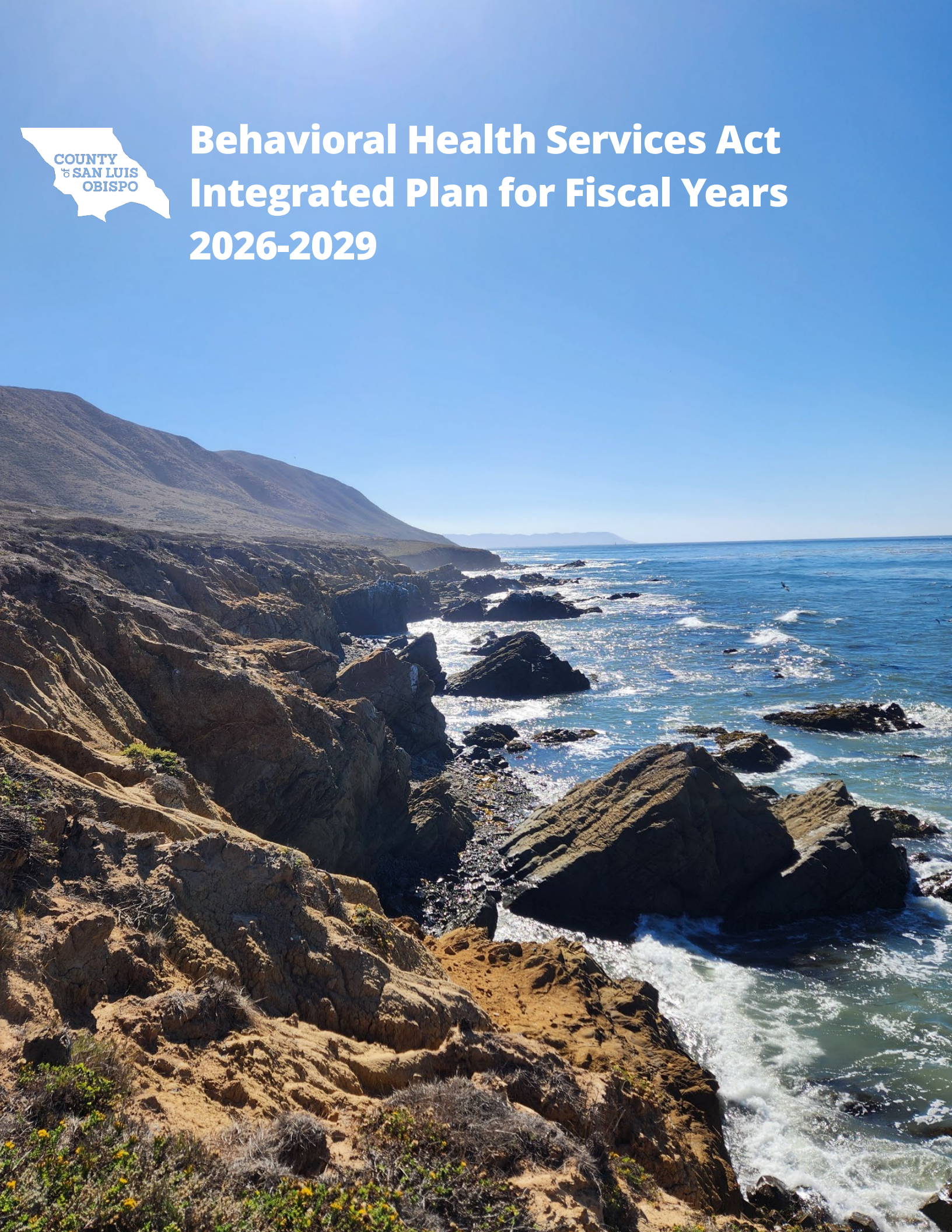
# Behavioral Health Services Act Integrated Plan for Fiscal Years 2026-2029



**The Behavioral Health Services Act (BHSA) requires counties to submit three-year Integrated Plans (IPs) for Behavioral Health Services and Outcomes**. For related policy information, refer to 3.A. Purpose of the Integrated Plan.

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# General Information

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For related policy information, refer to 3.A. General Information.

## General Information

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**County, City, Joint Powers, or Joint Submission**

County

**Entity Name**

San Luis Obispo County

**Behavioral Health Agency Name**

San Luis Obispo County Behavioral Health Department

**Behavioral Health Agency Mailing Address**

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**Behavioral Health Services Act (BHSA) Coordinator**

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**Medical Director**

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# County Behavioral Health System Overview

Please provide the city/county behavioral health system (inclusive of mental health and substance use disorder) information listed throughout this section. The purpose of this section is to provide a high-level overview of the city/county behavioral health system's populations served, technological infrastructure, and services provided. This information is intended to support city/county planning and transparency for stakeholders. The Department of Health Care Services recognizes that some information provided in this section is subject to change over the course of the Integrated Plan (IP) period. All data should be based on FY preceding the year plan development begins (i.e., for 2026-2029 IP, data from FY 2023-2024 should be used).

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For related policy information, refer to 3.E.2 General Requirements.

## Populations Served by County Behavioral Health System

Includes individuals that have been served through the county Medi-Cal Behavioral Health Delivery System and individuals served through other county behavioral health programs. Population-level behavioral health measures, including for untreated behavioral health conditions, are covered in the Statewide Behavioral Health Goals section and County Population-Level Behavioral Health Measure Workbook. For related policy information, refer to 2.B.3 Eligible Populations and 3.A.2 Contents of the Integrated Plan.

## Children and Youth

In the table below, please report the number of children and youth (under 21) served by the county behavioral health system who meet the criteria listed in each row. **Counts may be duplicated as individuals may be included in more than one category.**

| **Criteria** | **Number of Children and Youth Under Age 21** |
|---|---|
| Received Medi-Cal Specialty Mental Health Services (SMHS) | 2540 |
| Received at least one substance use disorder (SUD) individual-level prevention and/or early intervention service | 67 |
| Received Drug Medi-Cal (DMC) or Drug Medi-Cal Organized Delivery System DMC-ODS) services | 112 |
| Received mental health (MH) and SUD services from the mental health plan (MHP) and DMC county or DMC-ODS plan | 197 |
| Accessed the Early Psychosis Intervention Plus Program, pursuant to Welfare and Institutions Code Part 3.4 (commencing with section 5835 ), Coordinated Specialty Care, or other similar evidence-based practices and community-defined evidence practices for early psychosis and mood disorder detection and intervention programs | 19 |

| Criteria | Number of Children and Youth Under Age 21 |
|---|---|
| Were chronically homeless or experiencing homelessness or at risk of homelessness | 22 |
| Were in the juvenile justice system | 36 |
| Have reentered the community from a youth correctional facility | 34 |
| Were served by the Mental Health Plan and had an open child welfare case | 90 |
| Were served by the DMC County or DMC-ODS plan and had an open child welfare case | 77 |
| Have received acute psychiatric care | 127 |

## Adults and Older Adults

In the table below, please report the number of adults and older adults (21 and older) served by the county behavioral health system who meet the criteria listed in each row. **Counts may be duplicated as individuals may be included in more than one category.**

| Criteria | Number of Adults and Older Adults |
|---|---|
| Were dual-eligible Medicare and Medicaid members | 780 |

| Criteria | Number of Adults and Older Adults |
|---|---|
| Received Medi-Cal SMHS | 3227 |
| Received DMC or DMC-ODS services | 1348 |
| Received MH and SUD services from the MHP and DMC county or DMC-ODS plan | 1140 |
| Were chronically homeless, or experiencing homelessness, or at risk of homelessness | 177 |
| Experienced unsheltered homelessness | 000[1] |
| Moved from unsheltered homelessness to being sheltered (emergency shelter, transitional housing, or permanent housing) | 000 |
| Of the total number of those who moved from unsheltered homelessness to being sheltered, how many transitioned into permanent housing | 000 |
| Were in the justice system (on parole or probation and not currently incarcerated) | 164 |
| Were incarcerated (including state prison and jail) | 467 |

[1] "000" indicates that the data is not available for the fiscal year requested due to the behavioral health electronic record system not being configured to capture the data. The Behavioral Health Department is working with partners to capture requested data in the future.

| Criteria | Number of Adults and Older Adults |
|---|---|
| Reentered the community from state prison or county jail | 162 |
| Received acute psychiatric services | 678 |

**Input the number of persons in designated and approved facilities who were:**

**Admitted or detained for 72-hour evaluation and treatment rate**

310

**Admitted for 14-day and 30-day periods of intensive treatment**

63

**Admitted for 180-day post certification intensive treatment**

0

**Please report the total population enrolled in Department of State Hospital (DSH) Lanterman-Petris-Short (LPS) Act programs**

1

**Please report the total population enrolled in DSH community solution projects (e.g., community-based restoration and diversion programs)**

6

**Of the data reported in this section, are there any areas where the county would like to provide additional context for DHCS's understanding?**

Yes

**Please explain:**

The data related to homelessness and the justice system are incomplete. Many of the datapoints requested are difficult to compile because the Health Agency, Social Services/HMIS, Probation and other systems of record are separate, each with policies around data collection. Questions around homelessness cannot be comprehensively answered as our EHR does not have some of the categories requested above and the EHR cannot differentiate between such categories as experienced unsheltered homelessness, moved from unsheltered homelessness to being sheltered, moved from unsheltered homelessness to being sheltered, etc. The County is examining solutions to address how this data is captured in the EHR. Additionally, data regarding clients who were part of the justice system is not comprehensive. There are no Community Based Restoration (CBRs) in county, private or public, as with most counties, and CONREP should be responsible for that data as they make the recommendations to court on any CBR outpatient placements.

**Please describe the local data used during the planning process**

The County leveraged a combination of data obtained from the Behavioral Health EHR system, PHF contractor, concurrent authorization contractor data, Justice Services Division data, by reaching out to partners with the County Office of Public Guardian, Department of Social Services, and Probation.

Additionally, the County reviewed DHCS ECM and CS data, and County Office of Education data.

**If desired, provide documentation on the local data used during the planning process**

## Local CARE Act Implementation

**Identify the specific service components within your 3-year Integrated Plan that will support CARE participants. Explain how the county will ensure these individuals receive priority access and specialized coordination within the broader behavioral health continuum, including housing if appropriate.**

CARE participants currently benefit from direct engagement by SLOBHD's Justice Service Divisions (JSD) Forensic Full Service Partnerships (FFSP) team. FFSP are responsible for processing all CARE referrals and petitions. With the BHSA mandated FFSP requirements implemented, CARE participants will benefit directly from FFSP's transition to the Forensic Assertive Community Treatment (FACT) model. This advancement is a response to increasing patient acuity levels of substance use and exacerbated mental health symptomology, including addressing an increase in drug-induced psychosis and other co-occurring disorders. These wrap around services will support step up and step

down for the most acute members of the community, many of whom are referred to or petitioned to CARE. Additionally, Behavioral Health Bridge Housing (BHBH) grant funded beds and services that currently support CARE participants are built into the 3-Year Integrated Plan in years 2 and 3, after the BHBH grant expires.

**Describe how CARE referral pathways will be integrated into existing referral and service pathways within the county behavioral health system.**

CARE referral pathways are integrated into existing referral and service pathways within the county behavioral health system. CARE participants engage in services through SLOBHD's Justice Service Divisions (JSD) Forensic Full Service Partnerships (FFSP) team. FFSP are responsible for processing all CARE referrals and petitions. All care systems that SLOBHD offers are utilized in CARE based on the acuity and presenting issues of a respondent. All CARE respondents that meet criteria are onboarded by the FFSP CARE team based on amenability and need including clinical assessment, intake paperwork, and appointment scheduling. Throughout treatment referrals are made based on need to services including but not limited to sober livings, temporary support housing, peer groups, and social services.

**Describe the process for identifying and redirecting individuals who are potentially eligible for CARE to alternative pathways when a formal petition is not required or appropriate. For individuals redirected from CARE, describe how the county will confirm and document successful connection to services.**

The SLOBHD Justice Services Divisions (JSD) Forensic FSP process for identifying and redirecting individuals who are potentially eligible for CARE to alternative pathways when a formal petition is not required or appropriate is dependent on the respondent's amenability to services and urgency. Any respondent that is not petitioned but referred to CARE is tracked according to DHCS data requirements for CARE Act. Tracked variables included service connection type and date, reported regardless of petition status.

## County Behavioral Health Technical Infrastructure

Cities submitting their Integrated Plan independently from their counties do not have to complete this section. For related policy information, refer to 6.C.1 Promoting Access to Care Through Efficient Use of State and County Resources Introduction .

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**Does the county behavioral health system use an Electronic Health Record (EHR)?**

Yes

**Please select which of the following EHRs the county uses**

SmartCare

**County participates in a Qualified Health Information Organization (QHIO)?**

Yes

**Please select which QHIO the county participates in**

Connex

## Application Programming Interface Information

Counties are required to implement Application Programming Interfaces (API) in accordance with Behavioral Health Information Notice (BHIN) 22-068 and federal law.

**Please provide the link to the county's API endpoint on the county behavioral health plan's website**

https://www.slocounty.ca.gov/departments/health-agency/behavioral-health/all-behavioral-health-services/quality-support-services/patient-access-provider-directory-api

**Does the county wish to disclose any implementation challenges or concerns with these requirements?**

No

**Counties are required to meet admission, discharge, and transfer data sharing requirements as outlined in the attachments to BHINs 23-056 , 23-057 , and 24-016. Does the county wish to disclose any implementation challenges or concerns with these requirements?**

No

## County Behavioral Health System Service Delivery Landscape

Cities submitting their Integrated Plan independently from their counties do not have to complete this section. For related policy information, refer to 6.C.1 Promoting Access to Care Through Efficient Use of State and County Resources Introduction .

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## Substance Abuse and Mental Health Services Administration (SAMHSA) Projects for Assistance in Transition from Homelessness (PATH) Grant

**Will the county participate in SAMHSA's PATH Grant during the Integrated Plan period?**

Yes

**Please select all services the county behavioral health system plans to provide under the PATH grant**

- Case Management Services
- Habilitation and Rehabilitation Services
- Referrals for Primary Health Care, Job Training, Educational Services, and Housing Services Outreach services

**Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?**

No

## Community Mental Health Services Block Grant (MHBG)

**Will the county behavioral health system participate in any MHBG set-asides during the Integrated Plan period?**

Yes

**Please select all set asides that the county behavioral health system plans to participate in under the MHBG**

- Children's System of Care Set-Aside
- Discretionary/Base Allocation
- Dual Diagnosis Set-Aside
- First Episode Psychosis Set-Aside

**Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?**

No

## Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG)

**Will the county behavioral health system participate in any SUBG set asides during the Integrated Plan period?**

Yes

**Please select all set-asides that the county behavioral health system participates in under SUBG**

- Discretionary
- Adolescent/Youth Set-Aside
- Perinatal Set-Aside
- Primary Prevention Set-Aside

**Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?**

No

## Opioid Settlement Funds (OSF)

**Will the county behavioral health system have planned expenditures for OSF during the Integrated Plan period?**

Yes

**Please check all set asides the county behavioral health system participates in under OSF Exhibit E**

- Prevent Overdose Deaths and Other Harms (Harm Reduction)
- Address The Needs of Criminal Justice-Involved Persons Leadership,
- Planning, and Coordination
- Prevent Misuse of Opioids
- Treat Opioid Use Disorder (OUD)
- Support People in Treatment and Recovery

**Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?**

No

## Bronzan-McCorquodale Act

The county behavioral health system is mandated to provide the following community mental health services as described in the Bronzan-McCorquodale Act (BMA).

a. Case Management

b. Comprehensive Evaluation and Assessment

c. Group Services

d. Individual Service Plan

e. Medication Education and Management

f. Pre-crisis and Crisis Services

g. Rehabilitation and Support Services

h. Residential Services

i. Services for Homeless Persons

j. Twenty-four-hour Treatment Services

k. Vocational Rehabilitation

**In addition, BMA funds may be used for the specific services identified in the list below. Select all services that are funded with BMA funds:**

Not Applicable

**Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?**

No

## Public Safety Realignment (2011 Realignment)

The county behavioral health system is required to provide the following services which may be funded under the Public Safety Realignment (2011 Realignment)

a) Drug Courts
b) Medi-Cal Specialty Mental Health Services, including Early Periodic Screening Diagnostic Treatment (EPSDT)
c) Regular and Perinatal Drug Medi-Cal Services
d) Regular and Perinatal DMC Organized Delivery System Services, including EPSDT
e) Regular and Perinatal Non-Drug Medi-Cal Services

**Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?**

No

## Medi-Cal Specialty Mental Health Services (SMHS)

The county behavioral health system is mandated to provide the following services under SMHS authority (no action required).

a) Adult Residential Treatment Services
b) Crisis Intervention

c) Crisis Residential Treatment Services
d) Crisis Stabilization
e) Day Rehabilitation
f) Day Treatment Intensive
g) Mental Health Services
h) Medication Support Services
i) Mobile Crisis Services
j) Psychiatric Health Facility Services
k) Psychiatric Inpatient Hospital Services
l) Targeted Case Management
m) Functional Family Therapy for individuals under the age of 21
n) High Fidelity Wraparound for individuals under the age of 21
o) Intensive Care Coordination for individuals under the age of 21
p) Intensive Home-based Services for individuals under the age of 21
q) Multisystemic Therapy for individuals under the age of 21
r) Parent-Child Interaction Therapy for individuals under the age of 21
s) Therapeutic Behavioral Services for individuals under the age of 21
t) Therapeutic Foster Care for individuals under the age of 21
u) All Other Medically Necessary SMHS for individuals under the age of 21

**Has the county behavioral health system opted to provide the specific Medi-Cal SMHS identified in the list below as of June 30, 2026?**

- ACT
- FACT
- CSC for FEP
- IPS Supported Employment
- Peer Support Services

**Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?**

No

## Drug Medi-Cal (DMC)/Drug Medi-Cal Organized Delivery System (DMC-ODS)

Select which of the following services the county behavioral health system participates in DMC-ODS Program

## Drug Medi-Cal Organized Delivery System (DMC-ODS)

**The county behavioral health system is mandated to provide the following services as a part of the DMC-ODS Program (DHCS currently follows the guidance set forth in the American Society of Addiction Medicine (ASAM) Criteria, 3rd Edition). (no action required)**

a) **Care Coordination Services**
b) **Clinician Consultation**
c) **Outpatient Treatment Services (ASAM Level 1)**
d) **Intensive Outpatient Treatment Services (ASAM Level 2.1)**
e) **Medications for Addiction Treatment (MAT), Including Narcotics Treatment Program (NTP) Services**
f) **Mobile Crisis Services**
g) **Recovery Services**
h) **Residential Treatment services (ASAM Levels 3.1, 3.3., 3.5)**
i) **Traditional Healers and Natural Helpers**
j) **Withdrawal Management Services**
k) **All Other Medically Necessary Services for individuals under age 21 for individuals under age 21**
l) **Early Intervention for individuals under age 21**

**Has the county behavioral health system opted to provide the specific Medi-Cal SUD services identified in the list below as of June 30, 2026?**

- Enhanced Community Health Worker (CHW) Services
- Partial Hospitalization Services (ASAM Level 2.5)
- Peer Support Services
- Recovery Incentives Program (Contingency Management)

**Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?**

No

## Other Programs and Services

**Please list any other programs and services the county behavioral health system provides through other federal grants or other county mental health and SUD programs**

| Program or service |
| --- |
| CARE-Community Assistance, Recovery, and Empowerment |
| BJA-ADC Bureau of Justice Assistance-Adult Drug Court |
| BJA-COSSUP Grant |
| OTS-Office of Traffic Safety |
| DHCS-PATH JI Round 3 |
| Edward Byrne Memorial Justice Assistance Grant Program (JAG) |
| DHCS- Behavioral Health Bridge Housing (BHBH) Program |
| SAMHSA-Adult Drug Court ADC |
| BHSSA-004 Wellness Centers (Other Priorities) |
| BHSSA-004 Sustainability |
| BSCC-Medication Assistance Treatment (MAT) |
| Department of State Hospitals Mental Health Diversion Grant (DSH) |
| BSCC-Proposition 47 |

## Care Transitions

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**Has the county implemented the state-mandated Transition of Care Tool for Medi-Cal Mental Health Services (Adult and Youth)?**

Yes

**Does the county's Memorandum of Understanding include a description of the system used to transition a member's care between the member's mental health plan and their managed care plan based upon the member's health condition?**

Yes

# Statewide Behavioral Health Goals

All fields must be completed unless marked as optional. You don't need to finish everything at once-your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For related policy information, refer to, please see 3.E.6 Statewide behavioral health goals.

