

Behavioral Health Services Act (Proposition 1), CARE Court, & SB 43

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Prop 1: BHSA Reform & Bond BCHIP Funding



Senate Bill (SB) 326 Behavioral Health Services Act (BHSA) and Assembly Bill (AB) 531 Behavioral Health Infrastructure Bond Act, created language in Proposition 1 (Prop 1)



Reforms MHSA to BHSA



Creates \$6.4 billion general bonds to build new behavioral health community-based treatment facilities



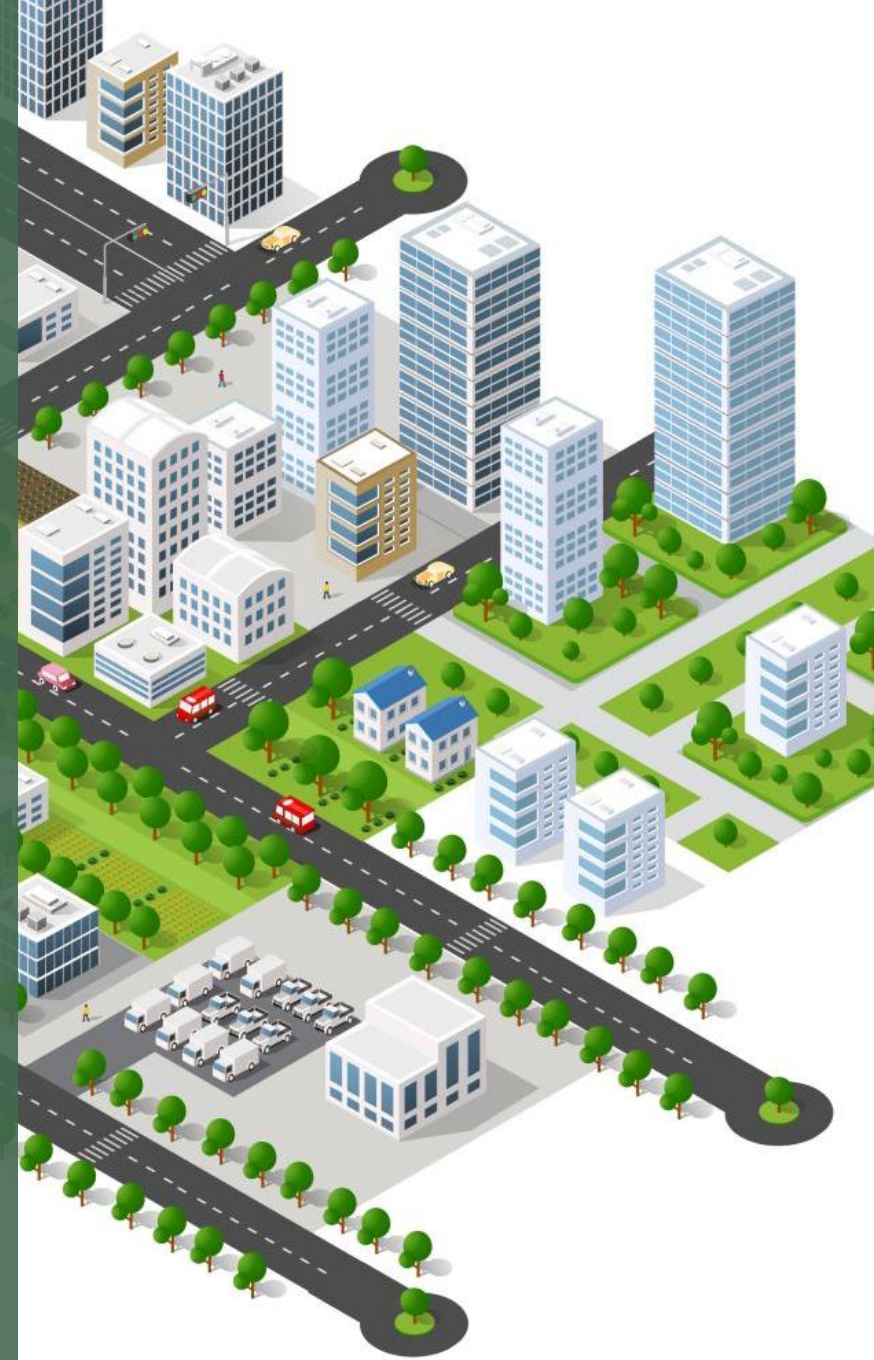
Passed by California voters March 5, 2024

