



**Behavioral Health 3-Year Integrated Plan (IP)
Behavioral Health Board Hearing**

**Behavioral Health Department
January 21, 2026**

Proposition 1 (2024)

» March 2024: voters approved a two-bill package

» Behavioral Health Services Act

- » Changes how the millionaire's tax funds are spent for behavioral health services (originally approved by Prop 63 in 2004).
- » Change in populations and services offered.
- » Focuses on outcomes and accountability, expands reporting requirements.
- » Requires new 3-year Integrated Plans (IP).

» Behavioral Health Bond

- » \$6.38 billion bond.
 - » \$4.4 billion to add behavioral health treatment beds.
 - » Department of Health Care Services through Behavioral Health Continuum Infrastructure Program ("BHCIP").
 - » \$1.97 billion to add supportive housing beds.
 - » Department of Housing and Community Development/CalVet through Homekey+.
 - » Directs supportive housing funds for veterans.



Proposition 1: Behavioral Health Integrated Plan

- » New 3-year Integrated Plan due in 2026.
 - » Draft: due to State on March 31, 2026.
 - » Final: due on June 30, 2026.
- » Incorporates statewide health goals and data.
- » 3-Year projection of all Behavioral Health funding streams and expenditures.
- » Increased focus on housing and homelessness.
- » Increased coordination with Medi-Cal Managed Care Plans, public health, housing, and justice partners.



Integrated Plan Sections

- 1 Behavioral Health System Overview
- 2 Statewide Behavioral Health Goals
- 3 Community 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



Proposition 1: Behavioral Health Services Act

Pre-Prop 1: MHSA Components

- **State Directed Admin- 5%**
- **Community Services & Supports (CSS)- 76%**
 - 51% to Full-Service Partnership (FSP)
(Represents 39% of total MHSA)
 - 49% General System Development
(Represents 37% of total MHSA)
- **Prevention & Early Intervention - 19%**
- **Innovation- 5%**
 - Workforce, Education & Training
 - Capital Facilities/Technological Need



Post Prop 1: BHSA Components

- **State Directed Admin- 10%**
- **FSP- 35%**
 - New required evidence-based practices to fidelity:
 - Assertive Community Treatment/Forensic ACT (ACT/FACT)
 - Individual Placement and Supports Supported Employment
 - High Fidelity Wraparound
- **BHSS - 35%**
 - 51% on Early Intervention *(18% of total BHSA)*
 - 49% Other *(17% of total BHSA)*
 - Children/Adult System of Care
 - Workforce
 - Capital Facility/Technological Needs
 - Outreach & Engagement
- **Housing- 30%**
 - 50% on chronically homeless
 - 25% max on Capital Projects

*Source: CBHDA



Integrated Plan: 3-Year Budget Summary (all revenue and expenditures)

- » 3-year forecast of all behavioral health revenue and expenditures.
- » Will be updated annually.

Projections	Year 1	Year 2	Year 3
BHSA	\$27.1 million	\$28.2 million	\$29.1 million
Medi-Cal	\$41.8 million	\$43.8 million	\$44.6 million
1991 and 2011 Realignment	\$28.6 million	\$28.6 million	\$29.1 million
All other funding sources	\$37.0 million	\$34.0 million	\$35.4 million
Total Projected Funding Sources and Expenditures	\$134.5 million	\$134.6 million	\$138.2 million



Integrated Plan: BHSA 3-Year Budget Summary

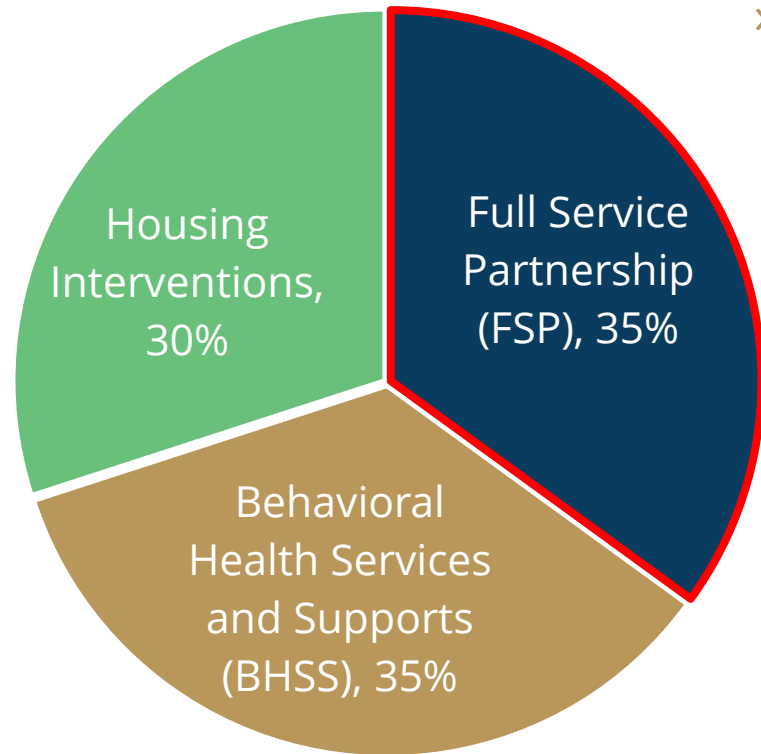
- » Non-BHSA funding excluded below.
- » Will monitor BHSA revenue and adjust expenditures as needed in future years.