## Population-Level Behavioral Health Measures

The statewide behavioral health goals and associated population-level behavioral health measures must be used in the county Behavioral Health Services Act (BHSA) planning process and should inform resource planning and implementation of targeted interventions to improve outcomes for the fiscal year(s) being addressed in the IP. For more information on the statewide behavioral health goals, please see the Policy Manual Chapter 2, Section C .

Please review your county's status on each population-level behavioral health measure, including the primary measures and supplemental measures for each of the 14 goals. All measures are publicly available, and counties are able to review their status by accessing the measures via DHCS-provided instructions and the County Population-Level Behavioral Health Measure Workbook.

As part of this review, counties are required to evaluate disparities related to the six priority statewide behavioral health goals. Counties are encouraged to use their existing tools, methods, and systems to support this analysis and may also incorporate local data sources to strengthen their evaluation.

Please note that several Phase 1 measures include demographic stratifications – such as race, sex, age, and spoken language – which are included in the prompts below. Counties may also use local data to conduct additional analyses beyond these demographic categories.

For related policy information, refer to E.6.1 Population-level Behavioral Health Measures.

## Priority statewide behavioral health goals for improvement

Counties are required to address the six priority statewide behavioral health goals in this section. Cities should utilize data that corresponds to the county they are located within. As such, the City of

Berkeley should use data from Alameda County and Tri-City should use data from Los Angeles County. For related policy information, refer to E.6.2 Primary and Supplemental Measures.

## Access to care: Primary measures

Where it says “Not Applicable” for Primary or Supplemental Measures, either the measure does not apply or the data is unavailable for San Luis Obispo County

**Specialty Mental Health Services (SMHS) Penetration Rates for Adults and Children & Youth (DHCS), FY 2023**

**How does your county status compare to the statewide rate?**

**For adults/older adults**

Above

**For children/youth**

Above

**What disparities did you identify across demographic groups or special populations?**

Age

Race or Ethnicity

**Non-Specialty Mental Health Services (NSMHS) Penetration Rates for Adults and Children & Youth (DHCS), FY 2023**

**How does your county status compare to the statewide rate?**

**For adults/older adults**

Above

**For children/youth**

Above

**What disparities did you identify across demographic groups or special populations?**

Age

Race or Ethnicity

Spoken Language

**Drug Medi-Cal (DMC) Penetration Rates for Adults and Children & Youth (DHCS), FY 2022 - 2023**

**How does your county status compare to the statewide rate?**

**For adults/older adults**

Not Applicable

**For children/youth**

Not Applicable

**What disparities did you identify across demographic groups or special populations?**

No Disparities Data Available

**Drug Medi-Cal Organized Delivery System (DMC-ODS) Penetration Rates for Adults and Children & Youth (DHCS), FY 2022 - 2023**

**How does your county status compare to the statewide rate?**

**For adults/older adults**

Above

**For children/youth**

Above

**What disparities did you identify across demographic groups or special populations?**

Race or Ethnicity

## Access to care: Supplemental Measures

**Initiation of Substance Use Disorder Treatment (IET-INI) (DHCS), FY 2023**

**How does your county status compare to the statewide rate?**

Below

**What disparities did you identify across demographic groups or special populations?**

No Disparities Data Available

## Access to care: Disparities Analysis

**For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis**

For NSMH Adults: Adults aged 69+ had lower penetration rate (5.8%) in comparison to the average adult rate (9.8%), as did adults who's Race/Ethnicity was that of Asian/Pacific Islander (5.4%), or who's Written Language was Spanish (7.3%), Cantonese (5.9%), 4.7%), Arabic (4.7%), Other Chinese (3.1%) and Tagalog (2.7%). For NSMH Youth: Youth aged 6-11 had lower penetration rate (7.7%) in comparison to the average youth penetration rate (14.3%), as did youth whose Race/Ethnicity was that of Asian/Pacific Islander (10.5%), or who's Written Language was Vietnamese (9.5%), Cantonese (8.5%) and Other Chinese (6.5%). For SMH Adults: Adults aged 65+ had lower penetration rate (1.4%) in comparison to average adult rate (3.2%). As did adults whose Race/Ethnicity was that of Hispanic (1.7%) or Asian/Pacific Islander (1.2%). For SMH Youth: Youth aged 3-5 (2.0%) and youth aged 0-2 (1.0%) had lower penetration rates than the average youth rate (5.1%), as did youth whose Race/Ethnicity was "Other" (3.3%) or Asian/Pacific Islander (2.1%). For DMC-ODS population: Penetration rates for individuals of the following Race/Ethnicities was lower than the average county rate (3.1%): Black (2.0%), Hispanic/Latino (1.2%) and Asian/Pacific Islander (0.8%).

## Access to care: Cross-Measure Questions

**Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may increase your county's level of access to care. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships, or initiatives the**

**county is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes**

The County of San Luis Obispo Behavioral Health Department (SLOBHD) currently utilizes level of care assessments for youth requiring Specialty Mental Health Services (SMHS) and for all members seeking substance use disorder (SUD) treatment services. SLOBHD will implement a new level of care assessment for adults seeking SMHS. This new standardized tool will allow SLOBHD to determine appropriate the appropriate level of care is identified for all members and will assist SLOBHD to ensure equitable access to care and the network adequacy of our system of care. SLOBHD will train staff and implement the LOCUS assessment for adults receiving SMHS, which will enable the plan to identify potential access needs and actionable strategies to strengthen the full SMHS continuum of care. To improve our IET-INN rates, the SLOBHD is implementing a new Assertive field-based initiation for substance use disorder treatment services to proactively engage individuals with SUD needs and offer low barrier access to services. This new field-based team will begin serving members in the first quarter of FY 2026-27.

**Please identify the category or categories of funding that the county is using to address the access to care goal**

Other

**Please describe other**

Proposition 30

## Homelessness: Primary measures

**People Experiencing Homelessness Point-in-Time Count (Rate per 10,000 people by Continuum of Care Region) (HUD), 2024**

**How does your county status compare to the PIT Count Rate out of every 10,000 people by Continuum of Care region?**

Below

**What disparities did you identify across demographic groups or special populations?**

Age

Gender

Race or Ethnicity

**Homeless Student Enrollment by Dwelling Type, California Department of Education (CDE), 2023 - 2024**

**How does your county status compare to the statewide rate?**

Above

**What disparities did you identify across demographic groups or special populations?**

Race or Ethnicity

Age

Other

Gender

**Please describe other**

English Learners, Migrant status, Disability status

## Homelessness: Supplemental Measures

**PIT Count Rate of People Experience Homelessness with Severe Mental Illness, (Rate per 10,000 people by Continuum of Care Region) (HUD), 2024**

**How does your county status compare to the PIT Count Rate out of every 10,000 people by Continuum of Care region?**

Below

**What disparities did you identify across demographic groups or special populations?**

No Disparities Data Available

**PIT Count Rate of People Experience Homelessness with Chronic Substance Abuse, (Rate per 10,000 people by Continuum of Care Region) (HUD), 2024**

**How does your county status compare to the PIT Count Rate out of every 10,000 people by Continuum of Care region?**

Same

**What disparities did you identify across demographic groups or special populations?**

No Disparities Data Available

**People Experiencing Homelessness Who Accessed Services from a Continuum of Care (CoC) Rate (BCSH), 2023 (This measure will increase as people access services.)**

**How does your local CoC's rate compare to the average rate across all CoCs?**

Above

**What disparities did you identify across demographic groups or special populations?**

Age

Race or Ethnicity

## Homelessness: Disparities Analysis

**For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis**

Individuals aged 35-44 have higher PIT count rate per 10,000 people (84), than the overall PIT count rate (42), as do Males (53), and the following Race/Ethnicities: American Indian/Alaska Native (249), Native Hawaiian/Other Pacific Islander (242), Black (141) and Multiple Races (78). As for Students experiencing homelessness, English Learners (30.5%), Hispanic or Latino populations (19.2%), American Indian or Alaska Native populations (16.8%), Non-Binary population (14.1%), Migrants (61.4%) and Students with Disabilities (14.1%) had higher rates of homelessness than the overall rate of students experiencing homelessness (11.4%). Lastly, Homeless individuals aged 18-24 (53) and aged 65+ (33) accessed services at a lower cadence than the overall utilization rate (114), as did the Asian or Asian American population (16).

## Homelessness: Cross-Measure Questions

**Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may reduce your county's level of homelessness in the population experiencing severe mental illness, severe SUD, or co-occurring conditions. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to**

**any data that was used to inform new programs, services, partnerships, or initiatives the county is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes)**

The SLOBHD is allocating BHSA Housing Interventions funds for Permanent Supportive Housing beds and programs and time limited housing. Welcome Home Village, a partnership with the Department of Social Services, will add 40 PSH and 14 interim housing units on the Health Agency campus in 2026 (under construction). Unhoused individuals currently living in encampments will initially fill the beds, with some of the clients experiencing SMI, severe SUD, or co-occurring disorders. Partnership with CenCal Health, the County's Managed Care Plan, will provide up 6 months of transitional rent starting in 2026 for the initial focus populations, which includes individuals at risk of or experiencing homelessness with behavioral health conditions. The SLOBHD will transition Behavioral Health Bridge Housing beds to BHSA starting on July 1, 2027 to ensure these beds set-aside for individuals at risk of or experiencing homelessness with behavioral health conditions continue to operate. Some of the data used to inform these programs include the homeless point-in-time count and Behavioral Health Bridge Housing quarterly report data.

**Please identify the category or categories of funding that the county is using to address the homelessness goal**

- BHSA Housing Interventions
- Other
- Federal Financial Participation (SMHS, DMC/DMC-ODS)
- BHSA FSP
- BHSA BHSS

**Please describe other**

Encampment Resolution Funding is being used to develop Welcome Home Village; Medi-Cal will fund transitional rent.

## Institutionalization

Per 42 CFR 435.1010, an institution is "an establishment that furnishes (in single or multiple facilities) food, shelter, and some treatment or services to four or more persons unrelated to the proprietor." Institutional settings are intended for individuals with conditions including, but not limited to, behavioral health conditions.

Care provided in inpatient and residential (i.e., institutional) settings can be clinically appropriate and is part of the care continuum. Here, institutionalization refers to

individuals residing in these settings longer than clinically appropriate. Therefore, the goal is not to reduce stays in institutional settings to zero. The focus of this goal is on reducing stays in institutional settings that provide a Level of Care that is not – or is no longer – the least restrictive environment. (no action)

## Institutionalization: Primary Measures

**Inpatient administrative days (DHCS) rate, FY 2023**

**How does your county status compare to the statewide rate/average?**

**For adults/older adults**

Not Applicable

**For children/youth**

Not Applicable

**What disparities did you identify across demographic groups or special populations?**

No Disparities Data Available

## Institutionalization: Supplemental Measures

**Involuntary Detention Rates, FY 2021 - 2022**

**How does your county status compare to the statewide rate/average?**

**14-day involuntary detention rates per 10,000**

Below

**30-day involuntary detention rates per 10,000**

Not Applicable

**180-day post-certification involuntary detention rates per 10,000**

Not Applicable

**What disparities did you identify across demographic groups or special populations?**

No Disparities Data Available

**Conservatorships, FY 2021 - 2022**

**How does your county status compare to the statewide rate/average?**

**Temporary Conservatorships**

Not Applicable

**Permanent Conservatorships**

Not Applicable

**What disparities did you identify across demographic groups or special populations?**

No Disparities Data Available

**SMHS Crisis Service Utilization (Crisis Intervention, Crisis Residential Treatment Services, and Crisis Stabilization) (DHCS), FY 2023**

**Increasing access to crisis services may reduce or prevent unnecessary admissions to institutional facilities**

**How does your county status compare to the statewide rate/average?**

**Crisis Intervention**

**For adults/older adults**

Below

**For children/youth**

Below

**Crisis Residential Treatment Services**

**For adults/older adults**

Not Applicable

**For children/youth**

Not Applicable

**Crisis Stabilization**

**For adults/older adults**

Below

**For children/youth**

Below

**What disparities did you identify across demographic groups or special populations?**

Age

## Institutionalization: Disparities Analysis

**For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis**

With many of the Institutionalization measures (both Primary and Supplemental), San Luis Obispo County did not have data available. This is the case for Inpatient administrative days rate (Primary measure), 30-day involuntary detention rates (Supplemental measure), 180-day post-certification involuntary detention rates (Supplemental), Temporary Conservatorships (Supplemental), Permanent Conservatorships (Supplemental), Crisis Residential Treatment Services for adults/older adults (Supplemental), and Crisis Residential Treatment Services for children/youth (Supplemental). As a result of the lack of data for measure evaluation, no disparities data is available either. However, the following disparities have been identified as a result of available data: Adults 69+ years of age had higher rate of total minutes of utilization of Crisis Intervention (363.12) than did Adults 45-56 (237.90), although both are above the County overall rate (200.4). Additionally, Female youth had higher rate of total minutes of Crisis Intervention (344.40) than did Male youth (245.18), although both are above the County overall rate (221.3). Also, Adults aged 45-56 had a lower number of Crisis Stabilization hours (14.69) in comparison to the County overall rate (19.3).

## Institutionalization: Cross-Measure Questions

**What additional local data do you have on the current status of institutionalization in your county? (Example: utilization of Mental Health Rehabilitation Center or Skilled Nursing Facility-Special Treatment Programs)**

Data is available on the 16-bed Psychiatric Health Facility (PHF) located in San Luis Obispo and out of county placements.

**Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may reduce your county's rate of institutionalization. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships or initiatives the count is implementing (e.g., enhancing crisis response services targeting a sub-population in which data demonstrates they have poorer outcomes)**

The SLOBHD was awarded Behavioral Health Continuum Infrastructure Program (BHCIP) round 1 bond funds to add a 16-bed PHF and crisis residential treatment beds for adults and children/youth. These beds will reduce out of county placements and increase the amount of time that individuals can receive voluntary crisis stabilization services. Several data sources were used to inform these new programs, such as out of county placements, local PHF data, and mobile crisis utilization.

**Please identify the category or categories of funding that the county is using to address the institutionalization goal**

Federal Financial Participation (SMHS, DMC/DMC-ODS)

Other

1991 Realignment

**Please describe other**

BHCIP

## Justice-Involvement: Primary Measures

**Arrests: Adult and Juvenile Rates (Department of Justice), Statistical Year 2023**

**How does your county status compare to the statewide rate/average?**

**For adults/older adults**

Above

**For juveniles**

Below

**What disparities did you identify across demographic groups or special populations?**

Age

Race or Ethnicity

Sex

## Justice-Involvement: Supplemental Measures

**Adult Recidivism Conviction Rate (California Department of Corrections and Rehabilitation (CDCR)), FY 2019 – 2020**

**How does your county status compare to the statewide rate/average?**

Above

**What disparities did you identify across demographic groups or special populations?**

No Disparities Data Available

**Incompetent to Stand Trial (IST) Count (Department of State Hospitals(DSH)), FY 2023 Note: The IST count includes all programs funded by DSH, including, state hospital, Jail Based Competency Treatment (JBCT), waitlist, community inpatient facilities, conditional release, community-based restoration and diversion programs. However, this count excludes county-funded programs. As such, individuals with Felony IST designations who are court-ordered to county-funded programs are not included in this count.**

**How does your county status compare to the statewide rate/average?**

Above

**What disparities did you identify across demographic groups or special populations?**

No Disparities Data Available

## Justice-Involvement: Disparities Analysis

**For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis**

Adults aged 30-39 have a higher number of arrest rates per 100K (7,125) than the overall arrest rates per 100K (3,220), as do adult males (4,837). The rate for Juvenile males is also much higher (523) compared to the overall Juvenile rate for both males and females (367). More specifically, compared to the overall County rate inclusive of the entire population (2,731), Black males have the highest number of arrest rates per 100K (8,506), followed by Black females (6,156), and Hispanic males (6,113).

## Justice-Involvement: Cross-Measure Questions

**Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may reduce your county's level of justice-involvement for those living with significant behavioral health needs. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to**

**inform new programs, services, partnerships or initiatives the count is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes)**

The SLOBHD is advancing several justice-involved initiatives, including Prop 36 grant activities, system enhancements for Incompetent to Stand Trial (IST) individuals, development of a BHSA-mandated FACT team, and strengthened CalAIM Justice-Involved linkages in partnership with Probation and the Sheriff's Office. SLOBHD will continue using the Data Collection Reporting (DCR) System and CalMHSA dashboards to monitor outcomes and inform planning. Discharge processes include linkage to Enhanced Care Management (ECM), Community Supports, and case management for individuals exiting jail or prison. The SLOBHD Justice Division ensures timely connection to specialty mental health and substance use treatment upon release and maintains strong partnerships with Juvenile Hall, Probation, the Sheriff's Office, the Courts, the Managed Care Plan, and community-based organizations to support coordinated behavioral health screening and service engagement. Additionally, the SLOBHD Justice Division is in the process of launching a new program, targeting incarcerated adults within 90-days of their assumed release date. This program aims to engage individuals in billable services in the carceral setting, and through case management processes, better ensure that clients are linked with the appropriate outpatient services upon their release. This warm handoff/linkage works to reduce the period of time between release and re-entry in which no services are being provided. It is anticipated that program outcomes include a lesser rate of adult recidivism.

Key drivers for all outlined system enhancements are seen in data provided by SLOBHD and justice partners:

- 1,619 active clients on probation whose risk levels include substance use and mental health issues, as of June 2025.
- Arraignments for 11395 charges tripled.
- 183 individuals with at least one 11395 charges were booked into County jail as of June 2025.
- Substance Use Diagnosis for 183 11395 Incarcerated Persons (IPs): opioids (44.8%), stimulants (26.8%), and alcohol (7.1%), with 79% of those abusing multiple drugs.
- San Luis Obispo County Jail Data: 111 (61.7%) had mental health issues that would likely require referral to SLOBHD upon release, and 60.4% of those not considered to have Serious Mental Illness (SMI) did have a co-occurring substance use disorder (Sheriff's Office, 2025).
- Approximately 70% of the local jail population have a documented substance use disorder (SUD), and over 60% suffer from mental health issues requiring clinical intervention upon release. (SLO County Sheriff's Office, 2025)

- High Overdose Risk: Recently released individuals in San Luis Obispo County face an overdose risk ten times greater than the public, making this population a critical priority for immediate community treatment.

**Please identify the category or categories of funding that the county is using to address the justice-involvement goal**

Other

Federal Financial Participation (SMHS, DMC/DMC-ODS)

BHSA FSP

**Please describe other**

Proposition 36, DSH Funding

## Removal Of Children from Home: Primary Measures

**Children in Foster Care (Child Welfare Indicators Project (CWIP)), as of January 2025**

**How does your county status compare to the statewide rate?**

Below

**What disparities did you identify across demographic groups or special populations?**

Age

## Removal Of Children from Home: Supplemental Measures

**Open Child Welfare Cases SMHS Penetration Rates (DHCS), 2022 How does your county status compare to the statewide rate?**

Above

**What disparities did you identify across demographic groups or special populations?**

Age

Race or Ethnicity

**Child Maltreatment Substantiations (CWIP), 2022**

**How does your county status compare to the statewide rate?**

Above

**What disparities did you identify across demographic groups or special populations?**

Age

Race or Ethnicity

## Removal Of Children from Home: Disparities Analysis

**For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis**

Children under 1 had higher Foster Care PIT count rate per 100,000 (811) compared to the average PIT count rate (406). Children with open Welfare Case aged 18-20 had a lower SMHS penetration rate (37.2%) compared to the overall County penetration rate (49.1%), as did children aged 0-2 (20.9%). Hispanic children also had a lower rate (37.3%) than the overall rate. Additionally, children under 1 had a much higher incidence rate for maltreatment substantiation (14.8) compared to the average County incidence rate (4.8), as did Latino children (5.3).

## Removal Of Children from Home: Cross-Measure Questions

**Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may increase your county's level of access to care. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships, or initiatives the county is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes**

The SLOBHD is partnering with the County Department of Social Services (DSS) to renovate a building on the Health Agency campus to become a 4-bed Children's Crisis Residential Treatment E-STRTP program, with operations beginning in 2026. The renovation and start-up is being funded by a State grant through CDSS. This new program will provide short-term crisis stabilization services, reducing hospitalizations and out of county placements. The SLOBHD reviewed youth out of county placements data in both SLO and Santa Barbara County, mobile crisis response data for children and youth, and the number of youth in the foster care system when developing this

program. Additional foster care data was reviewed by DSS to inform this new program. No crisis behavioral health treatment beds exist in SLO or Santa Barbara Counties, informing a partnership for this new E-STRTP that will serve foster youth from both counties.

