



BEHAVIORAL HEALTH SERVICES ACT (BHSA)

2026-2029 Three-Year Integrated Plan

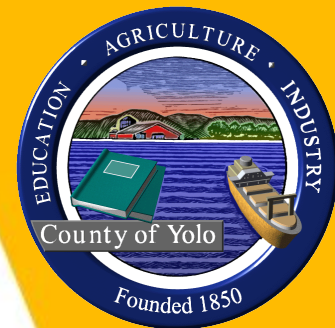
Draft Programming & Services

Yolo County Health and Human Services Agency

Mónica Morales, HHSA Director

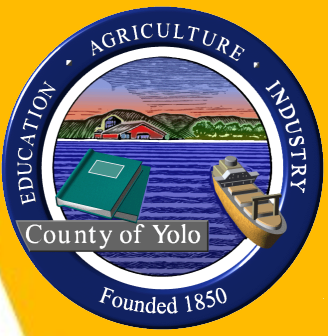
Evis Morales, HHSA Assistant Director, Operations

Tony Kildare, Behavioral Health Director



Purpose of Presentation

1. Present overview of draft BHSA Integrated Plan Programming and Services
2. Receive feedback from Board on draft plan
3. Authorize CAO to provide endorsement for submission of Draft BHSA Integrated Plan



BHSA Integrated Plan (IP) Timeline

May-July 2025
Regulation review, analysis, and planning (DHCS policy manuals released, County review and planning, analyze county performance metrics with BHSA behavioral health goals)

September-November 2025
Community engagement (Share BHSA information and county outcomes, gather stakeholder feedback through multiple engagement methods)

January-March 2026
Draft Integrated Plan (IP) development & review. First draft submission to State

March 31st, 2026
First Draft Integrated Plan due to State



August 2025
Developed engagement strategy (Mapped stakeholders and began outreach)

November-December 2025
Community Findings (Analyzed community feedback, developed findings report.) Draft Integrated plan (IP) development

April-June 2026
DHCS Plan review, 30-day posting period, host public hearing, implementation planning, **Board of Supervisors Integrated Plan approval. Final IP submitted to State (June 30, 2026).**



New Metrics: Statewide Population Behavioral Health Goals



Goals for Improvement

- Access to Care*
- Care Experience
- Prevention and Treatment of Co-Occurring Physical Health Conditions
- Quality of Life
- Social Connection
- Engagement in School
- Engagement in Work



Goals for Reduction

- Untreated Behavioral Health Conditions*
- Institutionalization*
- Homelessness*
- Justice-Involvement*
- Removal of Children from Home*
- Suicides
- Overdoses

***State has identified these six areas as immediate priorities.** Counties may identify BHSA funded programs, or other programs/initiatives to address these goals

Housing Interventions

30%

\$5,834,453

Full-Service Partnership (FSP)

35%

\$6,806,862

Behavioral Health Services & Supports (BHSS)

35%

\$6,806,862

\$19.4M Total Projected BHSA Funding

Anticipated Considerations

BH Housing Services:

- Rental subsidies
- Operating subsidies
- Capital Development Project
- Outreach and Engagement (up to 7%)

- **BHBH Funding Expires 6/30/2027**
- **Transitional Rents Benefit**
- **Proposed State and Federal funding cuts to community organizations**
- **Build BH housing program and capacity.**

Evidence-Based Practices

- Assertive Community Treatment (ACT)
- Forensic ACT (FACT)
- Individual Placement & Support (IPS)
- High Fidelity Wraparound (HFW)

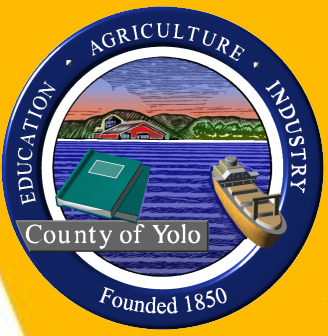
- **Integrate existing work with EBP**
- **Build capacity to implement new EBP**
- **Assessing full costs of implementing new EBP**

Non-FSP Services:

- Children's System
- Adult & Older Adult
 - Crisis Services
 - Treatment
 - Adult Outpatient

Early Intervention Programs

- **<25 (51%) and 25+ (49%)**
 - Outreach
 - Access and Linkages
 - Treatment Services and Supports
- **Working with CBOs to focus on priority populations.**



FY 2026-2027 Budget Approach: Scenario 3d

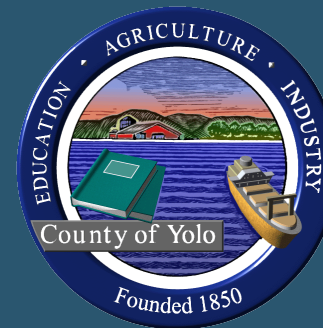
Use of fund balance to preserve BH capacity and increase support for Permanent Supportive Housing

