

# **MHSA Advisory Committee (MAC)**

**Wednesday, January 29, 2025**

**Hybrid Meeting  
3:00pm – 5:00pm**



- **Welcome, Introductions, Meeting Goals**
  - Landon King, SLOBHD
- **MHSA/BHSA Overview**
  - Landon King, SLOBHD
- **Community Planning Process**
  - Christina Rajlal, SLOBHD
- **Department Updates**
  - Star Graber, SLOBHD
- **Fiscal Update**
  - Jalpa Shinglot, SLOBHD
- **New Business for 2024-25**
  - CSU Status Update
  - BHCIP Start-Up Request
  - Mobile Crisis Team Request
  - Housing Programs
  - Innovation Plan Proposal
- **BHSA Updates & Planning**
  - Christina Rajlal, SLOBHD
- **Next Meetings:**
  - March MAC TBD
- **Conclusion**



# ***MHSA Advisory Committee Introductions***

**SAN LUIS OBISPO COUNTY  
BEHAVIORAL HEALTH DEPARTMENT**



**WELLNESS • RECOVERY • RESILIENCE**



**BEHAVIORAL HEALTH DEPARTMENT**

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# The Mental Health Services Act in San Luis Obispo County:

- Proposition 63, passed in 2004
- Millionaire's Tax

## The MHSA Provides:

- Funding, personnel, and other resources
- Supportive programs for underserved populations
- Best practices and innovative approaches
- Prevention, early intervention, treatment, and recovery
- Community partnerships and advisory committee engagement



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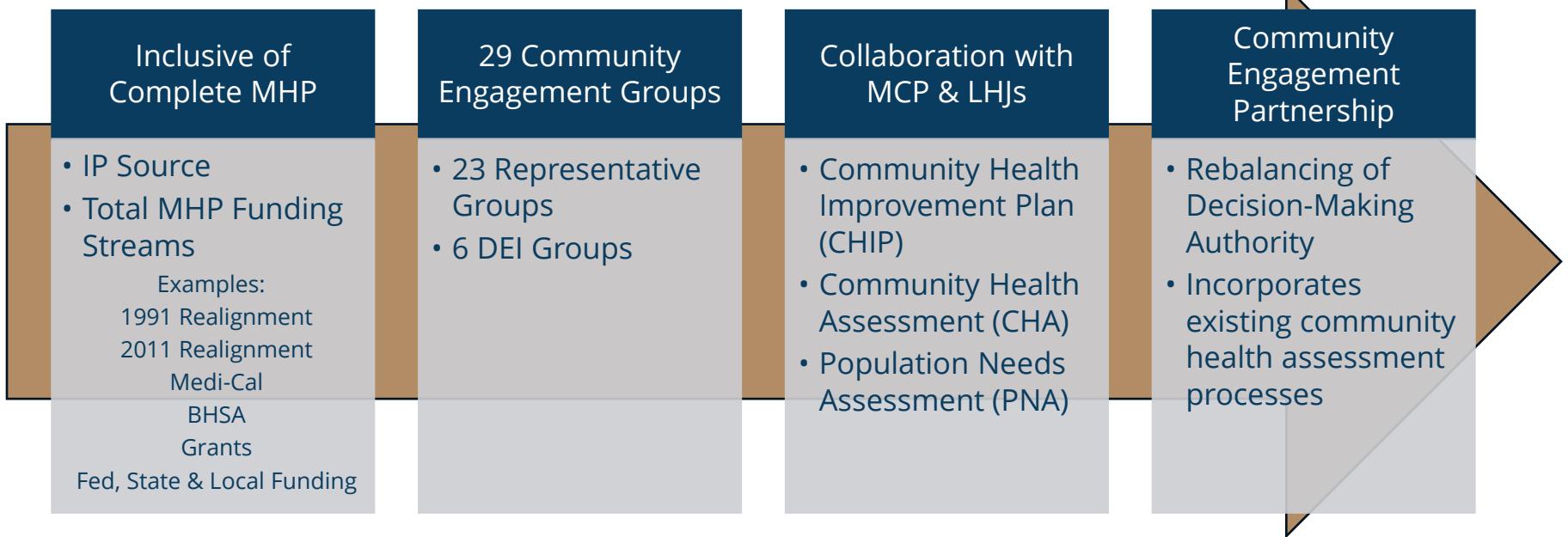
# MAC Meeting & Participation

- The MAC is formally informal. Feel free to ask questions and make comment via hand raise throughout the meeting.
- Information will be provided on work plan changes, new funding initiatives, and discussion.
- Show of support and anonymous comment will be communicated via Microsoft Forms survey.



# Updated Community Planning & Engagement Process

## Live as of 1/1/2025



# Department Update



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# *New Business*

- 1. Update: Crisis Stabilization Unit.**
- 2. Behavioral Health Continuum Infrastructure Program (BHCIP) Start-up Costs.**
- 3. Mobile Crisis Response Team.**
- 4. Innovation Proposal for Medi-Cal Maximization Initiative (MMTI).**



# Crisis Stabilization Unit (CSU) Update

- As of January 1, 2025, the Crisis Stabilization Unit will remain closed.
- SLOBHD has determined that the service priority is on enhanced mobile crisis efforts and utilization of the Sobering Center on the Health Campus in San Luis Obispo.
- The Department is also in development of crisis continuum of services:
  - Expanding inpatient and crisis residential programs for adults in the North County.
  - Highly-needed inpatient and crisis services for youth in San Luis Obispo and in North County.
- The Department plans to announce new programs by the Spring of 2025.



# Behavioral Health Continuum Infrastructure Program (BHCIP) Planning Costs

- One-Time Request of up to \$100,000.
  - Planning costs for BH treatment beds including crisis residential.
- Available funds budgeted for FY 24-25 due to CSU closure.
- Pre-development activities include:
  - Architectural and Engineering Services.
  - Project Management.
  - Construction Estimates.
  - BH Policy Consultation.
  - Real Property Services.



# Mobile Crisis Expansion Funding

- One-Time Request for up to \$700,00.
- MHSA funds available for FY 24-25 due to CSU closure.
- Mobile Crisis Team:
  - Mobile Crisis responds to all individuals in need within the community regardless of insurance type.
  - Initial launch year 2024 experienced lower than anticipated Medi-Cal clients.
  - Expanded services are intended to be covered by Medi-Cal reimbursements.
  - Anticipated increases in volume based on awareness of services by community, providers, law enforcement, and hospitals.



# **Innovation Proposal: Medi-Cal Maximization & Training Initiative (MMTI)**

- A. Support BH Transformation transition through revenue maximization.
- B. Project: Contract with a Subject Matter Expert on Cal-AIM and the broader Behavioral Health Transformation initiative to work with both SLOBHD and partners.
- C. \$600k for up to 3-years.
- D. Outcome Measurements.
- E. Timeline.

