



Salud Mental y  
Tratamiento del Uso  
de Sustancias



Behavioral Health Division

# Mental Health Services Act (MHSA) FY 2025–26 Annual Update

Mental Health Advisory Board, Public Hearing.  
May 15, 2025



# Agenda & Objectives

## Agenda

- Mental Health Services Act (MHSA) and BHSA Overview
- Community Program Planning Process (CPPP): Key Findings
- Proposed FY 25–26 MHSA Program Modifications & Budget Request
- Public Comment and Discussion

## Objectives

- Present proposed 2025–26 MHSA Annual Update
- Provide opportunity for stakeholders to provide public comment

# **Mental Health Services Act:**

# MHSA Background

## Five Core Values & Guiding Standards

- Proposition 63 passed on November 2, 2004
- 1% tax on income on incomes over \$1 million to *expand* and *transform* mental health services & reduce negative impacts to individuals and communities from untreated mental illness



# MHSA Overview

## Five Components of MHSA

### **CSS: Community Services & Supports**

Outreach and direct services for serious emotional disturbances or serious mental illness (all ages)

### **PEI: Prevention & Early Intervention**

Prevent the development of mental health problems, and screen for and intervene with early signs

### **INN: Innovation**

Test new approaches that may improve outcomes

### **WET: Workforce Education & Training**

Build, retain, and train public mental health workforce

### **CFTN: Capital Facilities & Technology Needs**

Infrastructure support (electronic health records, facilities, etc.)

# FY 2025–26 MHSA Programs

CSS Programs	PEI Programs	INN Program
<ul style="list-style-type: none"> <li>• Community Gate</li> <li>• Probation Gate</li> <li>• Child Welfare Services Gate</li> <li>• Education Gate</li> <li>• Family Partnerships</li> <li>• Enhanced Crisis Response</li> <li>• Consumer, Peer, &amp; Family Support Services</li> <li>• Community Support Services</li> <li>• Full-Service Partnership Teams</li> </ul>	<ul style="list-style-type: none"> <li>• Triple P: Positive Parenting Program</li> <li>• Children’s Services: COE The Diversity Center</li> <li>• Live Oak Resource Center</li> <li>• Positive Behavior Interventions &amp; Supports</li> <li>• Veterans Advocate Agency</li> <li>• Peer Companion</li> <li>• Employment (Community Connection)</li> <li>• Transition Age Youth (TAY) &amp; Adult Services</li> <li>• Senior Outreach</li> <li>• Stigma &amp; Discrimination Reduction (NAMI)</li> <li>• Suicide Prevention: Suicide Prevention &amp; Crisis Lifeline / Suicide Prevention &amp; Resources Education and Outreach</li> <li>• 2<sup>nd</sup> Story</li> <li>• Mobile Crisis Teams</li> </ul>	Crisis Now
		<b>CFTN</b>
		No programs this period
		<b>WET</b>
		No programs this period

# Annual Update & Community Planning Process

## **Purpose of Annual Update:**

To provide updates to the adopted MHSA Three-Year Program and Expenditure Plan for FY 2023–26, including:

- Program status and services in FY 2024–25
- Program changes for FY 2025–26, based on needs assessment and stakeholder input



# MHSA Stakeholders

Significance of the local partnership for the CPPP

## Community Program Planning Process (CPPP):

The MHSA intends that there be a meaningful community process to provide subject matter expertise at the local level. **Program planning shall be developed with local community & partners including:**

- Adults and seniors with severe mental illness
- Families of children, adults, and older adults with severe mental illness
- Providers of mental health services
- Law enforcement agencies
- Education agencies
- Social services agencies
- Veterans and representatives from veterans' organizations
- Providers of alcohol and drug services
- Health care organizations
- Other important interests
  - Family Resource Centers
  - Diverse communities representing service area (Latino, Homeless, LGBTQ+, Communities of Color, Immigrants, etc...)

# Roles & Responsibilities

<b>Community Stakeholders</b>	Present individual perspectives, lived experiences and share reflections of emerging strategies to meet needs
<b>Behavioral Health Department</b>	Develop Annual Update that is reflective of community needs, priorities, and identified strategies
<b>Mental Health Advisory Board</b>	Assure stakeholder involvement, review and advise on the MHSA Annual Update, and conduct Public Hearing
<b>Board of Supervisors</b>	Review and approve the MHSA Annual Update
<b>RDA Consulting</b>	Collect and present findings on the current system, offer recommendations for the future, facilitate discussions, and compile information into the Annual Update

