

## DHCS- BHSA IP Requested Revisions

The Department of Healthcare Services (DHCS) Revision Requests to Fresno County's Behavioral Health Services Act (BHSA) Integrated Plan (IP) was received on April 20, 2026.

Below are the recommended revisions to specific sections of the plan.

## Section- Statewide Health Goals

### Access to care: Primary measures

#### Specialty Mental Health Services (SMHS) Penetration Rates for Adults and Children & Youth (DHCS), FY 2023

- Per the Performance Workbook, Fresno County is above the Statewide rate for this measure. Please change your respond to above.
- Per the Performance Workbook, Fresno County did not have rate for this measure. Please change respond to not applicable.
- Per the Performance Workbook, Fresno County did not have rate for this measure. Please change respond to not applicable.

## Section- County Provider Monitoring and Oversight

### Contracted BHSA Provider Locations

- If there are 4 "Both MH and SUD services" provider locations, then "Both SMHS and DMC/DMC-ODS system" locations in the following question must equal or exceed 4. Please update as needed.
- If there are 5 "Both SMHS and DMC/DMC-ODS systems" provider locations, then "Both MH and SUD services" locations in the previous question must equal or exceed 5. Please update as needed.
- This question is required for Counties. Please update with an accurate percentage.
  - Note: DHCS will provide each county with a list of their SMHS providers that also contract with MCPs. Counties will then calculate a final percentage after excluding SMHS providers that do not offer any services that may be covered as NSMHS.

## Section- Behavioral Health Services Act/Fund Programs

### Behavioral Health Services and Supports (BHSS)

#### Adult and Older Adult System of Care (Non-Full Service Partnership (FSP))

##### Program #1

- Please explain how the county will provide outpatient SMHS to uninsured individuals and other BHSA eligible older adults.
- Please explain how the county will provide outpatient SUD and MH services to uninsured individuals and other BHSA eligible older adults.
- Based on your response to question #2, please select the Substance Use Disorder (SUD) treatment services box.
- Please describe what specific supportive services are being funded by BHSS in this program.

##### Early Intervention (EI) Programs #5

- Please provide specific details on the program's intended outcomes, such as preventing conditions from becoming severe, reducing disparities, early identification, and successful linkage to care (P.M. 7.A.7).

##### Early Intervention (EI) Programs #6

- Please provide specific details on the program's intended outcomes, such as preventing conditions from becoming severe, reducing disparities, early identification, and successful linkage to care (P.M. 7.A.7).

##### Early Intervention (EI) Programs #7

- Stigma and discrimination reduction activities align with population-based prevention and cannot be funded through BHSS Early Intervention Funding (P.M. 7.A.7.4). Please make any applicable changes to your narrative above. In addition, if this is a pilot program, please remove it from this section and add it to the "Behavioral Health Services Fund: Innovative Behavioral Health Pilot and Projects" section.

##### Early Intervention (EI) Programs #8

- Please provide specific details on the program's intended outcomes, such as preventing conditions from becoming severe, reducing disparities, early identification, and successful linkage to care (P.M. 7.A.7).

## Early Intervention (EI) Programs #11

- This is a treatment level service and does not meet EI program criteria, as outlined in Policy Manual Section 7.A.7 (i.e., early symptom identification, screenings, assessments, brief interventions, and linkage). Additionally, this program is already accounted for in the above Adult and Older Adult System of Care section. Please remove this program description.

## Coordinated Specialty Care for First Episode Psychosis (CSC) program

- Please tell us more about your CSC for FEP program and, if not yet provided to fidelity, please describe the steps you will take to enhance CSC for FEP to fidelity. Additionally, please confirm that you are also serving individuals experiencing early psychosis, not only the clinical high-risk population.
- Please update to reflect the CSC EBP estimates sent to all the counties in October. For Fresno County, that would be 29.75 Practitioners Needed to Serve Total Eligible Population. Currently, the portal does not permit decimals in the table but the issue should be fixed in the coming weeks.

## Section- Workforce Strategy

### Assess Workforce Gaps

- Please update the narrative to only address key workforce gaps not listed in question 3. Efforts explaining how workforce needs are going to shift, starting at "The county also need HCAI...", are better addressed in Workforce Strategy > Build Workforce to Address Statewide Behavioral Health Goals > Assess Workforce Gaps > 5.
- Please update the narrative to further detail how the county plans to promote the program to eligible individuals and provide specific examples.
- Please update the narrative to further detail how the county is promoting the program to eligible behavioral health professionals and provide specific examples
- Please update the narrative to further detail how the county plans to leverage the program and provide specific examples.
- Only individuals are eligible to apply to the Behavioral Health Community-Based Provider Training Program. Please update the narrative to further detail

how the county plans to promote the program to eligible individuals and provide specific examples.