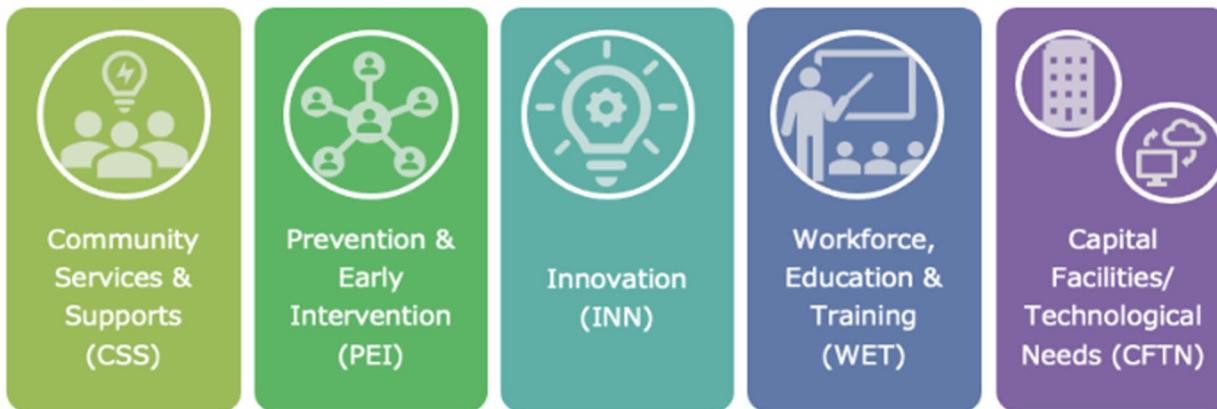


# MHSA to BHSA with SLO Behavioral Health

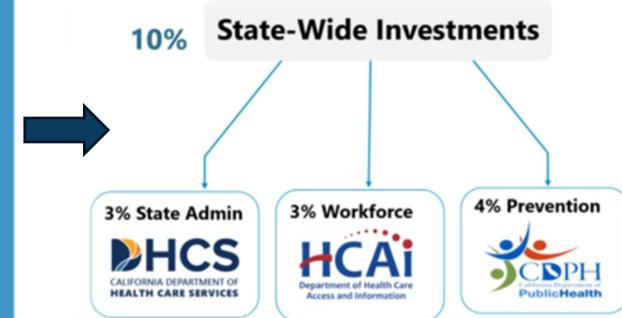
MAC Meeting  
UC Cooperative Auditorium, SLO  
May 29, 2024



## Mental Health Services Act



## Behavioral Health Services Act



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## MHSA Fund Summary FY 2023/24 – FY 2026-27

## MHSA Fiscal Update

	<u>FY 23-24</u>		<u>FY 24-25</u>		<u>FY 25-26</u>		<u>FY 26-27</u>	
<b>Beginning Balance</b>	\$	<b>13,014,862</b>	\$	<b>16,921,890</b>	\$	<b>12,729,687</b>	\$	<b>5,268,264</b>
<b>Revenue</b>								
MHSA State Allocation	\$	24,454,869	\$	20,324,839	\$	15,193,221	\$	14,889,357
Medi-Cal Revenue	\$	6,397,486	\$	6,039,235	\$	6,686,821	\$	6,820,557
Other Revenue	\$	2,903,443	\$	2,351,307	\$	1,480,444	\$	771,190
<b>Total Revenue</b>	\$	<b>33,755,798</b>	\$	<b>28,715,381</b>	\$	<b>23,360,486</b>	\$	<b>22,481,104</b>
<b>Total Expense</b>	\$	<b>(29,848,770)</b>	\$	<b>(32,907,584)</b>	\$	<b>(30,821,909)</b>	\$	<b>(31,068,596)</b>
<b>Closing Fund Balance</b>	\$	<b>16,921,890</b>	\$	<b>12,729,687</b>	\$	<b>5,268,264</b>	\$	<b>(3,319,228)</b>

### Anticipate large fluctuations in funding

- Projections for FY 25-26 and 26-27:

**Fund Balance at 01/27/2025 (excluding actual PR) = \$ 22,037,080**

- Prudent Reserve Fund Balance = \$2,774,412



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# Estimated BHSA Component Budgets FY 26-27: Projected Allocation (-) State Distribution = 13.4 mil



## Current BHSA Component Status FY 25-26



# Service Prioritizations

## Tier 1

- BHSA & County Mandated Programs
  - Full-Service Partnerships (Adult & Youth).
  - Existing Housing Programs.
  - Crisis & Intensive Services.
  - Early Intervention.

## Tier 2

- Programs that meet BHSA eligibility requirements and have Medi-Cal billable services.
- Supplemental programs to mandated services.

## Tier 3

- Programs and services that are not eligible for BHSA funding.
- Programs and services that can be funded through other sources.
- Programs that do not have a direct path to Medi-Cal billable services.



# Projected MHSA Funding Reductions: June 30<sup>th</sup>, 2025

## San Luis Obispo Behavioral Health Department

Program/Position	Component	MHSA Cost
FSP Coordinator (0.5 FTE)	CSS-FSP	\$83,181
PEI/INN Coordinator (1.0 FTE)	PEI/INN	\$135,452
B.H. Specialist III for QST (1.0 FTE)	CSS-GSD	\$178,591
Outreach Coordinator for PEI Veterans Program (1.0 FTE)	PEI	\$166,567
Program Supervisor (1.0 FTE)	CSS-GSD	\$157,594
CalMHSA PEI for Outreach Supplies, MH Campaigns, Educational Material	PEI	\$102,613
	<b>TOTAL</b>	<b>\$823,998</b>



# Projected MHSA Service Reductions for Contracted CSS: June 30<sup>th</sup>, 2025

Program	Component	MHSA Cost	Provider
Service Enhancement Team	CSS-GSD	\$83,561.00	CAPSLO
Service Enhancement Team	CSS-GSD	\$95,687.00	TMHA
Forensic Re-Entry	CSS-GSD	\$200,204.00	TMHA
Transition Assistance & Relapse Prevention	CSS-GSD	\$121,382.00	TMHA
Peer Support & Education	CSS-GSD	\$44,971.00	TMHA
Family Ed Program	CSS-GSD	\$17,955.00	TMHA
	<b>TOTAL</b>	<b>\$563,760</b>	



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# Projected MHSA Service Reductions for Contracted PEI: June 30<sup>th</sup>, 2025

Program	Component	MHSA Cost	Provider
Social Marketing	PEI	\$126,707.00	TMHA
Family Ed Training & Support	PEI	\$163,165.00	Parent Connection
Community Based Therapy	PEI	\$50,446.00	Community Counseling Center
In-Home Parent Educator	PEI	\$91,320.00	CAPSLO
Positive Development	PEI	\$99,446.00	CAPSLO
	<b>TOTAL</b>	<b>\$531,084.00</b>	



# Next Steps:

- Maximization of Medi-Cal Billing.
- MHSA Cost Analysis.
- Programmatic Service Reductions.
- Staff Attrition Strategies.
- Mandated Evidence-Based Practices:  
Planning & Preparation.



