



BOARD OF SUPERVISORS AGENDA LETTER

Agenda Number:

Clerk of the Board of Supervisors
105 E. Anapamu Street, Suite 407
Santa Barbara, CA 93101
(805) 568-2240

Submitted on:
(COB Stamp)

Department Name: Behavioral Wellness
Department No.: 043
Agenda Date: June 10, 2025
Placement: Departmental Agenda
Estimated Time: 30 minutes
Continued Item: No
If Yes, date from: N/A
Vote Required: Majority

TO: Board of Supervisors
FROM: Department Director: Antonette Navarro, LMFT, Director
Department of Behavioral Wellness
Contact: Natalia Rossi, JD, Mental Health Services Act Manager
Department of Behavioral Wellness
SUBJECT: Mental Health Services Act Three-Year Program and Expenditure Plan Annual Update for Fiscal Year 2025-26

Initial
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County Counsel Concurrence

As to form: Yes

Other Concurrence:

As to form: N/A

Auditor-Controller Concurrence

As to form: N/A

Recommended Actions:

That the Board of Supervisors:

- Approve and adopt the Mental Health Services Act Three-Year Program and Expenditure Plan Annual Update for Fiscal Year 2025-26; and
- Determine that the above-recommended action is not a project that is subject to environmental review under the California Environmental Quality Act (CEQA), pursuant to CEQA Guidelines section 15378(b)(4) and (5), finding that the action consists of administrative activities of the government that will not result in direct or indirect physical changes in the environment and is a governmental funding mechanism and/or fiscal activity that will not result in direct or indirect physical changes in the environment.

Summary Text:

This item is on the agenda to receive and approve the Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan Annual Update for Fiscal Year (FY) 2025-26.

Welfare and Institutions Code section 5847(a) requires that the Board of Supervisors adopt the MHSA Plan in order for Behavioral Wellness to receive MHSA funding. The MHSA Plan was developed in accordance with Welfare and Institutions Code sections 5847 and 5848, regulations applicable to the

MHSA (commencing with 9 C.C.R. § 3100), and instructions from the California Department of Health Care Services and Mental Health Services Oversight and Accountability Commission.

Background:

The Department of Behavioral Wellness (BWell) provides mental health services to individuals with specialty mental health needs, and to the extent allowed, to uninsured children with serious emotional disturbances and adults with serious mental illness. The Mental Health Services Act (MHSA), passed by California voters in 2004, levies a 1% tax on annual incomes over \$1 million to increase funding for mental health services. MHSA was designed to expand and transform California's county mental health system and emphasizes recovery and putting consumers of mental health services and their families at the center of decision-making. As part of the legislation, counties must prepare and submit a Three-Year Program and Expenditure Plan and Annual Updates for MHSA programs and expenditures to the Mental Health Services Oversight and Accountability Commission and Department of Health Care Services.

The County's FY 2023-26 MHSA Three-Year Program and Expenditure Plan was submitted on June 27, 2023, and the FY 2025-26 Annual Update (Attachment A) provides information on the progress and improvements in BWell's system during FY 2024-25 while outlining strategies for FY 2025-26. The Department coordinated a robust planning process including 33 stakeholder meetings with over 517 total participants to solicit input and guidance from individuals and groups. Additional feedback was received from April 15, 2025, through May 20, 2025, during the draft plan public posting period. The Department then presented the plan and received additional feedback at the Behavioral Wellness Commission Public Hearing on May 21, 2025. Based on the input received during the three-year planning process, the Department chose to move forward with continued program implementation of the five key priorities identified in the FY 2023-26 MHSA Three-Year Program and Expenditure Plan for the coming fiscal year:

1. Increasing Full Service Partnership (FSP) capacity and services
2. Increasing warm handoffs and navigation services for individuals in crisis
3. Increasing of mental health education and prevention programming for youth and families
4. Implementing mental health programs specifically for older adults
5. Recruitment and retention of behavioral health workforce

Program highlights from FY 2024-25:

During FY 2024-25, the Department has:

1. Increased Assisted Outpatient Treatment (AOT) staff to increase outreach to FSP-eligible populations county-wide through braided Substance Abuse and Mental Health Services Administration funding.
2. Created new data tracking client-focused outcomes the prioritize quality of life for adult FSP clients, and focused on improvement in healthcare outcomes for FSP clients.
3. Created new Peer Assessment Team that specifically reaches out to new clients post-hospitalization and post-crisis intervention to begin providing peer support services and help people entering our system of care to participate in services.
4. Added two additional case workers to support Community Assistance, Recovery, and Empowerment (CARE) Act referrals.
5. Expanded Access Screening Team to accommodate increase in call volume and referrals.
6. Implemented new Mental Health Education program to Mixtec youth and families in North County.