**Please identify the category or categories of funding that the county is using to address the removal of children from home goal**

Other

Federal Financial Participation (SMHS, DMC/DMC-ODS)

**Please describe other**

State grant (CCCPP), Title IV-E

## Untreated Behavioral Health Conditions: Primary Measures

**Follow-Up After Emergency Department Visits for Substance Use (FUA-30), 2022**

**How does your county status compare to the statewide rate/average?**

**For the full population measured**

Above

**What disparities did you identify across demographic groups or special populations?**

No Disparities Data Available

**Follow-Up After Emergency Department Visits for Mental Illness (FUM-30), 2022**

**How does your county status compare to the statewide rate/average?**

**For the full population measured**

Above

**What disparities did you identify across demographic groups or special populations?**

No Disparities Data Available

## Untreated Behavioral Health Conditions: Supplemental Measures

**Adults that needed help for emotional/mental health problems or use of alcohol/drugs who had no visits for mental/drug/alcohol issues in past year(CHIS), 2023**

**How does your county status compare to the statewide rate?**

**For the full population measured**

Below

**What disparities did you identify across demographic groups or special populations?**

Age

Race or Ethnicity

Sex

## Untreated Behavioral Health Conditions: Disparities Analysis

**For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis**

Compared to the Countywide rate (38.3%), adults aged 65+ had a higher percent (62.7%) of those needing help for emotional/MH problems or use of alcohol/drugs and had no visits for such issues in the past year. White males (49.2%) as well as Latino females (46.8%) also had higher rates of need than the Countywide rate.

## Untreated Behavioral Health Conditions: Cross-Measure Questions

**Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may reduce your county's level of untreated behavioral health conditions. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships or initiatives the count is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes)**

The SLOBHD is contracting with CalMHSA to leverage additional features within CalMHSA Connex, the selected HIE platform for SLO County Behavioral Health. One of these additional features is improved care coordination through closed-loop referral

functionality and prior authorization APIs. This will enable bi-directional data exchange with County BH and our MCP (CenCal), as well as physical health and social service providers. The ADT dashboard is the other component of added functionality, which will promote real-time Admission, Discharge, and Transfer notifications between behavioral health, physical health, and care coordination entities who are also leveraging the same message formats. We anticipate that more accurate, detailed, and timely sharing of data will result in a decrease in SLO County's level of untreated BH conditions, as improved functionality aims to inform providers of clients needs quicker than manual processes allow. These components are anticipated to be implemented prior to July 1, 2026.

**Please identify the category or categories of funding that the county is using to address the untreated behavioral health conditions goal**

Other

**Please describe other**

BHSA Admin, Prop 30

## Additional statewide behavioral health goals for improvement

Please review your county's status on the remaining eight statewide behavioral health goals using the primary measure(s) to compare your county to the statewide status and review the supplemental measure(s) for additional insights in the County Performance Workbook. These measures should inform the overall strategy and where relevant, be incorporated into the planning around the six priority goals.

In the next section, the county will select AT LEAST one goal from below for which your county is performing below the statewide rate/average on the primary measure(s) to improve on as a priority for the county.

For related policy information, refer to E.6.2 Primary and Supplemental Measures .

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### Care Experience: Primary Measures

**Perception of Cultural Appropriateness/Quality Domain Score (Consumer Perception Survey (CPS)), 2024**

**How does your county status compare to the statewide rate/average?**

**For adults/older adults**

Below

**For children/youth**

Same

**Quality Domain Score (Treatment Perception Survey (TPS)), 2024 How does your county status compare to the statewide rate/average?**

**For adults/older adults**

Not Applicable

**For children/youth**

Not Applicable

### Engagement In School: Primary Measures

**Twelfth Graders who Graduated High School on Time (Kids Count), 2022 How does your county status compare to the statewide rate/average?**

Above

## Engagement In School: Supplemental Measures

**Meaningful Participation at School (California Health Kids Survey (CHKS)), 2023**

**How does your county status compare to the statewide rate/average?**

Below

**Student Chronic Absenteeism Rate (Data Quest), 2022**

**How does your county status compare to the statewide rate/average?**

Below

## Engagement In Work: Primary Measures

**Unemployment Rate (California Employment Development Department (CA EDD)), 2023**

**How does your county status compare to the statewide rate/average?**

Below

## Engagement In Work: Supplemental Measures

**Unable to Work Due to Mental Problems (California Health Interview Survey (CHIS)), 2023**

**How does your county status compare to the statewide rate/average?**

Below

## Overdoses: Primary Measures

**All Drug-Related Overdose Deaths (California Department of Public Health (CDPH)), 2022 How does your county status compare to the statewide rate/average?**

**For the full population measured**

Above

**For adults/older adults**

Not Applicable

**For children/youth**

Not Applicable

## Overdoses: Supplemental Measures

**All-Drug Related Overdose Emergency Department Visits (CDPH), 2022 How does your county status compare to the statewide rate/average?**

**For the full population measured**

Above

**For adults/older adults**

Not Applicable

**For children/youth**

Not Applicable

## Prevention And Treatment of Co-Occurring Physical Health Conditions: Primary Measures

**Adults' Access to Preventive/Ambulatory Health Service & Child and Adolescent Well-Care Visits (DHCS), 2022**

**How does your county status compare to the statewide rate/average?**

**For adults (specific to Adults' Access to Preventive/Ambulatory Health Service)**

Above

**For children/youth (specific to Child and Adolescent Well-Care Visits)**

Above

## Prevention And Treatment of Co-Occurring Physical Health Conditions: Supplemental Measures

**Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications & Metabolic Monitoring for Children and Adolescents on Antipsychotics: Blood Glucose and Cholesterol Testing (DHCS), 2022**

**How does your county status compare to the statewide rate/average?**

**For adults/older adults (specific to Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications)**

Below

**For children/youth (specific to Metabolic Monitoring for Children and Adolescents on Antipsychotics: Blood Glucose and Cholesterol Testing)**

Below

## Quality Of Life: Primary Measures

**Perception of Functioning Domain Score (CPS), 2024**

**How does your county status compare to the statewide rate/average?**

**For the full population measured**

Not Applicable

**For adults/older adults**

Not Applicable

**For children/youth**

Not Applicable

## Quality Of Life: Supplemental Measures

**Poor Mental Health Days Reported (Behavioral Risk Factor Surveillance System (BRFSS)), 2024**

**How does your county status compare to the statewide rate/average?**

**For the full population measured**

Above

## Social Connection: Primary Measures

**Perception of Social Connectedness Domain Score (CPS), 2024**

**How does your county status compare to the statewide rate/average?**

**For the full population measured**

Not Applicable

**For adults/older adults**

Not Applicable

**For children/youth**

Not Applicable

## Social Connection: Supplemental Measures

**Caring Adult Relationships at School (CHKS), 2023**

**How does your county status compare to the statewide rate/average?**

Above

## Suicides: Primary Measures

**Suicide Deaths, 2022**

**How does your county status compare to the statewide rate/average?**

**For the full population measured**

Above

## Suicides: Supplemental Measures

**Non-Fatal Emergency Department Visits Due to Self-Harm, 2022**

**How does your county status compare to the statewide rate/average?**

**For the full population measured**

Above

**For adults/older adults**

Not Applicable

**For children/youth**

Not Applicable

## County-selected statewide population behavioral health goals

For related policy information, refer to 3.E.6 Statewide Behavioral Health Goals.

---

**Based on your county's performance or inequities identified, select at least one additional goal to improve on as a priority for the county for which your county is performing below the statewide rate/average on the primary measure(s). For each county-selected goal, provide the information requested below.**

Overdoses

### Overdoses

**Please describe why this goal was selected**

San Luis Obispo County's All Drug-Related Overdose Death rate (per 100,000) is 36.2, which is higher than the Statewide Rate of 28.8 and the Statewide Median of 31.0.

**What disparities did you identify across demographic groups or priority populations among the Additional Statewide Behavioral Health Goals? For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis**

Particular to Overdoses: The following disparities were identified - Sex, Age, and Race/Ethnicity. The rate in Males is higher (54.3) compared to the overall County rate (36.2). 45-49 age range had the highest rate (86.4) compared to the overall County rate, followed by 30-34 YO (80.7), 40-44 YO (78.6), 60-64 YO (59.0), 55-59 YO (57.6) and 35-39 YO (54.4). Additionally, the rate in Native American/Alaska Natives was much higher (222.7) versus the overall County rate.

**Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may improve your county's level of Overdoses and refer to any data that was used to make this decision (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes)**

The SLOBHD is implementing a standalone MAT program in 2026 and began providing field-based MAT services in 2025. The County Behavioral Health Medical Director is providing field-based services at an emergency shelter and the SLOBHD is building new partnerships with DSS homeless services utilizing opioid safety funding. Additionally, the SLOBHD operates a Sobering Center, designed as a harm reduction space, and meets the requirement of an open access clinic.

**Please identify the category or categories of funding that the county is using to address this goal**

Federal Financial Participation (SMHS, DMC/DMC-ODS)

Other

2011 Realignment

**Please describe other**

Opioid Settlement Funding; MCP funding

# Community Planning Process

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For more information on this section, please see 3.B Community Planning Process.

## Stakeholder Engagement

For related policy information, refer to 3.B.1 Stakeholder involvement

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**Please indicate the type of engagement used to obtain input on the planning process**

- County outreach through social media
- County outreach through townhall meetings
- Focus group discussions
- Key informant interviews with subject matter experts
- Meeting(s) with county
- Public e-mail inbox submission
- Survey participation
- Workgroups and committee meetings
- County outreach through traditional media (e.g., television, radio, newspaper)
- Provided data to county
- Training, education, and outreach related to community planning

**Include date(s) of stakeholder engagement for each type of engagement**

**Type of engagement**

Public e-mail inbox submission

**Date**

9/23/2025

**Type of engagement**

County outreach through social media

**Date**

10/6/2025

**Type of engagement**

County outreach through townhall meetings

**Date**

6/26/2025

**Type of engagement**

Focus group discussions

**Date**

9/19/2025

**Type of engagement**

Key informant interviews with subject matter experts

**Date**

10/16/2025

**Type of engagement**

Workgroups and committee meetings

**Date**

1/29/2025

**Type of engagement**

Survey participation

**Date**

6/26/2025

**Please list specific stakeholder organizations that were engaged in the planning process. Please do not include specific names of individuals**

Restorative Partners, Wellness Center Outreach, PAAT, Family Care Network, San Luis Obispo (SLO) Overdose Awareness Day, Aspire, National Alliance on Mental Illness, Transitions Mental Health Association, Pismo Beach Police Department, Sierra Mental Wellness Group, Community Counseling Center, San Luis Obispo Bangers, ADHD Allies, Seneca, Sunny Acres, Veterans Center, San Luis Obispo County Sherriff, San Luis Obispo County Health Agency, San Luis Obispo County Public Health, Cal Poly San Luis Obispo, Cal Poly SLO Campus Health and Wellbeing, San Luis Coastal School District, County Office of Education, Cuesta College, First Five, Community Action Partnership of San Luis Obispo, Developmental Specialty Partners, San Luis Obispo County Department of Social Services, Center for Family Strengthening, Child Welfare Services, San Luis Obispo County Employee Association, Dignity Hospital, Adventist, Access Support Network, Mindful Kindful Youniversity, CenCal, Carolan, Availity, Salinan Tribal Council, Northern Chumash Tribal Council, Long Term Care Ombudsman, Hospice, The Wisdom Center, California Care Management, Care Connection Transport Services, Independent Living Resource Center, Five Cities, ECHO, People's Self Help Housing, Housing Authority City SLO, Tri-Counties, PHDEMS, Promotores, Corazon Latino, Hercencia Indigena, Parent Connection, Center for Family Strengthening, GALA, Lumina Alliance, Coroner's Office, Behavioral Health Board, California Behavioral Health Directors Association, Special Education Local Plan Area, Psynergy, District Attorney Office, Board of Supervisors, County Probation Office.

What are the five most populous cities in counties with a population greater than 200,000 (Cities submitting IP independently are not required to collaborate with other cities) (Population and Housing Estimates for Cities, Counties, and the State)

| Order | City name |
|---|---|
| 1 | San Luis Obispo City |
| 2 | Atascadero |
| 3 | Paso Robles |

| | |
|---|---|
| 4 | Arroyo Grande |
| 5 | Grover Beach |

**Were you able to engage all required stakeholders/groups in the planning process?**

Yes

**Please describe and provide documentation (such as meeting minutes) to support how diverse stakeholder viewpoints were incorporated into the development of the Integrated Plan, including any community-identified strengths, needs, and priorities**

SLOBHD maintained a robust community committee throughout the initial year of BHSA planning. The oversight body for the Community Planning Process (CPP) has led this community advisor group, formally known as the MHSA Advisory Committee (MAC). The MAC was modernized due to the new standards that went into effect January 1, 2025. The process was reconstructed to meet CPP regulations and new duties were be shaped for this advisory committee. The community advisor work groups are made up of providers, consumers, family members, and individuals who have an interest in wellness and recovery in the community. Participants include teachers, law enforcement, social service providers, elected officials, business leaders, students, laborers, and behavioral health professionals. Prior to 2025, the MAC was made up of 50-60 community members. Given the updated guidance for CPP participation with BHSA, the advisory group has expanded to nearly 150 volunteers to meet categorical requirements. Frequent emails and surveys are sent to the group for education and feedback request. During IP development, SLOBHD executed the following CPP activities::

- Presentations to the MHSA Advisory Committee.
- Collaboration with Public Health and the CHIP steering and planning committee.
- Outreach to local CBO's providing services to underserved communities such as Latinx, LGBTQ+, and unhoused populations.
- Presentation to a local retired community social group.
- Presentations at Provider Collaborative meetings.
- Sponsorship of a local radio show focused on BH topics.
- Focus group with supervisors and clients of Wellness Centers with lived experience of homelessness and BH services.

- Subject Matter Expert meetings with Homelessness Division of Social Services and local homeless services CBOs.
- Presentations to the Behavioral Health Board.
- Produced and published a series of informational videos regarding the BHT initiatives on the SLO County BHSA website.

After Proposition 1 passed, the SLOBHD released a community survey to ask MHSA committee members (MAC) to rank priority services and programs for the MHSA to BHSA transition. The County received 71 responses, and the top 6 priorities were included in the Integrated Plan. These include: crisis services, client and family wellness, FSPs, homeless services, school-based programs, and court/justice involved programs. For Housing Intervention activities, the County took feedback from housing providers, the Behavioral Health Board, and members of the Homeless Services Oversight Council to identify needs over the next 3-Year IP period. Sustainable, permanent supportive housing was identified as a critical top need, as well as ensuring that individuals are not displaced from PSH units. Additionally, top priorities that the County continues to focus on is meeting legal mandates and addressing homelessness and behavioral health care.

**Community Planning Process Links and IP Uploaded Documents**

- **SLO County Behavioral Health Transformation: MHSA-to-BHSA Transition - YouTube video**
- **Transformación de la Salud y Bienestar del Condado de SLO: Transición de la MHSA a la BHSA - YouTube video**
- **SLO Behavioral Health Instagram page**
- **Behavioral Health Board Agendas -** Relevant items on:
  - 4/17/2024
  - 10/16/2024
  - 11/20/2024
  - 2/19/2025
  - 3/19/2025
  - 5/21/2025
  - 9/17/2025
  - 11/19/2025
- **Behavioral Health Board Minutes**
- **BHSA Provider Collaboration Flyers**
- **BHSA Public Presentations**

## Local Health Jurisdiction (LHJ)

Cities submitting their Integrated Plan independently from their counties do not have to complete this section. For related policy information, refer to B.2 Considerations of Other Local Program Planning Processes.

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**Did the county work with its LHJ on the development of the LHJ's recent Community Health Assessment (CHA) and/or Community Health Improvement Plan (CHIP)? Additional information regarding engagement requirements with other local program planning processes can be found in Policy Manual Chapter 3, Section B.2.3.**

Yes

**Please describe how the county engaged with LHJs, along with Medi-Cal managed care plans (MCPs), across these three areas in developing the CHA and/or CHIP: collaboration, data-sharing, and stakeholder activities**

The County collaborates with LHJs and MCPs on CHIP development through the SLO Health Counts Steering Committee, a regular forum for countywide planning and data sharing. The CHIP also includes a priority area on mental health and substance use, developed in partnership with the County.

**Did the county utilize the County-LHJ-MCP Collaboration Tool provided via technical assistance?**

Yes

### Collaboration

**Please select how the county collaborated with the LHJ**

Attended key CHA and CHIP meetings as requested.

Served on CHA and CHIP governance structures and/or subcommittees as requested.

### Data-Sharing

**Data-Sharing to Support the CHA/CHIP**

**Select Statewide Behavioral Health Goals that were identified for data-sharing to support behavioral health-related focus areas of the CHA and CHIP**

Untreated Behavioral Health (BH) Conditions (e.g., substance use disorder, depression, maternal and child behavioral disorders, other adult mental health conditions)

- Access to Care
- Suicides
- Engagement in School
- Overdoses

**Was data shared?**

Yes

**Data-Sharing from MCPS and LHJs to Support IP development**

**Select Statewide Behavioral Health Goals that were identified for data-sharing to inform IP development**

- Overdoses
- Suicides
- Untreated Behavioral Health (BH) Conditions (e.g., substance use disorder, depression, maternal and child behavioral disorders, other adult mental health conditions)
- Access to Care
- Engagement in School

**Was data shared?**

Yes

## Stakeholder Activities

**Select which stakeholder activities the county has coordinated for IP development with the LHJ engagement on the CHA/CHIP. Please note that although counties must coordinate stakeholder activities with LHJ CHA/CHIP processes (where feasible), the options below are for illustrative purposes only and are not required forms of stakeholder activity coordination (e.g., counties do not need to conduct each of these activities)**

Collaborated with LHJ to identify shared stakeholders that are key for both the IP and CHA/CHIP process. Collaborated on joint surveys, focus groups, and/or interviews that can be used to inform both the IP and CHA/CHIP.

Co-hosted community sessions, listening tours, and/or other community events that can be used to strengthen stakeholder engagement for both the IP and CHA/CHIP.

Coordinated messaging and stakeholder events calendars (e.g., governance meetings) around IP development and CHA/CHIP engagement.

## Most Recent Community Health Assessment (CHA), Community Health Improvement Plan (CHIP) or Strategic Plan

**Has the county considered either the LHJ's most recent CHA/CHIP or strategic plan in the development of its IP ? Additional information regarding engagement requirements with other local program planning processes can be found in Policy Manual Chapter 3, Section B.2.3**

Yes

**Provide a brief description of how the county has considered the LHJ's CHA/CHIP or strategic plan when preparing its IP**

The County has reviewed the LHJ's CHIP and incorporated its strategic goals into Behavioral Health programming, particularly through school-based services and substance use initiatives.

## Medi-Cal Managed Care Plan (MCP) Community Reinvestment

For related policy information, refer to B.2 Considerations of Other Local Program Planning Processes .

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**Please list the Managed Care Plans (MCP) the county worked with to inform the MCPs' respective community reinvestment planning and decision-making processes**

Cen Cal Health

**Which activities in the MCP Community Reinvestment Plan submissions address needs identified through the Behavioral Health Services Act community planning process and collaboration between the county, MCP, and other stakeholders on the county's Integrated Plan?**

Activities for the MCP Community Reinvestment Plan will focus on closing funding gaps for Student Assistance Programs on school campuses, supporting early intervention, mild-to-moderate needs, and specialty care. In partnership with Public Health, the plan also seeks funding for an administrative position to coordinate between BHT requirements, the LHJ, and the MCP.

# Comment Period and Public Hearing

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For related policy information, refer to B.3 Public Comment and Updates to the Integrated Plan .

## Comment Period and Public Hearing

For related policy information, refer to B.3 Public Comment and Updates to the Integrated Plan .

