



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

Behavioral Health Commission

February 4, 2026



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# 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



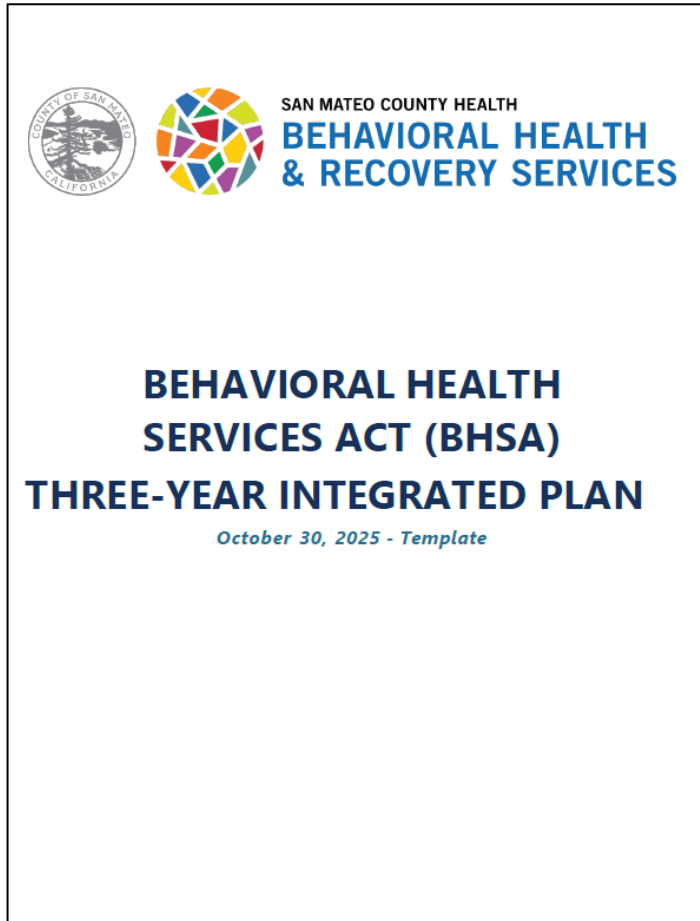
Outcome Reporting\*

*\*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)

