

CALIFORNIA BEHAVIORAL HEALTH REFORMS IMPACTING COUNTY BEHAVIORAL HEALTH (2022-2024)

New Medi-Cal Benefits

- 24/7 Mobile Crisis Services
- 90-Day Jail In-Reach
- Peer Support Specialists (option)
- Contingency Management (option)
- Mental Health IMD (option)
- Community Health Workers (option)
- First Episode Psychosis (BHSA)
- ACT/FACT (BHSA)
- Evidence Based Practices (BHSA)
- Supported Employment (BHSA)
- Housing (BHSA)
- Enhanced Care Management*
- Community Supports (option)*

Program/Quality Reforms

- BH Payment Reform
- BH Eligibility Criteria
- Mental Health & SUD Plan Integration
- Documentation Reform
- BH Quality Incentive Program
- Comprehensive Quality Strategy

- CPT Coding
- Fiscal Reporting (BHSA)
- Outcomes Accountability (BHSA)
- FSP Levels of Care (BHSA)
- SB 525 Min Wage
- Centers of Excellence
- Network Adequacy
- Cultural Competence Plan Reform

Children & Youth Behavioral Health Initiative

- School-Linked Fee Schedule
- FFPSA
- AB 2083
- OYCR
- Incentive Pool

Infrastructure (Treatment & Housing)

- Behavioral Health Continuum Infrastructure Program (\$2.2 billion)
- \$6.2 billion bond (BHSA)
- No Place Like Home
- Community Care Expansion (CCE)
- Workforce Funding
- Data Exchange

LPS & Crisis Continuum

- SB 43 Grave Disability Criteria
 - Involuntary SUD
 - New medical and personal safety
- AB 2275
- AB 2242
- 988
- CARE Court

Housing/Homelessness

- BHSA Housing Category
- Behavioral Health Bridge Housing

Department of State Hospitals

- Community Based Restoration
- Diversion

New Initiatives

- CARE Court

Parity

- Commercial Plan Contracting Requirement (BHSA)

CARE Act Program

Community Assistance, Recovery and Empowerment Act (CARE Act)

A new framework to connect people with mental health and substance use disorders to voluntary treatment through a civil court process. Participants can receive many kinds of support to promote their recovery and well-being, which may include counseling, medication, housing options, social services, and other resources.

Coming to Sacramento County December 1, 2024



Who is eligible to participate?

The CARE program is for participants who are:

- 18 years or age of order.
- Diagnosed with schizophrenia spectrum or other psychotic disorders.
- Not stabilized with on-going voluntary treatment.
- Unlikely to survive safely in the community without supervision.



Who can file a petition?

- The participant.
- An adult person who lives with the participant.
- A spouse or registered domestic partner, parent, grandparent, adult sibling, or adult child of the participant.
- A person who stands in the place of a parent to the participant.
- The director of a hospital in which the participant is or was recently hospitalized.
- The director of a public or charitable organization, who has provided or is currently providing behavioral health services to the participant.
- A licensed behavioral health professional, who has supervised the treatment of the participant for mental illness.



How does the CARE process work?

- The process begins when an eligible person files a CARE Act petition.
- A judge decides if the person meets criteria and is eligible for treatment.
- A judge orders the County Behavioral Health Agency to investigate and submit a report that determines if the participant meets criteria.
- A CARE agreement or CARE plan is created based on the participant's needs.
- Participant may participate in CARE agreement or CARE plan for up to 24 months for on-going treatment, supportive services, and housing in the community.

To learn more,
Visit California Courts at
<https://selfhelp.courts.ca.gov/care-act/forms>



QUESTIONS?

Contact Self-Help at 916-874-1421.

Hours:

Monday – Friday
8:30 AM – 12:00 PM
1:30 PM – 4:00 PM

Closed Thursday 1:30 PM – 4:00 PM

Email: civilselfhelp@saccourt.ca.gov

Location:

813 6th Street, Room 117
Sacramento, CA 95814

Navigate CARE
Act Resource Center
<https://care-act.org/>



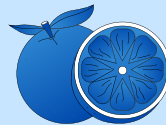


What to Know About California Senate Bill 43

About California Senate Bill (SB) 43

SB 43 expands the definition of “grave disability” to include those individuals who are unable to care for their basic needs for health and safety due to a severe substance use disorder, or a co-occurring mental health disorder and a severe substance use disorder.