Component	Allocation	Fund Balance	Component Transfer	Total
Housing Interventions	\$5.8M	-	(\$1.4M)	\$4.4M
Full-Service Partnership	\$6.8M	\$1M Case managers	-	\$7.8M
Behavioral Health Services & Supports	\$6.8M	-	\$1.4M	\$8.2M
* <i>Offset other budget reductions</i>	-	\$1.8M	-	\$1.8M
** <i>Medi-Cal Billing Coordinator</i>	-	\$200k	-	\$200k
Totals	\$19.4M	\$3M	-	\$22.4M

BHSA Integrated Plan (IP)-Fiscal Year 2026-2027 Budget Development/Approach

On March 3, 2026, the Board approved a 2026-27 budget approach to include the following:

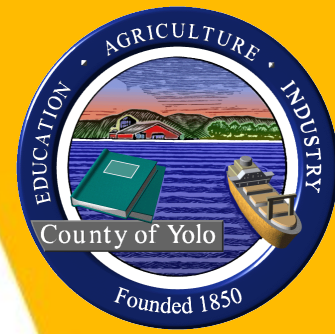
- Transfer 7% from Housing Intervention to Behavioral Health Services and Supports.
- Board allocated approximately \$9 million over a 3-year period to add case management positions to FSP to support permanent supportive housing, offset other BH reductions/deficits and invest in Medi-Cal billing/revenue generation.
- Remaining \$5.2 million fund balance will be allocated to align with the distribution of the \$9 million (1/3 to FSP, 2/3 to BHSS)



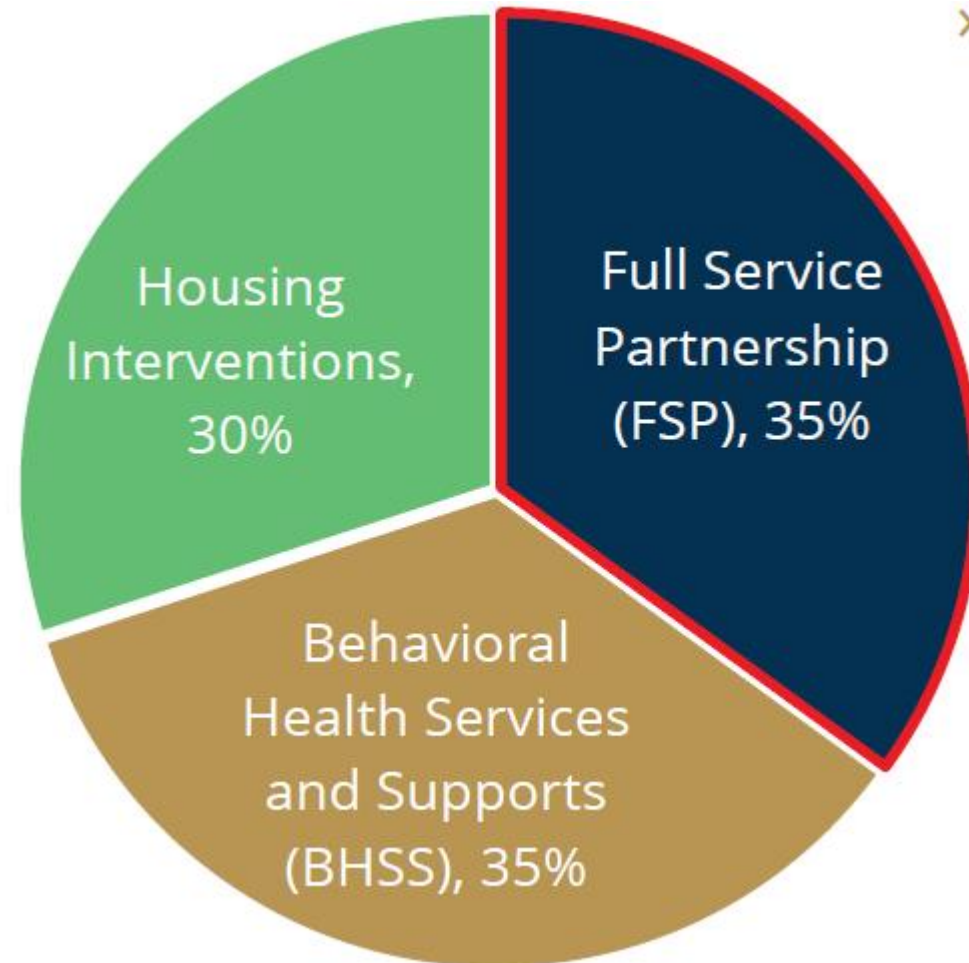
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Full-Service Partnership

