BEHAVIORAL HEALTH OUTCOMES, ACCOUNTABILITY, AND TRANSPARENCY REPORT INSTRUCTION MANUAL

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

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BACKGROUND

The Behavioral Health Services Act (BHSA) requires counties to submit an annual Behavioral Health Outcomes, Accountability, and Transparency Report (BHOATR) to the Department of Health Care Services (DHCS) pursuant to Welfare and Institutions Code (W&I Code, section 5963.04, subdivision (a)(1)). Counties will use the BHOATR Template to report on implementation of the county Integrated Plan (IP) and the related annual and intermittent updates.

The BHOATR serves to provide transparency regarding how counties utilize behavioral health funding to deliver services and supports across the behavioral health care continuum. The BHOATR also serves as a monitoring and accountability tool that allows DHCS, counties, stakeholders, and the public to understand:

- How behavioral health funds are spent.
- What services are provided.
- Who is served.
- How county spending compares to county planning documents.
- Progress toward county behavioral health goals and priorities.
- Behavioral health outcomes across California.

The BHOATR utilizes data from multiple sources, including pre-populating data from the county's submitted Integrated Plans and budget, Medi-Cal claims data, Individual and Service Level (ISL) encounters, and Phase 2 performance measures. Counties will input certain information on expenditures and utilization and provide optional narrative responses to provide context to the data.

Reporting periods for county BHOATRs align with the fiscal year (FY). Counties are required to submit BHOATRs no later than 18 months after the end of the FY, by January 30th and the first BHOATR will cover FY 2026-27. Counties must submit the one-time Year 1 Draft BHOATR by January 30, 2028, and the first final BHOATR by January 30, 2029. Please note that for the Year 1 draft BHOATR, many of the fields identified throughout the user guide as "DHCS-calculated" will instead need to be entered manually by counties due to the timing of the Year 1 submission. Beginning with the Year 2 BHOATR and in all subsequent years, the fields identified as "DHCS-calculated" will be populated by DHCS as originally intended.

PURPOSE

This instruction manual is intended to serve as a guide to help counties develop and submit the BHOATR. It provides step-by-step instructions, timelines, and requirements to ensure county BHOATRs are consistent with the BHSA County Policy Manual.

GENERAL INSTRUCTIONS

This document provides instructions to counties for completing and submitting the BHOATR through the DHCS County Portal and/or the applicable BHOATR submission template. When preparing the BHOATR, counties must comply, and ensure their providers comply, with all applicable conditions for each source of funding, as defined in applicable laws, regulations, and guidance, including the BHSA County Policy Manual. Counties will promote access to care through efficient use of state and county resources as outlined in Chapter 6, Section C of the BHSA County Policy Manual, including requiring BHSA-funded providers to bill appropriately for services covered by the county's Medi-Cal Behavioral Health Delivery System and make a good faith effort to seek reimbursement from Medi-Cal managed care plans (MCPs) and commercial health insurance. These policies apply to services that can be funded with BHSA dollars, and that are also eligible for payment under another funding source, such as Medi-Cal payment, commercial payment, etc. BHSA Housing Intervention funds cannot be used for Housing Interventions covered by MCPs. See Chapter 7.C.7 for more information.

This document is organized into sections with instructions for each section in the BHOATR. Throughout the BHOATR, inputs will require one of the following:

- Manual entry by county.
- No data entry (populated by DHCS).
- No data entry (calculated amount).

Counties should provide hardcoded numbers, rounded to the nearest dollar for expenditures with no decimals. Please note that the format displayed in the instruction manual may differ from how the information is presented in the portal.

All the views contain a **Narrative section** to allow counties to provide additional context for expenditures incurred during the reporting year. The purpose of this section is for counties to provide insight into their spending decisions, as figures alone cannot account for any external or internal pressures and challenges. Apart from Tab 8

Performance and Outcome Measures, the narrative section is optional and is not required to be filled out.

Please note that throughout this manual, references to DHCS-populated data refer to Medi-Cal claims data and ISL encounter data. Where noted, Medi-Cal claims data refer specifically to county Short-Doyle Medi-Cal (SDMC) behavioral health claims and the associated adjudicated payment information reflected in the Medi-Cal 835 Electronic Remittance Advice (ERA) data. The 835 represents the final adjudication of submitted 837 claims and identifies the actual reimbursement approved for claimable behavioral health services. DHCS intends to use adjudicated SDMC claim payment information and ISL encounter data, as the authoritative data sources for DHCS-populated elements, including those used to determine Federal Financial Participation (FFP) generated. Please note that for the Year 1 draft BHOATR these fields must be entered manually by counties due to the timing of the Year 1 submission.

The BHOATR is comprised of 6 sections:

Table of Contents / Key
1 & 2 Care Continuum Views: 1a. Expenditures by Funding Source 1b. Summary Expenditures - CC & BHSA 2a. Expenditures and Utilization by Age 2b. Service Utilization by Insurance Type
3-6 BHSA Component Views 3a. Housing Interventions (HI) Expenditures 3b. HI Service Utilization 4a. Full Service Partnerships (FSP) Expenditures 4b. FSP Service Utilization 5a. Behavioral Health Services and Supports (BHSS) Expenditures 5b. BHSS Service Utilization 6. Allocations, Revenue, and Transfers
7. Administrative & Other County Spending
8. Performance and Outcome Measures
9. Workforce Development
10. Attestations

1. CARE CONTINUUM VIEWS

The Care Continuum Views provide a comprehensive picture of how counties fund, deliver, and support behavioral health services across the behavioral health care continuum. These tabs are intended to capture the following:

Tab	Purpose
Tab 1a	Actual expenditures by service category and all behavioral health funding sources » What behavioral health services did the county fund? » What funding sources were used?
Tab 1b	Summary of expenditures and FFP revenue generated » How much FFP was generated?
Tab 2a	Expenditures and service utilization by age » How many children/youth and adults/older adults utilized services?
Tab 2b	Service utilization by Medi-Cal vs. Non-Medi-Cal insurance type » Of the individuals served, how many were Medi-Cal members?

Care Continuum Views

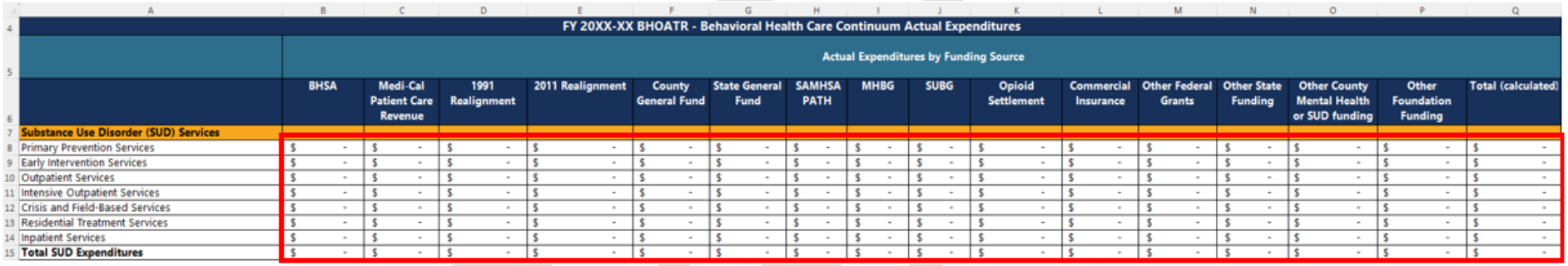
Tab 1a) Care Continuum Expenditures – Funding Source

The purpose of this tab is for counties to report the actual amount of expenditures for Substance Use Disorder (SUD) Services, Mental Health (MH) Services, and Housing Services (MH + SUD). Under the BHSA, counties are required to report actual spending for behavioral health services in the annual BHOATR. Each county's BHOATR must describe how the county spent behavioral health dollars across the mental health, SUD, and housing care continuums, from funding sources outlined in Section 3.A.2 of the BHSA County Policy Manual. The Care Continuum views report expenditures across all behavioral health funding sources available to a county, not only BHSA funds. Counties must report expenditures according to the Behavioral Health Care Continuum established in the BHSA County Policy Manual Chapter 3, Section C.2. Additionally, these reported expenditures should be reported on all behavioral health funding sources available to counties and cities, not only BHSA funds. To assist counties with mapping funding sources and services to the care continuum, DHCS developed a Behavioral Health Care Continuum crosswalk known as the "BHT Care Continuum Inventory" to help counties with reporting, which can be found on DHCS' Behavioral Health Transformation Resources website. The inventory describes services and behavioral health funding sources relevant to each care continuum category.

For additional information on the different types of behavioral health funding sources, please refer to the appendix in this manual and the BHSA County Policy Manual.

Substance Use Disorder Services

Counties will report their actual expenditures for the different SUD service categories under the Care Continuum during the FY. Counties must report actual expenditures for all BH funding sources used to pay for each SUD service category listed below. DHCS will calculate the total expenditures for each SUD service based on the expenditure information reported by the counties.



FY 20XX-XX BHOATR - Behavioral Health Care Continuum Actual Expenditures																
	Actual Expenditures by Funding Source															
	BHSA	Medi-Cal Patient Care Revenue	1991 Realignment	2011 Realignment	County General Fund	State General Fund	SAMHSA PATH	MHBG	SUBG	Opioid Settlement	Commercial Insurance	Other Federal Grants	Other State Funding	Other County Mental Health or SUD funding	Other Foundation Funding	Total (calculated)
Substance Use Disorder (SUD) Services																
Primary Prevention Services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Early Intervention Services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Outpatient Services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Intensive Outpatient Services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Crisis and Field-Based Services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Residential Treatment Services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Inpatient Services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total SUD Expenditures	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Row 8-14 Substance Use Disorder (SUD) Services:
Column B BHSA: Please enter the actual expenditures for SUD services that were funded with BHSA funds.
Column C Medi-Cal Patient Care Revenue: Please enter the actual expenditures for SUD services that were funded with Medi-Cal Patient Care Revenue funds.
Column D 1991 Realignment Funds: Please enter the actual expenditures for SUD services that were funded with 1991 Realignment funds.
Column E 2011 Realignment Funds: Please enter the actual expenditures for SUD services that were funded with 2011 Realignment funds.
Column F County General Funds: Please enter the actual expenditures for SUD services that were funded with the County General Fund.
Column G State General Funds: Please enter the actual expenditures for SUD services that were funded with the State General Fund.

Column H Substance Abuse and Mental Health Services Administration (SAMSHA) Projects for Assistance in Transition from Homelessness (PATH) Funds: Please enter the actual expenditures for SUD services that were funded with SAMHSA PATH funds.
Column I Mental Health Block Grant (MHBG) Funds: Please enter the actual expenditures for SUD services that were funded with MHBG funds.
Column J Substance Use Block Grant (SUBG) Funds: Please enter the actual expenditures for SUD services that were funded with SUBG funds.
Column K Opioid Settlement Funds: Please enter the actual expenditures for SUD services that were funded with Opioid Settlement funds.
Column L Commercial Insurance Funds: Please enter the actual expenditures for SUD services that were funded with Commercial Insurance funds.
Column M Other Federal Grants Funds: Federal funding sources (typically grants or federal pass-through funds) that are not already itemized elsewhere on the Care Continuum Expenditures Table (e.g., not MHBG, SUBG, or PATH), but still support behavioral health services, infrastructure, or workforce. Please enter the actual expenditures for SUD services that were funded with Other Federal Grants funds.

- Examples of funding streams:
  - Workforce Innovation and Opportunity Act (WIOA) funds
  - First Episode Psychosis (FEP)/Coordinated Specialty Care (CSC) Expansion Grants
  - Certified Community Behavioral Health Clinic (CCBHC) Planning and Demonstration Grants
  - Federal discretionary grants (SAMHSA, Health Resources and Services Administration (HRSA), Department of Justice (DOJ), etc.) not otherwise listed
  - Other federal pilot or demonstration grants (e.g., justice, homelessness, or workforce-related)

Column N Other State Funding: State-funded programs or allocations that support behavioral health but are not explicitly listed (e.g., not Realignment, MHBG, or State General Fund already broken out). Please enter the actual expenditures for SUD services that were funded with Other State Funding.

- Examples of funding streams:
  - Behavioral Health Continuum Infrastructure Program (BHCIP)
  - California Advancing and Innovating Medi-Cal (CalAIM) Capacity-Building Initiatives
  - No Place Like Home (NPLH)

- State General Fund programmatic allocations not separately listed (e.g., Drug Medi-Cal (DMC) Intensive Outpatient Treatment (IOT) allocation)
- Women and Children's Residential Treatment Services Special Account
- Assembly Bill (AB) 109 Criminal Justice and Rehabilitation Funds
  - While AB 109 originated within the 2011 Realignment framework, it should not be reported under the 2011 Realignment category in the Care Continuum expenditures table.
  - Because these funds are allocated to probation and distributed locally, with no guarantee that behavioral health receives them or controls their use, any behavioral health expenditures supported by AB 109 should be reported under "Other State Funding."

Column O County Mental Health/SUD Funding: Locally generated or locally controlled revenues not already listed (e.g., not County General Fund) that support behavioral health programs. Please enter the actual expenditures for SUD services that were funded with Other County Mental Health SUD funding.

- Examples of funding streams:
  - Client Fees (Uniform Method of Determining Ability to Pay (UMDAP), sliding scale, share-of-cost)
  - Pretrial Drug Diversion (Penal Code (PC) 1000) program revenues
  - Driving-Under-the-Influence (DUI) Fees/DUI program revenues
  - Alcohol and Drug Program Fines/Fees (Statham Funds)
  - Penalty Assessment revenues (Senate Bill (SB) 920/SB 921)
  - Other locally generated special revenue funds dedicated to MH/SUD

Column P Other Foundation Funding: Funding from private, philanthropic, or nonprofit organizations used to support behavioral health programs, pilots, or system improvements. Please enter the actual expenditures for SUD services that were funded with Other Foundation Funding.

- Examples of funding streams:
  - Grants from private foundations (e.g., California Endowment, local community foundations)
  - Hospital or health system community benefit funding
  - Nonprofit or philanthropic grants supporting:
    - Pilot programs/innovation
    - Workforce development
    - Housing-related services or wraparound supports

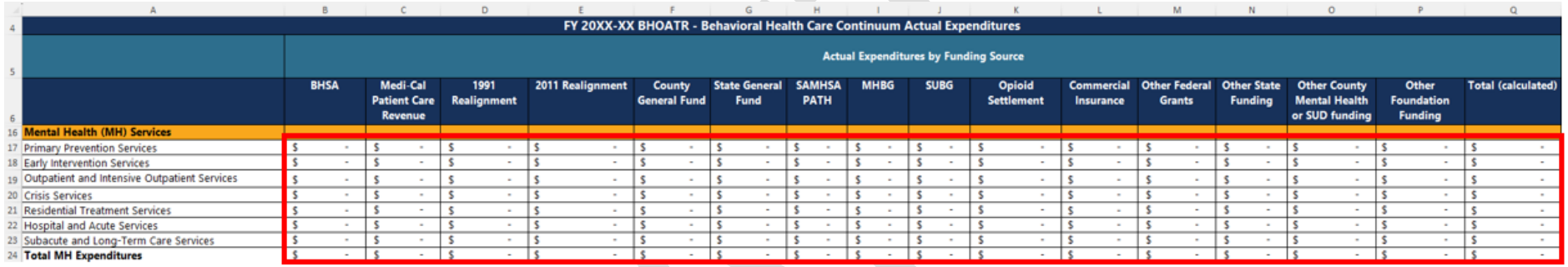
- One-time philanthropic investments aligned with county BH initiatives

Column Q Total: No Entry. This row will be calculated with the information provided in this row.

Row 15 Total SUD Expenditures: No Entry. This row will be calculated with the information provided above.

Mental Health Services

Counties will report their actual expenditures for MH service categories under the Care Continuum during the FY. Counties must report actual expenditures for all BH fund sources used to pay for each MH service types listed below. DHCS will calculate the total expenditures for each MH service based on the expenditure information reported by the counties.



	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
4	FY 20XX-XX BHOATR - Behavioral Health Care Continuum Actual Expenditures																
5		Actual Expenditures by Funding Source															
6		BHSA	Medi-Cal Patient Care Revenue	1991 Realignment	2011 Realignment	County General Fund	State General Fund	SAMHSA PATH	MHBG	SUBG	Opioid Settlement	Commercial Insurance	Other Federal Grants	Other State Funding	Other County Mental Health or SUD funding	Other Foundation Funding	Total (calculated)
16	**Mental Health (MH) Services**																
17	Primary Prevention Services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
18	Early Intervention Services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
19	Outpatient and Intensive Outpatient Services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
20	Crisis Services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
21	Residential Treatment Services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
22	Hospital and Acute Services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
23	Subacute and Long-Term Care Services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
24	**Total MH Expenditures**	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Row 17-23 Mental Health (MH) Services:
Column B BHSA: Please enter the actual expenditures for MH services that were funded with BHSA funds.
Column C Medi-Cal Patient Care Revenue: Please enter the actual expenditures for MH services that were funded with Medi-Cal Patient Care Revenue funds.
Column D 1991 Realignment Funds: Please enter the actual expenditures for MH services that were funded with 1991 Realignment funds.
Column E 2011 Realignment Funds: Please enter the actual expenditures for MH services that were funded with 2011 Realignment funds.
Column F County General Funds: Please enter the actual expenditures for MH services that were funded with the County General Fund.
Column G State General Funds: Please enter the actual expenditures for MH services that were funded with the State General Fund.
Column H SAMSHA PATH Funds: Please enter the actual expenditures for MH services that were funded with SAMHSA PATH funds.

Column I MHBG Funds: Please enter the actual expenditures for MH services that were funded with MHBG funds.
Column J SUBG Funds: Please enter the actual expenditures for MH services that were funded with SUBG funds.
Column K Opioid Settlement Funds: Please enter the actual expenditures for MH services that were funded with Opioid Settlement funds.
Column L Commercial Insurance Funds: Please enter the actual expenditures for MH services that were funded with Commercial Insurance funds.
Column M Other Federal Grants Funds: Federal funding sources (typically grants or federal pass-through funds) that are not already itemized elsewhere on the Care Continuum Expenditures Table (e.g., not MHBG, SUBG, or PATH), but still support behavioral health services, infrastructure, or workforce. Please enter the actual expenditures for MH services that were funded with Other Federal Grants funds.

- Examples of funding streams:
  - WIOA funds
  - FEP/CSC Expansion Grants
  - CCBHC Planning and Demonstration Grants
  - Federal discretionary grants (SAMHSA, HRSA, DOJ, etc.) not otherwise listed
  - Other federal pilot or demonstration grants (e.g., justice, homelessness, or workforce-related)

Column N Other State Funding: State-funded programs or allocations that support behavioral health but are not explicitly listed (e.g., not Realignment, MHBG, or State General Fund already broken out). Please enter the actual expenditures for MH services that were funded with Other State Funding.