# **Discussion/Questions/Comments**

**Next Meeting: TBD**

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# ***Thank you ALL.***

County of SLO Behavioral Health Dept.  
Prevention & Outreach Division

***Christina Rajlal, PhD***

***BHSA Coordinator/Division Manager***

[crajlal@co.slo.ca.us](mailto:crajlal@co.slo.ca.us)

(805)788-4276

***Andrew Harris, MPP***

***Data and Grants Coordinator***

[afharris@co.slo.ca.us](mailto:afharris@co.slo.ca.us)

(805) 781-4748

***Landon J. King, M.S.***

***BHSA Program Manager***

[lking@co.slo.ca.us](mailto:lking@co.slo.ca.us)

(805) 781-4064

***Rebecca Redman***

***Administrative Assistant III***

[rredman@co.slo.ca.us](mailto:rredman@co.slo.ca.us)

(805) 781-4754

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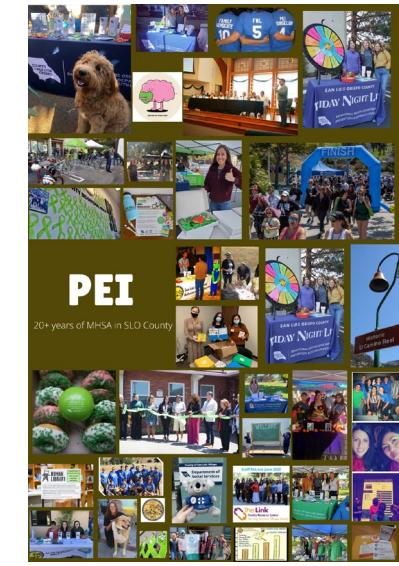
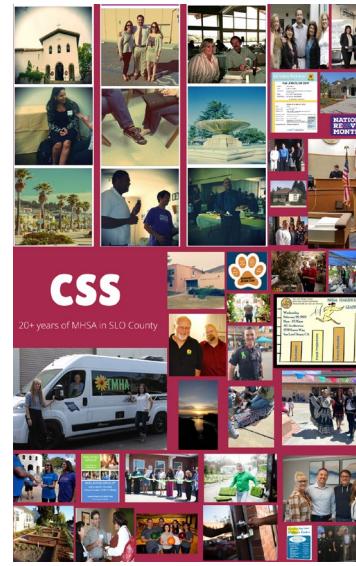
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# MENTAL HEALTH SERVICES ACT ANNUAL UPDATE

## FISCAL YEAR 2024-2025

Draft Posted for 30-Day Review  
September 16th - October 16th, 2025

**Board of Supervisors**  
Pending date: **January 2026**



## QUICK REVIEW: The Mental Health Services Act

- California's Proposition 63, passed in 2004.
- The MHSA created a 1% tax on income in excess of \$1 million to expand mental health services.
- County receives allocation based on populations formula.
- Components (CSS, PEI, INN, WET, CFTN) each require specific programming.
- County must keep Prudent Reserve.
- MHSA transitions to BHSA on July 1<sup>st</sup>, 2026.



# The MHSA provides San Luis Obispo County:



- Funding, personnel, and other resources.
- Supportive programs for underserved populations.
- Best practices and innovative approaches.
- Prevention, early intervention, crisis, treatment, and recovery.
- Community partnerships and engagement.



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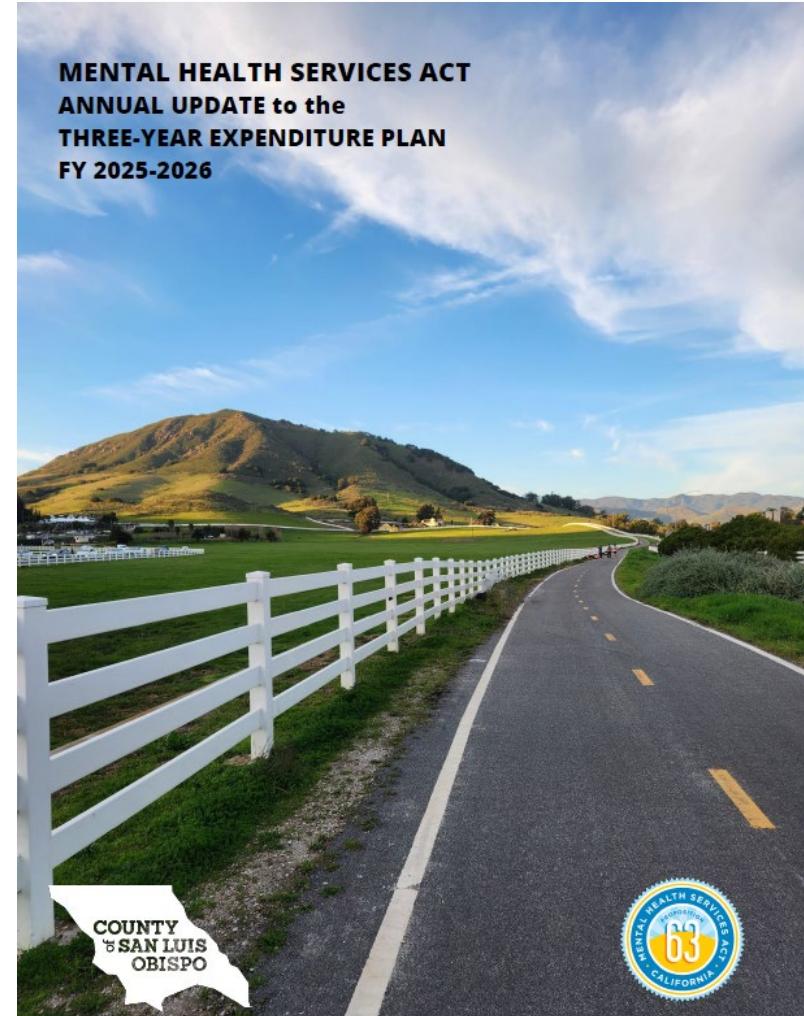
# MHSA Annual Update to the Fiscal Year 2025-2026: Draft for 30-Day Public Review

## Reports on the Fiscal Year 2025-2026:

- Provides data and reports from 2024-2025
- Outlines changes for 2024-2025
- Provides fiscal projections through 2025-2026

