

Instructions

Counties shall report their planned expenditures for all behavioral health funding sources, not limited to only BHSA, along the Behavioral Health Care Continuum in Table One.

Column C: counties shall indicate whether they provide each category of services using the check box.

Columns D through I: counties shall include their estimated total expenditures for the Integrated Plan period across all behavioral health funding sources and programs

by each Behavioral Health Care Continuum category.

Columns J and K: counties shall input their estimated total count of all individuals served through the county behavioral health system across all funding sources/programs.

These counts may be duplicated.

Row 44: the total projected expenditures in columns D through I and total projected individuals served annually in columns J and K will be auto-populated from rows 26 through 42.

Note: For a list of all funding streams that should be included in the projected expenditures calculation for each BH Care Continuum Category, please see the Behavioral Health Services Act (BHSA) County Policy Manual Chapter 3, Section A.

Reminder: 1) Counties must comply, and must ensure their providers comply, with all applicable conditions for each source of funding, as defined in applicable laws, regulations, and guidance, including the BHSA County Policy Manual. 2) in Chapter 6, Section C of the BHSA County Policy Manual, including requiring BHSA-funded providers to bill appropriately for services covered by the county's Medi-Cal. Counties must promote access to care through efficient use of state and county resources as outlined Behavioral Health Delivery System and make a good faith effort to seek reimbursement from Medi-Cal managed care plans and commercial health insurance. These policies apply only to non-Housing services that are eligible for both BHSA funding and another funding source, such as Medi-Cal payment, commercial payment, etc.

Reminder: 1) Counties must comply, and must ensure their providers comply, with all applicable conditions for each source of funding, as defined in applicable laws, regulations, and guidance, including the BHSA County Policy Manual. 2) Counties must promote access to care through efficient use of state and county resources as outlined in Chapter 6, Section C of the BHSA County Policy Manual, including requiring BHSA-funded providers to bill appropriately for services covered by the county's Medi-Cal Behavioral Health Delivery System and make a good faith effort to seek reimbursement from Medi-Cal managed care plans and commercial health insurance.

These policies apply only to non-Housing services that are eligible for both BHSA funding and another funding source, such as Medi-Cal payment, commercial payment, etc.

Table One: Behavioral Health Care Continuum Projected Expenditures

	Services Are Provided in County	Total Projected Expenditures On Adults and Older Adults			Total Projected Expenditures on Children/Youth (under 21)			Projected Individuals to be Served Annually (May be duplicated)	
		Year One	Year Two	Year Three	Year One	Year Two	Year Three	Eligible Adults and Older	Eligible
Substance Use Disorder (SUD) Services									
Primary Prevention Services	<input type="checkbox"/>	\$ -	\$ -	\$ -	\$ 529,230.52	\$ 530,844.92	\$ 529,610.89	#	#
Early Intervention Services	<input type="checkbox"/>	\$ -	\$ -	\$ -	\$ 1,216,415.92	\$ 1,248,758.55	\$ 1,267,688.51	#	#
Outpatient Services	<input type="checkbox"/>	\$ 13,001,186.72	\$ 13,157,229.55	\$ 13,306,227.93	\$ 502,258.82	\$ 515,121.28	\$ 528,498.25	#	#
Intensive Outpatient Services	<input type="checkbox"/>	\$ 1,157,744.38	\$ 1,186,446.80	\$ 1,299,113.82	\$ -	\$ -	\$ -	#	#
Crisis and Field-Based Services	<input type="checkbox"/>	\$ 2,643,934.74	\$ 2,726,091.53	\$ 2,811,067.24	\$ -	\$ -	\$ -	#	#
Residential Treatment Services	<input type="checkbox"/>	\$ 4,213,078.35	\$ 4,182,541.93	\$ 4,310,437.79	\$ -	\$ -	\$ -	#	#
Inpatient Services	<input type="checkbox"/>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	#	#
Mental Health (MH) Services									
Primary Prevention Services	<input type="checkbox"/>	\$ 1,148,510.52	\$ 1,178,037.00	\$ 1,208,424.00	\$ -	\$ -	\$ -	#	#
Early Intervention Services	<input type="checkbox"/>	\$ 1,030,509.56	\$ 1,070,834.96	\$ 1,109,975.72	\$ 3,954,601.50	\$ 4,102,994.04	\$ 4,245,767.28	#	#
Outpatient and Intensive Outpatient Services	<input type="checkbox"/>	\$ 21,206,003.43	\$ 21,748,489.71	\$ 22,399,050.46	\$ 19,992,952.67	\$ 20,552,970.00	\$ 21,130,613.00	#	#
Crisis Services	<input type="checkbox"/>	\$ 2,508,303.39	\$ 2,560,152.50	\$ 2,617,317.90	\$ 5,402,666.53	\$ 5,512,606.90	\$ 5,628,821.39	#	#
Residential Treatment Services	<input type="checkbox"/>	\$ 4,579,687.83	\$ 1,752,947.00	\$ 1,788,004.00	\$ 554,745.00	\$ 565,840.00	\$ 577,157.00	#	#
Hospital and Acute Services	<input type="checkbox"/>	\$ 10,376,795.88	\$ 10,584,330.84	\$ 10,796,018.17	\$ 579,695.00	\$ 591,289.00	\$ 603,115.00	#	#
Subacute and Long-Term Care Services	<input type="checkbox"/>	\$ 6,106,940.00	\$ 6,229,079.00	\$ 6,353,660.00	\$ -	\$ -	\$ -	#	#
Housing Services (MH + SUD)									
Housing Intervention Component Services	<input type="checkbox"/>	\$ 7,102,867.44	\$ 8,059,253.00	\$ 8,229,381.00	\$ -	\$ -	\$ -	#	#
Total Projected Expenditures and Individuals Served									
Total Projected Expenditures and Individuals Served (auto-populated)		\$ 75,075,562.24	\$ 74,435,433.82	\$ 76,228,678.03	\$ 32,732,765.96	\$ 33,620,424.69	\$ 34,511,271.32	0	0

