Attachment B –
Draft Integrated Plan
for FY 2026-29

Santa Barbara County Behavioral Health Services Act (BHSA) Integrated Plan Fiscal Years 2026 - 2029

SANTA BARBARA COUNTY
DEPARTMENT OF
Behavioral Wellness
A System of Care and Recovery

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County of Santa Barbara Department of Behavioral Wellness Integrated Plan Fiscal Years 2026-29

The Behavioral Health Services Act (BHSA) requires counties to submit three-year Integrated Plans (IPs) for Behavioral Health Services and Outcomes.

For related policy information, refer to 3.A. Purpose of the Integrated Plan.

1. General Information

County, City, Joint Powers, or Joint Submission

County

Entity Name

Santa Barbara County

Behavioral Health Agency Name

Santa Barbara County Department of Behavioral Wellness

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2. County Behavioral Health System Overview

Please provide the city/county behavioral health system (inclusive of mental health and substance use disorder) information listed throughout this section. The purpose of this section is to provide a high-level overview of the city/county behavioral health system's populations served, technological infrastructure, and services provided. This information is intended to support city/county planning and transparency for stakeholders. The Department of Health Care Services recognizes that some information provided in this section is subject to change over the course of the Integrated Plan (IP) period. All data should be based on FY preceding the year plan development begins (i.e., for 2026-2029 IP, data from FY 2023-2024 should be used).

All fields must be completed unless marked as optional. You don't need to finish everything at once-- your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For related policy information, refer to 3.E.2 General Requirements.

Populations Served by County Behavioral Health System

Includes individuals that have been served through the county Medi-Cal Behavioral Health

Delivery System and individuals served through other county behavioral health programs. Population-level behavioral health measures, including for untreated behavioral health conditions, are covered in the Statewide Behavioral Health Goals section and County Population-Level Behavioral Health Measure Workbook. For related policy information, refer to 2.B.3 Eligible Populations and 3.A.2 Contents of the Integrated Plan .

Children and Youth

In the table below, please report the number of children and youth (under 21) served by the county behavioral health system who meet the criteria listed in each row. Counts may be duplicated as individuals may be included in more than one category.

Criteria	Number of Children and Youth Under Age 21
Received Medi-Cal Specialty Mental Health Services (SMHS)	**3011**
Received at least one substance use disorder (SUD) individual-level prevention and/or early intervention service	**187**
Received Drug Medi-Cal (DMC) or Drug Medi-Cal Organized Delivery System (DMC-ODS) services	**429**

Received mental health (MH) and SUD services from the mental health plan (MHP) and DMC county or DMC-ODS plan	**200**
Accessed the Early Psychosis Intervention Plus Program, pursuant to Welfare and Institutions Code Part 3.4 (commencing with section 5835), Coordinated Specialty Care, or other similar evidence-based practices and community-defined evidence practices for early psychosis and mood disorder detection and intervention programs	**86**

Criteria	Number of Children and Youth Under Age 21
Were chronically homeless or experiencing homelessness or at risk of homelessness	**43**
Were in the juvenile justice system	**176**
Have reentered the community from a youth correctional facility	**96**
Were served by the Mental Health Plan and had an open child welfare case	**304**
Were served by DMC County or DMC-ODS plan and had an open child welfare case	**12**

Have received acute psychiatric care	**131**

Adults and Older Adults

In the table below, please report the number of adults and older adults (21 and older) served by the county behavioral health system who meet the criteria listed in each row. Counts may be duplicated as individuals may be included in more than one category.

Criteria	Number of Adults and Older Adults
Were dual-eligible Medicare and Medicaid members	**1083**

Criteria	Number of Adults and Older Adults
Received Medi-Cal SMHS	**4635**
Received DMC or DMC-ODS services	**2284**
Received MH and SUD services from the MHP and DMC county or DMC-ODS plan	**587**
Were chronically homeless, or experiencing homelessness, or at risk of homelessness	**982**
Experienced unsheltered homelessness	**163**

Moved from unsheltered homelessness to being sheltered (emergency shelter, transitional housing, or permanent housing)	**000**
Of the total number of those who moved from unsheltered homelessness to being sheltered, how many transitioned into permanent housing	**000**
Were in the justice system (on parole or probation and not currently incarcerated)	**000**
Were incarcerated (including state prison and jail)	**1079**

Criteria	Number of Adults and Older Adults
Reentered the community from state prison or county jail	**179**
Received acute psychiatric services	**431**

Input the number of persons in designated and approved facilities who were:

Admitted or detained for 72-hour evaluation and treatment rate

232

Admitted for 14-day and 30-day periods of intensive treatment

200

Admitted for 180-day post certification intensive treatment

0

Please report the total population enrolled in Department of State Hospital (DSH) Lanterman-Petris-Short (LPS) Act programs

11

Please report the total population enrolled in DSH community solution projects (e.g., community-based restoration and diversion programs)

21

Of the data reported in this section, are there any areas where the county would like to provide additional context for DHCS's understanding?

Yes

Please explain:

There are certain data points that the county is currently unable to provide. Questions about homelessness movements (number moved from unsheltered homelessness to being sheltered) cannot be answered for FY 23/24 as our Electronic Health Record (EHR) did not have these categories available. Santa Barbara is working with our EHR vendor to improve data collection to align with these categories and better capture transitions. Also, data regarding clients who were in the justice system is not currently available at a comprehensive level so is not included. The number who were incarcerated includes local jail data (not state prison) and captures the number of individuals who received at least one service from the Behavioral Health Professional (BHP) in FY 24/25 and had at least one jail admission during FY24/25. For the County's adult population reentering the community from state prison or county jail, estimates were informed by local data from FY 2024–25.

Data sources include the Behavioral Linkages program, a component of the California Justice Involved Reentry Initiative, and referrals from jail to a BHP program for justice-involved adults. Data captures referrals served, including individuals who received screening and engagement services, and are not limited to those who fully engaged in or completed treatment. Total number of individuals who "received acute psychiatric services" reflects both in- and out-of-county inpatient facilities. For the number of persons in designated and approved facilities who were admitted or detained for evaluation (72 hour, 14, 30, and 180 day), all data reported is from our in-county Psychiatric Health Facility (PHF) only.

Please describe the local data used during the planning process

Santa Barbara County examined a variety of data sources to inform the planning process:

(1) Primary and supplementary measures for the statewide goals, including disparity analyses presented in the Cal-MHSA Behavioral Health Goals Data Dashboards.

(2) Local data from our EHR, which includes: client demographic information, diagnosis, presenting problems, special population membership, and program enrollments and services (enrollments and procedure codes include mobile crisis encounters and inpatient hospitalizations).

(3) Child Welfare foster care census data.

(4) Local referral and crisis data tracked SmartSheet, which includes supplemental information related to 5150/5585 crisis calls, client status, and placements.

(5) HEDIS measure calculations and disparity analyses from Cal-MHSA for MY2024.

(6) Medi-Cal Connect.

(7) Local Jail Census.

(8) Various Community and Population Health Needs Assessments, done by our department, by our Managed Care Plan (CenCal), by the County Department of Health, and by local hospitals (Cottage Hospital, Dignity / Marian Medical Center, and Lompoc Hospital).

(9) Internal Reports by consulting organization KPMG related to Full-Service Partnerships and Outpatient Services utilization.

(10) DHCS reports with estimates on population need within Santa Barbara County.

(11) County HR data from Workforce Needs Assessment.

County Behavioral Health Technical Infrastructure

Cities submitting their Integrated Plan independently from their counties do not have to complete this section. For related policy information, refer to 6.C.1 Promoting Access to Care Through Efficient Use of State and County Resources Introduction .

Does the county behavioral health system use an Electronic Health Record (EHR)?

Yes

Please select which of the following EHRs the county uses

SmartCare

County participates in a Qualified Health Information Organization (QHIO)?

Yes

Please select which QHIO the county participates in

Connex

Application Programming Interface Information

Counties are required to implement Application Programming Interfaces (API) in accordance with Behavioral Health Information Notice (BHIN) 22-068 and federal law.

Please provide the link to the county's API endpoint on the county behavioral health plan's website

Patient Access and Provider Directory Application (API) | Santa Barbara County, CA - Official Website

Does the county wish to disclose any implementation challenges or concerns with these requirements?

No

Counties are required to meet admission, discharge, and transfer data sharing requirements as outlined in the attachments to BHINs 23-056 , 23-057 , and 24-016 . Does the county wish to disclose any implementation challenges or concerns with these requirements?

No

County Behavioral Health System Service Delivery Landscape

Cities submitting their Integrated Plan independently from their counties do not have to complete this section. For related policy information, refer to 6.C.1 Promoting Access to Care Through Efficient Use of State and County Resources Introduction .

Substance Abuse and Mental Health Services Administration (SAMHSA) Projects for Assistance in Transition from Homelessness (PATH) Grant

Will the county participate in SAMHSA's PATH Grant during the Integrated Plan period?

Yes

Please select all services the county behavioral health system plans to provide under the PATH grant

Case Management Services

Habilitation and Rehabilitation

Services Outreach services

Referrals for Primary Health Care, Job Training, Educational Services, and Housing Services
Supportive and Supervisory Services in Residential Settings

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?

No

Community Mental Health Services Block Grant (MHBG)

Will the county behavioral health system participate in any MHBG set-asides during the Integrated Plan period?

Yes

Please select all set asides that the county behavioral health system plans to participate in under the MHBG

First Episode Psychosis Set-Aside

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?

No

Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG)

Will the county behavioral health system participate in any SUBG set asides during the Integrated Plan period?

Yes

Please select all set-asides that the county behavioral health system participates in under SUBG

Adolescent/Youth Set-Aside

Discretionary

Perinatal Set-Aside

Primary Prevention Set-Aside

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?

No

Opioid Settlement Funds (OSF)

Will the county behavioral health system have planned expenditures for OSF during the Integrated Plan period?

Yes

Please check all set asides the county behavioral health system participates in under OSF Exhibit E

Connect People Who Need Help to The Help They Need (Connections to Care) Support People in Treatment and Recovery

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?

No

Bronzan-McCorquodale Act

The county behavioral health system is mandated to provide the following community mental health services as described in the Bronzan-McCorquodale Act (BMA).

a. Case Management
b. Comprehensive Evaluation and Assessment
c. Group Services
d. Individual Service Plan
e. Medication Education and Management
f. Pre-crisis and Crisis Services
g. Rehabilitation and Support Services
h. Residential Services
i. Services for Homeless Persons
j. Twenty-four-hour Treatment Services
k. Vocational Rehabilitation

In addition, BMA funds may be used for the specific services identified inthe list below. Select all services that are funded with BMA funds:

Not applicable

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?

No

Public Safety Realignment (2011 Realignment)

The county behavioral health system is required to provide the following services which may be funded under the Public Safety Realignment (2011 Realignment)

a. Drug Courts
b. Medi- Cal Specialty Health Services, including Early Periodic Screening Diagnostic Treatment (EPSDT)
c. Regular and Perinatal Drug Medi-Cal Services
d. Regular and Perinatal DMC Organized Delivery System Services, including EPSDT
e. Regular and Perinatal Non- Drug Medi-Cal Services

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?

No

Medi-Cal Specialty Mental Health Services (SMHS)

The county behavioral health system is mandated to provide the following services under SMHS **authority (no action required).**

a. Adult Residential Treatment Services
b. Crisis Intervention
c. Crisis Residential Treatment Services
d. Crisis Stabilization
e. Day Rehabilitation
f. Day Treatment Intensive
g. Mental Health Services
h. Medication Support Services
i. Mobile Crisis Services
j. Psychiatric Health Facility Services
k. Psychiatric Inpatient Hospital Services

l. Targeted Case Management
m. Functional Family Therapy for individuals under the age of 21
n. High Fidelity Wraparound for individuals under the age of 21
o. Intensive Care Coordination for individuals under the age of 21
p. Intensive Home-based Services for individuals under the age of 21
q. Multisystemic Therapy for individuals under the age of 21
r. Parent-Child Interaction Therapy for individuals under the age of 21
s. Therapeutic Behavioral Services for individuals under the age of 21
t. Therapeutic Foster Care for individuals under the age of 21
u. All Other Medically Necessary SMHS for individuals under the age of 21

Has the county behavioral health system opted to provide the specific Medi-Cal SUD services identified in the list below as of June 30, 2026?

Inpatient Services (ASAM Levels 3.7 & 4.0)

Peer Support Services

Recovery Incentives Program (Contingency Management)

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?

No

Other Programs and Services

Please list any other programs and services the county behavioral health system provides through other federal grants or other county mental health and SUD programs

Program or service
SAMHSA funded AOT team
Community Corrections Partnership Grant funded Prop #6, Familiar Faces, Rapid Diversion and Co-Response programs

Care Transitions

Has the county implemented the state-mandated Transition of Care Tool for Medi-Cal Mental Health Services (Adult and Youth)?

Yes

Does the county's Memorandum of Understanding include a description of the system used to transition a member's care between the member's mental health plan and their managed care plan based upon the member's health condition?

Yes

3. Statewide Behavioral Health Goals

For related policy information, refer to, please see 3.E.6 Statewide behavioral health goals

Population-Level Behavioral Health Measures

The statewide behavioral health goals and associated population-level behavioral health measures must be used in the county Behavioral Health Services Act (BHSA) planning process and should inform resource planning and implementation of targeted interventions to improve outcomes for the fiscal year(s) being addressed in the IP. For more information on the statewide behavioral health goals, please see the Policy Manual Chapter 2, Section C. Please review your county's status on each population-level behavioral health measure, including the primary measures and supplemental measures for each of the 14 goals. All measures are publicly available, and counties are able to review their status by accessing the measures via DHCS-provided instructions and the County Population Level Behavioral Health Measure Workbook.

As part of this review, counties are required to evaluate disparities related to the six priority statewide behavioral health goals. Counties are encouraged to use their existing tools methods, and systems to support this analysis and may also incorporate local data sources to strengthen their evaluation.

Please note that several Phase 1 measures include demographic stratifications – such as race, sex, age, and spoken language - which are included in the prompts below.
Counties may also use local data to conduct additional analyses beyond these demographic categories.

For related policy information, refer to E.6.1 Population-level Behavioral Health Measures.

Priority Statewide Behavioral Health Goals for Improvement

Counties are required to address the six priority statewide behavioral health goals in this section. Cities should utilize data that corresponds to the county they are located within. For related policy information, refer to E.6.2 Primary and Supplemental Measures.

Access to care: Primary measures

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

How does your county status compare to the statewide rate?

For adults/older adults

Below

For children/youth

Below

What disparities did you identify across demographic groups or special populations?

Age

Race or Ethnicity

Non-Specialty Mental Health Services (NSMHS) Penetration Rates for Adults and Children & Youth (DHCS), FY 2023

How does your county status compare to the statewide rate?

For adults/older adults

Above

For children/youth

Above

What disparities did you identify across demographic groups or special populations?

Race or Ethnicity

Drug Medi-Cal (DMC) Penetration Rates for Adults and Children & Youth (DHCS), FY 2022 - 2023

How does your county status compare to the statewide rate?

For adults/older adults

Not Applicable

For children/youth

Not Applicable

What disparities did you identify across demographic groups or special populations?

Other

Please describe other

Not applicable

Drug Medi-Cal Organized Delivery System (DMC-ODS) Penetration Rates for Adults and Children & Youth (DHCS), FY 2022 – 2023

How does your county status compare to the statewide rate?

For adults/older adults

Above

For children/youth

Above

What disparities did you identify across demographic groups or special populations?

Race or Ethnicity

Access to care: Supplemental Measures

Initiation of Substance Use Disorder Treatment (IET-INI) (DHCS), FY 2023

How does your county status compare to the statewide rate?

Below

What disparities did you identify across demographic groups or special populations?

Other

Race or Ethnicity

Please describe other

Disparity in race/ethnicity was identified among individuals served through a county Behavioral Health Plan. Data for individuals served through a Managed Care Plan was not available.

Access to care: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis

Please note that observed differences between groups may or may not reflect true disparities. Statistical significance could not be tested with available data, though future analyses may allow for this.

Primary Measure: Non- Specialty Mental Health Services (NSMHS) Penetration Rates (Data sources: DHCS's Adults Age 21 and Over MHS Demographic Dashboards [AB470]; Children and Youth MHS Demographic Dashboards [AB470])

Non-Specialty Penetration Rates for Adults:

Santa Barbara County Rate: 12.9% Statewide Rate: 10.6%

Santa Barbara is ABOVE the Statewide Rate

Non-Specialty Penetration Rates for Children and Youth

Santa Barbara County Rate: 20.3% Statewide Rate: 15.5%

Santa Barbara is ABOVE the Statewide Rate

- Race/Ethnicity: Adults and youth identifying as Asian/Pacific Islander had lower NSMHS penetration rates.

Primary Measure: Specialty Mental Health Services (SMHS) Penetration Rates (Data sources: DHCS's Adults Age 21 and Over MHS Demographic Dashboards [AB470]; Children and Youth MHS Demographic Dashboards [AB470])

Specialty Mental Health Services Penetration Rate for Adults:

Santa Barbara County Rate: 2.5% Statewide Rate: 3.4%

Santa Barbara is BELOW the Statewide rate meaning that this is an area that needs improvement.

Specialty Mental Health Services for Children and Youth:

Santa Barbara County Rate: 2.9% Statewide Rate: 4.2%

Santa Barbara is BELOW the Statewide rate meaning that this is an area that needs improvement.

- Age: Adults aged 21-44 and adults 65+ had lower SMHS penetration rates.
- Race/Ethnicity: Adults and youth identifying as Hispanic/Latino or Asian/Pacific Islander, and youth whose race/ethnicity was unknown or identifying as Alaskan Native/American Indian had lower SMHS Penetration Rates

Primary Measure: Drug Medi-Cal Organized Delivery System (DMC-ODS) Penetration Rates (Data source: Substance Use Disorder Drug Medi-Cal and Drug Medi-Cal Organized Delivery System Penetration Rate Dashboard)

Drug Medi-Cal Organized Delivery System (DMC-ODS) Penetration Rates for Adults:

Santa Barbara County Rate: 2.0% Statewide Rate: 1.5%

Santa Barbara is ABOVE the Statewide Rate

Drug Medi-Cal Organized Delivery System (DMC-ODS) Penetration Rates for Children and Youth:

Santa Barbara County Rate: 0.7% Statewide Rate: 0.4%

Santa Barbara is ABOVE the Statewide Rate

- Race/Ethnicity: Individuals identifying as Hispanic/Latino or Asian/Pacific Islander had lower DMC-ODS penetration rates.

Supplemental Measure: Initiation of Substance Use Disorder Treatment (Measurement Year 2024 (MY24) Descriptive Analysis (DA) Report Dashboard)

Initiation of Substance Use Disorder Treatment

Santa Barbara County: 25.6% Statewide Rate: 36.6%

Santa Barbara is BELOW the Statewide rate meaning that this is an area that needs improvement.

- Race/Ethnicity: Among those served through a county Behavioral Health Plan, individuals identifying as Black had a lower IET-INI penetration rate (the data for those served through a Managed Care Plan was not available).

Access to care: Cross-Measure Questions

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may increase your county's level of access to care. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships or initiatives the county is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes)

Planning was informed by both quantitative and qualitative data including Santa Barbara's performance on statewide behavioral health goals, as well as community-identified behavioral health priorities gathered through the BHSA 2025 Community Planning Process including community feedback and surveys. The primary data source was the California Mental Health Services Authority (CalMHSA) Statewide Behavioral Health Goals: Access to Care Dashboard. Additional data reviewed to inform planning included: CalMHSA's MY2024 HEDIS calculations and disparity analyses; Medi-Cal Connect; DHCS and CalMHSA county SMI population estimates; County Community Health Needs Assessments; community-identified behavioral health priorities gathered through the BHSA Integrated Planning Process feedback, BHSA Steering Committee meetings, and surveys; and FY25/26 MHSA Annual Update outcomes.

A. **Disparity Identified: Adults age 21-44 and Adults 65+ are under-utilizing Specialty Mental Health Services (**Data source: DHCS's Adults Age 21 and Over MHS Demographic Dashboards [AB470])

- BWell is initiating a new program, Intensive Case Management FSP and increasing the eligibility for this program. This means more staff will be out in the community engaging in services which will aim to decrease barriers for these age groups to engage in services.
- BWell will partner with the Department of Social Services and other agencies for collaboration in the Adult and Aging Network, including participating in the Master Plan for Aging to better target the needs of older adult population.
- BWell is initiating a new program, Coordinated Specialty Care for First Episode Psychosis that will reduce barriers to enter care with the goal of stabilizing and reducing need for longer term services for young adults.

B. **Disparity Identified: Hispanic Youth and Adults are under-utilizing SMH and DMC-ODS services** (Data sources: DHCS's Adults Age 21 and Over MHS Demographic Dashboards [AB470]; Children and Youth MHS Demographic Dashboards [AB470]; Substance Use

Disorder Drug Medi-Cal and Drug Medi-Cal Organized Delivery System Penetration Rate Dashboard)

- BWell Community Engagement team: will continue to be fully bi-lingual and bi-cultural and build trusting relationships with community due to increased outreach efforts
- More cross-collaboration with the MH and ODS-DMC systems of care. The ODS-DMC system is more successful at engaging and serving Hispanic population and will continue to be trained to strengthen and increase referrals to mental health services as needed
- The MWELL program will continue to work within schools, increasing awareness and familiarity with BWell and creating safety by developing relationships with Hispanic students and their families.
- BWell will continue to have Access Line program engage with local Mixteco organizations to increase outreach and create a sense of safety for Mixteco community to engage in services.
- Continue to partner with community-based organizations such as the Immigration defense fund and educate these programs on how to act as trusted partners and help guide people to our service level when needed.

C. **Disparity Identified: Asian American and Pacific Islander population are under-utilizing SMH, NSMH, and DMC-ODS services** (Data sources: DHCS's Adults Age 21 and Over MHS Demographic Dashboards [AB470]; Children and Youth MHS Demographic Dashboards [AB470]; Substance Use Disorder Drug Medi-Cal and Drug Medi-Cal Organized Delivery System Penetration Rate Dashboard)

- Community Engagement Team will continue to reach out to AA/PI population at local events, faith-based organizations, and to offer trainings and decrease stigma & raise awareness, for these local communities.

D. **Disparity Identified: Alaskan Native and American Indian youth are under under-utilizing SMH services** (Data source: Children and Youth MHS Demographic Dashboards [AB470])

- BWell will strengthen collaboration with SYTHC and American Indian Health Services through new DMC-ODS traditional healer benefit this includes promoting SMH referrals to BWell)
- BWell will partner with tribal communities to improve Crisis Response and address their need for face-to-face interactions and care.

E. **Disparity Identified: Youth whose race/ethnicity was unknown had a low SMH penetration rate** (Data source: Children and Youth MHS Demographic Dashboards [AB470])

- BWell will have new follow ups for electronic applicants with a designated DSS social worker who will now be allocated for Bwell clients to expedite eligibility and application and confirm race and ethnicity from applicant. This will hopefully lower our very high rate of Unknown race/ethnicity

F. **Disparity Identified: Among those served through a Behavioral Health Plan, Black/ African American population had the lowest initiation of substance use treatment penetration rate** (Data source: Measurement Year 2024 [MY24] Descriptive Analysis [DA] Report Dashboard)

- New Mou with Managed Care Plan will allow for more data sharing to help identify and then provide outreach to beneficiaries needing substance use treatment.
- BWell will continue to try to partner with all hospital emergency departments in the county so that BWell is alerted when hospital admittees need initiation of substance use treatment
- Provide trainings to hospital staff and increase resources provided to hospital staff to encourage communication with BWell when initiation of substance use treatment is needed.

Please identify the category or categories of funding that the county is using to address the access to care goal

BHSA Behavioral Health Services and Supports (BHSS)

BHSA Full Services Partnership (FSP) BHSA Housing Interventions

2011 Realignment

Federal Financial Participation (SMHS, Drug Medi-Cal/Drug Medi-Cal Organized Delivery System (DMC/DMC-ODS)

Homelessness: Primary measures

People Experiencing Homelessness Point-in-Time Count (Rate per 10,000 people by Continuum of Care Region) (HUD), 2024

How does your county status compare to the PIT Count Rate out of every 10,000 people by Continuum of Care region?

