

**Attachment A –  
BHSA Integrated Plan  
FY 2026-29  
Presentation**

# Behavioral Health Services Act Integrated Three Year Plan FY 26-29

**Presented by:** Antonette  
"Toni" Navarro, Director,  
Natalia Rossi, BHSA Manager  
and Chris Ribiero, Chief  
Finance and Administrative  
Officer



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

# Behavioral Health Services Act Prop 1 (2024)

March 2024: Voters passed Proposition 1, which includes the Behavioral Health Services Act (SB 326) and the Behavioral Health Bond (Assembly Bill 531) to support Californians living with the most significant mental health and substance use disorder needs.

## **Behavioral Health Services Act:**

- Operational Funding (services and staffing)
- Changes from MHSA includes expanding populations served and services offered
- Focuses on outcomes and accountability
- New reporting requirements
- Requires new 3-Year Integrated Plan

## **Behavioral Health Bond:**

- Capital Funding (building infrastructure)
- \$6.4 billion Behavioral Health Bond

The implementation of these changes are collectively referred to as Behavioral Health Transformation (BHT).



# Transition From MHSA to BHSA

The Behavioral Health Services Act (BHSA) updates the Mental Health Services Act (MHSA) of 2004 and establishes new BHSA priority populations and new funding categories.

Priority populations are people who qualify as the specialty behavioral health services targeted population and may have greater unmet needs

Including:

- **Leaving incarceration**
- **Institutionalization**
- **Experiencing homelessness**

BHSA Establishes three funding categories:

- Full-Service Partnerships
- Behavioral Health Supports and Services
- Housing Interventions



# Proposition 1: Behavioral Health Integrated Plan

## Integrated Plan Components

- 1 Behavioral Health System Overview
- 2 Statewide Behavioral Health Goals
- 3 County Planning Process
- 4 Comment Period and Public Hearing
- 5 Behavioral Health Services Care Continuum
- 6 County Provider Monitoring and Oversight
- 7 BHSA Funded Programs
- 8 Workforce Strategy
- 9 3-Year Budget Summary
- 10 Approvals and Compliance

## New 3-Year BHSA Integrated Plan due in 2026

Draft Plan: Due to DHCS on March 31, 2026, with CEO approval.

Final Plan: Due on June 30, 2026, with BOS approval.

- Incorporates statewide health goals and data.
- Increased focus on housing and homelessness.
- Increased coordination with partners.
- 3-Year projection of all Behavioral Health funding streams and expenditures.



# Proposition 1: Behavioral Health Services Act

## Before: MHSA Components

- **State Directed Admin- 5%**
- **Community Services & Supports (CSS)- 76%**
  - 51% to Full-Service Partnership
  - 49% General System Development
- **Prevention & Early Intervention- 19%**
- **Innovation- 5%**
- **Workforce, Education & Training**
- **Capital Facilities/Technological Need**

## After: BHSA Components

- **State Directed Admin- 10%**
- **Full Service Partnership (FSP)- 35%**
  - New required evidence-based practices to fidelity
- **Behavioral Health Services and Supports (BHSS) – 35%**
  - 51% on Early Intervention
  - 49% BHSS: Children/Adult System of Care; Workforce; Capital Facility/Technological Needs; Outreach & Engagement
- **Housing Interventions- 30%**
  - 50% of all interventions for chronically homeless population
  - 25% max on Capital Projects



# Statewide Behavioral Health Goals

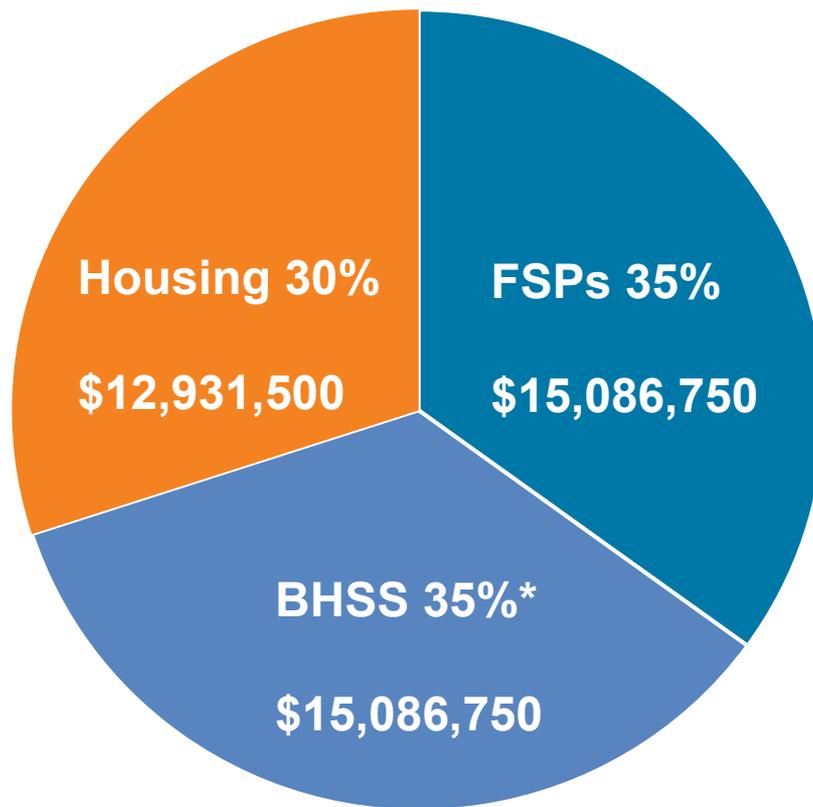
## New Performance Measures for the Integrated Plan