Instructions

Counties shall report their planned expenditures for all behavioral health services and activities, not limited to only BHSA funded services and activities, other than those that are part of the Behavioral Health Care Continuum in Table Two.

Rows 19 through 22: counties shall include their estimated total expenditures for the Integrated Plan period across all behavioral health funding sources and programs for each category listed. These costs are those that do not easily fit under the categories in Table One, "BH CoC Expenditures."

Row 24: total projected expenditures will be auto-populated from rows 19 through 22.

Note:

For a list of all funding streams that should be included in the projected expenditures calculation for Table Two: Other County Expenditures please see the Behavioral Health Services Act County Policy Manual Chapter 3 Section A.

Reminder: 1) Counties must comply, and must ensure their providers comply, with all applicable conditions for each source of funding, as defined in applicable laws, regulations, and guidance, including the BHSA County Policy Manual. 2) Counties must promote access to care through efficient use of state and county resources as outlined in Chapter 6, Section C of the BHSA County Policy Manual, including requiring BHSA-funded providers to bill appropriately for services covered by the county's Medi-Cal Behavioral Health Delivery System and make a good faith effort to seek reimbursement from Medi-Cal managed care plans and commercial health insurance. These policies apply only to non-Housing services that are eligible for both BHSA funding and another funding source, such as Medi-Cal payment, commercial payment, etc.

Table Two: Other County Expenditures

Other Expenditures	Total Projected Expenditures		
	Year One	Year Two	Year Three
Capital Infrastructure Activities	\$ 524,463.09	\$ 541,752.00	\$ 559,670.00
Workforce Investment Activities	\$ -	\$ -	\$ -
Quality & Accountability, Data Analytics, and Plan Management & Administrative Activities (including indirect administrative activities)	\$ 25,611,277.65	\$ 25,484,710.30	\$ 26,366,650.22
Other County Behavioral Health Agency Services/Activities (e.g., Public Guardian, CARE Act, LPS Conservatorships, DSH for Housing, Court Diversion Programs	\$ 575,327.95	\$ 546,162.76	\$ 564,508.03
Total Projected Expenditures			
Total Projected Expenditures (auto-populated)	\$ 26,711,068.69	\$ 26,572,625.06	\$ 27,490,828.25

Instructions

Counties shall report their planned revenue across the county behavioral health delivery system to support all behavioral health services and programs by funding source in Table Three.

Rows 19 through 34: counties shall report projected expenditures for each funding source/program.

Row 22: for State General Fund, include funds received for the non-federal share of Medi-Cal payments.

Row 27: for Commercial Insurance (including Medicare), reporting reflects planned reimbursement obtained by county-operated providers, not county-contracted providers.

Row 36: total expenditures will be auto-populated from rows 19 through 34.

