Behavioral Health Services Act (BHSA) Community Engagement Meeting

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Alameda County Health

BHSA Integrated Plan Annual Update FY 2027-2028

Presented by:

Alameda County Behavioral Health Department – BHSA Division

BHSA Community Engagement Session Agenda

Engagement Session purpose: Education and Information sharing about BHSA, Stakeholder Engagement and Information Gathering

Meeting Process for Today:

- Why we are here
- Looking at the many known behavioral health needs
- Wanting to identify/rank problems or areas of need and then focus on *solutions*
- Conducting a ranking process
- Talking about the top 3 areas
- Time for any other comments and feedback
- Demographic Survey
- Wrap Up

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Meeting and Presentation Agreements

1. BE PRESENT

2. SPEAK FROM YOUR OWN EXPERIENCE

3. RAISE YOUR HAND, ONE VOICE AT A TIME

4. STEP UP, STEP BACK

5. SEEK TO UNDERSTAND AND THEN BE UNDERSTOOD

6. HOLD QUESTIONS TO THE END OF THE PRESENTATION

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Proposition 1: High-Level Summary

- Philosophical shift from prevention, intervention, and treatment across the mental health spectrum to focus on the most severely mentally ill individuals.
- Inclusion of eligible programming for those with substance use conditions.
- Services and supports primarily focused on housing.
- Statewide focus on increased accountability and transparency
- **Proposition 1 has 2 components:**
  - 1) Behavioral Health Infrastructure Bond Act (AB 531): Authorizes $6.4 billion to build or develop behavioral health housing and treatment facilities.
  - 2) Behavioral Health Services Act (SB 326): Aims to improve and expand behavioral health services and housing interventions for individuals with severe mental illness/ emotional disorders (SMI/SED), & substance use disorders (SUD).

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Proposition 1: System Change

Breakdown of BHSA Funding Components:

90% County Allocations

- 30% Housing Interventions.
- 35% Full-Service Partnerships.
- 35% Behavioral Health Services and Supports (BHSS).
    - BHSS category is broken down in Early Intervention from adults 26 and older and Individuals 25 and younger.
        - Early Intervention
            - Individuals ages 0-25

10% statewide investments

- 3% is for State admin at DHCS.
- 3% for Workforce managed by the Department of Health Care Access and Information.
- 4% Prevention managed by the California Department of Public Health.

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BHSA Funding Category Descriptions

30% Housing:

•Interventions to include rental subsidies, operating subsidies, shared housing, family housing for eligible children and youth, and the non-federal share of certain transitional rent.

- Half of this amount (50%) is prioritized for housing interventions for the chronically homeless.
- Up to 25% may be used for capital development.

35% Full-Service Partnerships:

•Comprehensive and intensive care for people at any age with the most complex needs (also known as the “whatever it takes” model).

35% Behavioral Health Services and Supports (BHSS):

•Includes early intervention; outreach and engagement; workforce; education and training; capital facilities and technological needs; and innovative pilots and projects.

- A majority (51%) of this amount must be used for intervention in the early signs of mental illness or SUDs.
- A majority (51%) of early intervention services and supports must be for people 25 years of age and younger.

Stakeholder Engagement Methods

Counties must demonstrate a partnership with constituents and stakeholders as part of their community planning processes. Examples of meaningful partnership with stakeholders may include the following types of stakeholder engagement:

- Public comment
- Public hearings
- Stakeholder workgroups and committees
- Listening Sessions
- Surveys
- Key informant interviews or engaging with subject matter experts
- Training, education, and outreach related to community planning

BHSA Community Engagement from FY2026/2027

- **Plan Budget:** $166,188,843
  - Three program components for FY26/27
- **Public Comment period:** March 19 – April 20, 2026
- **Behavioral Health Advisory Board Hearing:** April 20, 2026
- **Increased Community Engagement**
  - 28 Listening Sessions attended by 365 Community Members
  - 613 Survey Responses
- **New BHSA Integrated Plan template for reporting**
  - **Done with Year 1!**
- **Ready to start the Planning Process again!**

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BHSA Integrated Plan Annual Update Timeline FY 2027 – 2028

July – December 2026:

CPP Listening Sessions/Survey
8/10/26 – 11/10/26

CPP Community Presentations:

- **BOS District 1:** 9/30/26
- **BOS District 2:** 10/8/26
- **BOS District 3:** 10/14/26
- **BOS District 4:** 10/21/26
- **BOS District 5:** 10/28/26

December 2026 – March 2027

ACBHD Drafts BHSA Integrated Plan Annual Update FY 2027-2028

March – April 2027

30-Day Public Comment Period: 3/19/27 – 4/19/27
Submit Draft Integrated Plan to CAO: 3/1/27
Submit Draft Integrated Plan to DHCS: 3/31/27

April 2027

Behavioral Health Advisory Board Public Hearing: 4/19/27

May – June 2027

BOS Health Committee: 5/10/27
Submit Final Draft IP to DHCS: By 6/30/27

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NEW Statewide Behavioral Health Goals:

Goals for Improvement:

- Care Experience
- **Access to Care** (***priority goal)***
- Prevention and Treatment of co-occurring physical health conditions
- Quality of Life
- Social Connection
- Engagement in School

Goals for Reduction:

- Suicides
- **Overdoses** (***Alameda County selected goal)***
- **Untreated behavioral health conditions** (***priority goal)***
- **Institutionalization** (***priority goal)***
- **Homelessness** (***priority goal)***
- **Justice Involvement** (***priority goal)***
- **Removal of Children from Home** (***priority goal)***

DHCS has initiated a Behavioral Health Transformation committee: **Quality and Equity Advisory Committee (QEAC)** to determine metrics associated with each of these goals on which counties will then report.

In the Integrated Plans, counties are **required** to complete planning and data collection on all six priority goals *and* select one additional goal.

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We need your feedback! Behavioral Health Goals.

Alameda County aligns the BHSA Integrated Plan Annual Update and the Community Planning Process with the seven statewide behavioral health goals.

- **Access to care measures were slightly below state averages**, with 64.94% of individuals with mental health needs and 69.75% of individuals with significant mental health needs receiving behavioral health services.
- **Substance use disorder treatment initiation exceeded the state average**, with Alameda County achieving 38.58% compared to 37.91% statewide (+0.67 percentage points).
- **Justice-involvement outcomes outperformed statewide benchmarks**, including:
  - Post-release behavioral health services for reentry enrollees with significant behavioral health needs: **27.17% vs. 24.78% statewide** (+2.39 percentage points).
  - Continuation of medications for addiction treatment (MAT) among justice-involved reentry enrollees: **27.27% vs. 24.23% statewide** (+3.04 percentage points).
- **Overall:** Alameda County exceeded state performance on substance use treatment and justice-involvement measures, while opportunities remain to improve access to behavioral health services for individuals with mental health needs.

***When the variance is 1.5% percent or less, Alameda County considers this no variance.**

****These rates are based on Fiscal Year 2024-2025.**

*****To view data visit:** Behavioral Health Transformation Performance Measures Report | DHCS

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We need your feedback!

Please rank the Behavioral Health Goals below in order of importance. Please type in the chat. Please raise your hand to discuss your Top 3 and strategies or solutions.

1. **Access to Care -** Improve access and continuity of care.
2. **Homelessness -** Support housing stability for individuals with behavioral health needs.
3. **Justice Involvement -** Strengthen coordination, diversion, and reentry support.
4. **Institutionalization -** Strengthen community-based options and transitions out of institutional care.
5. **Untreated Behavioral Health Conditions -** Improve outreach, engagement, and follow up care.
6. **Overdoses -** Prevent overdoses, open pathways to treatment, and recovery support.
7. **Removal of Children from home -** Strengthen family centered behavioral health services.

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Resources:

- Click here to view the Alameda County BHSA Website
- Click here to view the Department of Health Care Services (DHCS) Policy Manual
- Click here to view the Behavioral Health Transformation Performance Measures Report | DHCS
- Click here to view the DHCS Behavioral Health Transformation Website
- Click here to view the California Department of Public Health
- Click here to Email BHSA@acgov.org

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Thank you!

Questions?

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Many people are not aware of the behavioral health resources available in Alameda County.

If you or someone you know needs support, we encourage you to visit our website at www.acbhcs.org or call 1 (800) 491-9099 to learn more about services and how to access care.

988 – Crisis Phone Number

911 – Emergency Services

211 - Housing Phone Number

For BHSA policy items, please email bhsa@acgov.org.