Bond Behavioral Health Community Infrastructure Project (BHCIP)

- Bond BHCIP Round 1 ONE TIME FUNDS
 - July 17, 2024, Bond BHCIP Round 1 Launch Ready Request for Application (RFA) released
 - Round 1 application deadline December 13, 2024
 - Round 1 Launch Ready awards announced May 2025
- Bond BHCIP Round 2 Unmet Needs
 - Releases May 2025

BHSA Bond BCHIP Round 1

- Applicants may include counties, cities, tribal entities, non-profits, and for-profits whose projects reflect state priorities and align with facility types.
- Projects must be launch ready with predevelopment design, planning, site control and budgeting details
- Eligible project types include behavioral health and substance use disorder facilities and service sites and that include some transitional residential opportunities
- Services at facilities must be sustainable by the BH Branch for 30 years



Bond BCHIP: Eligible Facility Types

Specialized Behavioral Health Treatment Sites

Acute Psychiatric Hospital	Adolescent Residential Substance Use Disorder (SUD) Treatment Facility	Adult Residential SUD Treatment Facility	Behavioral Health Urgent Care (BHUC)/Mental Health Urgent Care (MHUC)*	Chemical Dependency Recovery Hospital, Children's Crisis Residential Program (CCRP)Community Mental Health Clinic (outpatient)	Community Residential Treatment System (CRTS)/Social Rehabilitation Program (SRP)	Community Treatment Facility (CTF), Community Wellness/Prevention Center (tribal entities only)
Crisis Stabilization Unit (CSU)	General Acute Care Hospital (GACH) for behavioral health services only	Hospital-Based Outpatient Treatment (outpatient detoxification/withdrawal management)	Mental Health Rehabilitation Center (MHRC), Narcotic Treatment Program (NTP)	NTP Medication Unit	Office-Based Opioid Treatment (OBOT)	Outpatient Treatment for SUD, Partial Hospitalization Program
Peer Respite, Perinatal Residential SUD Facility	Psychiatric Health Facility (PHF)	Psychiatric Residential Treatment Facility (PRTF)	Short-Term Residential Therapeutic Program (STRTP)	Skilled Nursing Facility with Special Treatment Program (SNF/STP)	Sobering Center (funded under the Drug Medi-Cal Organized Delivery System [DMC-ODS] and/or Community Supports)	Social Rehabilitation Facility (SRF)



Bond 1 Application: Casa Grande second unit to support community members with co-occurring substance-use disorders and medical conditions



Bond 1 Application: Wellness and Recovery Transitional Housing site with dedicated substance use disorder services.



Bond 1 Partner Applications: reviewing fiscal sustainability for all partnering opportunities to ensure 30 years of service can be budgeted

Tulare County Bond BHCIP Round 1 Planning

Current Tulare County BCHIP Projects

BH Urgent Care
Center, Tulare
\$ 10.7 million

Psychiatric Hospital
for youth, Kaweah
Health
\$8.5 million

Mobile Crisis Direct
Services &
Infrastructure
\$ 4 million

Additional Projects

Youth Crisis Stabilization Unit in partnership with Kaweah Health, (12) 24-hour beds, funded by CHFFA grant, \$4+ million

Youth field crisis team and vehicles in partnership with Tulare County Office of Education, funded by CHFFA grant, \$500,000

Housing Continuum

TEMPORARY BEDS

ACUTE

1. State Hospital Beds
2. Acute Psychiatric Hospital
3. General Acute Care Hospital with Psychiatric Ward
4. Psychiatric Health Facility (PHF)
5. Crisis Stabilization Unit (CSU)
6. ASAM Medically Managed Inpatient (ASAM 4)

TREATMENT BEDS

SUB-ACUTE

1. Sub-acute State Hospital Beds
2. Special Treatment Program/Skilled-Nursing Facility (STP/SNF)
3. ASAM Medically Managed Residential (3.7)
4. Mental Health Rehab Center (MHRC)
5. Recuperative Care

