

## **Governor's Behavioral Health Modernization Proposal**

### **Proposition 1** (March 2024 Ballot Initiative):

Summarized by CALBHB/C on September 13, 2023 from [SB 326](#) and [AB 531](#)

#### **Key Elements**

1. Behavioral Health Infrastructure Bond Act: \$6.38 Billion Bond
2. Behavioral Health Services Act – The Mental Health Services Act (MHSA) to become the “Behavioral Health Services Act” (BHSA)

#### **1. \$6.38 Billion Bond for Behavioral Health Infrastructure**

- Supported Housing and Residential Care Settings for individuals with SMI or SUD, to include:
  - ✓ Veterans or their households, who are homeless, chronically homeless, or are at risk of homelessness *and*
  - ✓ Persons who are homeless, chronically homeless, or are at risk of homelessness
- Behavioral Health Settings: Expand the continuum of behavioral health treatment resources to build new capacity or expand existing capacity for:
  - Short-term Crisis Stabilization
  - Acute and Subacute Care
  - Crisis Residential
  - Community-Based Mental Health Residential
  - Substance Use Disorder Residential
  - Peer Respite
  - Community and Outpatient Behavioral Health Services
  - Other clinically enriched longer term treatment and rehabilitation options

#### **2. Behavioral Health Services Act** – Reconfiguring the Mental Health Services Act (MHSA) to become the “Behavioral Health Services Act” (BHSA)

##### **A. Populations Served:**

- Individuals with Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED)
- Individuals with Substance Use Disorder (SUD)

##### **B. Housing Interventions**

- Dedicate 30% in local MHSA funding for housing interventions for people living with serious mental illness/serious emotional disturbance and/or substance use disorder who are experiencing homelessness.
- 30% is approximately \$1 billion but will vary year to year.
- Funding could be used for full spectrum of housing services and supports, rental subsidies, operating subsidies, and non-federal share for Medi-Cal covered services, including clinically enriched housing. It also could be used to further the California [BH-CONNECT](#).
- Funding may also be used for capital development projects, subject to DHCS limits established through bulletin authority

## C. Other Changes

1. Remaining Local Funds: (Initially, there will be some flexibility between funding categories.)
  - 35% of the local assistance for Full Service Partnership (FSP) which should be optimized to leverage Medicaid as much as possible
  - 35% for other services including Behavioral Health Services and Supports (non FSP), Prevention and Early Intervention\*, Capital Facilities and Technological Needs, Workforce Education and Training, and prudent reserve
    - \* A county shall utilize at least 51 percent of Behavioral Health Services and Supports funding for early intervention program *and of that 51 percent, 51 percent must be allocated for early intervention programs to serve individuals who are 25 years of age and younger.*
2. Workforce:
  - Locally: Expand the use of local BHSA funds under the Workforce Education and Training (WET) component to include activities for workforce recruitment, development, and retention. The use of these funds could include professional licensing and/or certification testing and fees, loan repayment, retention incentives and stipends, internship and apprenticeship programs, continuing education and that increase the racial/ethnic and geographic diversity of the workforce.
  - Statewide Initiative: Allocate 3% of BHSA funds to create a new Behavioral Health Workforce Initiative. This initiative shall be developed in consultation with stakeholders and shall focus on efforts to build and support the workforce to meet the need to provide holistic and quality services and support the development and implementation of strategies for training, supporting, and retaining the county behavioral health workforce and contracted behavioral health workforce, including efforts to increase the racial, ethnic, and linguistic diversity of behavioral health providers and increase access to behavioral health providers in geographically underserved areas.
3. BHSOAC: The Mental Health Services Oversight and Accountability Commission changes to the “Behavioral Health Services Oversight and Accountability Commission” (BHSOAC)
  - Representation: Add enhanced representation consistent with inclusion of SUD.
  - Duties: The Commission shall promote transformational change in California’s behavioral health system through research, evaluation and tracking outcomes, and other strategies to assess and report progress. The commission shall use this information and analyses to:
    - Inform the commission’s grant making
    - Identify key policy issues and emerging best practices
    - Provide technical assistance and training
    - Promote high-quality programs implemented
    - Advise the Governor and the Legislature, pursuant to the Behavioral Health Services Act and related components of California’s behavioral health system. For this purpose, the commission shall collaborate with the California Health and Human Services Agency, its departments and other state entities.

4. Local Mental/Behavioral Health Board / Commissions

WIC 5604 Amendments (to become operative January 1, 2025 if SB 326 is enacted and CA voters approve Proposition 1):

1) Youth Membership Requirement: 5604. (2)(B)(i) Fifty percent of the board membership shall be consumers, or the parents, spouses, siblings, or adult children of consumers, who are receiving or have received *behavioral* health services. *One of these members shall be an individual who is 25 years of age or younger.* (ii) At least 20 percent of the total membership shall be consumers, and at least 20 percent shall be families of consumers.

2) Local Education Agency Membership Requirement: 5604. (2)(D)

(i) At least one member of the board shall be an employee of a local education agency.

(ii) To comply with clause (i), a county shall notify its county office of education about vacancies on the board.

3) "Mental" is changed to "Behavioral", and advising regarding "substance use disorder" is added within the duties.

5. Transparency and Accountability - Californians want to know how their government programs are performing. The BHSA would set clear expectations as to what the funds are to be used for and who they are intended to serve, including:

A. Data Measures - Specific data measures that are made public so taxpayers are able to track impact and progress

B. Accountability - Clear actions that the state will take against counties not delivering

C. Planning Requirements to be updated.

- Pare back requirements in 3-year and annual expenditure plans

- Standardize data

- Introduce new, broader planning process

- Current Planning Process: Mental Health, County-only

- Update Planning Process: All Behavioral Health, Regional

- Specify state behavioral health goals/outcomes and local goals/outcomes

- Collaboration with cities, managed care plans, and Continuums of Care to outline responsibilities and coordination in Housing Interventions

D. Access to Public and Private Coverage of Behavioral Health Services – The BHSA would require counties to pursue reimbursement through various channels and would authorize the counties to report issues with managed care plans and insurers to the Department of Managed Health Care or the Department of Insurance.

More information: [www.calbhbc.com/bhsa](http://www.calbhbc.com/bhsa)