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**Date the draft Integrated Plan (IP) was released for stakeholder comment**

12/17/2025

**Date the stakeholder comment period closed**

1/21/2026

**Date of behavioral health board public hearing on draft IP**

1/21/2026

**Please provide proof of a public posting with information on the public hearing. Please select the county's preferred submission modality**

Link

**Please provide the link to the public posting**

http://www.slocounty.gov/IP

**If the county uses an existing landing page or other web-based location to publicly post IPs for comment, please provide a link to the landing page**

https://www.slocounty.ca.gov/departments/health-agency/behavioral-health/behavioral-health-projects/integrated-plan-behavioral-health-services-act

**Please select the process by which the draft plan was circulated to stakeholders**

- Public posting
- Email outreach

**Please describe stakeholder input in the table below. Please add each stakeholder group into their own row in the table**

| Stakeholder group that provided feedback | Summarize the substantive revisions recommended this stakeholder during the comment period |
|---|---|
| Local Mental Health Provider | Outreach and engagement activities in the IP are underwhelming. If people are not receiving treatment, that is an outreach and education and stigma reduction issue more than anything else. Websites, advertising, and radio shows will only get you so far—because they lack true interaction. Everything in the Student Assistance Program is extremely crisis-related. This feels somewhat short-sighted, because outreach and education are going to be huge with that population. |
| Mental Health, substance use, or social services provider | I work in housing, and an increasing number of our mentally ill clients are getting older and are losing the ability to care for themselves. Our housing program doesn't offer 24/7 care and most assisted living places do not take clients with mental illness. Also, they are on Medi-Cal, so there aren't many beds available. We need places that offer 24-hour care for low-income individuals with mental illness. I know this takes resources and money, but it is a great need in the community |
| Family Member of someone with lived mental health or substance use experience | Focus on eating disorders and interventions for people who are dealing with such issues. |
| Public or government agency | SLO County's three-year Integrated Behavioral Health Services Act Plan is incomplete without inclusion/consideration of services and supports during pregnancy/early childhood and early parenthood.<br><br>Experiences during this window—both positive and adverse—shape emotional regulation, stress response, learning, and long-term mental health. When behavioral health needs are identified and supported early, we can |

| | |
|---|---|
| | deter more serious challenges later, reduce the need for crisis services, and improve outcomes across education, health, and justice systems |
| Education organization | Our county plan should include supports for our community's youngest members, their families and caregivers. The California Department of Health Care Services Behavioral Health Services Act County Policy Manual explicitly lists this population in several of its listed recommended Early Intervention and Outreach strategies (see Manual Section A.7.2) and we are seeing other counties prioritize services and supports to these populations. Early identification, targeted interventions and increased access to coordinated behavioral health services for children reduce the need for costly crisis and intervention services. The county has a history of investing in behavioral health supports for children, early care and education providers, caregivers and families - programs that are culturally responsive and easily accessible during critical periods of development, stress and opportunity. I urge you to address this gap and extend supports to children 0-5 and their caregivers in our community |
| Community, faith, or cultural organization | I strongly urge you to prioritize the behavioral health needs of children from birth to age five—and the families who support them—in the BHSA Integrated Plan Draft. Our youngest children deserve a robust, accessible, and coordinated system of care that gives every family the best possible start. |
| Public or government agency | Please ensure the BHSA Plan clearly states that the SAFE System of Care (pg. 65) is also dedicated to serving families with babies and young children from birth to age 5. The SAFE (Services Affirming Family Empowerment) network of countywide partnerships can assist in ensuring that behavioral health services are prioritized for young children and their families. Early intervention stops crises from happening and eases the strain on the system in the long run. |
| Adult or older adult with lived mental health or substance use experience. | I strongly urge you to prioritize the behavioral health needs of pregnant and postpartum families in the BHSA Integrated Plan Draft. This population experiences elevated rates of depression, anxiety, mood disorders, and psychosis, yet access to specialized perinatal behavioral health care remains limited. When parents cannot access timely treatment, conditions escalate into crises that affect not only the parent, but also infant attachment, early brain development, and the emotional |

| | |
|---|---|
| | and behavioral outcomes of children during the critical ages of birth through five. |
| Family Member | Concern for funding of prevention and early intervention, and outreach and suicide prevention services. Would like more support for older adults, particularly after demise of Wilshire programs. |
| Community Organization | While I sympathize with the cuts that have taken place to excellent programs providing preventative care, I am very hopeful this shift in funding can end up creating positive housing results for some of SLO County's most vulnerable community members and look forward to productive conversations in program development. |

**Please describe any substantive recommendations made by the local behavioral health board that are not included in the final Integrated Plan or update. If no substantive revisions were recommended by stakeholders during the comment period, please input N/A.**

**Substantive recommendations**

Substantive revisions recommended by stakeholders during comment period and at public hearing included:

1. Increased programming focused on outreach and education.
2. The IP draft lacks mental health supports for early childhood 0-5 and their families.
3. Concern expressed for lack of services for older adults with mental illness and the gaps in the assisted living system.
4. Request to focus on eating disorders.
5. Concern over minimal funding for prevention and education program.

# County Behavioral Health Services Care Continuum

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress.

## County Behavioral Health Services Care Continuum

The Behavioral Health Care Continuum is composed of two distinct frameworks for substance use disorder and mental health services. These frameworks are used for counties to demonstrate planned expenditures across key service categories in their service continuum. Questions on the Behavioral Health Care Continuum are in the Integrated Plan Budget Template.

# County Provider Monitoring and Oversight

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For related policy information, refer to 6.C.2 Securing Medi-Cal Payment .

## Medi-Cal Quality Improvement Plans

Cities submitting their Integrated Plan independently from their counties do not have to complete this section or Question 1 under All BHSA Provider Locations.

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**For Specialty Mental Health Services (SMHS) or for integrated SMHS/Drug Medi-Cal Organized Delivery System (DMC-ODS) contracts under Behavioral Health Administrative Integration, please upload a copy of the county's current Quality Improvement Plan (QIP) for State Fiscal Year (SFY) 2026-2027**

SLOBHD Quality Improvement Work Plan FY 2026-2027 PDF

**Does the county operate a standalone DMC-ODS program (i.e., a DMC-ODS program that is not under an integrated SMHS/DMC-ODS contract)?**

No

## Contracted BHSA Provider Locations

As of the date this report is submitted, please provide the total number of contracted Behavioral Health Services Act (BHSA) provider locations offering non-Housing services for SFY 2025-26. I.e., BHSA-funded locations that are (i) not owned or operated by the county, and (ii) offer BHSA services other than Housing Interventions services. (A provider location should be counted if it offers both Housing Interventions and mental health (MH) or substance use disorder services (SUD); provider location that contracts with the county to provide both mental health and substance use disorder services should be counted separately.)

| Services Provided | Number of contracted BHSA provider locations |
|---|---|
| Mental Health (MH) services only | 14 |
| Substance Use Disorder (SUD) services only | 0 |
| Both MH and SUD services | 0 |

Among the county's contracted BHSA provider locations, please identify the number of locations that also participate in the county's Medi-Cal Behavioral Health Delivery System (BHDS) (including SMHS and Drug MC/DMC-ODS) for SFY 2025-26

| Services Provided | Number of Contracted BHSA Provider Locations |
|---|---|
| SMHS only | 11 |
| DMC/DMC-ODS only | 0 |
| Both SMHS and DMC/DMC-ODS systems | 0 |

## All BHSA Provider Locations

For related policy information, refer to B.2 Considerations of Other Local Program Planning Processes.

**Among the county's BHSA funded SMHS provider locations (county-operated and contracted) that offer services/Levels of Care that may be covered by Medi-Cal MCPs as non-specialty mental health services (NSMHS), what percentage of BHSA funded SMHS providers contract with at least one MCP in the county for the delivery of NSMHS?**

0

**Please describe the county's plans to enhance rates of MCP contracting starting July 1, 2027, and over the subsequent two years among the BHSA provider locations that are providing services that can/should be reimbursed by Medi-Cal MCPs**

The County does not have any BHSA-funded providers that offer services that may qualify as NSMHS, and the County acknowledges that in the future the county will support BHSA-funded providers with contracting with MCPs that meet the criteria to contract for NSMHS.

**To maximize resource efficiency, counties must, as of July 1, 2027, require their BHSA providers to (subject to certain exceptions)**

- Check whether an individual seeking services eligible for BHSA funding is enrolled in Medi-Cal and/or a commercial health plan, and if uninsured, refer the individual for eligibility screening
- Bill the Medi-Cal Behavioral Health Delivery System for covered services for which the provider receives BHSA funding; and
- Make a good faith effort to seek reimbursement from Medi-Cal Managed Care Plans (MCPs) and commercial health plans for covered services for which the provider receives BHSA funding

**Does the county wish to describe implementation challenges or concerns with these requirements?**

No

**Counties must monitor BHSA-funded providers for compliance with applicable requirements under the Policy Manual, the county's BHSA contract with DHCS, and state law and regulations. Effective SFY 2027-2028, counties must (1) adopt a**

**monitoring schedule that includes periodic site visits and (2) preserve monitoring records, including monitoring reports, county-approved provider Corrective Action Plans (CAPs), and confirmations of CAP resolutions. Counties shall supply these records at any time upon DHCS's request. DHCS encourages counties to adopt the same provider monitoring schedule as under Medi-Cal: annual monitoring with a site visit at least once every three years. For providers that participate in multiple counties' BHSA programs, a county may rely on monitoring performed by another county.**

**Does the county intend to adopt this recommended monitoring schedule for BHSA-funded providers that:**

**Also participate in the county's Medi-Cal Behavioral Health Delivery System? (Reminder: Counties may simultaneously monitor for compliance with Medi-Cal and BHSA requirements)**

Yes

**Do not participate in the county's Medi-Cal Behavioral Health Delivery System?**

No

**If not, please describe how the county will monitor these providers for compliance with BHSA requirements**

The County will monitor all BHSA funded providers for compliance with applicable requirements and based on contracted monitoring schedule. The monitoring schedule will include monthly service quality meetings, quarterly site visits, and quarterly data reports with BHSA Administrative team. In addition, contract review meetings with fiscal and quality teams will also be held quarterly.

# Behavioral Health Services Act/Fund Programs

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress.

## Behavioral Health Services and Supports (BHSS)

For related policy information, refer to 7.A.1 Behavioral Health Services and Supports Expenditure Guidelines

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### General

Please select the specific Behavioral Health Services and Supports (BHSS) that are included in your plan

- Adult and Older Adult System of Care (non-FSP)
- Early Intervention Programs (EIP)
- Outreach and Engagement (O&E)
- Workforce, Education and Training (WET)
- Capital Facilities and Technological Needs (CFTN)
- Children's System of Care (non-Full Service Partnership (FSP))

### Children's System of Care (Non-FSP) Program – Family & Youth Advocates

For each program or service of the county's BHSS funded Children's System of Care (non-FSP) program, provide the following information. If the county provides more than on program or service type, use the "Add" button. For related policy information, refer to 7.A.2 Children's, Adult, and Older Adult Systems of Care .

**Please select the service types provided under Program**

Mental health services

Supportive services

**Please describe the specific services provided**

Family & Youth Advocates provide day-to-day hands-on assistance, link clients to resources, provide support, and help clients to navigate the Behavioral Health system in San Luis Obispo County; Partners and Peers liaison with family members, care givers, consumers, County Behavioral Health staff, local National Alliance on Mental Illness (NAMI) groups, and other service providers; Partners assist in orientation of families entering the mental health system. The goal of the Family & Youth Advocate program is to provide culturally competent community-based supports and close gaps in the continuum of care for mental health youth clients and families. This includes a flexible fund that can be utilized for individual and family needs such as uncovered healthcare, food, short-term housing, transportation, education, and support services. In addition, this program will provide peer services via certified peers.

**Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below**

| Plan Period by FY | Projected Number of Individuals Served |
|---|---|
| FY 2026 – 2027 | 900 |
| FY 2027 – 2028 | 920 |
| FY 2028 – 2029 | 940 |

**Please describe any data or assumptions your county used to project the number of individuals served through the Children's System of Care**

Projections are based on past MHSA data averages for Family & Youth Advocates. An expected annual growth rate of 2% was applied to future fiscal years to reflect service demand and outreach efforts. Estimates remain consistent with program capacity and account for year-to-year fluctuations in participation.

## Adult and Older Adult System of Care (Non-FSP) Program – Behavioral Health Treatment Court

For each program or service type that is part of the county's BHSS funded Adult and Older Adult System of Care (Non-FSP) program, provide the following information. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.2 Children's, Adult, and Older Adult Systems of Care

**Please select the service types provided under Program**

Substance Use Disorder (SUD) treatment services

Mental health services

**Please describe the specific services provided**

The Behavioral Health Treatment Court (BHTC) serves adults, ages 18 and older, with a serious and persistent mental illness, who are on formal probation for a minimum of two years, and who have had chronic mental health and/or substance use disorder treatment observed as a factor in their legal difficulties. These individuals have been previously underserved or inappropriately served because of lack of effective identification by all systems, may be newly diagnosed, or may have been missed upon discharge from jail or Atascadero State Hospital. BHTC clients participate voluntarily in services for 12-18 months. Clients agree to a drug-free commitment. Additionally, the client agrees to substance abuse testing and (if applicable) a commitment to medication compliance. Once the client has successfully graduated from the program, they are eligible for a decrease or waiver of fines, a reduction in probation time, and the possibility of decreasing the severity of charges (depending on legal charges). Direct services include:

- Psychosocial Rehabilitation Group
- Individual Therapy
- Targeted Case Management
- Intensive Care Coordination
- Group Therapy
- Medication Training and Support
- Prescriber Progress E/M (OP)
- Medical Consultations
- Psychosocial Rehab – Individual
- Prescriber Assessment E/M (OP)
- Assessment LPHA
- Care Coordination Outside System of Care
- Nurse Assessment

**Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below**

| **Plan Period by FY** | **Projected Number of Individuals Served** |
|---|---|
| FY 2026 – 2027 | 20 |

| | |
|---|---|
| FY 2027 – 2028 | 20 |
| FY 2028 – 2029 | 20 |

**Please describe any data or assumptions the county used to project the number of individuals served through the Adult and Older Adult System of Care**

Projections expect that there will be a stable client count served in the program. The expected stability is due to the program operating at, or near maximum capacity and a limited eligible client population in the county.

## Adult and Older Adult System of Care (Non-FSP) Program – Veterans Treatment Court

For each program or service type that is part of the county's BHSS funded Adult and Older Adult System of Care (Non-FSP) program, provide the following information. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.2 Children's, Adult, and Older Adult Systems of Care

**Please select the service types provided under Program**

Substance Use Disorder (SUD) treatment services

Mental health services

Supportive services

**Please describe the specific services provided**

The Veterans Treatment Court (VTC) was launched locally to enhance public safety and reduce recidivism of criminal defendants who are veterans. This includes connecting them with the Department of Veterans Affairs (VA) benefits, mental health and/or substance use disorder treatment services and supports, as well as finding appropriate dispositions to their criminal charges by considering the defendant's treatment needs and the seriousness of the offense. The Behavioral Health Clinician is assigned as the treatment provider for VTC participants. The therapist administers initial assessments of veterans involved in the criminal justice system and determines eligibility based on diagnosis, mental health history associated with military service, and motivation for participation. Additionally, the therapist links veterans with VA services, other County Behavioral Health services, and/or additional mental health supports in the community.

The clinician works closely with the Veterans Justice Outreach Social Worker with the VA to develop treatment plans for participants who are VA eligible, as well as working separately on treatment plans for those veterans who are not VA eligible. The therapist provides individual, couple, family and group treatment services to veterans and their families during participation in the program, as well as monitors progress with other treatment providers. Direct services include: Individual Therapy; Psychosocial Rehabilitation Group; Targeted Case Management; Intensive Care Coordination; Team Case Conference with Client/Family; Assessments & Screenings. ASAM assessments are completed and linkage to care based off of designated level. Additionally, MAT services and residential treatment can be offered.

**Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below**

| Plan Period by FY | Projected Number of Individuals Served |
|---|---|
| FY 2026 – 2027 | 15 |
| FY 2027 – 2028 | 15 |
| FY 2028 – 2029 | 15 |

**Please describe any data or assumptions the county used to project the number of individuals served through the Adult and Older Adult System of Care**

Screening and assessment is completed for individuals inclusive of the ASAM. Projections expect that there will be a stable client count served in the program. The projected number of individuals served is based on the historical number of individuals referred by the courts and served in an annual year. The expected stability is due to the program operating at, or near maximum capacity and a limited eligible client population in the county.

## Adult and Older Adult System of Care (Non-FSP) Program – Mental Health Diversion Court

For each program or service type that is part of the county's BHSS funded Adult and Older Adult System of Care (Non-FSP) program, provide the following information. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.2 Children's, Adult, and Older Adult Systems of Care

**Please select the service types provided under Program**

Supportive services

Substance Use Disorder (SUD) treatment services

Mental health services

**Please describe the specific services provided**

The Mental Health Diversion Court (MHDC) is a pre-trial diversion program. Screening and assessment is completed for individuals inclusive of the ASAM. A Behavioral Health Specialist works directly with clients participating in the court program. Along with court coordination, the specialist assists system partners with navigating the community behavioral health system. This court sets up a procedure of diversion for defendants with mental health and/or substance use disorders for a period of no longer than two years, to allow the defendant to undergo treatment. Weekly medication management groups are provided along with individual sessions to clients that are being diverted from the legal system through the MHDC program. Coordination with jail psychiatric services to have medications started in custody and to ensure medications are ready for discharge also occurs. Direct services include: Psychosocial Rehabilitation Group; Group Therapy; Targeted Case Management; Intensive Care Coordination; Individual Therapy; Medication Training and Support; Medical Team Conferences; Care Coordination Outside System of Care; Individual Counseling. All MHDC clients are eligible for DMC-ODS services and our system of care is integrated between SMHS and DMC-ODS.

**Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below**

| Plan Period by FY | Projected Number of Individuals Served |
|---|---|
| FY 2026 – 2027 | 20 |
| FY 2027 – 2028 | 20 |
| FY 2028 – 2029 | 20 |

**Please describe any data or assumptions the county used to project the number of individuals served through the Adult and Older Adult System of Care**

Projections expect that there will be a stable client count served in the program. The expected stability is due to the program operating at, or near maximum capacity and a limited eligible client population in the county.

## Adult and Older Adult System of Care (Non-FSP) Program – Behavioral Health Navigators

For each program or service type that is part of the county's BHSS funded Adult and Older Adult System of Care (Non-FSP) program, provide the following information. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.2 Children's, Adult, and Older Adult Systems of Care

**Please select the service types provided under Program**

Supportive services

Mental health services

**Please describe the specific services provided**

Peer Certified Behavioral Health Navigators (BHN) with lived experience provide community and in-clinic services for system navigation for securing basic needs such as food, clothing, housing, healthcare, employment, and education and wellness supports focusing on coping skills and linkange to other mental health programs. The BHNs also focus on establishing direct linkages for youth and transitional aged young adults, including community-based mental health services, SUD resoruces, suicide prevention, and providing culturally competent and inclusive LGBTQ+ outreach and system navigation. Specialists and Navigators help minimize stress, support wellness and resilience, and increase an individual's ability to follow through on referrals and care. In addition, the BH Peer Services program engages the community with the Peer Advisory and Advocacy Team (PAAT). PAAT members collaborate on strategic plans and community events that enhance the mental health system and develop and implement strategies to: advocate and educate the community about mental health and recovery, eliminate stigma, advocate and provide education within the mental health system, and promote the concept of wellness versus illness by focusing attention on personal responsibility and a balanced life grounded in self-fulfillment. Direct services include: Self-help/peer service; TCM/ICC; Psychosocial rehab

**Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below**

| Plan Period by FY | Projected Number of Individuals Served |
|---|---|
| FY 2026 – 2027 | 1000 |
| FY 2027 – 2028 | 1050 |
| FY 2028 – 2029 | 1100 |

**Please describe any data or assumptions the county used to project the number of individuals served through the Adult and Older Adult System of Care**

Projections are based on past MHSA data averages for Peer Services. An expected annual growth rate of approx. 5% was applied to future fiscal years to reflect Peer service demand and community outreach efforts. Estimates remain consistent with program capacity and account for year-to-year fluctuations in participation.

## Adult and Older Adult System of Care (Non-FSP) Program - Promotores

For each program or service type that is part of the county's BHSS funded Adult and Older Adult System of Care (Non-FSP) program, provide the following information. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.2 Children's, Adult, and Older Adult Systems of Care

**Please select the service types provided under Program**

Supportive services

**Please describe the specific services provided**

Promotores are bilingual and bicultural community members with training specific to providing healthcare system navigation to the monolingual Spanish-speaking population. Promotores have been co-located in several County clinics to provide medication management translation, interpretation, and system supports for all Spanish and Mixteco speaking BH clients. The Promotores are a SLO County Community Defined Evidence-Based Practice (CDEP).

**Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below**

| Plan Period by FY | Projected Number of Individuals Served |
|---|---|
| FY 2026 – 2027 | 375 |
| FY 2027 – 2028 | 375 |
| FY 2028 – 2029 | 375 |

**Please describe any data or assumptions the county used to project the number of individuals served through the Adult and Older Adult System of Care**

Projections expect that there will be a stable client count served in the program. The expected stability is due to the program operating at, or near maximum capacity. This is due to the combination of a limited eligible client population in the county and potential workforce shortages preventing the addition of staff to increase services at any given time. Uncertainty with Medi-Cal eligible populations were also taken into account in these projections.

## Early Intervention (EI) Programs – Student Assistance Program

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3, but counties may develop multiple programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.7 Early Intervention Programs.

**Program or service name**

Student Assistance Program

**Please select which of the three EI components are included as part of the program or service**

- Outreach
- Access and Linkage: Screenings
- Access and Linkage: Assessments
- Access and Linkage: Referrals
- Treatment Services and Supports: Services that prevent, respond to, or treat a behavioral health crisis or decrease the impacts of suicide

- Treatment Services and Supports: Services to address co-occurring mental health and substance use issues

**Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs**

No

**Please describe intended outcomes of the program or service**

The Evidence Based Student Assistance Program (SAP) is targeted towards at-risk school-aged youth and families. Services are provided on campus and are part of an integrated collaboration between schools, County staff, and community-based organizations. Deterrence of behavioral health issues, such as mental illness and substance use disorders, involves increasing protective factors and diminishing an individual's risk factors for developing behavioral health issues. SAP has the capacity to provide more intensive therapeutic services, beyond early intervention, if the students' needs, assessments, and screenings determine they meet criteria and eligibility. Intended outcomes of this program include: Increasing protective factors and decreasing risk factors that lead to the development of serious mental illness; Early identification of behavioral health conditions; Increase in access to behavioral health services; Improved linkage to intensive services if needed; Improved academic performance; Increased school attendance; Reduction in suicidal ideation and self-harm; Reduction in substance use. Direct services include: Targeted Case Management; Intensive Care Coordination; Individual Therapy; Group Therapy; Assessment & Screenings; Psychotherapy for Crisis; Crisis Intervention

**Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2**

No

**Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)**

| Plan Period by FY | Projected Number of Individuals Served |
|---|---|

| | |
|---|---|
| FY 2026 – 2027 | 300 |
| FY 2027 – 2028 | 350 |
| FY 2028 – 2029 | 400 |

**Please describe any data or assumptions the county used to project the number of individuals served through EI programs**

Projections are based on past MHSA data averages for SAP. An expected 30% increase over the plan period reflects the planned increases in SAP availability countywide. Currently San Luis Obispo County contracts with several school districts to provide services. It is anticipated that in the future additional school districts will engage the County for services significantly increasing the available student population and therefore projected number of individuals served by SAP.

## Early Intervention (EI) Programs – Crisis Continuum

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3 , but counties may develop multiple programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.7 Early Intervention Programs.

**Program or service name**

Crisis Response Continuum: Mobile Crisis Response, Central Coast Hotline, & Dispatch

**Please select which of the three EI components are included as part of the program or service**

- Outreach
- Access and Linkage: Screenings
- Access and Linkage: Assessments
- Access and Linkage: Referrals

**Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs**

No

**Please describe intended outcomes of the program or service**

Crisis response programs are a field-based entry and access point into the system of care. Goals and outcomes of the program include increased access to services prevents escalation that leads to law enforcement intervention and/or hospitalization; Increased access to services and supports that respond and treat behavioral health crisis; Early identification of behavioral health conditions and increased timely access to services and program referrals; Improved linkage to community-based services and supports; Reduction in severity of acute behavioral health conditions; Enhanced response capacity to recognize and respond to early signs of suicidal ideation; Increase in hospital emergency room capacity through acute behavioral health interventions. Direct services include: Crisis Intervention, Mobile Crisis Encounter; Transportation Mileage; TCM/ICC; Transportation, Staff Time

**Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2**

No

**Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)**

| Plan Period by FY | Projected Number of Individuals Served |
|---|---|
| FY 2026 – 2027 | 10000 |
| FY 2027 – 2028 | 10200 |
| FY 2028 – 2029 | 10300 |

**Please describe any data or assumptions the county used to project the number of individuals served through EI programs**

Projections are based on past MHSA data averages for Crisis Response Continuum. An expected annual growth rate of 2% was applied to future fiscal years to reflect service demand, advertising and marketing efforts, and enhanced collaboration with community organizations that will increase awareness and access to crisis services. Estimates remain consistent with program capacity and account for year-to-year fluctuations in participation.

## Early Intervention (EI) Programs – Latino Outreach Program

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3, but counties may develop multiple programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.7 Early Intervention Programs.

**Program or service name**

The primary objective of the Latino Outreach Program (LOP) is to provide culturally appropriate treatment services by bilingual/bicultural therapists in community settings. The targeted population is the underserved Latino/x community, particularly those in identified pockets of poverty in the north and south county areas, and rural residents. The most dominant disparity in San Luis Obispo County, is the lack of access to the behavioral health care system for Latino/x individuals. The LOP has been the access and the reach to the Latino/x community, especially to those who, in any other circumstances, would not have had access to mental health services due to their documentation/legal status. Services provided in LOP include: Individual and group treatment; Family therapy; Outreach and engagement; Referral generation to higher levels of care; Behavioral health system navigation and case management; Screening & Assessments; Targeted Case Management; Intensive Care Coordination; Medication Training and Support

**Please select which of the three EI components are included as part of the program or service**

Outreach

Access and Linkage: Screenings

Access and Linkage: Assessments

Access and Linkage: Referrals

Treatment Services and Supports: Services that prevent, respond to, or treat a behavioral health crisis or decrease the impacts of suicide

**Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs**

No

**Please describe intended outcomes of the program or service**

Maintain a Medi-Cal-eligible penetration rate equal to or higher than the State's for Latino/x clients. Clients surveyed will report that Latino Outreach Program services were helpful in addressing their mental health needs.

Upon program completion, Clients will demonstrate improved coping skills to improve resiliency and recovery.

**Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2**

No

**Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)**

| Plan Period by FY | Projected Number of Individuals Served |
|---|---|
| FY 2026 – 2027 | 130 |
| FY 2027 – 2028 | 130 |
| FY 2028 – 2029 | 130 |

**Please describe any data or assumptions the county used to project the number of individuals served through EI programs**

Projections expect a relatively stable client count served in the program year over year. The consistency is due to the program operating at, or near maximum capacity. Estimates reflect a combination of a limited eligible client population in the county and potential workforce shortages for bi-lingual/bi-cultural candidates that may prevent the addition of staff that would increase program capacity at any given point in time.

## Early Intervention (EI) Programs – SAFE

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3 , but counties may develop multiple

programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.7 Early Intervention Programs.

**Program or service name**

School and Family Empowerment (SAFE)

**Please select which of the three EI components are included as part of the program or service**

Access and Linkage: Screenings

Access and Linkage: Assessments

Access and Linkage: Referrals

Treatment Services and Supports: Services to address first episode psychosis (FEP)

Treatment Services and Supports: Services that prevent, respond to, or treat a behavioral health crisis or decrease the impacts of suicide

Treatment Services and Supports: Services to address co-occurring mental health and substance use issues

**Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs**

No

**Please describe intended outcomes of the program or service**

The BHSA School and Family Empowerment program offers services aimed at reducing poor academic experiences and outcomes based on students dealing with mental health conditions. The county-wide collaborative SAFE system of care is designed to create an efficient continuum of care and to assist youth to remain in less restrictive school settings by partnering with teachers, aides, probation officers, the family, and other appropriate community members to respond to the identified SED student's individual needs. This program identifies and serves youth of all ages experiencing serious emotional disturbances who are referred to SAFE for behavioral issues, and/or have been involved in the juvenile justice system. The program also offers family

advocacy and resource navigation support through a partner community-based organization.

Intended Outcomes: Improvement in academic performance. Youth clients will demonstrate stable behavior and functionality at home and school settings. 100% reduction in psychiatric hospitalizations.

**Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2**

No

**Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)**

| Plan Period by FY | Projected Number of Individuals Served |
|---|---|
| FY 2026 – 2027 | 100 |
| FY 2027 – 2028 | 105 |
| FY 2028 – 2029 | 110 |

**Please describe any data or assumptions the county used to project the number of individuals served through EI programs**

Referrals to this program are generated from a greater county-wide collaborative system. Data assumptions are based on historical annual client counts based on this referral system. Growth assumptions are based on the program experiencing an increase in cases in recent years.

## Early Intervention (EI) Programs – Wellness Centers

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3 , but counties may develop multiple programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.7 Early Intervention Programs.

**Program or service name**

Wellness Centers

**Please select which of the three EI components are included as part of the program or service**

Access and Linkage: Referrals

Outreach

Treatment Services and Supports: Services that prevent, respond to, or treat a behavioral health crisis or decrease the impacts of suicide

Treatment Services and Supports: Services to address co-occurring mental health and substance use issues

**Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs**

No

**Please describe intended outcomes of the program or service**

The County provides three Wellness Centers in each region of the county (north – Atascadero, central – San Luis Obispo, and south – Arroyo Grande). SLO County's Wellness Center act as a certified peer support hub that actively engages with community members experiencing mental health conditions. Wellness Center peers operate as an initial intervention, access point, and referral system for many County Behavioral Health programs. The Wellness Centers provide person-centered, trauma informed, recovery-based services designed for life enrichment, personal development, peer support, community resources, recovery education, social skill development and social rehabilitation workshops for individuals with mental illness who would otherwise remain withdrawn and isolated. Services are gauged for multiple age groups and various cultures with a focus on recovery, independence, wellness, and empowerment. Support groups and socialization activities as well as NAMI sponsored educational activities are provided to clients. The Wellness Centers are made available to program staff, consumers, and family members for on-going program functions including support groups, mental health education classes, SUD resources, vocational work clubs, education and outreach presentations, and office and meeting space.

- Behavioral Health Prevention Education Group
- Psychosocial Rehabilitation Group

- Self-help/peer services
- Psychosocial Rehab - Individual
- Plan Development, non-physician

**Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2**

No

**Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)**

| Plan Period by FY | Projected Number of Individuals Served |
|---|---|
| FY 2026 – 2027 | 200 |
| FY 2027 – 2028 | 225 |
| FY 2028 – 2029 | 250 |

**Please describe any data or assumptions the county used to project the number of individuals served through EI programs**

The County has partnered with community-based partners to provide mental health education, intervention, and outreach targeting the mental health needs of all members of the community. SLO County Wellness Center staff are diversifying services to include peer-certified activities that will contribute to growth in the program over the next 3-years.

## Coordinated Specialty Care for First Episode Psychosis (CSC) program

For related policy information, refer to 7.A.7.5.1 Coordinated Specialty Care for First Episode Psychosis .

**Please provide the following information on the county's Coordinated Specialty Care for First Episode Psychosis (CSC) program**

**CSC program name**

Coordinated Specialty Care for First Episode Psychosis (CSC-FEP)

**CSC program description**

San Luis Obispo County's programming for CSC FEP provides comprehensive, coordinated treatment for individuals experiencing early signs and symptoms of psychosis. Outreach and education efforts extend across San Luis Obispo County, engaging schools and districts, community-based organizations, county programs, family-members and other partners to raise awareness and improve early identification. The program connects unserved individuals who may be experiencing early psychosis with appropriate services, offers screening and assessment to determine eligibility for coordinated specialty care, and provides linkage to care. For those not eligible for direct services, the program ensures access to information, resources, and other circles of support.

**DHCS will provide counties with information to complete the estimated fields for eligible population and practitioners/teams needed for CSC. The estimated numbers of teams/practitioners reflect the numbers needed to reach the entire eligible population (i.e., achieve a 100 percent penetration rate), and DHCS recognizes that counties will generally not be able to reach the entire eligible population. These projections are not binding and are for planning purposes. In future guidance, DHCS will provide more information on the number of teams counties must implement to demonstrate compliance with BHSA CSC requirements**

Please review the total estimated number of individuals who may be eligible for CSC (based on the Service Criteria in the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Evidence Based Practice (EBP) Policy Guide and the Policy Manual Chapter 7, Section A.7.5 ). Please input the estimates provided to the county in the table below.

| CSC Eligible Population | Estimates |
|---|---|
| Number of Medi-Cal Enrolled Individuals | 30 |
| Number of Uninsured Individuals | 4 |

| CSC Practitioners and Teams Needed | Estimates |
|---|---|

| | |
|---|---|
| Number of Practitioners Needed to Serve Total Eligible Population | 4 |
| Number of Teams Needed to Serve Total Eligible Population | 1 |

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for BHSS, please provide the total number of teams and Full-Time Equivalents (FTEs) (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTE) to provide CSC over this Integrated Plan period, by fiscal year.

| **County Actuals** | **FY 26-27** | **FY 27-28** | **FY 28-29** |
|---|---|---|---|
| Total Number of Practitioners | 4 | 4 | 4 |
| Total Number of Teams | 1 | 1 | 1 |

**Will the county's CSC program be supplemented with other (non-BHSA) funding source(s)?**

Yes

**Please list the other funding source(s)**

Mental Health Block Grant

## Outreach and Engagement (O&E) Program

For each program or activity that is part of the county's standalone O&E programs provide the following information. If the county provides more than one program or activity, use the "Add" button. For related policy information, refer to 7.A.3 Outreach and Engagement.

**Program or activity name**

N/A

**Please describe the program or activity**

N/A

**Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below**

| Plan Period by FY | Projected Number of Individuals Served |
|---|---|
| FY 2026 – 2027 | 000 |
| FY 2027 – 2028 | 000 |
| FY 2028 – 2029 | 000 |

**Please describe any data or assumptions the county used to project the number of individuals served through O&E programs**

N/A

## County Workforce, Education, and Training (WET) Program

As described in the Policy Manual, WET activities should supplement, but not duplicate, funding available through other state-administered workforce initiatives, including the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) workforce initiative administered by the Department of Health Care Access and Information (HCAI). Counties should prioritize available BH-CONNECT and other state-administered workforce programs whenever possible. Responses in this section should address the county's WET program. Other workforce efforts should be addressed in the Workforce Strategy section of the Integrated Plan (IP). For each program or activity that is part of the county's overall WET program, provide the following information. If the county provides more than one program or activity type, use the "Add" button. For related policy information, refer to 7.A.4 Workforce Education and Training.

**Program or activity name**

Medi-Cal Maximization and Training Initiative (MMTI)

**Please select which of the following categories the activity falls under**

Other

**Please define the other activity**

The Medi-Cal Maximization and Training Initiative (MMTI) project is an MHSA-funded INNovation that introduces new practices and approaches to the overall mental health system and modifies existing practices to enhance revenue generation for sustainability. The project will create opportunities to optimize service billing through Medi-Cal as well as exploring private and commercial insurance revenue options.

**Please describe efforts to address disparities in the Behavioral Health workforce. Additional information regarding diversity of the behavioral health workforce can found in Policy Manual Chapter 7, Section A.4.9**

The project goals are to create and promote program and service sustainability that may replace volatile funding sources, leading to positive workforce retention. This project is aligned with new statewide strategies for the Behavioral Health Transition by increasing and sustaining access to mental health services for underserved populations, improving the quality of mental health services, enhancement of measured outcomes, and promotion of interagency and community collaboration.

## Capital Facilities and Technological Needs (CFTN) Program

For each project that is part of the county's CFTN project, provide the following information. If the county provides more than one project, use the "Add" button. Additional information on CFTN policies can be found in Policy Manual Chapter 7, Section A.5 .

**Project name**

SmartCare

**Please select the type of project**

Technological needs project

**If Technological Needs Project, please select the focus area(s) of the project**

Electronic health record system

Data warehouse

Data security and privacy

Data exchange and interoperability

**Please describe the project**

SmartCare is the Behavioral Health Department's electronic health record system. The expenses include ongoing costs associated with software for the EHR, technical assistance and supports, security and privacy.

## Full Service Partnership Program

DHCS will provide counties with information to complete the estimated fields for eligible population and practitioners/teams needed for each EBP. The estimated numbers of teams/practitioners reflect the numbers needed to reach the entire eligible population (i.e., achieve a 100 percent penetration rate), and DHCS recognizes that counties will generally not be able to reach the entire eligible population, in consideration of BHSA funding availability. These projections are not binding and are for planning purposes only. In future guidance, DHCS will provide more information on the number of teams counties must implement to demonstrate compliance with BHSA FSP requirements. For related policy information, refer to 7.B.3 Full Service Partnership Program Requirements and 7.B.4 Full Service Partnership Levels of Care

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Please review the total estimated number of individuals who may be eligible for each of the following Full Service Partnership (FSP) services (consistent with the Service Criteria in the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Evidence-Based Practice (EBP) Policy Guide , the Policy Manual Chapter 7, Section B , and forthcoming High Fidelity Wraparound (HFW) Medi-Cal Guidance): Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT), Full Service Partnership (FSP) Intensive Case Management (ICM), HFW and Individual Placement and Support (IPS) Model of Supported Employment). Please input the estimates provided to the county in the table below

| **Total Adult FSP Eligible Population** | **Estimates** |
|---|---|
| Number of Medi-Cal Enrolled Individuals | 492 |
| Number of Uninsured Individuals | 90 |
| Number of Total FSP Eligible Individuals with Some Justice-System Involvement | 205 |

## Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT) Eligible Population

Please input the estimates provided to the county in the table below

| ACT Eligible Population | Estimates |
|---|---|
| Number of Medi-Cal Enrolled Individuals | 72 |
| Number of Uninsured Individuals | 13 |

| FACT Eligible Population (ACT with Justice-System Involvement) | Estimates |
|---|---|
| Number of Medi-Cal Enrolled Individuals | 36 |
| Number of Uninsured Individuals | 7 |

| ACT/FACT Practitioners and Teams Needed | Estimates |
|---|---|
| Number of Practitioners Needed to Serve Total Eligible Population | 20 |
| Number of Teams Needed to Serve Total Eligible Population | 2 |

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for FSP, please provide the total number of teams and Full-Time Equivalents (FTEs) (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTEs) to provide ACT and FACT over this Integrated Plan period, by fiscal year. DHCS will provide further guidance and Technical Assistance (TA) to assist counties with completing these fields.

| County Actuals | FY 26-27 | FY 27-28 | FY 28-29 |
|---|---|---|---|
| Total Number of Practitioners | 20 | 20 | 20 |

| | | | |
|---|---|---|---|
| Total Number of Teams | 2 | 2 | 2 |

## Full Service Partnership (FSP) Intensive Case Management (ICM) Eligible Population

Please input the estimates provided to the county in the table below

| **FSP ICM Eligible Population** | **Estimates** |
|---|---|
| Number of Medi-Cal Enrolled Individuals | 384 |
| Number of Uninsured Individuals | 70 |

| **FSP ICM Practitioners and Teams Needed** | **Estimates** |
|---|---|
| Number of Practitioners Needed to Serve Total Eligible Population | 20 |
| Number of Teams Needed to Serve Total Eligible Population | 4 |

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for FSP, please provide the total number of teams and FTEs (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTEs) to provide FSP ICM over this Integrated Plan period, by fiscal year. DHCS will provide further guidance and TA to assist counties with completing these fields.

| **County Actuals** | **FY 26-27** | **FY 27-28** | **FY 28-29** |
|---|---|---|---|
| Total Number of Practitioners | 20 | 20 | 20 |
| Total Number of Teams | 4 | 4 | 4 |

## High Fidelity Wraparound (HFW) Eligible Population

Please input the estimates provided to the county in the table below

| HFW Eligible Population | Estimates |
|---|---|
| Number of Medi-Cal Enrolled Individuals | 48 |
| Number of Uninsured Individuals | 2 |

| HFW Practitioners and Teams Needed | Estimates |
|---|---|
| Number of Practitioners Needed to Serve Total Eligible Population | 14 |
| Number of Teams Needed to Serve Total Eligible Population | 2 |

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for FSP, please provide the total number of teams and FTEs (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTE) to provide HFW over this Integrated Plan period, by fiscal year. DHCS will provide further guidance and TA to assist counties with completing these fields.

| County Actuals | FY 26-27 | FY 27-28 | FY 28-29 |
|---|---|---|---|
| Total Number of Practitioners | 14 | 14 | 14 |
| Total Number of Teams | 2 | 2 | 2 |

## Individual Placement and Support (IPS) Eligible Population

Please input the estimates provided to the county in the table below

| IPS Eligible Population | Estimates |
|---|---|
| Number of Medi-Cal Enrolled Individuals | 682 |
| Number of Uninsured Individuals | 125 |

| IPS Practitioners and Teams Needed | Estimates |
|---|---|
| Number of Practitioners Needed to Serve Total Eligible Population | 53 |
| Number of Teams Needed to Serve Total Eligible Population | 21 |

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for FSP, please provide the total number of teams and FTEs (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTE) to provide IPS over this Integrated Plan period, by fiscal year.

| County Actuals | FY 26-27 | FY 27-28 | FY 28-29 |
|---|---|---|---|
| Total Number of Practitioners | 8 | 8 | 8 |
| Total Number of Teams | 3 | 3 | 3 |

## Full Service Partnership (FSP) Program Overview

Please provide the following information about the county's BHSA FSP program

**Will any of the estimated number of practitioners the county plans to utilize (provided above) be responsible for providing more than one EBP?**

Yes

**Please describe how the estimated practitioners will provide more than one EBP**

SLO County will have some crossover staff between ACT, FACT, ICM, and IPS. Specifically, peer certified staff may be utilized for all EBP's that incorporate peer support. In addition, it is anticipated that clinical staff will be cross trained in EBP's to optimize capacity and create redundancy in the event of workforce shortages. Creating flexibility amongst staff will effectively support changing needs and demand over the initial 3-year period while optimizing available resources. Additionally, IPS will be integrated into ACT & FACT models. ICM staff maybe shared with ACT, FSP & HFW as a stepdown approach.