# MHSA Background & Overview

Additional Resources Available

**To learn more about the MHSA and MHSA-funded programs in Santa Cruz, please visit:**

**County of Santa Cruz Behavioral Health Department:**

[www.santacruzhealth.org/HSAHome/HSADivisions/BehavioralHealth/MentalHealthServicesAct.aspx](http://www.santacruzhealth.org/HSAHome/HSADivisions/BehavioralHealth/MentalHealthServicesAct.aspx)

**California Department of Health Care Services – MHSA website**

[https://www.dhcs.ca.gov/services/MH/Pages/MH\\_Prop63.aspx](https://www.dhcs.ca.gov/services/MH/Pages/MH_Prop63.aspx)

# **MHSA Modernization**

Proposition 1 and BHSA

# MHSA to BHSA Overview



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## Proposition 1 key components:

### 1) **Behavioral Health Infrastructure Bond Act (AB 531)**

authorizes ~\$6.4 billion to build or develop behavioral health housing and treatment with ~\$4.4 billion is earmarked for inpatient and residential treatment beds and ~\$2 billion is earmarked for permanent supportive housing, including ~\$1 billion for veterans

### 2) **The Behavioral Health Services Act (SB 326)**

- Expands services to include substance use treatment
- Revises the distribution of MHSA funding to prioritize housing
- Establishes expanded oversight and accountability measures

# Funding Components

Current MHSA Allocation	Current MHSA Percentage	New BHSA Allocation	New BHSA Percentage
<b>County Allocation</b>	<b>95%</b>	<b>County Allocation</b>	<b>90%</b>
Community Services and Supports (CSS)	76%	Behavioral Health Services and Supports (BHSS) (includes EI)	35%
Prevention and Early Intervention (PEI)	19%	Full-Service Partnerships (FSPs)	35%
Innovation Projects (INN)	5%	Housing Interventions	30%
<b>State Directed</b>	<b>5%</b>	<b>State Directed</b>	<b>10%</b>
State Administration	5%	Population-Based Prevention	4%
		BH Workforce	3%
		State Administration	3%

# BHSA – Behavioral Health Services Act

Housing – Chronic Homelessness	Housing interventions for FSP Consumers	Treatment – Adult FSP Teams	Treatment – BHSS Early Intervention (at least 51% of the 35%)	Treatment – BHSS Other
15%	15%	35%	35%	
Focus on Encampments	<ul style="list-style-type: none"> <li>Rental Subsidies</li> <li>Operating Subsidies</li> <li>Shared Housing</li> <li>Project-based housing assistance (master leasing)</li> </ul>	Tiered services <ul style="list-style-type: none"> <li>Requires EBP to fidelity</li> <li>ACT</li> <li>FACT</li> <li>IPS Supported Employment</li> </ul>	Children and Youth 0-25 <ul style="list-style-type: none"> <li>Unhoused Youth</li> <li>Jl youth</li> <li>Child Welfare involved youth with a history of trauma</li> </ul>	<ul style="list-style-type: none"> <li>Children's System of Care Services</li> <li>Adult System of Care Services</li> <li>Innovation Projects</li> </ul>

# BHSA 2026–2029 Three-Year Plan – Stakeholder Input

- Adults/Older Adults with MH or SUD
- Families of SMHS clients
- Youth or Youth Organizations
- BH Treatment Providers
- Public Safety Partners
- Local Public Health Jurisdictions
- Local Education Agencies
- Higher Education Agencies
- County Social Services
- County Child Welfare
- Labor organizations
- Veterans
- Medi-Cal Managed Care Plans (CAAH and Kaiser)
- Hospitals and Local Healthcare Organizations
- Tribal/Indian Health Program
- Disability Insurers
- Cities – Santa Cruz, Watsonville, Capitola and Scott's Valley
- Area Agencies on Aging
- Independent Living Centers
- Regional Centers
- Homeless Service providers
- Housing for Health
- Emergency Medical Services
- CBOs serving Culturally and Linguistically Diverse Constituents

# BHSA 2026–2029 Three-Year Plan – Funding Streams

- Bronzan-McCorquodale Act (1991 Realignment)
- 2011 Realignment
- Medi-Cal Fee-for-Service (FFP) programs, including:
  - Specialty Mental Health Services – Mental Health Plan (MHP)
  - Drug Medi-Cal Organized Delivery System (DMC-ODS)
- BHSA funds
- Opioid settlement funding
- County General Fund
- Federal block grants, including:
  - Community Mental Health Services Block Grant (MHBG)
  - Substance Use Prevention Treatment, and Recovery Services Block Grant (SUBG)
  - Projects for Assistance in Transition from Homelessness (PATH) grant
- Any other federal, state, or local funding directed towards behavioral health services, including:
  - Grant revenue