%	BHSA Annual Allocation Projections	Year 1	Year 2	Year 3
35%	Full-Service Partnership (FSP)	\$8,086,032	\$7,924,312	\$7,765,825
30%	Housing Interventions	\$6,930,885	\$6,792,267	\$6,656,422
35%	Behavioral Health Services and Supports (BHSS)	\$8,086,032	\$7,924,312	\$7,765,825
	Subtotal	\$23,102,949	\$22,640,891	\$22,188,072

+ one-time unspent MHSA carryover for BHSS funded programs and services.



Integrated Plan: BHSA Funded Programs Full-Service Partnership (FSP)



» FSP Programs and Services

- » Individualized, recovery-focused care for individuals living with significant behavioral health needs (“whatever it takes”)
 - » Clinical/therapy, peer-support, transportation, medication support, housing
 - » Adult and youth
 - » Supported employment
- » Evidence Based Practices (mandated):
 - » E.g. Assertive Community Treatment (ACT)/Forensic ACT/High Fidelity Wraparound (HFW)/Individual Placement & Supports (IPS)
- » Transition and Relapse Prevention Program
- » Outreach
 - » Community Action Team (Behavioral Health staff)
 - » Homeless Outreach Team
 - » Library Outreach Team

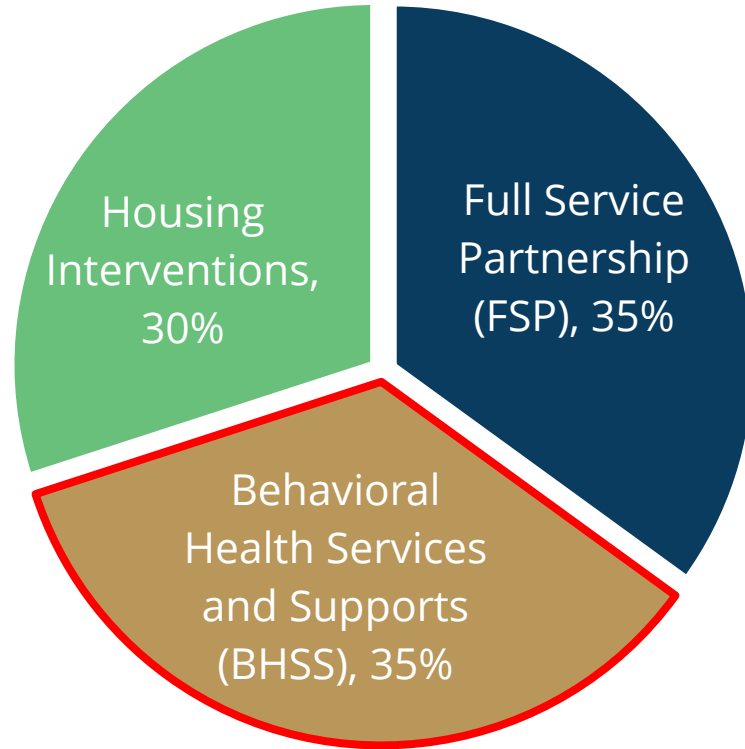


COUNTY
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Integrated Plan: BHSA Funded Programs Behavioral Health Services and Supports (BHSS)

