerships and collaborative efforts your county behavioral health system will engage in [narrative box]
10. Total number of units funded with BHSA Housing Interventions per year [numeric response]
11. [Optional question] Please provide additional details to explain if the county is funding rental subsidies with BHSA Housing Interventions that are not tied to a specific number of units [narrative box]

Operating Subsidies (Chapter 7, Section C.9.2)

1. Is the county providing this intervention? [Yes/No radio buttons; logic: if N, populate question 1.a. If Y, populate question #2 below]

    a. Please explain why the county is not providing this intervention [narrative box]

2. Is the county providing this intervention to chronically homeless individuals? [Yes/No radio buttons]

3. Anticipated number of individuals served per year [numeric response]

4. Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding [narrative box]

5. For which setting types will the county provide operating subsidies? [multi-select dropdown of allowable settings included in the BHSA Policy Manual Housing Interventions Chapter (Chapter 7, SectionC.9.3 Allowable Settings)]

6. Will this be a scattered site initiative? [Yes/No radio buttons]

7. Will this Housing Intervention accommodate family housing? [Yes/No radio buttons]

8. Total number of units funded with BHSA Housing Interventions per year [numeric response]

9. [Optional question] Please provide additional details to explain if the county is funding operating subsidies with BHSA Housing Interventions that are not tied to a specific number of units [narrative box]

Landlord Outreach and Mitigation Funds (Chapter 7, Section C.9.4.1)

1. Is the county providing this intervention? [Yes/No radio buttons; Logic: if N, populate question 1.a below. If Y, populate question #2]
   a. Please explain why the county is not providing this intervention [narrative box]
2. Is the county providing this intervention to chronically homeless individuals? [Yes/No radio buttons]
3. Anticipated number of individuals served per year [numeric response]
4. Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding [narrative box]
5. Total number of units funded with BHSA Housing Interventions per year [numeric response]
6. [Optional question] Please provide additional details to explain if the county is providing landlord outreach and mitigation funds with BHSA Housing Interventions that are not tied to a specific number of units [narrative box]

Participant Assistance Funds (Chapter 7, Section C.9.4.2)

1. Is the county providing this intervention? [Yes/No radio buttons; logic: if N, populate question 1.a below. If Y, populate question #2]
   a. Please explain why the county is not providing this intervention [narrative box]
2. Is the county providing this intervention to chronically homeless individuals? [Yes/No radio buttons]
3. Anticipated number of individuals served per year [numeric response]
4. Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding [narrative box]

Housing Transition Navigation Services and Tenancy Sustaining Services (Chapter 7, Section C.9.4.3)

[Context text: Pursuant to Welfare and Institutions (W&I) Code section 5830, subdivision (c)(2), BHSA Housing Interventions may not be used for housing services covered by Medi-Cal MCP. Please select Yes only if the county is providing these services to individuals who are not eligible to receive the services through their Medi-Cal MCP (no action needed)].

1. Is the county providing this intervention? [Yes/No radio buttons; logic: if N, populate question 1.a below. If Y, populate question #2]

   a. Please explain why the county is not providing this intervention [narrative box]

2. Is the county providing this intervention to chronically homeless individuals? [Yes/No radio buttons]

3. Anticipated number of individuals served per year [numeric response]

4. Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding [narrative box]

Housing Interventions Outreach and Engagement (Chapter 7, Section C.9.4.4)

1. Is the county providing this intervention? [Yes/No radio buttons; logic: if N, populate question 1.a below. If Y, populate question #2]

   a. Please explain why the county is not providing this intervention [narrative box]

2. Is the county providing this intervention to chronically homeless individuals? [Yes/No radio buttons]

3. Anticipated number of individuals served per year [numeric response]

4. Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding [narrative box]

Capital Development Projects (Chapter 7, Section C.10)