Same

What disparities did you identify across demographic groups or special populations?

Age

Gender

Race or Ethnicity

Homeless Student Enrollment by Dwelling Type, California Department of Education (CDE), 2023 - 2024

How does your county status compare to the statewide rate?

Above

What disparities did you identify across demographic groups or special populations?

Race or Ethnicity

Homelessness: Supplemental Measures

PIT Count Rate of People Experience Homelessness with Severe Mental Illness, (Rate per 10,000 people by Continuum of Care Region) (HUD), 2024

How does your county status compare to the PIT Count Rate out of every10,000 people by Continuum of Care region?

Below

What disparities did you identify across demographic groups or special populations?

Gender

Other

Age

Please describe other

Local Electronic Health Record (SmartCare) data identified differences related to gender and age.

PIT Count Rate of People Experience Homelessness with Chronic Substance Abuse, (Rate per 10,000 people by Continuum of Care Region) (HUD), 2024

How does your county status compare to the PIT Count Rate out of every

10,000 people by Continuum of Care region?

Below

What disparities did you identify across demographic groups or special populations?

Age

Other

Gender

Please describe other

Local Electronic Health Record (SmartCare) data identified differences related to gender and age.

People Experiencing Homelessness Who Accessed Services from a Continuum of Care (CoC) Rate (BCSH), 2023 (This measure will increase as people access services.)

How does your local CoC's rate compare to the average rate across all CoCs?

Above

What disparities did you identify across demographic groups or special populations?

Age

Gender

Race or Ethnicity

Homelessness: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis

Please note that observed differences between groups may or may not reflect true disparities. Statistical significance could not be tested with available data, though future analyses may allow for this.

Primary Measure: Homelessness PIT Count (Data Sources: US Dept of Housing and Urban Development; US Census Bureau Population Estimates).

Point in Time Count Rate of People Experiencing Homelessness

Santa Barbara County Rate: 48% Statewide Rate: 48%

Santa Barbara rate is the SAME as Statewide rate

- Age: The homelessness rate was highest among individuals age 35-44 (82 per 10k).
- Gender: Males experienced homelessness at nearly double the rate and count of females.
- Race/Ethnicity: American Indian or Alaska Native individuals (212 per 10k) and Black individuals (158 per 10k) experience homelessness at the highest rate, though the homelessness count was highest among White (978) and Hispanic/Latina/o (886) individuals.

Primary Measure: K-12 public school students experiencing homelessness (Data Source: California Department of Education). This measure includes those reporting that they are "temporarily doubled up".

Percent of K-12 Public School Students Experiencing Homelessness

Santa Barbara County Rate 13.2% Statewide Rate: 5.3%

Santa Barbara is BELOW the Statewide rate this is an area for improvement

- Race/Ethnicity: Hispanic/Latino students experienced homelessness at the highest rate and count (17% / 8,564 students).

Supplemental Measure: Individuals experiencing homelessness who accessed services from a CoC (Data Sources: US Dept of Housing and Urban Development; US Census Bureau Population Estimates).

Rate of People experiencing homelessness who accessed services from a Continuum of Care (Rate is per 10,000 people by CoC Region)

Santa Barbara County Rate: 100.7 Statewide Rate: 91.2

Santa Barbara is ABOVE the Statewide rate.

- Age: Service utilization by rate and count was greatest among individuals age 35-64.

- Gender: Men accessed services at a greater rate and count than women.
- Ethnicity: Homeless service utilization rate was highest among individuals who identified as Black (432 per 10k), Native Hawaiian/Pacific Islander (402 per 10k), and American Indian/Alaska Native/Indigenous (367 per 10k). Except for Asian/Asian Americans individuals, all other groups access services at a rate at or above the state average of 91 per 10k. Homeless service utilization count was greatest among Hispanic/Latina/e/o individuals (2,325) and White individuals (1,631).

Supplemental Measure: PIT Count Rate of People Experiencing Homelessness with SMI. (Data Sources: US Dept of Housing and Urban Development; US Census Bureau Population Estimates; Local Electronic Health Record).

Point in Time Count Rate of People experiencing Homelessness with Severe Mental Illness

Santa Barbara Rate: 10.4% Statewide Rate: 11.5%

Santa Barbara is BELOW the Statewide rate

- Gender: Males with severe mental illness were more likely to experience homelessness than females with severe mental illness.
- Age: Individuals with mental illness age 45+ were more likely to experience homelessness than other age groups.

Supplemental Measure: PIT Count Rate of People Experiencing Homelessness with Chronic Substance Use. (Data Sources: US Dept of Housing and Urban Development; US Census Bureau Population Estimates; Local Electronic Health Record).

Point in Time Count Rate of People experiencing Homelessness with Chronic Substance Use

Santa Barbara County Rate: 6.7% Statewide Rate: 11%

Santa Barbara is BELOW the Statewide rate.

- Gender: Males with substance use disorder were more likely to experience homelessness than females with substance use disorder.
- Age: Individuals with substance use disorder age 18-35 were more likely to experience homelessness than other age groups with substance use disorder.

Homelessness: Cross-Measure Questions

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may reduce your county's level of

homelessness in the population experiencing severe mental illness, severe SUD, or co-occurring conditions.

In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships, or initiatives the county is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes)

Planning was informed by both quantitative and qualitative data including Santa Barbara's performance on statewide behavioral health goals, as well as community-identified behavioral health priorities gathered through the BHSA 2025 Community Planning Process including community feedback and surveys. The primary data source was the California Mental Health Services Authority, Statewide Behavioral Health Goals: Homelessness Dashboard. Additional data reviewed to inform planning included: CenCal Health 2025 Population Needs Assessment; Santa Barbara County 2022 Community Health Needs Assessment Report; The BHP's Electronic Health Record (SmartCare); HUD 2024 Continuum of Care Homeless Assistance Populations and Subpopulations; 2023-24 Homeless Student Enrollment by Dwelling Type from California Department of Education; Homeless Data Integration System; US Census Population Estimates Program; community-identified behavioral health priorities gathered through the BHSA Integrated Planning Process feedback, BHSA Steering Committee meetings, and surveys; and FY25/26 MHSA Annual Update outcomes.

A. **Disparity Identified: Men experience homelessness at double the rate of women** (DATA SOURCES: HUD 2024 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations and US Census Bureau Population Estimates Program.)

   Over the next three years, we plan to open the following Permanent Supportive Housing sites. All sites will accept male applicants, and this is the best way to address this disparity.

- Heritage Ridge Family - 63 total, 19 reserved for BHSA eligible populations
- Heritage Ridge Senior - 41 total, 12 reserved for BHSA eligible populations
- Hollister 2 - 34 total, 20 reserved for BHSA eligible populations
- Hollister Lofts - 33 total, 16 reserved for BHSA eligible populations
- Patterson Point - 24 total, 11 BWell reserved for BHSA eligible populations
- Homekey+ site- 33 units total

Additionally, to address the disparate number of adult males experiencing homelessness, we are collaborating with community-based organizations to help direct those experiencing homeless to a new outreach center to increase successful navigation of access points to behavioral health and housing services

- We are also partnering with MCP to connect unhoused or housing-unstable clients to ECM and housing-related Community Supports
- Finally, we will also Strengthen Behavioral Health Bridge Housing services with the goal of improving permanent housing, recovery, and behavioral health outcomes.

B. **Disparity Identified: SB County rate of public-school students experiencing homelessness is more than double the statewide rate. Hispanic/Latina/o students are the greatest population of our students and experience homelessness at the highest rate** (though 95% of these students are "temporarily doubled up") (DATA SOURCE: California Department of Education. "2023-24 Homeless Student Enrollment by Dwelling Type.")

   - We plan to collaborate with Schools and Community-Based Organizations to further examine this disparity and identify if there is a subsection of this population in need of behavioral health services that could be identified and then outreach and engagement services provided to these students and their families.

C. **Disparity Identified: Accessing services through a Continuum of Care Ages 18-24 & 64+** (DATA SOURCES : HUD 2024 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations and US Census Bureau Population Estimates Program.)

   - Pair bilingual/bicultural peers, including TAY and Older Adult peers, with homeless outreach teams in high-volume service areas (shelters, encampments, food distribution sites) to provide screening, harm reduction services, and referrals.

D. **Disparity Identified: Homeless rates for Alaskan Native, American Indian & Native Hawaiian populations** (DATA SOURCES: HUD 2024 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations and US Census Bureau Population Estimates Program.)
   - Hire Diverse staff, Latino and Bilingual staff on all three teams, representative of community
   - Cultural DEI trainings via BWell and other community organizations, staying up to data on culturally sensitive initiatives

Please identify the category or categories of funding that the county is using to address the homelessness goal

BHSA BHSS

BHSA FSP

SAMHSA PATH

Other

Please describe other

BHBH Grant

Institutionalization

Per 42 CFR 435.1010, an institution is "an establishment that furnishes (in single or multiple facilities) food, shelter, and some treatment or services to four or more persons unrelated to the proprietor." Institutional settings are intended for individuals with conditions including, but not limited to, behavioral health conditions.
Care provided in inpatient and residential (i.e., institutional) settings can be clinically appropriate and is part of the care continuum. Here, institutionalization refers to individuals residing in these settings longer than clinically appropriate. Therefore, the goal is not to reduce stays in institutional settings to zero. The focus of this goal is on reducing stays in institutional settings that provide a Level of Care that is not – or is no longer – the least restrictive environment. (no action)

Institutionalization: Primary Measures

Inpatient administrative days (DHCS) rate, FY 2023

How does your county status compare to the statewide rate/average?

For adults/older adults

Below

For children/youth

Not Applicable

What disparities did you identify across demographic groups or special populations?

None Identified

Institutionalization: Supplemental Measures

Involuntary Detention Rates, FY 2021 - 2022

How does your county status compare to the statewide rate/average?

14-day involuntary detention rates per 10,000

Not Applicable

30-day involuntary detention rates per 10,000

Below

180-day post-certification involuntary detention rates per 10,000

Same

What disparities did you identify across demographic groups or special populations?

No Disparities Data Available

Conservatorships, FY 2021 - 2022

How does your county status compare to the statewide rate/average?

Temporary Conservatorships

Below

Permanent Conservatorships

Above

What disparities did you identify across demographic groups or special populations?

No Disparities Data Available

SMHS Crisis Service Utilization (Crisis Intervention, Crisis Residential Treatment Services, and Crisis Stabilization) (DHCS), FY 2023

Increasing access to crisis services may reduce or prevent unnecessary admissions to institutional facilities

How does your county status compare to the statewide rate/average?

1a. Crisis Intervention

For adults/older adults

Above

For children/youth

Above

1b. Crisis Residential Treatment Services

For adults/older adults

Above

For children/youth

Not Applicable

1c. Crisis Stabilization

For adults/older adults

Above

For children/youth

Above

What disparities did you identify across demographic groups or special populations?

Age

Race or Ethnicity

Institutionalization: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, Including the measures and population groups experiencing disparities and a description of the data that supported your analysis.

Please note that observed differences between groups may or may not reflect true disparities. Statistical significance could not be tested with available data, though future analyses may allow for this. Given that DHCS did not provide direction of improvement for measures associated with crisis services, the following disparities analysis focused on groups with lower utilization rates.

Primary Measure: Inpatient Administrative Days for Adults: Total Days per Beneficiary

Santa Barbara County Rate: 17.4 days Statewide Rate: 25.6 days

Santa Barbara is BELOW the Statewide Rate

Supplemental Measure: SMHS Crisis Service Utilization - Crisis Intervention Minutes per Beneficiary (Data source: Children and Youth MHS Demographic Dashboards [AB470])

Supplemental Measure: Specialty Mental Health Services Crisis Service Utilization - Crisis Intervention Minutes per Beneficiary for Adults

Santa Barbara County Rate: 261.7 minutes Statewide Rate: 240.1 minutes

Santa Barbara County is ABOVE the Statewide Rate

Supplemental Measure: Specialty Mental Health Services Crisis Service Utilization - Crisis Intervention Minutes per Beneficiary for Children and Youth

Santa Barbara County Rate: 301.9 minutes Statewide Rate: 266.8 minutes

Santa Barbara County is ABOVE the Statewide Rate

- Age: Youth ages 6-11 had a lower crisis intervention utilization rate.

Supplemental Measure: SMHS Crisis Service Utilization - Crisis Stabilization Hours per Beneficiary (Data source: Children and Youth MHS Demographic Dashboards [AB470])

Supplemental Measure: SMHS Crisis Service Utilization - Crisis Stabilization Hours per Beneficiary for Adults

Santa Barbara County Rate: 26.2 hours Statewide Rate: 24 hours

Santa Barbara County is ABOVE the Statewide Rate

Supplemental Measure: SMHS Crisis Service Utilization - Crisis Stabilization Hours per Beneficiary for Children and Youth

Santa Barbara County Rate: 25.7 hours Statewide Rate: 18.6 hours

Santa Barbara County is ABOVE the Statewide Rate

Supplemental Measure: SMHS Crisis Service Utilization - Crisis Residential Treatment Days per Beneficiary (Data source: Children and Youth MHS Demographic Dashboards [AB470])

Supplemental Measure: Specialty Mental Health Services Crisis Service Utilization - Crisis Residential Treatment Days per Beneficiary for Adults

Santa Barbara County Rate: 32.3 days Statewide Rate: 22.8 days

Santa Barbara is ABOVE the Statewide Rate

- Age: Adults ages 21-32 had a lower crisis residential treatment utilization rate.

Supplemental Measure: Temporary Conservatorship Rates (Rate per 10,000 people)

Santa Barbara County Rate: 0.4 people per 10,000 Statewide Rate: 0.7 people per 10,000

Santa Barbara County is BELOW the Statewide rate

Supplemental Measure: Permanent Conservatorship Rates (Rate per 10,000 people)

Santa Barbara County Rate: 4.5 people per 10,000 Statewide Rate: 2.8 people per 10,000

Santa Barbara is ABOVE the Statewide Rate

Institutionalization: Cross-Measure Questions

What additional local data do you have on the current status of institutionalization in your county? (Example: utilization of Mental Health Rehabilitation Center or Skilled Nursing Facility-Special Treatment Programs)

Admissions to inpatient psychiatric hospital (both in and out of county), Mental Health Rehabilitation Center, Skilled Nursing Facility, or other long-term care facilities are all entered in our EHR for tracking purposes. Additional local data includes invoices we receive for individuals placed out of county.

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may reduce your county's rate of institutionalization. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs.

Additionally, please refer to any data that was used to inform new programs, services, partnerships or initiatives the count is implementing (e.g., enhancing crisis response services targeting a sub-population in which data demonstrates they have poorer outcomes)

Planning was informed by both quantitative and qualitative data including Santa Barbara's performance on statewide behavioral health goals, as well as community-identified behavioral health priorities gathered through the BHSA 2025 Community Planning Process including community feedback and surveys. The primary data source was the California Mental Health Services Authority (CalMHSA) Statewide Behavioral Health Goals: Institutionalization Dashboard. Additional data reviewed to inform planning included: CalMHSA's MY2024 HEDIS calculations and disparity analyses; Medi-Cal Connect; DHCS and CalMHSA county SMI population estimates; County Community Health Needs Assessments; The BHP's Electronic Health Record (SmartCare); community-identified behavioral health priorities gathered through the BHSA Integrated Planning Process feedback, BHSA Steering Committee meetings, and surveys; and FY25/26 MHSA Annual Update outcomes.

A. Disparity Identified: Adults ages 21-32 had a lower crisis residential treatment utilization rate.

- BWell plans to open a new Board and Care and Recovery Residence to increase access to residential services and provide stabilization and decrease the need for crisis interventions
- BWell will continue to advertise crisis intervention services through highlighting awareness of the Access Line
- BWell will continue to contract with Community-Based Organizations to ensure rapid access and delivery of crisis services
- BWell will implement a new Full-Service Partnership System of Care that includes Assertive Community Treatment; Forensic Assertive Community Treatment and Intensive Case to continue to work on providing services and deescalating folks to prevent needing crisis interventions
- BWell will continue to advertise the Access Line in creative and innovative ways to increase awareness of crisis services offered county-wide

- Increase utilization of both Crisis Stabilization Units and Crisis Residential Treatment as safe landing pads for people leaving incarceration
- Increase utilization through partnerships with law enforcement and community organizations for new Crisis Stabilization Unit in South County to provide short term interventions and lessen the need for longer term services
- BWell will work with criminal justice partners to ensure that behavioral health evaluations are completed before booking thereby ensuring more rapid access to services
- BWell will continue to prioritize shifting people efficiently from Crisis Residential Treatment to a lower level of care to maintain efficient utilization of crisis residential treatment services

B. Disparity Identified: High number of crisis intervention minutes for Youth.

- BWell will begin providing High Fidelity Wraparound as part of our Full-Service Partnership system of care in FY 27-28. This will provide more services round the clock, with the goal of stabilizing vulnerable youth and lessening the need for crisis services.
- BWell will also implement Coordinated Specialty Care for First Episode Psychosis to provide early interventions for youth and decrease the need for Crisis Interventions

Please identify the category or categories of funding that the county is using to address the institutionalization goal

BHSA BHSS

BHSA FSP

BHSA Housing Interventions 2011 Realignment

Justice-Involvement: Primary Measures

Arrests: Adult and Juvenile Rates (Department of Justice), Statistical Year 2023

How does your county status compare to the statewide rate/average?

For adults/older adults

Above

For juveniles

Above

What disparities did you identify across demographic groups or special populations?

Age

Gender

Race or Ethnicity

Sex

Justice-Involvement: Supplemental Measures

Adult Recidivism Conviction Rate (California Department of Corrections and Rehabilitation (CDCR)), FY 2019 - 2020

How does your county status compare to the statewide rate/average?

Above

What disparities did you identify across demographic groups or special populations?

Age

Gender

Race or Ethnicity

Sex

Incompetent to Stand Trial (IST) Count (Department of State Hospitals (DSH)), FY 2023

Note: The IST count includes all programs funded by DSH, including, state hospital, Jail Based Competency Treatment (JBCT), waitlist, community inpatient facilities, conditional release, community-based restoration and diversion programs. However, this count excludes county-funded programs. As such, individuals with Felony IST designations who are court-ordered to county-funded programs are not included in this count.

How does your county status compare to the statewide rate/average?

Above

What disparities did you identify across demographic groups or special populations?

No Disparities Data Available

Justice-Involvement: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis

Please note that observed differences between groups may or may not reflect true disparities. Statistical significance could not be tested with available data, though future analyses may allow for this.

Primary Measure: Adult Arrest Rate. (Data sources: CalMHSA Justice-Involved Population Dashboard; DOJ OpenJustice Portal).

Primary Measure Adult Arrest Rate per 100,000 people

Santa Barbara County Rate: 3,214 people per 100,000 Statewide Rate: 2,440 people per 100,000

Santa Barbara County is ABOVE the Statewide rate; this is an area for improvement in our county.

- Age: Adult arrest rates were highest among adults ages 30–39 (6,760 per 100,000), approximately 2.1 times the countywide rate. Rates among adults ages 18–29 were comparable despite representing a larger population share, indicating disproportionately high exposure among both groups.
- Sex: Adult arrest rates were disproportionately male (5,910 per 100,000) compared to females (1,568), a difference of approximately 3.8 times. I- Race/Ethnicity: The largest disparity was between Black and white residents (9,280 vs. 2,628 per 100,000; 3.5 times). Hispanic residents accounted for the largest share of arrests (58.5%).

Primary Measure: Juvenile Arrest Rate and Supervised Youth. (Data sources: CalMHSA Justice-Involved Population Dashboard, DOJ OpenJustice Portal, and Santa Barbara County JJCC materials).

Primary Measure Juvenile Arrest Rate per 100,000 People

Santa Barbara County Rate: 744.2 people per 100,000 Statewide Rate: 371.5 people per 100,000

Santa Barbara County is ABOVE the Statewide rate; this is an area for improvement in our county.

- Age: In 2023, Santa Barbara County's juvenile arrest rate was 744 per 100,000 youth, ranking 4th statewide.
- Sex: Juvenile arrest rates were disproportionately male (1,011 per 100,000) compared to females (413), a difference of approximately 2.4 times.
- Race/Ethnicity: As of October 1, 2025, supervised youth were 87% Hispanic, exceeding the county's Hispanic youth population (58%), based on Department of Finance projections. Supervised youth were also disproportionately male (83%).

Supplemental Measure: Adult Recidivism Conviction Rate. (Data sources: California Department of Corrections and Rehabilitation).

Supplemental Measure: Adult Recidivism Conviction Rate

Santa Barbara County Rate: 41.5% Statewide Rate: 39.6%

Santa Barbara County is ABOVE the Statewide rate; this is an area for improvement in our county.

- Age: Among individuals released from CDCR custody in FY 2019–2020, reconviction rates were highest for ages 35–39 (51.1%), followed by 25–29 (46.4%), 20–24 (45.7%), 30–34 (42.9%), and 40–44 (36.8%). Younger individuals showed higher reconviction rates for certain offense types (e.g., crimes against persons at 62.8% for ages 18–19).
- Sex: Reconviction rates were higher for males than females across all offense categories, with the largest difference observed for "other crimes" (43.3% vs. 27.4%).
- Race/Ethnicity: White individuals had higher overall reconviction rates than Hispanic individuals. However, the sharpest differences were observed among smaller populations. American Indian/Alaska Native individuals had higher reconviction rates than white individuals for crimes against persons (42.5% vs. 34.6%), non-serious/non-violent offenses (53.1% vs. 45.1%), and serious offenses (43.4% vs. 40.4%). Pacific Islander individuals had notably high reconviction rates for violent offenses (41.9%) compared to white (23.5%), Black (27.7%), and Hispanic/Latino (25.3%) individuals. Estimates are based on small populations and should be interpreted alongside counts and monitored over time.

Supplemental Measure: Incompetent to Stand Trial Count, Rate per 100,000 people

Santa Barbara County Rate; 23.6 people Statewide Rate: 14.3 people

Santa Barbara County is ABOVE the Statewide rate; this is an area for improvement in our county.

Justice-Involvement: Cross-Measure Questions

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may reduce your county's level of justice-involvement for those living with significant behavioral health needs. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships or initiatives the count is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes).

Planning was informed by both quantitative and qualitative data including Santa Barbara's performance on statewide behavioral health goals, as well as community-identified behavioral health priorities gathered through the BHSA 2025 Community Planning Process including community feedback and surveys. The primary data source was the California Mental Health Services Authority (CalMHSA) Statewide Behavioral Health Goals: Justice-Involvement Dashboard. Additional data reviewed to inform planning included: DOJ OpenJustice Portal; CDCR Recidivism Dashboard; Santa Barbara County Jail Census; Santa Barbara County JJCC materials; Medi-Cal Connect; DHCS and CalMHSA county SMI population estimates; County Community Health Needs Assessments; The BHP's Electronic Health Record (SmartCare); community-identified behavioral health priorities gathered through the BHSA Integrated Planning Process feedback, BHSA Steering Committee meetings, and surveys; and FY25/26 MHSA Annual Update outcomes.

A. **Disparity Identified: Hispanic Male Youth Arrest Rate were primarily male (83%) and Hispanic.** (Santa Barbara County JJCC materials**)**

BWell will encourage further partnership between BWell's Juvenile Justice team and the CommUnify gang intervention program to try and increase prevention for justice involvement among Hispanic youth.

- Continuation of embedded AOD counselor with Lived Experience in the Juvenile Justice Program providing in reach as well as community outreach to support youth with engaging/linking to treatment.
- BWell is introducing a new Evidence-Based practice to be incorporated in our Children and Transitional Age Youth programs: Multi-Systemic Therapy. MST is an evidence based, intensive family and community –based treatment program designed to address the complex needs of youth with severe behavioral health issues, particularly those involved in the justice system. MST implementation will help with early interventions for Justice involved youth.

