



Behavioral Health Services Act (BHSA) Three-Year Integrated Plan, FY 2026-2029

Behavioral Health Commission

February 4, 2026



SAN MATEO COUNTY HEALTH
**BEHAVIORAL HEALTH
& RECOVERY SERVICES**



Agenda

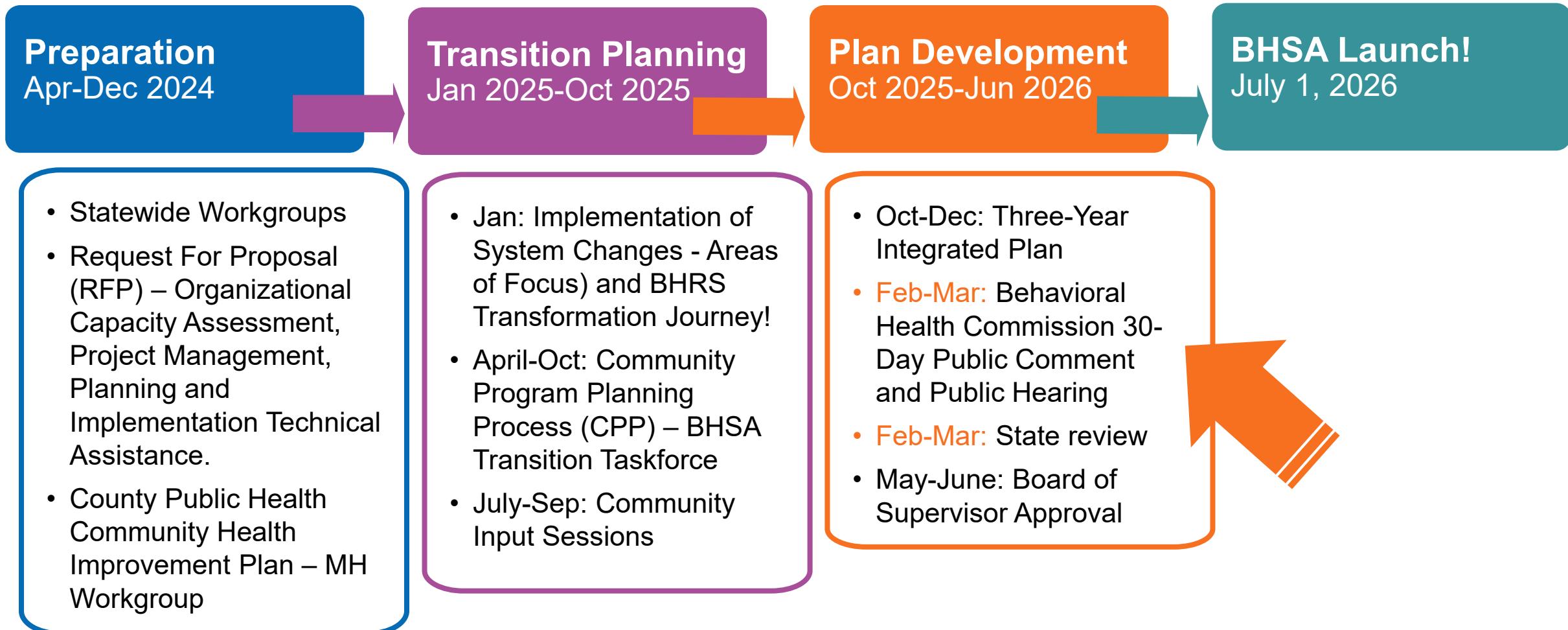
1. Prop. 1 Overview
 - What's in the BHSA Integrated Plan
2. Community Program Planning (CPP) Process
3. Prioritized Strategies
4. Fiscal Summary
5. Next Seps

Proposition 1 – Behavioral Health Transformation



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Prop.1 Implementation Timeline



Prop. 1 Overview

AB 531 - \$6.38 billion Obligation Bond

- CA Dept of Health Care Services: Bond BHCIP for treatment residential facilities
- CA Dept of Housing and Community Development: Homekey+ for permanent supportive housing*

SB 326 – Behavioral Health Services Act (BHSA)

- Mental Health Services Act (MHSA) Reform
- Community Program Planning + Three-Year Integrated Plan
- Statewide Accountability & Transparency

**In San Mateo County, Department of Housing (DOH) is taking the lead on permanent housing developments and working in close collaboration with BHRS for behavioral health client unit needs including supportive services*



