



**2024 BEHAVIORAL HEALTH CARE SYMPOSIUM**

**LONG BEACH**

# California Behavioral Health Transformation

*Stephanie Welch, MSW, Deputy Secretary of Behavioral Health,  
California Health and Human Services Agency*



# Presenter

**Stephanie Welch, MSW**

**Deputy Secretary of Behavioral Health**

**California Health and Human Services Agency**

Ms. Welch has been the Deputy Secretary of Behavioral Health for the California Health and Human Services (CalHHS) Agency since 2020. She serves as the senior advisor to the Secretary of CalHHS and other state departments on behavioral health policy and builds bridges across diverse government sectors and stakeholders. She has twenty-five years of experience in behavioral health policy, program administration, and advocacy at both the state and county level.

# Disclosure of Relevant Financial Relationships

**Stephanie Welch**, MSW, reports no relevant financial relationships or relationships she has with ineligible companies of any amount during the past 24 months.



# California's Behavioral Health Transformation



*California Hospital Association Conference  
Wednesday, December 4, 2024*

# Agenda



## Reflections from Trieste – Institutionalize Transformation



## Prop 1 Behavioral Health Transformation

- » Plan: Behavioral Health Services Act
- » Build: Behavioral Health Bond
- » Accountability
- » Engagement
- » Resources

# Reflections from Trieste



# People, Place & Purpose

**“Lead with principles, not procedures.”**

- » **Meaning** is essential
- » Consumer/patients referred to as “**service users**” or “**persons assisted**”
- » **Community** is **engaged & supportive**
  - Part of budgeting process
  - Community Mental Health Centers (CMHC) seamlessly in community (e.g., host art and cultural events)
- » “**Diffused Day Centers**”
  - 10-12 CBOs throughout city
  - Support wellness, wellbeing, social integration, and citizen participation
- » **2-year** SUD therapeutic communities





# Access

**“An open door is something you mean, that doors need to be open everywhere you go.”**

- » Access to **robust services** for those **most in need**
- » **CMHC**: (70% of Budget)
  - Outpatient 24/7
  - Overnight beds as crisis alternative
  - Peer services
  - Employment training
  - Training for caregivers
  - Non-medical model

## Access (cont.)

**“An open door is something you mean, that doors need to be open everywhere you go.”**

- » **Housing** includes supportive living & levels of residential care
- » **Care team structure** facilitates easy access – Team follows the person
- » **Compulsory treatment** is extremely **rare** (~30 per year - 10% of Budget)
  - Existing relationships make it more likely people will provide consent
  - Police (trained by MH department) write holds
  - Social workers embedded with police for crisis calls

# Clinical Strategies

**“The north star – our guiding principle – is recognizing the person is an asset, not a liability.”**

- » Focus on **helping people with their priorities**, rather than constantly assessing/diagnosing
  - Focus on addressing everyday needs
- » Focus on understanding the **“why”** in behavior
- » **Relationships** are good medicine
  - Emphasis on forming connections
  - Horizontal relationships—eliminate the power differential
  - Community included in healing & relationship

# Clinical Strategies (cont.)

**“The north star – our guiding principle – is recognizing the person is an asset, not a liability.”**

- » Inter-departmental **training/consultation**
- » **Support** for team
  - Low caseloads
  - Time with clients
  - Reduced documentation



# Care Team

**“The quality of the system is reflected in the quality of relationships among the people working and serving in that system.”**

- » **Collaborative, democratic & non-hierarchical**
- » **Same team** follows patient
  - E.g., same doctor comes to hospital if patient hospitalized
- » **Outreach to jails/prisons** for treatment consultation
- » Social workers & peers **embedded in community**
  - Anyone can visit social cooperative for assistance with daily needs
- » **Care is a right** & taking “care” of everyone is the goal
- » Good employment outcomes, social cooperatives & personal health budget

# Housing is a Right

**“Human services should be about human rights.”**

- » Recognition that housing is a **right & essential to health**
- » Housing support based on **economic status**
  - Regions/local entities can refine tool to determine income support needed based on data
- » Creative approaches to foster **social connection**
  - Match roommates based on interest areas, age, etc.
- » Home visiting to support stability in housing
- » 20% of total budget
- » Short-term shelters
  - Most used by migrants – temporary shelter only