RESIDENTIAL

1. Crisis Residential
2. Peer Respite (29 days) - tenancy
3. ASAM 3.1-3.5
4. Transitional Adult Residential Treatment Facilities
5. Enhanced Board and Care (patched)

Interim/Permanent HOUSING

1. Board and Care (non-enhanced)
2. Room and Board
3. Peer Supported Housing & Peer Run Recovery Residence (ASAM Type P)
4. Recovery Residences Supervised (ASAM Type S)
5. Recovery Residences Monitored (ASAM Type M)
6. Transitional/Bridge Housing
7. Permanent Supportive Housing – Individual Units
8. Permanent Supportive Housing – Shared Units
9. Permanent Supportive Housing – SRO Motel Conversion
10. Master Lease Housing
11. Affordable Senior Housing
12. Affordable Rental/Affordable Homeowner
13. Unsubsidized Rental/Standard Homeowner

EMERGENCY HOUSING / SHELTER

1. Motel Vouchers – Direct Contract with Hotel
2. Shelter/Housing Navigation Center
3. Pre-Treatment Waiting Spot – Short Respite Beds



Current BH Housing Spectrum

Transitional Living Center (TLC): Augmented Board & Care, 24/7 Case Management, (53 beds)

Community Living Center (CLC): Semi-permanent supported transitional housing, Case Management during business hours (28 beds)

Crossroads: Transitional Age Youth (18-24): Supported Transitional Room and Board Housing (20 Beds)

Co-Occurring Disorder Residential Program: Transitional Room and Board Housing, (23 Beds) (Services Contracted to CVRS)

East Tulare Avenue Cottages (ETAC): Permanent Supportive Housing, 11 Shared Apartments (22 beds)

Tulare Apartments: Permanent Supportive Housing (8 Shared Apartments, 16 Beds)

Porterville Apartments: Permanent Supportive Housing (10 shared Apartments, 20 Beds)

Casa De Robles: Transitional Age Youth (18-24), Permanent Supportive Housing (13 Beds, Expanding to 25)

No Place Like Home Beds (113 Beds), sites throughout Tulare County

Upcoming: Casa Grande augmented Board & Care (80+ beds); **proposed:** Eden House (5 Beds), S+L (5 Beds)

Background: MHSA



5 Funding Components:

Community Services and Supports (CSS)

Prevention and Early Intervention (PEI)

Workforce Education and Training (WET)

Capital Facilities & Technology Needs (CFT)

Innovation Projects (INN) (*5% to State Admin)

Prop 1: BHSA Reform

Proposition 63, also known as the Mental Health Services Act (MHSA)

Passed by California voters November 2004
Went into effect January 2005

MHSA is funded by 1% tax surcharge on personal income over \$1 million per year

BHSA County Allocations

New categories effect July 1, 2026

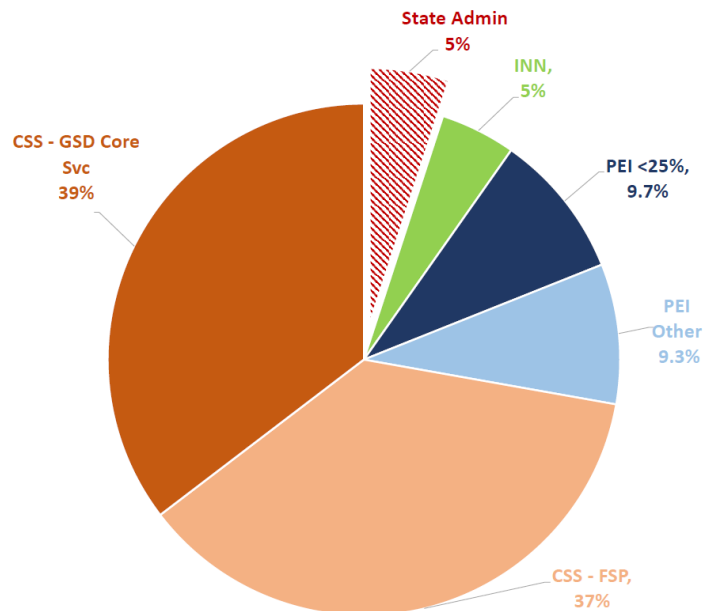
- State takes 10% off the top for Admin/Prevention/Workforce.