  (35% of supervised youth re-offend, the hope is that MST offered to eligible justice-involved youth will help lower their rate of recidivism.

B. **Disparity Identified: Adults ages 30-39 arrest rate. Adults 30-39 experience disproportionately more arrests for their population size than any other age group. Adults 35-39 most likely to return to the system overall.** (Data Source Used: California Mental Health Services Authority (CalMHSA). Justice-Involved Population Statewide Behavioral Health Goals Public Dashboard: Adult and Juvenile Arrest Rates per 100,000.)
   - BWell will be implementing Forensic Assertive Community Treatment. Program implementation will help us provide intensive wraparound services and aid in reducing the recidivism rate
   - Continuation of Behavioral Health Linkages for adults and juveniles will reduce recidivism, increase links to community resources and bridge service gaps for those leaving custody.

C. **Disparity Identified: Black and Hispanic arrest rates. Black residents have the highest per-person arrest disparity, and Hispanic individuals make up the largest share of arrests.** (Data Source Used: OpenJustice Portal – Adult Arrest Data Sets (Arrest Rates per 100,000). Office of the California Attorney General.)
   - BWell will continue to hire peers and caseworkers with lived experience who are bicultural in all our Justice Programs.
   - BWell will increase Justice Programs' focus on stabilizing and linking towards more culturally appropriate supportive services for Blach and Latino males
   - Implementation of BHSA Housing Interventions will provide housing stability for this population with goal of reducing recidivism
   - BWell will continue to target Hispanic males in North County with the Assisted Outpatient Treatment Program SAMHSA grant
   - BWell will continue to prioritize hiring of bilingual staff
   - BWell will continue use of interpreters for Mixtec speaking clients

D. **Disparity Identified: American Indian/Alaska Native and Pacific Islander populations. The sharpest racial disparities in recidivism/ reconviction appear in the smaller groups - American Indian/Alaska Native (crimes against persons as well as non-serious, non-violent, and serious,) and Pacific Islander (violent crimes)** (Data Source Used**:** California Department of Corrections and Rehabilitation (CDCR). Recidivism Dashboard – FY 2019–2020.)

- BWell will increase outreach to Pacific Islander and Filipino communities in Lompoc and Santa Maria
- BWell will continue to prioritize connecting Native Americans with the Santa Ynez Tribal Health Clinic to receive their preferred care model and traditional healing
- BWell will continue expanding diversion intervention efforts, we have four Diversion programs: Mental Health Treatment Court/Dual Diagnosis Treatment Court; Misdemeanor Incompetent to Stand Trial; Misdemeanor IST Diversion and Felony Diversion (AB 1810) and Rapid Diversion.
- BWell will continue expanding Care Act Referral Program: will increase staffing for this program to ensure services for all referrals with goal of justice involvement and recidivism.

Please identify the category or categories of funding that the county is using to address the justice-involvement goal

BHSA BHSS

BHSA FSP

BHSA Housing Interventions 2011 Realignment

SAMHSA PATH

Removal Of Children from Home: Primary Measures

Children in Foster Care (Child Welfare Indicators Project (CWIP)), as of January 2025

How does your county status compare to the statewide rate?

Below

What disparities did you identify across demographic groups or special populations?

Age

Sex

Removal Of Children from Home: Supplemental Measures

Open Child Welfare Cases SMHS Penetration Rates (DHCS), 2022

How does your county status compare to the statewide rate?

Above

What disparities did you identify across demographic groups or special populations?

Age

Sex

Child Maltreatment Substantiations (CWIP), 2022

How does your county status compare to the statewide rate?

Below

What disparities did you identify across demographic groups or special populations?

Age

Race or Ethnicity

Sex

Removal Of Children from Home: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis

Please note that observed differences between groups may or may not reflect true disparities. Statistical significance could not be tested with available data, though future analyses may allow for this.

Primary Measure: The Children in Foster Care rate per 100,000 people (Data source: California Child Welfare Indicators Project).

Primary Measure: Children in Foster Care rate per 100,000 people

Santa Barbara County Rate: 454 children per 100,000 people Statewide Rate: 525.1 children per 100,000 people

Santa Barbara County is BELOW the Statewide Rate

- Age: Infants under 1 year old (667 per 100k) were above the County rate (454.0 per 100k).

  Supplemental Measure: Open Child Welfare Case Specialty Mental Health Services

  Penetration Rate (Data Source: California Department of Healthcare Services).

- Age: Infants 0-2 years old (34.3%) and 3-5 years old (49.7%) were below the statewide average.

  Supplemental Measure: Child Maltreatment Substantiation, Incidences per 1,000 children (Data source: California Child Welfare Indicators Project).

  Supplemental Measure: Child Maltreatment Substantiation, Incidences per 1,000 children

  Santa Barbara County Rate: 3.3 children per 1,000 Statewide Rate: 5.7 children per 1,000

  Santa Barbara County is BELOW the Statewide Rate

  Supplemental Measure: Open Child Welfare Case Specialty Mental Health Penetration Rate

  Santa Barbara County Rate: 53.7% Statewide Rate: 43%

  Santa Barbara County is ABOVE the Statewide Rate

- Age: Children under age 5 were above the statewide average, which varies from other age groups (11.7% under 1; 5.2% 3 to 5 years; 4.8% 1 to 2 years).

Removal Of Children from Home: Cross-Measure Questions

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may increase your county's level of access to care. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships, or initiatives the county is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes

Planning was informed by both quantitative and qualitative data including Santa Barbara's performance on statewide behavioral health goals, as well as community-identified

behavioral health priorities gathering through the BHSA 2025 Community Planning Processes, including community feedback and surveys. The primary data source was the California Mental Health Services Authority, Statewide Behavioral Health Goals: Removal of Children from Home Dashboard. The dashboard extracts data from the following sources: California Child Welfare Indicators Project (CCWIP) 2025; CCWIP 2022; California Department of Health Care Services SFY 2021-2022.

A. **Disparity Identified: Infants and young children are more likely to enter foster care but less likely to access SMHS, and more likely to experience substantiated maltreatment compared to older children:**

- BWell will start offering Parent Child Interactive Therapy as part of Specialty Mental Health Services for children ages 0-9 to improve the relationship between a child and their caregiver. The therapy involves coaching the caregiver on how to interact with the child in a positive and supportive way, while also teaching the child new skills and behaviors.
- BWell will continue to contract with providers to provide Wraparound and Therapeutic Behavioral Services
- BWell implements Family Functional Therapy and Multi Systemic Therapy as part of Intensive In-Home Services. Both of these evidence-based practices help families build Natural Supports.
- BWell will implement a new initiative through a grant to provide mild to moderate providers with training in supporting this population.
- BWell will continue to partner with Child Welfare Services and regularly meet to solve accessing services and barriers to care for this population
- BWell will collaborate with early childhood teams to cross-train on supports with accessing services and getting qualifying kids connected

B. **Disparity Identified: Latino children experience higher rates of substantiated maltreatment compared to non-Hispanic white children**:

- BWell will strengthen community engagement of Latino families and school children to educate on accessing care and prevention of maltreatment
- BWell will continue to strengthen partnerships with local schools and provide education on how to access and refer to Specialty Mental Health system of care, particularly schools with large Latino populations and providing materials for parents in Spanish and English, particularly for the Transitional Kindergarten year.
- BWell will increase training for contracted providers at Head Start to ensure access to care for Latino families

C. Disparity Identified: Female children higher incidence of substantiated maltreatment and more likely to receive Specialty Mental Health Services compared to males:

- Sexual abuse is a factor when it comes to gender disparity for child maltreatment; BWell will provide education to families/parents regarding signs of sexual abuse, sexual abuse prevention, how to report and identify family members.
- BWell will provide more education and training for Managed Care Plan's community health workers; making them aware of the disparity, training them to ensure they train the families they work with, and train Managed Care Plan staff on how to make referrals to Sexual Assault Organizations.
- BWell will partner with agencies to give sexual abuse trainings to schools and parents
- BWell will provide more training for Screeners and contracted providers on identifying risk factors.
- BWell will continue partnering with Friday Night Lights and Future Leaders of America to provide information and stigma reduction
- BWell will include a data study of CANS and Katie-A screenings as part of a Cen Cal grant to determine if there are biases

Please identify the category or categories of funding that the county is using to address the removal of children from home goal

BHSA BHSS

BHSA FSP

2011 Realignment

MHBG

Untreated Behavioral Health Conditions: Primary Measures

Follow-Up After Emergency Department Visits for Substance Use (FUA-30), 2022
How does your county status compare to the statewide rate/average?

For the full population measured

Above

What disparities did you identify across demographic groups or special populations?

Other

Race or Ethnicity

Please describe other

A disparity in race/ethnicity was identified for Black community members served through the county Behavioral Health Plan (BHP) in MY2024. Disparity data for members served through the Managed Care Plan (MCP) was not available.

Follow-Up After Emergency Department Visits for Mental Illness (FUM-30), 2022 How does your county status compare to the statewide rate/average?

For the full population measured

Above

What disparities did you identify across demographic groups or special populations?

None Identified

Untreated Behavioral Health Conditions: Supplemental Measures

Adults that needed help for emotional/mental health problems or use of alcohol/drugs who had no visits for mental/drug/alcohol issues in past year (CHIS), 2023

How does your county status compare to the statewide rate?

For the full population measured

Below

What disparities did you identify across demographic groups or special populations?

Race or Ethnicity

Untreated Behavioral Health Conditions: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis

Please note that observed differences between groups may or may not reflect true disparities. Statistical significance could not be tested with available data, though future analyses may allow for this.

Primary Measure: Follow-Up After Emergency Department Visits for Substance Use (FUA30) (Data source: Measurement Year 2024 [MY24] Descriptive Analysis [DA] Report Dashboard)

- Race/Ethnicity: Among those served through a county Behavioral Health Plan, individuals identifying as Black or Hispanic/Latino had lower rates of FUA30 (the data for those served through a Managed Care Plan was not available).

Primary Measure: Follow-Up After Emergency Department Visits for Substance Use

Santa Barbara County Rate: 33.4% Statewide Rate: 28.8%

Santa Barbara County is ABOVE the Statewide Rate

Primary Measure: Follow-Up After Emergency Department Visit for Mental Illness

Santa Barbara County Rate: 43.7% Statewide Rate: 38.2%

Santa Barbara County is ABOVE the Statewide Rate

Supplemental Measure: Adults that Needed Help for Emotional/Mental Health Problems or Use of Alcohol/Drugs Who Had No Visits for Mental/Drug/Alcohol Issues in Past Year (Data source: California Health Interview Survey)

Supplemental Measure: Adults that Needed Help for Emotional/Mental Health Problems or Use of Alcohol/Drugs Who Had No Visits for Mental/Drug/Alcohol Issues in Past Year

Santa Barbara County Rate: 41.1% Statewide Rate: 48.4%

Santa Barbara County is BELOW the Statewide Rate; this is an area for improvement for our County.

- Race/Ethnicity: Adults identifying as Asian reported the highest rate of having no professional visits for their mental health or substance use. When data were stratified by race and sex, adults identifying as Latino and male reported the highest rate of having no professional visits for their mental health or substance use.

Untreated Behavioral Health Conditions: Cross-Measure Questions

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may reduce your county's level of untreated behavioral health conditions. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the

context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships or initiatives the count is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes)

Planning was informed by both quantitative and qualitative data including Santa Barbara's performance on statewide behavioral health goals, as well as community-identified behavioral health priorities gathering through the BHSA 2025 Community Planning Processes, including community feedback and surveys. The primary data source was the California Mental Health Services Authority, Statewide Behavioral Health Goals: Untreated Behavioral Health Conditions Dashboard. Additional data reviewed to inform planning included: CalMHSA's MY2024 HEDIS calculations and disparity analyses; Medi-Cal Connect; DHCS and CalMHSA county SMI population estimates; County Community Health Needs Assessments; The BHP's Electronic Health Record (SmartCare); community-identified behavioral health priorities gathered through the BHSA Integrated Planning Process feedback, BHSA Steering Committee meetings, and surveys; and FY25/26 MHSA Annual Update outcomes

A. **Disparity Identified: The follow-up after an emergency room visit for Substance Abuse and The follow-up after an emergency room visit for mental illness rates for individuals identifying as Black or Hispanic were below the County rates.**

- BWell will continue to make services easy to Access. Bwell recently moved our Santa Barbara Homeless Outreach and Justice Alliance programs to Haley Street, a more visible and easier to access location.
- BWell will continue to expand clinic hours to beyond regular business hours, allowing working families the ability to participate in services.
- BWell will continue to provide Access screeners for conference assessments & referrals for those in the hospital (both virtual and in-person)
- BWell will have a Resource Navigator to train CenCal staff and Emergency Departments on the correct levels of care
- BWell will introduce real-time data sharing with CenCal and/or Emergency Departments when person is flagged to need our services

B. **Disparity Identified: Adults that needed help for Mental Health or Substance Use who received no visits for MH/SUD needs in the last year**

BWell will increase outreach to community members in need of behavioral health services over the next three years. Broader outreach will include:

- Field-based initiation of substance-use disorder treatment

- Forming an integrated outreach team that will be providing outreach and engagement to both mental health and substance users
- BWell will continue behavioral health campaigns for reducing stigma, including social media campaigns
- BWell will increase CARE Act staffing for targeted outreach for eligible populations
- BWell will increase outreach as part of full services partnership Assertive Community Treatment model
- BWell will continue to provide Assisted Outpatient Treatment
- BWell will continue partnership with the County Health Department and their prevention efforts, including stigma reduction

C. Disparity Identified: Asian American and Latino Male populations had lowest rate of no visits for MH/SUD needs in the last year.

- BWell will ensure that when someone is discharged from an Emergency Department the Access Line information in discharge packets is provided in the language of preference.
- BWell will continue to have an Access line follow-up call for all Santa Maria mental health and/or substance use disorder discharges from Emergency Department
- BWell will continue to collaborate with community Organizations like Mixteco Indigena Organizing Project to try and provide access to behavioral health services in the safest, most culturally sensitive environment.
- BWell will increase outreach to African American faith-based community, county-wide

Please identify the category or categories of funding that the county is using to address the untreated behavioral health conditions goal

BHSA BHSS

BHSA FSP

2011 Realignment

SAMHSA PATH

Additional statewide behavioral health goals for improvement

Please review your county's status on the remaining eight statewide behavioral health goals using the primary measure(s) to compare your county to the statewide status and review the supplemental measure(s) for additional insights in the County Performance Workbook. These measures should inform the overall strategy and where relevant, be incorporated into the planning around the six priority goals.

In the next section, the county will select AT LEAST one goal from below for which your county is performing below the statewide rate/average on the primary measure(s) to improve on as a priority for the county.

For related policy information, refer to E.6.2 Primary and Supplemental Measures

Care Experience: Primary Measures

Perception of Cultural Appropriateness/Quality Domain Score (Consumer Perception Survey (CPS)), 2024

How does your county status compare to the statewide rate/average?

For adults/older adults

Same

For children/youth

Below

Quality Domain Score (Treatment Perception Survey (TPS)), 2024

How does your county status compare to the statewide rate/average?

For adults/older adults

Below

For children/youth

Same

Engagement In School: Primary Measures

Twelfth Graders who Graduated High School on Time (Kids Count), 2022

How does your county status compare to the statewide rate/average?

Above

Engagement In School: Supplemental Measures

Meaningful Participation at School (California Health Kids Survey (CHKS)), 2023

How does your county status compare to the statewide rate/average?

Below

Student Chronic Absenteeism Rate (Data Quest), 2022

How does your county status compare to the statewide rate/average?

Below

Engagement In Work: Primary Measures

Unemployment Rate (California Employment Development Department (CA EDD)), 2023

How does your county status compare to the statewide rate/average?

Below

Engagement In Work: Supplemental Measures

Unable to Work Due to Mental Problems (California Health Interview Survey (CHIS)), 2023

How does your county status compare to the statewide rate/average?

Above

Overdoses: Primary Measures

All Drug-Related Overdose Deaths (California Department of Public Health (CDPH)), 2022

How does your county status compare to the statewide rate/average?
For the full population measured

Above

For adults/older adults

Not Applicable

For children/youth

Not Applicable

Overdoses: Supplemental Measures

All-Drug Related Overdose Emergency Department Visits (CDPH), 2022

How does your county status compare to the statewide rate/average?

For the full population measured

Above

For adults/older adults

Above

For children/youth

Not Applicable

Prevention And Treatment of Co-Occurring Physical Health Conditions: Primary Measures

Adults' Access to Preventive/Ambulatory Health Service & Child and Adolescent Well-Care Visits (DHCS), 2022

How does your county status compare to the statewide rate/average?

For adults (specific to Adults' Access to Preventive/Ambulatory Health Service)

Above

For children/youth (specific to Child and Adolescent Well-Care Visits)

Above

Prevention And Treatment of Co-Occurring Physical Health Conditions: Supplemental Measures

Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using

Antipsychotic Medications & Metabolic Monitoring for Children and Adolescents on Antipsychotics: Blood Glucose and Cholesterol Testing (DHCS), 2022

How does your county status compare to the statewide rate/average?

For adults/older adults (specific to Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications)

Below

For children/youth (specific to Metabolic Monitoring for Children and Adolescents on Antipsychotics: Blood Glucose and Cholesterol Testing)

Below

Quality Of Life: Primary Measures

Perception of Functioning Domain Score (CPS), 2024

How does your county status compare to the statewide rate/average?

For the full population measured

Not Applicable

For adults/older adults

Not Applicable

For children/youth

Not Applicable

Quality Of Life: Supplemental Measures

Poor Mental Health Days Reported (Behavioral Risk Factor Surveillance System (BRFSS)), 2024

How does your county status compare to the statewide rate/average?

For the full population measured

Below

Social Connection: Primary Measures

Perception of Social Connectedness Domain Score (CPS), 2024

How does your county status compare to the statewide rate/average?

For the full population measured

Not Applicable

For adults/older adults

Not Applicable

For children/youth

Not Applicable

Social Connection: Supplemental Measures

Caring Adult Relationships at School (CHKS), 2023

How does your county status compare to the statewide rate/average?

Below

Suicides: Primary Measures

Suicide Deaths, 2022

How does your county status compare to the statewide rate/average?

For the full population measured

Above

Suicides: Supplemental Measures

Non-Fatal Emergency Department Visits Due to Self-Harm, 2022

How does your county status compare to the statewide rate/average?

For the full population measured

Above

For adults/older adults

Not Applicable

For children/youth

Not Applicable

County-selected statewide population behavioral health goals

For related policy information, refer to 3.E.6 Statewide Behavioral Health Goals.

Based on your county's performance or inequities identified, select at least one additional goal to improve on as a priority for the county for which your county is performing below

Overdoses

Please describe why this goal was selected

Santa Barbara's age adjusted overdose rate (per 100,000) – at 33.9 - is higher than both the Statewide rate (28.8) and Statewide median (31.0). Additionally, Santa Barbara's overdose emergency department visit rate - at 147 - is lower than Statewide median (148.6) but higher than the Statewide rate (143.8).

Source 1: CalMHSA Dashboard Microsoft Power BI; Source: California Comprehensive Death File (accessible through California Overdose Surveillance Dashboard)

Source 2: CalMHSA Dashboard Microsoft Power BI ; Source: California Department of Health Care Access and Information ED Data Comprehensive Death File (accessible through California Overdose Surveillance Dashboard)

What disparities did you identify across demographic groups or priority populations among the Additional Statewide Behavioral Health Goals? For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis

Please note that observed differences between groups may or may not reflect true disparities. Statistical significance could not be tested with available data, though future analyses may allow for this.

Primary Measure: Drug-Related Overdose Deaths (Source: California Comprehensive Death File, accessible through California Overdose Surveillance Dashboard).

Primary Measure: All Drug-Related Overdose Deaths, Rate per 100,000 people

Santa Barbara County: 33.9 people Statewide Rate: 28.8 people

Santa Barbara County is ABOVE the Statewide Rate; this is an area for improvement in our County

- Age: Overdose deaths were highest for the 35-44 age group.
- Gender: Overdose deaths were disproportionately male (at 48.1), more than double female, (at 19.7).

- Ethnicity: Overdose deaths were higher for Native American/Alaskan Native; however, the numerator was less than 6 (small n) and Native American/Alaskan Natives represent a small percentage of Santa Barbara County's population.

Supplemental Measure: Drug-Related Overdose ED Visits (Source: California Department of Health Care Access and Information ED Data, accessible through California Overdose Surveillance Dashboard).

Supplemental Measure: All Drug-Related Overdose Visits to Emergency Departments, rate per 100,000 People

Santa Barbara County Rate: 147 people Statewide Rate: 143.8 people

Santa Barbara County is ABOVE the Statewide Rate

- Age: Overdose ED visits were highest for 25-29- and 15–19-year-olds.
- Gender: Overdose ED visits were disproportionately male (at 175.5) compared to females (at 114.8).
- Ethnicity: Overdose ED visits were disproportionately Black/African American; however, the numerator was 21 (small n) and Black/African Americans represent a small percentage of Santa Barbara County's population.

Disparities/Risks were also identified in Santa Barbara County Coroner's Office Alcohol and Other Drugs (AOD) Overdose/Death Data discussed at the Santa Barbara County Opioid Safety Coalition. These data indicate that men and homeless persons more frequently die of overdose. These data also indicate that while Whites are more likely to die of overdose, deaths among Hispanic/Latinos are growing, as are deaths from stimulants combined with opiates.

Disparities/Risks were also identified in Santa Barbara County Jail Data, both in terms of in-custody overdoses and 14 days post-incarceration.

In-Custody Overdose reduction:

- In 2023 there were 21 in custody overdoses
- In 2024 there were 12
- In 2025 YTD there were 4

The first 14 days post-incarceration is when opioid users are particularly vulnerable to overdose. In 2023, in Santa Barbara County, there were 6 overdose fatalities within 14 days post incarceration. In 2024 there were 0 (data not yet available for 2025).

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may improve your county's level of Overdoses and refer to any data that was used to make this decision

(e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes)

Planning was informed by both quantitative and qualitative data including Santa Barbara's performance on statewide behavioral health goals, as well as community-identified behavioral health priorities gathered through the Behavioral Health Services Act (BHSA) 2025 Community Planning Process including community feedback and surveys. Data shared at the Santa Barbara County Opioid Safety Coalition meetings, as well as stakeholder input at these meetings, was also used to inform planning.

The primary data source was the California Mental Health Services Authority, Statewide Behavioral Health Goals: Overdoses and Suicides Dashboard. Other local data, specifically from the Santa Barbara County Jail and Coroner's Alcohol and Other Drugs (AOD) death data, have also been reviewed and informed planning.

A. **Disparity Identified: Male Overdose Deaths** (Data Source Used: CalMHSA and Coroner's Data)
   - Expanding Alcohol and Other Drugs (AOD) residential beds, specifically for males.
   - Monitoring more real-time data at the Santa Barbara County Opioid Safety Coalition: looking at opioid overdoses by age, region, gender, as well as American Medical Response (AMR) data – presumptive opioid overdoses by age, gender, city and location.
   - Implementation of new standardized screening tools (CIWA and DAST).
   - Implementation of distribution of Substance Use Disorder (SUD) treatment access cards and Narcan distribution for every crisis intervention.

B. Disparity Identified: Native American/Alaskan Native Overdose Deaths (Data Source Used: CalMHSA Dashboard)
   - Santa Ynez Tribal Health Clinics (SYTHC) and American Indian Health services have now started Medications for Addiction Treatment (MAT) access, naloxone distribution, and SYTHC is also now providing traditional healing practices for substance users.

C. **Disparity Identified: Stimulant plus Opioid Overdose Deaths** (Data Source Used: Coroner's Data)
   - Implementation of Contingency Management Program for Stimulant Users though contracted Alcohol and Other Drug (AOD) treatment providers to dissuade stimulant use through providing monetary incentives.