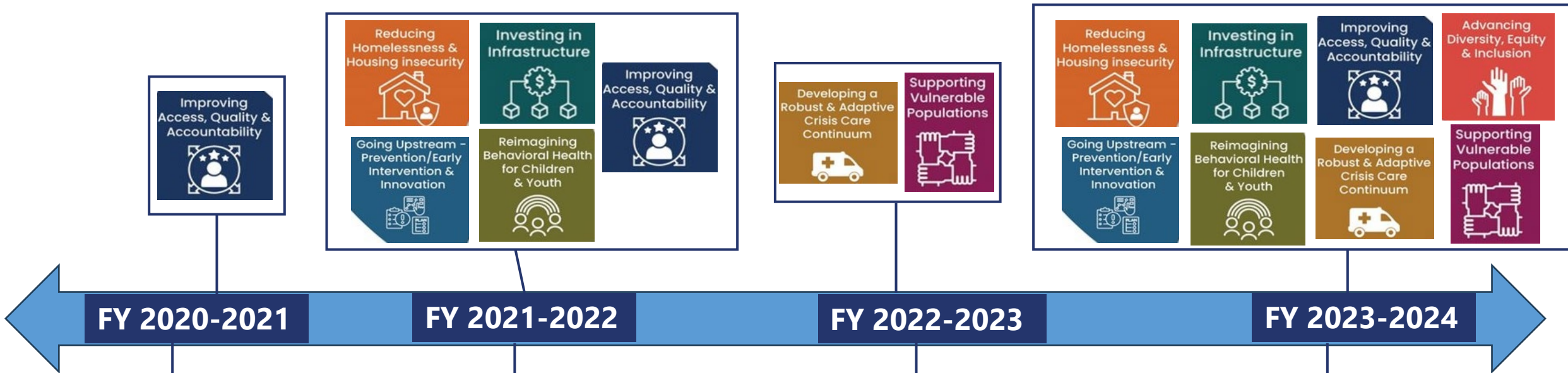
# Institutionalize Transformation





# Prop 1 Behavioral Health Transformation: Key Opportunities for Transformational Change

# Behavioral Health Initiatives Over Time



Legislation (**SB 855**) to help further **equality between mental and physical health services** becomes effective

The **Behavioral Health Continuum Infrastructure Program** is established

The **Children & Youth Behavioral Health Initiative** is established

**California Advancing & Innovating Medi-Cal** implementation begins

The Governor signs the **Miles Hall Lifeline Act** (AB 988) to expand behavioral health crisis services

The Governor signs the **Community Assistance, Recovery, and Empowerment (CARE) Act**

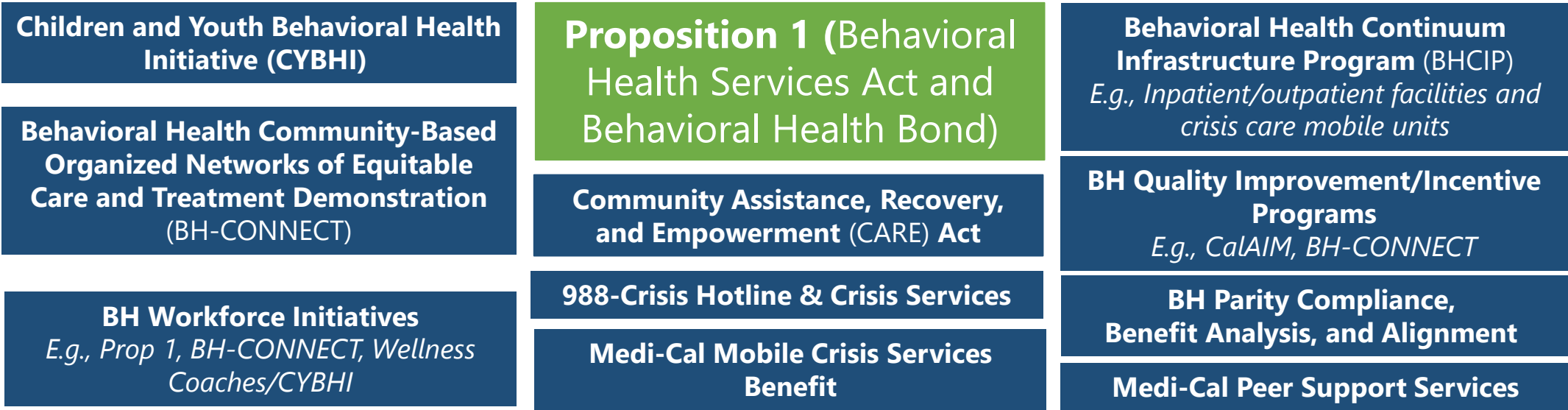
DHCS submits application for the **Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT)** Demonstration to increase access to and improve services for Medi-Cal members