Full-Service Partnership



FSP Goals: increase access to care & reduce institutionalization

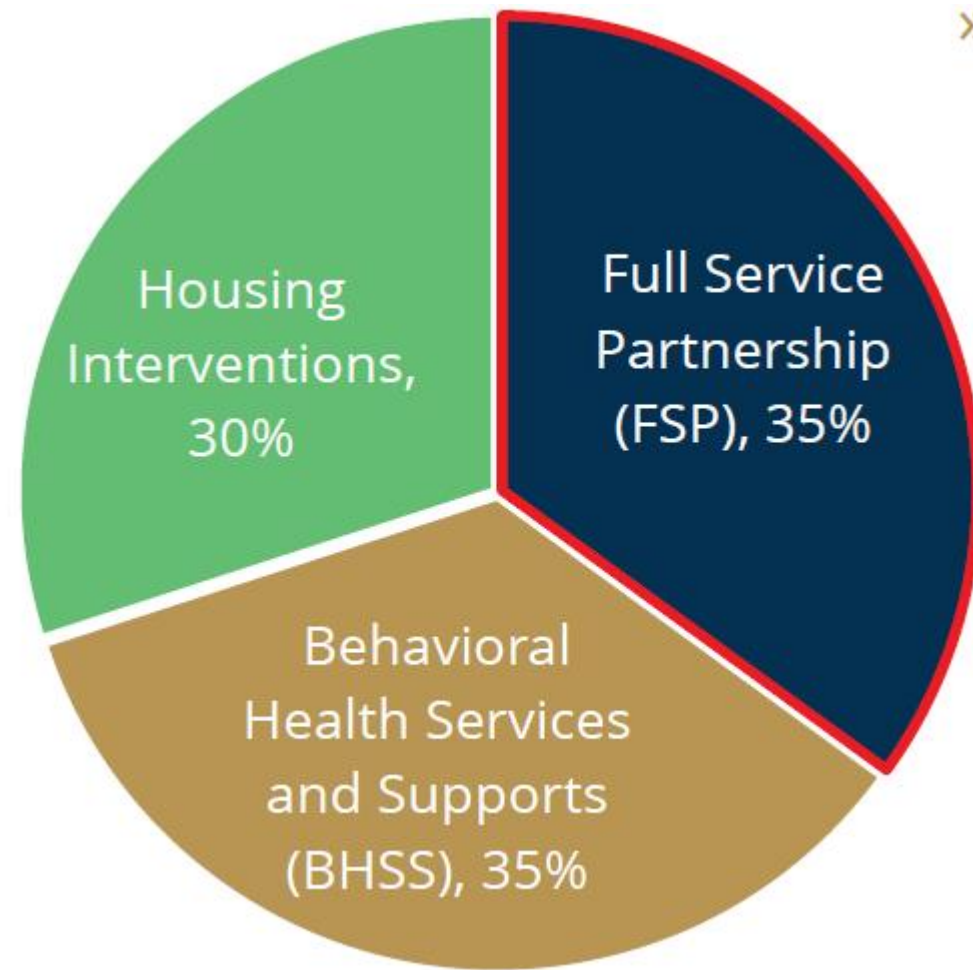


- » • FSP programs provide individualized intensive recovery-focused, age-appropriate care for individuals with significant behavioral health needs
- Services are delivered by multidisciplinary teams in partnership with families:
 - Therapy, peer-support, transportation, medication support, case management
 - Adult, Older adult and youth
 - Supported Employment
- NEW Mandated Evidence Based Practices (EBPs)
 - Assertive Community Treatment (ACT)
 - FSP Intensive Case Management (ICM) (incl. Transition and Relapse Prevention)
 - Forensic ACT
 - High Fidelity Wraparound (HFW)
 - Individual Placement & Supports (IPS)
 - Assertive Field Based Substance Use Treatment (2029)

Full-Service Partnership



» The Department of Health Care Services (DHCS) provides each county with an estimated number of individuals living with a behavioral health need who may have a clinical need for FSP and the total number who may have a clinical need for each required evidence-based practice.



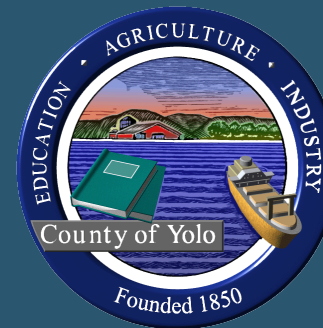
Program/Evidence Based Practice	Yolo Estimate
Assertive Community Treatment (ACT)	62
Forensic ACT	30
FSP Intensive Case Management (ICM)	433
High Fidelity Wraparound (HFW)	170
Individual Placement and Support (IPS) Supported Employment	765



Full-Service Partnership (2026-2027)