## Presentation will cover:

- Annual Update Process
- Component-based achievements
- BHSA Update



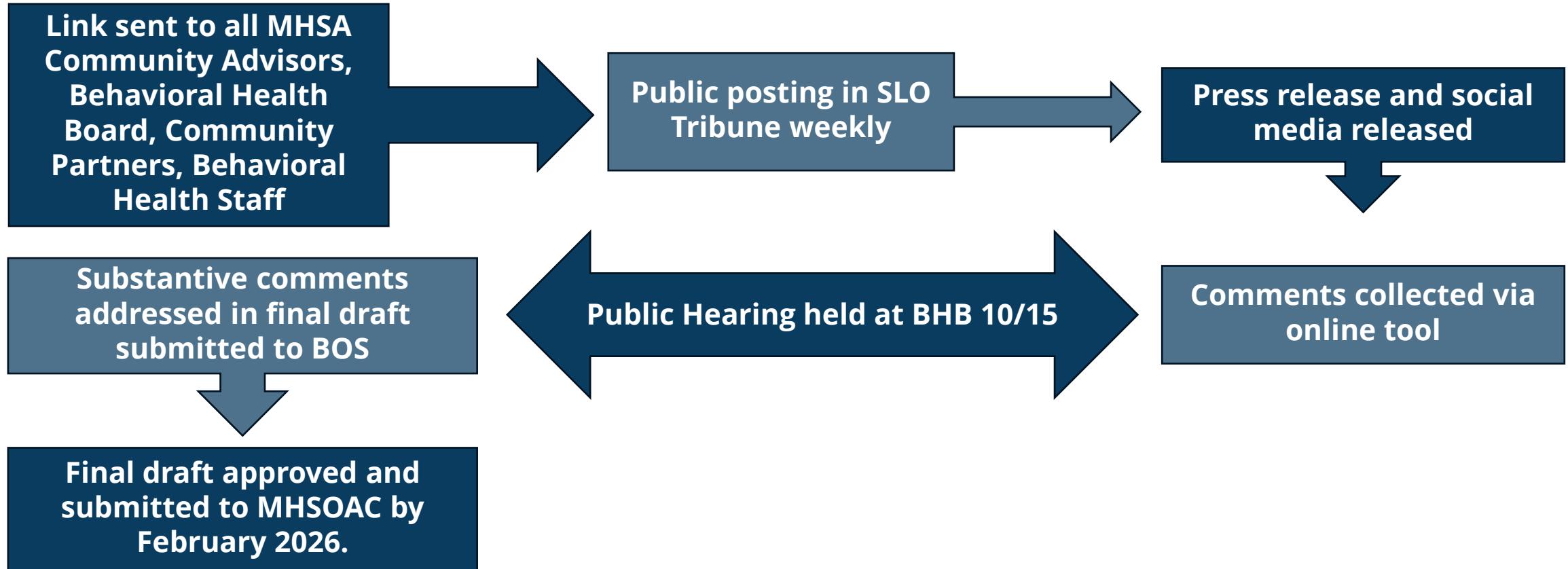
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# MHSA Annual Update

## Fiscal Year 2025-2026: Draft 30-Day Public Review

### Draft Posting Timeline (BH Web Page) 9/17 – 10/16



# CSS Highlights FY 24/25: Full-Service Partnerships

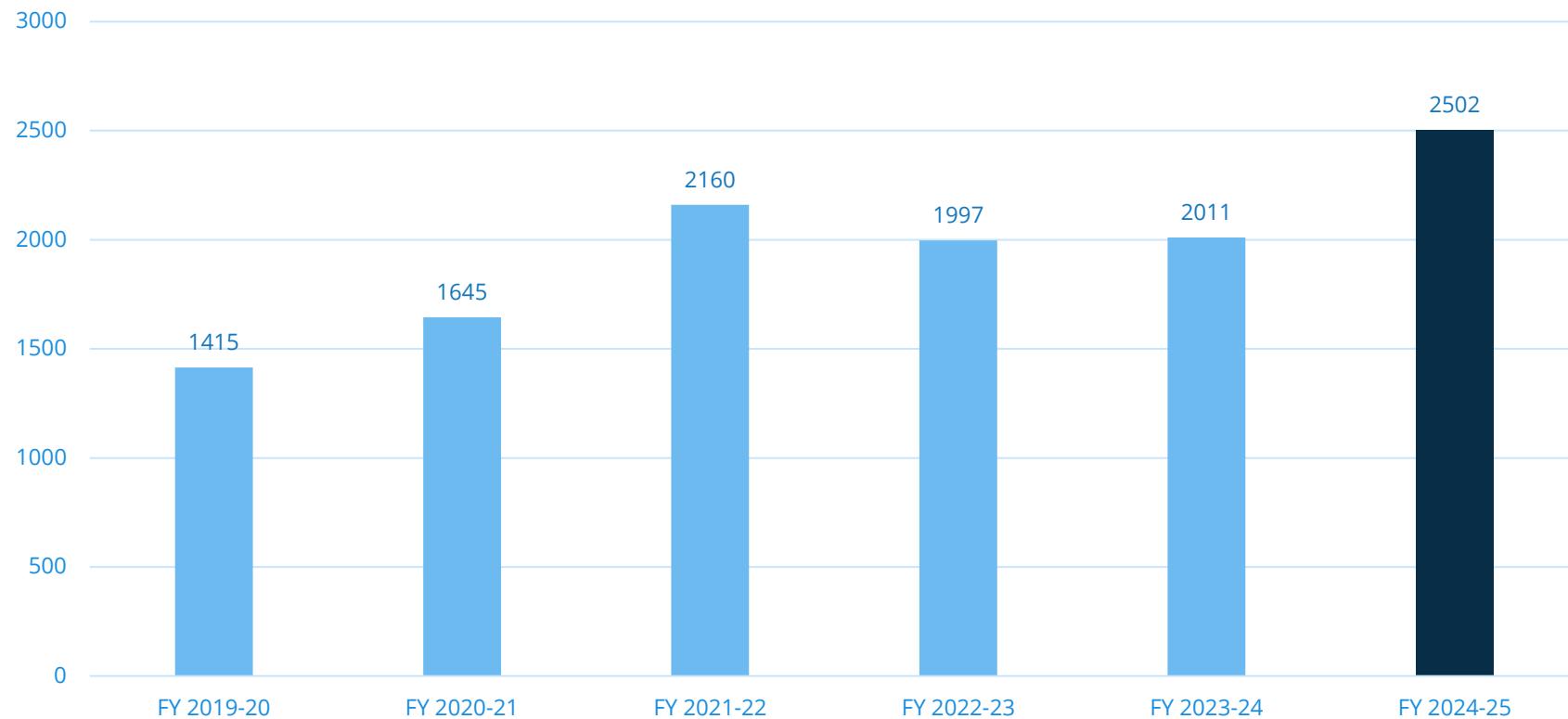
Collectively, in 2024-2025, there were 189 client “partners” enrolled in FSP programs.

In that year, enrolled clients yielded the following results:

- (1) **85% reduction** in homeless days;
- (2) **63% decrease** in general hospital days;
- (3) **94% reduction** in jail days; and
- (4) **74% decrease** of days in the County's Psychiatric Health Facility (PHF).