Row 37: will be auto-validated by DHCS against rows 36, 38, and 39. Validation: total projected unspent BHSA funds should total out to \$0.

Rows 38 and 39: will be auto-validated by DHCS against total projected expenditures in Tables One and Two.

Reminder: 1) Counties must comply, and must ensure their providers comply, with all applicable conditions for each source of funding, as defined in applicable laws, regulations, and guidance, including the BHSA County Policy Manual.

2) Counties must promote access to care through efficient use of state and county resources as outlined in Chapter 6, Section C the BHSA County Policy Manual, including requiring BHSA-funded providers to bill appropriately for services covered by the county's Medi-Cal Behavioral Health Delivery System and make a good faith effort to seek reimbursement from Medi-Cal managed care plans and commercial health insurance. These policies apply only to non-Housing services that are eligible for both BHSA funding and another funding source, such as Medi-Cal payment, commercial payment, etc.

Table Three: Projected Annual Expenditures by County BH Funding Source

	Total Annual Projected Expenditures (Year One)	Total Annual Projected Expenditures (Year Two)	Total Annual Projected Expenditures (Year Three)
BHSA	\$ 27,129,412.60	\$ 28,232,840.00	\$ 29,122,423.00
1991 Realignment (Bronzan-McCorquodale Act)	\$ 8,825,414.66	\$ 8,815,542.23	\$ 8,805,373.63
2011 Realignment (Public Safety Realignment)	\$ 19,721,734.46	\$ 19,820,519.73	\$ 20,329,378.63
State General Fund	\$ 5,599,566.87	\$ 5,844,846.52	\$ 5,935,401.93
FFP (SMHS, DMC/DMC-ODS, NSMHS)	\$ 38,922,291.54	\$ 40,730,380.77	\$ 41,485,466.50
Projects for Assistance in Transition from Homelessness (PATH)	\$ 99,048.45	\$ 50,772.00	\$ 50,772.00
Community Mental Health Block Grant (MHBG)	\$ 769,631.00	\$ 769,631.00	\$ 769,631.00
Substance Use Block Grant (SUBG)	\$ 2,410,662.64	\$ 1,699,923.15	\$ 1,702,166.90
Commercial Insurance	\$ 110,000.00	\$ 110,000.00	\$ 110,000.00
County General Fund	\$ 19,085,642.45	\$ 19,740,877.53	\$ 21,084,347.65
Opioid Settlement Funds	\$ 1,560,268.85	\$ 1,569,628.96	\$ 1,579,363.48
Other Funding Sources	Total Annual Projected Expenditures (Year One)	Total Annual Projected Expenditures (Year Two)	Total Annual Projected Expenditures (Year Three)
Other federal grants	\$ -	\$ -	\$ -
Other state funding (including DSH funding)	\$ 8,546,134.32	\$ 5,692,886.11	\$ 5,699,534.87
Other county mental health or SUD funding	\$ 27,000.00	\$ 27,000.00	\$ 27,000.00
Other foundation funding	\$ 1,712,589.05	\$ 1,523,635.57	\$ 1,529,918.01
Summary	Total Annual Projection (Year One)	Total Annual Projection (Year Two)	Total Annual Projection (Year Three)
Total projected expenditures (all BH funding streams/programs) (auto-populated)	\$ 134,519,396.89	\$ 134,628,483.57	\$ 138,230,777.60
Total projected unspent BHSA funds	\$ -	\$ (0.00)	\$ (0.00)
Auto-validation: Table 1: Behavioral Health Care Continuum Projected Expenditures	\$ 107,808,328.20	\$ 108,055,858.51	\$ 110,739,949.35
Auto-validation: Table 2: Other County Expenditures	\$ 26,711,068.69	\$ 26,572,625.06	\$ 27,490,828.25

Instructions

Counties shall report all of their planned transfers and approved Housing Intervention Component Exemption 1 in Table Four.

Row 38-47: this column will be auto-populated by the section below it.

Rows 38, 41, 42, 44, the total base allocation percentage for each component, inclusive of both exemptions and transfers.

Row 39, 42, and 45 is the projected amount of funding, in dollars, based on the adjusted total allocation percentages.

Row 46: reflects the unspent MHSA funding that will be transferred to each of the Behavioral Health Services Act (BHSA) component allocations.

Row 47: reflects the excess prudent reserve funding that will be transferred to each of the BHSA components.

Row 50: enter the base funding for Housing Interventions in dollars in C50. The base percentage will be auto-populated in C50.