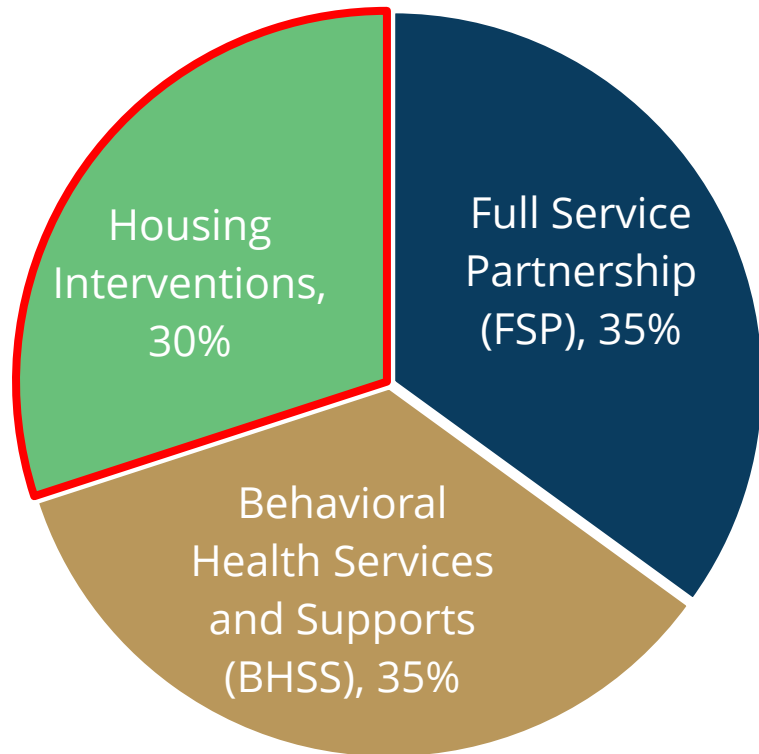


- » **Behavioral Health Services and Supports**
 - » BH Treatment Courts
 - » Peer Navigators
 - » Adult and youth advocates
 - » Workforce investment
 - » Electronic Health Record
 - » Wellness Centers
 - » Youth programs
 - » Central Coast Hotline (crisis hotline)
 - » Crisis Services (dispatch, mobile crisis)
 - » Outreach and engagement (public information specialists and suicide prevention)
 - » BH Treatment (e.g. for housing programs)
 - » Latino Outreach Program
 - » Interpretation services



Integrated Plan: BHSA Funded Programs

Housing Interventions



» Housing Interventions

- » Permanent Supportive Housing (PSH)- approx. 107 beds
 - » Community Housing
 - » FSP Housing
 - » Behavioral Health Bridge Housing beds starting Year 2
- » Assisted Living/Board and Care- approx. 86 beds
- » Time-limited Housing- 10 beds (updates coming)
 - » Behavioral Health Bridge Housing beds starting Year 2
- » Capital Development (Year 1 only)
- » Landlord Outreach and Mitigation Funds
 - » Damages to units, landlord outreach
- » Participant Assistance
 - » Security/utility deposits, move-in costs, storage fees, etc.



Integrated Plan: Community Planning Process Stakeholder Engagement

- Eligible adults and older adults⁶⁰ (individuals with lived experience)
- Families of eligible children and youth, eligible adults, and eligible older adults⁶¹ (families with lived experience)
- Youths (individuals with lived experience) or youth mental health or substance use disorder organizations
- Providers of mental health services and substance use disorder treatment services
- Public safety partners, including county juvenile justice agencies
- Local education agencies
- Higher education partners
- Early childhood organizations
- Local public health jurisdictions
- County social services and child welfare agencies
- Labor representative organizations
- Veterans

» To be added to interest list, click link below:

- » [Behavioral Health Services Act \(BHSA\) Community Planning Process Engagement Contact Survey](#)

- Representatives from veterans' organizations
- Health care organizations, including hospitals
- Health care service plans, including Medi-Cal Managed Care Plans (MCPs)⁶²
- Disability insurers (a commercial disability insurer that covers hospital, medical or surgical benefits as defined in Insurance Code section 106, subdivision (b))
- Tribal and Indian Health Program designees established for Medi-Cal Tribal consultation purposes
- The five most populous cities in counties with a population greater than 200,000
- Area agencies on aging
- Independent living centers
- Continuums of care, including representatives from the homeless service provider community
- Regional centers
- Emergency medical services
- Community-based organizations serving culturally and linguistically diverse constituents

In addition to the required stakeholders listed above, stakeholders shall include participation of individuals representing diverse viewpoints,⁶³ including, but not limited to:

- Representatives from youth from historically marginalized communities
- Representatives from organizations specializing in working with underserved racially and ethnically diverse communities
- Representatives from LGBTQ+ communities
- Victims of domestic violence and sexual abuse
- People with lived experience of homelessness



Integrated Plan: Community Planning Process

- » **2024-2025 Community Outreach and Engagement**
 - » Surveys
 - » Outreach through social media
 - » Informational videos
 - » Workgroup/committee meetings
 - » Review of outcomes/data
 - » Emails to stakeholders/advisors
 - » Presentations
 - » Website: [Integrated Plan- Behavioral Health Services Act - County of San Luis Obispo](#)
 - » 30-Day public review draft
 - » Behavioral Health Board hearing (January)
 - » Board of Supervisors presentation (February)



Integrated Plan: Community Planning Process

» Summary of Public Comments Received to Date

» Recommendations:

- » Focus on eating disorders and interventions, goes under the radar too often.
- » More outreach and engagement activities.
- » Student Assistance program extremely crisis-related; outreach and education huge for that population.
- » IP is incomplete without supports during pregnancy/early childhood and early parenthood.
- » There is an increasing number of mentally ill clients that are getting older and are losing the ability to care for themselves. We need places that offer 24-hour care...most assisted living places do not take clients with mental illness.

» Connections between programs:

- » Hope TMHA's VetWell program can have a formal connection to VTC.
- » Consider the role that TMHA's Family Services can play, almost 100% bilingual.

» Other:

- » Great to see peer-certified activities.
- » Additional questions.



Integrated Plan Approvals and Compliance

- » **Draft due to DHCS by March 31, 2026**
 - » Requires CEO and Behavioral Health Director approval
- » **Final IP due by June 30, 2026**
 - » Requires Board of Supervisors approval

