

Behavioral Health Continuum of Care

DMH Primary Prevention Services	DMH Early Intervention Services	DMH Outpatient Services	DMH Intensive Outpatient Services	DMH Crisis Receiving & Stabilization Up to 24 hours (licensed: except sobering center)	DMH Acute Inpatient/ Subacute Hospital level care (licensed)	DMH Crisis Residential/ Extended Residential Residential (with onsite clinical/ treatment services - licensed)	DMH Housing Intervention Services
SAPC Primary Prevention Services	SAPC Harm Reduction Services SAPC Field-Based Services	SAPC Early Intervention Services	SAPC Outpatient Services and Opioid Treatment Program	SAPC Intensive Outpatient Services	SAPC Inpatient Services Withdrawal Management	SAPC Residential Treatment Services	SAPC Housing Intervention Services

*MAT or Medications for Addiction Treatment are available across the SAPC and DMH continuum.

Behavioral Health Integration Considerations



Coordination

- Concurrent MH and SUD services, whether directly or via referral
- Collaboration with other system partners (County, community)



Access to Care

- Low barrier services
- No wrong door approach with multiple entry points



Workforce

- Co-occurring capability
- Culturally responsive, holistic care



Client Focus

- Address clients' needs through the right service at the right time and in the right setting

BHT Activities and Priorities for DMH



Coordination

- Local Health Jurisdictions and Managed Care
- Homelessness and Housing
- Substance Use



Access to Care

- Provide multilingual, culturally competent support to ensure timely entry and ongoing engagement in care.



Workforce

- Build a sustainable, culturally competent workforce that reflects community



Client Focus

- Serve High-Need Priority Groups:
- Individuals experiencing chronic homelessness
- Those at risk of institutionalization
- People with severe co-occurring disorders

BHT Activities and Priorities for DPH-SAPC



Coordination

- Continued identification of opportunities for better COD care and referral pathways
- Continued work with system partners to identify where there are SUD needs and gaps



Access to Care

- Reaching the 95% (R95) for low barrier care
- Reimagining Youth Service Engagement (RYSE) to improve youth engagement and services



Workforce

- Preparation for implementation of the American Society of Addiction Medicine 4th Edition Criteria, including expanding co-occurring and withdrawal management capabilities



Client Focus

- Continued cultural competency efforts
- Focusing systems on individuals' needs, rather than the other way around