Note: The total for all three components is net of BHSA plan administration expenses as detailed on tab "B, BHSA, PlanAdmin." For example, a total BHSA allocation of \$1 million -

9% Plan Admin (or \$90,000) for a small county + 5% IP annual planning = \$910,000 total allocation available for all three components. This would result in \$273,000 in base funding for HI (30% of \$910,000) and \$318,500 for both

FSP and BHSS (35% of \$910,000).

Row 51: if your county has an approved housing exemption, enter the percent of funds you are moving out of the other components and into Housing Interventions in C51. Enter this percentage as a positive value.

It will automatically display as a negative value in the cell.

Row 52: if your county has an approved housing exemption, enter the percent of funds you are moving out of the other components and into Housing Interventions in C52. Enter this percentage as a positive value.

Row 53: enter the base funding for Full Service Partnership (FSP) and Behavioral Health Services and Supports (BHSS), in dollars, in C53. Set the "Base" for Row 50 related to the total BHSA allocation and plan admin.

Row 54: enter the base funding for Behavioral Health Services and Supports, in dollars, in C54. The base percentage will be auto-populated in C59. See the "Note" for Row 50 related to the total BHSA allocation and plan admin.

Rows 55 and 60: enter the percentage transferred from Housing Interventions for Full Service Partnership (FSP) and Behavioral Health Services and Supports (BHSS), respectively.

Rows 55, 57, and 61: the updated base percentage will be auto-populated for Housing Interventions, FSP, and BHSS, respectively.

Rows 65, 72, and 77: the updated base percentage will be auto-populated.

Rows 66, 72, and 78: Enter the transferred percentage as a positive number. It will automatically display as a negative value in the cell.

Note: If your county has an approved Housing Intervention funds (up to 7% of funds) to provide outreach and engagement, the amount of funds the county can transfer out of the Housing Intervention component (Row 66) must be decreased by the corresponding amount. Counties will document the amount dedicated to outreach and engagement in Tab 5, Housing Interventions.

Rows 67, 73, and 79: enter your transfer in percentage as a positive number.

Rows 68, 74, and 80: the new base percentage is auto-populated for each year.

Row 83-87: enter the amount of MHSA funds by component allocation transferring to each BHSA component. Unspent MHSA funds do not include encumbered WET, CFTN, or INN projects that were operational prior to

July 1, 2026. Please see Policy Manual Chapter 6, Section 7 for additional information regarding MHSA to BHSA transitions.

Row 88: enter the amount of funds.

Row 91: enter the dollar amount of prior year prudent reserve ending balance.

Row 92: enter the prudent reserve maximum.

Row 93: the dollar amount of excess prudent reserve funding to be transferred out of the prudent reserve will auto-populate.

Row 94-96: enter the amount of excess prudent reserve funds to be allocated to each component.

Row 97: enter the amount.

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Manual. 2) Counties must promote access to care through efficient use of state and county resources as outlined in Chapter 6, Section C of the BHSA County Policy Manual, including requiring BHSA-funded providers to

bill appropriately for services covered by the county's Medi-Cal Behavioral Health System and make a good faith effort to seek reimbursement from Medi-Cal managed care plans and commercial health insurance.