- Examples of funding streams:
  - BHCIP
  - CalAIM Capacity-Building Initiatives
  - NPLH
  - State General Fund programmatic allocations not separately listed (e.g., DMC IOT allocation)
  - Women and Children's Residential Treatment Services Special Account
  - AB 109 Criminal Justice and Rehabilitation Funds
    - While AB 109 originated within the 2011 Realignment framework, it should not be reported under the 2011 Realignment category in the Care Continuum expenditures table.

        - Because these funds are allocated to probation and distributed locally, with no guarantee that behavioral health receives them or controls their use, any behavioral health expenditures supported by AB 109 should be reported under "Other State Funding."

Column O County Mental Health/SUD Funding: Locally generated or locally controlled revenues not already listed (e.g., not County General Fund) that support behavioral health programs. Please enter the actual expenditures for MH services that were funded with Other County Mental Health SUD funding.

- Examples of funding streams:
    - Client Fees (UMDAP, sliding scale, share-of-cost)
    - Pretrial Drug Diversion (PC 1000) program revenues
    - DUI Fees/DUI program revenues
    - Alcohol and Drug Program Fines/Fees (Statham Funds)
    - Penalty Assessment revenues (SB 920/SB 921)
    - Other locally generated special revenue funds dedicated to MH/SUD

Column P Other Foundation Funding: Funding from private, philanthropic, or nonprofit organizations used to support behavioral health programs, pilots, or system improvements. Please enter the actual expenditures for MH services that were funded with Other Foundation Funding.

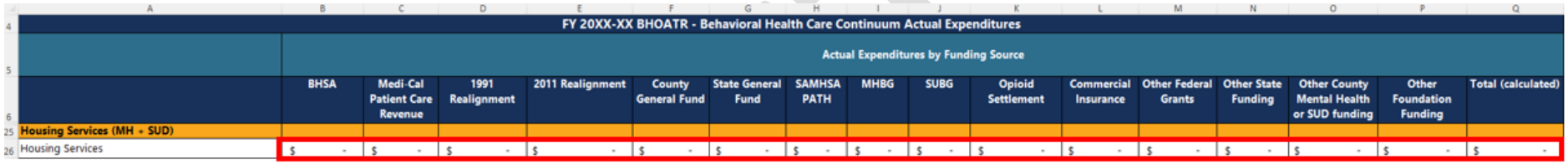
- Examples of funding streams:
    - Grants from private foundations (e.g., California Endowment, local community foundations)
    - Hospital or health system community benefit funding
    - Nonprofit or philanthropic grants supporting:
        - Pilot programs/innovation
        - Workforce development
        - Housing-related services or wraparound supports
        - One-time philanthropic investments aligned with county BH initiatives

Column Q Total: No Entry. This row will be calculated with the information provided in this row.

Row 24 Total MH Expenditures: No Entry. This row will be calculated with the information provided above.

Housing Services

Counties will report the actual expenditures for Housing services under the Care Continuum. Counties must report actual expenditures for all BH fund sources used to pay for Housing services. DHCS will calculate the total expenditures for Housing services based on the expenditure information reported by the counties.



	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
4	FY 20XX-XX BHOATR - Behavioral Health Care Continuum Actual Expenditures																
5		Actual Expenditures by Funding Source															
6		BHSA	Medi-Cal Patient Care Revenue	1991 Realignment	2011 Realignment	County General Fund	State General Fund	SAMHSA PATH	MHBG	SUBG	Opioid Settlement	Commercial Insurance	Other Federal Grants	Other State Funding	Other County Mental Health or SUD funding	Other Foundation Funding	Total (calculated)
25	Housing Services (MH + SUD)																
26	Housing Services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Row 26 Housing Services (MH + SUD):
Column B BHSA: Please enter the actual expenditures for Housing Services that were funded with BHSA funds.
Column C Medi-Cal Patient Care Revenue: Please enter the actual expenditures for Housing Services that were funded with Medi-Cal Patient Care Revenue funds.
Column D 1991 Realignment Funds: Please enter the actual expenditures for Housing Services that were funded with 1991 Realignment funds.
Column E 2011 Realignment Funds: Please enter the actual expenditures for Housing Services that were funded with 2011 Realignment funds.
Column F County General Funds: Please enter the actual expenditures for Housing Services that were funded with the County General Fund.
Column G State General Funds: Please enter the actual expenditures for Housing Services that were funded with the State General Fund.
Column H SAMSHA PATH Funds: Please enter the actual expenditures for Housing Services that were funded with SAMHSA PATH funds.
Column I MHBG Funds: Please enter the actual expenditures for Housing Services that were funded with MHBG funds.
Column J SUBG Funds: Please enter the actual expenditures for Housing Services that were funded with SUBG funds.

Column K Opioid Settlement Funds: Please enter the actual expenditures for Housing Services that were funded with Opioid Settlement funds.

Column L Commercial Insurance Funds: Please enter the actual expenditures for Housing Services that were funded with Commercial Insurance funds.

Column M Other Federal Grants Funds: Federal funding sources (typically grants or federal pass-through funds) that are not already itemized elsewhere on the Care Continuum Expenditures Table (e.g., not MHBG, SUBG, or PATH), but still support behavioral health services, infrastructure, or workforce. Please enter the actual expenditures for Housing Services (MH + SUD) that were funded with Other Federal Grants funds.

- Examples of funding streams:
  - WIOA funds
  - FEP/CSC Expansion Grants
  - CCBHC Planning and Demonstration Grants
  - Federal discretionary grants (SAMHSA, HRSA, DOJ, etc.) not otherwise listed
  - Other federal pilot or demonstration grants (e.g., justice, homelessness, or workforce-related)

Column N Other State Funding: State-funded programs or allocations that support behavioral health but are not explicitly listed (e.g., not Realignment, MHBG, or State General Fund already broken out). Please enter the actual expenditures for Housing Services (MH + SUD) that were funded with Other State Funding.

- Examples of funding streams:
  - BHCIP
  - CalAIM Capacity-Building Initiatives
  - NPLH
  - State General Fund programmatic allocations not separately listed (e.g., DMC IOT allocation)
  - Women and Children's Residential Treatment Services Special Account
  - AB 109 Criminal Justice and Rehabilitation Funds
    - While AB 109 originated within the 2011 Realignment framework, it should not be reported under the 2011 Realignment category in the Care Continuum expenditures table.

        - Because these funds are allocated to probation and distributed locally, with no guarantee that behavioral health receives them or controls their use, any behavioral health expenditures supported by AB 109 should be reported under "Other State Funding."

Column O County Mental Health/SUD Funding: Locally generated or locally controlled revenues not already listed (e.g., not County General Fund) that support behavioral health programs. Please enter the actual expenditures for Housing Services (MH + SUD) that were funded with Other County Mental Health SUD funding.

- Examples of funding streams:
    - Client Fees (UMDAP, sliding scale, share-of-cost)
    - Pretrial Drug Diversion (PC 1000) program revenues
    - DUI Fees/DUI program revenues
    - Alcohol and Drug Program Fines/Fees (Statham Funds)
    - Penalty Assessment revenues (SB 920/SB 921)
    - Other locally generated special revenue funds dedicated to MH/SUD

Column P Other Foundation Funding: Funding from private, philanthropic, or nonprofit organizations used to support behavioral health programs, pilots, or system improvements. Please enter the actual expenditures for Housing Services (MH + SUD) that were funded with Other Foundation Funding.

- Examples of funding streams:
    - Grants from private foundations (e.g., California Endowment, local community foundations)
    - Hospital or health system community benefit funding
    - Nonprofit or philanthropic grants supporting:
        - Pilot programs/innovation
        - Workforce development
        - Housing-related services or wraparound supports
        - One-time philanthropic investments aligned with county BH initiatives

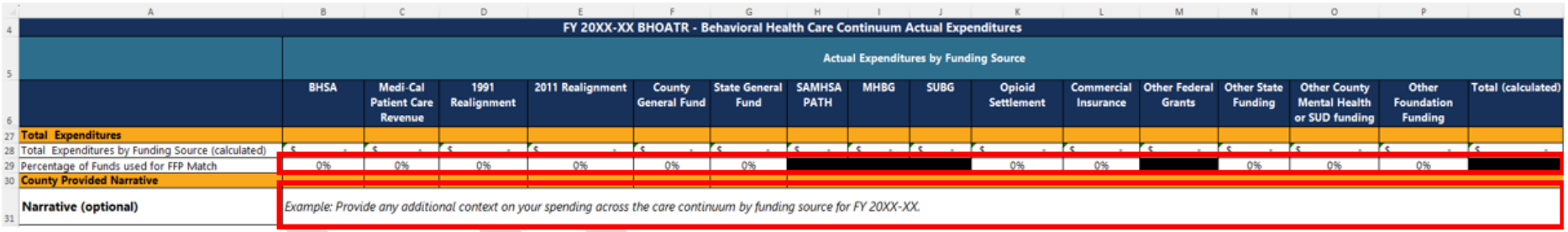
Column Q Total: No Entry. This row will be calculated with the information provided in this row.

Federal Financial Participation (FFP) Match Reporting

The final section of Tab 1a collects information regarding the percentage of funding sources used as the non-federal share to draw down FFP. This reporting will show how counties leverage local funding sources to maximize federal funding opportunities.

Counties must report the percentage of each applicable funding source expenditures that was used as the FFP match. Please note that the percentages are reported independently for each funding source and do not have to equal 100% across funding sources.

Federal funds may not be used as the non-federal share for federal matching programs. Therefore, counties will not report FFP match percentages for SAMHSA PATH, MHBG, SUBG, and Other Federal Grants. These funding sources will be blocked out on the template.



	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
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5		Actual Expenditures by Funding Source															
6		BHSA	Medi-Cal Patient Care Revenue	1991 Realignment	2011 Realignment	County General Fund	State General Fund	SAMHSA PATH	MHBG	SUBG	Opioid Settlement	Commercial Insurance	Other Federal Grants	Other State Funding	Other County Mental Health or SUD funding	Other Foundation Funding	Total (calculated)
27	Total Expenditures																
28	Total Expenditures by Funding Source (calculated)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
29	Percentage of Funds used for FFP Match	0%	0%	0%	0%	0%	0%				0%	0%		0%	0%	0%	
30	County Provided Narrative																
31	Narrative (optional)	*Example: Provide any additional context on your spending across the care continuum by funding source for FY 20XX-XX.*															

Row 29 Percentage of Funds used for FFP Match:
Column B BHSA: Please enter the percentage of funds that used BHSA for the FFP Match.
Column C Medi-Cal Patient Care Revenue: Please enter the percentage of funds that used Medi-Cal Patient Care Revenue funds for the FFP Match.
Column D 1991 Realignment Funds: Please enter the percentage of funds that used 1991 Realignment funds for the FFP Match.

Column E 2011 Realignment Funds: Please enter the percentage of funds that used 2011 Realignment funds for the FFP Match.
Column F County General Funds: Please enter the percentage of funds that used the County General Fund for the FFP Match.
Column G State General Funds: Please enter the percentage of funds that used the State General Fund for the FFP Match.
Column K Opioid Settlement Funds: Please enter the percentage of funds that used Opioid Settlement funds for the FFP Match.
Column L Commercial Insurance Funds: Please enter the percentage of funds that used Commercial Insurance funds for the FFP Match.
Column N Other State Funding: Please enter the percentage of funds that used Other State Funding for the FFP Match.
Column O County Mental Health/SUD Funding: Please enter the percentage of funds that used Other County Mental Health SUD funding for the FFP Match.
Column P Other Foundation Funding: Please enter the percentage of funds that used Other Foundation Funding for the FFP Match.

Narrative (optional): Counties can provide additional context on spending across the care continuum by funding source in the narrative section for the reporting year.

Tab 1b) Summary Expenditures Care Continuum and BHSA

This tab summarizes total actual expenditures and FFP revenue generated across the Behavioral Health Care Continuum. Counties do not enter new expenditures information in this tab. Total actual expenditures are calculated from information entered in the detailed expenditure tab (Tab 1a). For the Year 1 Draft BHOATR, counties must enter estimated "Total Actual FFP Revenue Generated" where DHCS-populated values are not yet available.

Behavioral Health Care Continuum Actual Expenditures and FFP Revenues

The Behavioral Health Care Continuum Actual Expenditures and FFP Revenues Table provides a rollup summary of total actual expenditures for SUD Services, MH Services, and Housing Services, as well as the amount of FFP revenue generated for each service.

Total Actual Expenditures will be calculated from the Care Continuum expenditure information provided by the county in the previous table and the Total Actual FFP Revenue Generated will be populated by DHCS by using total approved payment amount data from the Medi-Cal claims submitted by the county.

	A	B	C
4	FY 20XX-XX BHOATR - Behavioral Health Care Continuum Actual Expenditures & FFP Revenues		
5		Total Actual Expenditures (autofill from 1a. CoC Expend)	Total Actual FFP Revenue Generated
6	**Substance Use Disorder (SUD) Services**		
7	Primary Prevention Services	$ -	$ -
8	Early Intervention Services	$ -	$ -
9	Outpatient Services	$ -	$ -
10	Intensive Outpatient Services	$ -	$ -
11	Crisis and Field-Based Services	$ -	$ -
12	Residential Treatment Services	$ -	$ -
13	Inpatient Services	$ -	$ -
14	**Total SUD Expenditures**	$ -	$ -
15	**Mental Health (MH) Services**		
16	Primary Prevention Services	$ -	$ -
17	Early Intervention Services	$ -	$ -
18	Outpatient and Intensive Outpatient Services	$ -	$ -
19	Crisis Services	$ -	$ -
20	Residential Treatment Services	$ -	$ -
21	Hospital and Acute Services	$ -	$ -
22	Subacute and Long-Term Care Services	$ -	$ -
23	**Total MH Expenditures**	$ -	$ -
24	**Housing Services (MH + SUD)**		
25	Housing Intervention Component Services	$ -	$ -
26	**Total Expenditures**		
27	**Total - All Expenditures**	$ -	$ -
28	**County Provided Narrative**		
29	**Narrative (optional)**	*Provide any additional context on your spending and FFP revenue across the care continuum for FY 20XX - XX.*	

Rows 7-27 Substance Use Disorder (SUD) Services, Mental Health (MH) Services, Housing Services (MH + SUD), Total Expenditures:
Column B Total Actual Expenditures for Care Continuum: No entry. This column is calculated from Care Continuum Expenditures by funding source.
Column C Total Actual FFP Revenue Generated: No entry. This column is DHCS-populated by Medi-Cal claims data for that reporting FY. Please note that for the Year 1 draft BHOATR, this field will be blank and counties would be required to complete.

Narrative: Counties may provide additional context on spending and FFP revenue across the care continuum in the narrative section.

BHSA Expenditures and FFP Revenue

The BHSA Expenditure and FFP Revenue Table will provide a rollup summary of BHSA component expenditures for programs and services for Full Service Partnership (FSP), Behavioral Health Services and Supports (BHSS) and Housing Interventions, as well as the FFP revenues for BHSA.

Medi-Cal coverable housing services are not available in the Medi-Cal Behavioral Health Delivery System (BHDS). Therefore, counties do not bill Medi-Cal for services funded with BHSA Housing Interventions. Given Housing Intervention Funds cannot be used for housing services covered by Medi-Cal managed care plans, there is no anticipated FFP draw down, and counties will not report on this line.

This also applies to County Behavioral Health Plans who are contracted providers of MCP covered housing services given the MCP is financing the county-provided service and is in turn claiming the services to Medi-Cal through their own pathway, not Short-Doyle.

	A	B	C
31	**BHOATR - Behavioral Health Services Act Expenditures & FFP Revenues**		
32		**Total Actual MHSA/BHSA Expenditures (autofill from 3a. 4a. & 5a)**	**Total Actual FFP Revenue Generated**
33	**Full Service Partnership**		
34	FSP Component Programs/Services	$ -	$ -
35	**Behavioral Health Services and Supports**		
36	BHSS Component Programs/Services	$ -	$ -
37	**Housing Interventions**		
38	HI Component Programs/Services	$ -	
39	**Total**		
40	**Total**	$ -	$ -
41	**County Provided Narrative**		
42	**Narrative (optional)**	*Provide any additional context on your spending and FFP revenue across the BHSA components for FY 20XX - XX.*	

Rows 34-40 Full Service Partnership, Behavioral Health Services and Supports, Housing Interventions, Total:
Column B Total Actual MHSA/BHSA Expenditures: No entry. This column is calculated using the expenditures information reported in the Housing Interventions, FSP and BHSS Sections of the BHOATR.
Column C Total FFP Revenue Generated: No entry. This column is calculated from the Full Service Partnership and Behavioral Health Services and Supports sections of the BHOATR.

Narrative (optional): Counties can provide additional context on spending and FFP revenue across the care continuum in the narrative section for the reporting year.

Tab 2a) Expenditures and Utilization by Age

The purpose of this tab is for counties to report behavioral health expenditures and service utilization across adults and children/youth. For this section, children/youth are age 20 and younger. Adults/older adults are age 21 and older. The age of the individuals is based off the age the individual was at the end of the reporting fiscal year.

Unduplicated Individuals Served represents the number of unique individuals served within the applicable Care Continuum category and age group during the reporting fiscal year. This will be DHCS-populated using Medi-Cal claims data and ISL encounters in Year 2 and onward. Please note that for the Year 1 draft and final BHOATR these fields must be entered manually by counties due to the timing of the Year 1 submission. Counties will report actual expenditures, which represents the total expenditures incurred to serve those clients. Estimated Expenditures per Individual represents an estimated cost per client and will be calculated using expenditures and the number of individuals served.

FY 20XX-XX BHOATR - Behavioral Health Expenditures and Service Utilization Across Adult/Older Adult, Children/Youth & All Ages							
	Total Unduplicated Individuals Served: Adults and Older Adults (21 and older)	Actual Expenditures on Adults and Older Adults (21 and older)	Estimated Expenditures per Individual: Adults and Older Adults (21 and older)	Total Unduplicated Individuals Served: Children and Youth (20 and younger)	Actual Expenditures on Children/Youth (20 and younger)	Estimated Expenditures per Individual: Children and Youth (20 and younger)	Total Actual Expenditures (Adults + Children/Youth)
Substance Use Disorder (SUD) Services							
Total SUD	-	$ -	-	-	$ -	-	$ -
Mental Health (MH) Services							
Total MH	-	$ -	-	-	$ -	-	$ -
Housing Services (MH + SUD)							
Total Housing Intervention	-	$ -	-	-	$ -	-	$ -
Total Behavioral Health System Unduplicated Clients & Expenditures							
Total	-	$ -	$ -	-	$ -	$ -	$ -
County Provided Narrative							
Narrative (optional)	*Provide any additional context on spending and service utilization across adults and children/youth for FY 20XX-XX.*						

Rows 8-12 Substance Use Disorder (SUD) Services, Mental Health (MH) Services, Housing Services (MH + SUD):
Column B Total Unduplicated Individuals Served, Adults and Older Adults (21 and Older): No entry. This column is DHCS-populated with Medi-Cal Claims data from 835 and ISL Encounters for that reporting FY. Please note that for the Year 1 draft BHOATR this field must be entered manually by counties due to the timing of the Year 1 submission.
Column C Actual Expenditures on Adults and Older Adults (21 and Older): Please enter the actual expenditures for Adults and Older Adults (21 and older).
Column D Estimated Expenditures per Individual, Adults and Older Adults (21 and Older): No entry. This column calculates the Estimated Expenditures per Individual for Adults and Older Adults (21 and older) from columns B and C.
Column E Total Unduplicated Individuals Served, Children and Youth (20 and Younger): No entry. This column is DHCS-populated with Medi-Cal Claims data from 835 and ISL encounters for that reporting FY. Please note that for the Year 1 draft BHOATR this field must be entered manually by counties due to the timing of the Year 1 submission.
Column F Actual Expenditures on Children/Youth (20 and Younger): Please enter the actual expenditures on Children/Youth (20 and younger).
Column G Estimated Expenditures per Individual, Children and Youth (20 and Younger): No entry. This column calculates the Estimated Expenditures per Individual for Children and Youth (20 and younger) from columns E and F.
Column H Total Actual Expenditures (Adults + Children/Youth): No entry. This column calculates the total actual expenditures for Adults and Children/Youth from columns C and F.