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Prop. 1 Transformation



Housing Interventions*



Substance Use and Mental Health Integration*



Full Service Partnerships



Evidence-Based and Community Defined Evidence Practices



Early Interventions*



Fiscal Strategies



Peer-Based Services*



Prevention**



Community Program Planning & Integrated Plan



Workforce Development



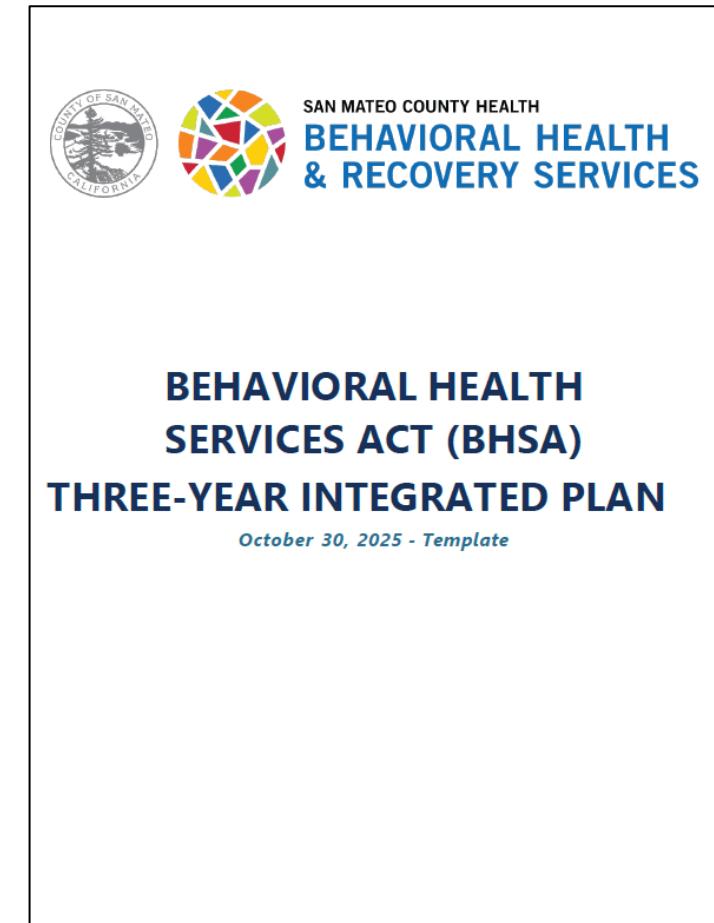
Outcome Reporting*

*Deep Dive Info Sessions conducted June-August 2025

**Community Health Improvement Plan (CHIP) Mental Health Workgroup

What's in the BHSA 3-Year Integrated Plan?

1. Overall BHSA Funding Allocations
2. Populations Served by BHRS
3. Infrastructure and Funding Landscape
4. Statewide Priority Goals - plan to address gaps
5. BHSA-Funded Programs by Component
6. Workforce Strategy
7. Appendices
 - i. Documentation of Data Used for Planning
 - ii. Documentation of CPP Process
 - iii. Quality Improvement Plan
 - iv. Integrated Budget Plan