**Please describe how the county is employing a whole-person, trauma-informed approach, in partnership with families or an individual's natural supports**

Individuals experiencing serious mental illness have unique needs, and SLOBHD recognizes that recovery depends on the understanding of the full scope of those needs. Achieving this level of holistic care includes partnerships with the individual, their families, and/or other natural supports that surround their daily lives. SLOBHD implements a variety of strategies to support a whole-person and trauma-informed approach such as: Dedication to a recovery model understanding that the client is the expert for their lives; For individuals with scarce family and supportive resources; SLOBHD FSP teams assist with identifying and building natural supports that are unique to each client; Adult FSP's incorporate a Multidisciplinary Team approach with peers, recovery specialists, and resource navigators to support clients and their families with referrals and other community-based supports; Youth FSP are family focused and utilize Child and Family Teams (CFT's) to support family voice and choice; FSP practitioners maintain up to date training in trauma-informed care and transgenerational trauma; FSP treatment in SLO County is extended beyond mental health and substance use to include medical care and spiritual or religious practices when appropriate.

**Please describe the county's efforts to reduce disparities among FSP participants**

SLOBHD implements a variety of strategies to promote culturally and linguistically appropriate services in an effort to reduce disparities in FSP programs. Examples include: FSP teams are required to engage in annual culturally competency training;

Gender affirming care is built into treatment plans; Advocacy and active conversations with system partners for each client and their unique treatment needs; Team meetings to discuss specific needs of culturally diverse clients; Provides in-person translation services through the Promotores in addition to Language Line; FSP teams link clients to gender affirming care services; Focus and consideration of diverse cultures in determining avenues of treatment accordingly.

**Select which goals the county is hoping to support based on the county's allocation of FSP funding**

- Access to care
- Homelessness
- Institutionalization
- Justice involvement
- Removal of children from home
- Untreated behavioral health conditions
- Prevention of co-occurring physical health conditions
- Engagement in work
- Engagement in school
- Overdoses
- Care experience
- Quality of life
- Social connection
- Suicides

**Please describe what actions or activities the county behavioral health system is doing to provide ongoing engagement services to individuals receiving FSP ICM**

SLOBHD facilitates a Transition and Relapse Prevention Program for step-down and FSP graduates facilitated by certified peers; ICM clients receive weekly targeted case management services; ICM teams continue the work of client goals identified during their recovery process; ICM teams address acute crisis during the step-down period; Customized treatment plans to help clients stay engaged in services; Frequent contact and ongoing engagement; Supporting multidisciplinary team approach; Maintaining regular communications and ensuring ease of access to services; Supporting low-barrier access to care by providing services where clients are located; Connection to community resources.

**Ongoing engagement services is a required component of ACT, FACT, IPS, and HFW.**

**Please describe any ongoing engagement services the county behavioral health system will provide beyond what is required of the EBP**

N/A

**Please describe how the county will comply with the required FSP levels of care (e.g., transition FSP ICM teams to ACT, stand up new ACT teams and/or stand up new FSP ICM teams, etc.)**

FSP teams, clinic staff, and system partners meet weekly to review individual cases. Discussions include: Identifying clients who are on graduation track; Fine tuning case management; Use of Cal-AIM assessment to meet criteria for FSP level services; New referrals, priorities, and step-downs; Use of an FSP Coordination tool that all teams utilize and update to identify where clients are on the continuum, who are the immediate priorities, who are the step-downs, acuity levels, and managing potential waitlists.

**Please indicate whether the county FSP program will include any of the following optional and allowable services**

Outreach teams

**Primary substance use disorder (SUD) FSPs**

No

**Outreach activities related to enrolling individuals living with significant behavioral health needs in an FSP (activities that fall under assertive field-based initiation of substance use disorder treatment services will be captured separately in the next section)**

Yes

**Please describe the outreach activities the county will engage in to enroll individuals living with significant behavioral health needs into the county's FSP program**

SLOBHD provides a variety of outreach services to engage difficult to reach populations and enrolling clients in FSP programs. Outreach teams engage clients, provide assessments, and mental health services within community settings. The Homeless Outreach Team (HOT) is a collaborative, multidisciplinary team that engages with homeless adults in high density locations to link individuals to support services in the community and identify potential FSP eligible enrollments. The Library Outreach Team (LOT) engages library patrons experiencing homelessness with a Social Worker and Case Manager to break down the barriers to accessing behavioral health treatment. The Community Action Team (CAT) pair with law enforcement to provide crisis interventions, outreach and engagement, and assessment of eligibility for FSP-level services. The CAT team connect individuals to treatment in lieu of justice involvement.

**Other recovery-oriented services**

Yes

**If there are other services not described above that the county FSP program will include, please list them here. For team-based services, please include number of teams. If no additional FSP services, use "N/A"**

Co-occurring Disorder Specialists provide an Integrated Co-occurring Treatment program, developed by the Substance Abuse and Mental Health Services Administration (SAMHSA), which includes intervention, treatment, and education. The goal of the program is to develop supportive services within the public mental health system which assist individuals in establishing wellness and maintaining recovery in the community with the greatest level of independence possible.

**What actions or activities did the county behavioral health system engage in to consider the unique needs of eligible children and youth in the development of the county's FSP program (e.g., review data, engage with stakeholders, analyze research, etc.) who are:**

**In, or at-risk of being in, the juvenile justice system**

The SLOBHD reviewed juvenile justice and child welfare system data and engaged stakeholders, including representatives from Probation and youth service providers. The County Behavioral Health Department also continues to meet with community

representatives to gather information about needs for individuals in or at-risk of being in the juvenile justice system, such as the schools, Department of Social Services, and County Probation.

**Lesbian, Gay, Bisexual, Transgender, Queer, Plus (LGBTQ+)**

The SLOBHD will continue to work with community leaders and local advocacy and educational organizations to ensure youth & TAY in the LGBTQ+ community are having their voices heard. To achieve this, SLOBHD has partnered with organizations advocating or providing services to the LGBTQ+ community such as the GALA Pride & Diversity Center, Transitions Mental Health Association, Community Counseling Centers (CCC), and California Polytechnic State University. Representatives from these organizations who are advocates for the LGBTQ+ community, have volunteered to be members of the BHSA community advisory group made up of nearly 150 individuals. The advisory group is provided frequent updates on BHSA planning and are able to submit survey feedback or reach out directly to the BHSA Administrative Team. Lastly, SLOBHD has created a catalog of online video content to educate all members of the community on Behavioral Health Transformation initiatives and the County's BHSA implementation process.

**In the child welfare system**

The SLOBHD reviewed child welfare system data and engaged stakeholders, including representatives from education, SLO Office of Education, the Department of Social Services, The SAFE System of Care, Probation, and youth service providers. Additionally, SLOBHD has created a catalog of online video content to educate all members of the community on Behavioral Health Transformation initiatives and the County's BHSA implementation process.

**What actions or activities did the county behavioral health system engage in to consider the unique needs of eligible adults in the development of the county's FSP (e.g., review data, engage with stakeholders, analyze research, etc.) who are**

**Older adults**

The SLOBHD engaged stakeholders who represent the unique needs of older adults such as the Department of Social Services and Transitions Mental Health Association, and the SLOBHD receives ongoing input on behavioral health priorities for community-based organizations and advocates. SLOBHD has also created a catalog of online video

content to educate all members of the community on Behavioral Health Transformation initiatives and the County's BHSA implementation process.

**Lesbian, Gay, Bisexual, Transgender, Queer, Plus (LGBTQ+)**

The SLOBHD will continue to work with community leaders and local advocacy and educational organizations to ensure adults in the LGBTQ+ community and those identified for FSP services are having their voices heard. To achieve this, SLOBHD has partnered with organizations advocating or providing services to the LGBTQ+ community such as the GALA Pride & Diversity Center, Transitions Mental Health Association, Community Counseling Centers (CCC), School Districts, SLO Office of Education and California Polytechnic State University. Representatives from these organizations who are advocates for the LGBTQ+ community, have volunteered to be members of the BHSA community advisory group made up of nearly 150 individuals. The advisory group is provided frequent updates on BHSA planning and are able to submit survey feedback or reach out directly to the BHSA Administrative Team. Lastly, SLOBHD has created a catalog of online video content to educate all members of the community on Behavioral Health Transformation initiatives and the County's BHSA implementation process.

**In, or are at risk of being in, the justice system**

The SLOBHD engaged stakeholders who represent the unique needs of individuals in or at risk of being in the justice system such as the Community Action Teams (CAT), Probation, various Law Enforcement entities throughout SLO County, Care Court Programming and the SLOBHD receives ongoing input on behavioral health priorities for community-based organizations and advocates.

## Assertive Field-Based Substance Use Disorder (SUD) Questions

For related policy information, refer to 7.B.6 Assertive Field-Based Initiation for Substance Use Disorder Treatment Services

**Please describe the county behavioral health system's approach and timeline(s) to support and implement assertive field-based initiation for SUD treatment services program requirements by listing the existing and new programs (as applicable) that the county will leverage to support the assertive field-based SUD program requirements and provide the current funding source, BHSA service expansion, and the expected timeline for meeting programmatic requirements to**

**expand existing programs and/or stand up new initiatives before July 1, 2029. Counties should include programs not funded directly or exclusively by BHSA dollars. Additional information regarding assertive field-based initiation for SUD treatment services can be found in the BHSA Policy Manual Chapter 7, Section B.6.**

### *Existing Programs for Assertive Field-Based SUD Treatment Services*

**Targeted outreach**

**Existing programs**

Community Action Team (CAT)

**Program descriptions**

The Behavioral Health Community Action Teams (CAT) are programs that pair behavioral health staff with trained law enforcement officers to provide crisis intervention, outreach, and engagement for individuals experiencing mental health or substance use challenges. The team focuses on connecting people to treatment and supportive services as alternatives to arrest. Data is collected on a quarterly basis and the Opioid Safety Coalition reviews the information and makes recommendations specific to the populations with high rates of overdose, overdose reversals, and drug-related arrests. Additional programs are added or adjusted to enhance CAT, based on the data and outcomes. The Opioid Safety Coalition is made up law enforcement, hospitals, behavioral health, public health, and other organizations.

**Current funding source**

Opioid Settlement Fund, MHSA, Atascadero Police Department, Bridge Housing, San Luis Obispo Police Department, San Luis Obispo Fire Department, Incompetent to Stand Trial Growth CAP

**BHSA changes to existing programs to meet BHSA requirements**

Enhance the Community Action Team by leveraging the Sobering Center, clinics, community partners, and internal teams, including Outreach, Opioid Safety Coalition, and Opioid Settlement Fund Team to deliver targeted community outreach.

**Expected timeline of operation**

7/1/2026

**Mobile-field based programs**

**Existing programs**

Community Action Team (CAT)

**Program descriptions**

The Behavioral Health Community Action Teams (CAT) is a program that pairs behavioral health staff with trained law enforcement officers to provide crisis intervention, outreach, and engagement for individuals experiencing mental health or substance use challenges. The team focuses on connecting people to treatment and supportive services as alternatives to arrest. This team provides field-based and encampment outreach specific to SUD support, harm reduction efforts, trust building, and linkage to services inclusive of motivational interviewing, and direct access to MAT and other SUD services.

**Current funding source**

Opioid Settlement Fund, MHSA, Atascadero Police Department, Bridge Housing, San Luis Obispo Police Department, San Luis Obispo Fire Department, Incompetent to Stand Trial Growth CAP

**BHSA changes to existing programs to meet BHSA requirements**

No additional changes are planned at this time to meet BHSA requirements.

**Expected timeline of operation**

7/1/2026

**Open-access clinics**

**Existing programs**

Sobering Center in partnership with Emergency Departments and follow along care with Behavioral Health Departments and Aegis.

**Program descriptions**

The SLO Sobering Center is a 24/7, short-term facility operated by Good Samaritan in partnership with San Luis Obispo County Behavioral Health. Designed as a harm-reduction space, the Center provides a safe, medically supervised environment for adults to sober up from alcohol or drug intoxication. Individuals can receive withdrawal management, medical screening, basic care needs, referrals & aftercare.

San Luis Obispo County Drug and Alcohol Services (DAS) provides and is actively expanding low-barrier, open-access pathways to MAT across outpatient, mobile, and acute care-linked settings. These services are designed to ensure same-day or rapid access to treatment, reduce barriers to engagement, and meet individuals where they are across the continuum of care.

*Existing Open-Access Walk-In SUD Services*

SLO DAS currently operates walk-in clinics five days per week across its highest-volume outpatient locations (Grover Beach, San Luis Obispo, and Paso Robles). These clinics provide same-day access to assessment and treatment without requiring prior appointments, with both morning and evening availability to improve accessibility. Each walk-in clinic is staffed by a multidisciplinary team, including licensed and associate clinicians, Alcohol and Other Drug (AOD) registered/certified specialists, and medical staff. During the walk-in visit, individuals receive an initial screening or full American Society of Addiction Medicine (ASAM) assessment, along with a diagnostic evaluation for substance use disorders. If a client expresses interest in MAT, or if the clinical team identifies a clinical indication, individuals are offered same-day access to a MAT provider, including a Licensed Psychiatric Technician (LPT), Nurse Practitioner (NP), or Medical Director. MAT assessments may be conducted in person or via telehealth to further reduce access barriers. When clinically appropriate, patients may receive same-day medication initiation or prescriptions.

*Stand-Alone MAT Services (Outpatient Expansion)*

Building on this foundation, SLO DAS is implementing a stand-alone MAT model within outpatient behavioral health clinics to further reduce barriers to care. This model allows individuals to access MAT without requiring full mental health enrollment, emphasizing rapid engagement and flexibility. Services include walk-in or same-day appointments, immediate clinical assessment, withdrawal evaluation, and same-day initiation of medications for opioid, alcohol, and nicotine use disorders. Follow-up care is offered

with flexible scheduling and linkage to additional behavioral health or social services as needed.

*Mobile / Field-Based MAT Services*

SLOBHD is also expanding access through a field services van that delivers co-occurring disorder (COD) care, including MAT, directly in community settings such as homeless shelters. This model is specifically designed to address transportation barriers, high no-show rates, and engagement challenges among underserved populations. Field-based services include same-day MAT assessment and initiation, medication bridging, follow-up care, and coordination with case management and housing supports. This approach ensures that individuals who are unlikely to access traditional clinic-based services can still receive timely, evidence-based treatment.

*Integration with Acute Care and Sobering Center Services*

SLOBHD maintains strong referral pathways from Emergency Departments and the County's Sobering Center, a 24/7 medically supervised facility operated in partnership with Good Samaritan. Individuals presenting with substance use-related concerns in these settings are linked to outpatient or mobile MAT services, often within 24–72 hours of initial contact, to support continuity of care and reduce risk of overdose or disengagement. For individuals requiring opioid treatment program (OTP) services, including methadone, SLOBHD contracts with Aegis Treatment Centers to ensure timely referral and access to appropriate levels of care.

*Low-Barrier Access Principles*

Across all settings, SLOBHD's MAT services are guided by low-threshold, harm reduction–oriented principles, including:

- Same-day or next-day medication initiation
- Walk-in availability and minimal intake requirements
- No requirement for abstinence prior to treatment
- Integration of mental health and substance use services
- Use of telehealth to increase access

These coordinated efforts ensure that SLO DAS is directly providing and expanding low-barrier, rapid-access MAT services, while maintaining strong referral pathways to the most appropriate level of care based on individual need.

**Current funding source**

Managed Care Plan- Cen Cal & Private Insurance

**BHSA changes to existing programs to meet BHSA requirements**

No additional changes are planned at this time to meet BHSA requirements.

**Expected timeline of operation**

Ongoing, with current operations already in place.

### *New Programs for Assertive Field-Based SUD Treatment Services*

**Targeted outreach**

**New programs**

No further program initiatives are planned at present time.

**Program descriptions**

N/A

**Planned funding**

N/A

**Planned operations**

N/A

**Expected timeline of implementation**

N/A

**Mobile-field based programs**

**New programs**

No further program initiatives are planned at present time.

**Program descriptions**

N/A

**Planned funding**

N/A

**Planned operations**

N/A

**Expected timeline of implementation**

N/A

**Open-access clinics**

**New programs**

No further program initiatives are planned at present time.

**Program descriptions**

N/A

**Planned funding**

N/A

**Planned operations**

N/A

**Expected timeline of implementation**

N/A

### *Medications for Addiction Treatment (MAT) Details*

**Please describe the county's approach to enabling access to same-day medications for addiction treatment (MAT) to meet the estimated population needs before July 1, 2029.**

**Describe how the county will assess the gap between current county MAT resources (including programs and providers) and MAT resources that can meet estimated needs**

The SLOBHD has identified gaps in MAT services, particularly Stand-alone and Mobile MAT. Transportation challenges and high no-show rates prompted a Mobile MAT model that brings services to clients. Stand-alone MAT provides low-barrier access for individuals seeking treatment. Efforts initially target reducing alcohol and opioid use, with plans to address other substances. These strategies guide the county's assessment of how existing programs and providers meet community needs. To assess gaps between existing MAT resources and community needs, SLO BHD/DAS utilized a multi-method approach combining quantitative data analysis, system utilization review, and stakeholder input.

1. Epidemiologic and Population-Level Data Review
   The County analyzed:
   - Overdose mortality and non-fatal overdose data through public health data
   - Substance use prevalence estimates through state and local trends
   - Emergency Department visits related to substance use through updates from the EDs based on the number of patients coming in for MAT services. These data were used to estimate the population-level need for MAT services, particularly for opioid and alcohol use disorders.
2. Service Utilization and Access Metrics
   SLOBHD reviewed internal and partner data to identify access barriers, including:
   - Appointment wait times for MAT services
   - No-show rates in outpatient settings
   - Geographic distribution of services relative to need
   - Rates of engagement following ED or Sobering Center encounters
     Findings demonstrated significant gaps in timely access, particularly for individuals requiring same-day or low-barrier care.
3. System Flow and Care Continuum Analysis
   The County evaluated how individuals move through the system, identifying drop-off points such as:
   - Lack of immediate MAT access following acute care encounters
   - Barriers to enrollment in traditional outpatient programs
   - Transportation and mobility challenges, especially among unhoused populations
4. Stakeholder and Provider Input

Input was gathered from:

- Behavioral health providers
- Emergency Departments
- Outreach teams and field staff

Community-based organizations Stakeholders consistently identified the need for:

- Stand-alone MAT access points
- Mobile/field-based services
- Reduced administrative and intake barriers

5. Quality Improvement Approach
   SLOBHD will continue to monitor gaps using:
   - MAT initiation rates
   - Retention in treatment
   - Time from first contact to medication initiation
   - Outcomes following linkage from ED and Sobering Center settings

These data will inform ongoing adjustments to ensure capacity aligns with community needs.