# MHSA to BHSA

## Resources for the Behavioral Health Services Act (Proposition 1):

- **Proposition 1 Overview and Resources (CalHHS):**

<https://www.chhs.ca.gov/behavioral-health-reform/#redesigning-the-mental-health-service-act-sb-326>

- **Proposition 1 Fact Sheet (CalHHS):**

<https://www.chhs.ca.gov/wp-content/uploads/2023/09/BHSA-Fact-Sheet-September.pdf>

- **AB 531 Behavioral Health Infrastructure Bond Act of 2023 Legislation:**

[https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill\\_id=202320240AB531](https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB531)

- **SB 326 Behavioral Health Services Act Legislation**

[https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=202320240SB326](https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB326)

# Community Program Planning Process (CPPP)

Key Findings

# The Community Program Planning & Annual Plan Development Process

## Phase 1

### Planning & Readiness

Review Past MHSA  
Three-Year Plan

Review MHSAOAC  
Instructions &  
Regulations

Develop CPPP  
Protocol

## Phase 2

### Community Engagement & Assessment

Conduct community  
member, partner,  
and provider survey

Synthesize  
community input  
and identify themes

## Phase 3

### Plan Development

Outline & Draft  
Annual Update

Host Public Hearing

Gather Comments

Finalize Annual  
Update

Board of Supervisor  
Review & Approval

# Evaluación de las necesidades:

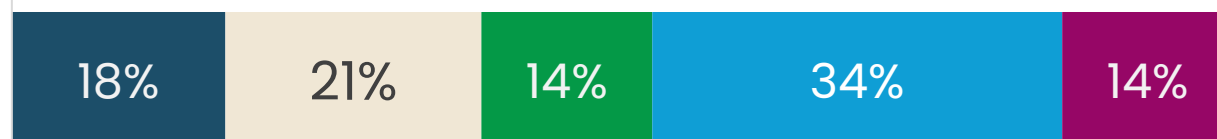
## Participación

<b>Encuesta comunitaria</b>	Del 16 de octubre a noviembre de 2024	146	<ul style="list-style-type: none"><li>• 75 proveedores de salud conductual</li><li>• 24 proveedores de servicios sociales</li><li>• 22 clientes o consumidores de servicios de salud conductual</li><li>• 20 miembros de la comunidad interesados</li><li>• 12 familiares o seres queridos de clientes o consumidores</li></ul>
<b>Grupos de discusión de la comunidad</b>	Del 26 de febrero al 7 de marzo de 2025	24	<ul style="list-style-type: none"><li>• 13 clientes o consumidores de servicios de salud conductual</li><li>• 11 proveedores de salud conductual</li></ul>

# Community Survey Findings

Strongly Disagree   Somewhat Disagree   Neither Disagree nor Agree   Somewhat Agree   Strongly Agree

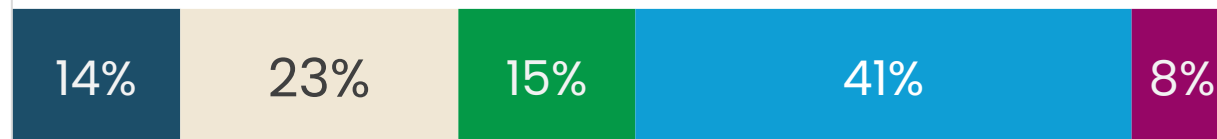
Santa Cruz County's services meet the needs of people experiencing a mental health crisis. (n=143)



Santa Cruz County's prevention and intervention services help people before they develop serious mental illness. (n=144)