D. **Disparity Identified: Latino Overdose Deaths** (Data Source Used: Coroner's Data)
- Continue to work with county office of education and lead a train the trainers for Promotores on substance use overdose prevention specifically for Latino communities.
- Continue to have presentations in schools and churches with large Latino population; presentations always provided with Spanish and Mixteco translation.

E. **Disparity Identified: Unhoused Individuals Overdose Deaths** (Data Source Used: Coroner's Data)
- Implementing Field-Based Initiation of Substance Use Treatment as part of our Homeless Outreach team with the goal of preventing overdose deaths and treating substance use disorders.
- Will be moving our Forensic Assertive Community Treatment Team and Homeless Outreach Teams to a new downtown location - more easily accessed and with higher concentration of unhoused people - to provide greater access to services.

F. **Disparity Identified: Incarceration Overdose Deaths and post-Incarceration Overdose Deaths** (Data Source Used: SB County Jail Data)
- Will continue to increase initiation of Medications for Addiction Treatment (MAT) services in jail.
- Will continue MAT and distribution of Narcan kits as part of discharge planning. II Disparity

Please identify the category or categories of funding that the county is using to address this goal

BHSA FSP

BHSA Housing Interventions

Federal Financial Participation
(SMHS, DMC/DMC-ODS) SUBG

4. Community Planning Process

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For more information on this section, please see 3.B Community Planning Process .

Stakeholder Engagement

For related policy information, refer to 3.B.1 Stakeholder involvement
Please indicate the type of engagement used to obtain input on the planning process

- County outreach through social media
- County outreach through townhall meetings
- County outreach through traditional media (e.g., television, radio, newspaper)
- Focus group discussions
- Key informant interviews with subject matter experts Meeting(s) with county
- Provided data to county
- Public e-mail inbox submission Survey participation
- Training, education, and outreach related to community planning Workgroups and committee meetings

Include date(s) of stakeholder engagement for each type of engagement

Type of engagement:

County outreach through social media: 12/1/2025, 11/14/2025, 9/30/2025, 9/17/2025

County outreach through townhall meetings: 8/20/2025, 9/17/2025, 10/7/2025, 11/3/2025, 11/18/2025, 12/2/2025

County outreach through traditional media (e.g., television, radio, newspaper): 11/10/2025, 10/29/2025

Focus group discussions: 5/23/2025, 3/11/2025, 3/11/2025, 3/3/2025, 7/22/2025, 7/22/2025, 8/21/2025, 9/5/2025, 9/5/2025, 8/28/2025, 6/9/2025, 7/21/2025, 9/20/2025, 5/23/2025, 6/24/2025, 3/3/2025, 3/11/2025, 9/3/2025, 9/9/2025, 7/22/2025, 8/12/2025, 9/24/2025, 7/21/2025, 8/21/2025, 10/22/2025, 7/9/2025, 7/17/2025, 9/18/2025, 7/23/2025, 8/28/2025, 8/14/2025, 8/1/2025, 8/28/2025, 6/18/2025, 7/16/2025, 6/26/2025, 7/8/2025, 8/5/2025, 6/23/2025, 6/17/2025, 7/9/2025, 7/17/2025, 8/12/2025, 8/1/2025, 6/18/2025, 7/16/2025, 8/14/2025, 7/7/2025, 7/29/2025, 8/28/2025, 9/24/2025, 7/24/2025

Key informant interviews with subject matter experts: 10/1/2025, 10/8/2025,10/15/2025, 9/11/2025, 9/24/2025, 9/24/2025, 6/24/2025, 6/23/2025, 6/30/2025, 6/9/2025, 6/23/2025, 2/11/2025, 9/17/2025, 5/21/2025, 7/30/2025, 6/9/2025, 8/5/2025, 2/20/2025, 6/16/2025, 7/23/2025, 7/1/2025, 6/30/2025, 5/21/2025

Meeting(s) with county: 9/17/2025, 8/20/2025

Provided data to county: 10/7/2025, 11/3/2025, 11/18/2025, 11/18/2025,12/2/2025, 12/4/2025, 9/24/2025, 7/24/2025, 9/18/2025, 7/23/2025, 8/28/2025

Please list specific stakeholder organizations that were engaged in the planning process. Please do not include specific names of individuals

- Council on Alcoholism and Drug Abuse (CADA): Project Recovery, meeting with clients
- Wellness Center Lompoc
- New House Sober Living Site
- Growing Grounds Tabling Event
- Good Samaritan SUD Provider
- Center for Successful Aging
- Mental Wellness Center Santa Barbara
- Santa Maria Mental Wellness Center Open House
- BHSA Steering Committee
- Allan Hancock College's Beyond Incarceration Greater Education (BIGE) Club
- Justice Alliance Meeting
- National Alliance on Mental Illness (NAMI) Santa Barbara Chapter I5 Parents of Adult Child with SUD (NAMI members)
- Mixteco Indigena Community Organizing Project (MICOP)
- Santa Barbara County Behavioral Wellness Commission
- Fighting Back Santa Maria Valley (FBSMV) and their youth coalition
- CommUnify Youth Provider
- Housing Authority Youth
- Future Leaders of America
- Noah's Anchorage/YMCA
- Network of Family Resource Centers (NFRC) + Child Abuse Prevention Council
- Community Based Organization Collaborative
- Prevention and Early Intervention Providers
- City of Santa Barbara Police Dept Field Operations + Mental Health response team
- Santa Barbara County Office of Education
- Carpinteria Unified School District
- UCSB Resource Center for Sexual and Gender Diversity/Office of the Dean of Wellness and Health Equity
- UCSB Basic Needs Rapid Rehousing
- UCSB Office of the Dean of Wellness and Health Equity LGBTQ

- Santa Barbara County Public Health
- Adult Protective Services
- Farmworker Resource Center - Proyecto Campesino
- Veteran's Breakfast at Santa Barbara Veteran's Memorial Building
- Santa Barbara Veteran's Collaborative
- New Beginnings Veteran Services
- Cottage Hospital
- CenCal (Managed Care Plan)
- Commercial Insurance Plan
- Santa Ynez Tribal Health Clinic
- Healthy Lompoc Coalition
- Adult and Aging Network
- Community Partners in Caring (CPC) I
- Independent Living Resource Center
- Coordinated Entry System
- Continuum of Care Board
- Tri-County Regional Center
- Santa Barbara County Emergency Medical Services Agency
- Disaster Healthcare Coalition
- Promotores/ Health Linkages (CFRS)
- New Cuyama Foodbank
- Mexican Consulate
- Presidio Springs senior housing site
- Santa Barbara Transgender Advocacy Network (SBTAN)
- Planned Parenthood Behavioral Health Manager
- Santa Maria PRIDE Event
- Housing Authority of Santa Barbara County (HASBARCO) - Escalante Meadows (Guadalupe)
- HASBARCO - Polo Village (Buellton)
- New Beginnings-- Safe Parking
- New Beginnings Vera Cruz Village
- Santa Barbara Opioid Coalition

What are the five most populous cities in counties with a population greater than 200,000 (Cities submitting IP independently are not required to

collaborate with other cities) (Population and Housing Estimates for Cities, Counties, and the State)

	City name
1	Santa Maria
2	Santa Barbara
3	Lompoc
4	Goleta
5	Orcutt

Were you able to engage all required stakeholders/groups in the planning process?

Yes

Please describe and provide documentation (such as meeting minutes) to support how diverse stakeholder viewpoints were incorporated into the development of the Integrated Plan, including any community-identified strengths, needs, and priorities

The Integrated Plan was developed through an extensive and inclusive stakeholder engagement process designed to ensure diverse community voices meaningfully informed planning and priorities. The Behavioral Health Services Act team hosted 80 stakeholder sessions across all 29 required stakeholder categories, including four large, regionally based community workshops held in partnership with CenCal Health. These sessions generated thousands of public comments as well as provided opportunities for participants to complete our Outreach survey. Feedback gathered from these sessions reflect input from individuals with lived experience, families, providers, community-based organizations, and other key partners across the county.

All qualitative feedback was systematically reviewed, coded, and quantified through a rigorous analysis process to identify recurring themes and ensure equitable representation of perspectives across stakeholder groups. Community-identified strengths, needs, and priorities consistently emphasized the need for clearer and more accessible pathways to behavioral health services, expanded peer involvement, extended clinic hours, increased cultural and linguistic responsiveness, and enhanced language access. Stakeholders also highlighted the critical need for additional housing options, including long-term board and care placements, as

a foundational component of behavioral health stability. These findings along with additional themes developed from our stakeholder engagement process directly inform the Integrated Plan's priorities, ensuring they reflect community-identified needs and are grounded in lived experience.

Upload File

SB County Behavioral Wellness Community Planning Process (CPP) Public Comments (Attachment A);
Behavioral Health Services Act Community Planning Process FY 26-27 Final Summary (Attachment B);
Integrated Planning Process (IPP) Meeting Minutes (Attachment C)

Local Health Jurisdiction (LHJ)

Cities submitting their Integrated Plan independently from their counties do not have to complete this section. For related policy information, refer to B.2 Considerations of Other Local Program Planning Processes .

Did the county work with its LHJ on the development of the LHJ's recent Community Health Assessment (CHA) and/or Community Health Improvement Plan (CHIP) ? Additional Information regarding engagement requirements with other local program planning processes can be found in Policy Manual Chapter 3, Section B.2.3.

Yes

Please describe how the county engaged with LHJs, along with Medi-Cal managed care plans (MCPs), across these three areas in developing the CHA and/or CHIP: collaboration, data-sharing, and stakeholder activities

To maintain ongoing collaboration, our Behavioral Health Services Act manager is a member of Community Health Improvement Plan Workgroups with the County Health Department on Access to Care/Social Needs and Behavioral Health. Our team met with County Health to share a comprehensive list of all data sources used and produced by our department to inform our Integrated Plan and previous MHSA Plans; the list included 15+ unique data sources for Santa Barbara County, such as the 2024 BWell Needs Assessment Report, Client Outcomes within Community Services and Supports and Prevention and Early Intervention Programs (FY 23-24 Data), and Santa Barbara County Mental Health Plan (MHP) Medi-Cal Eligible Population data. We also reviewed the County Population-Level Behavioral Health Measure workbook and the BHSA Behavioral Health Transformation Outcomes data for Santa

Barbara County. We are sharing all the data from our 2025 Community Planning Process with our Local Health Jurisdiction.

Reviewing and sharing this data was intended to both close knowledge gaps between our department and our Local Health Jurisdiction, as well as inform ongoing action items for their Community Health Improvement Plan.

Additionally, we shared our BHSA Community Program Planning Fall 2025 stakeholder engagement plan, reviewing our Smartsheet of scheduled events with the 29 specific stakeholder groups designated by Department of Health Care Services to inform ongoing Community Health Improvement Plan planning and invited them to scheduled events. Members of the Local Health Jurisdiction participated in the BHSA Steering Committee and in planning stakeholder events. Our department presented to the HIV Team at County Health and the Nurses Association to gain specific stakeholder knowledge on this population within Santa Barbara County and identify overlapping stakeholder groups.

Did the county utilize the County-LHJ-MCP Collaboration Tool provided via technical assistance?

No

Collaboration

Please select how the county collaborated with the LHJ

Attended key CHA and CHIP meetings as requested.

Served on CHA and CHIP governance structures and/or subcommittees as requested.

Data-Sharing

Data-Sharing to Support the CHA/CHIP

Select Statewide Behavioral Health Goals that were identified for data-sharing to support behavioral health-related focus areas of the CHA and CHIP

Prevention of Co-Occurring Physical Health Conditions

Suicides

Untreated Behavioral Health (BH) Conditions (e.g., substance use disorder, depression, maternal and child behavioral disorders, other adult mental health conditions)

Was data shared?

Yes

Data-Sharing from MCPS and LHJs to Support IP development

Select Statewide Behavioral Health Goals that were identified for data-sharing to inform IP development

Access to Care
Engagement in School
Engagement in Work
Homelessness
Justice Involvement
Quality of Life
Removal of Children from Home
Overdoses
Suicides

Was data shared?

Yes

Stakeholder Activities

Select which stakeholder activities the county has coordinated for IP development with the LHJ engagement on the CHA/CHIP. Please note that although counties must coordinate stakeholder activities with LHJ CHA/CHIP processes (where feasible), the options below are for illustrative purposes only and are not required forms of stakeholder activity coordination (e.g., counties do not need to conduct each of these activities)

Collaborated with LHJ to identify shared stakeholders that are key for both the IP and CHA/CHIP process.

Coordinated messaging and stakeholder events calendars (e.g., governance meetings) around IP development and CHA/CHIP engagement.

Other

Collaborated on joint surveys, focus groups, and/or interviews that can be used to inform both the IP and CHA/CHIP.

Please describe how the county has coordinated stakeholder activities for IP development and the CHA/CHIP

Santa Barbara County's Department of Behavioral Wellness has intentionally coordinated stakeholder engagement activities for the Behavioral Health Services Act Integrated Plan and Community Health Improvement Plan with our Local Health Jurisdiction (Santa Barbara County Public Health) to ensure alignment of priorities, shared data, and coordinated implementation strategies.

The Behavioral Health Services Act Manager has actively participated in Public Health-led Community Health Improvement Plan (CHIP) stakeholder activities, such as the CHIP Access to Care/Social Needs Workgroup and the CHIP Behavioral Health Workgroup. This ongoing participation has supported communication, shared problem-solving, and alignment of behavioral health priorities within broader public health planning efforts.

The Behavioral Health Services Act team and Public Health also convened a joint listening session to align planning efforts and identify shared stakeholder priorities. Through this session, both departments identified key communities of focus, including the LGBTQ+ community, and strengthened coordination with Public Health's HIV team to ensure behavioral health considerations were integrated into ongoing outreach and planning. During this engagement, the Behavioral Health Services Act team shared findings from their Population Needs Assessment as well as their Community Program Planning Process stakeholder event target plan for the Behavioral Health Services Act Integrated Plan, including engaged stakeholder groups and their contacts. The Behavioral Health Services Act team has also shared their coded and processed qualitative data from public comments collected across 80 engagement events and 29 distinct stakeholder groups during their Community Planning Process. The goal is for this data to be leveraged to inform Community Health Improvement Plan development and ensure community input gathered through the Behavioral Health Services Act's community program planning process meaningfully contributes to Public Health's priorities.

Overall, the Behavioral Health Services Act Team and Public Health's approach reflects a shared commitment to coordinated stakeholder engagement, transparent data-sharing, and aligned strategy development to support integrated, equity-focused public health and behavioral health planning now and in future Community Health Improvement Plan and Behavioral Health Services Act Integrated Plan cycles.

Most Recent Community Health Assessment (CHA), Community Health Improvement Plan (CHIP) or Strategic Plan

Has the county considered either the LHJ's most recent CHA/CHIP or strategic plan in the development of its IP ? Additional information regarding engagement requirements with other local

program planning processes can be found in Policy Manual Chapter 3, Section B.2.3 Yes

Provide a brief description of how the county has considered the LHJ's CHA/CHIP or strategic plan when preparing its IP

The 2022 Community Health Needs Assessment (CHNA) created by Santa Barbara County Health and Cottage Hospital identifies a series of priority health areas of focus in Santa Barbara County, including Access to Care, Behavioral Health, and Social Needs. Within the Community Health Needs Assessment, Access to Care is defined as access to services, cost, health insurance, primary care provider; Behavioral Health includes anxiety and other mental health disorders, depression, mental health and serious mental illness, and youth behavioral health. Social Needs is defined as food insecurity and housing. From the Community Health Needs Assessment, the 2024-2027 Community Health Improvement Plan (CHIP) created improvement goals and strategies for Access to Care – broken down by Social Needs Access and Youth Access – and Behavioral Health.

Santa Barbara County Behavioral Wellness' Integrated Plan is in alignment with the priority health areas of focus identified by the Community Health Needs Assessment and emphasized by the Community Health Improvement Plan, already working to improve Access to Care and Untreated Behavioral Health Conditions as two priority Behavioral Health Transformation goals per Department of Health Care Services (DHCS) requirements. Similar to the Community Health Improvement Plan, Social Needs and Access for Youth/Children were identified by our department as main focus areas within the Behavioral Health Transformation goal of "Removal of Children from Home."

Finally, our Behavioral Health Transformation goal around improving Homelessness was also informed by the 2024-27 Community Health Improvement Plan. During the Behavioral Health Services Act Community Program Planning process; our department hosted workshops on Housing Interventions, Youth System of Care and Work Experience to create action items for our Integrated Plan. We are sharing all the data from our Community Program Planning Process with our Local Health Jurisdiction to inform their ongoing action items for their Community Health Improvement Plan. Our Behavioral Health Services Act manager is also a member of Community Health Improvement Plan Workgroups with the County Health Department on Access to Care/Social Needs and Behavioral Health ongoing.

Medi-Cal Managed Care Plan (MCP) Community Reinvestment

For related policy information, refer to B.2 Considerations of Other Local Program Planning Processes .

Please list the Managed Care Plans (MCP) the county worked with to inform the MCPs' respective community reinvestment planning and decision-making processes

CenCal

Which activities in the MCP Community Reinvestment Plan submissions address needs identified through the Behavioral Health Services Act community planning process and collaboration between the county, MCP, and other stakeholders on the county's Integrated Plan?

Access to healthcare and Behavioral Health were identified by the Managed Care Plan (MCP) CenCal, in the MCP Community Reinvestment Plan as Priority Areas. CenCal has identified Cultivating Well-Being for Priority Populations as the permissible reinvestment use category. The activities identified are to: support initiatives focused on increasing access to primary health care and behavioral health services for priority populations.

Through the Behavioral Health Services Act Community Planning Process and collaboration with CenCal, we have identified the need for increased navigation of our behavioral health system. CenCal reinvestment activities identified to be implemented across our entire system of care, including the Behavioral Health Department, are strategic mild to moderate fortification and overall increased systems communication, collaboration and flow of care between behavioral health and managed care systems of care.

5. Comment Period and Public Hearing

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For related policy information, refer to B.3 Public Comment and Updates to the Integrated Plan .

Comment Period and Public Hearing

For related policy information, refer to B.3 Public Comment and Updates to the Integrated Plan .

Date the draft Integrated Plan (IP) was released for stakeholder comment

4/1/2026

Date the stakeholder comment period closed

5/4/2026

Date of behavioral health board public hearing on draft IP

5/20/2026

Please provide proof of a public posting with information on the public hearing. Please select the county's preferred submission modality

Link

Please provide the link to the public posting

https://www.countyofsb.org/507/Behavioral-Health-Services-Act

If the county uses an existing landing page or other web-based location to publicly post IPs for comment, please provide a link to the landing page:

https://www.countyofsb.org/507/Behavioral-Health-Services-Act

Please select the process by which the draft plan was circulated to stakeholders

Email outreach

Public posting

Email will be attached after public comment period commences.

Please describe stakeholder input in the table below. Please add each stakeholder group into their own row in the table

Stakeholder group that provided feedback to be added after the close of the public comment period

Summarize the substantive revisions recommended this stakeholder during the comment period

N/A

Please describe any substantive recommendations made by the local behavioral health board that are not included in the final Integrated Plan or update. If no substantive revisions were recommended by stakeholders during the comment period, please input N/A.

Substantive recommendations to be added after the close of the public comment period

6. County Behavioral Health Services Care Continuum

County Behavioral Health Services Care Continuum

The Behavioral Health Care Continuum is composed of two distinct frameworks for substance use disorder and mental health services. These frameworks are used for counties to demonstrate planned expenditures across key service categories in their service continuum. Questions on the Behavioral Health Care Continuum are in the Integrated Plan Budget Template.

7. County Provider Monitoring and Oversight

For related policy information, refer to 6.C.2 Securing Medi-Cal Payment .

Medi-Cal Quality Improvement Plans

For Specialty Mental Health Services (SMHS) or for integrated SMHS/Drug Medi-Cal Organized Delivery System (DMC-ODS) contracts under Behavioral Health Administrative Integration, please upload a copy of the county's current Quality Improvement Plan (QIP) for State Fiscal Year (SFY) 2026-2027

Quality Improvement Work Plan FY 26-27 (Attachment D)

Does the county operate a standalone DMC-ODS program (i.e., a DMC-ODS program that is not under an integrated SMHS/DMC-ODS contract)?
No

Contracted BHSA Provider Locations

As of the date this report is submitted, please provide the total number of contracted Behavioral Health Services Act (BHSA) provider locations offering non-Housing services for SFY 2025-26. I.e.,
BHSA-funded locations that are (i) not owned or operated by the county, and (ii) offer BHSA services other than Housing Interventions services. (A provider location should be counted if it offers both Housing Interventions and mental health (MH) or substance use disorder services (SUD); provider location that contracts with the county to provide both mental health and substance use disorder services should be counted separately.)

Services Provided	Number of contracted BHSA provider locations
Mental Health (MH) services only	52
Substance Use Disorder (SUD) services only	0
Both MH and SUD services	0

Among the county's contracted BHSA provider locations, please identify the number of locations that also participate in the county's Medi-Cal Behavioral Health Delivery System (BHDS) (including SMHS and Drug MC/DMC-ODS) for SFY 2025-26

Services Provided	Number of Contracted BHSA Provider Locations
SMHS only	38
DMC/DMC-ODS only	0
Both SMHS and DMC/DMC-ODS systems	0

All BHSA Provider Locations

For related policy information, refer to B.2 Considerations of Other Local Program Planning Processes .

Among the county's BHSA funded SMHS provider locations (county-operated and contracted) that offer services/Levels of Care that may be covered by Medi-Cal MCPs as non-specialty mental health services (NSMHS), what percentage of BHSA funded SMHS providers contract with at least one MCP in the county for the delivery of NSMHS?

29

Please describe the county's plans to enhance rates of MCP contracting starting July 1, 2027, and over the subsequent two years among the BHSA provider locations that are providing services that can/should be reimbursed by Medi-Cal MCPs

The Santa Barbara County Behavioral Wellness Department is supporting our contracted providers by connecting them to our Managed Care Plan and encouraging them to contract with the Managed Care Plan for Medi-Cal reimbursement. Contractors have either contracted with the Managed Care Plan already or are in the process of contracting with the Managed Care Plan for services that are reimbursable by Medi-Cal for mild to moderate behavioral health services.

To maximize resource efficiency, counties must, as of July 1, 2027, require their BHSA providers to (subject to certain exceptions)

a. **Check whether an individual seeking services eligible for BHSA funding is enrolled in Medi-Cal and/or a commercial health plan, and if uninsured, refer the individual for eligibility screening**
b. **Bill the Medi-Cal Behavioral Health Delivery System for covered services for which the provider receives BHSA funding; and**
c. **Make a good faith effort to seek reimbursement from Medi-Cal Managed Care Plans (MCPs) and commercial health plans for covered services for which the provider receives BHSA funding**

Does the county wish to describe implementation challenges or concerns with these requirements?

No

Counties must monitor BHSA-funded providers for compliance with applicable requirements under the Policy Manual, the county's BHSA contract with DHCS, and state law and regulations. Effective SFY 2027-2028, counties must (1) adopt a monitoring schedule that includes periodic site visits and (2) preserve monitoring records, including monitoring reports, county-approved provider Corrective Action Plans (CAPs), and confirmations of CAP resolutions. Counties shall supply these records at any time upon DHCS's request. DHCS encourages counties to adopt the same provider monitoring schedule as under Medi-Cal: annual monitoring with a site visit at least once every three years. For providers that participate in multiple counties' BHSA programs, a county may rely on monitoring performed by another county.

Does the county intend to adopt this recommended monitoring schedule for BHSA-funded providers that:

Also participate in the county's Medi-Cal Behavioral Health Delivery System? (Reminder: Counties may simultaneously monitor for compliance with Medi-Cal and BHSA requirements)

Yes

Do not participate in the county's Medi-Cal Behavioral Health Delivery System?