Program Costs	\$2,500,000	FSP-ICM, ACT, FACT, Psychiatry & Overtime costs
FSP Services & Supplies	\$800,000	Includes direct-to-client supports
Residential Treatment/Acute Services	\$1,000,000	Costs for residential and hospitalization for FSP clients
High Fidelity Wraparound (HFW) (expansion)	\$1,000,000	New EBP, increase capacity
Individual Placement & Supports (IPS)	\$300,000	New EBP
FSP PSH Case Managers*	\$1,000,000	Per 3/3/26 Board direction
BHSA FSP Administration	\$1,200,000	
Total	\$7,800,000	

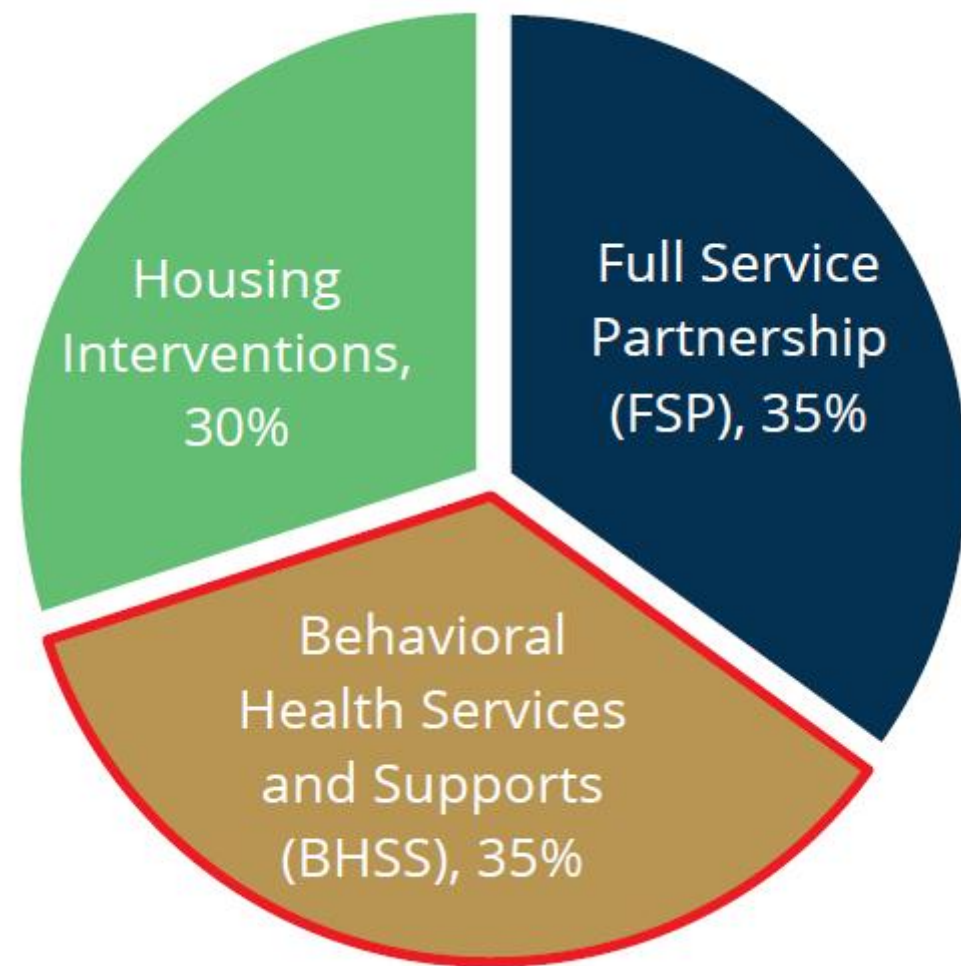
- HHSa continues to research and consult with DHCS on whether any of these costs can be covered under Housing Interventions.
- Link to DHCS Policy Manual - [Housing Interventions](#)



BEHAVIORAL HEALTH SERVICES ACT (BHSA)

Behavioral Health Services & Supports

Behavioral Health Services and Supports (BHSS)



- **>51% Early Intervention**
 - »
 - >51% for under 25yr old
 - EI programs must include:
 - Outreach
 - Access & linkage to care
 - MH and SUD early treatment services & supports and must emphasize a reduction in the likelihood of the following adverse outcomes: suicide & self harm, incarcerations, school suspensions/expulsions, unemployment, prolonged suffering, homelessness, removal of children from homes, overdose, mental illness in children/youth
- **49% or less Non-Early Intervention**
 - System of Care Services (children's, adult & older adult, non FSP)
 - Infrastructure & Capacity Building
 - Workforce Education & Training (WET)
 - Capital Facilities & Technology (CFTN)
 - Outreach & Engagement (O&E)

Behavioral Health Services and Supports (BHSS)

BHSS Programming will address statewide behavioral health goals: increase access to care and reducing removal of children from home.