- Improve Access to Care
- Reduce Homelessness
- Reduce Institutionalization
- Reduce Justice Involvement
- Reduce Removal of Children from Home
- Reduce Untreated Behavioral Health Conditions
- Reduce Overdoses



# Total BHSA Allocation \$43,105,000

## BHSA Funded Programs



\*exclusive of \$2,488,200 in additional operating reserves from previous MSA categories

■ Full-Service Partnerships (FSPs) ■ Behavioral Health Services and Supports (BHSS) ■ Housing Interventions



# BHSA Funded Programs: Full Services Partnerships

## Full-Service Partnership (FSP) Programs and Services:

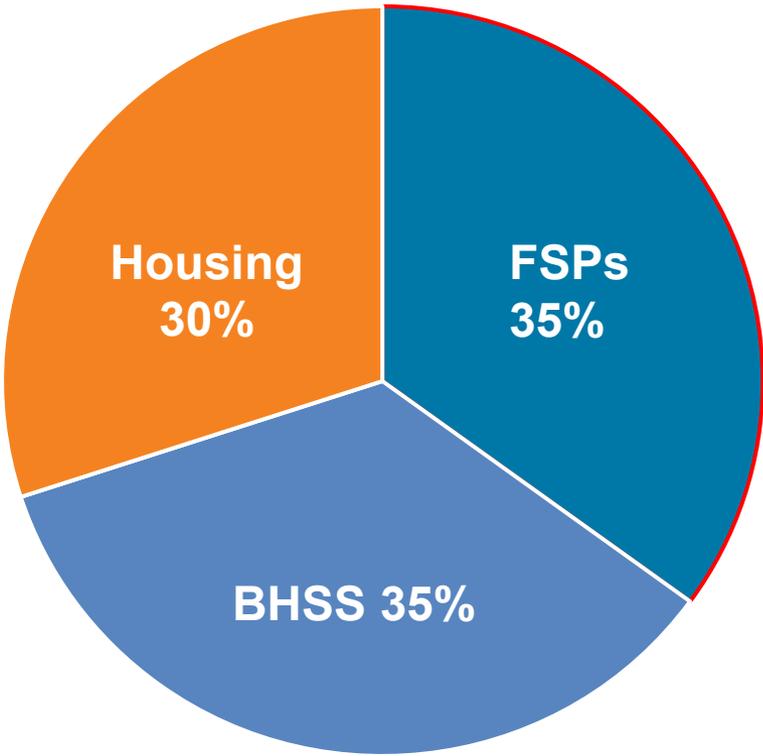
### FSP Programs:

- Assertive Community Treatment (ACT)
- Forensic Assertive Community Treatment (FACT)
- Intensive Care Management (ICM) (incl. Transition and Relapse Prevention)
- Individual Placement & Services for Supported Employment (IPS)

### FSP Outreach:

- Homeless Outreach Team including Field-Based initiation of Substance Use Disorder Treatment
- Assisted Outpatient Treatment (AOT)

### BHSA Funded Programs



- Full-Service Partnerships (FSPs)
- Behavioral Health Services and Supports (BHSS)
- Housing Interventions



# BHSA Funded Programs: Behavioral Health Services and Supports

## Behavioral Health Services and Supports (BHSS)

- Children's Wellness, Recovery and Resiliency
- Adult Wellness, Recovery and Resiliency Outpatient Teams
- Crisis Stabilization Units
- Homeless Clinicians Program
- Crisis Residential Treatment Services

## Early Intervention Programs

- Wellness Centers
- Crisis Services
- Growing Grounds
- Peer and Parent Partners in Wellness
- Early Childhood Specialty Mental Health
- Access and Assessment Teams
- Coordinated Specialty Care for First Episode Psychosis