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Table Four: BHSA Transfers				
	Housing Intervention	Full-Service Partnership	Behavioral Health Services and Support	Totals
Adjusted Total Allocation Percentages (Exemptions and Transfers)	30%	35%	35%	100%
Projected Component Allocation (Based on Adjusted Allocation Percentages)	\$ -	\$ -	\$ -	\$ -
Year One				
Adjusted Total Allocation Percentages (Exemptions and Transfers)	30%	35%	35%	100%
Projected Component Allocation (Based on Adjusted Allocation Percentages)	\$ -	\$ -	\$ -	\$ -
Year Two				
Adjusted Total Allocation Percentages (Exemptions and Transfers)	30%	35%	35%	100%
Projected Component Allocation (Based on Adjusted Allocation Percentages)	\$ -	\$ -	\$ -	\$ -
Year Three				
Adjusted Total Allocation Percentages (Exemptions and Transfers)	30%	35%	35%	100%
Projected Component Allocation (Based on Adjusted Allocation Percentages)	\$ -	\$ -	\$ -	\$ -
Unspent Mental Health Services Act (MHSA) to BHSA	\$ -	\$ 1,000,000.00	\$ 13,269,574.00	\$ 14,269,574.00
Excess Prudent Reserve (PR) to BHSA	\$ -	\$ -	\$ -	\$ -
Behavioral Health Services Fund (BHSS) Housing Intervention Component Exemption (Ability to change component's overall percentage)				
Base Component	Housing Intervention Component Percentage	Housing Intervention Funds		
Base Percentage	30%	\$ -		
Amount Transferring Out	0%	\$ -		
Amount Transferring In	0%	\$ -		
New Housing Intervention Base Percentage (auto-populated)	30%	\$ -		
Transferred To/From	Full Service Partnership Percentage	Full Service Partnership Funds		
Base Percentage	35%	\$ -		
Percentage Added	0%	\$ -		
New FSP Base Percentage (auto-populated)	35%	\$ -		
Transferred To/From	Behavioral Health Services and Support Percentage			
Base Percentage	35%	\$ -		
Percentage Added	0%	\$ -		
New BHSS Base Percentage (auto-populated)	35%	\$ -		
Funding Transfer Request Allocations				
Year 1				
	Housing Intervention Component (1)	Full-Service Partnership	Behavioral Health Services and Support	
Base Percentage after Housing Intervention Component Exemption (auto-populated)	30%	35%	35%	
Amount Transferring Out	0%	0%	0%	
Amount Transferring In	0%	0%	0%	
New Base Percentage after Funding Transfer Request (auto-populated)	30%	35%	35%	
Year 2				
	Housing Intervention Component (1)	Full-Service Partnership	Behavioral Health Services and Support	
Base Percentage after Housing Intervention Component Exemption (auto-populated)	30%	35%	35%	
Amount Transferring Out	0%	0%	0%	
Amount Transferring In	0%	0%	0%	
New Base Percentage after Funding Transfer Request (auto-populated)	30%	35%	35%	
Year 3				
	Housing Intervention Component (1)	Full-Service Partnership	Behavioral Health Services and Support	
Base Percentage after Housing Intervention Component Exemption (auto-populated)	30%	35%	35%	
Amount Transferring Out	0%	0%	0%	
Amount Transferring In	0%	0%	0%	
New Base Percentage after Funding Transfer Request (auto-populated)	30%	35%	35%	
MHSA Transfers to BHSA				
MHSA Component	Available Unspent BHSA Funds	Transferred to Housing Intervention Component	Transferred to Full-Service Partnership	Transferred to Behavioral Health Services and Support
CSS	\$ 6,141,021.00	\$ -	\$ 1,000,000.00	\$ 5,141,021.00
PSI	\$ 7,258,833.00	\$ -	\$ -	\$ 7,258,833.00
INN	\$ 863,722.00	\$ -	\$ -	\$ 863,722.00
WET	\$ -	\$ -	\$ -	\$ -
CFTN	\$ -	\$ -	\$ -	\$ -
Total (auto-populated)	\$ 14,269,574.00	\$ -	\$ 1,000,000.00	\$ 13,269,574.00
Excess Prudent Reserve to BHSA Components				
Transfer from Prudent Reserve to BHSA Component Allocation	Amount			
Estimated Local Prudent Reserve Balance At End of Previous Fiscal Year	\$ 3,868,904.00			
Local Prudent Reserve Maximum (2)	\$ 3,868,904			
Excess Prudent Reserve Funding that must be transferred	\$ -			
Housing Intervention (3)	\$ -			
FSP (4)	\$ -			
BHSS (4)	\$ -			
Total Transferred Excess Prudent Reserve (auto-populated)	\$ -			
References				
1. BHSA County Policy Manual section 6.8.5 states counties may use up to seven percent of Housing Interventions component funds on outreach and engagement. The amount of funds transferred out of the Housing Interventions component into another funding component must be requested by a county. Counties are not required to use Housing Intervention component funding for outreach and engagement, or other funding transfer requests. It remains at the discretion of the counties to transfer up to a total of 14 percent of its BHSA funds in a fiscal year.				
2. W&I Code § 5892, subdivision (b)(3)-(4) states a county's prudent reserve must not exceed 20% of average of the total funds distributed to the county Behavioral Health Services Fund over past five years (25% for counties with a population of less than 200,000).				
3. W&I Code § 5892, subdivision (b)(6)(B) states prudent reserve funding cannot be spent on capital development.				
4. W&I Code § 5892, subdivision (b)(6)(A) states counties must spend prudent reserve funds Housing Intervention, FSP, and/or BHSS programs or services only.				