1. Counties may spend up to 25 percent of BHSA Housing Interventions on capital development projects. Will the county behavioral health system use BHSA Housing Interventions for capital development projects? [Yes/No radio buttons; logic: if N, populate question 1.a below; If Y, populate question #2]

   a. Please explain why the county is not providing this intervention [narrative box]

2. Is the county providing this intervention to chronically homeless individuals? [Yes/No radio buttons]

3. How many capital development projects will the county behavioral health system fund with BHSA Housing Interventions? [numeric response]

Capital Development Project Specific Information

Please complete the following questions for each capital development project the county will fund with BHSA Housing Interventions [logic: allow for multiple entries]

1. Name of Project [narrative box]

2. What setting types will the capital development project include? [multi-select dropdown of allowable settings included in the BHSA Policy Manual Housing Interventions Chapter (Chapter 7, Section C.9.3 Allowable Settings)]

3. Capacity (Anticipated number of individuals housed at a given time) [numeric response]

4. Will this project braid funding with non-BHSA funding source(s)? [Yes/No radio buttons]

5. Total number of units in project, inclusive of BHSA and non-BHSA funding sources [numeric response; logic: if a number is provided, populate a below]

6. Total number of units funded with Housing Interventions funds only [numeric response]

7. [Optional question] Please provide additional details to explain if the county is funding capital development projects with BHSA Housing Interventions that are not tied to a specific number of units [narrative box]

8. 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]

9. Expected cost per unit (Note: the BHSA Housing Intervention portion of the project must be equal to or less than $450,000) [numeric response]

10. Have you utilized the "by right" provisions of state law in your project? [Y/N radio buttons; logic: If No, populate a below]

    a. If you have not incorporated use of the "by right" provisions into your project, please explain why [narrative box]

Other Housing Interventions (Optional)

1. If the county is providing another type of Housing Interventions not listed above, please describe the intervention [narrative box] [logic: if county responds, populate questions below]
   a. Is the county providing this intervention to chronically homeless individuals? [Yes/No radio buttons]
   b. Anticipated number of individuals served per year [numeric response]

Continuation of Existing Housing Programs

1. Please describe if any BHSA Housing Interventions funding will be used to support the continuation of housing programs that are ending (e.g., Behavioral Health Bridge housing) [narrative box]

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

1. Which of the following housing-related Community Supports is the county behavioral health system an MCP-contracted provider of? [multi-select list]
   a. Housing Transition Navigation Services
   b. Housing Deposits
   c. Housing Tenancy and Sustaining Services
   d. Short-Term Post-Hospitalization Housing
   e. Recuperative Care
   f. Day Habilitation
   g. Transitional Rent
2. For which of the following services does the county behavioral health system plan to become an MCP-contracted provider of? Select all that apply [Yes/No/Undecided radio buttons]
   a. Housing Transition Navigation Services
   b. Housing Deposits
   c. Housing Tenancy and Sustaining Services
   d. Short-Term Post-Hospitalization Housing
   e. Recuperative Care
   f. Day Habilitation
   g. Transitional Rent
      i. [logic: if Y for a-g populate for each service] When does the county behavioral health system plan to become an MCP-contracted provider? [date; date format MM/YYYY]

3. How will the county behavioral health system identify, confirm eligibility, and [refer Medi-Cal members to housing-related Community Supports covered by MCPs](#) (including Transitional Rent)? [narrative box]

4. Please describe coordination efforts and ongoing processes to ensure the county behavioral health contracted provider network for Housing Interventions is known and shared with MCPs serving your county [narrative box]

5. Does the county behavioral health system track which of its contracted housing providers are also contracted by MCPs for housing-related Community Supports (provided in questions #1 and #2 above)? [Yes/No radio buttons; logic: if Y, populate question a below]

    a. Please describe the county behavioral health system's coordination efforts to align network development [narrative box]