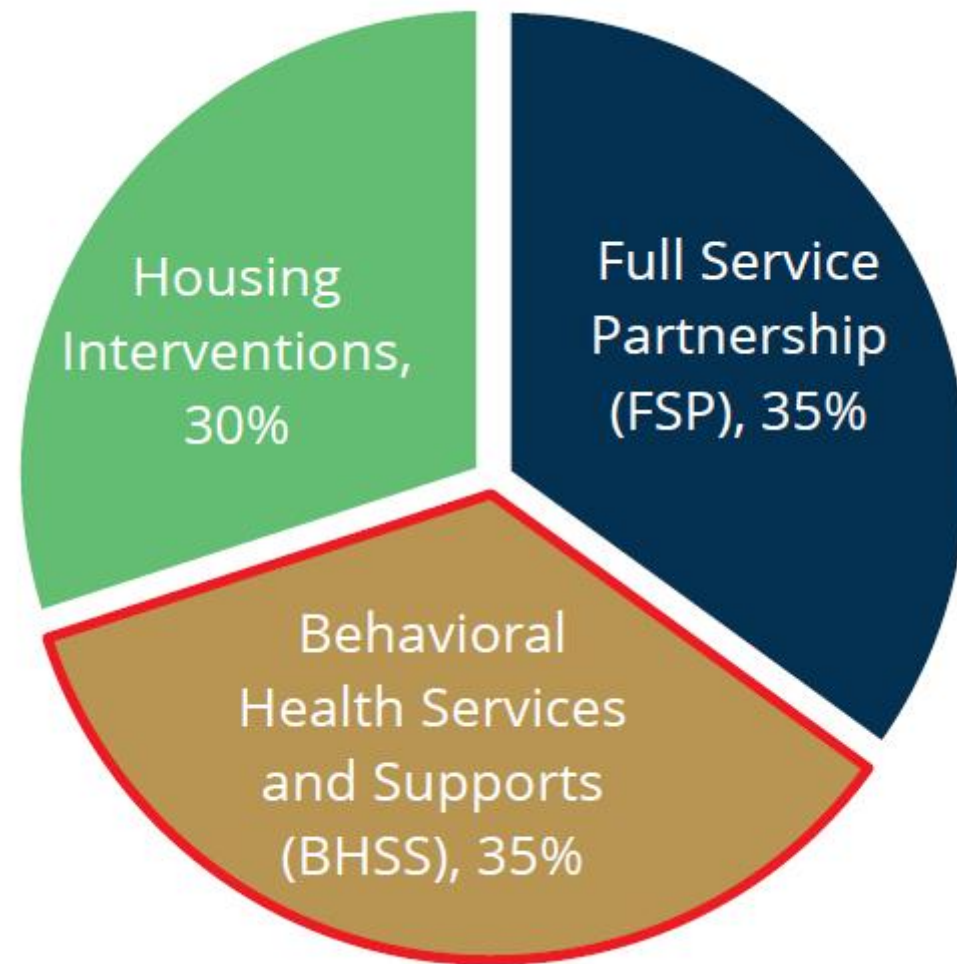


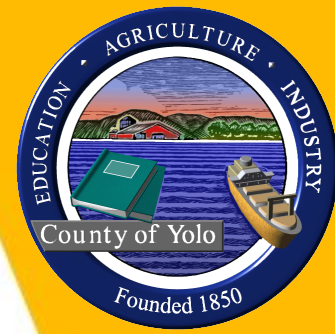
Early Intervention Services

- Children's Outpatient Treatment Services
- Coordinated Specialty Care for First Episode Psychosis (mandated EBP)
- Crisis Intervention Training (CIT)
- Behavioral Health Access Services (call center, assessments, linkage to treatment)
- K-12 School Partnership (year 1)
- Early Childhood MH Access & Linkage (year 1)
- Early Intervention Programming TBD (RFP year 2-3)

Non-Early Intervention Services

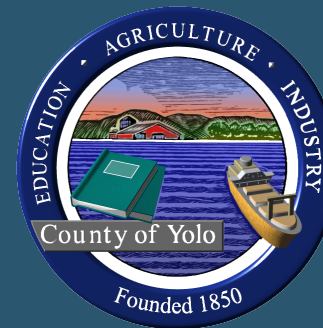
- Adult Outpatient Services
- Crisis Continuum of Care (co-responders, 24/7 mobile crisis response)
- Workforce Education & Training (WET)
- Capital Facilities & Technology (CFTN)





Behavioral Health Services and Supports (BHSS) (2026-27)

Early Intervention (EI) Services	EI BHSA Expenditure	Non- Early Intervention Services	Non-EI BHSA Expenditure
Children's Outpatient Treatment Services	\$2,175,000	Adult Outpatient Services	\$2,086,000
Coordinated Specialty Care for First Episode Psychosis (mandated EBP)	\$300,000	Crisis Continuum of Care (co-responders, 24/7 mobile crisis)	\$1,065,000
Crisis Intervention Training	\$86,000	Workforce Education & Training (WET)	\$219,000
Behavioral Health Access Services	\$1,560,000		
K-12 School Partnership	\$1,299,000		
Early Childhood Mental Health Access & Linkage	\$408,000		
BHSA BHSS Administration	\$643,000		\$371,000
Total	\$6,471,000		\$3,741,000