**Voters Approve Prop 1/ BHSA**

# Building Out California's Behavioral Health Continuum of Care



## BUILDING BLOCKS OF TRANSFORMATION



# Behavioral Health Transformation

By enacting changes resulting from Proposition 1, Behavioral Health Transformation expands ongoing efforts to **support vulnerable people** living with the **most significant** mental health conditions and SUDs.

## Behavioral Health Transformation at-a-Glance:

1. Evolves the Mental Health Services Act to the Behavioral Health Services Act
2. Includes bonds to increase infrastructure

High-level **aims of Behavioral Health Transformation** include:



**Improving**  
Accountability



**Increasing**  
Transparency



**Expanding**  
Capacity of Behavioral  
Health Facilities

# Behavioral Health Transformation Milestones

2024

Late 2024: Modules 1 & 2 of Integrated Plan Guidance released for public review

Dec 13: BHCIP Round 1 proposals due

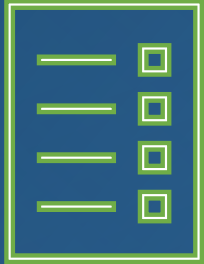
2025

Early 2025: Beginning of final Integrated Plan Guidance release

Early 2025: Homekey+ applications accepted

2026

July 2026: New integrated plans, fiscal transparency, and data reporting requirements  
Statewide Initiatives Launch: Population-Based Prevention and Workforce



# Plan for Transformation: Behavioral Health Services Act

# Key Opportunities for Transformational Change

**Reaching &  
Serving High  
Need/Risk  
Populations**



**Health Equity**



**Sustainable  
Investment in  
Workforce**



**Inclusion of  
Substance  
Use Disorder**



**Housing is  
Health**



**Supporting  
Children &  
Youth**



**Measuring  
Progress &  
Impact**



# Reaching & Serving High Need/Risk Populations

## BHSA priority populations:

### Eligible adults and older adults who are:

- » Chronically homeless
- » Homelessness or are at-risk of homelessness
- » In, or are at-risk of being in, the justice system
- » Reentering the community from prison or jail
- » At-risk of conservatorship
- » At-risk of institutionalization



# Reaching & Serving High Need/Risk Populations (cont.)

## BHSA priority populations:

### Eligible children and youth who are:

- » Chronically homeless
- » Homelessness or are at-risk of homelessness
- » In, or are at-risk of being in, the juvenile justice system.
- » Reentering the community from a youth correctional facility
- » In the child welfare system
- » At-risk of institutionalization

# Health Equity

## Support culturally responsive services that improve health and reduce health disparities for all:

- » Reduces the silos for planning and service-delivery and sets clear principles
- » Requires stratified data and strategies for increasing outcomes and reducing health disparities in the planning, services, and outcomes
- » Clearly advances community - defined practices as a key strategy of reducing health disparities and increasing community representation
- » Additional seats on local and state advisory boards - including on health equity

# Sustainable Investment in Workforce

**BHSA includes sustainable state investments in the behavioral health workforce.**

- » 3% of total funds are allocated to the California Department of Healthcare Access & Information (HCAI) to support the workforce statewide
- » Funds will be used to:
  - Expand culturally-competent & well-trained BH workforce
  - Assist in drawing down federal funding through Medi-Cal
  - Portion of funding may focus on maximizing use of peer support specialists