6. What processes does the 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 services are exhausted, to the extent resources are available? [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 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, which includes (1) coordinating and braiding funding streams, (2) serving as a fiscal intermediary, (3) identifying, securing, and supporting a portfolio of units for participants, and/or (4) coordinating with providers of housing supportive services) in the county (please refer to DHCS' Flex Pools TA Resource Guide)? [Yes/No radio buttons; logic: if Y, populate question a below.; if N, populate question 2]

    a. Is the county behavioral health system participating in or planning to participate in the Flex Pool? [Yes/No radio buttons; logic: if Y, populate question 1.b. and 1.d below.; if N, populate question 1.a.i below and proceed to question 3]

        i. Please explain why the county is not participating in the Flex Pool [narrative box]

    b. What role does the county behavioral health system have or plan to have in the Flex Pool? [multi-select list; logic: if 'Operator is not selected populate question 1.c]

        i.   Lead Entity

        ii. Operator

        iii. Funder

        iv. Housing Supportive Services Provider

    c. What organization is serving as the Operator? [narrative box]

    d. Does the county plan to administer some or all Housing Interventions funds through or in coordination with the Flex Pool? [Yes/No radio buttons; logic: if Y, populate 1.d.i below]

        i.   Which Housing Interventions does the county plan to administer through or in coordination with the Flex Pool? [multi-select list of BHSA Housing Interventions]

2. [logic: conditional on 'No' response for question 1] Is the county behavioral health system involved in planning efforts to launch a Flex Pool in the county? [Yes/No radio buttons; logic: If Y, populate 2.a. and 2.d. below]

    a. What role does the county behavioral health system plan to have in the Flex Pool? [multi-select list; logic: if 'Operator' is not selected, populate question 2.b]

        i.   Lead Entity

        ii. Operator

        iii. Funder

        iv. Housing Supportive Services Provider

    b. Have you identified an Operator of the Flex Pool? [Yes/No radio buttons; logic: if Y, populate question 2.c. below]

    c. What organization will serve as the Operator? [narrative box]

    d. Does the county plan to administer some or all Housing Interventions funds through or in coordination with the Flex Pool? [Yes/No radio buttons; logic: if Y, populate2.d.i below]

        i.   Which Housing Interventions does the county plan to administer through or in coordination with a Flex Pool? [multi-select list of BHSA Housing Interventions (Chapter 7, Section C.9)]

3. Please describe any other roles and functions the 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]

Behavioral Health Services Fund: Innovative Behavioral Health Pilot and Projects

For each innovative program or pilot provide the following information. If the county provides more than one program, use the "Add additional program" button.

1. Does the county's plan include the development of innovative programs or pilots? [Yes/No radio buttons; logic: if Y, populate questions for Program One below]

    a. What Behavioral Health Services Act (BHSA) component will fund the innovative program? [single-select list]

        i.   Housing Interventions

        ii. Full Service Partnership

        iii. Behavioral Health Services and Supports

    b. Please describe how the innovative program or pilot will help build the evidence base for the effectiveness of new statewide strategies [narrative box]

    c. Please describe intended outcomes of the project [narrative box]

    [logic: Add button for additional program and if selected, repeat above question; unlimited option to add additional program]

Workforce Strategy

Maintain an Adequate Network of Qualified and Culturally Responsive Providers

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 Medi-Cal oversight processes, the Department of Health Care Services (DHCS) will assess whether the county:

1. 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

2. Meets [federal and state standards](#) for timely access to care and services, considering the urgency of the need for services.

3. The county must [ensure](#) that Behavioral Health Services Act (BHSA)-funded providers are qualified to deliver services, comply with nondiscrimination requirements, and deliver services in a culturally competent manner. Effective FY 2027-2028, DHCS encourages counties to require their BHSA providers to comply with the same standards as Medi-Cal providers in these areas (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. Does the county intend to adopt this recommended approach for BHSA-funded providers that

    a. Also participate in the county's Medi-Cal Behavioral Health Delivery System? [Yes/No radio buttons; if N, populate question i below]

        i. If not, please describe how the county will ensure that BHSA-funded providers are qualified to deliver services, comply with nondiscrimination requirements, and deliver services in a culturally competent manner [narrative box]

    b. Do not participate in the county's Medi-Cal Behavioral Health Delivery System? [Yes/No radio buttons; if N, populate question i below]

        i. If not, please describe how the county will ensure that BHSA-funded providers are qualified to deliver services, comply with nondiscrimination requirements, and deliver services in a culturally competent manner [narrative box]