# Crisis Response and Interventions over past 7 years



# Annual Update: PEI Highlights FY 24/25

## County Provided PEI Programs Middle School Comprehensive Program:

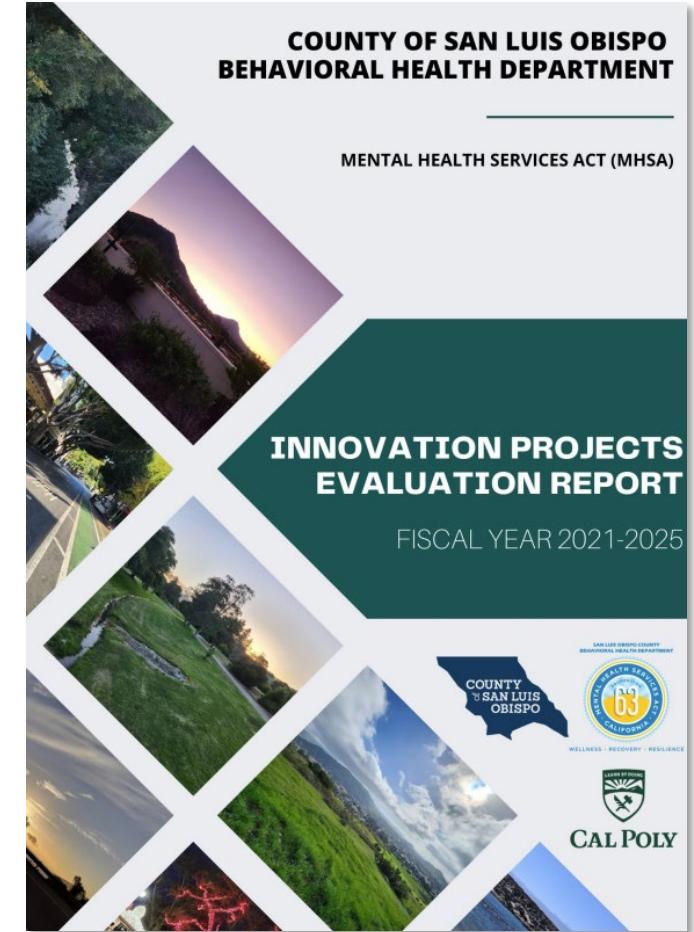
RISK FACTORS	% Change between Risk Factor occurrences before and after
How many days were you absent? *	-24.8%
The number of times I have gotten into a physical fight or threatened someone is	-34.4%
The number of times I've used marijuana is	-45.0%
The number of times I've used alcohol is	-12.0%
The number of times I have used other drugs (cocaine, ecstasy, meth, etc.) is	-41.3%
The number of times I've misused prescription drugs is	-11.2%
The number of times I've hurt myself on purpose	-55.2%
The number of times I've seriously thought about suicide is	-56.2%
The number of behavioral referrals I've received is	-52.0%

PROTECTIVE FACTORS	% Change between Protective Factor agreement before and after
Grades improved from mostly F's**	66.7%
Grades improved from D's **	83.3%
Grades improved from C's or B's **	50.9%
I can ask a trusted adult or family member for help if I need it	-0.2%
I have a good relationship with my parents or caregivers	4.4%
I generally feel good about myself	2.5%
I consider the consequences to my actions	-3.1%
I have friends who make positive and healthy choices	-0.5%
I know how to handle a situation if I'm bullied or harassed	-1.5%
I know how to better cope with stress, depression, and anxiety	-2.8%
I enjoy being at school	14.7%
I understand that alcohol is harmful for me	-6.5%
I understand that marijuana is harmful for me and how	-8.0%
I know that misusing prescription drugs is harmful for me	-5.9%



# Innovation

- Project Sunsets
  - **BHEET**: Behavioral Health Education & Engagement Team.
  - **SoundHeal**.
  - **EMBRACE** (Embracing Behavioral Health for Residential Adult Care & Education).
- Ongoing Projects
  - Medi-Cal Maximization & Training Initiative (**MMTI**) Launch



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# BHSA TRANSITION

updates

- Community Planning Process
- Positioning of EBP & Fidelity Tools.
- Integrated Plan (IP) Update.
- Housing Framework.
- School-Based Services (CYBHI).
- Fiscal Diversification.



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**The MHSA Annual Update is  
available at  
[www.slobehavioralhealth.org](http://www.slobehavioralhealth.org)**

***Thank you!***

***Dr. Christina Rajlal, PHD, MBA  
Division Manager for Prevention & Outreach Services  
[crajlal@co.slo.ca.us](mailto:crajlal@co.slo.ca.us)  
805-781-4276***



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# **Behavioral Health Services Act (BHSA)& Prop 1 Presentation**

**Christina Rajlal, PhD, MBA & Landon King, MS**  
**Mental Health Services Act Team**

**RAMS Presentation**  
**Madonna Inn**  
**11-1:30 PM**  
**Tuesday, Sept 16, 2025**



# QUICK REVIEW: The Mental Health Services Act to the Behavioral Health Services Act

- California's Proposition 63, passed in 2004.
- The MHSA created a 1% tax on income in excess of \$1 million to expand mental health services.
- Funding Components (CSS, PEI, INN, WET, CFTN) move to Housing, FSP, & BHSS.
- Community Planning Process will evolve.
- County must keep Prudent Reserve.
- 3-year plan will evolve into the Integrated Plan (IP).



# GOVERNOR'S "BEHAVIORAL HEALTH TRANSFORMATION" THROUGH THE BHSA

## 1. Reforming the Mental Health Services Act to the *Behavioral Health Services Act* (SB326)

- "...expand services to include treatment for those with substance use disorders...provides more resources for housing and workforce...new and increased accountability for outcomes "

## 2. Focusing on outcomes, accountability, and equity

- "a new County Integrated Plan for Behavioral Health Services and Outcomes, including all local behavioral health funding and services."

## 3. Housing and behavioral health treatment in unlocked, community-based settings (AB531)

- A \$4.68 billion general obligation bond to build 10,000 new clinic beds and homes statewide;
- Housing for veterans with behavioral health challenges.



# Behavioral Health Services Act (SB326)

Replaces Components with Three New “Buckets” for Assigning BHSA Allocations:

## **1. Housing 30%**

- 50% must be spent on those experiencing chronic homelessness
- No more than 25% for Capital, including BH facilities to serve homeless

## **2. Full-Service Partnerships 35%**

## **3. BH Community Services and Supports 35%**

- 51% must be spent on ***early intervention***
  - 51% early intervention for youth

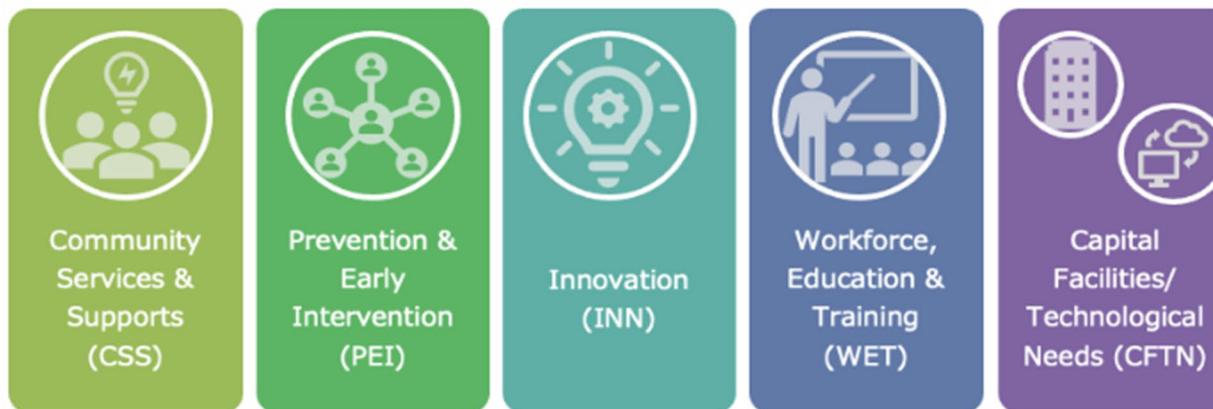
Proposal would allow counties to move up to 14% between components.