# Inclusion of Substance Use Disorder

**BHSA expands eligible services to include treatment for SUD for children, youth, adults and older adults.**

- » Counties must use **data to allocate funding** between mental health and substance use disorder treatment services and identify strategies **to address disparities**
- » Broadens populations eligible for services under BHSA

# Housing is Health

**Housing is an essential component of behavioral health treatment, recovery, and stability.**

- » While MHSA has always been available for housing supports, the BHSA strengthens the use of this tool
- » **30% of each county's BHSA funding** is for housing interventions for Californians with the most significant behavioral health needs who are homeless/at risk of homelessness
- » Provides ongoing revenue to assist those with severe behavioral health needs to be housed and provides a path to long-term recovery

# Supporting Children & Youth

**BHSA continues to go upstream to interrupt the course of potential illness.**

- » Supports **children/youth** who have **serious mental illness & behavioral health need**, including through full-service partnership & housing intervention programs
- » **Early Intervention Services** funding (*majority for individuals 25 years-old and younger*) supports **intervening early** in the life course to prevent mental health and BH needs from becoming more serious
- » **Population-Based Prevention** funding (*majority for individuals 25 years or younger*) reduces the possibility of having mental health or substance use disorders needs in the first place

# Measuring Progress & Impact

## Counties are required to submit Integrated Plans and Behavioral Health Outcomes, Accountability, and Transparency Reports

- » Plans/reports must **cover ALL behavioral health services**—including those funded by BHSA, Medi-Cal, county realignment & other funds
- » Plans/reports will include **data through the lens of health equity** to identify racial, ethnic, age, gender, and other demographic disparities and **inform disparity reduction efforts**

# Behavioral Health Services Act Funding Breakdown

**90%** **County Allocations**

**30%**

## Housing Interventions

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

**35%**

## Full-Service Partnership Services

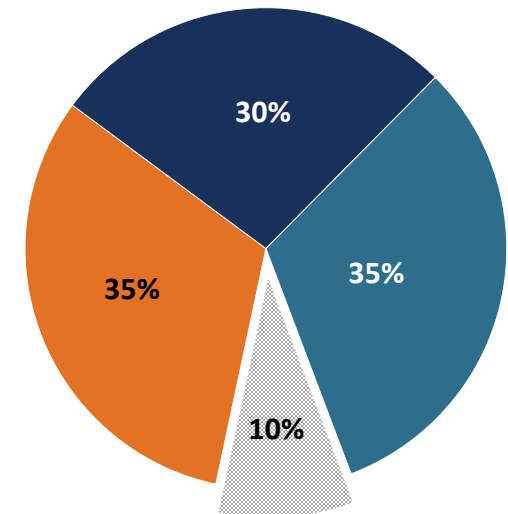
Comprehensive and intensive care for people at any age with the most complex needs (also known as the “whatever it takes” model).

**35%**

## Behavioral Health Services and Supports

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

**90% County Allocations**





# County Allocations:

## Behavioral Health Housing Interventions – 30%

- » **For children and families, youth, adults, and older adults living with SMI/SED and/or SUD who are experiencing or at risk of homelessness.**
  - 50% is prioritized for housing interventions for the chronically homeless with BH challenges
- » Includes rental subsidies, operating subsidies, shared and family housing, capital, and the non-federal share for certain transitional rent
  - Up to 25% may be used for capital development
- » Not limited to Full-Service Partnerships partners or persons enrolled in Medi-Cal
- » **County flexibility:**
  - Allows small county exemption for 2026-29 and on-going if approved by DHCS
  - Provides flexibility for the remaining counties commencing with the 2032-2035 planning cycle on the 30% requirement based on DHCS criteria for exemptions