7. Continued the Masters in Social Work (MSW) Loan Repayment Program which funds up to \$25,000 per staff for four staff each fiscal year pursuing MSW degrees.

The Annual Update reports on the progress made on all five priorities during the past year and upcoming changes, projects, and proposals within each of the five priorities for FY 2025-26

New Programs and Changes to Existing Programs in the MHSA Three-Year Program and Expenditure Plan Annual Update for FY 2025-26

Priority #1: Increasing FSP Capacity and Services:

Changes to Existing Programs:

1. **Enhance the transition process within the system of care** by educating clients on the purpose and benefits of stepping down to a lower level of care, equipping staff with best practices for successful transitions, and leveraging new supports such as Enhanced Care Management to ensure continuity of care.
2. **Strengthen client-centered outcome reporting** by continuing to track measures that prioritize quality of life for adult FSP clients, with a focused effort on improving healthcare outcomes within the FSP population.

Priority #2: Increasing Timeliness and Navigation Services for Individuals Entering the System of Care

Changes to Existing Programs:

1. **Establish a Hospital Liaison role to coordinate post-crisis care.** These new positions are identified as peer positions and will serve as the primary point of communication with all hospitals to ensure appropriate post-crisis care and follow-up. A key goal for this role is to collaborate with the Behavioral Wellness Access Team to provide follow-up support for individuals whose primary reason for an emergency visit was related to mental health or substance misuse, ensuring they receive the necessary ongoing care.
2. **Expand homeless outreach and early intervention efforts.** The Homeless Early Intervention team is working in close partnership with Santa Barbara Alliance for Community Transformation (SB ACT) and the End Homelessness Initiative to develop a strategic outreach plan. The goal is to identify and provide services to the 75 highest-need individuals experiencing homelessness who require behavioral health interventions. Additionally, a targeted effort will be made to secure stable housing for at least 35 BWell clients as part of our ongoing commitment to supporting long-term recovery and stability.

Priority #3: Increasing Mental Health Education and Prevention Programming for Youth and Families

New Programs and Projects:

1. **Expand “Mental Health 101” training for youth in North and Mid-County.** Transitions Mental Health Association will begin offering “Mental Health 101” trainings for youth in North and Mid-County.

2. **Strengthen community outreach and awareness.** Behavioral Wellness is expanding its community engagement and outreach team by hiring additional extra help staff to increase public awareness of Behavioral Health resources.
3. **Enhance community and staff suicide prevention training.** Community training opportunities will be expanded to include suicide prevention trainings such as Question, Persuade, Respond (QPR). These trainings are available to staff, community-based organizations, and all members of the public.
4. **Provide system training on community-determined evidence-based practices.** BWell staff will receive training on community-determined evidence-based practices, ensuring culturally responsive and effective care delivery.

Priority #4: Implementing Mental Health Programs Specifically for Older Adults

New Projects:

1. **Expand outreach and resource education for older adults.** Increase efforts to connect older adults with mental health and wellness resources by conducting targeted outreach in senior centers, retirement homes, and care facilities, ensuring greater access to needed services.
2. **Support Latinx older adults through stigma-reduction campaigns.** Partner with organizations such as the Latino Elder Outreach Network and Abuelos in Carpinteria to develop culturally responsive campaigns that address mental health stigma and improve access to behavioral health support for Latinx older adults.
3. **Strengthen cross-agency collaboration to improve older adult well-being.** Enhance BWell partnerships with Social Services and other county departments to align efforts and implement shared strategies that support the mental health, housing stability, and overall well-being of older adults.