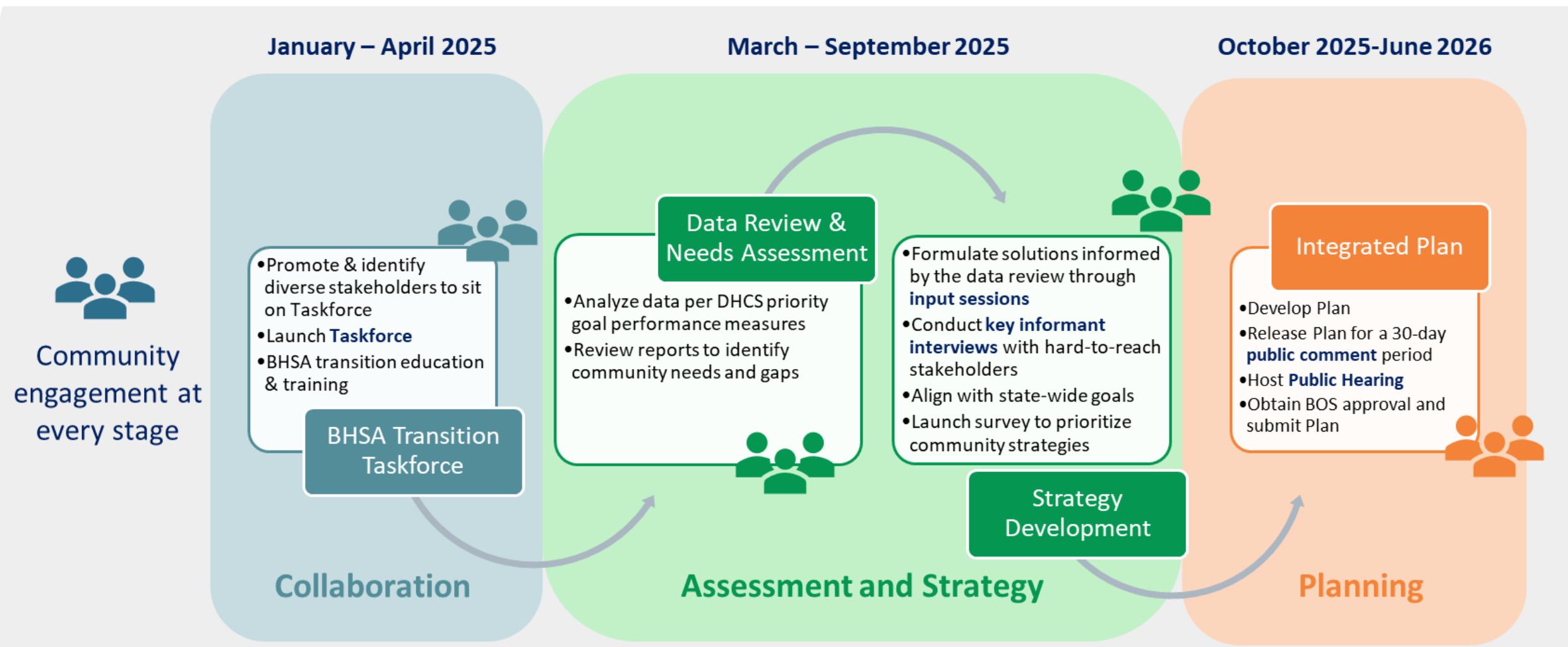


Community Program Planning (CPP)



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CPP Process Framework





CPP Participation

- ~ 117 unique individuals participated in 4 BHSA Transition Taskforce meetings.
- ~120 individuals participated in Deep Dive Information Sessions
- ~200 participated in 14 Community Input Sessions organized across the Statewide Priority Goals and reviewed data and provided insights related to needs and potential strategies.
- ~ 90 participated in targeted discussions representing youth, older adult service providers, veterans, homeless, and health ambassadors.
- ~ 100 participated in a survey to prioritize the strategies identified.