# County Allocations:

## Full-Service Partnerships (FSP) Programs – 35%

- » Includes **mental health, supportive, and SUD treatment services**
  - Medication-Assisted Treatment (MAT)
  - Community-defined evidence practices (CDEP)
- » **Assertive Community Treatment/Forensic Assertive Community Treatment, Supported Employment, & high-fidelity wraparound** are required
  - Small county exemptions are subject to DHCS approval
- » Establishes standards of care with levels based on criteria
- » Outpatient behavioral health services, either clinic or field based, necessary for on-going evaluation and stabilization of an enrolled individual
- » **On-going engagement** services necessary to maintain enrolled individuals in their treatment plan inclusive of clinical and non-clinical services, including services to support maintaining housing

# County Allocations: Behavioral Health Services and Supports – 35%

- » Includes early intervention, outreach and engagement, workforce education and training, capital facilities, technological needs, and innovative pilots and projects
- » A majority (51%) of this amount must be used for **Early Intervention services** to assist in the early signs of mental illness or substance misuse
  - A majority (51%) of these Early Intervention services and supports must be for people 25 years and younger

# Behavioral Health Services Act Funding Breakdown

10%

## Statewide Investments

### Statewide Oversight and Monitoring Activities

3%

State entities will develop statewide goals, oversee county outcomes, train and provide technical assistance to counties and providers, research and evaluate, and administer programs.

### Workforce

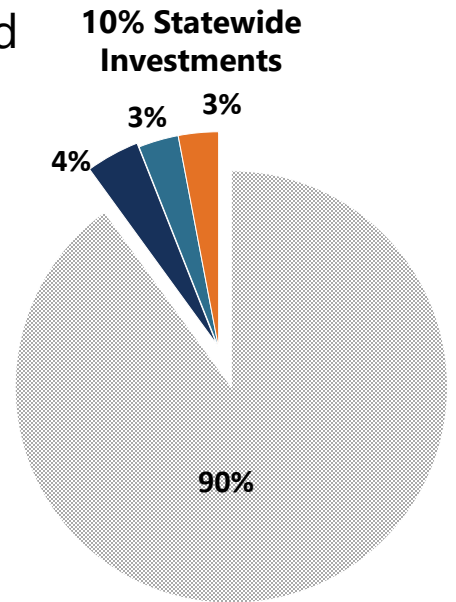
3%

The Department of Health Care Access (HCAI) and Information will expand and support a culturally competent and well-trained statewide behavioral health workforce.

### Prevention

4%

The California Department of Public Health (CDPH) will administer statewide prevention services to reduce the risk of people developing mental health conditions or SUDs.



# New State Responsibility: Workforce – 3%



- » HCAI, in collaboration with CalHHS, will implement a behavioral health workforce initiative to expand a **culturally-competent and well-trained behavioral health workforce**
- » Medi-Cal BH-CONNECT demonstration workforce component
- » A portion of the workforce initiative may focus on providing technical assistance and support to county and contracted providers to maximize the use of peer support specialists

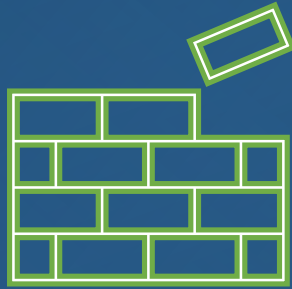
# New State Responsibility: Population Based Prevention – 4%



- » Administered by CDPH, in consultation with DHCS and the Behavioral Health Services Oversight and Accountability Commission
  - 51% of funding must serve people **25 years and younger**
  - Early childhood population-based prevention programs for 0-5 shall be provided in a range of settings
- » **Reduce the prevalence of mental health and SUD**
- » School-based prevention supports and programs can be at a school site or arranged for by a school on a schoolwide or classroom basis and shall not provide services and supports for individuals
- » Population-based prevention programs may be implemented statewide or in community settings

# BHSA Allocations: Funding Flexibility

- » Counties will have the flexibility within the above funding areas to **move up to 7%** from one category into another, for a **maximum of 14%** more added into any one category, to allow counties to address their different local needs and priorities – based on data and community input
- » Changes are subject to DHCS approval and can only be made during the 3-year plan cycle. The next cycle is Fiscal Year 2026-2029
- » Innovation **permitted in all categories**