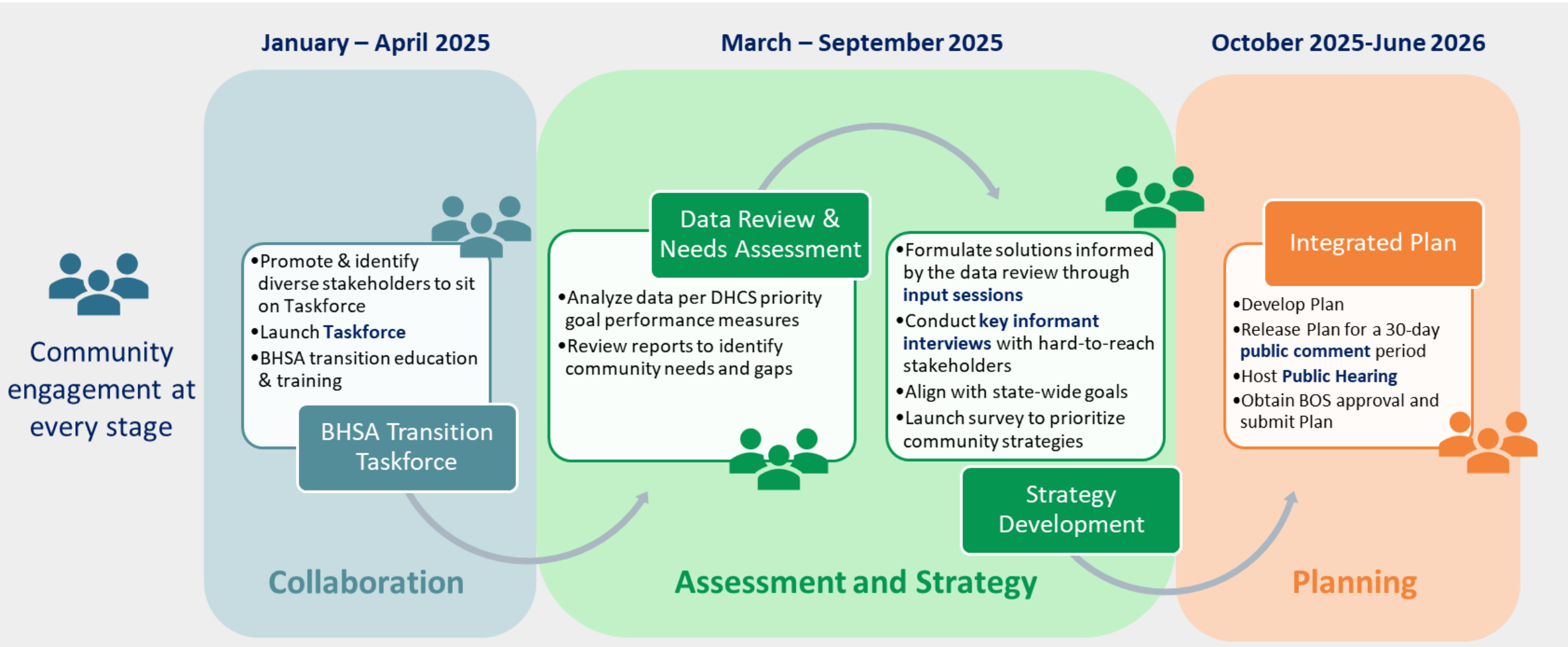


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# CPP Process Framework





# 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



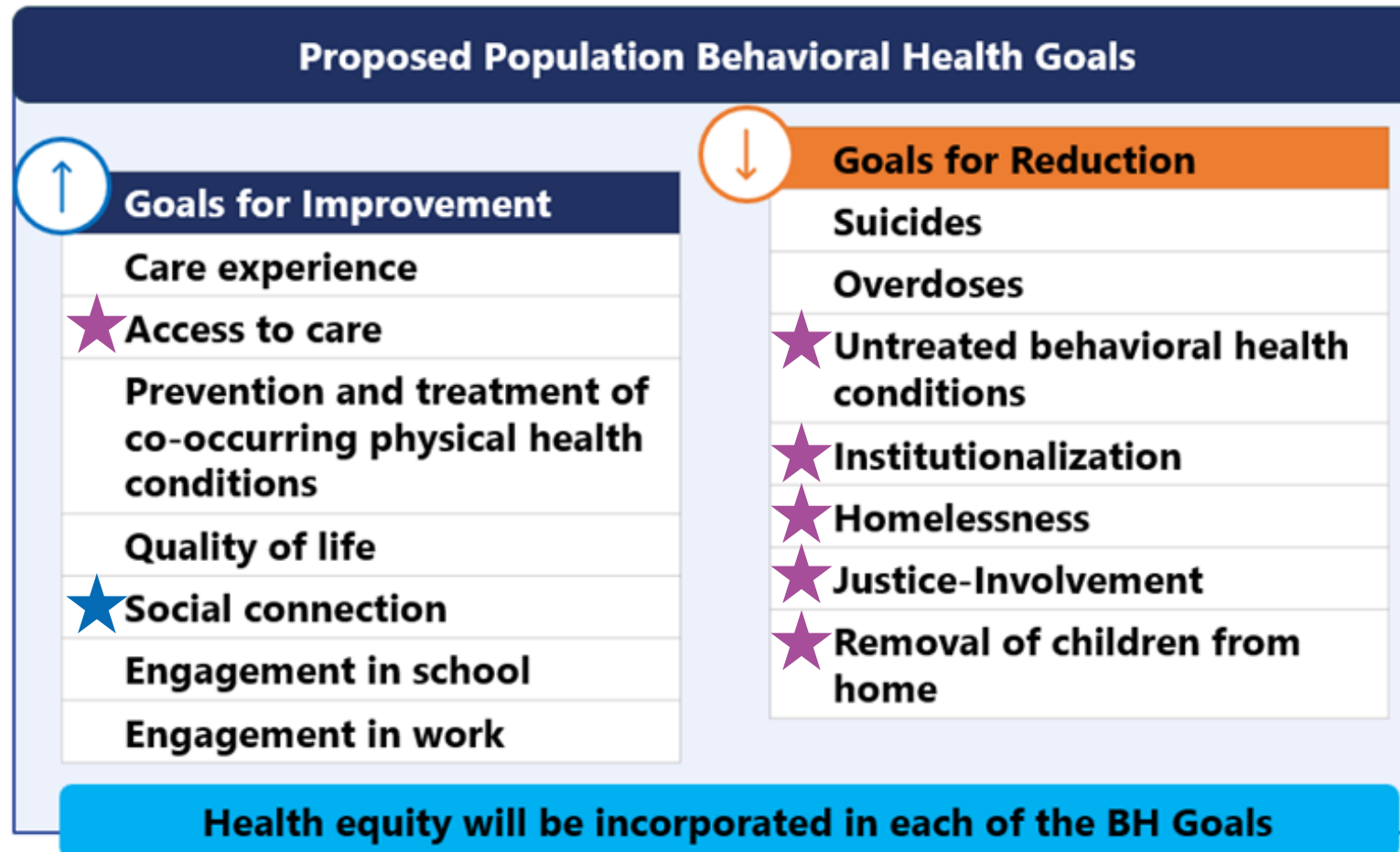
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# 14 State-Directed Priority Goals

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



# Prioritized Behavioral Health Strategies

## Access to Care

- 1.Targeted Outreach
- 2.Community-Defined Approaches
- 3.Culturally and Linguistically Appropriate Services

## Homelessness

- 1.Supportive Housing
- 2.Early Outreach and Navigation
- 3.Documentation of At-Risk of Homelessness

## Institutionalization

- 1.Recovery-Oriented Approaches
- 2.Crisis Continuum
- 3.Caregiver Supports

## Justice Involvement

- 1.Substance Use Supports
- 2.Alternatives to Arrest and Diversion Programs
- 3.Re-entry Supports



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# 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