Build Workforce to Address Statewide Behavioral Health Goals

Assess Workforce Gaps

1. What is the overall vacancy rate for permanent clinical/direct service behavioral health positions in the county (including county-operated providers)? [percentage]

2. Upload any data source(s) used to determine vacancy rate [optional file upload]

3. For county behavioral health (including county-operated providers), please select the [five positions](#) with the greatest vacancy rates [multi-select dropdown]

    a. Advanced Emergency Medical Technicians
    b. Certified Nurse Specialist

  c. Community Health Workers (CHW) defined in the Enhanced Community Health Workers Services benefit

  d. Community Paramedics

  e. Emergency Medical Technicians

  f. Licensed Clinical Social Worker

  g. Licensed Marriage and Family Therapist

  h. Licensed Professional Clinical Counselor

  i. Licensed Psychologist

  j. Licensed Vocational Nurse

  k. Medical assistant

  l. Medi-Cal Certified Peer Support Specialist

  m. Mental Health Rehabilitation Specialist

  n. Nurse practitioner

  o. Occupational Therapist

  p. Pharmacist

  q. Physician

  r. Physician assistant

  s. Psychiatric Technician (PT)

  t. Psychiatrist

  u. Registered nurse

  v. Substance Use Disorder Counselor

  w. Other qualified provider

4. Please describe any other key workforce gaps in the county [narrative box; optional file upload]

5. How does the county 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

If the county is planning to leverage the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) workforce initiative to address workforce gaps including for FSP and CSC for FEP, such as through applying for and/or encouraging providers to apply for the following BH-CONNECT workforce programs, please specify below.

1. Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Scholarship Program? [Yes/No radio button; logic: If Y, populate question 1a below]
   a. Please explain any actions or activities the county is engaging in to leverage the program [narrative box]

2. Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Student Loan Payment Program? [Yes/No radio button; logic: If Y, populate question 2a below]

   a. Please explain any actions or activities the county is engaging in to leverage the program [narrative box]

3. Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Recruitment and Retention Program? [Yes/No radio button; logic: If Y, populate question 3a below]

   a. Please explain any actions or activities the county is engaging in to leverage the program [narrative box]

4. Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Community-Based Provider Training Program? [Yes/No radio button; logic: If Y, populate question 4a]

   a. Please explain any actions or activities the county is engaging in to leverage the program [narrative box]

5. Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Residency Program? [Yes/No radio button; logic: If Y, populate question 5a below]

   a. Please explain any actions or activities the county is engaging in to leverage the program [narrative box]

6. Please describe any other efforts underway or planned in the county to address workforce gaps aside from those already described above under Behavioral Health Services Act Workforce, Education, and Training [narrative box]

Budget And Prudent Reserve

Download and complete the budget template using the button below before starting this section

[logic: download budget template button]

1. Please upload the completed budget template [logic: upload button]

2. Please indicate how the county plans to spend the amount over the maximum allowed prudent reserve limit for each component if the county indicated they would allocate excess prudent reserve funds to a given Behavioral Health Services Act component in Table Nine of the budget template

   a. Behavioral Health Services and Supports (BHSS) [narrative box]

   b. Full Service Partnership (FSP) [narrative box]

   c. Housing Interventions [narrative box]

3. Enter date of last prudent reserve assessment [date; date format MM/DD/YYYY]

4. 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

   a. BHSS [narrative box]

   b. FSP [narrative box]

   c. Housing Interventions [narrative box]