# Build for Transformation: Bond Overview



# Infrastructure Investment: Bond Funding

Behavioral Health  
Infrastructure Bond Act  
\$6.38 billion

\$2.2 billion to HCD/ CalVet  
for supportive housing  
(Homekey +\$200 M from  
HHAP )




\$4.4 billion to DHCS for  
behavioral health  
treatment settings (Bond  
BHCIP)

Homekey+  
applications  
accepted  
early 2025

Bond BHCIP  
Round 1  
proposals  
due Dec 13



# Behavioral Health Infrastructure Bond Funding

<p><b>Behavioral Health Continuum Infrastructure Program (BHCIP Bond)</b></p> 	<p><b>Homekey+</b></p>  	
<p><b>Behavioral Health Treatment Settings</b></p> <ul style="list-style-type: none"> <li>Residential treatment beds with 30-year deed restriction, Planning, Design, Permitting, Construction</li> </ul>	<p><b>Uses</b></p>	<p><b>Permanent Supportive Housing</b></p> <ul style="list-style-type: none"> <li>Acquisition, construction, rehabilitation of hotel/motel or other sites that can be converted to permanent housing</li> </ul>
<ul style="list-style-type: none"> <li>Expand behavioral health infrastructure</li> <li>Can not use grant to fund services</li> <li>Certify will not exclude justice involved or youth in foster care</li> <li>Contract in place if offering Medi-Cal Services</li> </ul>	<p><b>Requirements</b></p>	<ul style="list-style-type: none"> <li>Those at risk/experiencing homeless <b>AND</b> a behavior health challenge</li> <li>Extremely low income (&lt;30% AMI)</li> <li>Veteran status, for vet specific units</li> <li>5-year supportive services required; seeking long term sustainability</li> </ul>
<p>Competitive Grants</p>	<p><b>Funding type</b></p>	<p>Competitive Grants</p>
<p>Counties, Cities, Tribal Entities, non-profit and private sector</p>	<p><b>Eligible Applicants</b></p>	<p>Counties, Cities, Public Housing Authorities, Tribal Entities (Can partner with developers)</p>
<p><b>RFA:</b> July 17, 2024. Due: Dec. 13, 2024</p>		<p><b>NOFA:</b> Late 2024</p>

# Bond BHCIP Round 1: Launch Ready

- **Bond BHCIP Round 1: Launch Ready** will provide **\$3.3 billion** in funding for BH treatment facilities statewide:

**\$1.8 billion** open to **counties, cities, Tribal entities, and nonprofit & for-profit organizations**

- At least \$90 million of this amount to be awarded to Tribal entities
- Allocation set for each region to ensure geographic equity

**\$1.5 billion** open only to **counties, cities, and Tribal entities**

- At least \$30 million of this amount to be awarded to Tribal entities.

## Timeline:

- **May 14, 2024:** Governor announced BHCIP Round 1
- **July 17, 2024:** **Request for Applications** posted (Governor's announcement available [here](#))
- **December 13, 2024: Applications due**
- Early 2025: Funds awarded
- Mid-2025: Round 2 Unmet Needs up to **\$1.1B for treatment sites** will be made available

- Modeled on HCD's existing Homekey program grants for **housing with supportive services**
- Will serve individuals with **extremely low income** who are experiencing or at-risk of **homelessness + behavioral health challenge**
- HCD and CalVet to coordinate on **Veterans program**, approx. \$1 billion
- Funds will be used to acquire/rehabilitate sites & assets that could be **converted to permanent housing** (motels, hostels, etc.)

Late 2024



Issue Notice of  
Funding Availability

Requests for applications for bond funding will leverage existing Homekey models.

Early 2025



Accept Applications

Technical Assistance and webinars for potential NOFA applicants will be prioritized prior to opening of the application portal.

Summer 2025



Announce Awards

Awards will be announced on a rolling basis as applications are received and reviewed.