## Section- Budget and Prudent Reserve-

In this section Fresno County received 45 comments for revisions. These ranged from updating information, adding comments to some parts of the plan or budget template that did not have any information (if didn't apply), and/or explanations or confirmation of the information in the plan.

Below are the 45 items.

- Note: DHCS has released an updated revised version of the IP Budget Template. Please resubmit County Budget on the most recent template. You can find the most recent template (Version 3) in the portal. The county must ensure the budget is submitted exclusively using the structure, format, and formulas contained in the DHCS-published template with no additional alterations or comments.
- Budget template- Tab 1: BH CoC Expenditures, row 21 – Primary Prevention Services, columns D-F, the county reported \$0 projected expenditures for Total Projected Expenditures on Adults and Older Adults and shows 0 Eligible Adults and Older Adults to be served. Please confirm if this is correct and that these services will not be provided to adults/older adults in your county. Please respond with a comment with an acknowledgement. Columns H and I contain formulas. Please use hard coded numbers for each cell.
- Tab 1: BH CoC Expenditures, row 22 – Early Intervention Services, columns F, H and I, contains formulas. Please use hard coded numbers for each cell.
- Tab 1: BH CoC Expenditures, row 23 – Outpatient Services, columns E, F, H and I contain formulas. Please use hard coded numbers for each cell.
- Tab 1: BH CoC Expenditures, row 24 – Intensive Outpatient Services, columns E, F, H and I contain formulas. Please use hard coded numbers for each cell.
- Tab 1: BH CoC Expenditures, row 25 – Crisis and Field-Based Services, columns E, F, H and I contain formulas. Please use hard coded numbers for each cell.
- Tab 1: BH CoC Expenditures, row 26 – Residential Treatment Services, columns E, F, H and I contain formulas. Please use hard coded numbers for each cell.
- Tab 1: BH CoC Expenditures, row 27 – Inpatient Services, for “Total Projected Expenditures on Adults and Older Adults” and “Total Projected Expenditures on Children/Youth (Under 21)” the county is showing \$0 projected expenditures for

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years 1-3 and shows 0 eligible adults/older adults and children/youth to be served. Please confirm if this is correct and that these services will not be provided to adults/older adults or children/youth in your county. Please respond with a comment with an acknowledgement.

- Tab 1: BH CoC Expenditures, row 29 – Primary Prevention Services, for “Total Projected Expenditures on Adults and Older Adults” and “Total Projected Expenditures on Children/Youth (Under 21)” the county is showing \$0 projected expenditures for years 1-3 and shows 0 eligible adults/older adults and children/youth to be served. Please confirm if this is correct and that these services will not be provided to adults/older adults or children/youth in your county. Please respond with a comment with an acknowledgement.
- Tab 1: BH CoC Expenditures, row 33 – Residential Treatment Services, county is reporting 26 Eligible Adults and Older Adults to be served and expending over \$2,000,000 for years one through three. County is reporting 195 Eligible Children/Youth and expending over \$17,000,000 for years one through three. The reported projected expenditures seem disproportionately high to the projected individuals to be served. Please review and confirm that these numbers are correct. Please update the number of individuals to be served and/or projected expenditures as needed for these service lines.
- Tab 1: BH CoC Expenditures, row 34 – Hospital and Acute Services, columns E, F, H and I contain formulas. Please use hard coded numbers for each cell. County is reporting 235 Eligible Adults and Older Adults to be served and expending over \$45,000,000 for years one through three. County is reporting 226 Eligible Children/Youth and expending over \$43,000,000 for years one through three. The reported projected expenditures seem disproportionately high to the projected individuals to be served. Please review and confirm that these numbers are correct. Please update the number of individuals to be served and/or projected expenditures as needed for these service lines.
- Tab 1: BH CoC Expenditures, row 35 – Subacute and Long-Term Care Services, columns E, F, H and I contain formulas. Please use hard coded numbers for each cell. County is reporting 123 Eligible Adults and Older Adults to be served and expending over \$8,000,000 for years one through three. County is reporting 4 Eligible Children/Youth and expending over \$250,000 for years one through three. The reported projected expenditures seem disproportionately high to the projected individuals to be served. Please review and confirm that these numbers are correct. Please update the number of individuals to be served and/or projected expenditures as needed for these service lines.