Instructions

Counties shall report their projected expenditures of their Full Service Partnership (FSP) funding for their BHSA allocation component, federal financial participation, and all other non-BHSA funding sources in Table Six.

Rows 22-24: input the total estimated FSP component allocation received for each year. Row 22 will include projected BHSA funding received. Row 23 will include unspent MHSA dollars carried over. Row 24 will auto-populate the sum of Rows 22-23 to account for total funding.

Rows 29-37: input the projected expenditures for each FSP service category or program for each year.

Note: DHCS expects other required uses of FSP funding (e.g., mental health services, supportive services, substance use disorder (SUD) treatment services, ongoing engagement services) to be captured within rows 29 - 34.

Any mental health and supportive service or SUD treatment service expenditures not included in these rows should be accounted for in rows 35 and 36, accordingly.

Row 38: the subtotal of FSP programs/services will be auto-populated from rows 29 through 37

Row 40: input the projected expenditures for the FSP component's administration for each year (see Policy)

Row 41: total projected expenditures for FSP for each year will be auto-populated from rows 38 and 40.

Row 43: input the total dollar amount projected to be added to FSP from the prudent reserve, if applicable

Row 44: input the total dollar amount projected to be transferred out of FSP into the prudent reserve.

Rows 46 and 47: input the estimated unduplicated count of individuals that will be served across all FSI

Reminder: 1) Counties must comply, and must ensure their providers comply, with all applicable conditions for each

Policy Manual.

2) Counties must promote access to care through efficient use of state and county resources as outlined in Chapter 6, Section C of the BHSA County Policy Manual, including requiring BHSA-funded providers to bill

appropriately for services covered by the county's Medi-Cal Behavioral Health Delivery System and make a good faith effort to seek reimbursement from Medi-Cal managed

Table Six: BHSA Components

Instructions

Counties shall report their projected spending for Behavioral Health Services Act (BHSA) plan administration in Table Eight.

Row 30: the total dollar amounts of BHSA component allocations dedicated to improvement and monitoring activities, including plan operations, quality and outcomes, data reporting pursuant to W&I Code § 5963.04, and monitoring of subcontractor compliance for all county behavioral health programs, including, but not limited to, programs administered by a Medi-Cal behavioral health delivery system, as defined in subdivision (i) of Section 14184.101, and programs funded by the Projects for Assistance in Transition from Homelessness grant, the Community Mental Health Services Block Grant, and other Substance Abuse and Mental Health Services Administration grants by year. Under W&I Code § 5892 (e)(2)(B), the total amount shall equal 2% or less of total projected annual revenues of the local behavioral health services fund for counties with a population over 200,000 or 4% of the total projected annual revenues of the local behavioral health services fund for counties with a population of less than 200,000. Any costs that exceed that amount will be included in the governor's budget.

Row 31: the total dollar amount of BHSA component allocations dedicated to county Integrated Plan annual planning costs, including stakeholder engagement in planning and local Behavioral Health Board activities by year. Under W&I Code § 5892 (e)(1)(B), this amount shall be 5% or less of total projected annual revenues of the local behavioral health services fund. Any costs that exceed that amount will be included in the governor's budget.

Row 32: The total dollar amounts for new and ongoing county and behavioral health agency administrative costs to implement W&I Code § 5963-5963.06 and § 14197.71.

Row 34: the total projected annual revenues of the Local Behavioral Health Services Fund.

Row 35: the proportion of funding used for improvement and monitoring will be auto-populated from rows 30 and 34.

Row 36: the proportion of funding used for planning expenditures will be auto-populated from rows 31 and 34.

Row 37: For counties with a population under 200,000: add any Improvement and Monitoring expenditures that exceed 4% of the total projected annual revenues of the Local Behavioral Health Services Fund, any County Integrated Plan Annual Planning expenditures that exceed 5% of the total projected annual revenues of the Local Behavioral Health Services Fund, and any new and ongoing administrative costs to obtain the input for this cell.

For counties with a population over 200,000: add any Improvement and Monitoring expenditures that exceed 2% of the total projected annual revenues of the Local Behavioral Health Services Fund, any County Integrated Plan Annual Planning expenditures that exceed 5% of the total projected annual revenues of the Local Behavioral Health Services Fund, and any new and ongoing administrative costs to obtain the input for this cell.