**Select the following practices the county will implement to ensure same day access to MAT**

- Contract directly with MAT providers in the County
- Operate MAT clinics directly
- Enter into referral agreements with other MAT providers including providers whose services are covered by Medi-Cal MCPs and/or Fee-For-Service (FFS) Medi-Cal
- Leverage telehealth model(s)
- Other strategy

**Please explain what other strategy the county will use**

Mobile MAT and Stand-alone MAT Program

**What forms of MAT will the county provide utilizing the strategies selected above?**

- Buprenorphine
- Methadone
- Naltrexone
- Other

**Please specify other forms of MAT**

Vivitrol

## Housing Interventions

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### Planning

For related policy information, refer to 7.C.3 Program priorities and 7.C.4 Eligible and priority populations

#### *System Gaps*

**Please identify the biggest gaps facing individuals experiencing homelessness and at risk of homelessness with a behavioral health condition who are Behavioral Health Services Act (BHSA) eligible in the county. Please use the following definitions to inform your response: No gap – resources and connectivity available; Small gap – some resources available but limited connectivity; Medium gap – minimal resources and limited connectivity available; Large gap – limited or no resources and connectivity available; Not applicable – county does not have setting and does not consider there to be a gap. Counties should refer to their local Continuum of Care (CoC) Housing Inventory Count (HIC) to inform responses to this question.**

**Supportive housing**

Large gap

**Apartments, including master-lease apartments**

Large gap

**Single and multi-family homes**

Large gap

**Housing in mobile home communities**

Medium gap

**(Permanent) Single room occupancy units**

Large gap

**(Interim) Single room occupancy units**

Large gap

**Accessory dwelling units, including junior accessory dwelling units**

Medium gap

**(Permanent) Tiny homes**

Large gap

**Shared housing**

Medium gap

**(Permanent) Recovery/sober living housing, including recovery-oriented housing**

Medium gap

**(Interim) Recovery/sober living housing, including recovery-oriented housing**

Medium gap

**Assisted living facilities (adult residential facilities, residential facilities for the elderly, and licensed board and care)**

Large gap

**License-exempt room and board**

Medium gap

**Hotel and Motel stays**

Medium gap

**Non-congregate interim housing models**

Medium gap

**Congregate settings that have only a small number of individuals per room and sufficient common space (does not include behavioral health residential treatment settings)**

Medium gap

**Recuperative Care**

Medium gap

**Short-Term Post-Hospitalization housing**

Large gap

**(Interim) Tiny homes, emergency sleeping cabins, emergency stabilization units**

Medium gap

**Peer Respite**

Large gap

**Permanent rental subsidies**

Large gap

**Housing supportive services**

Medium gap

**What additional non-BHSA resources (e.g., county partnerships, vouchers, data sharing agreements) or funding sources will the county behavioral health system utilize (local, state, and federal) to expand supply and/or increase access to housing for BHSA eligible individuals?**

The County of San Luis Obispo Behavioral Health Department (SLOBHD) partners with the County Department of Social Services and CoC providers to increase supportive housing access and retention. The SLOBHD also refers Behavioral Health clients for permanent supportive housing through coordinated entry. Other PSH beds administered through partner agencies are funded through a variety of sources such as the HUD CoC grant, Housing Authority Housing Choice Vouchers, General Fund Support, and State grants. The SLO BHD has an executed HMIS system agreement for data entry and analysis, and referral of clients through coordinated entry for PSH. Additionally, the SLOBHD partners with its Managed Care Plan, CenCal Health, to increase access and retention of housing through CalAIM Enhanced Care Management and Community Supports services. Transitional Rent, implemented by the MCPs and its partners statewide, will help to fill some gaps starting in 2026.

**How will BHSA Housing Interventions intersect with those other resources and supports to strengthen or expand the continuum of housing supports available to BHSA eligible individuals?**

BHSA funded Housing Interventions for PSH and services will provide affordable housing opportunities for BHSA eligible individuals, and this housing will offer access to behavioral health and housing related services. These BHSA funded units will intersect with other housing and resource opportunities in the HMIS coordinated entry system, strengthening the continuum of care housing supports available to BHSA eligible individuals. The BHSA funded housing will provide access to housing for BHSA eligible individuals more quickly, as there is a limited number of PSH units countywide. However, BHSA funded PSH is limited, and there is still a significant affordable housing gap countywide. Additionally, there is a waiting list for Housing Choice Vouchers. Transitional Rent, implemented by the MCPs and its partners statewide, will help to fill some gaps starting in 2026.

**What is the county behavioral health system's overall strategy to promote permanent housing placement and retention for individuals receiving BHSA Housing Interventions?**

The SLOBHD employs a multi-layered strategy to promote both permanent housing placement and long-term retention for individuals served through BHSA Housing Interventions. The overarching approach is grounded in recognizing that stable housing is a foundation for recovery and improved health outcomes. To promote permanent

placement, SLOBHD prioritizes referrals through the Coordinated Entry System (CES), ensuring alignment with the CoC and equitable access across populations. Housing navigators work closely with clients to identify appropriate units, assist with applications, and facilitate move-ins, while landlord engagement strategies—including mitigation funds, master leasing, and education campaigns—expand the pool of willing property owners. Partnerships with the Housing Authority of SLO (HASLO), DSS, and local nonprofits ensure access to both tenant-based and project-based opportunities, including permanent supportive housing (PSH). Retention is supported through a combination of clinical and tenancy-sustaining services. Participants are linked to case management, peer support, and Medi-Cal-funded Community Supports such as tenancy services and housing transition services. Full-Service Partnership (FSP) teams provide wraparound supports for individuals with the most intensive needs. Participants may also receive participant assistance funds to cover furnishings, deposits, or emergency expenses that otherwise threaten stability. Placements will be tracked through HMIS, and the SLOBHD's electronic health record tracks behavioral health services to monitoring outcomes. Regular case conferencing with housing providers, the MCP, and the CoC ensures coordination and continuity. The SLOBHD's strategy not only secures permanent placements but also sustains housing through recovery-oriented supports, reducing returns to homelessness.

**What actions or activities is the county behavioral health system engaging in to connect BHSA eligible individuals to and support permanent supportive housing (PSH) (e.g., rental subsidies for individuals residing in PSH projects, operating subsidies for PSH projects, providing supportive services to individuals in other permanent housing settings, capital development funding for PSH)?**

The SLOBHD provides behavioral health treatment to increase the likelihood that individuals are able to obtain and retain housing. The BHSA funded activities that the county behavioral health system is engaging in to connect BHSA individuals to and support PSH is rental and operating subsidies for PSH at multiple sites (scattered site project based rental assistance), and supportive services. The SLOBHD is also partnering with the MCP, CenCal Health, to coordinate CalAIM community supports such as the housing trio.

**Please describe how the county behavioral health system will ensure all Housing Interventions settings provide access to clinical and supportive behavioral health care and housing services**

The SLOBHD is committed to ensuring that Housing Intervention settings funded through BHSA provide consistent access to both clinical services and supportive housing services. The County recognizes that housing stability is inseparable from access to behavioral health treatment and therefore integrates care coordination into

housing placements. Clinical behavioral health services are available across all settings to eligible residents and clients. Residents will clients screen at entry and connect them to psychiatry, therapy, medication management, and crisis services as appropriate. For higher-need individuals, Full-Service Partnership (FSP) teams provide intensive wraparound supports. Mobile crisis response and 24/7 crisis access lines ensure participants can access emergency care when needed, while outpatient clinics and contracted providers deliver ongoing treatment. Supportive housing services focus on tenancy stabilization, independent living skills, benefits enrollment, and recovery-oriented supports. Tenants will be assigned a housing navigator/case manager who coordinates services and check-ins when available through partnerships with CenCal Health. Peer support specialists, when available, play a key role in engagement, building trust with individuals who may have experienced trauma, institutionalization, or mistrust of traditional systems. All BHSA-funded housing settings will be integrated into the Homeless Management Information System (HMIS), which allows referrals through Coordinated Entry and enables data-sharing with the CoC and partner agencies. This integration ensures that residents benefit not only from housing but also from a continuum of behavioral health care, Medi-Cal Community Supports, and community-based services. By combining flexible housing options with comprehensive behavioral health supports, the SLOBHD ensures that Housing Interventions are more than a placement—they are a pathway to recovery, stability, and long-term wellness.

### *Eligible Populations*

**Please describe how the county behavioral health system will identify, screen, and refer individuals eligible for BHSA Housing Interventions**

The SLOBHD will continue to partner with community providers and the CoC to proactively identify individuals experiencing homelessness who may be eligible for BHSA Housing Interventions. Additionally, the SLOBHD provides outreach and engagement to individuals experiencing homelessness through its Community Action Teams (CAT) and partners. The SLOBHD will also continue to refer clients to BHSA Housing Interventions after screening for housing needs at initial assessment and throughout treatment in clinical programs, and will provide referrals to Coordinated Entry system for housing.

**Will the county behavioral health system provide BHSA-funded Housing Interventions to individuals living with a substance use disorder (SUD) only ?**

No

**Please indicate why the county behavioral health system will not provide BHSA funded Housing Interventions to individuals living with a SUD only and include data to support**

Insufficient resources

**Please explain why there are insufficient resources to provide BHSA-funded Housing Interventions to individuals living with an SUD only**

Recovery residences and other SUD facilities are currently funded using other sources. BHSA housing interventions funds are being allocated to other critical needs for BHSA eligible individuals, which includes mandated levels of care (assisted living/board and care) and permanent supportive housing. There is a significant lack of affordable housing in the county, and a smaller waitlist for Recovery Residences than PSH.

**What actions or activities did the county behavioral health system engage in to consider the unique needs of eligible children and youth in the development of the county's Housing Interventions services (e.g., review data, engage with stakeholders, analyze research, etc.) who are:**

**In, or at-risk of being in, the juvenile justice system**

The SLOBHD reviewed juvenile justice and child welfare system data and engaged stakeholders, including representatives from Probation and youth service providers. The SLO BHD also continues to meet with community representatives to gather information about needs for individuals in or at-risk of being in the juvenile justice system, such as the schools, Department of Social Services, and County Probation.

**Lesbian, Gay, Bisexual, Transgender, Queer, Plus (LGBTQ+)**

The SLOBHD will continue to work with community leaders and local advocacy and educational organizations to ensure youth, TAY, and adults in the LGBTQ+ community are having their voices heard. To achieve this, SLOBHD has partnered with organizations advocating or providing services to the LGBTQ+ community such as the GALA Pride & Diversity Center, Transitions Mental Health Association, Community Counseling Centers (CCC), and California Polytechnic State University. Representatives from these organizations who are advocates for the LGBTQ+ community, have volunteered to be members of the BHSA community advisory group made up of nearly 150 individuals. The advisory group is provided frequent updates on BHSA planning and are able to submit survey feedback or reach out directly to the BHSA Administrative Team. Lastly, SLOBHD has created a catalog of online video content to educate all

members of the community on Behavioral Health Transformation initiatives and the County's BHSA implementation process.

**In the child welfare system**

The SLOBHD reviewed child welfare system data and engaged stakeholders, including representatives from education, the Department of Social Services, and youth service providers. Additionally, SLOBHD has created a catalog of online video content to educate all members of the community on Behavioral Health Transformation initiatives and the County's BHSA implementation process.

**What actions or activities did the county behavioral health system engage in to consider the unique needs of eligible adults in the development of the county's Housing Interventions services (e.g., review data, engage with stakeholders, analyze research, etc.) who are**

**Older adults**

Assisted living beds (board and care) are included in the Housing Interventions component. Over one-third of Behavioral Health clients in a sample size of the board and care beds are aged 65+. Additionally, the SLOBHD engaged stakeholders who represent the unique needs of older adults such as the Department of Social Services and Transitions Mental Health Association, and the SLOBHD receives ongoing input on behavioral health priorities for community-based organizations and advocates. SLOBHD has also created a catalog of online video content to educate all members of the community on Behavioral Health Transformation initiatives and the County's BHSA implementation process.

**In, or are at risk of being in, the justice system**

Behavioral Health Bridge Housing (BHBH) beds are transitioning into the BHSA Housing Interventions component in years 2 and 3. Several clients served to date in BHBH were in or at risk of being in the justice system, such as CARE Court and other court program clients. These beds will ensure that this critical component of care continues. Additionally, the SLOBHD engaged stakeholders who represent the unique needs of individuals in or at risk of being in the justice system such as the Community Action Teams (CAT) and Probation, and the SLOBHD receives ongoing input on behavioral health priorities for community-based organizations and advocates.

**In underserved communities**

The SLOBHD will continue to work to support underserved communities. The SLOBHD is partnered with organizations providing services to underserved communities such as 5-Cities Homeless Coalition, Transitions Mental Health Association, Family Care Network, the GALA Pride & Diversity Center, Community Action Partnership of San Luis Obispo (CAPSLO), Community Counseling Center (CCC), Center for Family Strengthening, National Alliance on Mental Illness (NAMI), and Restorative Partners. Representatives from these organizations have volunteered to be a member of the community advisory group that is provided frequent updates on BHSA planning and are able to submit survey feedback and attend future BHSA community advisory meetings and town halls. SLOBHD has collaborated with the Department of Social Services to map current and upcoming housing projects, as well as identifying priorities and gaps specific to the housing risks and needs of undeserved communities in SLO County.

### *Local Housing System Engagement*

**How will the county behavioral health system coordinate with the Continuum of Care (CoC) and receive referrals for Housing Interventions services?**

The BHSA funded Permanent Supportive Housing (PSH) funded beds and units will be entered into HMIS and the coordinated entry system module. The SLOBHD and CoC will send referrals for the PSH through the CoC's coordinated entry system. For the Assisted Living/Board and Care beds, County Behavioral Health and its contracted partners will identify appropriate placements. The County Behavioral Health Department meets with the HMIS lead entity monthly to coordinate HMIS, CoC, and Behavioral Health Housing Intervention programs. Meetings frequently also include the Managed Care Plan.

**Please describe the county behavioral health system's approach to collaborating with the local CoC, Public Housing Agencies, Medi-Cal managed care plans (MCPs), Enhanced Care Management (ECM) and Community Supports providers, as well as other housing partners, including existing and prospective PSH developers and providers in your community in the implementation of the county's Housing Interventions**

**Local CoC**

The SLOBHD is a member of the bi-monthly CoC advisory body and the monthly Coordinated Entry working group to collaborate and coordinate housing and services. Additionally, the SLOBHD meets frequently (e.g monthly) with the CoC administrative staff to collaborate on services and housing.

**Public Housing Agency**

The Housing Authority of the City of San Luis Obispo (HASLO), along with the SLOBHD, are members of the CoC advisory body. At those CoC meetings, the advisory body collaborates with housing and service providers, governmental entities, elected officials, and other partners. The SLOBHD will also work directly with HASLO to coordinate implementation of the County's Housing Interventions units.

**MCPs**

CenCal Health, the MCP in SLO County, and the SLOBHD coordinate and collaborate closely to serve Medi-Cal insured clients. Additionally, CenCal Health and the SLOBHD are coordinating on the implementation of Transitional Rent and BHSA housing interventions. The SLOBHD has been partnering with CenCal Health through implementation of all CalAIM implementation services and will continue to regularly meet to coordinate housing interventions and transitional rent.

**ECM and Community Supports Providers**

The SLOBHD is coordinating the implementation of the County's Housing Interventions with local ECM and Community Supports provider(s) to ensure coordinated and seamless care for clients. Additionally, SLOBHD staff are members of the CoC advisory body and Coordinated Entry working group, which includes permanent supportive housing and ECM/community supports providers. The County Public Health Department is an ECM provider and continues to coordinate with CenCal Health and the SLOBHD on housing and Community Supports.

**Other (e.g., CalWORKS/TANF housing programs, child welfare housing programs, PSH developers and providers, etc.)**

The SLOBHD engaged a range of providers and programs such as supportive/affordable housing and homelessness providers and reviewed local data when determining what would be included in the housing interventions component.

**How will the county behavioral health system work with Homekey+ and supportive housing sites to provide services, funding, and referrals that support and house BHSA eligible individuals?**

No Homekey+ funds have been awarded to date within the County of San Luis Obispo geographic region. However, prior Homekey Round 3 funds were awarded for a 75-bed housing project (motel acquisition/renovation), which includes 30 reserved for

homeless youth. Additionally, Round 2 Homekey funds were awarded to assist with the renovation of the Anderson Hotel to ensure 40 units maintain deed restricted affordability and to develop three transitional youth beds. County Behavioral Health will coordinate with Homekey and other supportive housing providers that house BHSA eligible individuals by ensuring that specialty behavioral health services are offered for all eligible residents and will refer potential residents through coordinated entry. This could include, for example, therapy, medication management, mobile crisis services, and other Medi-Cal services.

**Did the county behavioral health system receive Homeless Housing Assistance and Prevention Grant Program (HHAP) Round 6 funding?**

No

## BHSA Housing Interventions Implementation

The following questions are specific to BHSA Housing Interventions funding (no action needed). For more information, please see 7.C.9 Allowable expenditures and related requirements

### *Rental Subsidies (Chapter 7. Section C.9.1)*

**The intent of Housing Interventions is to provide rental subsidies in permanent settings to eligible individuals for as long as needed, or until the individual can be transitioned to an alternative permanent housing situation or rental subsidy source. (no action needed)**

**Is the county providing this intervention?**

Yes

**Is the county providing this intervention to chronically homeless individuals?**

Yes

**How many individuals does the county behavioral health system expect to serve with rental subsidies under BHSA Housing Interventions on an annual basis?**

215

**How many of these individuals will receive rental subsidies for permanent housing on an annual basis?**

205

**How many of these individuals will receive rental subsidies for interim housing on an annual basis?**

10

**What is the county's methodology for estimating total rental subsidies and total number of individuals served in interim and permanent settings on an annual basis?**

Based on actual data (occupancy) from the Behavioral Health Bridge Housing program and local CoC PSH programs, the SLOBHD assumed PSH beds and time limited beds will be filled for the entire year by one individual. The individuals in assisted living/board and care beds were estimated to fill beds for an average of 9 months based on a snapshot of actual SLOBHD clients living in board and care beds. Rental and operating subsidies were based on local actual costs to operate housing for behavioral health clients, many of which use rent reasonableness.

**For which setting types will the county provide rental subsidies?**

- Non-Time-Limited Permanent Settings: Assisted living (adult residential facilities, residential facilities for the elderly, and licensed board and care)
- Non-Time-Limited Permanent Settings: Supportive housing
- Non-Time-Limited Permanent Settings: Single and multi-family homes
- Non-Time-Limited Permanent Settings: Shared housing
- Non-Time-Limited Permanent Settings: Apartments, including master-lease apartments
- Time Limited Interim Settings: Non-congregate interim housing models

**Will this Housing Intervention accommodate family housing?**

Yes

**Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding**

The SLOBHD is budgeting bundled rental and operating subsidies for permanent supportive housing beds, time limited housing, and assisted living (board and care) beds. The rental and operating subsidies will cover the gap between the actual costs of operating housing and the revenue generated, ensuring programs remain viable, stable, and accessible.

**Will the county behavioral health system provide rental assistance through project-based (tied to a particular unit) or tenant-based (tied to the individual) subsidies?**

Project-based

**How will the county behavioral health system identify a portfolio of available units for placing BHSA eligible individuals, including in collaboration with other county partners and as applicable, Flex Pools (e.g., Master Leasing)? Please include partnerships and collaborative efforts your county behavioral health system will engage in**

The County BHSA Housing Interventions component will fund, in part, permanent supportive housing (PSH) units and assisted living/board and care beds. The BHSA funded PSH beds will be managed by contracted community-based organization(s)/housing provider(s) with existing relationships with landlords, and the beds will be tracked and managed in the HMIS coordinated entry system. Many of the housing units will be managed through master leases (project based assistance). BHSA eligible individuals will be referred to in the coordinated entry system for PSH when appropriate. Those referrals will allow individuals to be considered for both BHSA funded PSH as well as PSH beds funded by other sources.

**Total number of units funded with BHSA Housing Interventions per year**

68

**Please provide additional details to explain if the county is funding rental subsidies with BHSA Housing Interventions that are not tied to a specific number of units**

The SLOBHD is budgeting bundled rental and operating subsidies for permanent supportive housing beds, time limited housing, and assisted living (board and care) beds. The rental and operating subsidies will be tied to units/beds.

### *Operating Subsidies (Chapter 7, Section C.9.2)*

**Is the county providing this intervention?**

Yes

**Is the county providing this intervention to chronically homeless individuals?**

Yes

**Anticipated number of individuals served per year**

215

**Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding**

The SLOBHD is budgeting bundled rental and operating subsidies for permanent supportive housing beds, time limited housing, and assisted living (board and care) beds. The rental and operating subsidies will cover the gap between the actual costs of operating housing and the revenue generated, ensuring programs remain viable, stable, and accessible. BHSA will not be used to top off Transitional Rent rental costs but will rather be used to cover eligible BHSA actual operating costs associated with the day-to-day physical operation of housing projects (e.g. utilities, maintenance and repairs, cleaning fees, and other incidentals).