Counties' allocations then split to these new categories:

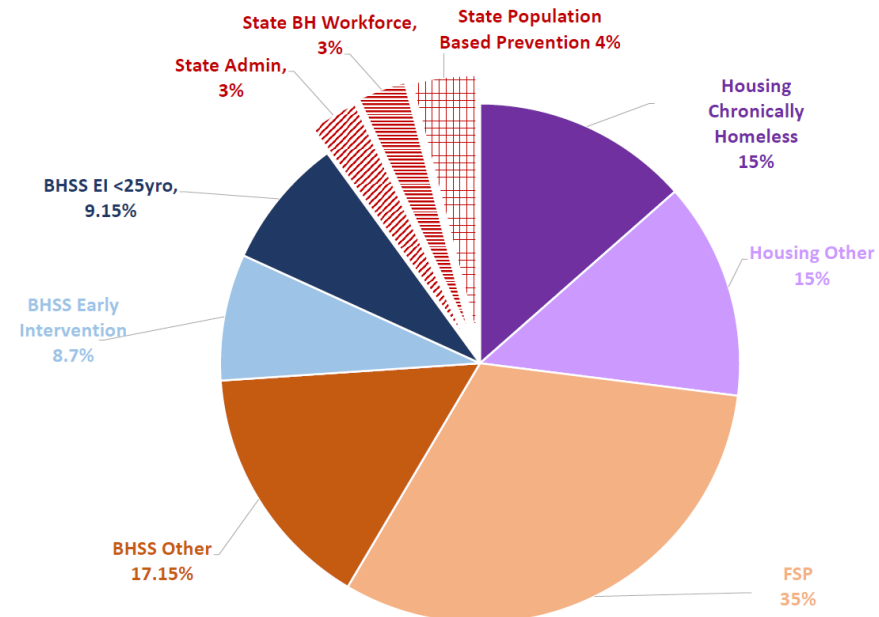
- 35% to Full-Service Partnership (including ACT/FACT)
- 35% to BH Services and Supports (BHSS)
 - must include 51% to Early intervention
 - of which, 51% must be used for 25 years and under
 - 30% to Housing
 - must include 50% to chronically homeless
 - must follow Housing First philosophy/requirements