Table Eight: BHSA Plan Administration

INTEGRATED PLAN ADMINISTRATION AND MONITORING	Year 1	Year 2	Year 3
Total Projected Improvement and Monitoring Expenditures	\$ 462,058.00	\$ 452,817.00	\$ 443,761.00
Total Projected County Integrated Plan Annual Planning Expenditures	\$ 1,155,147.00	\$ 1,132,044.00	\$ 1,109,403.00
New and Ongoing Administrative Costs	\$ -	\$ -	\$ -
Administrative Information Validation			
Total Projected Annual Revenues of Local Behavioral Health Services Fund	\$ 23,102,949.00	\$ 22,640,890.00	\$ 22,188,072.00
Improvement and Monitoring Expenditures/Total Annual Revenues of Local Behavioral Health Services Fund (auto-populated)	2%	2%	2%
Total Projected Planning Expenditures/Total Projected Annual Revenues for Local Behavioral Health Services Fund (auto-populated)	5%	5%	5%
Supplemental BHT Implementation Funding (1)	\$ -	\$ -	\$ -
References			
<p>1. W&I Code § 5963, subdivision (c) states that any costs incurred for BHSA implementation exceeding the required maximums set forth in W&I Code § 5892, subdivision (e)(1)(B) and W&I Code § 5892, subdivision (e)(2)(B) will be included in the Governors 2024-2025 May Revision.</p>			

Instructions

Counties shall report their estimated local prudent reserve maximums for each allocation component in Table Nine.

Rows 18 and 19: dollar amounts will be auto-populated from Table 4 rows 91 and 92

Row 20: total excess prudent reserve dollars will be auto-populated from rows 18 and 19.

Rows 21-23: total dollar amounts will be auto-populated from Table 4, rows 94-96.

Row 24: total excess prudent reserve funds allocated to BHSA components will be auto-populated from rows 21 through 23.

Row 25: auto-validates from rows 20 and 24 to ensure the dollar amounts match with "equal" or "does not equal" statements.

Row 26: the total amount of planned contributions into the prudent reserve from all BHSA components allocations for each plan year will be auto-populated from Table 5 row 65, Table 6 row 42, and Table 7 row 46.

Row 27: the total amount of planned distributions from the prudent reserve into the BHSA component allocations for each plan year will be auto-populated from Table 5 row 64, Table 6 row 41, and Table 7 row 45.

Table Nine: Estimated Local Prudent Reserve Balance

Estimated Local Prudent Reserve Balance At End of Previous Fiscal Year	\$ 3,868,904.00
Local Prudent Reserve Maximum (1)	\$ 3,868,904.00
Excess Prudent Reserve Funds (auto-populated)	\$ -
Total prudent reserve funds above prudent reserve maximum allocated to Housing Interventions	\$ -
Total prudent reserve funds above maximum allocated to Full Service Partnerships	\$ -
Total prudent reserve funds above maximum allocated to Behavioral Health Services and Supports	\$ -
Total Excess Prudent Reserve Funds allocated to BHSA Component Allocations (auto-populated)	\$ -
Auto-validation: allocation of all excess Prudent Reserve Funds	EQUALS
Total Contributions Into the Local Prudent Reserve (auto-populated)	\$ -
Total Distributions From the Local Prudent Reserve (auto-populated)	\$ -
References	
1. W&I Code § 5892, subdivision (b)(3)-(4) states a county's prudent reserve must not exceed 20% of average of the total funds distributed to the county Behavioral Health Services Fund over past five years (25% for counties with a population of less than 200,000).	

Instructions

Counties will complete Tables One through Nine prior to completing Table Ten. Data on other tables will auto-populate to Table Ten.

Row 22: the new base percentage for each component will be auto-populated from Table 4, row 38.

Rows 23-25: the dollar amount allocated to each component for each year of the Integrated Plan will be auto-populated from Table 5, row 35; Table 6, row 22; and Table 7, row 25, respectively.

Row 28: the total amount of unspent MHSA-carryover funds from prior fiscal years, will be auto-populated from Table 4 row 46.

Rows 30, 37, and 44: The total amount of funding transferred from each BHSA component into the prudent reserve for each plan year will be auto-populated from Table 5, row 67; Table 6, row 44; and Table 7, row 49.

Rows 31, 38, and 45: the total amount of funding transferred from the prudent reserve into each BHSA component allocation for each plan year will be auto-populated from Table 5, row 66; Table 6, row 43; and Table 7, row 48.

Rows 32, 39, and 46: estimated available funding will be auto-populated from rows 28 through 31, 35 through 38, and 42 through 45.