**For which setting types will the county provide operating subsidies?**

- Non-Time-Limited Permanent Settings: Supportive housing
- Non-Time-Limited Permanent Settings: Apartments, including master-lease apartments
- Non-Time-Limited Permanent Settings: Single and multi-family homes
- Non-Time-Limited Permanent Settings: Shared housing
- Non-Time-Limited Permanent Settings: Assisted living (adult residential facilities, residential facilities for the elderly, and licensed board and care)
- Time Limited Interim Settings: Non-congregate interim housing models

**Will this be a scattered site initiative?**

Yes

**Will this Housing Intervention accommodate family housing?**

Yes

**Total number of units funded with BHSA Housing Interventions per year**

68

**Please provide additional details to explain if the county is funding operating subsidies with BHSA Housing Interventions that are not tied to a specific number of units**

The SLOBHD is budgeting bundled rental and operating subsidies for permanent supportive housing beds, time limited housing, and assisted living (board and care) beds. The rental and operating subsidies will cover the gap between the actual costs of operating housing and the revenue generated (e.g. Medi-Cal), ensuring programs remain viable, stable, and accessible.

### *Landlord Outreach and Mitigation Funds (Chapter 7, Section C.9.4.1)*

**Is the county providing this intervention?**

Yes

**Is the county providing this intervention to chronically homeless individuals?**

Yes

**Anticipated number of individuals served per year**

25

**Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding**

The County is budgeting landlord outreach and mitigation funds that will be used to encourage and incentivize property owners to rent to eligible individuals and to offset damages caused by a Housing Interventions Participant.

**Total number of units funded with BHSA Housing Interventions per year**

25

**Please provide additional details to explain if the county is providing landlord outreach and mitigation funds with BHSA Housing Interventions that are not tied to a specific number of units**

The County is budgeting landlord outreach and mitigation funds that will be used to encourage and incentivize property owners to rent to eligible individuals and to offset damages caused by a Housing Interventions Participant.

### *Participant Assistance Funds (Chapter 7, Section C.9.4.2)*

**Is the county providing this intervention?**

Yes

**Is the county providing this intervention to chronically homeless individuals?**

Yes

**Anticipated number of individuals served per year**

50

**Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding**

The SLOBHD will use Participant Assistance Funds to support BHSA funded clients with removing barriers to housing and to meet immediate housing needs. For example, this could include deposits (security, utility, pet deposits), storage fees, move-in costs (e.g. moderate furnishings, food, transportation), and housing/credit fees. The estimated number of individuals served over the three years is based on an estimate of $3,000/individual.

### *Housing Transition Navigation Services and Tenancy Sustaining Services (Chapter 7, Section C.9.4.3)*

**Pursuant to Welfare and Institutions (W&I) Code section 5830, subdivision (c)(2), BHSA Housing Interventions may not be used for housing services covered by Medi-Cal MCP. Please select Yes only if the county is providing these services to individuals who are not eligible to receive the services through their Medi-Cal MCP (no action needed)**

**Is the county providing this intervention?**

No

**Please explain why the county is not providing this intervention**

N/A

***Housing Interventions Outreach and Engagement (Chapter 7, Section C.9.4.4)***

**Is the county providing this intervention?**

No

**Please explain why the county is not providing this intervention**

Outreach and Engagement is funded by other sources or components.

***Capital Development Projects (Chapter 7, Section C.10)***

**Counties may spend up to 25 percent of BHSA Housing Interventions on capital development projects. Will the county behavioral health system use BHSA Housing Interventions for capital development projects?**

Yes

**Is the county providing this intervention to chronically homeless individuals?**

Yes

**How many capital development projects will the county behavioral health system fund with BHSA Housing Interventions?**

1

## Capital Development Project

**Capital Development Project Specific Information**

**Please complete the following questions for each capital development project the county will fund with BHSA Housing Interventions**

**Name of Project**

To be determined. The SLOBHD will release a Request for Proposals to use the capital development funds toward a minimum of 2 units.

**What setting types will the capital development project include?**

- Non-Time-Limited Permanent Settings: Supportive housing
- Non-Time-Limited Permanent Settings: Single and multi-family homes

**Capacity (Anticipated number of individuals housed at a given time)**

2

**Will this project braid funding with non-BHSA funding source(s)?**

Yes

**Total number of units in project, inclusive of BHSA and non-BHSA funding sources**

2

**Total number of units funded with Housing Interventions funds only**

000

**Please provide additional details to explain if the county is funding capital development projects with BHSA Housing Interventions that are not tied to a specific number of units**

The SLOBHD will release a Request for Proposals to allocate the funding for a minimum of 2 units.

**Anticipated date of unit availability (Note: DHCS will evaluate unit availability date to ensure projects become available within a reasonable timeframe)**

6/30/2027

**Expected cost per unit (Note: the BHSA Housing Intervention portion of the project must be equal to or less than $450,000)**

450,000

**Have you utilized the "by right" provisions of state law in your project?**

No

**If you have not incorporated use of the "by right" provisions into your project, please explain why**

The funds have not been allocated to a specific project yet. However, in the Request for Proposals to allocate the funding, the County will highlight the requirement for a project to use "by right" provisions.

**Other Housing Interventions**

**If the county is providing another type of Housing Interventions not listed above, please describe the intervention**

N/A

**Is the county providing this intervention to chronically homeless individuals?**

No

**Anticipated number of individuals served per year**

000

**Continuation of Existing Housing Programs**

**Please describe if any BHSA Housing Interventions funding will be used to support the continuation of housing programs that are ending (e.g., Behavioral Health Bridge housing)**

Behavioral Health Bridge housing (ending in June 2027)

## Relationship to Housing Services Funded by Medi-Cal Managed Care Plans

For more information, please see 7.C.7 Relationship to Medi-Cal Funded Housing Services

**Which of the following housing-related Community Supports is the county behavioral health system an MCP-contracted provider of?**

None of the Above

**For which of the following services does the county behavioral health system plan to become an MCP-contracted provider of?**

**Housing Transition Navigation Services**

No

**Housing Deposits**

No

**Housing Tenancy and Sustaining Services**

No

**Short-Term Post-Hospitalization Housing**

No

**Recuperative Care**

No

**Day Habilitation**

No

**Transitional Rent**

No

**How will the county behavioral health system identify, confirm eligibility, and refer Medi-Cal members to housing-related Community Supports covered by MCPs (including Transitional Rent)?**

The SLOBHD meets and coordinates with CenCal Health ongoing to refine the process to identify, confirm eligibility, and refer Medi-Cal members for Transitional Rent and other Community Supports. The SLOBHD received its first Transitional Rent referral in February, and staff established a process to go into the EHR to establish whether they meet criteria for the benefit, and then respond to the referral. The Behavioral Health Department is scheduling individuals for a mental health assessment/SUD screening to establish whether they meet criteria for a referral for these services if they are not currently open to any Behavioral Health programs.

**Please describe coordination efforts and ongoing processes to ensure the county behavioral health contracted provider network for Housing Interventions is known and shared with MCPs serving your county**

The SLOBHD will share all contracted providers for Housing Interventions with the MCP serving our county. The SLOBHD meets regularly with the MCP where it will continually provide updates or changes on contracted Housing Interventions providers.

**Does the county behavioral health system track which of its contracted housing providers are also contracted by MCPs for housing-related Community Supports (provided in questions #1 and #2 above)?**

Yes

**Please describe the county behavioral health system's coordination efforts to align network development**

The SLOBHD's primary contracted BHBH grant funded housing provider recently became a Community Supports provider, which will ensure seamless transition and coordination of services, to the extent possible. The SLOBHD will continue to coordinate with the MCP and CoC to identify which housing providers are or will become Community Supports providers.

**What processes does the county behavioral health system have in place to ensure Medi-Cal members living with significant behavioral health conditions do not experience gaps in service once any of the MCP housing services are exhausted, to the extent resources are available?**

The SLOBHD and its contracted providers will coordinate with other PSH and interim housing providers in the CoC through coordinated entry and meetings to ensure Medi-Cal members living with significant behavioral health conditions do not experience gaps in service once any of the MCP housing services are exhausted, to the extent resources are available. Additionally, the SLOBHD will continue attending CoC coordinated entry workgroup meetings to refine processes through HMIS to limit gaps in service.

## Flexible Housing Subsidy Pools

Flexible Housing Subsidy Pools ("Flex Pools") are an effective model to streamline and simplify administering rental assistance and related housing supports. DHCS released the Flex Pools TA Resource Guide that describes this model in more detail linked here: Flexible Housing Subsidy Pools - Technical Assistance Resource. Please reference the TA Resource Guide for descriptions of the Flex Pool model and roles referenced below including the Lead Entity, Operator, and Funder.

For related policy information, refer to 7.C.8 Flexible Housing Subsidy Pools.

**Is there an operating Flex Pool (or elements of a Flex Pool, which includes (1) coordinating and braiding funding streams, (2) serving as a fiscal intermediary, (3) identifying, securing, and supporting a portfolio of units for participants, and/or (4) coordinating with providers of housing supportive services) in the county (please refer to DHCS' Flex Pools TA Resource Guide)?**

No

**Is the county behavioral health system involved in planning efforts to launch a Flex Pool in the county?**

Yes

**What role does the county behavioral health system plan to have in the Flex Pool?**

Lead Entity

**Have you identified an Operator of the Flex Pool?**

No

**Does the county plan to administer some or all Housing Interventions funds through or in coordination with the Flex Pool?**

No

**Please describe any other roles and functions the county behavioral health system plans to take to support the operations or launch and scaling of a Flex Pool in addition to those described above**

Housing Interventions Flex Pool questions were updated. County received a Flex Pool TA grant and is still in the planning stages, so no BHSA flex pool funds budgeted at this time. The SLOBHD recognizes that the success of a Flexible Housing Subsidy Pool (Flex Pool) requires more than providing rental subsidies. While subsidies remain the anchor, the County may assume additional roles to ensure successful launch and scaling. Governance and oversight will likely be shared with DSS, CenCal Health, and the CoC, including allocation criteria, monitoring, approving budgets, and resolving disputes. Housing stability will be reinforced by aligning supportive services, ensuring tenants are connected to navigation, tenancy sustaining services, and behavioral health care. Through expanded functions, a Flex Pool would increase coordination, landlord participation, scale to serve more households annually, and reduce costly hospital and justice system utilization—ultimately creating a durable system that integrates housing and behavioral health care.

## Behavioral Health Services Fund: Innovative Behavioral Health Pilot and Projects

For each innovative program or pilot provide the following information. If the county provides more than one program, use the "Add additional program" button. For related policy information, refer to 7.A.6 Innovative Behavioral Health Pilots and Projects .

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**Does the county's plan include the development of innovative programs or pilots?**

No

# Workforce Strategy

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For more information on this section, please see 6.C.2 Securing Medi-Cal Payment.

## Maintain an Adequate Network of Qualified and Culturally Responsive Providers

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The county must ensure its county-operated and county-contracted behavioral health workforce is well-supported and culturally and linguistically responsive with the population to be served.

Through existing Medi-Cal oversight processes, the Department of Health Care Services (DHCS) will assess whether the county:

**Maintains and monitors a network of providers that is sufficient to provide adequate access to services and supports for individuals with behavioral health needs; and**

**Meets federal and state standards for timely access to care and services, considering the urgency of the need for services.**

**The county must ensure that Behavioral Health Services Act (BHSA)-funded providers are qualified to deliver services, comply with nondiscrimination requirements, and deliver services in a culturally competent manner. Effective FY 2027-2028, DHCS encourages counties to require their BHSA providers to comply with the same standards as Medi-Cal providers in these areas (i.e. requiring the same standards regardless of whether a given service is reimbursed under BHSA or Medi-Cal), as described in the Policy Manual.**

**Does the county intend to adopt this recommended approach for BHSA-funded providers that also participate in the county's Medi-Cal Behavioral Health Delivery System?**

Yes

**Does the county intend to adopt this recommended approach for BHSA-funded providers that do not participate in the county's Medi-Cal Behavioral Health Delivery System?**

Yes

## Build Workforce to Address Statewide Behavioral Health Goals

For related policy information, refer to 3.A.2 Contents of Integrated Plan and 7.A.4 Workforce Education and Training

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**Assess Workforce Gaps**

**What is the overall vacancy rate for permanent clinical/direct service behavioral health positions in the county (including county-operated providers)?**

23

**For county behavioral health (including county-operated providers), please select the five positions with the greatest vacancy rates**

- Psychiatrist
- Licensed Marriage and Family Therapist
- Psychiatric Technician (PT)
- Substance Use Disorder Counselor
- Licensed Clinical Social Worker

**Please describe any other key workforce gaps in the county**

Language capacity continues to be a key factor in the county's most identifiable workforce gap, as only 14% of the treatment provider network is fluent in Spanish, while 19% (approximately 12,860 individuals) of Medi-Cal members report Spanish as their preferred language for services (CenCal Member Demographics, 2024). In addition, the American Community Survey (2024) indicates that 18% of San Luis Obispo County residents primarily speak a language other than English at home, underscoring the persistent gap between community language needs and available provider capacity. A study by the county's Behavioral Health Advisory Board determined that there is an "ongoing need for additional bilingual/bicultural staff at all levels of services, particularly in North County." As of this report, 4/8 (50%) of the Behavioral Health positions assigned to the Latino Outreach Program (provided in Spanish) were vacant.

**How does the county expect workforce needs to shift over the next three fiscal years given new and forthcoming requirements, including implementation of new evidence-based practices under Behavioral Health Transformation (BHT) and Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT)?**

The County intends to use available funds to increase staff capacity to provide access, including (but not limited to) adding staff to address key service gaps (e.g. Spanish-language services), and to incentivize partners to develop programs to widen staff recruitment and build staff retention. The County has begun to identify key areas of additional staffing needs and have included the following positions to be added in the three-year plan: Deputy Director to provide oversight of all BHT activities, including the administrative activities of the Integrated Plan, the management of additional staffing and addressing recruitment and retention issues, the quality and performance requirements of the BHT and BH-CONNECT, and the expanded need for information technology and contract; Clinical Contracts Oversight team to include additional clinicians and administrative managers to manage new facilities built under BHCIP and other initiatives, manage the contract opportunities for Medi-Cal expansion under BH-CONNECT, and to ensure the quality and performance measurement requirements of expanded evidence-based programs; additional housing management, communication, health applications, and information technology positions will be needed to support the implementation of new evidence-based programs, housing activities, and initiatives deriving from the BHT.

**Address Workforce Gaps**

If the county is planning to leverage the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) workforce initiative to address workforce gaps including for FSP and CSC for FEP, such as through applying for and/or encouraging providers to apply for the following BH-CONNECT workforce programs, please specify below.

**Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Scholarship Program?**

Yes

**Please explain any actions or activities the county is engaging in to leverage the program**

The SLOBHD is positioning itself to engage in the initiative, and staff are assigned to track BH-CONNECT workforce initiatives. County Behavioral Health staff have attended

the Medi-Cal Behavioral Health Recruitment and Retention Program (MBH-RRP) webinars and have held meetings to outline plans for the BH-CONNECT Workforce Initiative activities including the BH Scholarship Program. A Program Manager has been assigned to coordinate the promotion of the various scholarship and training opportunities, and is working with the Human Resources Department to help process awards to staff to ensure conditions are met, and staff are aware of obligations.

**Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Student Loan Payment Program?**

Yes

**Please explain any actions or activities the county is engaging in to leverage the program**

The SLOBHD is positioning itself to engage in the initiative, and staff are assigned to track BH-CONNECT workforce initiatives. County Behavioral Health staff have attended the Medi-Cal Behavioral Health Recruitment and Retention Program (MBH-RRP) webinars and have held meetings to outline plans for the BH-CONNECT Workforce Initiative activities including the BH Student Loan Payment Program. A Program Manager has been assigned to coordinate the promotion of the various loan repayment and training opportunities and is working with the Human Resources Department to help process awards to staff to ensure conditions are met, and staff are aware of obligations.

**Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Recruitment and Retention Program?**

Yes

**Please explain any actions or activities the county is engaging in to leverage the program**

The SLOBHD is positioning itself to engage in the initiative, and staff are assigned to track BH-CONNECT workforce initiatives. County Behavioral Health staff have attended the Medi-Cal Behavioral Health Recruitment and Retention Program (MBH-RRP) webinars and have held meetings to outline plans for the BH-CONNECT Workforce Initiative activities including the BH Student Recruitment and Retention Program. A Program Manager has been assigned to coordinate the promotion of the various retention and training opportunities, and is working with the Human Resources Department to help track training and certifications.

**Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Community-Based Provider Training Program?**

Yes

**Please explain any actions or activities the county is engaging in to leverage the program**

The SLOBHD is positioning itself to engage in the initiative, and staff are assigned to track BH-CONNECT workforce initiatives. County Behavioral Health staff have attended the Medi-Cal Behavioral Health Recruitment and Retention Program (MBH-RRP) webinars and have held meetings to outline plans for the BH-CONNECT Workforce Initiative activities including the BH Community-Based Provider Training Program. A Program Manager has been assigned to coordinate the promotion of the training opportunities, and is working with the Department's Contracts team to help track training and certifications.

**Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Residency Program?**

Yes

**Please explain any actions or activities the county is engaging in to leverage the program**

The Department has assigned its Medical Director and the Program Manager responsible for clinical training programs to attend all informational sessions and gather information to share regarding the Psychiatry Residency Fellowship Training Program. San Luis Obispo County has had a difficulty recruiting and retaining local psychiatrists and the Department looks forward to taking advantage of the opportunities this initiative brings forward. As a Community Mental Health Center, the Department is planning to apply for the Medi-Cal Behavioral Health Fellowship Training Program in this or future cycles.

**Please describe any other efforts underway or planned in the county to address workforce gaps aside from those already described above under Behavioral Health Services Act Workforce, Education, and Training**

The Department has increased its outreach to university and college programs to expand opportunities for internship and trainee placements which have a high

likelihood of yielding stronger workforce futures. In addition, the Department has begun internal investment programs (e.g. mileage reimbursement) to incentivize Cal Poly San Luis Obispo students to participate in trainee services in remote areas of the county.

# Budget and Prudent Reserve

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For more information on this section, please see 6.B.3 Local Prudent Reserve.

## Budget and Prudent Reserve

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Download and complete the budget template using the button below before starting this section

**Please upload the completed budget template**

***Integrated Plan Budget Template (May Revisions) PDF***

**Please indicate how the county plans to spend the amount over the maximum allowed prudent reserve limit for each component if the county indicated they would allocate excess prudent reserve funds to a given Behavioral Health Services Act component in Table Nine of the budget template**

**Behavioral Health Services and Supports (BHSS)**

No excess prudent reserve.

**Full Service Partnership (FSP)**

No excess prudent reserve.

**Housing Interventions**

No excess prudent reserve.

**Enter date of last prudent reserve assessment**

2/6/2026

**Please describe how the use of excess prudent reserve funds drawn down from the local prudent reserve aligns with the goals of the Integrated Plan**

**BHSS**

No excess prudent reserve.

**FSP**

No excess prudent reserve.

**Housing Interventions**

No excess prudent reserve.

# Plan Approval and Compliance

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For more information on this section, please see 3.A.1 Reporting Period

## Behavioral health director certification

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***Behavioral Health Director Certification.pdf***

## County administrator or designee certification

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***County Administrator or Designee Certification_CEO_2.11.26 (EXEC).pdf***

## Board of supervisor certification

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***(Included on the following page)***

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# Board of Supervisors Certification

## Certification

1. San Luis Obispo County Board of Supervisors certifies the following:

   ✓ San Luis Obispo County Board of Supervisors has reviewed and approved this Integrated Plan for the period of FY26-27-FY28-29

   ✓ County will meet its realignment obligations pursuant to W&I Code section 14197, including but not limited to time or distance standards and appointment time standards set forth in W&I Code section 14197 or other applicable guidance, without utilizing waitlists

2. Does the county wish to disclose any implementation challenges or concerns with these requirements?

   ○ Yes

   ◉ No

a. If answered yes above, please describe any implementation challenges or concerns with their realignment obligations (optional)

-

## Signature

3. Printed name

   Jimmy Paulding

4. Title

   Chairperson, Board of Supervisors
   County of San Luis Obispo, State of California

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5. Date

6/16/26

6. Signature

ATTEST:
MATTHEW P. PONTES, Ex-Officio
Clerk of the Board of Supervisors
By: Niki Martin
Deputy Clerk