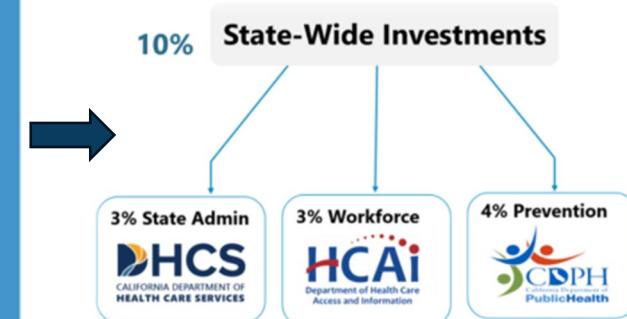
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## Mental Health Services Act



## Behavioral Health Services Act



# BHSA Impacts



Prevention Requirements End



Reinvention of School Based Services



Reduction in Workforce, Education and Training (WET)



Reduction in Outreach



Suicide Prevention is at Risk



SUD Programming Expands

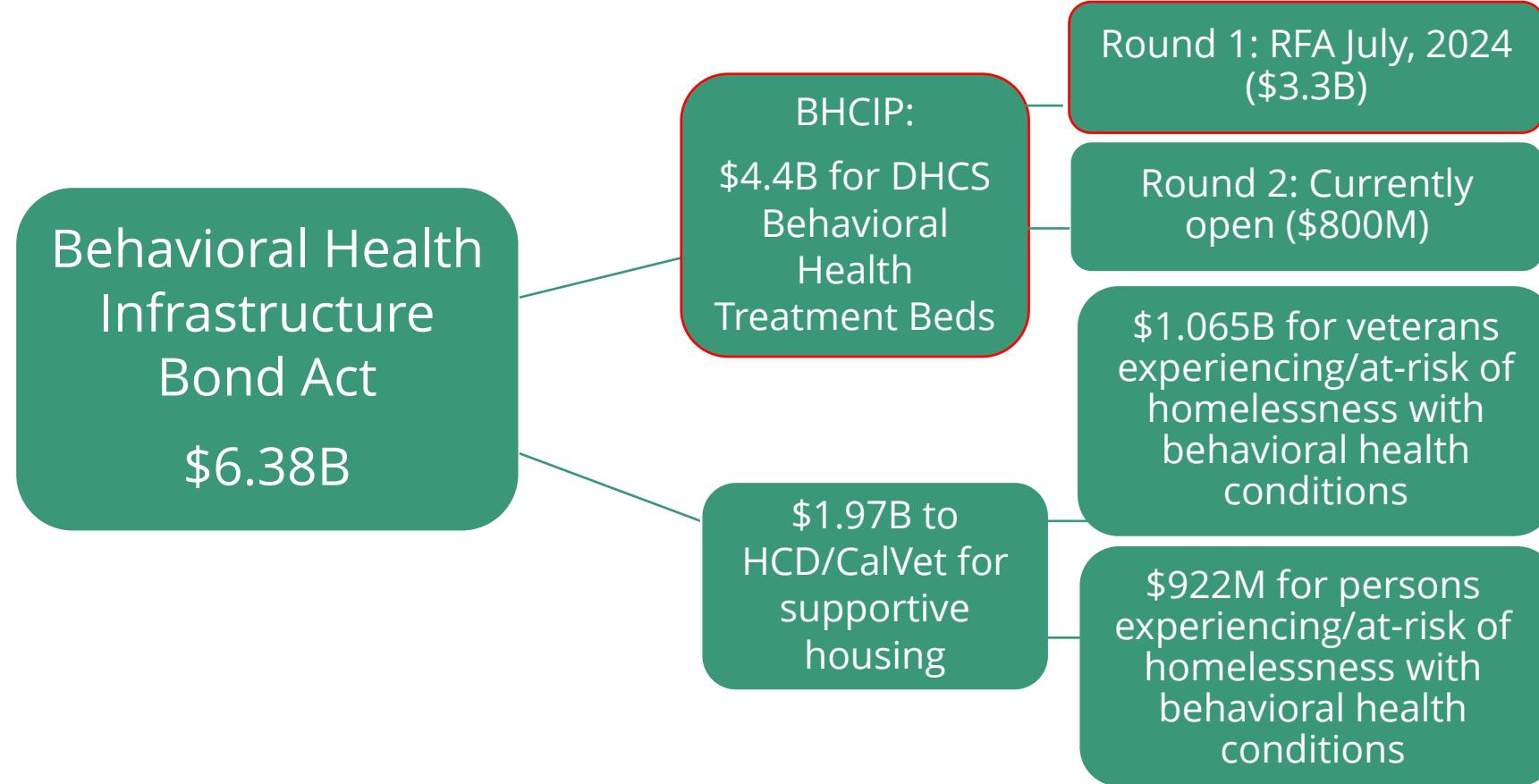


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# Behavioral Health Infrastructure Bond Act of 2024

## » Assembly Bill 531- \$6.38B general obligation bond



# Community Planning Process

- SLOBHD will gather input from a wide range of community members throughout the planning and implementation.
- Receive updates on the planning for the Behavioral Health Transformation and BHSA transition.
- Correspondence with the BHSA Administrative Team for questions or concerns.
- Fill out a survey to be added to the BHSA CPP Directory to receive more information.





COUNTY OF SAN LUIS OBISPO  
BEHAVIORAL HEALTH DEPARTMENT

Any Questions?



COUNTY OF SAN LUIS OBISPO  
BEHAVIORAL HEALTH DEPARTMENT

Thank You

**County of San Luis Obispo**  
**Behavioral Health Service Act (BHSA)**  
formally the Mental Health Services Act (MHSA)  
**3-Year Integrated Plan (IP)**  
**FY 2026-2029**

**Behavioral Health Board & Community  
IP Training**

Presenters:  
Dr. Christina Rajlal  
Morgan Torell  
Landon King

# **Presentation Overview:**

- **IP vs MHSA 3-Year Plan Differences.**
- **What information does the IP contain?**
- **IP Dissemination, Approval Timeline, Role of Community Program Planning Process (CPPP) & Behavioral Health Board.**
- **BHSA Funding Expectations for next 3-years.**

# MHSA 3-Year Plan vs BHSA Integrated Plan: Key Differences

MHSA Plan (Pre-2026)	BHSA Integrated Plan (FY 2026-2029)
Focused solely on MHSA funds and programs	Includes all behavioral health funding streams
Requires counties to plan and provide mental health services, with an emphasis on prevention, early intervention, and innovation	Requires services across the behavioral health + Substance Use Disorder (SUD) continuum, including housing interventions
Limited alignment with state goals	Must align with DHCS's statewide goals
Focused solely on MHSA programs, separate from local programs	Requires coordination with Medi-Cal Managed Care Plans, public health, housing, and justice partners
Minimal outcome reporting required	Must report annually on progress toward population-level outcomes

# State Behavioral Health Reforms Impacting County BH (2022-25)

## New Medi-Cal Benefits

24/7 Mobile Crisis Services (2024)

90-Day Jail In-Reach (2024-2026)

Traditional Health Care Practices (2025)

Peer Support Specialists (optional)

Contingency Management (optional)

## BH-CONNECT Waiver Optional Benefits

Mental Health IMD

Peers with Forensic Specialty

Community Health Workers

**First Episode Psychosis (BHSA required)**

IPS Supported Employment (BHSA required)

Assertive Community Treatment to Fidelity (BHSA required)

Forensic ACT (BHSA required)