Yes

8. Behavioral Health Services Act/Fund Programs

Behavioral Health Services and Supports (BHSS)

For related policy information, refer to 7.A.1 Behavioral Health Services and Supports Expenditure Guidelines

General

Please select the specific Behavioral Health Services and Supports (BHSS) that are included in your plan

Children's System of Care (non-Full Service Partnership (FSP))

Early Intervention Programs (EIP)

Adult and Older Adult System of Care (non-FSP) Workforce, Education and Training (WET)

Children's System of Care (Non-Full Service Partnership (FSP)) Program

For related policy information, refer to 7.A.2 Children's, Adult, and Older Adult Systems of Care .

Please select the service types provided under Program

Mental health services

Please describe the specific services provided

The Children's Wellness, Recovery and Resiliency Program delivers therapy, case management, and crisis evaluations for children and transitional aged youth, striving for over 95% engagement in purposeful activities and fewer than 5% discharges to higher care levels. This program serves children aged 6-15 who demonstrate moderate-to-severe mental health needs, although many are at a higher level of functioning while still meeting criteria for specialty mental health services. The goal is to provide short-term treatment, offering treatment to prepare children to transition to a lower level-of-care in the community.

Services provided to children in the Wellness, Recovery and Resiliency (WRR) program include Initial/Comprehensive Clinical Assessments, Rehabilitation, Case Management, Individual and/or Family Therapy and Group Therapy. A specialized service provided within the WRR program is "Katie-A" treatment, which focuses on intake and assessment of all children referred by Social Services (Child Welfare Services). Those Katie-A children requiring the WRR level-of-care either remain with the clinic-based WRR team or are referred to the Pathways to Wellbeing Program (a program provided by contracted providers CALM, Inc.) A bilingual Katie A assessor is available to provide these services in Spanish. All staff are trained in cultural competency on an annual basis and have the opportunity to engage in further trainings to help reduce ethnic and cultural disparities.

Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Plan Period by FY	Projected Number of Individuals Served

FY 2026 – 2027	**1019**
FY 2027 – 2028	**1019**
FY 2028 – 2029	**1019**

Please describe any data or assumptions your county used to project the number of individuals served through the Children's System of Care

We are assuming a 5% decrease in services for this program due to increases in services from other programs including Intensive Case Management Full Service Partnerships. Data used to estimate number of clients to be served by this program is Electronic Health Record, EHR, (SmartCare) FY24/25 # served; BHSA IP Estimates for Santa Barbara County: Table 1 "Total BHSA-Eligible Individuals Living with SMI."

Adult and Older Adult System of Care (Non-Full Service Partnership (FSP)) Program: Adult WRR Outpatient Teams

For each program or service type that is part of the county's BHSS funded Adult and Older Adult System of Care (Non-FSP) program, provide the following information. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.2 Children's, Adult, and Older Adult Systems of Care

Please select the service types provided under Program

Mental health services

Please describe the specific services provided

The Adult Wellness, Recovery and Resiliency (WRR) Outpatient Teams provide services to underserved adults (18+) in a clinic setting at a lower level of care. Services are provided through a variety of modalities, including groups addressing trauma, depression and life skills. Groups related to improved health outcomes have been recently introduced.

The Wellness and Recovery (WRR) teams provide services to adults in a clinic setting that are a lower level of care. Staff have been trained in relevant Evidence-based Practices, including Cognitive-Behavioral Treatment and Trauma-Informed Care. Team members provide services in a variety of modalities including groups addressing trauma, depression and life skills. Groups related to improved health outcomes have been introduced.

Services in WRR are focused on prevention, learning healthy behaviors and coping skills to improve functioning through a Team Based Care (TBC) model. TBC is a multi-disciplinary approach in which all clinic/program members share joint responsibility in providing services, supports and treatment to adult clients. Each treatment team carries together an assigned caseload of adults (age 18+), and each team member – based on his/her role, expertise and scope of practice – contributes towards an adult's success, recovery and goal achievement.

Adults therefore are receiving services that are coordinated and integrated, while still individualized to their specific needs. A manual for Team-Based Care has been developed and implemented which articulates the roles and interactions for each team member and provision of services. In addition, case management services are always available to consumers to assist them with obtaining and maintaining housing, linking them to primary health care providers, and providing financial management support. Post COVID-19, the Department continues to offer a mix of telehealth services and in-person appointments regionally for clients that are not able to successfully participate in telehealth services or that require in person interventions in order to successfully meet treatment plan goals and maintain their mental health treatment. Certain clinic locations have a designated room setup with audio and video for those without access to technology.

The Adult Wellness, Recovery and Resiliency (WRR) Outpatient Teams provide services to underserved adults (18+) in a clinic setting at a lower level of care. Services are provided through a variety of modalities, including groups addressing trauma, depression and life skills. Groups related to improved health outcomes have been recently introduced.

Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	1128
FY 2027 – 2028	1128
FY 2028 – 2029	1128

Please describe any data or assumptions the county used to project the number of individuals served through the Adult and Older Adult System of Care

We are assuming a 5% decrease in services for this program due to increases in services from other programs, including Intensive Case Management Full-Service Partnerships. Data used to estimate number of clients to be served by this program is Electronic Health Record, EHR, (SmartCare) FY24/25 # served; BHSA IP Estimates for Santa Barbara County: Table 1 "Total BHSA-Eligible Individuals Living with SMI."

Adult and Older Adult System of Care (Non-Full Service Partnership (FSP)) Program: Crisis Stabilization Units (CSU)

For each program or service type that is part of the county's BHSS funded Adult and Older Adult System of Care (Non-FSP) program, provide the following information. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.2 Children's, Adult, and Older Adult Systems of Care

Please select the service types provided under Program

Mental health services

Please describe the specific services provided

The Crisis Stabilization Units (CSU) provide rapid crisis intervention and stabilization services within a 23-hour timeframe, catering to the underserved, the homeless and individuals in crisis. The CSU in South County transitioned from voluntary to a locked Lanterman-Petris-Short Act (LPS) unit to accommodate both voluntary and involuntary admissions, potentially reducing strain on emergency departments and increasing daily census for more effective crisis management.

North County CSU: The Marian Hospital Crisis Stabilization Unit (CSU) opened on September 8, 2022. Since opening, the unit has served approximately 1800 patients from Santa Maria, Lompoc, Vandenberg, San Luis Obispo, Atascadero, Paso Robles, and its surrounding communities. The Central Coast communities continue to be underserved when it comes to mental health care; the CSU serves the neediest amongst this population by taking the majority of its referrals from local emergency departments. All patients are accepted based on medical need regardless of ability to pay. Given the cultural and ethnic diversity in our communities, the CSU has engaged with our Mixtec interpreters at Marian Regional, who have provided language services and consultation with several complex cases this last year. The CSU continues to focus our care initiatives on providing individualized treatment, specific to the emotional, cultural, and psychiatric needs of our patients.

South County CSU: In January 2016, the Department of Behavioral Wellness opened the County's first Crisis Stabilization Unit (CSU) in Santa Barbara (South County). The CSU provides a safe, nurturing short-term, emergency treatment option for individuals experiencing a behavioral health emergency. The Program accommodates up to eight individuals daily, for stays of up to 23 hours. The CSU is a locked LPS unit to accommodate both voluntary and involuntary admissions, the CSU is located on the County campus in Santa Barbara. The facility offers a semi-private intake and assessment space, a casual open common room with lounge chairs or day beds, wireless phone access, music headsets, laundry facilities, showers, secure storage and offices. Staffing includes a Psychiatric Registered Nurse, a 24-hour on-call Psychiatrist who conducts on-site rounds morning and evening, practitioners, and peers.

Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	700
FY 2027 – 2028	735
FY 2028 – 2029	772

Please describe any data or assumptions the county used to project the number of individuals served through the Adult and Older Adult System of Care

We expect modest growth, of around 5% each year, for this program due to increased usage and promotion of this program. Data used to estimate number of clients to be served by this program is EHR (SmartCare) FY24/25 # served; BHSA IP Estimates for Santa Barbara County: Table 1 “Total BHSA-Eligible Individuals Living with SMI” and Community-Based Organization (CBO) Contracts.

Adult and Older Adult System of Care (Non-Full Service Partnership (FSP)) Program: Homeless Clinicians Program

For each program or service type that is part of the county’s BHSS funded Adult and Older Adult System of Care (Non-FSP) program, provide the following information. If the county

provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.2 Children's, Adult, and Older Adult Systems of Care

Please select the service types provided under Program

Mental health services

Please describe the specific services provided

The Homeless Clinicians Program through Good Samaritan Shelter continues to provide essential supportive services at Homekey, West Cox, and the Depot Street apartments, supporting individuals as they transition from homelessness. Many residents face complex challenges, including co-occurring disorders and severe, persistent mental illness. To address their needs, the program offers onsite case management, structured engagement activities, and comprehensive care coordination. We have strengthened our relationships with Santa Barbara County Housing Authority staff, as we have found that early involvement with clients upon move-in leads to better long-term outcomes. This collaborative approach has helped ensure smoother transitions, greater housing stability, and improved engagement in supportive services.

Good Samaritan Shelter's Homeless Clinicians program operates through a network of strategically positioned offices, designed to maximize accessibility for our clients. In Santa Maria, our services are co-located with various essential facilities, including the emergency shelter, family shelter, residential treatment program for men, residential and outpatient treatment program for women, and permanent housing center. Similarly, in Lompoc, our offices are co-located with residential and outpatient treatment centers for both men and women.

By delivering services directly on-site, where our clients reside, we effectively mitigate barriers to access, ensuring that individuals experiencing homelessness can readily access the support they need. This approach not only fosters convenience for our clients but also enhances the effectiveness of our interventions, leading to improved outcomes and enhanced well-being within our community.

Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Plan Period by FY	Projected Number of Individuals Served

FY 2026 – 2027	200
FY 2027 – 2028	200
FY 2028 – 2029	200

Please describe any data or assumptions the county used to project the number of individuals served through the Adult and Older Adult System of Care

Projections expect that there will be a stable client count served in the program. The expected stability is due to the program operating at, or near maximum capacity. Data used to estimate number of clients to be served by this program is EHR (SmartCare) FY24/25 # served; BHSA IP Estimates for Santa Barbara County: Table 1 "Total BHSA-Eligible Individuals Living with SMI" and Community-Based Organization (CBO) Contracts.

Adult and Older Adult System of Care (Non-Full Service Partnership (FSP)) Program: Crisis Residential Treatment (CRT)

For each program or service type that is part of the county's BHSS funded Adult and Older Adult System of Care (Non-FSP) program, provide the following information. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.2 Children's, Adult, and Older Adult Systems of Care

Please select the service types provided under Program

Mental health services

Please describe the specific services provided

The Crisis Residential Treatment (CRT) program services are situated across North and South County. These facilities are operated by Crestwood (South) and Telecare (North). They offer voluntary residential recovery services to individuals in crisis, aiming to alleviate active behavioral health symptoms and distress while ensuring stable housing post-discharge. Utilizing measurement tools like the Symptom Checklist and Severity Scale, significant improvements are reported in clients' conditions during and after their stay in CRT. The programs prioritize serving underserved populations, including the homeless and those involved in the justice system, as well as those facing crises, providing psychiatric rehabilitation, temporary housing, and various recovery programs with a focus on cultural competence and client-driven support.

The Programs allow clients in crisis, who have a serious mental illness, to receive treatment from Mental Health Practitioners, Caseworkers, Peer Recovery Assistants, and Psychiatrists, while participating in various recovery programs. Clients can stay at either facility for up to 90 days at a time and have designated visitation hours. Residential crisis services aim to:

- provide an alternative to the Hospital Emergency Department;
- increase community-based services;
- provide appropriate services in less restrictive environments;
- provide post-crisis support and linkage to maintain stability and reduce recidivism.

Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	280
FY 2027 – 2028	280
FY 2028 – 2029	280

Please describe any data or assumptions the county used to project the number of individuals served through the Adult and Older Adult System of Care

Projections expect that there will be a stable client count served in the program. The expected stability is due to the program operating at, or near maximum capacity and a limited eligible client population in the county. Data used to estimate number of clients to be served by this program is EHR (SmartCare) FY24/25 # served; BHSA IP Estimates for Santa Barbara County: Table 1 "Total BHSA-Eligible Individuals Living with SMI" and Community-Based Organization (CBO) Contracts.

Early Intervention (EI) Programs: Wellness Centers

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in

Policy Manual Chapter 7, Section A.7.3 , but counties may develop multiple programs/interventions to meet all county EI requirements. For related policy information, refer to 7.A.7 Early Intervention Programs .

Program or service name

The Wellness Centers

Please select which of the three EI components are included as part of the program or service

Access and Linkage: Referrals

Treatment Services and Supports: Other

Please specify "other" type of Treatment Services and Supports

All three Wellness Centers have certified Peer Specialists provide peer support services.

Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs

Yes

Please select the EBPs and CDEPs that apply

Triple P - Positive Parenting Program (Triple P) Acceptance and Commitment Therapy (ACT)
Cognitive Behavioral Therapy (CBT) for Anxiety
Motivational Enhancement Therapy (MET) / Motivational Interviewing Seeking Safety (SS)

Please provide the name of the EBPs and CDEPs that apply

EBPs and CDEPs

The Wellness Recovery Action Plan (WRAP®) is a structured, peer-led, and highly individualized self-management tool designed to help people reduce, manage, or eliminate distressing symptoms and to improve their quality of life. While it began as a peer-driven, "community-defined" model, it was officially designated as an evidence-based practice (EBP) by the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2010. WRAP is considered an evidence-based practice because, since its creation, it has been rigorously studied and shown to improve mental health outcomes. Although often classified as a traditional EBP, WRAP aligns closely with the principles of Community-Defined Evidence Practices (CDEPs).
Certified Peer Support Specialists are generally considered an evidence-based practice (EBP) in California rather than exclusively a Community-Defined Evidence Practice (CDEP). While they provide culturally anchored, lived-experience support, they are formally recognized as a Medi-Cal provider type under SB 803. Evidence-Based Practice (EBP): Peer support services are recognized by California DHCS as an evidence-based practice that promotes recovery, self-sufficiency, and self-advocacy. Whole Health Action Management (WHAM) is an evidence-based practice provided at Wellness Centers in North and West county.

Please describe intended outcomes of the program or service

Intended Outcomes Include:

Peer-led support, activities, and family services for diverse demographics including transitional-aged youth, adults, and older adults to reduce isolation and stigma; peer-led support offers a safe space for socialization while addressing community needs such as language-specific support groups and peer training; peer-led programs create a vital network of peer-run supports which provide services that build bridges to local communities further engaging natural community supports; Bilingual and bicultural staff allows the Wellness Centers to serve the Spanish-speaking community; Providing holistic care to Serious Mentally Ill individuals provides whole-person care and community-based recovery; Delivering foodbank bags and monthly hot lunches to the senior population and those who are working, serves as a wraparound service which increases accessibility to the wellness center.

Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2

No

Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	1650
FY 2027 – 2028	1650
FY 2028 – 2029	1650

Please describe any data or assumptions the county used to project the number of individuals served through EI programs

Projections expect that there will be a stable client count served in the program. The expected stability is due to the program operating at, or near maximum capacity and a limited eligible client population in the county. Data used to estimate number of clients to be served by this program is EHR (SmartCare) FY24/25 # served; BHSA IP Estimates for Santa Barbara County: Table 1 "Total BHSA-Eligible Individuals Living with SMI" and Community-Based Organization (CBO) Contracts.

Early Intervention (EI) Programs: Crisis Services

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3 , but counties may develop multiple programs/interventions to meet all county EI requirements. For related policy information, refer to 7.A.7 Early Intervention Programs .

Program or service name

Crisis Services

Please select which of the three EI components are included as part of the program or service

Treatment Services and Supports: Services that prevent, respond to, or treat a behavioral health crisis or decrease the impacts of suicide

Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs

Yes

Please select the EBPs and CDEPs that apply

- Mobile Crisis, including use of tools such as the Columbia Suicide Severity Rating Scale or the Stanley-Brown Safety Plan
- Motivational Enhancement Therapy (MET) / Motivational Interviewing

Please provide the name of the EBPs and CDEPs that apply

EBPs and CDEPs
Mobile Crisis; Motivational Interviewing

Please describe intended outcomes of the program or service

Intended Outcomes Include:

Offering 24/7 mobile crisis response, crisis clinics, and co-response teams pairing clinicians with law enforcement officers for behavioral health crises minimizes psychiatric hospitalizations, increases discharges to lower care levels, and reduces incarcerations; fully staffed Co-Response Teams allows all four regions of Santa Barbara County to be covered and served, allowing for timely crisis responses across the county.

The goal of the Crisis Services program is to respond to all Access crisis calls; respond to law enforcement requests for outreach; respond to requests for services when an individual is evaluated for a 5150 but a hold is not written; assist current outpatient program clients when they are rapidly decompensating and are at risk of hospitalization; act as an access point for walk-in clients new to Behavioral Wellness or returning clients who are not currently open and can have more difficulty with engagement into service; and, provide hospital discharge services to individuals being discharged from the Psychiatric Health Facility (PHF), Crisis Stabilization Unit (CSU), Telecare & Crestwood Behavioral Health CRT (Crisis Residential Facility), or out-of-county LPS facilities, to individuals who are new to Behavioral Wellness or to returning clients

who are not currently linked to services. This program is addressing the identified community issue of increasing warm handoff and navigation services for those in crisis.

Crisis Services team often conduct crisis evaluations with individuals experiencing homelessness and assist in getting them help. Crisis Services also works collaboratively with our two jails and our Juvenile Justice Center to conduct crisis evaluations in those facilities when needed. If holds are written in the jail settings we assist in having the inmate brought to an LPS facility for treatment.

Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2

No

Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	2069
FY 2027 – 2028	22028
FY 2028 – 2029	1987

Please describe any data or assumptions the county used to project the number of individuals served through EI programs

We are anticipating a decrease of 5% for Crisis services in FY 26-27, and an annual decrease of 2% for FY 27-28 and FY 28-29 because of the increase in BHSA services and programs intended to stabilize and deescalate individuals, resulting in an overall slight decrease in the need for crisis interventions. Data used to estimate number of clients to be served by this program is Electronic Health Record, EHR, (SmartCare) FY24/25 # served; BHSA IP Estimates for Santa Barbara County: Table 1 “Total BHSA-Eligible Individuals Living with SMI.”

Early Intervention (EI) Programs: Growing Grounds

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3 , but counties may develop multiple programs/interventions to meet all county EI requirements. For related policy information, refer to 7.A.7 Early Intervention Programs .

Program or service name

Growing Grounds

Please select which of the three EI components are included as part of the program or service

Treatment Services and Supports: Services to address co-occurring mental health and substance use issues

Treatment Services and Supports: Other

Please specify "other" type of Treatment Services and Supports

This program provides early intervention services that reduce the duration of untreated conditions and assist individuals in quickly regaining productive lives while reducing the likelihood of "negative outcomes" including suicide and self-harm, incarceration or homelessness, unemployment and prolonged suffering.

Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs

No

Please describe intended outcomes of the program or service

Intended Outcomes Include:

Growing Grounds Farm hires and supports workers with a moderate to severe mental health condition or in recovery of a mental health condition. Employees are diagnosed with persistent illnesses such as schizophrenia, bipolar disorder, anxiety disorder or major depression and the Growing Grounds program combines horticultural therapy and vocational training to provide individuals with mental illness employment and a supportive environment that encourages personal growth.

Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2

No

Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	50
FY 2027 – 2028	50
FY 2028 – 2029	50

Please describe any data or assumptions the county used to project the number of individuals served through EI programs

Projections expect that there will be a stable client count served in the program. The expected stability is due to the program operating at, or near maximum capacity. Data used to estimate number of clients to be served by this program is EHR (SmartCare) FY24/25 # served; BHSA IP Estimates for Santa Barbara County: Table 1 "Total BHSA-Eligible Individuals Living with SMI" and Community-Based Organization (CBO) Contracts.

Early Intervention (EI) Programs: Peer and Parent Partners in Wellness

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3 , but counties may develop multiple programs/interventions to meet all county EI requirements. For related policy information, refer to 7.A.7 Early Intervention Programs .

Program or service name

Peer and Parent Partners in Wellness

Please select which of the three EI components are included as part of the program or service

Access and Linkage: Referrals

Treatment Services and Supports: Services to address co-occurring mental health and substance use issues

Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs Yes

Please select the EBPs and CDEPs that apply

Acceptance and Commitment Therapy (ACT) Cognitive Behavioral Therapy (CBT) for Anxiety Motivational Enhancement Therapy (MET) / Motivational Interviewing

Please provide the name of the EBPs and CDEPs that apply

EBPs and CDEPs
The Wellness Recovery Action Plan (WRAP®) is a structured, peer-led, and highly individualized self-management tool designed to help people reduce, manage, or eliminate distressing symptoms and to improve their quality of life. While it began as a peer-driven, "community-defined" model, it was officially designated as an evidence-based practice (EBP) by the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2010. WRAP is considered an evidence-based practice because, since its creation, it has been rigorously studied and shown to improve mental health outcomes. Although often classified as a traditional EBP, WRAP aligns closely with the principles of Community-Defined Evidence Practices (CDEPs).
Dr. Xavier Amador's LEAP method (Listen-Empathize-Agree-Partner) is considered an evidence-based practice. It is specifically designed to create therapeutic alliances with individuals who have serious mental illness (SMI) and suffer from anosognosia—a neurological symptom that prevents them from recognizing they are ill.

Please describe intended outcomes of the program or service

Intended Outcomes Include:

The peer-led outreach and engagement interdisciplinary team works in a family's home or within the offices to engage and support family members living with an adult with serious and persistent mental illness. The services are provided in a manner that breaks down barriers to seeking help while promoting recovery and resilience for the entire family. Connecting peers and parents with Mental Wellness Center and the National Alliance on Mental Illness educational groups and activities allows for group support during recovery.

Using Dr. Almodovar's Learning Evaluating and Planning (LEAP) curriculum with families, teaches parents how to communicate and set boundaries while maintaining self-care, and understanding the signs and symptoms of mental illness. Education within the program provides families with support and discussion around overcoming barriers to treatment, understanding anosognosia, and decreasing stigma. Using a holistic strength-based approach engages clients in services. Each individual family is provided with interventions, psychoeducation, and coaching skills based on each family member's needs.

Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2

No

Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	30
FY 2027 – 2028	30
FY 2028 – 2029	30

Please describe any data or assumptions the county used to project the number of individuals served through EI programs

Projections expect that there will be a stable client count served in the program. The expected stability is due to the program operating at, or near maximum capacity and a limited eligible client population in the county. Data used to estimate number of clients to be

served by this program is EHR (SmartCare) FY24/25 # served; BHSA IP Estimates for Santa Barbara County: Table 1 "Total BHSA-Eligible Individuals Living with SMI" and Community-Based Organization (CBO) Contracts.

Early Intervention (EI) Programs: Early Childhood Specialty Mental Health

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3 , but counties may develop multiple programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.7 Early Intervention Programs .

Program or service name

Early Childhood Specialty Mental Health

Please select which of the three EI components are included as part of the program or service

Treatment Services and Supports: Other

Please specify "other" type of Treatment Services and Supports

This is an early intervention program for children ages 0-9. They provide early intervention services including Parent Child Interactive Therapy.

Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs

Yes

Please select the EBPs and CDEPs that apply

Parent Child Interaction Therapy (PCIT) Child Parent Psychotherapy (CPP)
Cognitive Behavioral Therapy (CBT) for Psychosis
Eye Movement Desensitization and Reprocessing (EMDR) Infant and Early Childhood Mental Health Consultation Interpersonal Therapy (IPT)
Nurturing Parenting Program (NP)
Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

Please provide the name of the EBPs and CDEPs that apply

EBPs and CDEPs
PCIT; CPP; CBT; EMDR

Please describe intended outcomes of the program or service

Intended Outcomes Include:

Provide developmentally appropriate, evidence-based interventions that address trauma, build resilience, and prevent long-term mental health challenges. CALM's trauma-informed, family-centered, and culturally responsive approach ensures that both children and caregivers receive the support they need. Remaining committed to reducing ethnic and cultural disparities by implementing targeted outreach strategies ensures equitable access to mental health services. Providing Targeted Case Management, Assessments and Treatment plans and goals that involve the whole family increases the need for Specialty Mental Health Services for children and families under the age of 10. CALM works on building Life Functioning Skills; addressing Behavioral/Emotional Needs; Reducing Risk Behaviors and increasing Cultural Factors when providing care which increases support so that families and children can build resiliency and recovery. Having Mental health practitioners who specialize and provide in dyadic treatment therapeutic services for children 0-5 and their caregivers allows for specialized trauma-treatment to address toxic stress within this population. Supporting and expanding training allows the team to provide specialized services needed to work with underserved populations. Clinicians specializing in early childhood mental health conduct screenings and comprehensive assessments to establish appropriate clinical recommendations. These assessments ensure that children receive the necessary support and interventions to promote healing and stability.

Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2

No

Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	433
FY 2027 – 2028	433
FY 2028 – 2029	433

Please describe any data or assumptions the county used to project the number of individuals served through EI programs

Projections expect that there will be a stable client count served in the program. The expected stability is due to the program operating at, or near maximum capacity and a limited eligible client population in the county. Data used to estimate number of clients to be served by this program is EHR (SmartCare) FY24/25 # served; BHSA IP Estimates for Santa Barbara County: Table 1 "Total BHSA-Eligible Individuals Living with SMI" and Community-Based Organization (CBO) Contracts.

Early Intervention (EI) Programs: Access and Assessment Teams

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3 , but counties may develop multiple programs/interventions to meet all county EI requirements. For related policy information, refer to 7.A.7 Early Intervention Programs .

Program or service name

Access and Assessment Teams

Please select which of the three EI components are included as part of the program or service

Access and Linkage: Screenings

Access and Linkage: Assessments Access and Linkage: Referrals

Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs Yes

Please select the EBPs and CDEPs that apply

Motivational Enhancement Therapy (MET) / Motivational Interviewing

Please provide the name of the EBPs and CDEPs that apply

EBPs and CDEPs
Motivational Interviewing

Please describe intended outcomes of the program or service

Intended Outcomes Include:

- This is a program to access and assess unserved/underserved community members for mental health services and access. Assessments and referrals are customized to ensure that appropriate cultural and linguistic needs of each consumer are identified and accommodated.
- Expanding the Access Line to include a second office in Santa Maria increases recruitment of Spanish-speaking staff and to better serve the Spanish-speaking community. Having over half of the entire Access Line Team be bilingual in Spanish accurately mirrors our county's demographics and increased call volume from the Spanish-speaking community in response to the change.
- Hiring a Spanish-speaking Recovery Assistant, a Peer with lived experience who can assist with outreach for the Access Line in the primarily Spanish-speaking Santa Maria region breaks down barriers to seeking help while promoting recovery and resilience for the client.
- Hiring two Alcohol and Drug Service Specialists with unique backgrounds in substance abuse to widen our reach. The Access Line works closely with Behavioral Wellness' Homeless Services program to link unhoused clients to resources they need beyond mental health and substance use treatment.
- Focusing on simplifying and improving access to care, reducing wait times, reducing barriers to receiving services, and increasing consistency throughout the County increases accessibility to specialty behavioral health services.
- Working closely with both the Santa Barbara County Jail and the Santa Maria Jail to increase access to services for inmates once they are released from jail to link clients who are in custody to both substance use and mental health services. The Access Line supervisor attends a weekly collaboration meeting with the jails, probation and Justice Alliance to improve communication and streamline processes to increase the efficiency of screenings, referrals and access to services.

- The Access Line has improved processes involving warm handoffs of clients in crisis-to-crisis services. Rather than having the Access Line warm transfer a call directly to crisis services, the Access Line screener contacts a regional crisis supervisor/Triage Coordinator to triage the call and determine the best plan of action and person/team to respond according to the schedule. This increases the likelihood of timely response by crisis services, because the supervisor/coordinator can ensure someone is available to respond according to the crisis staff schedule.
- Providing psychoeducation and intervention resources about the first onset of mental health issues and how to address it to increase understanding and awareness about the first on-set of serious and persistent mental illness

Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2

No

Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	1995
FY 2027 – 2028	2035
FY 2028 – 2029	2076

Please describe any data or assumptions the county used to project the number of individuals served through EI programs

Assumptions for this program are that with increased outreach and promotion of accessing services, we will see a modest growth of 2% annually. Data used to estimate number of clients to be served by this program is Electronic Health Record, EHR, (SmartCare) FY24/25 # served; BHSA IP Estimates for Santa Barbara County: Table 1 “Total BHSA-Eligible Individuals Living with SMI.”

Coordinated Specialty Care for First Episode Psychosis (CSC) program

For related policy information, refer to 7.A.7.5.1 Coordinated Specialty Care for First Episode Psychosis.

Please provide the following information on the county's Coordinated Specialty Care for First Episode Psychosis (CSC) program

CSC program name

Coordinated Specialty Care for First Episode Psychosis

CSC program description

This program will deliver comprehensive, coordinated treatment to those experiencing early signs and symptoms of a psychotic disorder, as well as provide families with the tools to support their loved ones in their recovery process. The program will engage unserved individuals in the community who may be experiencing symptoms of early psychosis to help them access services. The program will provide screening and assessment for clients to determine eligibility for coordinated specialty care services, short-term services to support clients during transition to other providers, and information/resources for clients not eligible for their direct services, as well as their families.

DHCS will provide counties with information to complete the estimated fields for eligible population and practitioners/teams needed for CSC. The estimated numbers of teams/practitioners reflect the numbers needed to reach the entire eligible population (i.e., achieve a 100 percent penetration rate), and DHCS recognizes that counties will generally not be able to reach the entire eligible population. These projections are not binding and are for planning purposes. In future guidance, DHCS will provide more information on the number of teams counties must implement to demonstrate compliance with BHSA CSC requirements.

Please review the total estimated number of individuals who may be eligible for CSC (based on the Service Criteria in the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Evidence Based Practice (EBP) Policy Guide and the Policy Manual Chapter 7, Section A.7.5). Please input the estimates provided to the county in the table below.

CSC Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	76

Number of Uninsured Individuals	10

CSC Practitioners and Teams Needed	Estimates
Number of Practitioners Needed to Serve Total Eligible Population	13
Number of Teams Needed to Serve Total Eligible Population	3

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for BHSS, please provide the total number of teams and Full-Time Equivalents (FTEs) (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTE) to provide CSC over this Integrated Plan period, by fiscal year.

County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Practitioners	12	15	15
Total Number of Teams	1	2	2

Will the county's CSC program be supplemented with other (non-BHSA) funding source(s)?
Yes

Please list the other funding source(s)
Mental Health Block Grant

County Workforce, Education, and Training (WET) Program: Crisis Prevention Trainings

As described in the Policy Manual, WET activities should supplement, but not duplicate, funding available through other state-administered workforce initiatives, including the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) workforce initiative administered by the Department of Health Care Access and Information (HCAI). Counties should prioritize available BH-CONNECT and other state-administered workforce programs whenever possible. Responses in this section should address the county's WET program. Other workforce efforts should be addressed in the Workforce Strategy section of the Integrated Plan (IP).

For related policy information, refer to 7.A.4 Workforce Education and Training .

Program or activity name

Crisis Prevention Trainings

Please select which of the following categories the activity falls under

Workforce Recruitment, Development, Training, and Retention

Please describe efforts to address disparities in the Behavioral Health workforce.

Additional information regarding diversity of the behavioral health workforce can found in Policy Manual Chapter 7, Section A.4.9 this train-the-trainer model will diverse trainers to address community needs.

County Workforce, Education, and Training (WET) Program: Transgender, Gender Diverse, and Intersex Cultural Competence Trainings

As described in the Policy Manual, WET activities should supplement, but not duplicate, funding available through other state-administered workforce initiatives, including the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) workforce initiative administered by the Department of Health Care Access and Information (HCAI). Counties should prioritize available BH-CONNECT and other state-

administered workforce programs whenever possible. Responses in this section should address the county's WET program. Other workforce efforts should be addressed in the Workforce Strategy section of the Integrated Plan (IP).

For each program or activity that is part of the county's overall WET program, provide the following information. If the county provides more than one program or activity type, use the "Add" button. For related policy information, refer to 7.A.4 Workforce Education and Training.

Program or activity name

Transgender, Gender Diverse, and Intersex Cultural Competence Trainings

Please select which of the following categories the activity falls under

Workforce Recruitment, Development, Training, and Retention

Please describe efforts to address disparities in the Behavioral Health workforce.

Additional information regarding diversity of the behavioral health workforce can found in Policy Manual Chapter 7, Section A.4.9

The department is training direct care staff in building skills to support individuals who may identify as transgender, gender diverse or intersex and help staff create welcoming, safe environments for these populations.

County Workforce, Education, and Training (WET) Program: Cultural Competency Training Program

As described in the Policy Manual, WET activities should supplement, but not duplicate, funding available through other state-administered workforce initiatives, including the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) workforce initiative administered by the Department of Health Care Access and Information (HCAI). Counties should prioritize available BH-CONNECT and other state-administered workforce programs whenever possible. Responses in this section should address the county's WET program. Other workforce efforts should be addressed in the Workforce Strategy section of the Integrated Plan (IP).

For related policy information, refer to 7.A.4 Workforce Education and Training .

Program or activity name

Cultural Competency Training Program

Please select which of the following categories the activity falls under

Workforce Recruitment, Development, Training, and Retention

Please describe efforts to address disparities in the Behavioral Health workforce. Additional information regarding diversity of the behavioral health workforce can found in Policy Manual Chapter 7, Section A.4.9

The department continues to support all staff in addressing disparities for client services and enabling staff to address cultural sensitivity and cultural competence within our communities.

County Workforce, Education, and Training (WET) Program: Writing Student Intern Program

As described in the Policy Manual, WET activities should supplement, but not duplicate, funding available through other state-administered workforce initiatives, including the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) workforce initiative administered by the Department of Health Care Access and Information (HCAI). Counties should prioritize available BH-CONNECT and other state-administered workforce programs whenever possible. Responses in this section should address the county's WET program. Other workforce efforts should be addressed in the Workforce Strategy section of the Integrated Plan (IP).
For each program or activity that is part of the county's overall WET program, provide the following information. If the county provides more than one program or activity type, use the "Add" button. For related policy information, refer to 7.A.4 Workforce Education and Training.

Program or activity name

Writing Student Intern Program

Please select which of the following categories the activity falls under

Workforce Recruitment, Development, Training, and Retention

Please describe efforts to address disparities in the Behavioral Health workforce.

Additional information regarding diversity of the behavioral health workforce can found in Policy Manual Chapter 7, Section A.4.9

Writing internship program: The department will continue our current partnership with local University of California, Santa Barbara school. This partnership creates an opportunity for students to apply for a writing internship with Behavioral Wellness department. Students receive school credit while it also provides them exposure to county behavioral health. This program has been successful as many students in the intern program have continued to work for the department after their internship program.

Capital Facilities and Technological Needs (CFTN) Program: North County Social Rehabilitation Facility/ Crisis Residential Treatment

For each project that is part of the county's CFTN project, provide the following information. If the county provides more than one project, use the "Add" button. Additional information on CFTN policies can be found in Policy Manual Chapter 7, Section A.5.

1. Project name

North County Social Rehabilitation Facility/ Crisis Residential Treatment

2. Please select the type of project

Capital facilities project

If capital facilities project, please indicate which of the following categories the project falls under

Meeting match requirements for Behavioral Health Continuum Infrastructure Program (Bond BHCIP) award

3. Please describe the project

Project will have two sixteen-bed Crisis Residential Treatment facilities focused on justice diversion in North County on the County Campus. Eligible population is 18–64-year-olds who require residential treatment before stabilizing to lower levels of care.

Full-Service Partnership Program

DHCS will provide counties with information to complete the estimated fields for eligible population and practitioners/teams needed for each EBP. The estimated numbers of teams/practitioners reflect the numbers needed to reach the entire eligible population (i.e., achieve a 100 percent penetration rate), and DHCS recognizes that counties will generally not be able to reach the entire eligible population, in consideration of BHSA funding availability. These projections are not binding and are for planning purposes only. In future guidance, DHCS will provide more information on the number of teams counties must implement to demonstrate compliance with BHSA FSP requirements. For related policy information, refer to 7.B.3 Full Service Partnership Program Requirements and 7.B.4 Full Service Partnership Levels of Care

Please review the total estimated number of individuals who may be eligible for each of the following Full Service Partnership (FSP) services (consistent with the Service Criteria in the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Evidence-Based Practice (EBP) Policy Guide , the Policy Manual Chapter 7, Section B , and forthcoming High Fidelity Wraparound (HFW) Medi-Cal Guidance): Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT), Full Service Partnership (FSP) Intensive Case Management (ICM), HFW and Individual Placement and Support (IPS) Model of Supported Employment). Please input the estimates provided to the county in the table below.

Total Adult FSP Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	1208
Number of Uninsured Individuals	214
Number of Total FSP Eligible Individuals with Some Justice-System Involvement	513

Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT) Eligible Population

Please input the estimates provided to the county in the table below

ACT Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	180
Number of Uninsured Individuals	32

FACT Eligible Population (ACT with Justice-System Involvement)	Estimates
Number of Medi-Cal Enrolled Individuals	90
Number of Uninsured Individuals	16

ACT/FACT Practitioners and Teams Needed	Estimates
Number of Practitioners Needed to Serve Total Eligible Population	40
Number of Teams Needed to Serve Total Eligible Population	4

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for FSP, please provide the total number of teams and Full-Time Equivalents (FTEs) (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTEs) to provide ACT and FACT over this Integrated Plan period, by fiscal year. DHCS will provide further guidance and Technical Assistance (TA) to assist counties with completing these fields.

County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Practitioners	32	32	32
Total Number of Teams	4	4	4

Full-Service Partnership (FSP) Intensive Case Management (ICM) Eligible Population

Please input the estimates provided to the county in the table below

FSP ICM Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	938
Number of Uninsured Individuals	166

FSP ICM Practitioners and Teams Needed	Estimates
Number of Practitioners Needed to Serve Total Eligible Population	45
Number of Teams Needed to Serve Total Eligible Population	9

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for FSP, please provide the total number of teams and FTEs (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTEs) to provide FSP ICM over this Integrated Plan period, by fiscal year. DHCS will provide further guidance and TA to assist counties with completing these fields.

County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Practitioners	45	45	45
Total Number of Teams	9	9	9

High Fidelity Wraparound (HFW) Eligible Population

Please input the estimates provided to the county in the table below

HFW Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	0
Number of Uninsured Individuals	0

HFW Practitioners and Teams Needed	Estimates
Number of Practitioners Needed to Serve Total Eligible Population	0
Number of Teams Needed to Serve Total Eligible Population	0

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for FSP, please provide the total number of teams and FTEs (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTE) to provide HFW over this Integrated Plan period, by fiscal year. DHCS will provide further guidance and TA to assist counties with completing these fields.

County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Practitioners	7	10	10
Total Number of Teams	2	2	2

Individual Placement and Support (IPS) Eligible Population

Please input the estimates provided to the county in the table below

IPS Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	1773
Number of Uninsured Individuals	313
IPS Practitioners and Teams Needed	**Estimates**
Number of Practitioners Needed to Serve Total Eligible Population	132
Number of Teams Needed to Serve Total Eligible Population	53

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for FSP, please provide the total number of teams and FTEs (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTE) to provide IPS over this Integrated Plan period, by fiscal year.

County Actuals	FY 26-27	FY 27-28	FY 28-29

Total Number of Practitioners	19	27	33
Total Number of Teams	9	12	15

Full-Service Partnership (FSP) Program Overview

Please provide the following information about the county's BHSA FSP program

Will any of the estimated number of practitioners the county plans to utilize (provided above) be responsible for providing more than one EBP?

Yes

Please describe how the estimated practitioners will provide more than one EBP

A limited number of practitioners will be responsible for providing both Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT) and will be trained in both.

Please describe how the county is employing a whole-person, trauma-informed approach, in partnership with families or an individual's natural supports

Behavioral Wellness fully utilizes Substance Abuse and Mental Health Services Administration (SAMHSA) guidelines and provides a whole person, trauma-informed approach that emphasizes safety, meaning that clients and staff feel physically and psychologically safe. All Full-Service Partnership teams include certified peer specialists to provide peer supports and help build trust, enhance collaboration, and utilize their lived experience to promote recovery and healing.

Full-Service Partnership teams always operate from a place of trustworthiness and transparency; all organizational decisions are conducted with the goal of building and maintaining trust with participants and staff. The trauma-informed approach of these teams includes collaboration; an importance is placed on partnering and leveling power differences between staff and service participants. Staff receive training and incorporate culture and gender-responsive services into their practice in a manner that moves beyond stereotypes or biases. Empowerment, voice and choice: Full-Service Partnership teams foster a belief in the primacy of the people who are served to heal and promote recovery from trauma.

Achieving this level of holistic care includes partnerships with the individual, their families, and/or other natural supports that surround their daily lives. Behavioral Wellness implements a variety of strategies to support a whole-person and trauma-informed approach such as: Dedication to a recovery model understanding that the client is the expert for their lives;

assisting with identifying and building natural supports that are unique to each client; providing a multi-disciplinary team with a Practitioner, Peer Support Specialist, Recovery Specialist, Psychiatrist and medical support staff to meet the client where they are at and provide a whole-person centered approach; staff also maintain up to date training in trauma-informed care and transgenerational trauma.

Please describe the county's efforts to reduce disparities among FSP participants

Behavioral Wellness implements a variety of strategies to promote culturally and linguistically appropriate services to reduce disparities in Full-Service Partnership programs. Full-Service Partnership teams are required to engage in annual cultural competency training. The specific cultural needs of each client are continually addressed by the Full-Service Partnership team; in-person translation services are always provided in the client's language of choice, and bi-lingual and bi-cultural staff are prioritized for all Full-Service Partnership teams.

Select which goals the county is hoping to support based on the county's allocation of FSP funding

Access to care
Homelessness
Institutionalization
Justice involvement
Removal of children from home
Untreated behavioral health conditions
Engagement in school
Engagement in work
Overdoses
Quality of life
Social connection
Suicides

Please describe what actions or activities the county behavioral health system is doing to provide ongoing engagement services to individuals receiving FSP ICM

Full-Service Partnership Intensive Case Management programs will provide ongoing engagement services by:

- Meeting clients frequently in person.
- Having a multi-disciplinary team-based approach, including peer support services.
- Maintaining regular communication and follow-up, including providing a minimum of one service per week, as clinically indicated.
- Meeting clients out in the community, wherever is easiest for the client.

- And promoting connection to community-based and recovery-oriented services such as Wellness Centers and Individual Placement Supports for Supported Employment.

Ongoing engagement services is a required component of ACT, FACT, IPS, and HFW. Please describe any ongoing engagement services the county behavioral health system will provide beyond what is required of the EBP

In addition to providing outreach as part of our Assertive Community Treatment, Forensic Assertive Community Treatment, Individual Placement and Support, and High-Fidelity Wraparound programs, we are also changing our existing Homeless Outreach program. Homeless Outreach will now operate as a component of the Full-Service Partnership system of care. Homeless Outreach will be Substance Use Disorder capable and provide outreach to both Mental Health and Substance Use Disorder only populations. Homeless Outreach will also begin providing field-based initiation of Substance Use Disorder Treatment. Homeless outreach will attempt to engage both Mental Health and Substance Use Disorder populations, conduct screenings and then connect individuals to the appropriate levels of care.

Please describe what actions or activities the county behavioral health system is doing to provide ongoing engagement services to individuals receiving FSP ICM

Full-Service Partnership Intensive Case Management programs will provide ongoing engagement services by:

- Meeting clients frequently in person.
- Having a multi-disciplinary team-based approach, including peer support services.
- Maintaining regular communication and follow-up, including providing a minimum of one service per week, as clinically indicated.
- Meeting clients out in the community, wherever is easiest for the client.
- And promoting connection to community-based and recovery-oriented services such as Wellness Centers and Individual Placement Supports for Supported Employment.

Ongoing engagement services is a required component of ACT, FACT, IPS, and HFW. Please describe any ongoing engagement services the county behavioral health system will provide beyond what is required of the EBP

In addition to providing outreach as part of our Assertive Community Treatment. Forensic Assertive Community Treatment, Individual Placement and Support, and High-Fidelity Wraparound programs, we are also changing our existing Homeless Outreach program. Homeless Outreach will now operate as a component of the Full-Service Partnership system of care. Homeless Outreach will be substance use disorder capable and provide outreach to both

Mental Health and Substance Use Disorder only populations. Homeless Outreach will also begin providing field-based initiation of Substance Use Disorder Treatment. Homeless outreach will attempt to engage both Mental Health and Substance Use Disorder populations, conduct screenings and then connect individuals to the appropriate levels of care.

Please describe how the county will comply with the required FSP levels of care (e.g., transition FSP ICM teams to ACT, stand up new ACT teams and/or stand up new FSP ICM teams, etc.)

Currently our county operates Full-Service Partnership Level One and Level Two teams, but we will be transitioning to Assertive Community Treatment, Forensic Assertive Community Treatment and Intensive Case Management teams. We will contract with providers for Assertive Community Treatment teams in Santa Barbara, Lompoc and Santa Maria. The Santa Maria and Lompoc Assertive Community Treatment programs will also offer Forensic Assertive Community Treatment services. In Santa Barbara, Behavioral Wellness will provide a stand-alone Forensic Assertive Community Treatment program. We will also contract with providers to provide Intensive Case Management services in Santa Barbara and Santa Maria. Because of the large increase in eligible population for Intensive Case Management level services, Behavioral Wellness will also transition to directly providing additional Intensive Case Management programs in Santa Barbara, Lompoc and Santa Maria.

Please indicate whether the county FSP program will include any of the following optional and allowable services

N/A

Primary substance use disorder (SUD) FSPs

No

Outreach activities related to enrolling individuals living with significant behavioral health needs in an FSP (activities that fall under assertive field-based initiation of substance use disorder treatment services will be captured separately in the next section)

Yes

Please describe the outreach activities the county will engage in to enroll individuals living with significant behavioral health needs into the county's FSP program

Behavioral Wellness has several outreach teams, and all outreach teams engage clients, provide assessments, and mental health services within community settings. Behavioral Wellness will have a Homeless Outreach team to conduct outreach to homeless individuals,

county-wide; team members will look to engage this population, conduct screenings and enroll these individuals in Full-Service Partnership level services when appropriate.
Behavioral Wellness also has an Assisted Outpatient Treatment team that conducts outreach to engage referred individuals and enroll them in Full-Service Partnership-level services. Finally, Behavioral Wellness has a CARE Act team that will provide outreach to engage all CARE Act referred individuals and enroll them in Full-Service Partnership services.

Other recovery-oriented services

Yes

Please describe the other recovery-oriented services the county's FSP program will include

Behavioral Wellness Full-Service Partnership program will also include Homeless Outreach and Assisted Outpatient Treatment programs. Both programs provide outreach and engagement to Full-Service Partnership-eligible populations. The Full-Service Partnership program will also include Individual Placement Supports for Supported Employment. As part of the recovery model, Individual Placement Services for Supportive Employment services will be available for Full-Service Partnership population.

If there are other services not described above that the county FSP program will include, please list them here. For team- based services, please include number of teams. If no additional FSP services, use "N/A"
N/A

What actions or activities did the county behavioral health system engage in to consider the unique needs of eligible children and youth in the development of the county's FSP program (e.g., review data, engage with stakeholders, analyze research, etc.) who are:

In, or at-risk of being in, the juvenile justice system

Behavioral Wellness engaged youth and family stakeholders at a workshop dedicated to our Youth System of Care. Behavioral Wellness also engaged with Probation services, community-based organizations that work with justice involved youth and their families. Our own Juvenile Justice staff and organizations are working with indigenous and Mixteco justice-involved families. Behavioral Wellness also reviewed data from our Mental Health Student Services Act (MWEL) team and reviewed juvenile justice and child welfare system data. Behavioral Wellness continues to stress the importance of this population and includes members of the County Office of Education, Department of Social Services and law enforcement partners on our Behavioral Health Services Act Steering Committee. Based on feedback from community partners and staff, Behavioral Wellness will offer both High Fidelity

Wraparound and Intensive Case Management Full Services Partnership levels and will also offer Individual Placement Supports for Supported Employment programs for transitional age youth.