Rows 33, 40, and 47: estimated expenditures for each component will be auto-populated from Table 5, row 61; Table 6, row 41; and Table 7, row 46.

Rows 35 and 42: The estimated unspent funds from prior fiscal years will be auto-populated from rows 32 and 33 and rows 39 and 40, respectively.

Reminder: 1) Counties must comply, and must ensure their providers comply, with all applicable conditions for each source of funding, as defined in applicable laws, regulations, and guidance, including the BHSA County Policy Manual.

2) Counties must promote access to care through efficient use of state and county resources as outlined in Chapter 6, Section C of the BHSA County Policy Manual, including requiring BHSA-funded providers to bill appropriately for services covered by the county's Medi-Cal Behavioral Health Delivery System and make a good faith effort to seek reimbursement from Medi-Cal managed care plans and commercial health insurance. These policies apply only to non-Housing services that are eligible for both BHSA funding and another funding source, such as Medi-Cal payment, commercial payment, etc.

Table Ten: BHSA Funding Summary (auto-populated)

	Housing Interventions	Full-Service Partnerships	Behavioral Health Services and Supports	Total
Allocation Percentage, with Transfers	30%	35%	35%	100%
Year One Component Allocations	\$ 6,930,885.00	\$ 8,086,032.00	\$ 8,086,032.00	\$ 23,102,949.00
Year Two Component Allocations	\$ 6,792,267.00	\$ 7,924,312.00	\$ 7,924,312.00	\$ 22,640,891.00
Year Three Component Allocations	\$ 6,656,422.00	\$ 7,765,825.00	\$ 7,765,825.00	\$ 22,188,072.00
BHSA Funding Summary	Housing Interventions	Full Service Partnerships	Behavioral Health Services and Supports	Totals
Year One				
Estimated Unspent Funds From Prior Fiscal Years (Including MHSA Funds)				
(Unspent Carryover MHSA Funds)	\$ -	\$ 1,000,000.00	\$ 13,269,574.00	\$ 14,269,574.00
Estimated Year One Component Allocations (BHSA Funding Only)	\$ 6,930,885.00	\$ 8,086,032.00	\$ 8,086,032.00	\$ 23,102,949.00
Transfers Into PR	\$ -	\$ -	\$ -	\$ -
Transfers From PR	\$ -	\$ -	\$ -	\$ -
Estimated Total Available Funding for Year One	\$ 6,930,885.00	\$ 9,086,032.00	\$ 21,355,606.00	\$ 37,372,523.00
Estimated Total Year One Expenditures	\$ 6,779,598.00	\$ 8,045,188.00	\$ 12,846,784.00	\$ 27,671,570.00
Year Two				
Estimated Unspent Funds From Prior Fiscal Years (Including MHSA Funds)	\$ 151,287.00	\$ 1,040,844.00	\$ 8,508,822.00	\$ 9,700,953.00
Estimated New Year Two Component Allocations (BHSA Funding Only)	\$ 6,792,267.00	\$ 7,924,312.00	\$ 7,924,312.00	\$ 22,640,891.00
Transfers Into PR	\$ -	\$ -	\$ -	\$ -
Transfers from PR	\$ -	\$ -	\$ -	\$ -
Estimated Total Available Funding for Year Two	\$ 6,943,554.00	\$ 8,965,156.00	\$ 16,433,134.00	\$ 32,341,844.00
Estimated Total Year Two Expenditures	\$ 7,023,095.00	\$ 8,247,553.00	\$ 12,043,398.00	\$ 27,314,046.00
Year Three				
Estimated Unspent Funds From Prior Fiscal Years (Including MHSA Funds)	\$ (79,541.00)	\$ 717,603.00	\$ 4,389,736.00	\$ 5,027,798.00
Estimated New Year Three Component Allocations (BHSA Funding Only)	\$ 6,656,422.00	\$ 7,765,825.00	\$ 7,765,825.00	\$ 22,188,072.00
Transfers Into PR	\$ -	\$ -	\$ -	\$ -
Transfers from PR	\$ -	\$ -	\$ -	\$ -
Estimated Total Available Funding for Year Three	\$ 6,576,881.00	\$ 8,483,428.00	\$ 12,155,561.00	\$ 27,215,870.00
Estimated Total Year Three Expenditures	\$ 7,172,933.00	\$ 8,623,033.00	\$ 12,389,273.00	\$ 28,185,239.00