MHSA vs BHSA Funding

Prior MHSA Funding Components

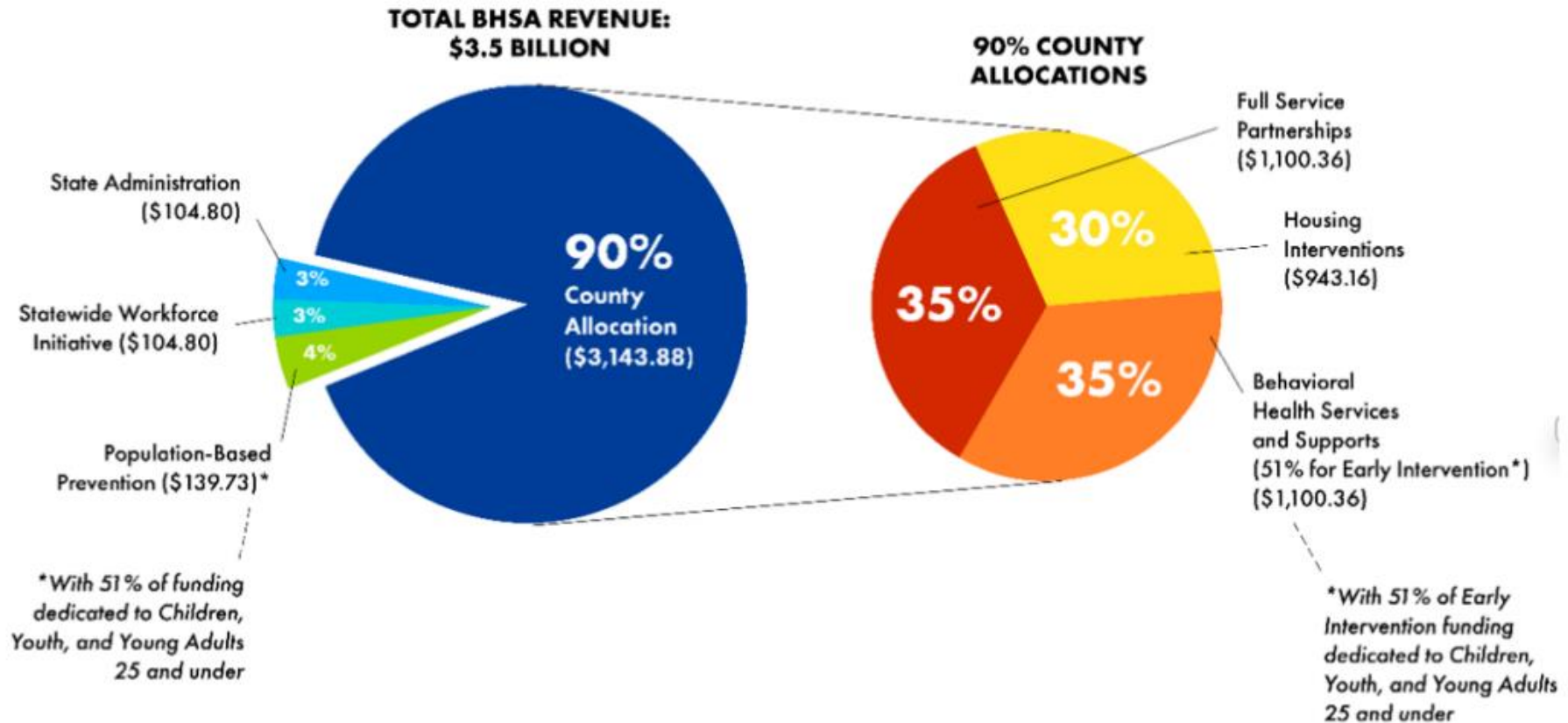


New BHSA Funding Categories

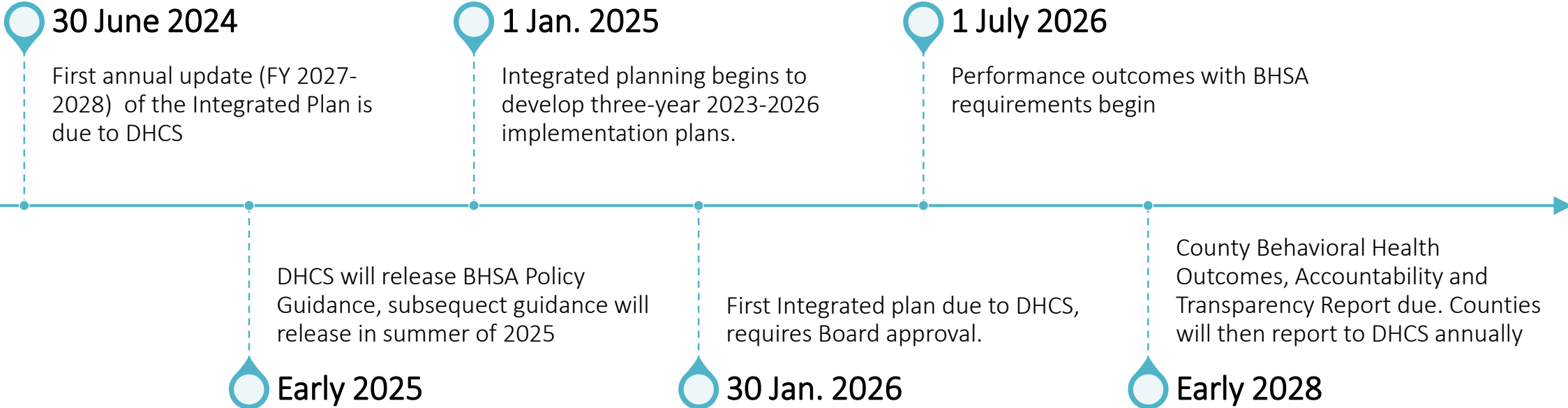


Charts will equal greater than 100% because it reflects the county's required allocations for each component/category, plus the state's allocation.