Priority #5: Recruitment and Retention of Behavioral Health Workforce

New Programs:

1. **Develop lived experience roles and mentorship programs.** Partner with Transitions Mental Health to establish a Speakers' Bureau composed of Behavioral Wellness staff with lived experience, providing mentorship and advocacy training while creating opportunities for peer-led support and public education.

Continuing Projects:

1. **Expand workforce pipeline development through high school outreach.** Increase awareness of behavioral health careers by participating in job fairs at high schools countywide, inspiring the next generation to consider careers in mental health and social services.
2. **Strengthen workforce retention through loan repayment incentives.** Continue the third year of the Behavioral Wellness Loan Repayment Program, offering four awards of up to \$25,000 each for staff completing a MSW to promote retention and professional growth within the department.

Proposition 1: Significant Changes to MHSA Ahead

Proposition 1 (Prop 1), which passed by a narrow margin in March 2024, signifies major shifts in the landscape of mental health services and substance use treatment in California. The proposition redefines the framework established by the Mental Health Services Act in 2004, now rebranded as the Behavioral Health Services Act (BHSA).

Funding Changes:

Under BHSA there will be a number of changes to funding and programs. BWell will no longer fund community-based prevention programs. Also, workforce initiatives, capital facilities and technology needs, and innovations will no longer be separate funding categories. We will have less funding available for outpatient, crisis and early intervention programs. At this time, we are estimating a deficit of approximately \$10 million for FY 2026-27. We will also be providing direct housing funding for eligible populations in collaboration with our Managed Care Plan.

Integrated Planning Process: BWell will be using a combination of community listening sessions, pop-up events, bite-sized media engagement, co-creation workshops and the BHSA Steering Committee to explain the new mandates under BHSA and hear from communities on preferences within the new BHSA framework. BWell will use this community feedback to determine within new BHSA funding categories which program elements to retain in the Integrated Plan for FY 2026-29.

BHSA Implementation Timeline: As BWell begins to plan for this transition, there are many steps to ensuring that we design programs that will most benefit our community.

June-Aug 2025:

- Determination of programs ineligible for BHSA
- Community listening sessions

Sept-Oct 2025:

- Community workshops to present BHSA mandates and collectively work to establish preferences within the new BHSA framework

Nov-Dec 2025:

- Distill feedback from community and determine within BHSA categories which program elements to retain

Jan-Feb 2026:

- BHSA FY 2026-27 fiscal budget developed
- Final program decisions for Integrated Plan

Feb-March 2026:

- Draft Integrated Plan sent to CEO for approval
- Draft Integrated Plan sent to Department of Health Care Services (DHCS)

April-June 2026:

- Draft Integrated Plan posted for public comment

- Draft Integrated Plan presented for public comment at Behavioral Wellness Commission
- Final Integrated Plan sent to DHCS by June 30th

Performance Measure:

The MHSA Plan includes program outcomes for FY 2023-24, and performance measures for FY 2023-24 are included in the appendix.

Fiscal and Facilities Impacts:

Budgeted: YES

Fiscal Analysis:

Fiscal Year 2025-26 is the last year of the current MHSA Component funding. With the passage of Prop 1, the BHSA implementation will mean these funding sources will differ as new BHSA programs are initiated.

MHSA Programs Annual Budget for FY 2023-24; FY 2024-25; FY 2025-26

Funding Source	FY 2023-24	FY 2024-25	FY 2025-26	Total
Federal	\$281,153	\$301,100	\$591,000	\$1,173,253
State	\$61,783,874	\$58,969,200	\$64,686,600	\$185,439,674
Other Revenue	\$3,958,547	\$2,748,000	\$2,467,000	\$9,173,547
Medi-Cal	\$32,227,218	\$46,231,300	\$48,454,500	\$126,913,018
Total	\$98,250,792	\$108,249,600	\$116,199,100	\$322,699,492

Special Instructions:

Please return one (1) Minute Order to msimongersuk@sbcbswell.org and to bwellcontractsstaff@sbcbswell.org.

Attachments:

Attachment A – MHSA Plan Annual Update FY 2025-26

Attachment B – Appendices to the MHSA Plan Annual Update FY 2025-26

Attachment C – MHSA Plan Annual Update for 2025-26 PowerPoint

Contact Information:

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