SB 43 also expands the definition of “basic needs” to include a person’s ability to obtain necessary medical care, personal safety, food, weather appropriate clothing, and/or shelter.



Important Implications

Involuntary Psychiatric Treatment

SB 43 allows an individual to be placed on an involuntary psychiatric hold for grave disability due to severe substance use disorder, or a co-occurring mental health disorder and a severe substance use disorder.

Read the Welfare and Institutions Code 5150 by visiting:

https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC§ionNum=5150



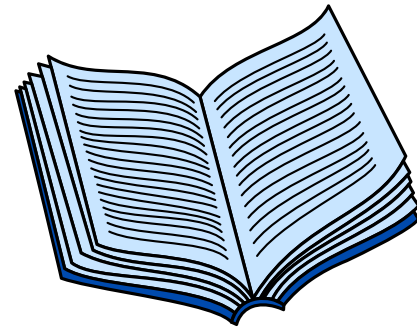
Read the Lanterman-Petris-Short Act by visiting:

https://leginfo.legislature.ca.gov/faces/codes_displayexpandedbranch.xhtml?tocCode=WIC&division=5.&title=&part=1.&chapter=&article=



County Involvement

Each California county is tasked with creating new policies and procedures to outline how individuals will be assessed for the new definition of grave disability.



Additional Information



Read SB 43 by visiting: https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB43



SB 43 implementation dates range from January 1, 2024 to January 1, 2026, dependent on County. Sacramento County Board of Supervisors have voted to implement SB 43 January 1, 2025.

Visit Ca.Gov to Learn More

<https://www.gov.ca.gov/2023/10/10/modernizing-conservatorship-law-sb43/>





CHANGE

Prop. 1 makes significant revisions to the Mental Health Services Act (MHSA), these include:

- Change its name to the Behavioral Health Services Act (BHSA)
- Modify how MHSA funds are allocated
 - Counties will continue to receive the bulk of BHSA funds (90%).
 - The allocation across different spending categories changes without an increase in revenues.
- Introduce changes related to the oversight, accountability, and the community planning process.

What to Know About California Proposition 1 Behavioral Health Services Act (BHSA)

CHANGES IN FUNDING ALLOCATION “CATEGORIES”

Current MHSA	Use of Funds	%
Community Services & Support	Treatment	76%
Prevention & Early Intervention	Services & Support	19%
Innovation	Testing new programs	5%

New BHSA	%
Housing	30%
Full-Service Partnerships	35%
Behavioral Health Service & Supports	35%

*Based on our preliminary analysis of each of these buckets, Sacramento County will likely need to redirect approximately \$27M into the new funding categories



Timeline

- The new BHSa will not go into effect until **July 1, 2026**.
- Community Planning process will begin shortly **after January 1, 2025** – in alignment with the language outlined in the bill.

WHAT NOW?

- State guidance is needed in the following areas prior to counties and community partners developing a BHSa implementation plan:
 - **Prevention and Early Intervention** - Beginning July 1, 2026, Prevention will be a state responsibility, and Early Intervention will remain a county responsibility. Counties will need to see how the State defines this distinction to ensure counties complement and not duplicate State programs.
 - **Full-Service Partnership (FSP) Programs** - The bill references varying levels of programs within this category, counties need clarification on what programs are permissible to inform decisions about which existing programs may need to change or evolve to fit within this category.
 - **Innovation Projects** - The bill does not address approved Innovation Projects under MHSa and how they may or may not transition under BHSa.
- New reporting requirements – Language in the bill requires the State to work with CBHDA and CSAC to develop a funding estimate for the May Revision that ensures adequate funding support for new data collection, reporting requirements, and the expanded community planning process.
- Counties will need to expand public reporting and community engagement to cover all county Behavioral Health revenue streams, a new breakdown of county expenditures, and new outcomes/accountability metrics.
- Counties will need to build the administrative staff and capacity to contract with and bill commercial insurance for any privately insured individuals served by the county.
- Workforce development funding is being administered at the State level. Much discussion needs to happen to ensure behavioral health workforce investments prioritize the county behavioral health safety net which is more field based, including county direct services and related service contracted providers.
- More clarity needs to be established around the bond funds. We want to ensure infrastructure investments are dedicated to building out and improving the county safety net specialty substance use disorder (SUD) and mental health delivery system.