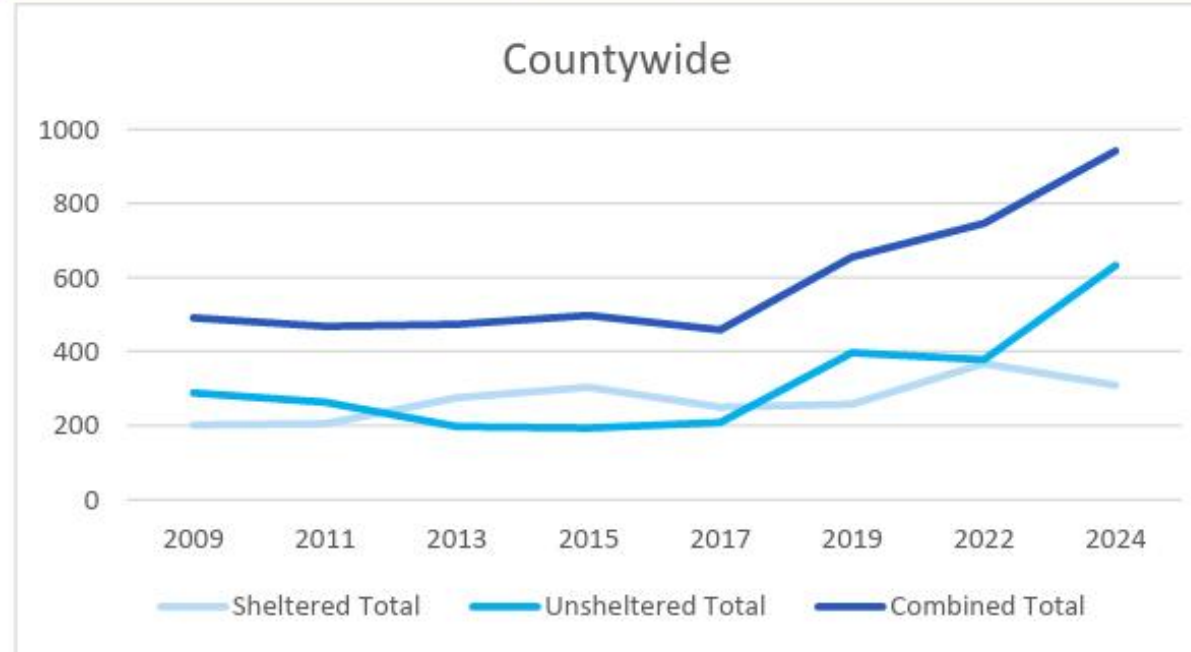
BEHAVIORAL HEALTH SERVICES ACT (BHSA)

Housing Interventions

Housing Interventions and Chronically Homeless

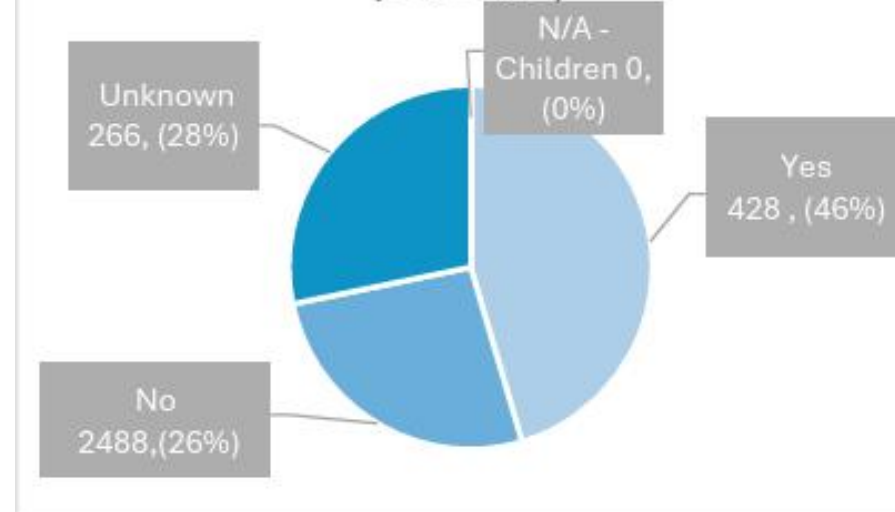
- In California, **82% of people experiencing homelessness reported having a serious mental health condition** (California Department of Health Care Services, 2024)
- In Yolo County, individuals experiencing homelessness has increased by 26.3% since 2022.
- 30% of BHSA funds must be spent under Housing Intervention to increase access to permanent supportive housing for individuals meeting BHSA eligibility and who are chronically homeless, experiencing homelessness, or are at risk of homelessness.
- The results of such investments may significantly reduce psychiatric hospitalizations, costly emergency room visits, and law enforcement response and incarcerations.