# Accountability

# Accountability - Overview

**1. Integrated Plans**

**2. Behavioral Health Outcomes, Accountability, and Transparency Report (BHOATR)**

**3. Behavioral Health Services Oversight and Accountability Commission (BHSOAC)**

**4. State Auditor Report**

# Integrated Plans (IP): Capturing Behavioral Health Funding

- » BHSA requires counties to submit **three-year integrated plans** for Behavioral Health Services and Outcomes that outline planned county activities and projected expenditures for all county mental health and SUD services funded under the following **behavioral health funding streams**:<sup>1</sup>
- Bronzan-McCorquodale Act (1991 and 2011 Realignment)
  - Medi-Cal behavioral health, including Specialty Mental Health Services, Drug Medi-Cal (DMC), and Drug Medi-Cal Organized Delivery System (DMC-ODS)
  - Federal block grants
  - Opioid settlement funding
  - Behavioral Health Services Act

# Expanded Focus of County Integrated Plan

The **expanded scope** will support the state in achieving the following goals:

- » Collect **local and aggregate information** on all behavioral health services delivered statewide.
- » Increase **transparency and accountability** in county reporting and ensure counties are efficiently using federal dollars.
- » Conduct robust **data analysis** across counties, services, and funding streams and identify gaps in service delivery.



# Integrated Plan for Behavioral Health Services and Outcomes

	Three-Year County Integrated Plan
<b>Purpose</b>	Prospective plan and budget for all county behavioral health services.
<b>Goal</b>	Standardize data collection and reporting to increase transparency, promote stakeholder engagement, and improve local outcomes.
<b>Frequency</b>	Developed every three years.
<b>Timing</b>	First due on June 30, 2026.

# Integrated Plan Local Review Process

**The local review process for integrated plans remains in place under BHSA:**



# Overview of the Behavioral Health Transformation Policy Manual

- » This Behavioral Health Transformation Policy Manual provides counties and partner organizations with guidance necessary to implement Behavioral Health Transformation.
- » The Policy Manual will be released in **smaller, more manageable parts, called “modules.”** Each module will focus on a specific aspect of the overall policy.
- » By breaking down the Policy Manual into modules, DHCS aims to provide **focused, detailed guidance**, allowing stakeholders to thoroughly review and provide feedback on each section.
- » DHCS plans to have a **Public Comment period** for each module release. Module 1 was released for public comment on **November 8th with comment due December 2nd**, and Module 2 will be released in **December 2024**.

# Policy Manual Module Topics

**Module 1** was released for public comment on **November 8<sup>th</sup>**.

## Module 1 Topics

- » Policy Manual Introduction
- » Behavioral Health Transformation Introduction
- » Target Populations
- » County Reporting Process
- » Continuum of Care
- » Population Health Goals
- » Community Planning Process
- » Eligible and Priority Populations
- » Funding Transfer Requests
- » Funding Allowances
- » Housing Interventions + Exemptions

# Policy Manual Module Topics (cont.)

**Module 2** will be released in **December**.

## Module 2 Topics

- » Full-Service Partnership (FSP)+ Exemptions
- » Allocation Methodology
- » Revenue Stability
- » Behavioral Health Services and Supports (BHSS) - Allowable Services and Supports/BHSS - Early Intervention
- » Local Prudent Reserve
- » Reversion Policy
- » Transition from Mental Health Services Act to Behavioral Health Services Act
- » Maximizing non-Behavioral Health Services Act Sources of Funding
- » Documentation Redesign

# Behavioral Health Outcomes, Accountability, and Transparency Report (BHOATR)



The Behavioral Health Services Act requires counties to submit BHOATRs to DHCS annually.



The BHOATR provides information on county adherence to their integrated plans, including reporting on actual mental health and SUD expenditures and activities undertaken during the reporting period.



DHCS will use county BHOATRs to develop a statewide BHOATR outlining activities and gaps in mental health and SUD delivery across California.

## BHOATR (cont.)

- » Counties will be required to **report annually** on expenditures of **all local, state, and federal behavioral health funding** (e.g., BHSA, SAMHSA grants, realignment funding, federal financial participation), unspent dollars, service utilization data and outcomes with health equity lens, workforce metrics, and other information.
- » DHCS is authorized to **impose corrective action plans** on counties that fail to meet certain requirements.