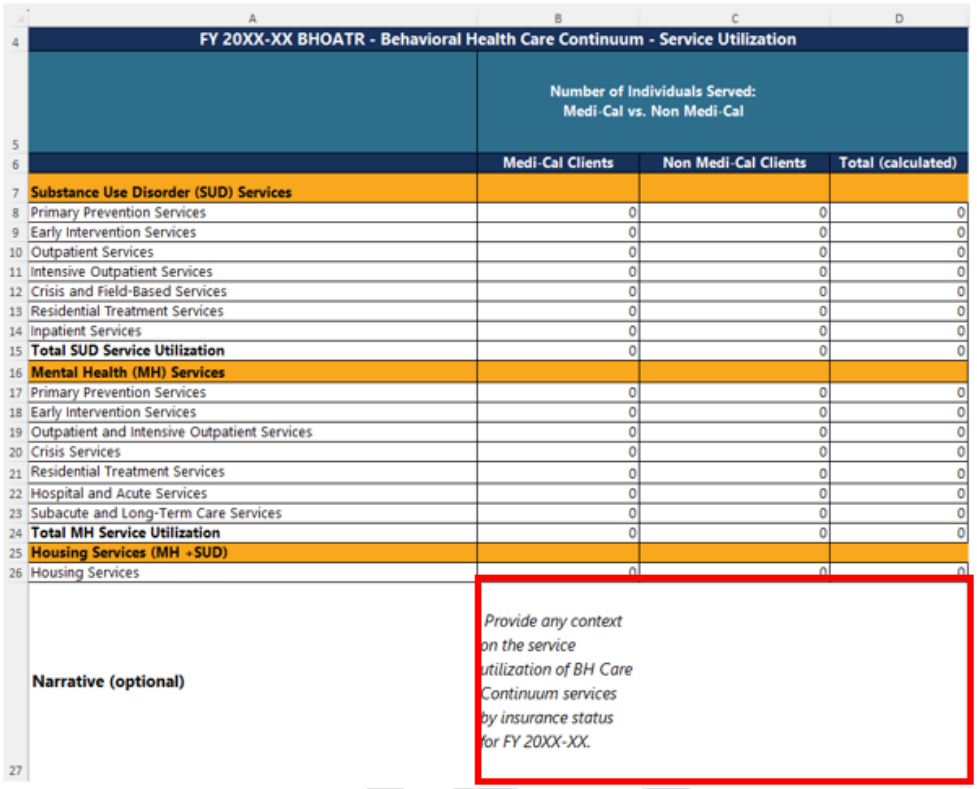
Narrative (optional)**:** Counties will be able to provide additional context on spending and service utilization across adults and children/youth in the narrative section.

Tab 2b) Service Utilization by Insurance Type

The purpose of this tab is to report the number of individuals served who are Medi-Cal members and number of individuals who are Non Medi-Cal clients across the Behavioral Health Care Continuum. The Medi-Cal and non-Medi-Cal client totals may be duplicated if an individual's insurance coverage changes during the reporting year. This section will be populated by DHCS using Medi-Cal claims data and ISL encounters in Year 2 and onward. For example, an individual may be covered by Medi-Cal from January – June, but from July – December, they lose their Medi-Cal coverage. The entire year, this individual utilizes Mental Health Primary Prevention Services. Given their shifts in coverage, they would be counted once under "Individuals Served – Medi-Cal Clients" and once under "Individuals Served Non Medi-Cal Clients" within that same care continuum service row.

If a Medi-Cal client receives a non-Medi-Cal eligible service, their service utilization would be counted under "Individuals Served – Medi-Cal Clients." For example, if a Medi-Cal covered individual receives a housing service, that service utilization would still be counted under "Individuals Served – Medi-Cal Clients". Please note that for the Year 1 draft BHOATR these fields must be entered manually by counties due to the timing of the Year 1 submission.

Non-Medi-Cal Clients include uninsured, Medicare, or commercial insurance per W&I Code, section 5963.04(a)(2)(H).



	A	B	C	D
4	FY 20XX-XX BHOATR - Behavioral Health Care Continuum - Service Utilization			
5		Number of Individuals Served: Medi-Cal vs. Non Medi-Cal		
6		Medi-Cal Clients	Non Medi-Cal Clients	Total (calculated)
7	**Substance Use Disorder (SUD) Services**			
8	Primary Prevention Services	0	0	0
9	Early Intervention Services	0	0	0
10	Outpatient Services	0	0	0
11	Intensive Outpatient Services	0	0	0
12	Crisis and Field-Based Services	0	0	0
13	Residential Treatment Services	0	0	0
14	Inpatient Services	0	0	0
15	**Total SUD Service Utilization**	0	0	0
16	**Mental Health (MH) Services**			
17	Primary Prevention Services	0	0	0
18	Early Intervention Services	0	0	0
19	Outpatient and Intensive Outpatient Services	0	0	0
20	Crisis Services	0	0	0
21	Residential Treatment Services	0	0	0
22	Hospital and Acute Services	0	0	0
23	Subacute and Long-Term Care Services	0	0	0
24	**Total MH Service Utilization**	0	0	0
25	**Housing Services (MH +SUD)**			
26	Housing Services	0	0	0
27	**Narrative (optional)**	*Provide any context on the service utilization of BH Care Continuum services by insurance status for FY 20XX-XX.*		

Rows 8-26 Substance Use Disorder (SUD) Services, Mental Health (MH) Services, Housing Services (MH + SUD):
Column B Medi-Cal Clients: No entry. This column is DHCS-populated using Medi-Cal Claims data from 835 and ISL encounters for that reporting FY. Please note that for the Year 1 draft BHOATR this field must be entered manually by counties due to the timing of the Year 1 submission.
Column C Non-Medi-Cal Clients: No entry. This column is DHCS-populated from ISL encounters for that reporting FY. Please note that for the Year 1 draft BHOATR this field must be entered manually by counties due to the timing of the Year 1 submission.
Column D Total: No entry. This column calculates the Total Number of Medi-Cal and Non Medi-Cal Individuals Served from columns B and C.

Narrative (optional): Counties can provide any context on the service utilization of Behavioral Health Care Continuum services by insurance status for the reporting year by using the narrative section.

2. BHSA COMPONENT VIEWS

The BHSA Component Views are used to report expenditures, utilization, and applicable FFP revenue attribution for programs and services that are part of the county's BHSA implementation.

Counties must report programs and services in the BHSA Component Views when either of the following applies:

a. The program or service is funded in whole or in part with BHSA funds; or
b. The program or service is required to be reported to demonstrate compliance with an applicable BHSA component requirement, even if the expenditures are paid entirely with non-BHSA funding sources.

Examples of programs and services that may be reportable under subsection (b) include the following BHSA-mandated service models, when applicable to the county:

FSP

- Assertive Community Treatment (ACT)
- Forensic Assertive Community Treatment (FACT)
- High Fidelity Wraparound (HFW)
- FSP Intensive Case Management (ICM)
- Individual Placement and Support (IPS) Supported Employment
- Assertive Field-Based Initiation for SUD Treatment

BHSS

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

Counties are not required to report programs or services under subsection (b) when the underlying BHSA component requirement does not apply to the county, including situations where the county has received an approved exemption, exception, or other authorization from DHCS that removes the applicable requirement.

When a program or service is reported in a BHSA Component View, counties must report the full expenditures for that program or service, including both BHSA expenditures and expenditures from all other funding sources used to support the program or service.

Counties should not report a program or service in a BHSA Component View solely because the program or service generally aligns with a BHSA component or service category. If a program or service receives no BHSA funding and is not required to be reported to demonstrate compliance with an applicable BHSA component requirement, the associated expenditures should instead be reported in the applicable Care Continuum View.

All three Component Views report:

c. Total expenditures split between BHSA funding and all other funding sources

For FSP and BHSS, the Component Views also report:

d. Medi-Cal expenditures used as the non-federal share to draw down FFP, split between BHSA and all other funding sources; and
e. Total actual FFP revenue generated, split between BHSA-generated FFP and other funding stream generated revenue.

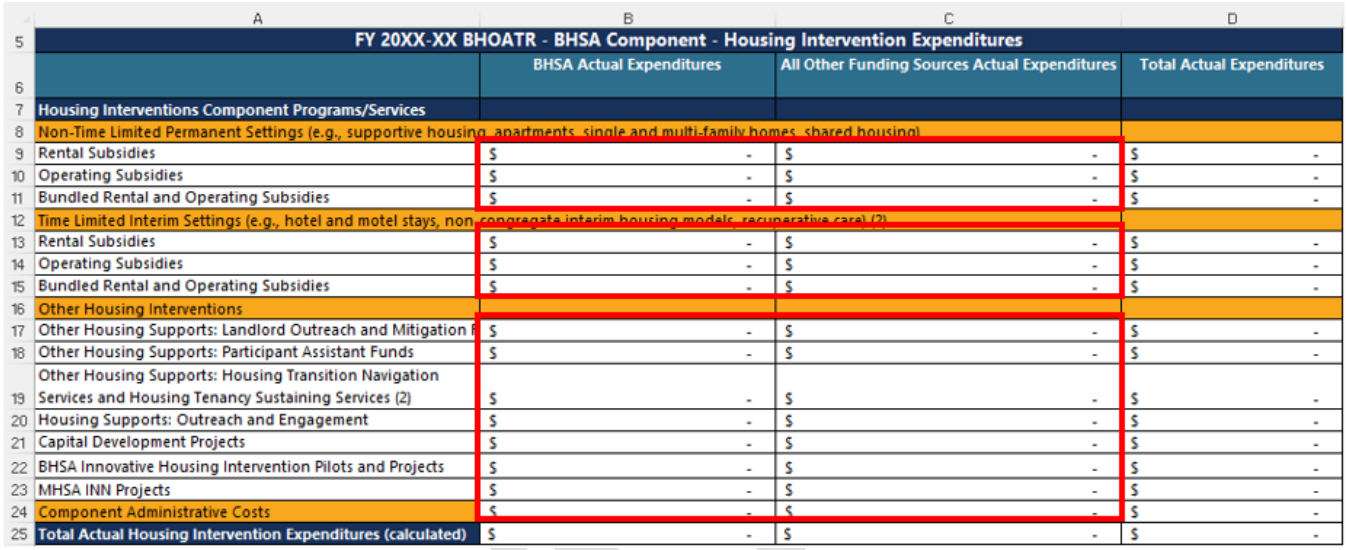
BHSA Component Views

Tab 3a) Housing Interventions Expenditures

Counties must allocate 30% of their total BHSA funds to the Housing Interventions Component, unless the county has received an approved BHSF Housing Interventions Exemption or an approved Funding Transfer Request from DHCS (BHSA County Policy Manual, Chapter 6, Section B.1.1). Counties must report actual expenditures for Housing Interventions programs and services. The Housing Interventions component provides support to eligible individuals who are homeless or at risk of homelessness. Unless the county has an approved exemption by DHCS, 50% of BHSA Housing Interventions funds will be used for the chronically homeless, with a focus on those in encampments, no more than 25% will be used for capital development projects and no more than 7% will be used for Outreach and Engagement. Counties will follow the guidelines set forth in the BHSA County Policy Manual, Chapter 7, Section C. The purpose of this tab is for counties to report actual expenditures for Housing Interventions, including funds dedicated to the suballocations for Housing Interventions, which include chronically homeless individuals and individuals living with an SUD only.

The Housing Interventions Component Programs/Services are split between Non-Time Limited Permanent Settings, Time Limited Interim Settings, Other Housing Interventions,

and Component Administrative Costs. For any program or service that is reportable within this Component View, counties must report the full expenditures of that program or service, including expenditures funded with BHSA and expenditures funded with all other funding sources.



	A	B	C	D
5	FY 20XX-XX BHOATR - BHSA Component - Housing Intervention Expenditures			
6		BHSA Actual Expenditures	All Other Funding Sources Actual Expenditures	Total Actual Expenditures
7	Housing Interventions Component Programs/Services			
8	Non-Time Limited Permanent Settings (e.g., supportive housing, apartments, single and multi-family homes, shared housing)			
9	Rental Subsidies	$ -	$ -	$ -
10	Operating Subsidies	$ -	$ -	$ -
11	Bundled Rental and Operating Subsidies	$ -	$ -	$ -
12	Time Limited Interim Settings (e.g., hotel and motel stays, non-congregate interim housing models, recuperative care) (2)			
13	Rental Subsidies	$ -	$ -	$ -
14	Operating Subsidies	$ -	$ -	$ -
15	Bundled Rental and Operating Subsidies	$ -	$ -	$ -
16	Other Housing Interventions			
17	Other Housing Supports: Landlord Outreach and Mitigation F	$ -	$ -	$ -
18	Other Housing Supports: Participant Assistant Funds	$ -	$ -	$ -
19	Other Housing Supports: Housing Transition Navigation Services and Housing Tenancy Sustaining Services (2)	$ -	$ -	$ -
20	Housing Supports: Outreach and Engagement	$ -	$ -	$ -
21	Capital Development Projects	$ -	$ -	$ -
22	BHSA Innovative Housing Intervention Pilots and Projects	$ -	$ -	$ -
23	MHSA INN Projects	$ -	$ -	$ -
24	Component Administrative Costs	$ -	$ -	$ -
25	Total Actual Housing Intervention Expenditures (calculated)	$ -	$ -	$ -

Rows 9-11 Non-Time Limited Permanent Settings (e.g. supportive housing, apartments, single and multi-family homes, shared housing):
For the list of allowable settings included in Non-Time Limited Permanent Settings and examples, please refer to the BHSA County Policy Manual, Chapter 7, Section C.9.3.
Column B BHSA Actual Expenditures: Please enter the actual expenditures for BHSA funding used for Rental, Operating and Bundled Subsidies for Non-Time Limited Permanent Settings.
Column C All Other Funding Sources Actual Expenditures: Please enter the actual expenditures All Other Funding Sources used for Rental, Operating and Bundled Subsidies for Non-Time Limited Permanent Settings.
Column D Total Actual Expenditures: No Entry. This column automatically calculates the Total Actual Expenditures from columns B and C.

Rows 13-15 Time Limited Interim Settings (e.g. hotel and motel stays, non-congregate interim housing models, recuperative care)(2):
For the list of allowable settings included in Time Limited interim settings and examples, please refer to the BHSA County Policy Manual, Chapter 7, Section C.9.3.
Column B BHSA Actual Expenditures: Please enter the actual expenditures for Housing Interventions services that used BHSA funding for Rental, Operating and Bundled Subsidies for Time Limited Interim Settings.

Column C All Other Funding Sources Actual Expenditures: Please enter the actual expenditures for Housing Interventions Services that used All Other Funding Sources for Rental, Operating and Bundled Subsidies for Time Limited Interim Settings.
Column D Total Actual Expenditures: No entry. This column calculates the Total Actual Expenditures from columns B and C.

Rows 17-21, 24 Other Housing Interventions:
Column B/BHSA Actual Expenditures: Please enter the actual expenditures for BHSA funding used for the following Housing Interventions: Landlord Outreach and Mitigation, Participant Assistant Funds, Housing Transition Navigation Services and Housing Tenancy Sustaining Services, Outreach and Engagement and Capital Development projects.
Column C All Other Funding Sources Actual Expenditures: Please enter the actual All Other Funding Sources used for the following Housing Interventions: Landlord Outreach and Mitigation, Participant Assistant Funds, Housing Transition Navigation Services and Housing Tenancy Sustaining Services, Outreach and Engagement and Capital Development projects.
Column D Total Actual Expenditures: No entry. This column calculates the Total Actual Expenditures from columns B and C.

Row 22 BHSA Innovative Housing Interventions Pilots and Projects:
Innovative projects that qualify are ones that are used to test new approaches to improve mental health outcomes and counties will no longer be allowed to encumber funds. The Innovative Housing Interventions Pilots and Projects must meet the criteria outlined in the BHSA County Policy Manual, Chapter 6, Section B.7.2 and Chapter 7, Section A.6.
Column B BHSA Actual Expenditures: Please enter the actual expenditures for BHSA Innovative Housing Interventions Pilots and Projects.
Column C All Other Funding Sources Actual Expenditures: Please enter the actual expenditures for BHSA Innovative Housing Interventions Pilots and Projects.
Column D Total Actual Expenditures: No entry. This column calculates the Total Actual Expenditures from columns B and C.

Row 23 MHSA Innovation (INN) Projects:
If a county currently has MHSA INN funds that were encumbered in a project prior to July 1, 2026, and the INN project is operational, those INN funds will remain encumbered for the duration of the first IP, FY 2026-29. If the MHSA INN project aligns with the required program and services under Housing Interventions, please report the expenditures for the MHSA INN project in this section.

Column B MHSA Actual Expenditures: Please enter the actual expenditures for MHSA INN projects used for Housing Interventions.
Column C All Other Funding Sources Actual Expenditures: Please enter the actual expenditures for MHSA INN projects used for Housing Interventions.
Column D Total Actual Expenditures: No entry. This column calculates the Total Actual Expenditures from columns B and C.

Row 25 Total Housing Intervention Expenditures:
Column B BHSA Actual Expenditures: No entry. This column calculates the Total BHSA Actual Expenditures from the rows above.
Column C All Other Funding Sources Actual Expenditures: No entry. This column calculates the total actual expenditures using All Other Funding Sources from the rows above.
Column D Total Actual Expenditures: No entry. This column calculates the Total Actual Expenditures from the rows above.

The IP to BHOATR Comparison section will pull in the projected expenditures reported from either the Three-Year IP, Annual Update (AU) or Intermittent Update (IU) Budget template, whichever is the most current. The purpose of this section is to compare the projected expenditures against the actual expenditures and what the difference is.

	A	B	C	D
27	**IP to BHOATR Comparison**	**BHSA**	**Other Funding Sources**	**Total**
28	Projected Expenditures	-	-	-
29	Difference Actual vs. Projected	0%	0%	0%

Row 28 Projected Expenditures:
Column B BHSA Projected Expenditures: No entry. This column is populated from the submitted IP/AU/IU Budget Template's reported projected expenditures for Housing Interventions.
Column C All Other Funding Sources Projected Expenditures: No entry. This column is populated from the submitted IP/AU/IU Budget Template's reported projected expenditures for Housing Interventions.
Column D Total Projected Expenditures: No entry. This column is populated using the submitted IP/AU/IU Budget Template's reported projected expenditures for Housing Interventions.