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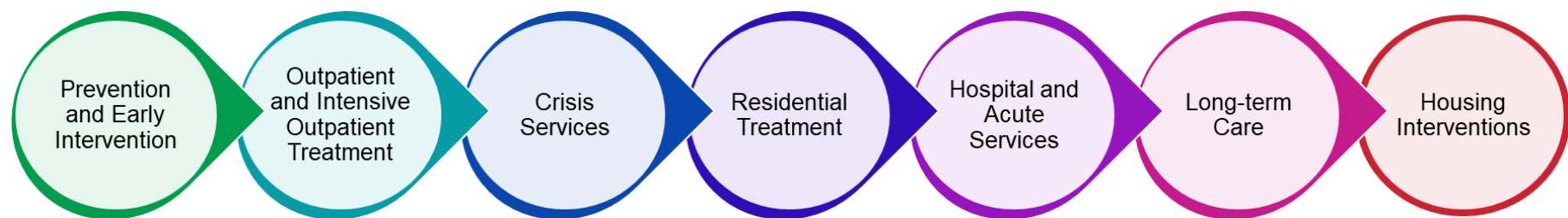
# Fiscal Summary



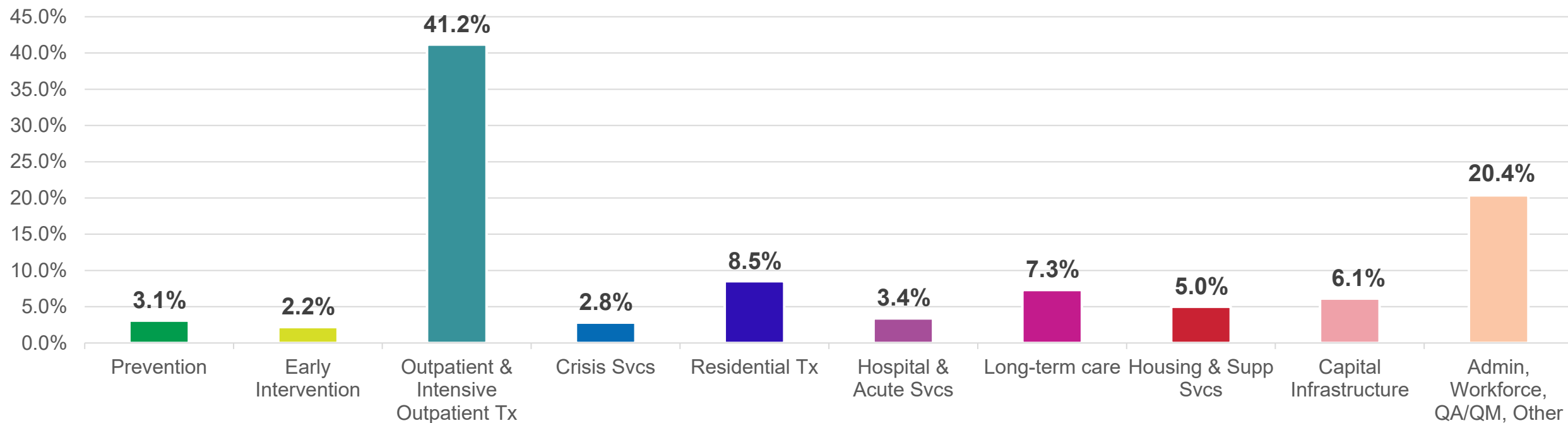
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# Behavioral Health Continuum of Care



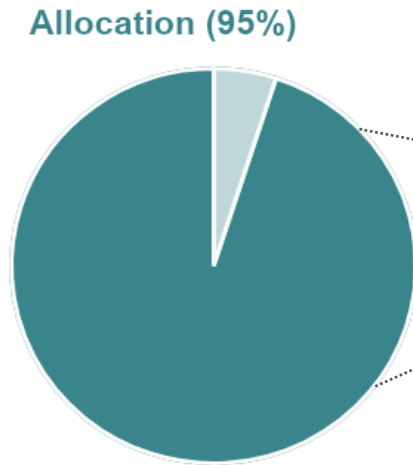
## FY26-27 BHRS Funding Allocations \$380.6M



# MHSA to BHSA Funding

## MHSA Allocation

State Allocation (5%)



Full Service Partnership (FSP) + Housing

39%

Other Services & Supports

37%

Prevention & Early Intervention (PEI)

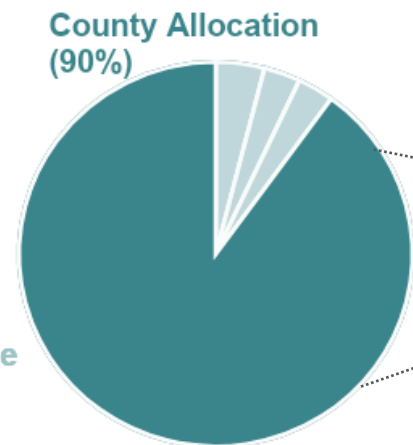
19%

Innovation

5%

## BHSA Allocation

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



FSPs only

35%

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

18%

17%

Housing

30%

+\$1.9M\*

+3.0M\*

-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



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# 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](mailto: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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