HOMELESSNESS OVER TIME (2009-2024)



Up
26.3%
from
2022

Chronically Homeless per HUD Definition (% of all homeless persons)



The Department of Housing and Urban Development (HUD) considers an individual to be "**Chronically Homeless**" when:

- 1) the individual has been homeless for at least 12 consecutive months, or homeless on at least 4 separate occasions, totaling 12 months or more, within the last 3 years;

AND

- 2) can be diagnosed with PTSD, a serious mental illness, substance use disorder, a developmental disability, or a cognitive or physical illness or disability

Expanding Investments in Housing and Homelessness Supports



**Rental Subsidies,
Operating Subsidies and,
Other Housing Supports**

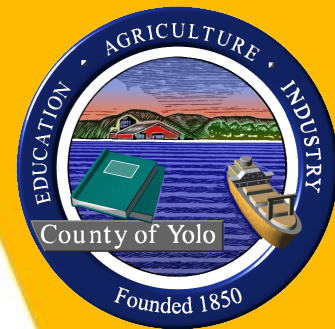


**Interim and Permanent
Housing Development**



**Managed Care Plan
Covered Services**





Current Housing & Homeless Services

Homeless Outreach

Housing Navigation

Rapid Rehousing

Rental Subsidies
and other direct
client supports

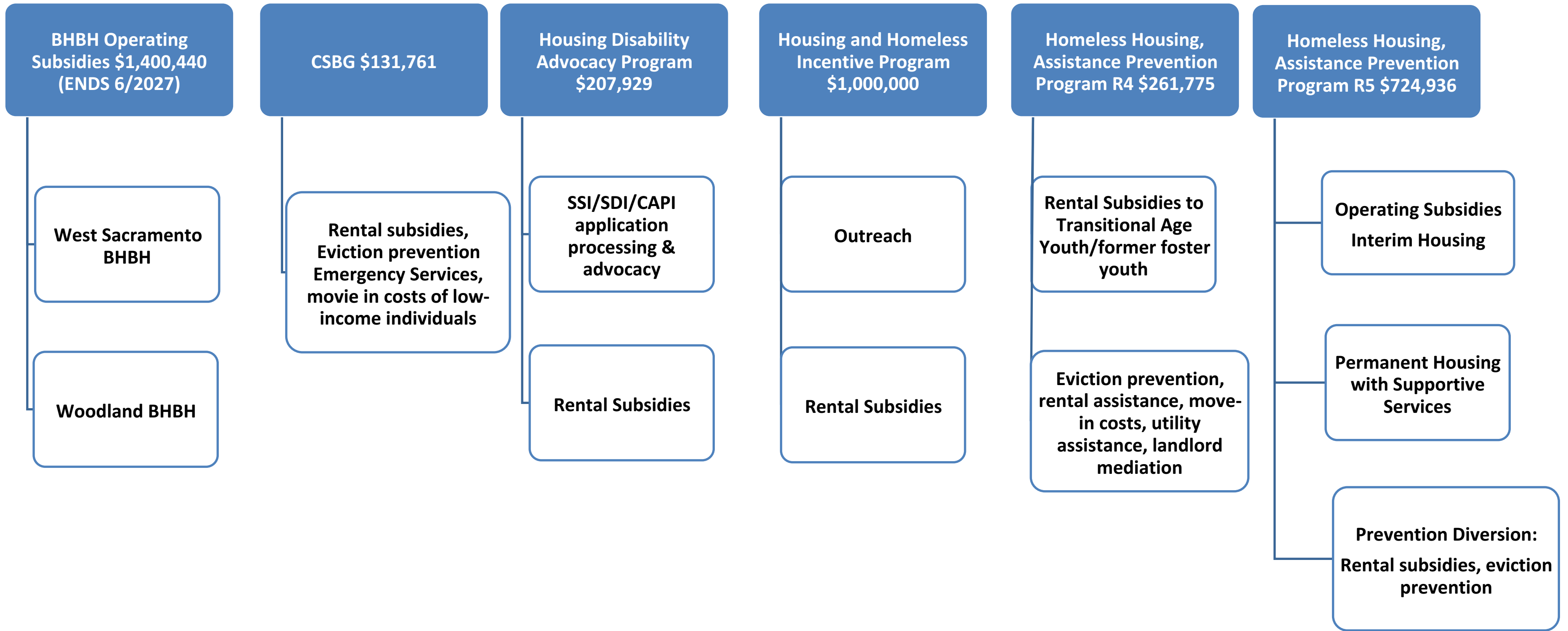
Permanent
Supportive Housing
for Individuals with
SMI/SUD