Row 29 Difference Actual vs. Projected:
Column B BHSA Difference Actual vs. Projected Expenditures: No entry. This column calculates the percentage difference between actual expenditures and projected BHSA expenditures for BHSA funded Housing Interventions services.
Column C All Other Funding Sources Difference Actual vs. Projected Expenditures: No entry. This column calculates the percentage difference between actual expenditures and projected expenditures for non-BHSA funded Housing Interventions services.
Column D Difference Total Actual vs. Total Projected Expenditures: No entry. This column calculates the percentage difference between total actual expenditures and total projected expenditures for Housing Interventions services.

In the Suballocation Requirements: Special Population section, counties can report the amount of total Housing Interventions component funds dedicated to the Chronically Homeless Population and the amount dedicated to Serving Individuals with a SUD only. This is necessary to ensure counties are meeting the suballocation requirements for Housing Interventions for the Chronically Homeless. Counties may request an exemption for the total Housing Interventions funds dedicated to Chronically Homeless to spend less than the 50% requirement. Counties must receive an approval from DHCS for this exemption request through the draft Integrated Plan submission to be exempt from meeting this requirement.

	A	B	C
31	**Suballocation Requirements**		
32	Total Housing Interventions Component Funds Dedicated to Chronically Homeless Population	$ -	
33	Percent of Total Housing Interventions Component Allocation Dedicated to Chronically Homeless Population		
34	Total Housing Interventions Component Funds Dedicated to Serving Individuals with a SUD only	$ -	
35	Percent of Total BHSA Housing Component Allocation Spent on Capital Development Projects		
36	Percent of Total BHSA Housing Component Allocation Spent on Outreach and Engagement		
37			
38	**Narrative (optional)**	*Provide any context on expenditures for Housing Interventions for FY 20XX-XX.*	

Row 32 Total Housing Interventions Component Funds Dedicated to Chronically Homeless Population:
Counties should follow the guidance in the BHSA County Policy Manual, Chapter 7 Section C.4.1 for more guidance on eligible populations for Housing Interventions. Per WIC section 5892, subdivision (k)(2) provides that for purposes of the BHSA, "chronically homeless" means an individual or family that is chronically homeless as defined in 42 U.S.C 11360 otherwise modified or expanded by the DHCS.
Column B: Please enter the Total BHSA Housing Interventions Funds Dedicated to Chronically Homeless.

Row 33 Percent of Total Housing Interventions Component Allocation Dedicated to Chronically Homeless Population:
Column B: This percentage will be calculated by dividing the Total Housing Interventions Component Allocation Dedicated to Chronically Homeless Population **by** the Total Actual Housing Intervention Expenditures.

Row 34 Total Housing Interventions Component Dedicated to Serving Individuals with a SUD only:
Column B: Please enter the Total Housing Interventions Funds Dedicated to Serving Individuals with a SUD Only.

Row 35 Percent of Total BHSA Housing Component Allocation Spent on Capital Development Projects:
Column B: This percentage will be calculated by dividing the Total BHSA Housing Component Allocation Spent on Capital Development Projects **by** the Total Actual Expenditures.
Row 36 Percent of Total BHSA Housing Component Allocation Spent on Outreach and Engagement:
Column B: This percentage will be calculated by dividing the Total Housing Interventions Component Allocation Spent on Outreach and Engagement **by** the Total Actual Expenditures.
Narrative (optional): Counties can provide any additional context in the narrative question on the Housing Interventions expenditures for the reporting year.

Tab 3b) Housing Intervention Utilization

The purpose of this tab is to report the unduplicated individuals served for the BHSA Housing Interventions component. Each Housing Interventions Component Program/Service has a column for adults/older adults and a column for children/youth. Under BHSA, Children/Transitional Age Youth (TAY) are ages 25 and younger, adults/older adults are 26 and older. For purposes of reporting, age is determined by the individuals age at the end of the BHOATR fiscal year. This information will be auto populated using ISL encounters in Year 2 and onward. Please note that for the Year 1 draft BHOATR these fields must be entered manually by counties due to the timing of the Year 1 submission.

	A	B	C	D
4	FY 20XX-XX BHOATR - BHSA Component - Housing Intervention Service Utilization			
5	**BHOATR - BHSA Component - Housing Intervention Service Utilization**	**Total Unduplicated Individuals Served: Adults and Older Adults (26 and older)**	**Total Unduplicated Individuals Served: Children / TAY (25 and younger)**	**Total Unduplicated Individuals Served**
6	**Housing Interventions Component Programs/Services**			
7	Non-Time Limited Permanent Settings (e.g., supportive housing, apartments, single and multi-family homes, shared housing)			
8	Rental Subsidies	0	0	0
9	Operating Subsidies	0	0	0
10	Bundled Rental and Operating Subsidies	0	0	0
11	Time Limited Interim Settings (e.g., hotel and motel stays, non-congregate interim housing models, recuperative care)			
12	Rental Subsidies	0	0	0
13	Operating Subsidies	0	0	0
14	Bundled Rental and Operating Subsidies	0	0	0
15	Other Housing Interventions			
16	Other Housing Supports: Landlord Outreach and Mitigation Fu	0	0	0
17	Other Housing Supports: Participant Assistant Funds	0	0	0
18	Other Housing Supports: Housing Transition Navigation Services and Housing Tenancy Sustaining Services (2)	0	0	0
19	Housing Supports: Outreach and Engagement	0	0	0
20	BHSA Innovative Housing Intervention Pilots and Projects	0	0	0
21	MHSA INN Projects	0	0	0
22	**Total Housing Intervention Service Utilization (calculated)**	0	0	0

Rows 8-10 Non-Time Limited Permanent Settings (e.g. supportive housing, apartments, single and multi-family homes, shared housing):

Column B Total Unduplicated Individuals Served, Adults and Older Adults (26 and Older): No entry. This column is DHCS-populated with ISL encounters for that reporting FY. Please note that for the Year 1 draft BHOATR this field must be entered manually by counties due to the timing of the Year 1 submission.
Column C Total Unduplicated Individuals Served, Children/TAY (25 and Younger): No entry. This column is DHCS-populated with ISL encounters for that reporting FY. Please note that for the Year 1 draft BHOATR this field must be entered manually by counties due to the timing of the Year 1 submission.
Column D Total Unduplicated Individuals Served: No entry. This column calculates the Total Unduplicated Individuals Served from columns B and C.

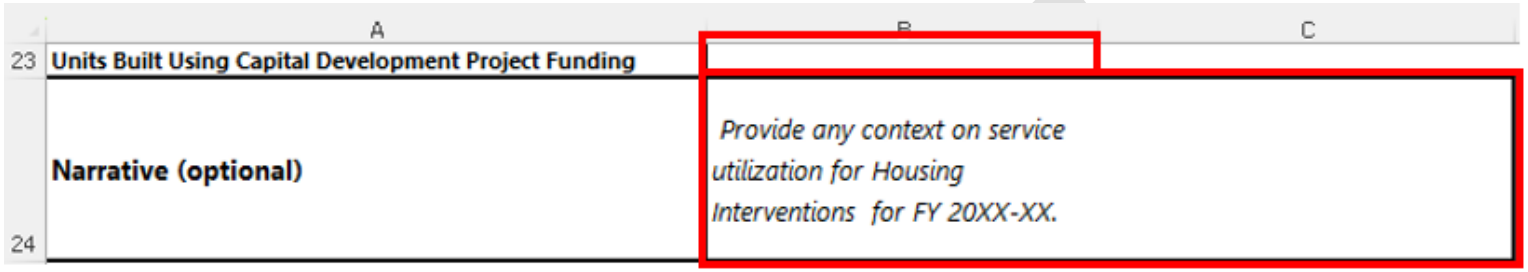
Rows 12-14 Time Limited Interim Settings (e.g., hotel and motel stays, non-congregate interim housing models, recuperative care):
Column B Total Unduplicated Individuals Served, Adults and Older Adults (26 and Older): No entry. This column is DHCS-populated with ISL encounters for that reporting FY. Please note that for the Year 1 draft BHOATR this field must be entered manually by counties due to the timing of the Year 1 submission.
Column C Total Unduplicated Individuals Served, Children/TAY (25 and Younger): No entry. This column is DHCS-populated with ISL encounters for that reporting FY. Please note that for the Year 1 draft BHOATR this field must be entered manually by counties due to the timing of the Year 1 submission.
Column D Total Unduplicated Individuals Served: No entry. This column calculates the Total Unduplicated Individuals Served from columns B and C.

Rows 16-19 Other Housing Interventions:
Column B Total Unduplicated Individuals Served, Adults and Older Adults (26 and Older): No entry. This column is DHCS-populated with ISL encounters for that reporting FY. Please note that for the Year 1 draft BHOATR this field must be entered manually by counties due to the timing of the Year 1 submission.
Column C Total Unduplicated Individuals Served, Children/TAY (25 and Younger): No entry. This column is DHCS-populated with ISL encounters for that reporting FY. Please note that for the Year 1 draft BHOATR this field must be entered manually by counties due to the timing of the Year 1 submission.
Column D Total Unduplicated Individuals Served: No entry. This column calculates the Total Unduplicated Individuals Served from columns B and C.

Rows 20-21 BHSA Innovative Housing Intervention Pilots and Projects, MHSA INN Projects:
Column B Total Unduplicated Individuals Served, Adults and Older Adults (26 and Older): Please enter the Total Unduplicated Individuals Served for Adults and Older Adults.
Column C Total Unduplicated Individuals Served, Children/TAY (25 and Younger): Please enter the Total Unduplicated Individuals Served for Children and Youth.
Column D Total Unduplicated Individuals Served: No entry. This column calculates the Total Unduplicated Individuals Served from columns B and C.

Row 22 Total Housing Intervention Service Utilization:
Column B Total Unduplicated Individuals Served, Adults and Older Adults (26 and Older): No entry. This column calculates Total Unduplicated Individuals Served for Adults and Older Adults from the rows above.
Column C Total Unduplicated Individuals Served, Children/TAY (25 and Younger): No entry. This column calculates Total Unduplicated Individuals Served for Children and Youth from the rows above.
Column D Total Unduplicated Individuals Served: No entry. This column calculates the Total Unduplicated Individuals Served from the rows above.

Counties will be required to report on the number of new units built in the county supported by capital development funds during the FY. Reporting on all other capital development expenditures is not included on this tab.



	A	B	C
23	**Units Built Using Capital Development Project Funding**		
24	**Narrative (optional)**	*Provide any context on service utilization for Housing Interventions for FY 20XX-XX.*	

Row 23 Units Built Using Capital Development Project Funding:
Column B: Please enter the number of units built using Capital Development Project Funding for Housing Interventions. Capital development units are units constructed or rehabilitated using county BHSA funding for placement by a BHSA eligible individual.

Narrative (optional): Counties can provide any additional context on the Housing Interventions expenditures for the reporting year.

Tab 4a) FSP Expenditures

The purpose of this tab is for counties to report actual expenditures for FSP, classifying expenditures between BHSA and other funding sources, identifying Medi-Cal expenditures on FSP services, and calculating FFP revenue generated for FSP services.

BHOATR - BHSA Component – FSP Expenditures

Counties must allocate 35% of their total BHSA funds to the FSP Component, unless the county has received an approved Funding Transfer Request from DHCS. Counties must report BHSA and other funding source expenditures for the various FSP services models under the FSP Programs/Services section in columns B and C. The FSP component is funded through BHSA to provide intensive, team-based care to individuals living with significant behavioral health needs through a "whatever it takes" approach. Counties are required to follow the guidelines set in the BHSA County Policy Manual, Chapter 7, Section B. The purpose of this tab is for counties to report actual expenditures for FSP, classifying expenditures between BHSA and other funding sources, identifying Medi-Cal expenditures on FSP services, and calculating FFP revenue generated for FSP services.

In the FSP Component Programs/Services section, counties will report expenditures for BHSA and all other funding sources expenditures, mirroring Tab 6 of the Integrated Plan. For any program or service that is reportable within this Component View, counties must report the full expenditures of that program or service, including expenditures funded with BHSA and expenditures funded with all other funding sources.

	A	B	C	D
5	FY 20XX-XX BHOATR - BHSA Component - FSP Expenditures			
6		Actual Expenditures		
7		BHSA Expenditures	All Other Funding Source Expenditures	Total Actual Expenditures
8	FSP Programs/Services	B	C	D
9	Assertive Community Treatment (ACT)	$ -	$ -	$ -
10	Forensic Assertive Community Treatment (FACT)	$ -	$ -	$ -
11	FSP Intensive Case Management	$ -	$ -	$ -
12	High Fidelity Wraparound	$ -	$ -	$ -
13	Individual Placement and Support (IPS) Model of Supported Employment	$ -	$ -	$ -
14	Assertive Field-Based Initiation for SUD Treatment Services	$ -	$ -	$ -
15	Other mental health or supportive services not already captured above (e.g., outreach, other recovery-oriented services, peers, etc.): Please define	$ -	$ -	$ -
16	Other substance use disorder treatment services not already captured above (primary SUD FSP programs, innovation, etc.): Please define	$ -	$ -	$ -
17	Innovative FSP Pilots and Projects	$ -	$ -	$ -
18	MHSA INN Projects	$ -	$ -	$ -
19	**Total Program/Services**	$ -	$ -	$ -
20	Component Administrative Costs	$ -	$ -	$ -
21	**Total Component Expenditures**	$ -	$ -	$ -

Rows 9-16 FSP Programs/Services:
Column B BHSA Expenditures: Please enter the actual expenditures for FSP services that used BHSA funding for Assertive Community Treatment (ACT), Forensic Assertive Community Treatment (FACT), Intensive Case Management (ICM), High Fidelity Wraparound (HFW), Individual Placement and Support (IPS), Assertive Field-Based Initiation for SUD, Other Mental Health or Supportive Services and Other SUD treatment services. If your county has a DHCS-approved exemption for ACT, FACT and/or IPS, counties should not report any expenditures for these rows.
Column C All Other Funding Source Expenditures: Please enter the actual expenditures for FSP services that used All Other Funding Sources for ACT, FACT, ICM, HFW, IPS, Assertive Field-Based Initiation for SUD, Other Mental Health or Supportive Services and Other SUD treatment services. If your county has an approved exemption for ACT, FACT and/or IPS, counties should not report any expenditures for these rows.
Column D Total Actual Expenditures: No entry. This column calculates the Total Actual Expenditures from columns B and C.

Row 17 Innovative FSP Pilots and Projects:
Innovative projects that qualify are ones that are used to test new approaches to improve mental health outcomes and counties will no longer be allowed to encumber funds. The FSP Innovative Pilots and Projects must meet the criteria outlined in the BHSA County Policy Manual, Chapter 6, Section B.7.2 and Chapter 7, Section A.6.

Column B BHSA Actual Expenditures: Please enter the actual expenditures for BHSA Innovative FSP Interventions Pilots and Projects.
Column C All Other Funding Sources Actual Expenditures: Please enter the actual expenditures for BHSA Innovative FSP Interventions Pilots and Projects.
Column D Total Actual Expenditures: No entry. This column calculates the Total Actual Expenditures from columns B and C.

Row 18 MHSA INN Projects:
If a county currently has MHSA INN funds that were encumbered in a project prior to July 1, 2026, and the INN project is operational, those INN funds will remain encumbered for the duration of the first IP, FY 2026-29. If the MHSA INN project aligns with the required program and services under FSP, please report the expenditures for the MHSA INN project in this section.
Column B MHSA Actual Expenditures: Please enter the actual expenditures for MHSA INN projects used for FSP.
Column C All Other Funding Sources Actual Expenditures: Please enter the actual expenditures for MHSA INN projects used for FSP.
Column D Total Actual Expenditures: No entry. This column calculates the Total Actual Expenditures from columns B and C.

Row 19 Total Program/Services:
Column B BHSA Expenditures: No entry. This column calculates the Total BHSA Actual Expenditures from the rows above.
Column C All Other Funding Source Expenditures: No entry. This column calculates the total actual expenditures using All Other Funding Sources from the rows above.
Column D Total Actual Expenditures: No entry. This column calculates the Total Actual Expenditures from the rows above.

Row 20 Component Administrative Costs:
Column B BHSA Expenditures: Please enter the actual BHSA expenditures used for FSP component administrative costs
Column C All Other Funding Source Expenditures: Please enter the actual All Other Funding sources expenditures used for FSP component administrative costs.
Column D Total Actual Expenditures: No entry. This column calculates the Total Actual Expenditures from columns B and C.

Row 21 Total Component Expenditures:
Column B BHSA Expenditures: No entry. This column calculates the Total BHSA Actual Expenditures from the rows above.

Column C All Other Funding Source Expenditures: No entry. This column calculates the total actual expenditures using All Other Funding Sources from the rows above.
Column D Total Actual Expenditures: No entry. This column calculates the Total Actual Expenditures from the rows above.

The IP to BHOATR Comparison section will pull in the projected expenditures reported from either the Three-Year IP, AU or IU Budget template, whichever is the most current. The purpose of this section is to compare the projected expenditures against the actual expenditures and what the difference is.

	A	B	C	D
23	**IP to BHOATR Comparison**	**BHSA**	**Other Funding Sources**	**Total**
24	Projected Expenditures	-	-	-
25	Difference Actual vs. Projected	0%	0%	0%
26				
27	**Narrative (optional)**	*Provide any context on expenditures for FSP for FY 20XX-XX.*		

Row 24 Projected Expenditures:
Column B BHSA Projected Expenditures: No entry. This column is populated from the submitted IP/AU/IU Budget Template's reported projected expenditures for FSP.
Column C Other Funding Source Projected Expenditures: No entry. This column is populated from the submitted IP/AU/IU Budget Template's reported projected expenditure for FSP.
Column D Total Projected Expenditures: No entry. This column is populated using the submitted IP/AU/IU Budget Template's reported projected expenditures for FSP.

Row 25 Difference Actual vs. Projected:
Column B Difference Actual vs. Projected BHSA Expenditures: No entry. This column calculates the percentage difference between actual expenditures and projected BHSA expenditures for BHSA funded FSP services.
Column C Difference Actual vs. Projected All Other Funding Source Expenditures: No entry. This column calculates the percentage difference between actual expenditures and projected expenditures for non-BHSA funded FSP services.
Column D Difference Actual vs. Projected Total Actual Expenditures: No entry. This column calculates the percentage difference between total actual expenditures and total projected expenditures for FSP services.

Narrative (optional): Counties can provide any additional context on the FSP expenditures for the reporting year.

Medi-Cal Expenditures

Counties must report BHSA Medi-Cal and all other funding source expenditures for the various FSP programs and services in columns F and G. This table captures the portion of expenditures that were used as the non-federal share (NFS) to draw down Medi-Cal FFP for FSP services. Medi-Cal expenditures are the equal to the non-federal share expenditures incurred by the county to draw down FFP.