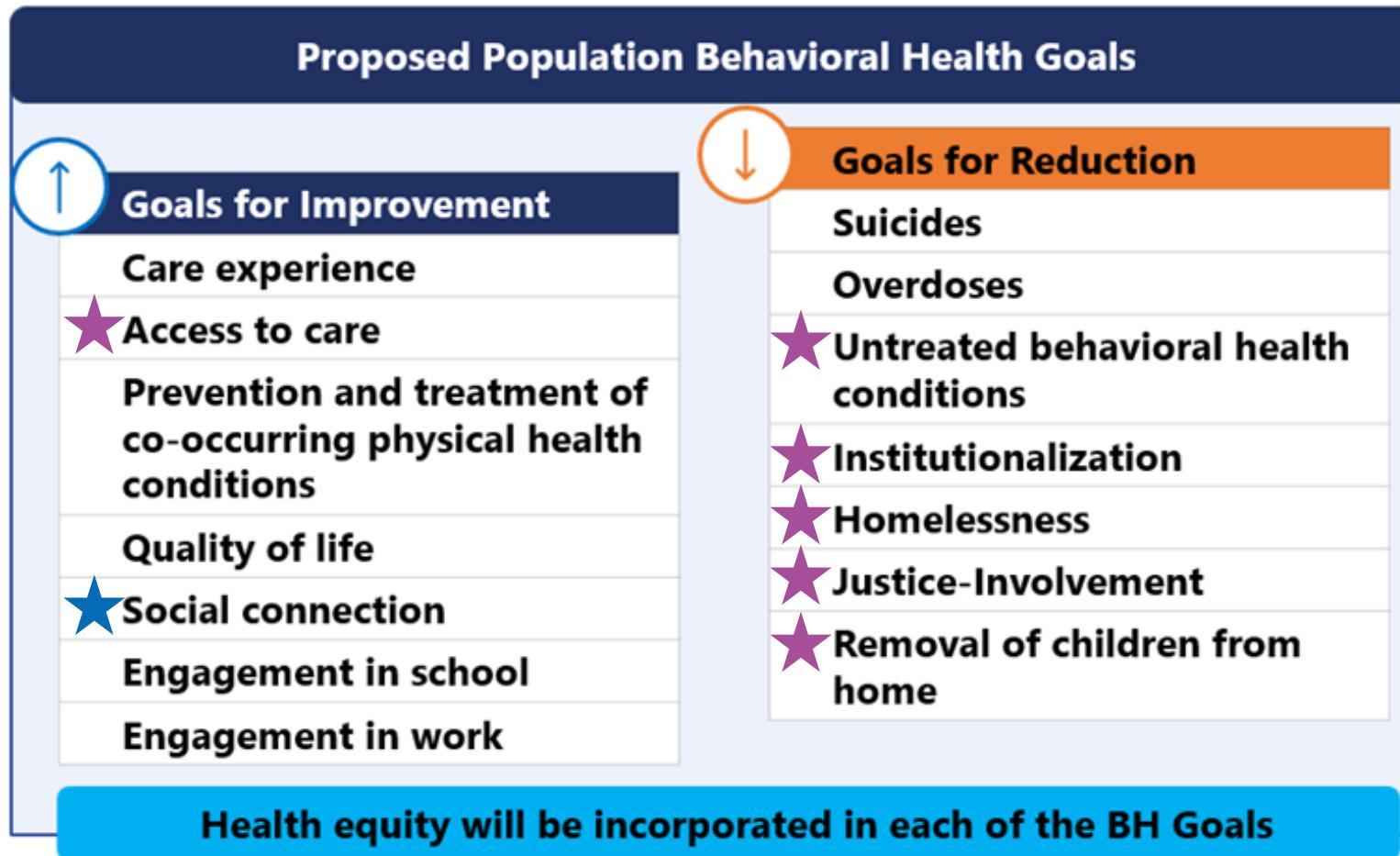
Prioritized Strategies



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14 State-Directed Priority Goals

- ★ 6 Goals Required for Behavioral Health Plans
- ★ 1 Additional Selected Goal for BHRS



Prioritized Behavioral Health Strategies

Access to Care	Homelessness	Institutionalization	Justice Involvement
<ul style="list-style-type: none">1.Targeted Outreach2.Community-Defined Approaches3.Culturally and Linguistically Appropriate Services	<ul style="list-style-type: none">1.Supportive Housing2.Early Outreach and Navigation3.Documentation of At-Risk of Homelessness	<ul style="list-style-type: none">1.Recovery-Oriented Approaches2.Crisis Continuum3.Caregiver Supports	<ul style="list-style-type: none">1.Substance Use Supports2.Alternatives to Arrest and Diversion Programs3.Re-entry Supports