BHSA Funding Allocations



BHSA Project Timeline



CARE Court

BHSA Reform & Infrastructure Bond, along with BHBH funds, is aimed at helping those in our community that are most acutely mentally ill with co-occurring substance use disorders that often struggle with homelessness. Care Court is an additional service type that will be implemented in December 2024



Court ordered treatment for adults with a diagnosis of Schizophrenia Spectrum or Other Psychotic Disorders, who is not stabilized and unlikely to survive safely in the community or who needs services to prevent deterioration and will benefit from participating in a CARE agreement.



December 1, 2024 implementation



Court ordered services require a CARE plan that provides individualized interventions, supportive services, medication, and housing.



Voluntary program

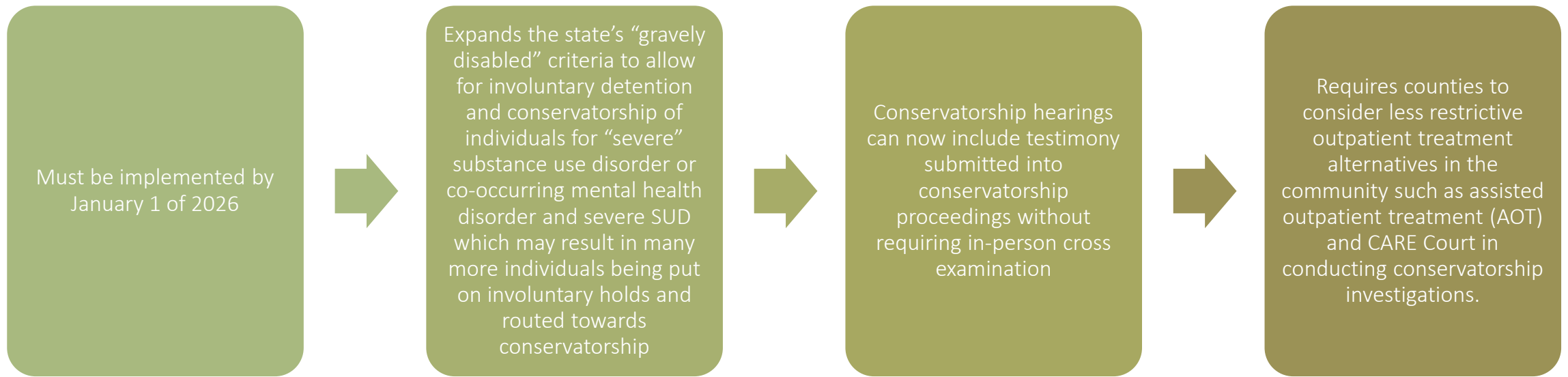


If an individual does not engage in the court ordered CARE plan, then conservatorship will be considered.

Care Court Implementation Efforts

Stakeholder Meetings began April 2024. Members within two meeting sets include representatives from County Behavioral Health, Public Guardian, Tulare County Superior Court, Counsel, District Attorney, law enforcement, HOPE Team, Kaweah Health, and Department of Health Care Services (DHCS).

Contract is pending for these services; the branch will return to the Board of Supervisors for approval in the fall of 2024.



Additional Policy Impacts to BH Services and Facilities: Senate Bill 43

SB 43 Impacts



Increased Workforce and provider contracts



High acuity treatment facilities for co-occurring SUDs and medical issues



Clinical assessments for SUD and medical grave disability



Policies & Procedures

Conclusion

As the behavioral health landscape changes according to legislation, policy updates, and the needs of our community, the Tulare County HHS Behavioral Branch continues to develop strategy to optimize all eligible funding streams and policy reformation. Our duty to serve our most vulnerable community members suffering from serious mental illness includes building specialized facilities, services, and residential sites to ensure all individuals are connected to appropriate levels of care and available housing options throughout Tulare County.

Questions?

Additional Information:

Website: <https://tchhsa.org/eng/mental-health/>

Access to BH Services: 1-866-732-4114

Tulare County Crisis Services: 1-800-320-1616

National Crisis Hotline: 988