	A	F	G	H
5	FY 20XX-XX BHOATR - BHSA			
6		Medi-Cal Expenditures		
7		BHSA Medi-Cal Expenditures	All Other Funding Source Medi-Cal Expenditures	Total Medi-Cal Expenditures
8	FSP Programs/Services	F	G	H
9	Assertive Community Treatment (ACT)	$ -	$ -	$ -
10	Forensic Assertive Community Treatment (FACT)	$ -	$ -	$ -
11	FSP Intensive Case Management	$ -	$ -	$ -
12	High Fidelity Wraparound	$ -	$ -	$ -
13	Individual Placement and Support (IPS) Model of Supported Employment	$ -	$ -	$ -
14	Assertive Field-Based Initiation for SUD Treatment Services	$ -	$ -	$ -
15	Other mental health or supportive services not already captured above (e.g., outreach, other recovery-oriented services, peers, etc.): Please define	$ -	$ -	$ -
16	Other substance use disorder treatment services not already captured above (primary SUD FSP programs, innovation, etc.): Please define	$ -	$ -	$ -
17	Innovative FSP Pilots and Projects	$ -	$ -	$ -
18	MHSA INN Projects	$ -	$ -	$ -
19	Total Program/Services	$ -	$ -	$ -

Rows 9-18 FSP Program/Services:
Column F BHSA Medi-Cal Expenditures: Please enter the actual Medi-Cal expenditures for FSP services that used BHSA funding. Counties must enter BHSA-funded expenditures used to draw down FFP that are directly attributable to delivering Medi Cal billable services within the FSP component for each FSP service row. Medi-Cal expenditures in this table only include the NFS expenditures incurred by the county to draw down FFP. This must represent the BHSA expenditures reported in Column B that were used to draw down FFP.

This should NOT include non-Medi-Cal services and general admin/overhead costs that cannot be linked with billable services.

Column G All Other Funding Sources Medi-Cal Expenditures: Please enter the actual Medi-Cal expenditures for FSP services that used All Other Funding Sources besides BHSA. Counties must identify and report the portion of All Other Funding Source expenditures that are directly attributable to delivering Medi Cal billable services within the FSP component for each FSP service row. Medi-Cal expenditures in this table only include the NFS expenditures incurred by the county to draw down FFP. This must reflect the expenditures from all other non-BHSA funding sources reported in Column C that were used to draw down FFP. Funding sources that are not allowable to use for FFP match (e.g., SAMHSA PATH, SUBG, MHBG) may not be included in these expenditures.

This should NOT include non-Medi-Cal services and general admin/overhead costs that cannot be linked with billable services.

Column H Total Medi-Cal Expenditures: No entry. This column calculates the Total Medi-Cal Expenditures. Total county non-federal share expenditures incurred by the county to draw down FFP for Medi-Cal eligible FSP services.

Row 19 Total Program/Services:
Column F BHSA Medi-Cal Expenditures: No entry. This column calculates total Medi-Cal expenditures using BHSA funding from the rows above.
Column G All Other Funding Sources Medi-Cal Expenditures: No entry. This column calculates total Medi-Cal expenditures using All Other Funding Sources from the rows above.
Column H Total Medi-Cal Expenditures: No entry. This column calculates the Total Medi-Cal Expenditures from the rows above.

FFP Revenue Attribution

The FFP Revenue Attribution table provides information regarding the amount of federal reimbursement associated with county behavioral health expenditures reported within the FSP component. This table will show the actual federal revenue generated by Medi-Cal claims for FSP services rendered and will be populated by DHCS in Year 2 and onward. Please note that for the Year 1 draft BHOATR these fields must be entered manually by counties due to the timing of the Year 1 submission.

	A	J	K	L
5	FY 20XX-XX BHOATR - BHSA Component - FSP Expenditures			
6		FFP Revenue Attribution		
7		Total Actual FFP Revenue Generated	BHSA FFP Generated	Other Funding Stream Generated Revenue
8	FSP Programs/Services	J	K = (F ÷ H) x J	L = (G ÷ H) x J
9	Assertive Community Treatment (ACT)	$ -	$ -	$ -
10	Forensic Assertive Community Treatment (FACT)	$ -	$ -	$ -
11	FSP Intensive Case Management	$ -	$ -	$ -
12	High Fidelity Wraparound	$ -	$ -	$ -
13	Individual Placement and Support (IPS) Model of Supported Employment	$ -	$ -	$ -
14	Assertive Field-Based Initiation for SUD Treatment Services	$ -	$ -	$ -
15	Other mental health or supportive services not already captured above (e.g., outreach, other recovery-oriented services, peers, etc.): Please define	$ -	$ -	$ -
16	Other substance use disorder treatment services not already captured above (primary SUD FSP programs, innovation, etc.,): Please define	$ -	$ -	$ -
17	Innovative FSP Pilots and Projects	$ -	$ -	$ -
18	MHSA INN Projects	$ -	$ -	$ -
19	**Total Program/Services**	$ -	$ -	$ -

Rows 9-18 FSP Program/Services:
Column J Total Actual FFP Revenue Generated: No entry. This column is DHCS-populated with Medi-Cal Claims data from 835 and ISL encounters for that reporting FY. Please note that for the Year 1 draft BHOATR these fields must be entered manually by counties due to the timing of the Year 1 submission.
Column K BHSA FFP Generated: No entry. This column calculates BHSA FFP Generated.
Column L Other Funding Stream Generated Revenue: No entry. This column calculates Other Funding Stream Generated Revenue.

Row 19 Total Program/Services:
Column J Total Actual FFP Revenue Generated: No entry. This column calculates Total Actual FFP Revenue Generated.
Column K BHSA FFP Generated: No entry. This column calculates BHSA FFP Generated.
Column L Other Funding Stream Generated Revenue: No entry. This column calculates Other Funding Stream Generated Revenue.

Tab 4b) FSP Service Utilization

Each FSP Program/Service has a column for adults/older adults and a column for children/youth. Under BHSA, Children/TAY are ages 25 and younger, adults/older adults are 26 and older. For purposes of reporting, age is determined by the individuals age at the end of the BHOATR fiscal year. This information will be auto populated using Medi-Cal claims data from the 835 and ISL encounters in Year 2 and onward. Please note that for the Year 1 draft BHOATR these fields must be entered manually by counties due to the timing of the Year 1 submission.

Counties will report unduplicated individuals for Innovative FSP Pilots and Projects and MHSA INN projects, these rows will not be calcauted by DHCS.

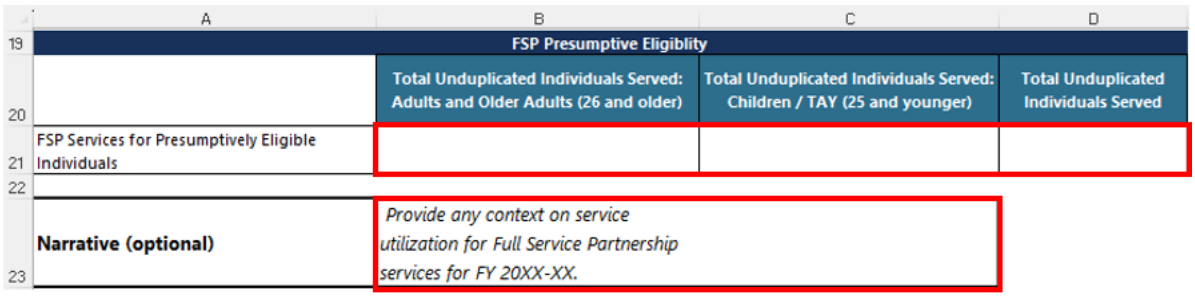
	A	B	C	D
4	FY 20XX-XX BHOATR - BHSA Component - FSP Service Utilzation			
5		Total Unduplicated Individuals Served: Adults and Older Adults (26 and older)	Total Unduplicated Individuals Served: Children / TAY (25 and younger)	Total Unduplicated Individuals Served
6	FSP Programs/Services			
7	Assertive Community Treatment (ACT)	0	0	0
8	Forensic Assertive Community Treatment (FACT)	0	0	0
9	FSP Intensive Case Management	0	0	0
10	High Fidelity Wraparound	0	0	0
11	Individual Placement and Support (IPS) Model of Supported Employment	0	0	0
12	Assertive Field-Based Initiation for SUD Treatment Services	0	0	0
13	Other mental health or supportive services not already captured above (e.g., outreach, other recovery-oriented services, peers, etc.): Please define	0	0	0
14	Other substance use disorder treatment services not already captured above (primary SUD FSP programs, innovation, etc,.): Please define	0	0	0
15	Innovative FSP Pilots and Projects	0	0	0
16	MHSA INN Projects	0	0	0
17	Total FSP Service Utilization	0	0	0

Rows 7-14 FSP Programs/Services

Column B Total Unduplicated Individuals Served, Adults and Older Adults (26 and Older): No entry. This column is DHCS-populated with Medi-Cal Claims data from 835 and ISL encounters to whom the county provided the FSP service during the FY. Please note that for the Year 1 draft BHOATR this field must be entered manually by counties due to the timing of the Year 1 submission.
Column C Total Unduplicated Individuals Served, Children/TAY (25 and Younger): No entry. This column is DHCS-populated with Medi-Cal Claims data from 835 and ISL encounters to whom the county provided the FSP service during the FY. Please note that for the Year 1 draft BHOATR this field must be entered manually by counties due to the timing of the Year 1 submission.
Column D Total Unduplicated Individuals Served: No entry. This column calculates the Total Unduplicated Individuals Served from columns B and C.

Rows 15-16 Innovative FSP Pilots and Projects, MHSA INN Projects:
Column B Total Unduplicated Individuals Served, Adults and Older Adults (26 and Older): Please enter the Total Unduplicated Individuals Served for Adults and Older Adults to whom the county provided the FSP service during the FY.
Column C Total Unduplicated Individuals Served, Children/TAY (25 and Younger): Please enter the Total Unduplicated Individuals Served for Children and Youth to whom the county provided the FSP service during the FY.
Column D Total Unduplicated Individuals Served: No entry. This column calculates the Total Unduplicated Individuals Served from columns B and C.

Row 17 Total FSP Service Utilization:
Column B Total Unduplicated Individuals Served, Adults and Older Adults (26 and Older): No entry. This column calculates Total Unduplicated Individuals Served for Adults and Older Adults from the rows above.
Column C Total Unduplicated Individuals Served, Children/TAY (25 and Younger): No entry. This column calculates Total Unduplicated Individuals Served for Children and Youth from the rows above.
Column D Total Unduplicated Individuals Served: No entry. This column calculates the Total Unduplicated Individuals Served from columns B and C from the rows above.



	A	B	C	D
19		FSP Presumptive Eligiblity		
20		Total Unduplicated Individuals Served: Adults and Older Adults (26 and older)	Total Unduplicated Individuals Served: Children / TAY (25 and younger)	Total Unduplicated Individuals Served
21	FSP Services for Presumptively Eligible Individuals			
22				
23	**Narrative (optional)**	*Provide any context on service utilization for Full Service Partnership services for FY 20XX-XX.*		

Row 21 FSP Services for Presumptively Eligible Individuals:
Column B Total Unduplicated Individuals Served, Adults and Older Adults (26 and Older): FSP Presumptively Eligible Populations are sub-populations of the FSP Eligible Populations, representing BHSA priority populations and historically hard-to-reach individuals (WIC section 5887, subdivision (d)(2)(A)**.** Please enter the Total Unduplicated Individuals Served for Adults and Older Adults to whom the county provided the FSP services during the FY.
Column C Total Unduplicated Individuals Served, Children/TAY (25 and Younger): Please enter the Total Unduplicated Individuals Served for Children and Youth to whom the county provided the FSP services during the FY.
Column D Total Unduplicated Individuals Served: No entry. This column calculates the Total Unduplicated Individuals Served from columns B and C.

Narrative (optional): Counties can provide any additional context on the FSP expenditures for the reporting year.

Tab 5a) BHSS Expenditures

Counties must allocate 35% of their total BHSA funds to the BHSS Component, unless the county has received an approved Funding Transfer Request from DHCS. Counties must report their expenditures for their BHSA BHSS allocation component. The BHSS component is funded through BHSA to provide a broad range of community based mental health and substance use services. BHSS includes early intervention, outpatient treatment, recovery services, and support programs to meet the needs of different populations. At least 51% of BHSS funding must be allocated towards early intervention and 51% of those funds must be allocated towards individuals aged 25 and under. Counties must follow the guidelines set in the BHSA County Policy manual, Chapter 7, Section A. The purpose of this tab is for counties to report actual expenditures for BHSS, classifying expenditures between BHSA and other funding sources, identifying Medi-Cal expenditures on BHSS services, and calculating FFP revenue generated for BHSS services.

BHOATR - BHSA Component – BHSS Expenditures

Counties must report BHSA and other funding source expenditures for the various BHSS services under the BHSS Programs/Services section in columns B and C. Below, counties should report Workforce Education and Training (WET), Capital Facility and Technological Needs (CFTN), and BHSS administrative costs.

In the BHSS Component Programs/Services section, counties must report expenditures for BHSA and all other funding sources expenditures, mirroring Tab 7 of the Integrated Plan. For any program or service that is reportable within this Component View, counties must report the full expenditures of that program or service, including expenditures funded with BHSA and expenditures funded with all other funding sources.

	A	B	C	D
4	FY 20XX-XX BHOATR - BHSA Component - BHSS Expenditures			
5		Actual Expenditures		
6		BHSA Expenditures	All Other Funding Source Expenditures	Total Actual Expenditures
7	BHSS Programs/Services	B	C	D
8	Children's System of Care-Non FSP			
9	Adult and Older Adult System of Care, Excluding Populations Identified in 5892(a)((1) and 5892(a)((2)-Non FSP	$ -	$ -	$ -
10	Early Intervention Expenditures	$ -	$ -	$ -
11	Total Youth-Focused (25 years and younger) Early Intervention Expenditures	$ -	$ -	$ -
12	Coordinated Specialty Care for First Episode Psychosis (CSC for FEP)	$ -	$ -	
13	Outreach and Engagement	$ -	$ -	$ -
14	Innovative BHSS Pilots and Projects	$ -	$ -	$ -
15	MHSA INN Projects	$ -	$ -	$ -
16	**Total Program/Services**	$ -	$ -	$ -
17	Workforce Education and Training (WET)	$ -	$ -	$ -
18	Capital Facilities and Technological Needs (CFTN)	$ -	$ -	$ -
19	Component Administrative Costs	$ -	$ -	$ -
20	**Total Component Expenditures**	$ -	$ -	$ -

Rows 8-13 BHSS Programs/Services:
Column B BHSA Expenditures: Please enter the actual expenditures for BHSS services that used BHSA funding for Children's System of Care-Non-FSP, Adult and Older Adult System of Care, Early Intervention Expenditures, Total Youth-Focused Early Interventions, CSC for FEP and Outreach and Engagement. *Please note that Row 10 Early Intervention Expenditures does not add the total of Row 11 Total Youth-Focused (25 years and younger) Early Intervention Expenditures and Row 12 CSC for FEP.*
Column C All Other Funding Source Expenditures: Please enter the actual expenditures for BHSS services that used All Other Funding Sources for Children's System of Care-Non-FSP, Adult and Older Adult System of Care, Early Intervention Expenditures, Total Youth-Focused Early Interventions, CSC for FEP and Outreach and Engagement.
Column D Total Actual Expenditures: No entry. This column calculates the Total Actual Expenditures from columns B and C.

Row 14 Innovative BHSS Pilots and Projects:
Innovative projects that qualify are ones that are used to test new approaches to improve mental health outcomes. The BHSS Innovative Pilots and Projects must meet the criteria outlined in the BHSA County Policy Manual, Chapter 6, Section B.7.2 and Chapter 7, Section A.6.

Column B BHSA Actual Expenditures: Please enter the actual expenditures for BHSA Innovative BHSS Interventions Pilots and Projects.
Column C All Other Funding Sources Actual Expenditures: Please enter the actual expenditures for BHSA Innovative BHSS Interventions Pilots and Projects.
Column D Total Actual Expenditures: No entry. This column calculates the Total Actual Expenditures from columns B and C.

Row 15 MHSA INN Projects:
If a county currently has MHSA INN funds that were encumbered in a project prior to July 1, 2026, and the INN project is operational, those INN funds will remain encumbered for the duration of the first IP, FY 2026-29. If the MHSA INN project aligns with the required program and services under BHSS, please report the expenditures for the MHSA INN project in this section.
Column B MHSA Actual Expenditures: Please enter the actual expenditures for MHSA INN projects used for BHSS.
Column C All Other Funding Sources Actual Expenditures: Please enter the actual expenditures for MHSA INN projects used for BHSS.
Column D Total Actual Expenditures: No entry. This column calculates the Total Actual Expenditures from columns B and C.

Row 16 Total Program/Services:
Column B BHSA Expenditures: No entry. This column calculates the Total BHSA Actual Expenditures from the rows above.
Column C All Other Funding Source Expenditures: No entry. This column calculates the total actual expenditures using All Other Funding Sources from the rows above.
Column D Total Actual Expenditures: No entry. This column calculates the Total Actual Expenditures from the rows above.

Rows 17-19 Component Expenditures for Workforce Education (WET) and Training Capital Facilities and Technological Needs (CFTN) and Component Administrative Costs:
Column B BHSA Expenditures: Please enter the actual expenditures for BHSS services that used BHSA funding for WET, CFTN and Administrative Costs.
Column C All Other Funding Source Expenditures: Please enter the actual expenditures for BHSS services that used All Other Funding Sources for WET, CFTN and Administrative Costs.
Column D Total Actual Expenditures: No entry. This column calculates the Total Actual Expenditures from columns B and C.

Row 20 Total Component Expenditures:

Column B BHSA Expenditures: No entry. This column calculates the Total BHSA Actual Expenditures from the rows above.
Column C All Other Funding Source Expenditures: No entry. This column calculates the total actual expenditures using All Other Funding Sources from the rows above.
Column D Total Actual Expenditures: No entry. This column calculates the Total Actual Expenditures from the rows above.

The IP to BHOATR Comparison section will pull in the projected expenditures reported from either the Three-Year IP, AU or IU Budget template, whichever is the most current. The purpose of this section is to compare the projected expenditures against the actual expenditures and what the difference is.

	A	B	C	D
22	**IP to BHOATR Comparison**	**BHSA**	**Other Funding Sources**	**Total**
23	Projected Expenditures	-	-	-
24	Difference Actual vs. Projected	0%	0%	0%
25				
26				

27	**Suballocation Requirements: Special Populations**	
28	Percent of BHSS Component Expenditures Dedicated to Early Intervention	0%
29	Percent of BHSS Component Expenditures Dedicated to Youth-Focused (25 years and younger)	0%
30	**Narrative (optional)**	*Provide any context on expenditures or utilization for BHSS for FY 20XX-XX.*

Row 23 Projected Expenditures:
Column B BHSA Projected Expenditures: No entry. This column is populated from the submitted IP/AU/IU Budget Template's reported projected expenditure for BHSS.
Column C All Other Funding Source Projected Expenditures: No entry. This column is populated from the submitted IP/AU/IU Budget Template's reported projected expenditure for BHSS.
Column D Total Projected Expenditures: No entry. This column is populated from the submitted IP/AU/IU Budget Template's reported projected expenditure for BHSS.