Lesbian, Gay, Bisexual, Transgender, Queer, Plus (LGBTQ+)

Behavioral Wellness met with members of the LGBTQ+ community to inform planning for the Integrated Plan as part of our stakeholder process. We met with Pacific Pride, Planned Parenthood, Santa Barbara Transgender Advocacy Network (SBTAN), the University of California Santa Barbara LGBTQ+ Center and hosted an information table at the Santa Barbara PRIDE event. The voices of this population were instrumental in planning services and Full-Service Partnership programs that are welcoming and feel safe for the LGBTQ+ community. Based on feedback from community partners and staff, Behavioral Wellness will offer both High Fidelity Wraparound and Intensive Case Management Full-Service Partnership level and will also offer Individual Placement Supports for Supported Employment programs for transitional age youth.

In the child welfare system

Behavioral Wellness engaged stakeholders from the Santa Barbara County Office of Education, Department of Social Services, the Probation Department, and providers for substance use and mental health for youth and their families. The feedback from these stakeholders informed program planning for Full-Service Partnership services and we continue to partner with these organizations to provide services and share resources. Based on feedback from community partners and staff, Behavioral Wellness will offer both High Fidelity Wraparound and Intensive Case Management Full-Service Partnership levels for youth and their families.

What actions or activities did the county behavioral health system engage in to consider the unique needs of eligible adults in the development of the county's FSP (e.g., review data, engage with stakeholders, analyze research, etc.) who are

Older adults

As part of our community engagement for the Integrated Plan, Behavioral Wellness specifically engaged with older adults at two different Senior Living sites in the county, presented to the Adult and Aging Network for Santa Barbara County and engaged with providers who specifically provide services to Older Adults. Behavioral Wellness also encouraged Older Adults to attend all three of our Community Workshops, including offering free transportation and a meal to make participation as easy as possible. The needs of Older Adults were incorporated into our Full-Service Partnership program planning. Based on feedback from these community partners, Behavioral Wellness will offer Assertive Community

Treatment and Intensive Case Management services to older adults, and offer Individualized Placement Supports for Supported Employment to Older Adults in Full-Service Partnership programs.

Lesbian, Gay, Bisexual, Transgender, Queer, Plus (LGBTQ+)

Behavioral Wellness met with members of the LGBTQ+ community to inform planning for the Integrated Plan as part of our stakeholder process. We met with Pacific Pride, Planned Parenthood, Santa Barbara Transgender Advocacy Network (SBTAN), the University of California Santa Barbara LGBTQ+ Center and hosted an information table at the Santa Barbara PRIDE event. Their voices were instrumental in planning services and Full-Service Partnership programs that are welcoming and feel safe for the LGBTQ+ community. Based on feedback from these community members, we will offer Assertive Community Treatment and Intensive Case Management Full-Service Partnership programs, and offer Individualized Placement Supports for Supported Employment to all adults in Full-Service Partnership programs.

In, or are at risk of being in, the justice system

Behavioral Wellness engaged stakeholders who represent the unique needs of adults in or at risk of being in the justice system such as the Beyond Incarceration Greater Education (B.I.G.E.) program for the formerly incarcerated, the Justice Alliance Action Team, Behavioral Wellness Justice team staff including peers with lived experience, Santa Barbara City Police Department and the Probation Department. Members of these groups participate in the quarterly Behavioral Health Services Act Steering Committee meetings to provide ongoing input on program planning. Based on feedback from these community members, we will offer both Forensic Assertive Community Treatment and Intensive Case Management Full-Service Partnership program specifically for justice-involved clients, as well as offer Individualized Placement Supports for Supported Employment to justice-involved clients.

Assertive Field-Based Substance Use Disorder (SUD) Questions

For related policy information, refer to 7.B.6 Assertive Field-Based Initiation for Substance Use Disorder Treatment Services

Please describe the county behavioral health system's approach and timeline(s) to support and implement assertive field-based initiation for SUD treatment services program requirements by listing the existing and new programs (as applicable) that the county will leverage to support the assertive field-based SUD program requirements and provide the current funding source, BHSA service expansion, and the expected timeline for meeting programmatic requirements to expand existing programs and/or stand up new initiatives before July 1, 2029.

Counties should include programs not funded directly or exclusively by BHSA dollars. Additional information regarding assertive field-based initiation for SUD treatment services can be found in the BHSA Policy Manual Chapter 7, Section B.6.

Existing Programs for Assertive Field-Based SUD Treatment Services

Targeted outreach

Existing programs

Homeless Outreach

Program descriptions

Outreach to homeless individuals throughout the county with a multi-disciplinary team to try and engage individuals in services, provide assessments and then warm hand offs to clinical services.

Current funding source

MHSA CSS; MHSA Early Intervention; PATH; FFP and County General Funds

BHSA changes to existing programs to meet BHSA requirements

Program staff will be trained in Substance Use Disorder screening and begin outreach to both Mental Health and Substance Use Disorder populations. Staff will provide American Society of Addiction Medicine (ASAM) screenings and then connect individuals to appropriate Substance Use Disorder treatment. The program will provide rapid access to MAT by linking to emergency departments or other providers for initiation of field-based substance use disorder (SUD) treatment. Homeless Outreach staff will implement strategic outreach strategies to reach individuals with untreated SUD including collaboration with hospital Emergency Departments to provide screening, assessments, and linkage following admission for mental health or substance use disorder when indicated and as available. Homeless Outreach will also conduct outreach in areas with high rates of overdose reversals including homeless encampments and interim housing.

Expected timeline of operation

Expected to begin providing initiation of field-based Substance Use Disorder screening and linkage by July 1st, 2026.

Mobile-field based programs

Existing programs

Crisis Intervention and Co-Response Teams

Program descriptions

Crisis Intervention services are provided for substance use and mental health crises county-wide, regardless of insurance status, 24 hours a day, 365 days a year. Crisis teams will refer for Medications for Addiction Treatment (MAT) services, substance use services and inpatient substance use treatment services when appropriate.

The following Drug Medi Cal Organized Delivery Systems (DMC-ODS) programs operate as "Open-Access Clinics" by providing low-barrier, rapid access to MAT: Aegis Treatment Centers (Opioid Treatment Programs/Narcotic Treatment Programs) and Substance Use Disorder (SUD) Wellness and Recovery Access Point (County BH MAT Clinic). Aegis Treatment Centers offers walk-in appointments with same-day access to Medications for Addiction Treatment (MAT) and SUD WRAP offers same-day appointments with onsite inductions as needed and when available.

Local Sobering Centers and Bridge Clinics also offer low-barrier, rapid access to Medications for Addiction Treatment (MAT). Local Sobering Centers partner with emergency departments and SUD WRAP to ensure rapid access to MAT and linkage to treatment. Bridge Clinics provide walk-in appointments and partner with emergency departments for same-day access to MAT.

Current funding source

MHSA CSS; 2011 Realignment; FFP; Municipal Funding

BHSA changes to existing programs to meet BHSA requirements

No changes to this program

Expected timeline of operation

Will continue serving in current form

<u>Open-access clinics</u>

Existing programs

Sobering Center

Substance Use Disorder (SUD) WRAP

Treatment Centers

Program descriptions

The following Drug Medi Cal Organized Delivery System (DMC-ODS) programs operate as "Open-Access Clinics" by providing low-barrier, rapid access to Medications for Addiction Treatment (MAT): Aegis Treatment Centers (Opioid Treatment Programs/Narcotic Treatment Programs) and substance use disorder (SUD) Wellness and Recovery Access Point (County BH MAT Clinic). Aegis Treatment Centers offers walk-in appointments with same-day access to Medications for Addiction Treatment (MAT) and Substance Use Disorder WRAP offers same-day appointments with onsite inductions as needed and when available. Local Sobering Centers and Bridge Clinics also offer low-barrier, rapid access to MAT. Local Sobering Centers partner with EDs and SUD WRAP to ensure rapid access to MAT and linkage to treatment. Bridge Clinics provide walk-in appointments and partners with EDs for same-day access to MAT.

Current funding source

MHSA CSS; 2011 Realignment; FFP; Municipal Funding

BHSA changes to existing programs to meet BHSA requirements

The addition of a third Sobering Center in Lompoc is anticipated in FY 27-28. Treatment capacity at substance use disorder (SUD) Wellness and Recovery Access Point (WRAP) will be evaluated regularly and it is anticipated that SUD WRAP can address gaps in county Medications for Addiction Treatment (MAT) resources by increasing prescriber capacity if needed to better manage same-day MAT requests. Additionally, Aegis Treatment Centers contract will be amended to include injectable MAT beginning in the South County with increased capacity and expansion to all three regions by FY 27-28.

Expected timeline of operation

Increased treatment capacity will likely be needed at each Open-Access Clinic to continue meeting population needs for low-barrier, rapid access to Medications for Addiction Treatment (MAT).

New Programs for Assertive Field-Based SUD Treatment Services

Targeted outreach

New programs

Assertive Community Treatment (Act) /Forensic Assertive Community Treatment (FACT) Clinic

Program descriptions

ACT/FACT clinics to serve co-occurring populations and include targeted outreach as well as standardized screenings for SUD as part of ACT/FACT model.

Planned funding

FFP, BHSA

Planned operations

Assertive Community Treatment (Act)/Forensic Assertive Community Treatment (FACT) eligible staff to perform American Society of Addiction Medicine (ASAM) screening and assist with rapid access to Medications for Addiction Treatment (MAT) services for Full-Service Partnership clients with untreated substance use disorder.

Expected timeline of implementation

Summer 2026

Mobile-field based programs

New programs

N/A

Program descriptions

N/A

Planned funding

N/A

Planned operations

N/A

Expected timeline of implementation

N/A

Open-access clinics

New programs

Behavioral Wellness Outpatient Clinics

Program descriptions

Behavioral Wellness Outpatient Clinics refer walk-in clients with untreated Substance Use Disorder to Medications for Addiction Treatment (MAT) services when appropriate.

Planned funding

FFP, BHSA, 2011 Realignment

Planned operations

Behavioral Wellness clinic staff will incorporate standardized substance use disorder screenings into workflows to identify walk-in clients with untreated Substance Use Disorder (SUD) and connect them to same-day Medications for Addiction Treatment (MAT) access.

Expected timeline of implementation

FY 27-28

Medications for Addiction Treatment (MAT) Details

Please describe the county's approach to enabling access to same-day medications for addiction treatment (MAT) to meet the estimated population needs before July 1, 2029.

Describe how the county will assess the gap between current county MAT resources (including programs and providers) and MAT resources that can meet estimated needs

To meet estimated needs Behavioral Wellness will assess the gaps between current county Medication Assisted Treatment (MAT) resources and Medications for Addiction Treatment (MAT) resources that can meet estimated needs by analyzing data including, but not limited to:

- Timeliness data for accessing MAT services through analysis of timeliness for Opioid Treatment Programs/Narcotic Treatment Programs (OTP/NTP) and urgent requests
- Monitoring of treatment capacity and available treatment slots within OTPs/NTPs
- Identifying the need for MAT initiation and maintenance in the jail and any gaps and strategies to address continuity of care upon release
- MAT initiation and retention data, including analysis by race/ethnicity, primary language and other characteristics to understand any disparities in access, engagement and outcomes
- Monitoring and evaluation of the following Healthcare Effectiveness
- Mapping MAT availability and metrics such as overdoses and location of the service population

Data and Information Set (HEDIS) measures to understand and strategically address gaps in MAT resources: Follow-up After Emergency Department Visit for Substance Use (FUA); Pharmacotherapy for Opioid Use Disorder (POD); and Use of Pharmacotherapy for Opioid Use Disorder (OUD)

Select the following practices the county will implement to ensure same day access to MAT

Operate MAT clinics directly

Contract directly with MAT providers in the County

Enter into referral agreements with other MAT providers including providers whose services are covered by Medi-Cal MCPs and/or Fee-For-Service (FFS) Medi-Cal

Leverage telehealth model(s) Other strategy

Please explain what other strategy the county will use

1. Contracting with street medicine
2. Utilizing Emergency Medical Services
3. Currently using hospitals with immediate Medications for Addiction Treatment (MAT) needs

What forms of MAT will the county provide utilizing the strategies selected above?

Housing Interventions

Planning

For related policy information, refer to 7.C.3 Program priorities and 7.C.4 Eligible and priority populations

System Gaps

Please identify the biggest gaps facing individuals experiencing homelessness and at risk of homelessness with a behavioral health condition who are Behavioral Health Services Act (BHSA) eligible in the county. Please use the following definitions to inform your response: No gap – resources and connectivity available; Small gap – some resources available but limited connectivity; Medium gap – minimal resources and limited connectivity available; Large gap – limited or no resources and connectivity available; Not applicable – county does not have setting and does not consider there to be a gap. Counties should refer to their local Continuum of Care (CoC) Housing Inventory Count (HIC) to inform responses to this question.

Supportive housing

Medium gap

Apartments, including master-lease apartments

Medium gap

Single and multi-family homes

Not applicable

Housing in mobile home communities

Not applicable

(Permanent) Single room occupancy units

Not applicable

(Interim) Single room occupancy units

Small gap

Accessory dwelling units, including junior accessory dwelling units

Not applicable

(Permanent) Tiny homes

Not applicable

Shared housing

Large gap

(Permanent) Recovery/sober living housing, including recovery-oriented housing

Medium gap

(Interim) Recovery/sober living housing, including recovery-oriented housing

Medium gap

Assisted living facilities (adult residential facilities, residential facilities for the elderly, and licensed board and care)

Medium gap

License-exempt room and board

Small gap

Hotel and Motel stays

No gap

Non-congregate interim housing models

Small gap

Congregate settings that have only a small number of individuals per room and sufficient common space (does not include behavioral health residential treatment settings)

Large gap

Recuperative Care

Not applicable

Short-Term Post-Hospitalization housing

Large gap

(Interim) Tiny homes, emergency sleeping cabins, emergency stabilization units

Small gap

Peer Respite

Not applicable

Permanent rental subsidies

Not applicable

Housing supportive services

Not applicable

What additional non-BHSA resources (e.g., county partnerships, vouchers, data sharing agreements) or funding sources will the county behavioral health system utilize (local, state, and federal) to expand supply and/or increase access to housing for BHSA eligible individuals?

Santa Barbara will leverage local partnerships, and State and Local funding to expand supply. Santa Barbara will utilize the Managed Care Plan's transitional rent benefit to increase access to housing. Cal-AIM Enhanced Care Management and Community Supports will be utilized to increase both access to housing and the number of individuals who stay permanently housed. Additionally, Santa Barbara is utilizing the Behavioral Health Bridge Housing (BHBH) Program to expand the supply of transitional housing.

Of note, the Santa Barbara County Housing Authority has been in a voucher shortfall since August 2024. This has slowed the availability for Section 8 Housing Choice Vouchers for unhoused individuals. Also, the Housing Authority has transitioned individuals and families who previously utilized an Emergency Housing Voucher onto the Housing Choice Voucher waitlist. These clients are prioritized higher than unhoused individuals, so they can retain housing. This has further reduced the availability of vouchers.

Clients who are at risk of; or are currently homeless are referred to Behavioral Wellness's Homeless Services branch to connect clients with emergency or interim housing.

With the Homeless Services team, clients can begin the process of securing permanent supportive housing and be provided with an opportunity to learn and/or strengthen independent living skills. Over the next three to four years, 67 additional permanent supportive housing units supported by No Place Like Home and Housing for Healthy California (HHC) funding are planned with a total number of 171 units available for the community, including our clients. With the implementation of these housing projects and Homekey+, we anticipate that the number of new housing units specifically for our clients will increase significantly.

How will BHSA Housing Interventions intersect with those other resources and supports to strengthen or expand the continuum of housing supports available to BHSA eligible individuals?

BHSA will fill in gaps that will be left by both the end of the six-month transitional rent subsidies from the Managed Care Plan and by the end of Behavioral Health Bridge Housing in June 2027. BHSA will be used to continue many of those successful programs. BHSA will provide rental assistance to eligible tenants when the six-month transitional rent benefit expires. BHSA infrastructure will also be used to fund two capital projects to expand our board and care housing and increase our recovery residence beds in the northern area of the county.

What is the county behavioral health system's overall strategy to promote permanent housing placement and retention for individuals receiving BHSA Housing Interventions?

Behavioral Wellness provides housing as a core component of treatment and recovery for people with serious mental illness and/or substance use disorders. The strategy centers on the idea that stable housing is the foundation which enables behavioral health treatment to be effective, and vice versa. The overall goal is to link people quickly to the Coordinated Entry System (CES), behavioral health services, and housing.

Outreach staff will engage unsheltered individuals, especially in encampments, and provide warm hand-offs into BHSA-funded services, including initial behavioral health assessments, full-service partnerships and outpatient treatment. Behavioral Wellness will continue to refer and collaborate with our Managed Care Plan to support housing through Community Supports. Behavioral Wellness will continue to participate in the Coordinated Entry System and collaborate with the County Housing and Community Development Department and collaborate with other organizations and departments for linkage to diversion programs and linkage to Enhanced Care Management providers.

What actions or activities is the county behavioral health system engaging in to connect BHSA eligible individuals to and support permanent supportive housing

(PSH) (e.g., rental subsidies for individuals residing in PSH projects, operating subsidies for PSH projects, providing supportive services to individuals in other permanent housing settings, capital development funding for PSH)?

Behavioral Wellness provides behavioral health treatment, including case management, to increase the likelihood that individuals stay in Permanent Supportive Housing. Behavioral Wellness coordinates with the housing providers through the Coordinated Entry System to ensure that BHSA-eligible clients have access to BHSA funded housing supports. The BHSA housing funding will support rental subsidies and supportive services at permanent supportive housing sites, and fund two Capital projects to provide more licensed Board and Care, recovery residences, and sober living beds countywide, thereby increasing our capacity to serve clients at this high demand level of care.

Please describe how the county behavioral health system will ensure all Housing Interventions settings provide access to clinical and supportive behavioral health care and housing services

Behavioral Wellness will partner with the Managed Care Plan and city and county Housing Authorities as well as all Behavioral Wellness programs to ensure individuals receive Enhanced Care Management and Community Supports with coordinated care across both systems to provide whole person care. Individuals placed in BHSA housing settings will have access to off-site behavioral health services, including but not limited to Full-Service Partnerships, outpatient mental health services, and substance use disorder services.

Eligible Populations

Please describe how the county behavioral health system will identify, screen, and refer individuals eligible for BHSA Housing Interventions

Behavioral Wellness identifies a client's level of care needed during an initial assessment that includes determining housing needs. Clients who do not meet the moderate to severe level of care are provided with a warm hand off to Managed Care Plan. Individuals who would benefit from BHSA Housing Interventions, including rental subsidies, will be identified through the Coordinated Entry System and will be entered into the Homeless Management Information System (HMIS), if they have not been entered previously.
Behavioral Wellness staff will identify other needs such as connection to the Managed Care Plan's Community Supports and Enhanced Care Management providers for housing navigation,

including assisting in developing a housing plan for transitional rent application, housing placement through the Coordinated Entry System and tenancy sustaining services.

Will the county behavioral health system provide BHSA-funded Housing Interventions to individuals living with a substance use disorder (SUD) only ?

Yes

What actions or activities did the county behavioral health system engage in to consider the unique needs of eligible children and youth in the development of the county's Housing Interventions services (e.g., review data, engage with stakeholders, analyze research, etc.) who are:

In, or at-risk of being in, the juvenile justice system

Behavioral Wellness currently has several justice-focused programs and specifically has a Juvenile Justice program that collaborates closely with county departments such as Probation, the courts, District Attorney, Public Defender, and the Sheriff's Office, including supporting Crisis Intervention Co-Response teams throughout the county. As part of our Community Planning Process, we hosted a Youth System of Care Workshop where we received input from diverse community voices. Our county data on Juvenile arrest rates and K-12 experiencing homelessness was shared at this workshop and many other community engagement events. Community feedback on the housing supports that were considered for children, youth and their families was discussed when developing our housing plan.

Lesbian, Gay, Bisexual, Transgender, Queer, Plus (LGBTQ+)

Behavioral Wellness partners with Pacific Pride and other local advocacy groups to elevate the voices of LGBTQ+ youth. Additionally, Behavioral Wellness's Behavioral Health Services Act Team hosted several community listening sessions with local organizations including TAN (Trans Advocacy Network); Pacific Pride and the UC Santa Barbara LGBTQ+ Center to hear about the experiences and needs of LGBTQ+ youth.

In the child welfare system

Behavioral Wellness is a strong partner with our Child Welfare Division (Children and Family Services), and tracks data on affected children and youth. We also participate in a quarterly multidisciplinary meeting (AB 2083) that reviews trends and needs in the Child Welfare population. Behavioral Wellness hosted a Youth System of Care Workshop as part of our Community Planning Process and shared data at this workshop and many other community engagement sessions on our County's Child Welfare System. Feedback from these sessions informed this Housing Plan.

What actions or activities did the county behavioral health system engage in to consider the unique needs of eligible adults in the development of the county's Housing Interventions services (e.g., review data, engage with stakeholders, analyze research, etc.) who are:

Older adults

Behavioral Wellness hosted several community engagement sessions with older adults, including a session at a Senior Living Housing site and at the Adult and Aging Network. The feedback from these sessions was that we need more housing options across the spectrum for Older Adults. Older adults are served in our Full-Service Partnership (FSP) programs, as well as our Adult Outpatient Clinics. Many of Behavioral Wellness's clients are transitioning into the Older Adult category and we have responded with forward thinking development of specialized programming addressing behavioral and physical health concerns due to aging; and contracting with Skilled Nursing Facilities (SNF) in Santa Maria (north county) and Santa Barbara (south county.) Behavioral Wellness will open a Board and Care specifically for Older Adults in South County in FY 26-27. Behavioral Wellness is also pursuing an opportunity to expand services by creating a Residential Care Facility for the Elderly in south county.

In, or are at risk of being in, the justice system

Behavioral Wellness currently has several justice-focused programs including the CARE program, a Justice Alliance Full-Service Partnership, and a Juvenile Justice program. Behavioral Wellness collaborates closely with county departments such as Probation, Santa Barbara County Courts, District Attorney, Public Defender, and the Sheriff's Office, including supporting Crisis Intervention Co-Response teams throughout the county. Behavioral Wellness hosted several justice-focused community engagement sessions, including a session with the Justice Alliance Action Team, justice involved substance use treatment members, and the Santa Barbara Police Crisis Response team. These sessions found that the most prominent need was for increased housing navigation and housing options for this population. In the next year, Behavioral Wellness will continue to develop policies and procedures to standardize the referral for housing navigation and supports process; and continue to regularly assess and identify gaps and need for improvements.

In underserved communities

Santa Barbara County receives regular feedback on housing needs through our Community Planning Process which targets underserved communities throughout Santa Barbara including rural communities, agricultural workers, Mixteco-speaking communities, public housing residents, formerly homeless individuals, and Spanish speaking and Hispanic communities. Additionally, Behavioral Wellness reviewed statewide behavioral health data on homelessness to identify disparities that Housing Interventions services can address in

underserved communities. The most prominent feedback from the many people we spoke with was a need for greater help with housing navigation and housing options. Over the next year, we plan to increase training for staff for referring to Community Supports, partner with our Managed Care Plan to increase awareness of the Community Supports benefit and provide additional rental support for eligible members and their families.

Local Housing System Engagement

How will the county behavioral health system coordinate with the Continuum of Care (CoC) and receive referrals for Housing Interventions services?

Behavioral Wellness is actively engaged and participates in our local Continuum of Care (CoC) board, with staff members on the board in multiple capacities. Behavioral Wellness communicates and coordinates activities regularly with the CoC.