# Behavioral Health Services Oversight and Accountability Commission

## DHCS will consult with BHSOAC on:

- » Development of biennial list of Early Intervention evidence-based practices
- » Building FSP levels of care
- » Developing statewide outcome metrics
- » Determining statewide BH goals and outcome measures

## CDPH will consult with BHSOAC and DHCS on:

- » Population-based mental health
- » SUD prevention program

## BHSOAC will consult with:

- » **HCAI/DHCS** to determine allowable uses of funds for the BHSA Innovation Partnership Fund.
  - CDPH for population-based prevention innovations.
  - HCAI for workforce innovations.
- » **CalHHS** regarding funding allocations created by the Investment in MH Wellness Act.

## BHSOAC will collaborate with:

- » **CalHHS** to promote transformational change through research, evaluation, and tracking outcomes.
- » **DHCS/CBHPC** to write a report with recommendations for improving/standardizing BHSA promising practices.



# State Auditor Report

- » The State Auditor shall issue a **comprehensive report on the progress and effectiveness of implementation** of BHSA by December 31, 2029, and every 3 years thereafter until 2035.
- » The report shall include:
  - BHSA policy impact
  - Timeliness of guidance and technical assistance
  - Progress toward goals and outcomes
  - Gaps in service and trends in unmet needs
  - Inclusion and impact of SUD services and personnel
  - Effectiveness of reporting requirements
  - DHCS oversight of plans and reports
  - Coordination and collaboration areas of improvement
  - Recommendations of changes or improvements



# Local Engagement

# Stakeholder Engagement Requirements

A key element of the BHSA stakeholder engagement requirements is **providing transparency** into how the counties use their behavioral health funding so stakeholders can **meaningfully participate** in the community planning process.

## Counties must meaningfully engage with stakeholders on:

- The county's **integrated plan**
- Proposed **changes to allocation percentages** in the county's integrated plan
- The county's plan for **expenditure of funds exceeding the maximum amount** of the prudent reserve

# Key Stakeholder Groups

**WIC 5963.03(a)(1) Each integrated plan shall be developed with local stakeholders, including, but not limited to, all of the following:**

**\*Newly added**

Eligible adults and older adults.	Families of eligible children and <b>youth</b> , eligible adults, and eligible older adults.	Youths or youth mental health or <b>substance use disorder organizations.</b>	Providers of mental health services and <b>substance use disorder treatment services.</b>	Public safety partners, including county juvenile justice agencies.	Local education agencies.
Higher education partners.	<b>Early childhood organizations.</b>	<b>Local public health jurisdictions.</b>	County social services and child welfare agencies.	<b>Labor representative organizations.</b>	Veterans.
Representatives from veterans organizations.	<b>Health care organizations, including hospitals.</b>	Health care service plans, including Medi-Cal managed care plans.	<b>Disability insurers.</b>	<b>Tribal and Indian Health Program designees.</b>	<b>The five most populous cities in counties with a population greater than 200,000.</b>
<b>Area agencies on aging.</b>	<b>Independent living centers.</b>	<b>Continuums of care, including representatives from the homeless service provider community.</b>	<b>Regional centers.</b>	<b>Emergency medical services.</b>	<b>Community-based organizations serving culturally and linguistically diverse constituents.</b>

# County Behavioral Health Advisory Boards

- » Engages with stakeholders on 3-year plan through a 30-day **comment period and public hearing**
- » Must reflect the **diversity & demographics** of the county
- » Additional membership to reflect modernization (e.g. + SUD perspective)

# Resources to Learn More



# Get Connected on Prop 1/BH Transformation



» Visit [CalHHS's BHT website](#)



- » Visit [CDPH's BHT Website](#)
- » [Sign up](#) for CDPH's BHSA newsletter



» Visit [HCAI's BHT Website](#)



- » Visit [DHCS's BHT Website](#)
- » [Sign up](#) for DHCS's BHT Newsletter



» Visit [BCSH's Homekey+ website](#)



» Visit [HCD's Homekey+ website](#)

# Q & A



# Thank you

## **Stephanie Welch, MSW**

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California Health and Human Services Agency

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