Row 24 Difference Actual vs. Projected:
Column B Difference Actual vs. Projected BHSA Expenditures: No entry. This column calculates the percentage difference between actual expenditures and projected expenditures for BHSA funded BHSS services.

Column C Difference Actual vs. Projected All Other Funding Source Expenditures: No entry. This column calculates the percentage difference between actual expenditures and projected expenditures for non-BHSA funded BHSS services.
Column D Difference Actual vs. Projected Total Expenditures: No entry. This column calculates the percentage difference between actual expenditures and projected expenditures for BHSS services.

Row 28 Percent of BHSS Component Expenditures Dedicated to Early Intervention:
Column B: No entry. This column calculates the Percent of BHSS Component Expenditures Dedicated to Early Intervention. Counties are required to spend at least 51 percent of BHSS funds on early intervention programs, and at least 51 percent must be used to serve individuals 25 years of age and younger (BHSA County Policy Manual Chapter 6 Section B.1.1.).

Row 29 Percent of BHSS Component Expenditures Dedicated to Youth-Focused:
Column B: No entry. This column calculates the Percent of BHSS Component Expenditures Dedicated to Youth-Focused.

Narrative (optional): Counties can provide any additional context on the BHSS expenditures for the reporting year.

Medi-Cal Expenditures

Counties should report BHSA Medi-Cal and all other funding source expenditures for the various BHSS programs and services in columns F and G. This table captures the portion of expenditures that were used as the non-federal share to draw down Medi-Cal FFP for BHSS services. Medi-Cal expenditures are the equal to the NFS expenditures incurred by the county to draw down FFP.

	A	F	G	H
4	**FY 20XX-XX BHOATR - BHSA**			
5		**Medi-Cal Expenditures**		
6		**BHSA Medi-Cal Expenditures**	**All Other Funding Source Medi-Cal Expenditures**	**Total Medi-Cal Expenditures**
7	**BHSS Programs/Services**	**F**	**G**	**H**
8	Children's System of Care-Non FSP	$ -	$ -	$ -
9	Adult and Older Adult System of Care, Excluding Populations Identified in 5892(a)((1) and 5892(a)((2)-Non FSP	$ -	$ -	$ -
10	Early Intervention Expenditures	$ -	$ -	$ -
11	Total Youth-Focused (25 years and younger) Early Intervention Expenditures	$ -	$ -	$ -
12	Coordinated Specialty Care for First Episode Psychosis (CSC for FEP)	$ -	$ -	$ -
13	Outreach and Engagement	$ -	$ -	$ -
14	Innovative BHSS Pilots and Projects	$ -	$ -	$ -
15	MHSA INN Projects	$ -	$ -	$ -
16	**Total Program/Services**	$ -	$ -	$ -

Rows 8-15 BHSS Program/Services:
Column F BHSA Medi-Cal Expenditures: Please enter the actual Medi-Cal expenditures for BHSS services that used BHSA funding. Counties must enter BHSA - funded expenditures used to draw down FFP that are directly attributable to delivering Medi Cal billable services within the BHSS component for each BHSS service row. Medi-Cal expenditures in this table only include the NFS expenditures incurred by the county to draw down FFP. This must reflect the BHSA expenditures reported in Column B that were used to draw down FFP.

This should NOT include non-Medi-Cal services and general admin/overhead costs that cannot be linked with billable services.

Column G All Other Funding Source Medi-Cal Expenditures: Please enter the actual Medi-Cal expenditures for BHSS services that used All Other Funding Sources. Counties must re-classify All Other Funding Source expenditures that are directly attributable to delivering Medi Cal billable services within the BHSS component for each BHSS service row. Medi-Cal expenditures in this table only include the NFS expenditures incurred by

the county to draw down FFP. This must reflect the expenditures from all other non-BHSA funding sources reported in Column C that were used to draw down FFP. Funding sources that are not allowable to use for FFP match (e.g., SAMHSA PATH, SUBG, MHBG) may not be included in these expenditures.

This should NOT include non-Medi-Cal services and general admin/overhead costs that cannot be linked with billable services.

Column H Total Medi-Cal Expenditures: No entry. This column calculates the Total Medi-Cal Expenditures from columns B and C.

Row 16 Total Program/Services:
Column F BHSA Medi-Cal Expenditures: This column calculates total Med-Cal expenditures using BHSA funding from the rows above.
Column G All Other Funding Source Medi-Cal Expenditures: This column calculates total Med-Cal expenditures using All Other Funding Sources from the rows above.
Column H Total Medi-Cal Expenditures: This column calculates the Total Medi-Cal Expenditures from the rows above.

FFP Revenue Attribution

The FFP Revenue Attribution table provides information regarding the amount of federal reimbursement associated with county behavioral health expenditures reported within the BHSS component. This table shows the actual federal revenue generated by Medi-Cal claims for BHSS services rendered and will be populated by DHCS in Year 2 and onward. Please note that for the Year 1 draft BHOATR these fields must be entered manually by counties due to the timing of the Year 1 submission.

	A	J	K	L
4	FY 20XX-XX BHOATR - BHSA Component - BHSS Expenditures			
5		FFP Revenue Attribution		
6		Total Actual FFP Revenue Generated	BHSA FFP Generated	Other Funding Stream Generated Revenue
7	BHSS Programs/Services	J	K = (F ÷ H) x J	L = (G ÷ H) x J
8	Children's System of Care-Non FSP	$ -	$ -	$ -
9	Adult and Older Adult System of Care, Excluding Populations Identified in 5892(a)((1) and 5892(a)((2)-Non FSP	$ -	$ -	$ -
10	Early Intervention Expenditures	$ -	$ -	$ -
11	Total Youth-Focused (25 years and younger) Early Intervention Expenditures	$ -	$ -	$ -
12	Coordinated Specialty Care for First Episode Psychosis (CSC for FEP)	$ -	$ -	$ -
13	Outreach and Engagement	$ -	$ -	$ -
14	Innovative BHSS Pilots and Projects	$ -	$ -	$ -
15	MHSA INN Projects	$ -	$ -	$ -
16	**Total Program/Services**	$ -	$ -	$ -

Rows 8-15 BHSS Program/Services:
Column J Total Actual FFP Revenue Generated: No entry. This column is DHCS-populated with Medi-Cal Claims data from 835 and ISL Encounters. Please note that for the Year 1 draft BHOATR these fields must be entered manually by counties due to the timing of the Year 1 submission.
Column K BHSA FFP Generated: No entry. This column calculates BHSA FFP Generated.
Column L Other Funding Stream Generated Revenue: No entry. This column calculates Other Funding Stream Generated Revenue.

Row 16 Total Program/Services:
Column J Total Actual FFP Revenue Generated: No entry. This column calculates Total Actual FFP Revenue Generated from the rows above.
Column K BHSA FFP Generated: No entry. This column calculates BHSA FFP Generated from the rows above.

Column L Other Funding Stream Generated Revenue: No entry. This column calculates Other Funding Stream Generated Revenue from the rows above.

Tab 5b) BHSS Service Utilization

Each BHSS Program/Service has a column for adults/older adults and a column for children/youth. Under BHSA, Children/TAY are ages 25 and younger, adults/older adults are 26 and older. Age for the age groups is determined by age at the end of the BHOATR fiscal year. This information will be auto populated using Medi-Cal calims data from the 835 and ISL encounters in Year 2 and onward. Please note that for the Year 1 draft BHOATR these fields must be entered manually by counties due to the timing of the Year 1 submission.

Counties will report unduplicated individuals for Innovative BHSS Pilots and Projects and MHSA INN projects.

	A	B	C	D
4	FY 20XX-XX BHOATR - BHSA Component - BHSS Service Utilization			
5		Total Unduplicated Individuals Served: Adults and Older Adults (26 and older)	Total Unduplicated Individuals Served: Children / TAY (25 and younger)	Total Unduplicated Individuals Served
6	**BHSS Programs/Services**			
7	Children's System of Care-Non FSP	0	0	0
8	Adult and Older Adult System of Care, Excluding Populations Identified in 5892(a)((1) and 5892(a)((2)-Non FSP	0	0	0
9	Early Intervention	0	0	0
10	Coordinated Specialty Care for First Episode Psychosis (CSC for FEP)	0	0	0
11	Outreach and Engagement	0	0	0
12	Innovative BHSS Pilots and Projects	0	0	0
13	MHSA INN Projects	0	0	0
14	**Total BHSS Service Utilization**	0	0	0
15	**Narrative (optional)**	*Provide any context on either the utilization for Behavioral Health Services and Supports for FY 20XX-XX.*		

Rows 7-11 BHSS Programs/Services:
Column B Total Unduplicated Individuals Served, Adults and Older Adults (26 and Older): No entry. This column is DHCS-populated with Medi-Cal Claims data from 835 and ISL Encounters to whom the county provided the BHSS service during the FY. Please note that for the Year 1 draft BHOATR this field must be entered manually by counties due to the timing of the Year 1 submission.
Column C Total Unduplicated Individuals Served, Children/TAY (25 and Younger): No entry. This column is DHCS-populated with Medi-Cal Claims data from 835 and ISL Encounters to whom the county provided the BHSS service during the FY. Please note that for the Year 1 draft BHOATR this field must be entered manually by counties due to the timing of the Year 1 submission.
Column D Total Unduplicated Individuals Served: No entry. This column calculates the Total Unduplicated Individuals Served from columns B and C.

Rows 12-13 Innovative BHSS Pilots and Projects, MHSA INN Projects:
Column B Total Unduplicated Individuals Served, Adults and Older Adults (26 and Older): Please enter the Total Unduplicated Individuals Served for Adults and Older Adults to whom the county provided the BHSS service during the FY.
Column C Total Unduplicated Individuals Served, Children/TAY (25 and Younger): Please enter the Total Unduplicated Individuals Served for Children and Youth to whom the county provided the BHSS service during the FY.
Column D Total Unduplicated Individuals Served: No entry. This column calculates the Total Unduplicated Individuals Served from columns B and C.

Row 14 Total BHSS Service Utilization:
Column B Total Unduplicated Individuals Served, Adults and Older Adults (26 and Older): No entry. This column calculates Total Unduplicated Individuals Served for Adults and Older Adults from the rows above.
Column C Total Unduplicated Individuals Served, Children/TAY (25 and Younger): No entry. This column calculates Total Unduplicated Individuals Served for Children and Youth from the rows above.
Column D Total Unduplicated Individuals Served: No entry. This column calculates the Total Unduplicated Individuals Served from the rows above.

Narrative (optional): Counties can provide any additional context on the BHSS expenditures for the reporting year.

Tab 6) Allocations, Revenue and Transfers

The purpose of this tab is for DHCS to consolidate information necessary to calculate reversions, including transfers from component funds to prudent reserve (PR), CFTN, WET, and Joint Powers Authority (JPA).

Housing Interventions

In the Allocations + Revenue section, counties will report unspent MHSA funds allocated to Housing Interventions, excess PR funds allocated to Housing Interventions, all component interest earned from Housing Interventions, and all JPA interest earned. The adjusted Total Allocation Percentages is populated from the IP, that was approved by DHCS.

In the Transfers section, counties should report the amount of Housing Interventions funds transferred to the PR and to the JPA. The Component Allocation will be automatically calculated.

	A	B
4	**FY 20XX-XX BHSA Components - Allocations, Revenue and Transfers**	
5		**Actuals**
6	**Housing Interventions**	
7	**Allocations + Revenue**	
8	County Base BHSA Funding Allocations	$ -
9	Adjusted Total Allocation Percentages (as adjusted by approved exception)	0%
10	Unspent Mental Health Services Act (MHSA) to BHSA	$ -
11	Prudent Reserve (PR) to BHSA	$ -
12	Component Interest Earned	$ -
13	Joint Powers Authority Interest Earned	$ -
14	**Transfers**	
15	HI Funds transferred to PR	$ -
16	HI Funds transferred to JPA	$ -
17	Component Allocation (Based on Adjusted Allocation Percentages)	$ -

Row 8 County Base BHSA Funding Allocations:

Column B Actuals: No entry. This column is populated with revenue data provided by the State Controller's Office.

Row 9 Adjusted Total Allocation Percentage:
Column B Actuals: No entry. This column is populated from the submitted IP/AU/IU Budget Template's reported allocation percentage for Housing Intervention which includes all adjustments made to the Housing Intervention allocation percentage based off an approved Funding Transfer Request or BHSF Housing Interventions Exemption.

Rows 10-13 Allocations + Revenue:
Column B Actuals: Please enter the actual Unspent MHSA funds that were allocated to the Housing Interventions component, excess prudent reserve funds that was transferred to Housing Interventions, revenue interest earned for Housing Interventions component and any revenue interest earned from a JPA.

Rows 15-16 Housing Intervention (HI) Funds transferred to PR; HI Funds transferred to JPA:
Column B Actuals: Please enter the actual Housing Interventions Funds Transferred to the PR and to a JPA.

Row 17 Component Allocation (Based on Adjusted Allocation Percentages):
Column B Actuals: No entry. This field is calculated as: (County Base BHSA Funding Allocation + Unspent MHSA Funds Allocated to component + Excess Prudent Reserve Funds Allocated to the component + Component Interest Earned) – (Component Funds Transferred to the Prudent Reserve).

Full Service Partnership

In the Allocations + Revenue section, counties will report unspent MHSA funds allocated to FSP, excess PR funds allocated to FSP, all component interest earned from FSP, and all JPA interest earned. The adjusted Total Allocation Percentages is populated from the IP, that was approved by DHCS.

In the Transfers section, counties should report the amount of FSP funds transferred to the PR and to a JPA. The Component Allocation will be automatically calculated.

	A	B
4	**FY 20XX-XX BHSA Components - Allocations, Revenue and Transfers**	
5		**Actuals**
18	**Full Service Partnership (FSP)**	
19	**Allocations + Revenue**	
20	County Base BHSA Funding Allocations	$ -
21	Adjusted Total Allocation Percentages (as adjusted by approved exception)	0%
22	Unspent Mental Health Services Act (MHSA)	$ -
23	Prudent Reserve (PR) to BHSA	$ -
24	Component Interest Earned	$ -
25	Joint Powers Authority Interest Earned	$ -
26	**Transfers**	
27	FSP Funds transferred to PR	$ -
28	FSP Funds transferred to JPA	$ -
29	Component Allocation (Based on Adjusted Allocation Percentages)	$ -

Row 20 County Base BHSA Funding Allocations:
Column B Actuals: No entry. This column is populated with revenue data provided by the State Controller's Office.

Row 21 Adjusted Total Allocation Percentages:
Column B Actuals: No entry. This column is populated from the submitted IP/AU/IU Budget Template's reported allocation percentage for FSP which includes all adjustments made to the FSP allocation percentage based off an approved Funding Transfer Request or BHSF Housing Interventions Exemption.

Rows 22-25 Allocations + Revenue:
Column B Actuals: Please enter the actual Unspent MHSA funds that were allocated to the FSP component, excess prudent reserve funds that was transferred to FSP, revenue interest earned for the FSP component and all revenue interest earned from a JPA.

Rows 27-28 FSP Funds transferred to PR, FSP Funds transferred to JPA:
Column B Actuals: Please enter the actual FSP Funds Transferred to the PR and to a JPA.

Row 29 Component Allocation (Based on Adjusted Allocation Percentages):
Column B Actuals: No entry. This field is calculated as: (County Base BHSA Funding Allocation + Unspent MHSA Funds Allocated to component + Excess Prudent Reserve

Funds Allocated to the component + Component Interest Earned) – (Component Funds Transferred to the Prudent Reserve).

Behavioral Health Services and Supports

In the Allocations + Revenue section, counties will report unspent MHSA funds allocated to BHSS, excess PR funds allocated to BHSS, any component interest earned from BHSS, and any JPA interest earned. The adjusted Total Allocation Percentages is populated from the IP.

In the Transfers section, counties should report the amount of BHSS funds transferred to the PR and to the JPA. The Component Allocation will be automatically calculated.

	A	B
4	**FY 20XX-XX BHSA Components - Allocations, Revenue and Transfers**	
5		**Actuals**
30	**Behavioral Health Services and Supports (BHSS)**	
31	**Allocations + Revenue**	
32	County Base BHSA Funding Allocations	$ -
33	Adjusted Total Allocation Percentages (as adjusted by approved exception)	0%
34	Unspent Mental Health Services Act (MHSA)	$ -
35	Prudent Reserve (PR) to BHSA	$ -
36	Component Interest Earned	$ -
37	Joint Powers Authority Interest Earned	$ -
38	**Transfers**	
39	BHSS Funds transferred to PR	$ -
40	BHSS Funds transferred to JPA	$ -
41	BHSS Funds transferred to WET	$ -
42	BHSS Funds transferred to CFTN	$ -
43	Component Allocation (Based on Adjusted Allocation Percentages)	$ -
44	**Narrative (optional)**	*Provide any context on allocations, transfers and revenue for FY 20XX-XX.*

Row 32 County Base BHSA Funding Allocations:

Column B Actuals: No entry. This column is populated with revenue data provided by the State Controller's Office.

Row 33 Adjusted Total Allocation Percentages:

Column B Actuals: No entry. This column is populated from the submitted IP/AU/IU Budget Template's reported projected percentage for BHSS which includes all adjustments made to the BHSS allocation percentage based off an approved Funding Transfer Request or BHSF Housing Interventions Exemption.

Rows 34-37 Allocations + Revenue:

Column B Actuals: Please enter the actual Unspent MHSA funds that were allocated to the BHSS component, excess prudent reserve funds that was transferred to BHSS, revenue interest earned revenue for BHSS component and all revenue interest earned from a JPA.

Rows 39-42 Transfers:

Column B Actuals: Please enter the actual BHSS Funds Transferred to the PR, to a JPA, to WET, and CFTN. All transfers into WET and CFTN are irrevocable and cannot be transferred out of WET and CFTN. Counties may continue to keep separate fund accounts to track their WET and CFTN funds.

Row 43 Component Allocation (Based on Adjusted Allocation Percentages):

Column B Actuals: No entry. This field is calculated as: (County Base BHSA Funding Allocation + Unspent MHSA Funds Allocated to component + Excess Prudent Reserve Funds Allocated to the component + Component Interest Earned) – (Component Funds Transferred to the Prudent Reserve + the Component Funds Transferred to WET, and the Component Funds Transferred to CFTN).

Narrative (optional): Counties can provide any additional context on allocations, transfers, and revenues for the reporting year.