Encampment
In-reach

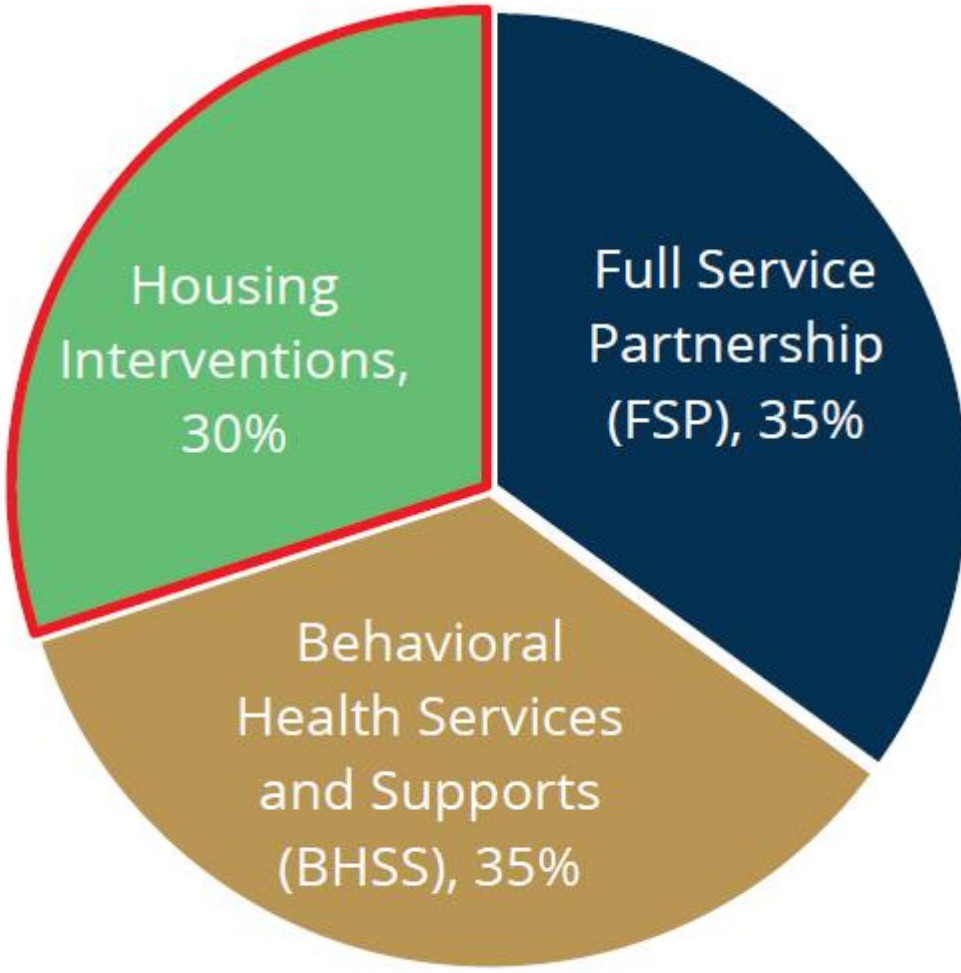
Transitional Rents, Enhanced Case Management, and Community
Supports in partnership with Managed Care Plans



Existing HHSA Funding to Housing and Homeless FY26/27



Housing Interventions



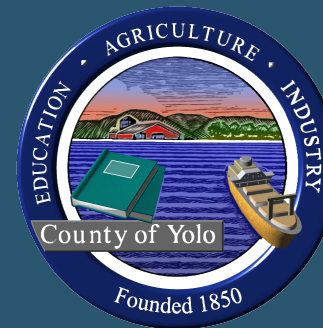
Housing Intervention	Housing (50%)	Chronically Homeless (50%)	Total
Capital Development (RFP)	\$559,135	\$559,135	\$1,118,270
Operating Subsidies (RFP)	\$727,000	\$727,000	\$1,454,000
Rental Subsidies	\$340,000	\$340,000	\$680,000
BHSA HI Administration	\$578,602	\$578,602	\$1,157,204
Total			\$4,409,474

HHSa will release a competitive procurement (RFP) for Housing Interventions (Capital Development and Operating Subsidies) in late summer 2026, with anticipated contract start date winter 2027.



Next Steps

- Staff will submit Draft BHSA Integrated Plan to DHCS by March 31, 2026
- Post Draft Plan for 30-day public comment period (April 1, 2026-April 30, 2026)
- Convene a Public Hearing with the Local Behavioral Health Board (May 6, 2026)
- Review DHCS feedback for plan revise
- Return to Board for final plan approval by June 2, 2026
- Submit final plan to State by June 30, 2026



Discussion