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- Tab 1: BH CoC Expenditures, row 37 – Residential Treatment Services, county reports over \$30 million in expenditures for years one through three on Adults and Older Adults but only reports 16 individuals to be served. The reported projected expenditures seem disproportionately high to the projected individuals to be served. Please review and confirm that these numbers are correct. Please update the number of individuals to be served and/or projected expenditures as needed for these service lines.
- Tab 2: Other County Expenditures, row 20 – Quality & Accountability, Data Analytics, and Plan Management & Administrative Activities (including indirect administrative activities), columns C-E, please confirm the dollar amount of projected expenditures are correct. The reported expenditures seem to be disproportionately high.
- Tab 3: Total County BH Expenditures, row 28 – Opioid Settlement Funds, columns D and E contain formulas. Please use hard coded numbers for each cell.
- Tab 3: Total County BH Expenditures, row 33 – Other Foundation Funding, column C, county reports no numerical data. If the county is reporting \$0 expenditures, please input 0.
- Tab 4: BHSA Transfers, row 127 – CSS, columns C and F contain formulas. Please use hard coded numbers for each cell.
- Tab 4: BHSA Transfers, row 128 – PEI, column C contains formulas. Please use hard coded numbers for each cell.
- Tab 4: BHSA Transfers, row 129 – Encumbered INN, column C contains formulas. Please use hard coded numbers for each cell.
- Tab 4: BHSA Transfers, row 130 – Unencumbered INN, column C contains formulas. Please use hard coded numbers for each cell. Column E, county reports no numerical data. If the county is reporting \$0 expenditures, please input 0.
- Tab 4: BHSA Transfers, row 131 – WET, column C contains formulas. Please use hard coded numbers for each cell.
- Tab 4: BHSA Transfers, row 132 – CFTN, column C contains formulas. Please use hard coded numbers for each cell.
- Tab 5: Housing Interventions, row 41 - Transfers into Housing Intervention Component from Local Prudent Reserve, columns C-E, county reports no numerical data. If the county is reporting \$0 expenditures, please input 0.
- Tab 5: Housing Interventions, row 42 – Total Estimated Housing Intervention Funding Allocated (MHSA – Unspent Carryover Funds), columns C and D, contain formulas. Please use hard coded numbers for each cell. Columns C-E, allocation for all three

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years, is not equal to the amount of MHSA Transfers to BHSA for the HI component in Tab 4 Cell C47.

- Tab 5: Housing Interventions, row 49 – Rental Subsidies, column C, contains formulas. Please use hard coded numbers for each cell.
- Tab 5: Housing Interventions, row 50 – Operating Subsidies, county does not report providing Non-Time Limited Operating Subsidies services but reports expenditures. This does not align with the submitted integrated plan. Please ensure that the budget aligns with the submitted integrated plan narrative.
- Tab 5: Housing Interventions, row 51 – Bundled Rental and Operating Subsidies, county does not report providing Non-Time Limited Bundled Rental and Operating Subsidies services but reports expenditures. This does not align with the submitted integrated plan. Please ensure that the budget aligns with the submitted integrated plan narrative.
- Tab 5: Housing Interventions, row 56 – Bundled Rental and Operating Subsidies, column E, contains formulas. Please use hard coded numbers for each cell.
- Tab 5: Housing Interventions, row 60 – Other Housing Supports: Participant Assistant Funds (2), county reports providing these services under HI but does not report any expenditures. This does not align with the submitted integrated plan. Please ensure that the budget aligns with the submitted integrated plan narrative.
- Tab 5: Housing Interventions, row 62 – Other Housing Supports: Outreach and Engagement (2), columns G and H, contain formulas. Please use hard coded numbers for each cell.
- Tab 5: Housing Interventions, row 75 – Total Housing Interventions Component Funds Dedicated to Serving Individuals with a SUD Only, county reports providing these services under HI but does not report any expenditures. This does not align with the submitted integrated plan. Please ensure that the budget aligns with the submitted integrated plan narrative.
- Tab 6: Full Service Partnership, row 35 – FSP Intensive Case Management, column E contains formulas. Please use hard coded numbers for each cell.
- Tab 6: Full Service Partnership, row 38 – Assertive Field-Based Initiation for SUD Treatment Services, the county did not report any expenditures. Per BHSA Policy Chapter 7, Section B.3.3, in accordance with W&I Code section 5887, county FSP programs must make specified service, Assertive Field-Based Initiation for SUD, available. Please ensure that the budget aligns with the required integrated plan narrative.