3. ADMINISTRATIVE AND OTHER COUNTY SPENDING

Counties must report their expenditures for their BHSA Plan Administration. BHSA plan administration includes BHSA funding used to help cover the infrastructure and activities required to manage BHSA programs, budgeting, oversight, reporting, and stakeholder engagement. Counties must use the funds in a way that follows the guidelines set in the BHSA County Policy Manual, Chapter 6, Section B.8.1. The Administrative and Other County Spending is used to report the following information:

a. Integrated Plan Administration and Monitoring expenditures
b. Other County Expenditures

Administrative and Other County Spending

Tab 7) Administrative and Other County Expenditures

The purpose of this tab is for counties to report administrative costs that support the operations and overhead of county behavioral health programs (2 Code of Federal Regulations (CFR) 200) planning costs for IP development and any miscellaneous administrative expenditures as defined in BHSA County Policy Manual, Chapter 6, Section B.8.1. Planning costs do not include costs incurred as administrative costs or program expenditures per BHSA County Policy Manual, Chapter 3, Section B.4.1.

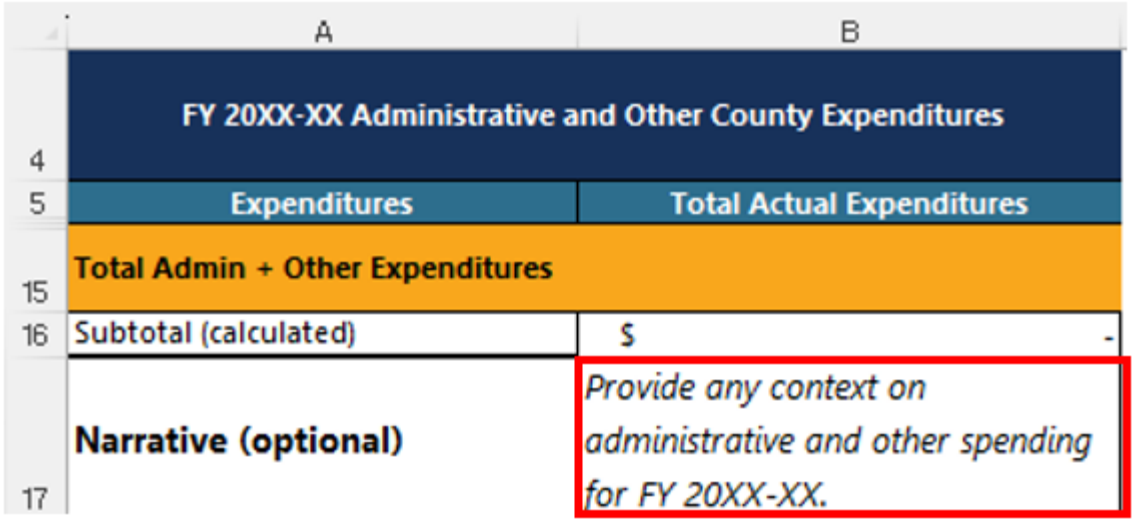
	A	B
4	FY 20XX-XX Administrative and Other County Expenditures	
5	Expenditures	Total Actual Expenditures
6	Integrated Plan Administration and Monitoring	
7	Total Improvement and Monitoring Expenditures	$ -
8	Total County Integrated Plan Annual Planning Expenditures	$ -
9	New and Ongoing Administrative Costs	$ -

Rows 7-9 Integrated Plan Administration and Monitoring:
Column B Total Actual Expenditures: Please enter the actual expenditures for Improvement and Monitoring, County IP Annual Planning Costs and any New and Ongoing administrative costs.

In the Other County Expenditures section, counties will report expenditures related to capital infrastructure, workforce investment, quality and accountability, data analytics, plan management and administrative activities, and other county behavioral health agency activities. Definitions and examples of these activities can be found in the "BHT Care Continuum Inventory", which can be found on DHCS' Behavioral Health Transformation Resources website and the appendix.

	A	B
4	FY 20XX-XX Administrative and Other County Expenditures	
5	Expenditures	Total Actual Expenditures
10	Other County Expenditures	
11	Capital Infrastructure Activities	$ -
12	Workforce Investment Activities	$ -
13	Quality & Accountability, Data Analytics, and Plan Management & Administrative Activities (including indirect administrative activities)	$ -
14	Other County Behavioral Health Agency Services/Activities (e.g., Public Guardian, CARE Act, LPS Conservatorships, DSH for Housing, Court Diversion Programs	$ -

Rows 10-14 Other County Expenditures:
Column B Total Actual Expenditures: Please enter the actual expenditures for Capital Infrastructure Activities, Workforce Investment Activities, Quality and Accountability, Data Analytics, Plan Management and Administrative Activities, and Other County Behavioral Health Agency Services/Activities.



	A	B
4	FY 20XX-XX Administrative and Other County Expenditures	
5	Expenditures	Total Actual Expenditures
15	Total Admin + Other Expenditures	
16	Subtotal (calculated)	$ -
17	**Narrative (optional)**	*Provide any context on administrative and other spending for FY 20XX-XX.*

Rows 16 Subtotal:
Column B Total Actual Expenditures: No entry. This column calculates the Total Administrative and Other County Expenditures from the rows above.

Narrative (optional): Counties can provide any additional context on administrative and other spending for the reporting year.

4. PERFORMANCE AND OUTCOME MEASURES

The Performance and Outcome Measures will be used to evaluate county performance for priority Statewide Behavioral health goals for the reporting year. These goals include:

a. Improving Access to Care
b. Reducing Untreated Behavioral Health Conditions
c. Reducing Homelessness
d. Reducing Institutionalization
e. Reducing Justice Involvement
f. Reducing Removal of Children from Home

Counties will be able to provide additional context on their performance on the measures to address any declines or disparities between BHOATR reporting years.

Performance and Outcome Measures

Tab 8) Performance and Outcome Measures

The purpose of this tab is for counties to monitor how well they performed when addressing the Statewide Behavioral health goals. Per W&I Code, section 5963.04, the BHOATR is required to report "...performance outcome measures across all behavioral health delivery systems, and data and information pertaining to populations with identified disparities in behavioral health outcomes."

	A	B	C	D	E	F
4	FY 20XX-XX County Behavioral Health Goals					
5	Priority Goals	Measures	Prior Fiscal Year Performance	BHOATR Fiscal Year Performance	Percent Difference Between Prior Fiscal Year and BHAOTR Fiscal Year Performance	Performance Relative to Statewide Rate
6	Improving Access to Care	One or More BH Services for People with Significant MH Needs				
7		Initiation of SUD Treatment (IET-I)				
8	Reducing Untreated Behavioral Health Conditions	Three or More BH Services for People with Significant MH Needs				
9		Engagement in SUD Treatment (IET-E)				
10		Evidence-Based Practices for People Living with Significant MH Needs				
11	Reducing Homelessness	Housing Services for People with Significant BH Needs At Risk Of or Experiencing Homelessness				
12	Reducing Institutionalization	Support for Transitions from Institutional BH Care				
13	Reducing Justice Involvement	Post-Release BH Services for Justice-Involved People with Significant BH Needs				
14	Reducing Removal of Children from Home	BH Services for Children and Youth in Foster Care				
15		High Fidelity Wraparound, Enhanced Care Management, or Intensive Care Coordination for Children and Youth in Foster Care				
16	County-Selected BH Goal(s)					

Rows 6-16 Priority Goals:

Column C Prior Fiscal Year Performance: No entry. This column is a DHCS calculation of rates for each of the county's measures from the county profile.

Column D BHOATR Fiscal Year Performance: No entry. This column is a DHCS calculation of rates for each of the county's measures from the county profile.

Column E Percent Difference Between Prior Fiscal Year and BHOATR Fiscal Year Performance: No entry. This column calculates the Percent Difference Between Prior Fiscal Year and BHOATR Fiscal Year Performance.

Column F Performance Relative to Statewide Rate (Directional Stoplight: Red, Yellow, Green): No entry. This column is a DHCS calculation using the county's current BHOATR year rate compared to the statewide average for that measure.

- Cell is color coded according to the percent difference calculated:
  - Green: Better than statewide rate
  - Yellow: +/- 1% of statewide rate
  - Red: Worse than statewide rate

	A	B
18	**Equity Measures**	
19	**Measure**	
20	**Measure 1**	
21	**Measure 2**	
22	**Measure 3**	

	A	B	C
24	**Performance and Outcome Measures – County Narratives**		
25	**Narrative Question 1 (required)**	*For which measures did the county see improvement, and for which measures did the county see a decline in performance? What factors impacted your performance in FY 20XX-XX?*	
26	**Narrative Question 2 (required)**	*Provide context on performance for measures where a disparity was identified for FY 20XX-XX, including what action the county took to reduce disparities.*	

Narrative Question 1 and 2: Counties are required to answer the following narrative questions in regard to the Performance and Outcome Measures for your specific county.

5. WORKFORCE DEVELOPMENT

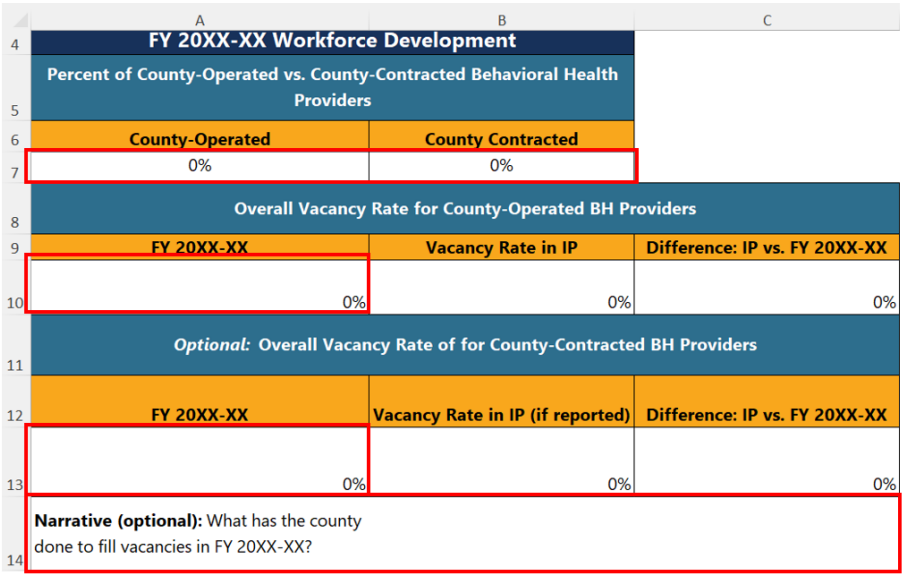
The Workforce Development will be used to capture county workforce information as specified under W&I Code § 5963.04(a)(1) for BHOATR reporting. Data and information on workforce measures and metrics, include, but are not limited to, all the following:

a. Vacancies and efforts to fill vacancies.
b. The number of county employees providing direct clinical behavioral health services.
c. Whether there is a net change in the number of county employees providing direct clinical behavioral health services compared to the prior year and an explanation for that change.

Workforce Development

Tab 9) Workforce Development

The purpose of this tab is for counties to report changes in vacancy rate and changes in staffing for BH services. The vacancy rate from the BHOATR year will be compared to the projected rate in the IP, and counties can provide any additional context on vacancy reduction efforts and staffing changes in the narrative sections for the reporting year.



	A	B	C
4	**FY 20XX-XX Workforce Development**		
5	**Percent of County-Operated vs. County-Contracted Behavioral Health Providers**		
6	**County-Operated**	**County Contracted**	
7	0%	0%	
8	**Overall Vacancy Rate for County-Operated BH Providers**		
9	**FY 20XX-XX**	**Vacancy Rate in IP**	**Difference: IP vs. FY 20XX-XX**
10	0%	0%	0%
11	***Optional:* Overall Vacancy Rate of for County-Contracted BH Providers**		
12	**FY 20XX-XX**	**Vacancy Rate in IP (if reported)**	**Difference: IP vs. FY 20XX-XX**
13	0%	0%	0%
14	**Narrative (optional):** What has the county done to fill vacancies in FY 20XX-XX?		

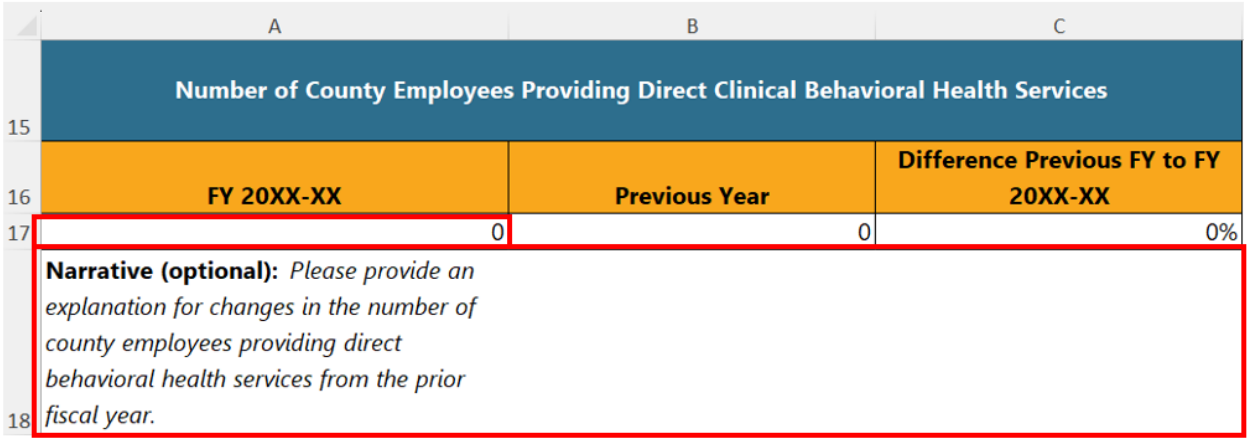
Row 7 Percent of County-Operated vs. County-Contracted Behavioral Health Providers:

Column A County-Operated: Please enter the percentage of County-Operated Behavioral Health Providers that are within the county's network that work at a county-operated facility and are employees of the county.
Column B County-Contracted: Please enter the percentage of County-Contracted Behavioral Health Providers that are within the county's network that are contractors or work at a county contracted facility or organization (not paid directly by the county).

Row 10 Overall Vacancy Rate for County-Operated BH Providers
Column A FY 20XX-XX: Please enter the percentage of the Overall Vacancy Rate for County-Operated BH Providers that are clinical/direct service behavioral health positions in the county as of the end of the BHOATR FY.
Column B Vacancy Rate in IP: No entry. This column is populated from the county's submitted IP/AU/IU.
Column C Difference, IP vs. FY 20XX-XX: No entry. This column calculates the Difference between the IP and the BHOATR Reporting Year.

Row 13 Optional, Overall Vacancy Rate for County-Contracted BH Providers
Column A FY 20XX-XX: Please enter the percentage of the Overall Vacancy Rate for County-Operated BH Providers clinical/direct service behavioral health positions provided by the county as of the end of the BHOATR FY.
Column B Vacancy Rate in IP: No entry. This column is populated from the submitted IP/AU/IU
Column C Difference, IP vs. FY 20XX-XX: No entry. This column calculates the Difference between the IP and the BHOATR Reporting Year.

Narrative (optional): Counties can provide additional context on what they have done to fill vacancies in the reporting year.



	A	B	C
15	Number of County Employees Providing Direct Clinical Behavioral Health Services		
16	FY 20XX-XX	Previous Year	Difference Previous FY to FY 20XX-XX
17	0	0	0%
18	**Narrative (optional):** *Please provide an explanation for changes in the number of county employees providing direct behavioral health services from the prior fiscal year.*		

Row 17 Number of County Employees Providing Direct Clinical Behavioral Health Services:

Column A FY 20XX-XX: Please enter the Number of County Employees Providing Direct Clinical Behavioral Health Services as of the end of the BHOATR FY.

Column B Previous Year: No entry. This column is populated from the previously submitted BHOATR.

Column C Difference, IP vs. FY 20XX-XX: No entry. This column calculates the Previous FY to the BHOATR FY.

Narrative (optional): Counties can provide an explanation for changes in the number of county employees providing direct behavioral health services from the prior fiscal year.

6. ATTESTATIONS

County boards of supervisors are required to attest that the BHOATR is complete and accurate before it is submitted to DHCS (W&I Code, section 5963.04, subdivision (c)). Additionally, in accordance with W&I Code, section 14197.71, subdivision (c)(2), county boards of supervisors are required to attest that the county is meeting its realignment obligations, including but not limited to time and distance standards and appointment time standards set forth in W&I Code, section 14197.7 without utilizing waitlists, and will do so through the BHOATR.

Attestations

Tab 10) Attestations

The purpose of the Attestations tab is for counties to have all the necessary authoritative signatures approving the BHOATR. Counties should have the BHOATR reviewed by the Board of Supervisors, the County Behavioral Health Agency Director, and the County Administrator or Designee, and their signatures should be recorded accordingly.

Additionally, counties must fill in the name, title, date, and contact information for these figures.

	A	B	C	D	E
2	**FY 20XX-XX Board of Supervisors Certification**		**FY 20XX-XX County Behavioral Health Agency Director Certification**		**FY 20XX-XX County Administrator or Designee Certification**
3	**[County Name] Board of Supervisors certifies the following (please select all below)** a. [County Name] Board of Supervisors has reviewed and approved this BHOATR for the period of [FY-FY]. b. [County Name] Board of Supervisors attests that the BHOATR is complete and accurate before it is submitted to the department. c. [County Name] 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.		**[County Name Behavioral Health Agency Director certifies the following: (please select all below)** a. [County Name] complies with fiscal accountability requirements. b. All expenditures are consistent with applicable state and federal law.		**[County Name] Administrator or Designee certifies the following: (please select all below)** a. [County Name] complies with fiscal accountability requirements. b. All expenditures are consistent with applicable state and federal law.
4	**Signature**		**Signature**		**Signature**
5	Name		Name		Name
6	Title		Title		Title
7	Date		Date		Date
8	Signature		Signature		Signature
9	Phone		Phone		Phone
10	Email		Email		Email

APPENDIX

Included below a list of commonly used terms and their definitions used in the BHOATR. Supplemental terms related to BHSA can also be found in the Appendix accompanying the BHSA County Policy Manual.

835 Electronic Remittance Advice: The 835 Remittance Advice is the electronic transaction issued after a Medi-Cal claim has been adjudicated. It communicates the final payment determination for a submitted claim, including approved payment amounts, denied services, payment adjustments, and other adjudication information.

837 Claim Transaction: The 837 Claim Transaction is the electronic claim submitted by a county requesting reimbursement for Medi-Cal claimable behavioral health services. An 837 represents a request for payment and does not guarantee reimbursement. Submitted claims may subsequently be approved, denied, partially paid, or adjusted during the adjudication process.

1991 Realignment: Funds distributed annually to counties for mental health services according to a set formula.

2011 Realignment: Funds distributed annually to counties for mental health and substance use disorder services according to a set formula.

Assertive Community Treatment (ACT): ACT is a community-based, team-based service to support members living with complex and significant behavioral health needs and a treatment history that may include psychiatric hospitalization and emergency room visits, residential treatment, involvement with the criminal justice system, homelessness, and/or lack of engagement with traditional outpatient services. Reference: BHSA County Policy Manual, Chapter 7, Section B.4.1.

Assertive Field-Based Initiation for SUD Treatment Services: Assertive field-based initiation promotes a proactive "no-wrong door" approach to connect more individuals living with SUD to MAT on a voluntary basis, similar to assertive, field-based models that promote proactive engagement and treatment of individuals living with Serious Mental Illness (SMI). Assertive field-based initiation is focused on providing rapid access to MAT and connection to services for individuals at the highest risk of overdose.