Prioritized Behavioral Health Strategies

Removal of Children from Home

1. Family Engagement
2. School-Based Services
3. Cross-Sector Coordination

Untreated Behavioral Health Conditions

1. Integrated Care
2. Peer Supports
3. Early Screening

Social Connection

1. Community Belonging
2. Outreach and Engagement
3. Cross-Sector Coordination

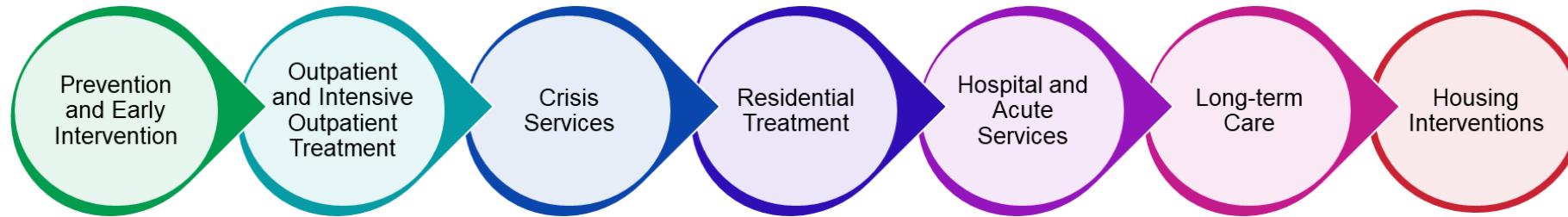


Fiscal Summary

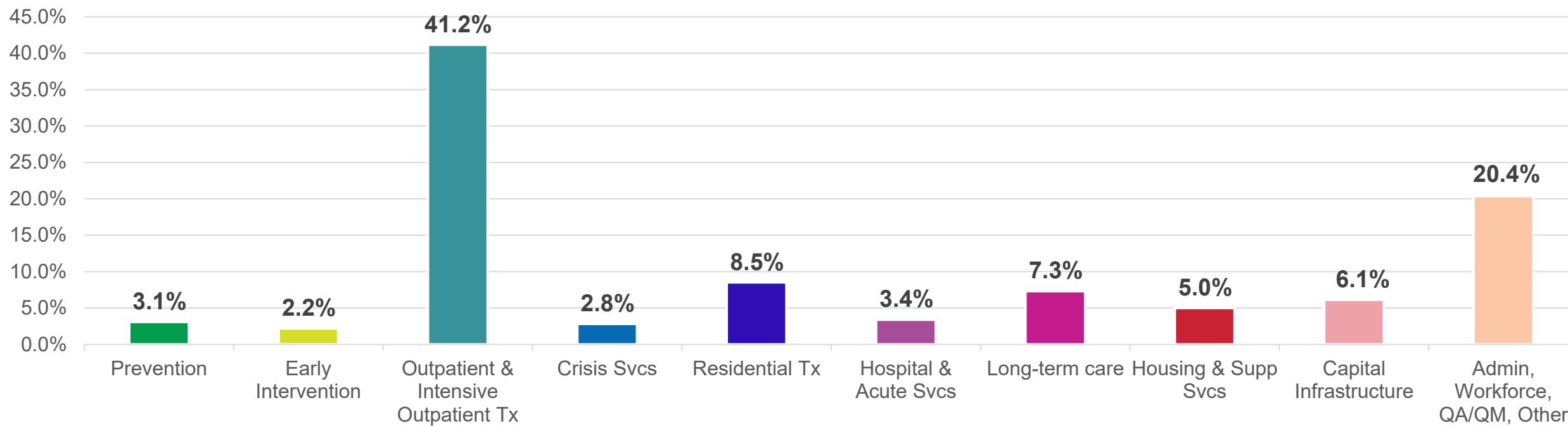


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Behavioral Health Continuum of Care



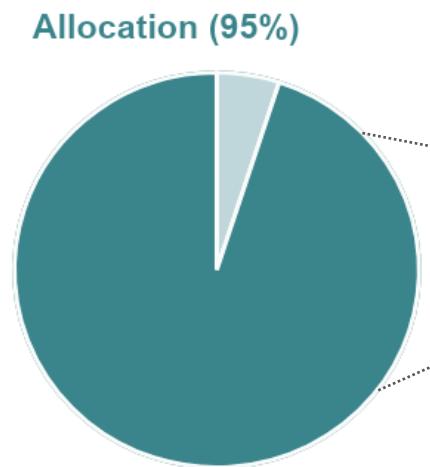
FY26-27 BHRS Funding Allocations
\$380.6M



MHSA to BHSA Funding

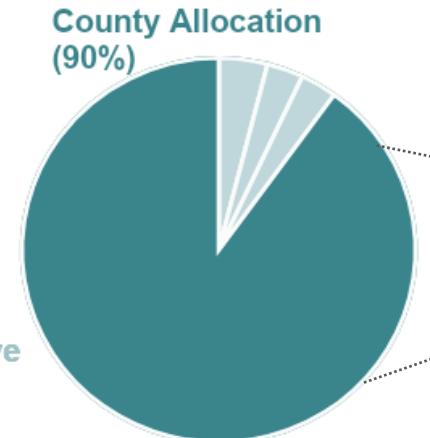
MHSA Allocation

State Allocation (5%)



BHSA Allocation

State Allocation (10%)
- 3% Administration
- 3% Workforce Initiative
- 4% Prevention



Full Service Partnership (FSP) + Housing

39%

FSPs only

35%

+\$1.9M*

Other Services & Supports

37%

Behavioral Health Services & Supports (BHSS) – Early Intervention 51%

18%

+3.0M*

Prevention & Early Intervention (PEI) Innovation

19%

5%

Housing

30%

-7.5M*

+9.6M*

*Estimated Amount Needed to Meet BHSA Requirements

New BHSA Programming

Housing Interventions

- Permanent and Transitional Rental Assistance
- Housing Navigation and On-Site Coordinators
- Canyon Vista

FSP Requirements

- Assertive-Filed Based Substance Use Disorder Treatment (Sobering Station)
- Supported Employment

Early Interventions

- Youth-Focused Behavioral Health Interventions (new RFP)
- Mobile Behavioral Health for Farmworkers



Next Steps

- **30-day Public Comment**
 - February 4, 2026 – March 4, 2026
 - Full Integrated Plan document posted here:
<https://www.smchealth.org/behavioral-health-services-act>
- **How to Give Public Comment**
 - Quick Tips - How to Give Public Comment at a public meeting
 - Online Form -
<https://www.surveymonkey.com/r/MHSAPublicComment>
 - Email mhsa@smcgov.org
 - Leave a phone message at (650) 573-2889
- **Board of Supervisors Adoption**
 - TBD – May/June 2026



Thank you!

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