Community Transition In-Reach

Clubhouse Services

## BH-CONNECT Waiver Required Benefits

Multisystemic Therapy

Functional Family Therapy

Parent-Child Interaction

High Fidelity Wraparound

Evidence Based Practices (BHSA)

Transitional Rent & Housing Trio (MCP provider & coordination)

Enhanced Care Management\*

Community Supports (option)\*

## Program/Quality Reforms

BH Payment Reform

BH Eligibility Criteria

Mental Health & SUD Plan Integration

Documentation Reform

BH Quality Incentive Program

Comprehensive Quality Strategy

## Behavioral Health Accountability Set

Standardized Screening & Transition Tools

Closed Loop Referrals

No Wrong Door

CPT Coding

Fiscal Reporting (BHSA)

Outcomes Accountability (BHSA)

FSP Levels of Care (BHSA)

FSP Presumptive Eligibility

SB 525 Min Wage

Centers of Excellence

Network Adequacy

Cultural Competence Plan Reform

NCQA Assessment/Incentive Pool

Revised BHSA Community Planning Process

SB 923 Transgender, Gender Diverse, Intersex Inclusive Care

Opioid settlement funds

## Children & Youth

School-Linked Fee Schedule (CYBHI)

FFPSA

AB 2083

OYCR

Immediate Needs Program

Tiered Rate Structure

CANS Alignment

MHSSA

BH CONNECT Activity Stipends

## Infrastructure (Treatment, Workforce, & Housing)

Behavioral Health Continuum Infrastructure Program (\$2.2 billion)

Bond BHCIP (\$4.4 billion) (BHSA)

Homekey+ (\$2.2 billion) (BHSA)

No Place Like Home

Community Care Expansion (CCE)

Workforce Funding (BHSA)

Workforce Funding (BH CONNECT)

Data Exchange

## LPS & Crisis Continuum

SB 43 Grave Disability Criteria

Involuntary SUD

Necessary Medical Care

Personal safety

AB 2275 LPS Due Process

AB 2242 LPS Discharge Coordination

SB 929 LPS Reporting

SB 1238 LPS Facilities

988 National Suicide Prevention Lifeline

CARE Court

Cohort 1 in 2023

Cohort 2 in 2024

Expanded Reporting

Bipolar 1

SB 27 Referral Petitions

## Housing/Homelessness

BHSA Housing Category

Behavioral Health Bridge Housing

Transitional Rent

## Department of State Hospitals

Community Based Restoration

Diversion

Growth Cap/Penalties

## Parity

Commercial Plan Contracting Requirement (BHSA)

Commercial Plan Billing

## Voter Initiatives

Proposition 36 Treatment Mandated Felonies

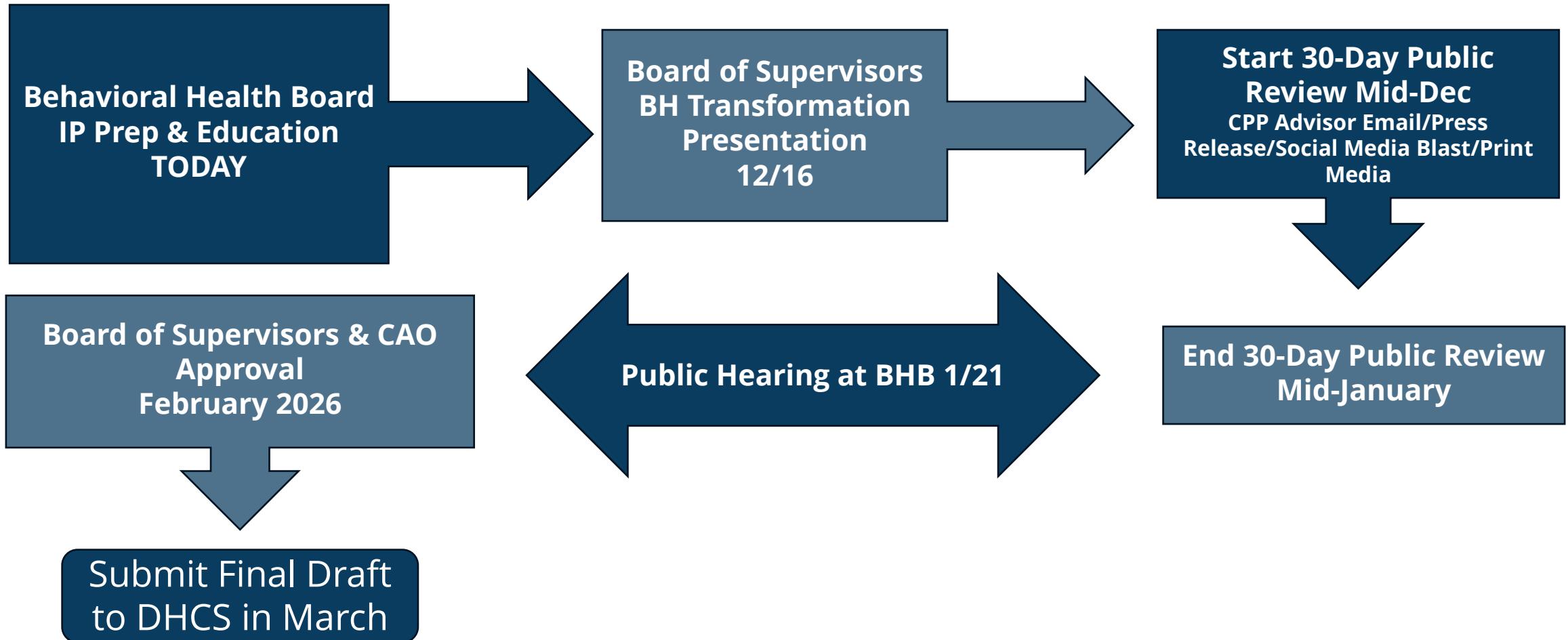
Proposition 1 BHSA

# IP Sections

1. County Behavioral Health Systems Overview.
  - ❖ Population Data.
  - ❖ Service Delivery Landscape.
2. Statewide BH Goals.
  - ❖ Population-Level Measures.
  - ❖ Priorities.
3. Community Planning Process.
4. Comment Period & Public Hearing (Updated After Public Hearing).
5. County BH Services Care Continuum.
6. County Provider Monitoring & Oversight.
  - ❖ Medi-Cal Quality Improvement Plan.
  - ❖ BHSA Provider Locations.
7. BHSA Funded Programs.
8. Workforce Strategy.
9. 3-year Budget Summary.
10. Approvals & Compliance



# IP CPP & Approval Timeline



# BHSA 3-Year Funding Plan

- **Majority of current programs, services, and costs will move into Year 1 of IP.**
  - Possible reductions in vacant County positions.
  - Transition of school services to CYBHI.
- **Funding Components:**
  - Projected annual state allocations (BHSA revenue).
  - Medi-Cal revenue & enhancements.
  - MHSA rollover dollars created by proactive realignment of BHSA eligible services.
- **Fiscal Expectations & Uncertainties:**
  - Expect Year-to-Year Adjustments to 3-year Plan.
    - State BHT initiatives continue to evolve.
    - Impact of Federal Policies.
    - Unexpected Future Costs.
      - Evidence-Based Practice (EBP) implementation.
      - Cost of living variance.
      - State allocation fluctuations year-to-year.