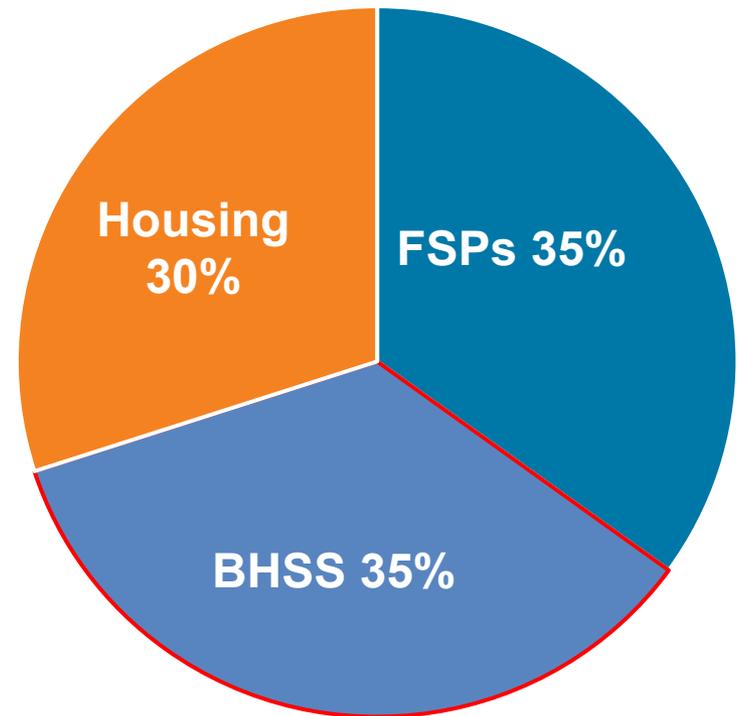
## County Workforce Education and Training Programs

## Capital Facilities and Technology Needs



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## BHSA Funded Programs



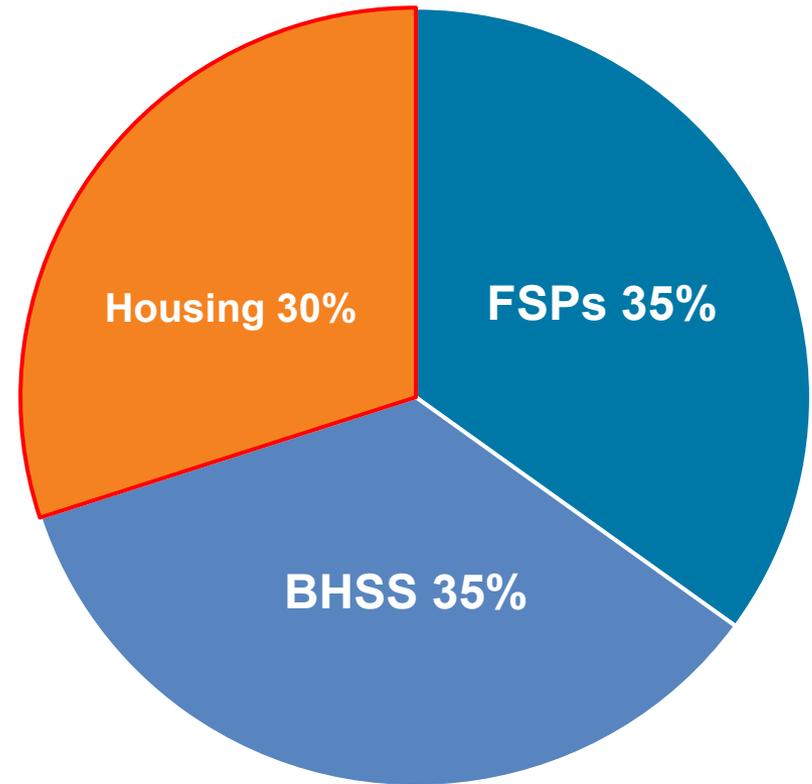
- Full-Service Partnerships (FSPs)
- Behavioral Health Services and Supports (BHSS)
- Housing Interventions

# BHSA Funded Programs: Housing Interventions

## Housing Interventions:

- Maintain MHSA funded housing: Adult Residential Facilities, Rental Subsidies, Room and Board homes, and Board and Care Homes.
- Begin funding Recovery Residence Rentals.
- Maintain funding for Homeless Outreach Services Teams.
- New capital projects, ideally for Board and Care and Recovery Residence beds.
- Rental Assistance support for individuals in interim housing through coordinated assistance with the Transitional Rent benefit.

## BHSA Funded Programs



- Full-Service Partnerships (FSPs)
- Behavioral Health Services and Supports (BHSS)
- Housing Interventions



# County Planning Process

## Community Outreach and Engagement

- 76 listening Sessions
- Reached 1,457 individuals
- 4 Community Workshops co-hosted with CenCal Health
  - 268 workshop attendees



# County Planning Process

## Priority Areas from Community Feedback:

1. Strengthen Access Through Navigation Support, Location, and Flexibility
2. Expand the Behavioral Health–Housing Continuum
3. Improve Crisis Response and Continuity of Care
4. Advance Equity Through Culturally Responsive Systems of Care
5. Expand Opportunities for Cross-Sector Collaboration to Reduce Justice Involvement
6. Reduce Structural Barriers to Address Unmet Behavioral Health Needs



# Recommended Board of Supervisors Action

That the Board of Supervisors:

- a) Approve and authorize the County Executive Officer to certify that the draft Behavioral Health Services Act County Integrated Plan for Fiscal Years 2026–29 is in compliance with specific fiscal accountability requirements and that all planned expenditures are consistent with state and federal law; and
  
- b) Determine that the above recommended actions are 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 (b)(5), finding that the actions are governmental funding mechanisms and/or administrative or fiscal activities that will not result in direct or indirect physical changes in the environment.