Plan Approval and Compliance

Behavioral Health Director Certification

1. I hereby certify that [County Name] has complied with all statutes, regulations, and guidelines in preparing and submitting this Three-Year Integrated Plan (IP) for Behavioral Health Services and Outcomes, including all fiscal accountability and stakeholder participation requirements. I further certify that (please select all below) [multi-select list]

   a. The information, statements, and attachments included in the Three-Year IP are, to the best of my knowledge and belief, true and correct

   b. 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 IP and other supporting documents submitted in the IP

   c. The County will use Behavioral Health Services Act (BHSA) funds to serve the targeted population(s) as described in statute, regulations, and guidance

d. Behavioral Health funding from all sources will be spent only on allowable uses as stated in statute, statute, regulations, and guidance

e. BHSA funding will supplement, and not supplant, other funding available from existing state or county funds utilized to provide mental health services or substance use disorder treatment services (except that this non-supplant rule does not apply to the use of 2011 realignment funds provided to counties from the Behavioral Health Subaccount or Behavioral Health Services Growth Special Account)

f. The IP was submitted to the local behavioral health board

2. Does the county wish to disclose any implementation challenges or concerns with these requirements? [Yes/No radio button; if Y, populate question 2a below]

a. Please describe any implementation challenges or concerns with the BHSA fiscal accountability and stakeholder participation requirements [narrative box]

Contact information

1. County Name [auto-fill based on information from General Information section]

2. Certification for [single-select list]

a. Three-Year Integrated Plan

b. Annual Update

3. County Behavioral Health Agency Director

a. Name [narrative box]

b. Title [narrative box]

c. Phone [narrative box]

d. Email [narrative box]

4. [optional additional contact for counties with separate MH and SUD directors] County Behavioral Health Agency Director

a. Name [narrative box]

b. Title [narrative box]

c. Phone [narrative box]

d. Email [narrative box]

Printed Name

_____

Title [Behavioral Health Director]

Signature   Date

Printed Name [optional additional signature for counties with separate MH and SUD directors

_____

Title [Behavioral Health Director]

Signature   Date

County Administrator or Designee Certification

The County Administrator may be known by other titles such as Chief Executive, County Manager, or Chief Administrative Officer. The County Administrator must be the individual who serves as the top staff member in county government and hold the highest level of administrative authority in the county or be the designee of that individual. This individual or their designee must work within the executive office of county government, and they may not be the county behavioral health director.

1. I hereby certify that (please select all below) [multi-select list]

    a. The County will use Behavioral Health Services Act (BHSA) funds to serve the targeted population(s) as described in statute
    b. Behavioral Health funding from all sources will be spent only on allowable uses as stated in statute
    c. BHSA funding will supplement, and not supplant, other funding available from existing state or county funds utilized to provide mental health services or substance use disorder treatment services (except that this non-supplant rule does not apply to the use of 2011 realignment funds provided to counties from the Behavioral Health Subaccount or Behavioral Health Services Growth Special Account)

2. Does the county wish to disclose any implementation challenges or concerns with these requirements? [Yes/No radio button; if Y, populate question 2.a below]

a. Please describe any implementation challenges or concerns with the BHSA fiscal accountability and stakeholder participation requirements [narrative box]

Printed Name

_____

Title [Chief Administration Officer]

Signature   Date

Contact information

1. County Name [auto-fill based on information from General Information section]

2. Certification for [single-select list]

   a. Three-Year Integrated Plan

   b. Annual Update

3. County Chief Administration Officer

   a. Name [narrative box]

   b. Phone [narrative box]

   c. Email [narrative box]

Board of Supervisors Certification

[optional file upload]

1. [Entity name] Board of Supervisors certifies the following (please select all below) [multi-select list]

   a. [Entity name] Board of Supervisors has reviewed and approved this Integrated Plan for the period of [FY-FY]

   b. 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

2. Does the county wish to disclose any implementation challenges or concerns with these requirements? [Yes/No radio button; if Y, populate question 2.a below]

    a. Please describe any implementation challenges or concerns with their realignment obligations [narrative box]

Printed Name

_____

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

Signature   Date