Capital Infrastructure Activities: Activities to plan, acquire, rehabilitate, expand, and construct the county's behavioral health care continuum infrastructure. This can include, but is not limited to, technology or mobile crisis infrastructure that will offer greater access and equity to children, youth, seniors, and adults with behavioral health needs. Activities may be funded by sources including, but not limited to: BHSA (BHSS CFTN), BHCIP, DHCS PATH, and Homekey+. Note: BHSA Housing Interventions funds on capital development should be reported in the Care Continuum Housing Intervention category.

Commercial Insurance: Commercial insurance (including Medicare) reimbursement to counties for services delivered to individuals with commercial insurance coverage. Reporting should reflect reimbursement obtained by county-operated providers, not county-contracted providers.

Community Mental Health Services Block Grant (MHBG): The SAMHSA administers MHBG. Funds are used to establish or expand an organized community-based system of care for providing non-Title XIX mental health services to children with serious emotional disturbances (SED) and adults with serious mental illness (SMI). Funds are used to: (1) carry out the State Plan contained in the application; (2) evaluate programs and services; and, (3) conduct planning, implementation, and educational activities related to the provision of services. Additional guidance can be found on SAMHSA's website and DHCS's website. Reference: Title XIX, Part B, Subpart I and III of the Public Health Services (PHS) Act, Sections 1911-1920.

County General Fund: Expenditures that use funding from the County General Fund to pay for behavioral health services.

Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP): CSC is a community-based service designed for members experiencing FEP. By providing timely and integrated support during the critical initial stages of psychosis, CSC reduces the likelihood of psychiatric hospitalization, emergency room visits, residential treatment placements, involvement with the criminal justice system, substance use, and homelessness. CSC is a comprehensive, team-based service in which multidisciplinary teams provide a wide range of individualized supports to members exhibiting initial signs of psychosis. *(Source: BH-CONNECT EVIDENCE-BASED PRACTICE POLICY GUIDE)*.

Crisis and Field-Based Services: Includes a range of services that engage, assess, stabilize, treat, and/or coordinate care for individuals in need of substance use disorder services in field settings (e.g., homeless encampments, shelters, or syringe service

programs). Services may be delivered in non-traditional settings where individuals work or reside. Reference: BHSA County Policy Manual Chapter 3, Section C.2 Behavioral Health Care Continuum.

Crisis Services: Includes a range of services and supports that assess, stabilize, and treat individuals experiencing acute distress. Services are designed to provide relief to individuals experiencing a mental health crisis, including through de-escalation and stabilization techniques, and may be delivered in clinical and non-clinical settings. Reference: BHSA County Policy Manual Chapter 3, Section C.2 Behavioral Health Care Continuum.

Early Intervention Services: Includes interventions that take a proactive approach to identifying and addressing substance use issues among individuals who are showing early signs, or are at risk, of a substance use disorder. These interventions, such as outreach, access and linkage, and treatment services, help avert the development of a severe and disabling condition, discourage risky behaviors and support individuals in maintaining healthy lifestyles. References: W&I Code § 5840, subdivisions (b)(1)-(3).

Federal Financial Participation (FFP): FFP refers to the federal government's share of reimbursement for eligible Medi-Cal services. For behavioral health, FFP represents the federal matching funds that DHCS and counties receive based on allowable Medi-Cal claims for services delivered to Medi-Cal beneficiaries. FFP is derived from adjudicated claim payment information (i.e., 835, 837).

Forensic Assertive Community Treatment (FACT): FACT builds upon the ACT model to address the complex needs of individuals with significant behavioral health needs who are also involved with the criminal justice system. Individuals with significant and complex behavioral health needs are often overrepresented in jails and prisons, are at higher risk of recidivism upon release, and face barriers to community reintegration, including difficulties accessing treatment, employment, housing, and other supports. Reference: BHSA County Policy Manual, Chapter 7, Section B.4.1.

FSP Intensive Case Management (ICM): ICM, like the ACT model of care, emphasizes long-term community-and-team-based care for individuals living with significant behavioral health conditions. ICM is more than just case management with referrals; ICM has a small caseload size and is delivered by a multidisciplinary team that provides services and supports based on the unique needs of each client, including peer services,

crisis intervention, psychosocial rehabilitation, psychotherapy, medication management, and more.

Funding Transfer Request: Starting with the fiscal year FY 2026-2029 IP, all counties can request changes to the funding allocation percentages outlined below. Counties may ask to transfer funds between these three components to change their funding allocation percentages. However, these changes in funding allocation percentages cannot exceed 7 percent of total funds allocated to the county in one fiscal year from any one component. Counties may only request a maximum of 14 percent of total funds allocated to the county to transfer in any given fiscal year. Adjusting the distribution of funds within a county according to these guidelines does not exempt the county from adhering to any additional applicable laws or to the sub-allocation requirements.

High Fidelity Wraparound (HFW): HFW provides a comprehensive, holistic, youth and family- driven, evidence-based way of responding when children or youth experience significant mental health or behavioral challenges. At its core, HFW is defined as adherence to the four phases and ten principles of the HFW model and a team-based and family-centered evidence- based practice that includes an "anything necessary" approach to care for children and youth with the most intensive mental health or behavioral challenges. The HFW model combines a team-based case management and facilitation approach with individualized and community-based mental health services and supports tailored to meet the individualized needs of the youth and family.

Hospital and Acute Services: Includes treatment services that are provided in structured, hospital settings to individuals who require consistent monitoring and stabilization. These services may include comprehensive psychiatric treatment, including medication adjustments, and acute withdrawal services. Reference: BHSA County Policy Manual Chapter 3, Section C.2 Behavioral Health Care Continuum.

Housing Intervention (HI) Services: Includes services and supports designed to enable individuals to remain in their homes or obtain housing to support recovery and improved health outcomes. Services help individuals find and retain housing, support recovery and resiliency, and/or maximize the ability to live in the community. Reference: BHSA County Policy Manual Chapter 3, Section C.2 Behavioral Health Care Continuum.

Housing Supports: Outreach and Engagement: In alignment with the engagement activities identified as allowable under the United States Department of Housing and Urban Development Emergency Solutions Grant funding, engagement activities may

include the activities necessary to locate, identify, and build relationships with individuals or families living in unsheltered settings for the purpose of providing immediate support, intervention, and connections with homeless assistance programs or mainstream social services and housing programs. Outreach and engagement activities shall not duplicate services provided by Medi-Cal MCPs per W&I Code section 5830, subdivision (c)(2).

Individual Placement and Support (IPS) Model of Supported Employment: The IPS model of Supported Employment is an evidence-based intervention that engages individuals living with significant behavioral health needs in finding and maintaining competitive employment, which can play a crucial role in their recovery and integration into the community. IPS provides structure, purpose, and social connection and is shown to reduce isolation and combat stigma for individuals living with mental health conditions and SUDs.

Inpatient Services: Includes 24-hour, intensive treatment services to individuals who require medical management or medical monitoring for substance use disorder needs. Reference: BHSA County Policy Manual Chapter 3, Section C.2 Behavioral Health Care Continuum.

Intensive Outpatient Services: Includes services to support individuals living with higher acuity SUD needs who may require assistance at a higher frequency and/or intensity, sometimes via a team-based approach. These services offer structure and monitoring when more support than routine outpatient visits is necessary. Reference: BHSA County Policy Manual Chapter 3, Section C.2 Behavioral Health Care Continuum.

Medi-Cal Patient Care Revenue: Medi-Cal Patient Care Revenue (PCR) is the total payment a county receives for approved Medi-Cal claims. These payments are a blended funding mix that includes FFP, any applicable state share, and the county's nonfederal share drawn from the County Fund Account (CFA). Once received, counties may record PCR as a single revenue source (e.g., "patient care revenue") and are not required to maintain separate accounting for federal versus nonfederal cash. Rationale for this decision: 1) PCR is an eligible funding stream that counties may use as the nonfederal share to support future Medi-Cal claims; and 2) FFP is not a separately tracked county expenditure under Calam Behavioral Health Payment Reform or Medicaid rules.

Non-Federal Share (NFS): The NFS is the state, county, or other allowable local funding used to support the federal matching requirement for Medi-Cal claimable behavioral health services.

Opioid Settlements: Funds from the California Opioid Settlements are intended to support opioid remediation activities. As defined in the National Opioid Settlement Agreements, opioid remediation is the "care, treatment, and other programs and expenditures designed to (1) address the misuse and abuse of opioid products, (2) treat or mitigate opioid use or related disorders, or (3) mitigate other alleged effects of, including on those injured as a result of, the opioid crisis." Reference: California Opioid Settlements.

Other County Behavioral Health Agency Services/Activities: Captures all other activities from the county behavioral health agency not otherwise captured in the continuum and non-continuum categories. This may include, but is not limited to, activities such as joining a multi-county JPA or other similar agreement, drug court/court diversion programs, or Public Guardian activities.

Other County Mental Health or SUD funding: Funding from other county sources outside of the County General Fund.

Other Federal Grants: Funding through federal grant programs outside of SAMHSA PATH, MHBG, and SUBG programs.

Other Foundation Funding: Funding from foundations to pay for behavioral health services.

Other Housing Supports: Housing Transition Navigation Services and Housing Tenancy Sustaining Services: Counties may fund Housing Transition Navigation Services and Housing Tenancy Sustaining Services for individuals not eligible for these services through a Medi-Cal MCP. Counties using Housing Interventions to fund Housing Transition Navigation Services and Housing Tenancy Sustaining Services shall refer to the Community Supports policy guide for a list of allowable activities but are not subject to the eligibility, restrictions/limitations, or licensing/allowable provider requirements set forth in the Medi-Cal guidance or any other requirements established for Medi-Cal, if not additionally specified as applicable to BHSA Housing Interventions. Counties may also become contracted Community Supports providers which enables

counties to provide Housing Transition Navigation Services and Housing Tenancy Sustaining Services to individuals enrolled in Medi-Cal.

Other Housing Supports: Landlord Outreach and Mitigation Funds: Landlord Outreach and Mitigation Funds may be used to support outreach to, and engagement of, landlords and property owners, which may include the development of presentations, outreach materials, campaigns, and support to help properties meet the requirements of Housing Interventions. Landlord Outreach and Mitigation Funds may also be used by counties to encourage and incentivize property owners to rent to eligible individuals. Additionally, counties may establish a mitigation fund to offset any damages caused by a Housing Interventions participant and/or for use in connection with potential or actual evictions as further described below. Reference: BHSA County Policy Manual, Chapter 7, Section C.9.4.1.

Other Housing Supports: Participant Assistant Funds: Funding to remove barriers to housing and support people in meeting their immediate housing needs, based on individual assessments. Services and activities may include costs associated with obtaining government-issued identification and other vital documents, housing application fees, fees for credit reports, security deposits, utility deposits, storage fees, pet deposits and other pet fees, move-in costs, including costs associated with establishing a household, rent and utility arrears.

Other mental health or supportive services not already captured above (e.g., outreach, other recovery-oriented services, peers, etc.): Counties may conduct other promising practices to support individuals with mental health needs, including targeted outreach, peer support services, psychosocial rehabilitation, and medical support services.

Other State Funding: Funding from the State outside of General Funds, including Disproportionate Share Hospital (DSH) funding.

Other substance use disorder treatment services not already captured above (primary SUD FSP programs, innovation, etc.): Counties may conduct other promising practices to support individuals with SUD, including rapid access to medications for addiction treatment, targeted outreach, and open-access clinics.

Outpatient and Intensive Outpatient Services: Includes a variety of therapeutic mental health services that can be provided anywhere an individual is located, such as in

school, home, clinic, office, field settings (e.g. homeless encampments, shelters, etc.) or other outpatient settings. Also includes services to support individuals living with higher acuity mental health needs who may require assistance at a higher frequency and/or intensity, sometimes via a team-based approach. These services may help avert the need for, or be provided after, crisis care, inpatient or residential treatment and are provided, if necessary, as part of stabilization and continued recovery/ongoing evaluation. They may also offer structure and monitoring when more support than routine outpatient visits is necessary. Reference: W&I Code § 5887, subdivision (a)(4).

Outpatient Services: Includes a variety of therapeutic substance use disorder services that can be provided anywhere an individual is located, such as in school, home, clinic, office, or other outpatient settings. These services may help avert the need for, or be provided after, crisis care, inpatient, or residential treatment. These services are provided, if necessary, as part of stabilization and continued recovery/ongoing evaluation. Reference: W&I Code § 5887, subdivision (a)(4).

Primary Prevention Services (SUD): Includes services and activities that educate and support individuals to prevent substance misuse and substance use disorders from developing. These services/activities offer communities support in identifying and addressing issues, tools for coping with stressors and information on ways to promote resiliency. They may also include services and public health campaigns focused on overdose prevention.

Primary Prevention Services (MH): Includes services and activities that educate and support individuals to prevent acute or chronic conditions related to mental health from ever developing. These services/activities may offer communities support in identifying and addressing issues before they turn into problems, tools for coping with stressors and information on ways to promote resiliency.

Projects for Assistance in Transition from Homelessness (PATH): The SAMHSA administers the PATH grant. The PATH grant supports community-based outreach, mental health and substance abuse referral/treatment, case management and other support services, as well as a limited set of housing services for adults who are homeless or at imminent risk of homelessness and have a serious mental illness. Additional guidance can be found on SAMHSA's website and DHCS's website. Reference: Consolidated Appropriations Act, 2023 (P.L. 117-328), Section 1218.

Prudent Reserve: The prudent reserve is an account that counties may transfer a portion of their Behavioral Health Services fund monies into to ensure that the county can continue to provide services at the same level if their future funding decreases. References: W&I Code sections 5892(b)(1); 5892(b)(3); 5892(b)(4); and 5892(b)(5)(A).

Quality and Accountability, Data Analytics, and Plan Management & Administrative Activities: Includes direct administrative costs that support the operations and overhead of county behavioral health programs and planning costs that support robust stakeholder engagement and cultural competency, including infrastructure and technologies for stakeholder engagement. Activities may be funded by sources including, but not limited to: BHSA, DHCS PATH, Medi-Cal, and SAMHSA SUBG and/or MHBG block grants.

Residential Treatment Services (SUD): Includes low- to high-intensity clinically managed residential treatment. Services may be delivered in short-term residential settings of any size. Reference: BHSA County Policy Manual Chapter 3, Section C.2 Behavioral Health Care Continuum.

Residential Treatment Services (MH): Includes intensive treatment services that are provided in a structured, facility-based setting to individuals who require consistent monitoring for mental health needs on a longer-term basis. Services may be delivered in short-term residential settings to divert individuals from or as a step-down from hospital and acute services. Reference: BHSA County Policy Manual Chapter 3, Section C.2 Behavioral Health Care Continuum.

Reversion: BHSA funds distributed to a county revert to the state Behavioral Health Services Fund (BHSF) if the county has not spent the funds within a specified period of time (i.e., reversion period). The reversion period depends upon the county's population and the program component. Reference: W&I Code § 5892, subdivision (i).

Reversion Period: The "reversion period" refers to the length of time a county has to spend its local money before the funds become subject to reversion and return to the state BHSF. Large counties are required to spend BHSA (Housing Interventions, FSP and BHSS) funds, within three years, and small counties within five years. WET and CFTN funds must be spent within ten years, regardless of county size. Any funds not spent within these time periods are subject to reversion.

Short-Doyle Medi-Cal (SDMC) Claims: SDMC claims are county-submitted Medi-Cal behavioral health service claims sent to DHCS via 837 claims transactions. These claims are processed and adjudicated through the Short-Doyle Medi-Cal Production Adjudication System, which validates claim data, applies Medi-Cal eligibility and coverage rules, and determines the approved reimbursement for each service. After adjudication, DHCS issues the 835 Electronic Remittance Advice, which reports the final payment status and amounts for all SDMC-submitted claims.

State General Fund: Other resources from State General Funds used to deliver behavioral health services. For example, counties are eligible to apply for grants through the Children and Youth Behavioral Health Initiative (CYBHI), which is an investment using State General Funds.

Subacute and Long-Term Care Services: Includes intensive licensed skilled nursing care provided to patients with mental health needs, most frequently delivered in a skilled nursing facility (SNF) and special treatment programs (STPs). Reference: BHSA County Policy Manual Chapter 3, Section C.2 Behavioral Health Care Continuum.

Substance Use Disorder (SUD): Substance use disorder means an adult, child, or youth who has at least one diagnosis of a moderate or severe substance use disorder from the most current version of the Diagnostic and Statistical Manual of Mental Disorders for Substance-Related and Addictive Disorders, with the exception of tobacco-related disorders and non-substance-related disorders. For purposes of this manual, substance use disorder treatment services include harm reduction, treatment, and recovery services, including all federal Food and Drug Administration approved medications. Reference: W&I Code 5892(k)(1), 5891.5(b)(2).

Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG, and referred to under federal law as SUPTBG): The SAMHSA administers the SUBG. Funds are used to: (1) carry out the State Plan contained in the application; (2) evaluate programs and services; and, (3) conduct planning, implementation, and educational activities related to the provision of substance use services. Additional guidance can be found on SAMHSA's website and DHCS's website. Reference: Title XIX, Part B, Subpart II and III of the Public Health Service (PHS) Act, Section 1921.

Workforce Investment Activities: Investments to develop and maintain a robust behavioral health workforce that provides adequate access to services and supports. This may includes efforts to support more culturally, linguistically, and age-appropriate

care by building a more representative workforce. It may also include technical assistance on program development, policies, and evidence-based programs (EBPs) EBPs for county-contracted and county-operated staff. Activities may be funded by sources including, but not limited to: BHSA (BHSS WET), BH-CONNECT, HCAI, DHCS PATH, and CYBHI.

Statute	Allocation	Sub-Allocations	Special Considerations
W&I Code section 5892, subdivision (a)(1)(A)	Housing Intervention Programs (30%)	50% of these funds shall be directed towards housing interventions for persons who are chronically homeless.	These housing interventions are focused on the chronically homeless, with a focus on encampments.
		No more than 25% shall be used for capital development projects.	Housing Intervention funds may be used for capital development, under the provisions of W&I Code section 5831 and only for eligible populations under W&I Code section 5830, subdivision (a). If a county elects to use housing interventions funds for capital development, the units shall be available in a reasonable timeframe as specified by DHCS (W&I Code section 5830, subdivision (b)(2)(B)).
W&I Code section 5892, subdivision (a)(2)(A)	Full Service Partnership Program (FSP) (35%)	N/A	The sub-allocations of Housing Interventions services may be used towards individuals enrolled in a FSP program.
W&I Code section 5892, subdivision (a)(3)(A)	Behavioral Health Services and Supports (BHSS) (35%)	At least 51% of BHSS services shall be used exclusively for early intervention programs.	Of the BHSS funds allocated for early intervention programs, at least 51% shall be used for early intervention programs to serve individuals aged 25 years and younger.

Statute	Allocation	Sub-Allocations	Special Considerations
W&I Code section 5892, subdivision (a)(3)(B)(I-ii)			