Please describe the county behavioral health system's approach to collaborating with the local CoC, Public Housing Agencies, Medi-Cal managed care plans (MCPs), Enhanced Care Management (ECM) and Community Supports providers, as well as other housing partners, including existing and prospective PSH developers and providers in your community in the implementation of the county's Housing Interventions

Local CoC

Santa Barbara County Department of Behavioral Wellness actively participates in the Continuum of Care (CoC) and the Homeless Management Information System (HMIS). Through collaboration with CoC partners, Behavioral Wellness works with the Coordinated Entry System and helps identify, assess, and prioritize individuals for placement into shelters, transitional housing, and permanent supportive housing (PSH) sites.

Public Housing Agency

Behavioral Wellness partners with the Santa Barbara County Housing Authority and City of Santa Barbara Housing Authority to maximize use of federal and local rental assistance. Behavioral Wellness will assist in maintaining housing stability through supporting clients in finding and maintaining housing, verifying eligibility for clients being considered for vouchers, and providing rental subsidies to eligible individuals.

MCPs

Behavioral Wellness will leverage our Managed Care Plan's transitional rent and Enhanced Case Management services to serve clients who are homeless or at-risk of homelessness, reduce duplication of services, and expand reach. Behavioral Wellness will

collaborate with the Managed Care Plan on referral tracking, data sharing, utilization of Managed Care Plan benefits, and monitoring outcomes.

ECM and Community Supports Providers

Behavioral Wellness will align services to ensure Enhanced Care Management and Community Supports services work in collaboration with Behavioral Wellness staff, Full-Service Partnerships, and peers to provide team-based care. Behavioral Wellness will work with Enhanced Care Management and Community Support Providers through the closed-loop referral process initiated by our Managed Care Plan. Behavioral Wellness also plans to directly contract with Community Supports Providers to provide rental assistance to identified members after their expiration of transitional rent benefit.

Other (e.g., CalWORKS/TANF housing programs, child welfare housing programs, PSH developers and providers, etc.)

Behavioral Wellness will continue its partnership with Child Welfare Services to identify youth at risk of Homelessness and connect them to Behavioral Health Services Act housing resources. Behavioral Wellness will continue to work with our County Housing Authority and non-profit Permanent Supportive Housing developers to develop permanent supportive housing for our eligible populations. Santa Barbara County will have two Permanent Supportive Housing sites run by non–profit organizations available to our population in the next year.

How will the county behavioral health system work with Homekey+ and supportive housing sites to provide services, funding, and referrals that support and house BHSA eligible individuals?

Behavioral Wellness will provide onsite services through our Full-Service Partnership system of care to all tenants that are receiving Full-Service Partnership level services. For Behavioral Wellness clients that need additional housing and tenancy sustaining services, Behavioral Wellness will refer to Community Supports and maintain communication with the Community Supports provider. Behavioral Wellness will continue to participate in the Coordinated Entry System (CES) and maintains Memoranda of Understanding (MOUs) with selected housing sites to deliver supportive services, carry out administrative functions, and support linkage / referral to managed care plan providers.

Did the county behavioral health system receive Homeless Housing Assistance and Prevention Grant Program (HHAP) Round 6 funding?

No

BHSA Housing Interventions Implementation

The following questions are specific to BHSA Housing Interventions funding (no action needed). For more information, please see 7.C.9 Allowable expenditures and related requirements Rental Subsidies (Chapter 7. Section C.9.1)

The intent of Housing Interventions is to provide rental subsidies in permanent settings to eligible individuals for as long as needed, or until the individual can be transitioned to an alternative permanent housing situation or rental subsidy source. (no action needed)

Is the county providing this intervention?

Yes

Is the county providing this intervention to chronically homeless individuals?

Yes

How many individuals does the county behavioral health system expect to serve with rental subsidies under BHSA Housing Interventions on an annual basis?

150

How many of these individuals will receive rental subsidies for permanent housing on an annual basis?

0

How many of these individuals will receive rental subsidies for interim housing on an annual basis?

20

What is the county's methodology for estimating total rental subsidies and total number of individuals served in interim and permanent settings on an annual basis?

The numbers stated above are the estimated number of individuals who will receive subsidies in the first year of the integrated plan. We anticipate the number to grow to 200 for number of individuals served in BHSA funded Term limited settings in Year 2. including individuals served in non-time limited settings and more individuals who will have utilized their initial 6 months Transitional Rent with the Managed Care Plan benefit.

For which setting types will the county provide rental subsidies?

Non-Time-Limited Permanent Settings: Supportive housing

Non-Time-Limited Permanent Settings: Apartments, including master-lease apartments Non-Time-Limited Permanent Settings: Single and multi-family homes

Non-Time-Limited Permanent Settings: Housing in mobile home communities Non-Time-Limited Permanent Settings: Single room occupancy units

Non-Time-Limited Permanent Settings: Tiny Homes Non-Time-Limited Permanent Settings: Shared housing

Non-Time-Limited Permanent Settings: Recovery/Sober Living housing, including recovery-oriented housing

Non-Time-Limited Permanent Settings: Assisted living (adult residential facilities, residential facilities for the elderly, and licensed board and care)

Non-Time-Limited Permanent Settings: Other settings identified under the Transitional Rent benefit Time Limited Interim Settings: Hotel and motel stays

Time Limited Interim Settings: Non-congregate interim housing models

Time Limited Interim Settings: Tiny homes, emergency sleeping cabins, emergency stabilization units Time Limited Interim Settings: Other settings identified under the Transitional Rent benefit

Will this Housing Intervention accommodate family housing?

Yes

Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding

This intervention will provide rental subsidies to eligible individuals once their Transitional Rent benefit expires. This will include individuals in both transitional and permanent settings. The goal of every housing intervention is to provide immediate and necessary rental subsidy and then continue to work with the individual and partner with their Enhanced Care Management and Community Supports team to identify and secure longer term rent sources such as Supplemental Security Income and employment. The goal is to ensure that cost is never a barrier to housing stability, thereby promoting recovery, independence, and increased wellness. Expected outcomes include increasing housing stability, reducing homelessness, and improving behavioral health outcomes. By leveraging BHSA funds alongside federal, state, and local resources, this intervention maximizes impact while ensuring individuals have the housing and community supports necessary for long-term stability.

Will the county behavioral health system provide rental assistance through project-based (tied to a particular unit) or tenant-based (tied to the individual) subsidies?

Tenant-based

Project-based

How will the county behavioral health system identify a portfolio of available units for placing BHSA eligible individuals, including in collaboration with other county partners and as applicable, Flex Pools (e.g., Master Leasing)? Please include partnerships and collaborative efforts your county behavioral health system will engage in

Behavioral Wellness coordinates closely with the Community Services Department (CSD) for Santa Barbra County to coordinate overall homeless response and housing navigation through the Coordinated Entry System. BWell will partner with CSD and the local Continuum of Care to identify available units for placing BHSA eligible individuals.

Total number of units funded with BHSA Housing Interventions per year

0

Please provide additional details to explain if the county is funding rental subsidies with

Behavioral Health Services Act Housing Interventions that are not tied to a specific number of units. Behavioral Wellness will be providing rental subsidies to eligible individuals when their transitional rent benefit expires, the rental subsidies will be provided on a case-by-case basis and are not tied to a specific number of units.

Operating Subsidies (Chapter 7, Section C.9.2)

Is the county providing this intervention?

Yes

Is the county providing this intervention to chronically homeless individuals?

Yes

Anticipated number of individuals served per year

12

Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding

This year we will provide an operating subsidy for a new Adult Residential Facility, Tecolote House. The operating subsidies will cover the gap between the actual costs of operating housing and the revenue generated, ensuring programs remain viable, stable, and accessible. BHSA Housing Interventions funding will be used to support a range of eligible costs, including building operations, property management, and staffing necessary for tenancy support.

For which setting types will the county provide operating subsidies?

Non-Time-Limited Permanent Settings: Assisted living (adult residential facilities, residential facilities for the elderly, and licensed board and care)

Will this be a scattered site initiative?

No

Will this Housing Intervention accommodate family housing?

Yes

Total number of units funded with BHSA Housing Interventions per year

12

Please provide additional details to explain if the county is funding operating subsidies with

Behavioral Health Services Act Housing Interventions that are not tied to a specific number of units in Fiscal Year (FY) 26- 27 we will provide an operating subsidy for a new licensed Board and Care. In FY 27-29 we may fund additional operating subsidies as new projects open.

Landlord Outreach and Mitigation Funds (Chapter 7, Section C.9.4.1)

Is the county providing this intervention?

No

Please explain why the county is not providing this intervention

This service is funded by Behavioral Health Bridge Housing (BHBH) funding through Fiscal Year (FY) 26/27. The County will use BHBH funding in FY 26/27 rather than Behavioral Health Services Act (BHSA) Housing. At this point Landlord Outreach and Mitigation funding has not prioritized as a Behavioral Health Services Act Housing component program due to limited funding and not a strong consumer need. However, if it proves to be a valuable priority under Behavioral Health Bridge Housing (BHBH), this might be added in an annual update.

Anticipated number of individuals served per year

0

Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding

N/A

Total number of units funded with BHSA Housing Interventions per year

0

Participant Assistance Funds (Chapter 7, Section C.9.4.2)

Is the county providing this intervention?

No

Please explain why the county is not providing this intervention

We will be utilizing Behavioral Health Bridge Housing (BHBH) funding for this service instead of Behavioral Health Servies Act Housing and learning from the implementation and utilization of this service under BHBH prior to committing any Behavioral Health Services Act (BHSA) funds. At this point Participant Assistance Funds have not been prioritized as a BHSA Housing component program due to limited funding.

Anticipated number of individuals served per year

0

Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding

N/A

Housing Transition Navigation Services and Tenancy Sustaining Services (Chapter 7, Section C.9.4.3)

Pursuant to Welfare and Institutions (W&I) Code section 5830, subdivision (c)(2) , BHSA Housing Interventions may not be used for housing services covered by Medi-Cal MCP. Please select Yes only if the county is providing these services to individuals who are not eligible to receive the services through their Medi-Cal MCP (no action needed)

Is the county providing this intervention?

No

Please explain why the county is not providing this intervention

This service is funded by both the Managed Care Plan and by Behavioral Health Bridge Housing (BHBH) funding. The County will use BHBH funding in FY26/27 rather than Behavioral Health Services Act (BHSA) Housing. At this point Housing Transition Navigation Services and Tenancy Sustaining Services funding has not prioritized as a BHSA Housing component program

due to limited funding and the availability of Managed Care Plan (MCP) covered benefits. After the first three-year plan period we will have more data and understanding of how the MCP is providing this benefit and whether additional funding allocated to this category should be a priority.

Housing Interventions Outreach and Engagement (Chapter 7, Section C.9.4.4)

Is the county providing this intervention?

Yes

Is the county providing this intervention to chronically homeless individuals?

Yes

Anticipated number of individuals served per year

262

Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding

Activities necessary to locate, identify, and build relationships with individuals meeting moderate to severe mental illness criteria not served by Managed Care mental illness criteria not served by Managed Care Plans living in unsheltered settings for the purpose of providing immediate support, intervention, and connections with mental health homeless assistance programs to support stabilization and recovery.

Capital Development Projects (Chapter 7, Section C.10)

Counties may spend up to 25 percent of BHSA Housing Interventions on capital development projects. Will the county behavioral health system use BHSA Housing Interventions for capital development projects?

Yes

Is the county providing this intervention to chronically homeless individuals?

Yes

How many capital development projects will the county behavioral health system fund with BHSA Housing Interventions?

2

Capital Development Project: Board and Care in Santa Maria

Capital Development Project Specific Information

Please complete the following questions for each capital development project the county will fund with BHSA Housing Interventions

Name of Project

Board and Care in Santa Maria

What setting types will the capital development project include?

Non-Time-Limited Permanent Settings: Assisted living (adult residential facilities, residential facilities for the elderly, and licensed board and care

Capacity (Anticipated number of individuals housed at a given time)

12

Will this project braid funding with non-BHSA funding source(s)?

Yes

Total number of units in project, inclusive of BHSA and non-BHSA funding sources

6

Total number of units funded with Housing Interventions funds only

6

Please provide additional details to explain if the county is funding capital development projects with BHSA Housing Interventions that are not tied to a specific number of units

Behavioral Wellness plans to use Capital Development funds to start a Board and Care facility in the Santa Maria area to provide tenancy to up to 12 individuals with 5-6 bedrooms.

Anticipated date of unit availability (Note: DHCS will evaluate unit availability date to ensure projects become available within a reasonable timeframe)

12/30/2027

Expected cost per unit (Note: the BHSA Housing Intervention portion of the project must be equal to or less than $450,000)

150,000

Have you utilized the "by right" provisions of state law in your project?

Yes

Capital Development Project: Recovery Residence in West County

Capital Development Project Specific Information

Please complete the following questions for each capital development project the county will fund with BHSA Housing Interventions

Name of Project

Recovery Residence in West County

What setting types will the capital development project include?

Non-Time-Limited Permanent Settings: Recovery/Sober Living housing, including recovery-oriented housing

Capacity (Anticipated number of individuals housed at a given time)

12

Will this project braid funding with non-BHSA funding source(s)?

Yes

Total number of units in project, inclusive of BHSA and non-BHSA funding sources

6

Total number of units funded with Housing Interventions funds only

6

Please provide additional details to explain if the county is funding capital development projects with BHSA Housing Interventions that are not tied to a specific number of units

Behavioral Wellness plans to start a new Recovery Residence in the Lompoc area to serve up to 12 individuals at a time with 5-6 bedrooms.

Anticipated date of unit availability (Note: DHCS will evaluate unit availability date to ensure projects become available within a reasonable timeframe)

12/30/2027

Expected cost per unit (Note: the BHSA Housing Intervention portion of the project must be equal to or less than $450,000)

150,000

Have you utilized the "by right" provisions of state law in your project?

Yes

Continuation of Existing Housing Programs

Please describe if any BHSA Housing Interventions funding will be used to support the continuation of housing programs that are ending (e.g., Behavioral Health Bridge housing)

The Behavioral Health Bridge Housing (BHBH) grant currently provides funding to shelters and interim housing projects across the County of Santa Barbara. The Behavioral Health Services Act will continue to support two of those BHBH funded sites, La Posada and Hope Village. La Posada is an 80-unit tiny home village that serves up to 40 Behavioral Wellness clients at a time in the southern region of the county. Hope Village has 10 units dedicated to Behavioral Wellness in the northern region of the county.

Relationship to Housing Services Funded by Medi-Cal Managed Care Plans

For more information, please see 7.C.7 Relationship to Medi-Cal Funded Housing Services

Which of the following housing-related Community Supports is the county behavioral health system an MCP-contracted provider of?

None of the Above

For which of the following services does the county behavioral health system plan to become an MCP-contracted provider of?

Housing Transition Navigation Services

No

Housing Deposits

No

Housing Tenancy and Sustaining Services

No

Short-Term Post-Hospitalization Housing

No

Recuperative Care

No

Day Habilitation

Undecided

Transitional Rent

No

How will the county behavioral health system identify, confirm eligibility, and refer Medi-Cal members to housing-related Community Supports covered by MCPs (including Transitional Rent)?

Behavioral Wellness will refer Medi-Cal members to Community Supports (CS) through our Managed Care Plan (MCP) closed loop referral system. Additionally, both BWell and all CS providers in our County participate in weekly Coordinated Entry System Case Conferencing meetings in which specific clients are discussed and referred to ensure every eligible community member is receiving CS benefits.

Please describe coordination efforts and ongoing processes to ensure the county behavioral health contracted provider network for Housing Interventions is known and shared with MCPs serving your county

Coordination is through the Coordinated Entry Case conferencing weekly meetings in which all Behavioral Health contracted providers and the Managed Care Plan Community Supports providers participate.

Does the county behavioral health system track which of its contracted housing providers are also contracted by MCPs for housing related Community Supports (provided in questions #1 and #2 above??

Yes

Please describe the county behavioral health system's coordination efforts to align network development

This is tracked through our Homeless Management Information System (HMIS) in which all clients receiving Community Supports and/or Enhanced Care Management are indicated.

What processes does the county behavioral health system have in place to ensure Medi-Cal members living with significant behavioral health conditions do not experience gaps in service once any of the MCP housing services are exhausted, to the extent of resources are available?

We are currently coordinating a workflow and a Memorandum of Understanding with our Managed Care Plan (MCP) that would outline the coordination, duties and roles of both parties to ensure continuation of services when the MCP benefits are exhausted.

Flexible Housing Subsidy Pools

Flexible Housing Subsidy Pools ("Flex Pools") are an effective model to streamline and simplify administering rental assistance and related housing supports. DHCS released the Flex Pools TA Resource Guide that describes this model in more detail linked here: Flexible Housing Subsidy Pools - Technical Assistance Resource .

For related policy information, refer to 7.C.8 Flexible Housing Subsidy Pools .

Is there an operating Flex Pool (or elements of a Flex Pool, which includes (1)coordinating and braiding funding streams, (2) serving as a fiscal intermediary, (3) identifying, securing, and supporting a portfolio of units for participants, and/or (4) coordinating with providers of housing supportive services) in the county (please refer to DHCS' Flex Pools TA Resource Guide)?

No

Is the county behavioral health system involved in planning efforts to launch a Flex Pool in the county?

No

Please describe any other roles and functions the county behavioral health system plans to take to support the operations or launch and scaling of a Flex Pool in addition to those described above

Our County does not plan to operate a Flex Pool, but our department is working very closely with our Managed Care Plan to coordinate Community Supports and Rental Assistance to ensure the needs of our community are met.

Behavioral Health Services Fund: Innovative Behavioral Health Pilot and Projects

For related policy information, refer to 7.A.6 Innovative Behavioral Health Pilots and Projects .

Does the county's plan include the development of innovative programs or pilots?

No

9. Workforce Strategy

All fields must be completed unless marked as optional. You don't need to finish everything at once-your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For more information on this section, please see 6.C.2 Securing Medi-Cal Payment.

Maintain an Adequate Network of Qualified and Culturally Responsive Providers

The county must ensure its county-operated and county-contracted behavioral health workforce is well-supported and culturally and linguistically responsive with the population to be served.

Through existing Medi-Cal oversight processes, the Department of Health Care Services (DHCS) will assess whether the county:

Maintains and monitors a network of providers that is sufficient to provide adequate access to services and supports for individuals with behavioral health needs; and Meets federal and state standards for timely access to care and services, considering the urgency of the need for services.

The county must ensure that Behavioral Health Services Act (BHSA)-funded providers are qualified to deliver services, comply with nondiscrimination requirements, and deliver services in a culturally competent manner. Effective FY 2027-2028, DHCS encourages counties to require their BHSA providers to comply with the same standards as Medi-Cal providers in these areas (i.e. requiring the same standards regardless of whether a given service is reimbursed under BHSA or Medi-Cal), as described in the Policy Manual.

Does the county intend to adopt this recommended approach for BHSA-funded providers that also participate in the county's Medi-Cal Behavioral Health Delivery System?

Yes

Build Workforce to Address Statewide Behavioral Health Goals

For related policy information, refer to 3.A.2 Contents of Integrated Plan and 7.A.4 Workforce Education and Training

Assess Workforce Gaps

What is the overall vacancy rate for permanent clinical/direct service behavioral health positions in the county (including county-operated providers)?

18

Upload any data source(s) used to determine vacancy rate

Behavioral Wellness Workforce Needs Assessment FY 24-25 (Attachment E)

For county behavioral health (including county-operated providers), please select the five positions with the greatest vacancy rates

Medical assistant

Medi-Cal Certified Peer Support Specialist

Occupational Therapist

Physician

Psychiatrist

Please describe any other key workforce gaps in the county

In addition to difficulty staffing Med positions and Peer Support Specialists, we are also having difficulties hiring for positions in our Fiscal Department. Our 6th and 7th highest vacancy rate is for Cost Analysts and Accountants.

How does the county expect workforce needs to shift over the next three fiscal years given new and forthcoming requirements, including implementation of new evidence-based practices under Behavioral Health Transformation (BHT) and Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT)?

Given the New Evidence-Based Practice (EBP) requirements for the Full-Service Partnership system of care, and the new requirement to provide Individual Placement Support for Employment Services for all clients, we expect to shift workforce into Full-Service Partnership and IPS for Supported Employment programs for the next three years.

Address Workforce Gaps

If the county is planning to leverage the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH CONNECT) workforce initiative to address workforce gaps including for FSP and CSC for FEP, such as through applying for and/or encouraging providers to apply for the following BH-CONNECT workforce programs, please specify below.

Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Scholarship Program?

Yes

Please explain any actions or activities the county is engaging in to leverage the program

Yes, Santa Barbara County Department of Behavioral Wellness will share information with staff and community-based organizations once guidance is released.

Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Student Loan Payment Program?

Yes

Please explain any actions or activities the county is engaging in to leverage the

program

Shared information with County of Santa Barbara, Department of Behavioral Wellness staff along with Community Based organizations. Department staff have applied to the Student Loan Payment program, and Quality Care Management and Human Resources confirmed applicants site location and number, upon request from DHCS.

Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Recruitment and Retention Program?

Yes

Please explain any actions or activities the county is engaging in to leverage the program

Exploring the possibilities of leveraging this program.

Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Community-Based Provider Training Program?

Yes

Please explain any actions or activities the county is engaging in to leverage

the program

Once guidance is provided, will share information with training department and Community Based Organizations.

Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Residency Program?

No

Please describe any other efforts underway or planned in the county to address workforce gaps aside from those already described above under Behavioral Health Services Act

Workforce, Education, and Training

Writing Internship Program: The department will continue our current partnership with local University of California, Santa Barbara. This partnership creates an opportunity for students to apply for a writing internship with Behavioral Wellness department. Students receive school credit while it also provides them exposure to county behavioral health. This program has been successful as many students in the intern program have continued to work for the department after their internship program.

Southern Counties Regional Partnership (SCRP) Funding: This funding provides training opportunities for current staff and new staff. SCRP funding provided loan repayment program opportunities for professional development. This training also provides an opportunity for staff to be updated and feel confident.

Peer Support Specialists – Scholarships and Training: This provides the opportunity for current staff to be up to date and provide a space for peer support specialists to connect and share learning. SCRP funding will be available to host a second Peer Support Specialist conference to dedicate time to training and growth development.

Continue to contract with agencies to temporarily cover hard to fill positions like Psychiatrist. This has supported the county meeting network adequacy requirements.

The Department will continue to offer hiring incentives for hard-to-fill positions, as resources are available.

The Department will continue to leverage the County's retention tools including Tuition & Textbook reimbursement, as resources are available.

10. Budget and Prudent Reserve

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For more information on this section, please see 6.B.3 Local Prudent Reserve .

Budget and Prudent Reserve

Please upload the completed budget template

Budget Template will be attached prior to submission of the Plan

Please indicate how the county plans to spend the amount over the maximum allowed prudent reserve limit for each component if the county indicated they would allocate excess prudent reserve funds to a given Behavioral Health Services Act component in Table Nine of

the budget template Behavioral Health Services and Supports (BHSS) Full Service Partnership (FSP)

Housing Interventions

Enter date of last prudent reserve assessment

Please describe how the use of excess prudent reserve funds drawn down from the local prudent reserve aligns with the goals of the Integrated Plan

BHSS

FSP

Housing Interventions

11. Plan Approval and Compliance

For more information on this section, please see 3.A.1 Reporting Period

Behavioral health director certification

Download and complete the behavioral health director certification template using the button below before starting this section

Please upload the completed Behavioral health director certification

template

Certification will be added upon approval of the Integrated Plan

County administrator or designee certification

Download and complete the county administrator or designee certification template using the button below before starting this section

Please upload the completed County administrator or designee certification template

Certification will be added upon approval of the Draft Integrated Plan

Board of supervisor certification

For final submission, download and complete the board of supervisor certification template using the button below before starting this section

Please upload the completed Board of supervisor certification template

Certification will be added upon approval of the Integrated Plan