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- Tab 7: BHSS, row 29 – Total Estimated Behavioral Health Services and Support Funding Allocated (MHSA – Unspent Carryover Funds), columns C and D, contain formulas. Please use hard coded numbers for each cell.
- Tab 7: BHSS, row 40 – Outreach and Engagement, the budget reports projected expenditures. This does not align with the county's submitted integrated plan. Please ensure that the budget aligns with the submitted integrated plan narrative.
- Tab 7: BHSS, row 41 – Workforce Education and Training (WET), the budget reports projected expenditures. This does not align with the county's submitted integrated plan. Please ensure that the budget aligns with the submitted integrated plan narrative.
- Tab 7: BHSS, row 42 – Dedicated BHSA WET Funds, the budget reports projected expenditures. This does not align with the county's submitted integrated plan. Please ensure that the budget aligns with the submitted integrated plan narrative.
- Tab 7: BHSS, row 43 – Dedicated MHSA WET Funds, the budget reports projected expenditures. This does not align with the county's submitted integrated plan. Please ensure that the budget aligns with the submitted integrated plan narrative.
- Tab 7: BHSS, row 44 – Capital Facilities and Technological Needs (CFTN), the budget reports projected expenditures. This does not align with the county's submitted integrated plan. Please ensure that the budget aligns with the submitted integrated plan narrative. Columns C-K contain formulas. Please use hard coded numbers for each cell.
- Tab 7: BHSS, row 46 – Dedicated MHSA CF/TN Funds, the budget reports projected expenditures. This does not align with the county's submitted integrated plan. Please ensure that the budget aligns with the submitted integrated plan narrative.
- Tab 7: BHSS, row 48 – MHSA INN Projects, the budget reports projected expenditures. If the county is reporting expenditures for a MHSA-encumbered INN project, please ensure that the project meets the guidelines for an encumbered INN project per BHSA Policy Manual Chapter 6, Section B.7.2. Additionally, for MHSA-encumbered INN projects that are continuing under BHSA, expenditures should be reported under the BHSA component that best aligns with the services or activities provided (i.e., FSP, BHSS, HI). Additionally, please include a notation indicating that the program is a continuing MHSA-encumbered INN project in the component program narrative. Please review the budget and revise the reporting to ensure that projected expenditures align with the IP Narrative and are reflected in the appropriate BHSA component.
- Tab 8: BHSA\_PlanAdmin, row 28 – Total Projected County Integrated Plan Annual Planning Expenditures, county reports no numerical data. If the county is reporting

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\$0 expenditures, please input 0. Please review and confirm that the county does not intend to use BHSA funding for County Integrated Plan Annual Planning expenditures.

- Tab 8: BHSA\_PlanAdmin, row 29, New and Ongoing Administrative Costs, columns D and E, contain formulas. Please use hard coded numbers for each cell.
- Tab 9: Prudent Reserve Assessment, “All counties are required to conduct a Prudent Reserve assessment with the Integrated Plan to align with new BHSA requirements. Please complete a new prudent reserve assessment and include the revised assessment date with the final submission of the IP. Please see BHSA Policy Manual Chapter 6, Section B.3.1 for more information.” County portal currently shows last assessment date is 9/23/2024.
- LOCAL NEEDS ASSESSMENT: Pursuant to Welfare and Institutions Code (WIC) § 5693.04(e)(1) and BHSA Policy Manual Chapter 3, Section E.4.2, BHSA authorizes DHCS to require the county to revise its Integrated Plan (IP) if the submitted IP fails to adequately address local needs. Aligned with statute, the local needs analysis considered prevalence of mental health and substance use disorder, unmet need for mental health and substance use disorder treatment in the county, behavioral health disparities, homelessness point-in-time data, and allocation of funding between mental health and substance use disorder treatment services. Data sources included Phase 1 measure performance and the County’s IP and budget submissions. Based on our review of your IP and budget, DHCS has identified unmet needs and areas of improvement related to the following local needs: Connections to mental health services after emergency department (ED) visits for significant mental health needs (FUM-30) Funding disparity for substance use disorder (SUD) services While mental health and SUD services are funded across the Behavioral Health Continuum of Care, projected SUD expenditures remain comparatively lower than mental health investments across the continuum, and post-ED care transition functions do not appear to be adequately resourced. Additionally, the county is not funding Assertive Field-Based Initiation for SUD Treatment Services. To meet statutory and policy expectations, DHCS requests that the county consider the following suggested examples as part of your resubmission. Examples Include: Assessing and improving the county’s strategies for connections to mental health services after ED Visits While the plan describes Access & Linkage and admission discharge transfer notifications, DHCS recommends adding dedicated strategies and resources for ED in-reach, warm handoffs, and same-day follow-up scheduling. Strengthening operational detail and financing for post-ED engagement will better address this unmet local need. Consider a modest increase in funding allocation towards adult SUD treatment and assertive field-based SUD

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engagement. The county did not dedicate any funds to offer Assertive Field Based Initiation for SUD programming. Counties are required to offer Assertive Field Based Initiation of SUD programming that proactively engage individuals living with SUD and offer low barrier access to MAT. Consider enhancing housing interventions to better support housing needs within the county. While the county's plan shows strong outreach strategies and emphasizes encampment outreach, the budget shows no SUD-only housing funding. The county may consider whether there are opportunities to incorporate housing supports for SUD-only populations to also uplift the MH and SUD funding disparity.