# We Welcome Your Questions!

*Thank you!*

***Dr. Christina Rajlal***

***Division Manager Prevention & Outreach Services***

**[crajlal@co.slo.ca.us](mailto:crajlal@co.slo.ca.us)**

***Morgan Torell***

***Business Systems Analyst***

**[mtorell@co.slo.ca.us](mailto:mtorell@co.slo.ca.us)**

***Landon King***

***BHSA Policy & Administrative Manager***

**[lking@co.slo.ca.us](mailto:lking@co.slo.ca.us)**



BEHAVIORAL HEALTH DEPARTMENT

[www.slobehavioralhealth.org](http://www.slobehavioralhealth.org)



# Community Advisors

**Karina Silva Garcia, PhD**  
**MHSA Program Manager**  
**SLO County Behavioral Health**

**April 23, 2024**

SAN LUIS OBISPO COUNTY  
BEHAVIORAL HEALTH DEPARTMENT



WELLNESS • RECOVERY • RESILIENCE

# We will discuss...

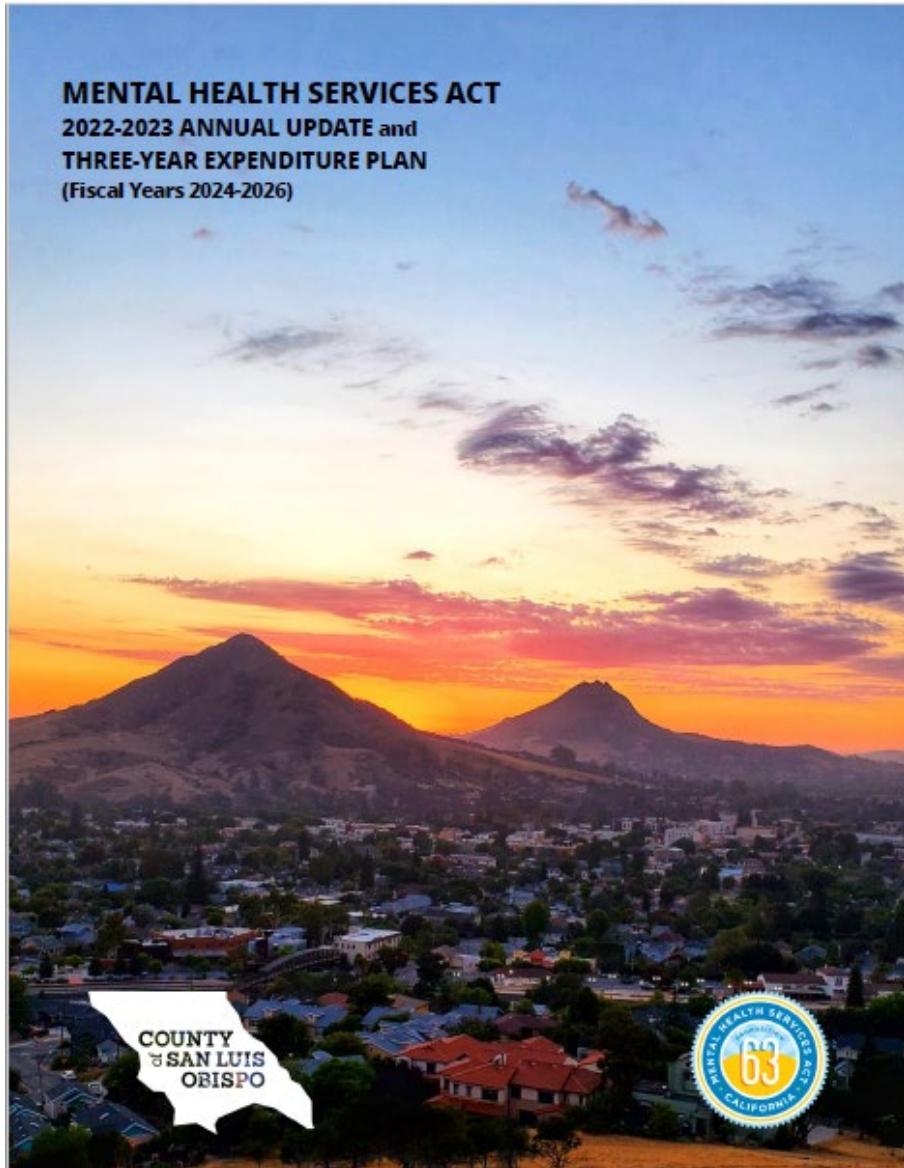
- MHSA Overview
- What is a stakeholder/  
Community Advisor?
- What are the benefits?
- Why they are important?
- How to get involved?



# The Mental Health Services Act in San Luis Obispo County:

- Proposition 63, passed in 2004
- Millionaire's Tax
- The MHSA Provides:
  - Funding, personnel, and other resources
  - Supportive programs for underserved populations
  - Best practices and innovative approaches
  - Prevention, early intervention, treatment, and recovery
  - Community partnerships and advisory committee engagement





## MHSA Components

- Community Services and Supports (CSS)
  - (incl. Housing)
- Capital Facilities and Technology (CFT)
- Prevention and Early Intervention (PEI)
  - PEI Statewide
- Workforce Education & Training (WET)
- Innovation (INN)

# **Behavioral Health Services Act (SB326)/Prop 1**

Replaces Components with Three New “Buckets” for Assigning BHSA Allocations:

- 1. Housing 30%**
- 2. Full-Service Partnerships 35%**
- 3. BH Community Services and Supports 35%**

**\*MHSA Advisory Committee (MAC) Meeting 5/29/2024**

# Stakeholder vs Community Advisor

- The transition from the use of the term “stakeholder.”
  - With its root in colonial context (when settlers used wooden stakes to claim land prior to any treaty or land negotiations with Indigenous groups).
- The term “Community Advisors” was selected to better represent those who are impacted by MHSA decision-making and are asked to participate in advising the County.



# What is a Community Advisor?

- Individuals, groups, or organizations that have an interest or concern in a particular project, program, or organization.
  - Include: Community members, government agencies, healthcare providers, non-profit organizations, businesses, and more.
  - **MHSA**: *Individuals who have a deep interest in wellness and recovery in the community.*



# MHSA planning benefits from community advisor's input

- Consumers, family members, and providers
- Review programs and make recommendations
- Input for improvements outlined in Annual Update
- Plan reviewed (30 days) & public hearing at Behavioral Health Board



# What are the benefits?



Provide valuable perspectives



Advocate for the program



Collaborate on program development, implementation, and evaluation.

# Why Are Community Advisors Important?



Community representation



Improve programs and services



Foster trust and collaboration



Sustainability



Partnerships for long-term success



Your voice and ideas matter

# How to Get Involved as a Community Advisor

- Identify your interest
- Attend meetings and events
- Share your insights
- Reach out and express your interest!



# Thank you ALL for joining us today!

- Karina Silva Garcia, PhD
- MHSA Program Manager
- County of SLO Behavioral Health Dept.
- Prevention & Outreach Division

- [ksilvagarcia@co.slo.ca.us](mailto:ksilvagarcia@co.slo.ca.us)
- (805) 781-1104