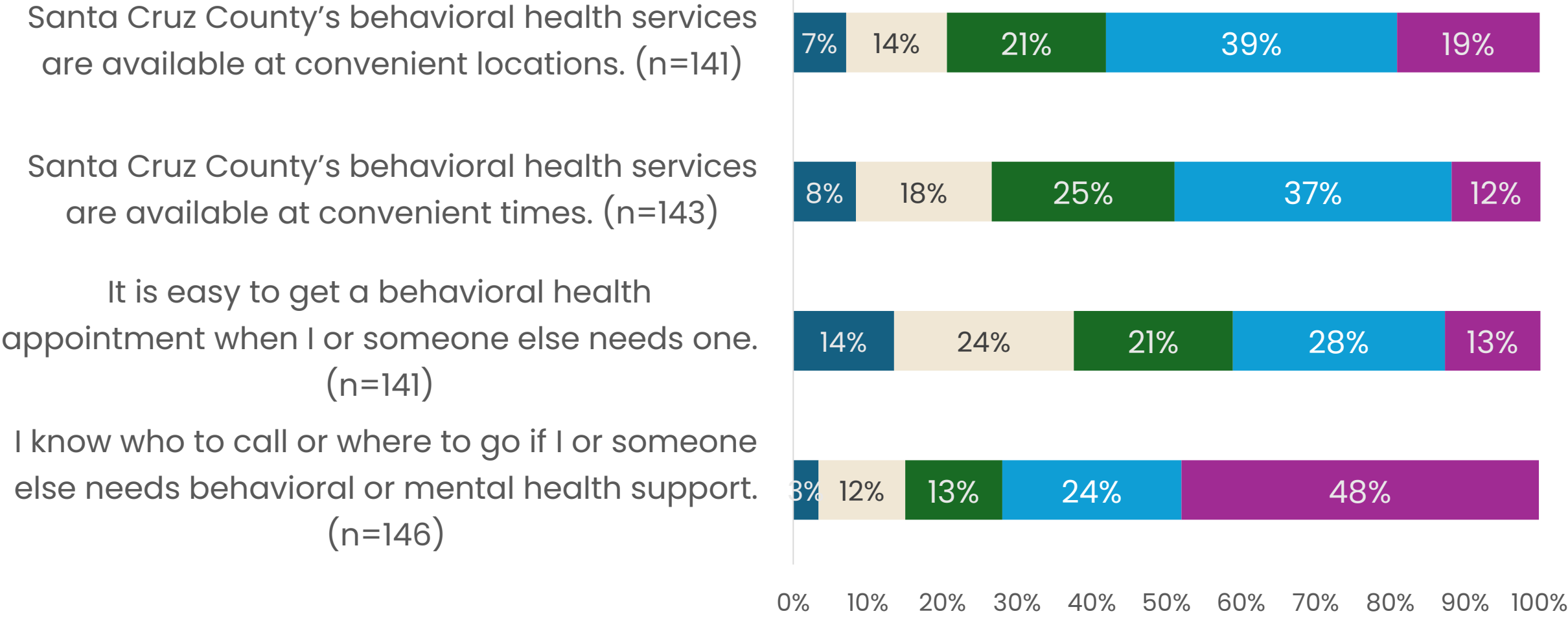
Santa Cruz County's behavioral health services meet the community's needs. (n=145)



0%   20%   40%   60%   80%   100%

# Community Survey Findings

Strongly Disagree   Somewhat Disagree   Neither Disagree nor Agree   Somewhat Agree   Strongly Agree



# Community Survey Findings

Strongly Disagree   Somewhat Disagree   Neither Disagree nor Agree   Somewhat Agree   Strongly Agree

Santa Cruz County’s behavioral health services support clients’ wellness and...



Santa Cruz County’s providers work together to coordinate services. (n=143)



Santa Cruz County’s clients and/or family members are involved in their treatment...



Santa Cruz County’s behavioral health services are respectful of clients’ culture....



Santa Cruz County’s behavioral health services are welcoming. (n=142)



0%   10%   20%   30%   40%   50%   60%   70%   80%   90%   100%

# SCCBHD System, Program & Service Strengths

## Strengths

- Services provided
  - Support clients' wellness and recovery
  - Include families in treatment planning
  - Are respectful of clients' culture
  - Are welcoming
- Most respondents reported knowing where to go or who to call to access services for their own or another's mental health needs
- SCCBHD service providers and staff received many comments of appreciation

# SCCBHD System, Program & Service Challenges & Gaps

- Not enough service space for services that are currently provided
  - Prevention and intervention services not always providing help needed for individual developing serious mental illness. More preventative support needed.
- Limited variety of services available (more variety desired)
- More timely access to services needed (e.g., long wait times for services)
- General accessibility of services (location, care coordination, workforce gaps, etc.)

# SCCBHD Populations in Need

- People experiencing homelessness and/or housing insecurity
- Youth experiencing behavioral health crisis
- Individuals with early signs of behavioral health needs (i.e., early intervention services)
- Adults experiencing Behavioral Health Crisis
- Older Adults, specifically those in need of residential housing

# **MHSA Program Modifications for FY2025-26**

# MHSA Program Modifications for FY2024-25

In response to community and provider feedback, we developed a new Full-Service Partnership Team for people with SMI or co-occurring SMI and SUD who are experiencing homelessness:

CSS Workplan #8: Integrated Housing  
and Recovery Team (IHART)

# Integrated Housing and Recovery Team (IHART) – FY 24–25

- **Sustaining services to people experiencing homelessness with SMI**
- County Behavioral Health **Full-Service Partnership** Team
- Coordination with **Housing for Health**
- Services in **North and South County**
- MH **Connectors**



# MHSA Program Modifications for FY2025–26

House 100 individuals enrolled on Full-Service Partnership Teams by June 2026 and provide supportive behavioral health services to assist them in reaching recovery and self-sufficiency.

CSS Workplan #8: Full-Service  
Partnership Clients and Housing

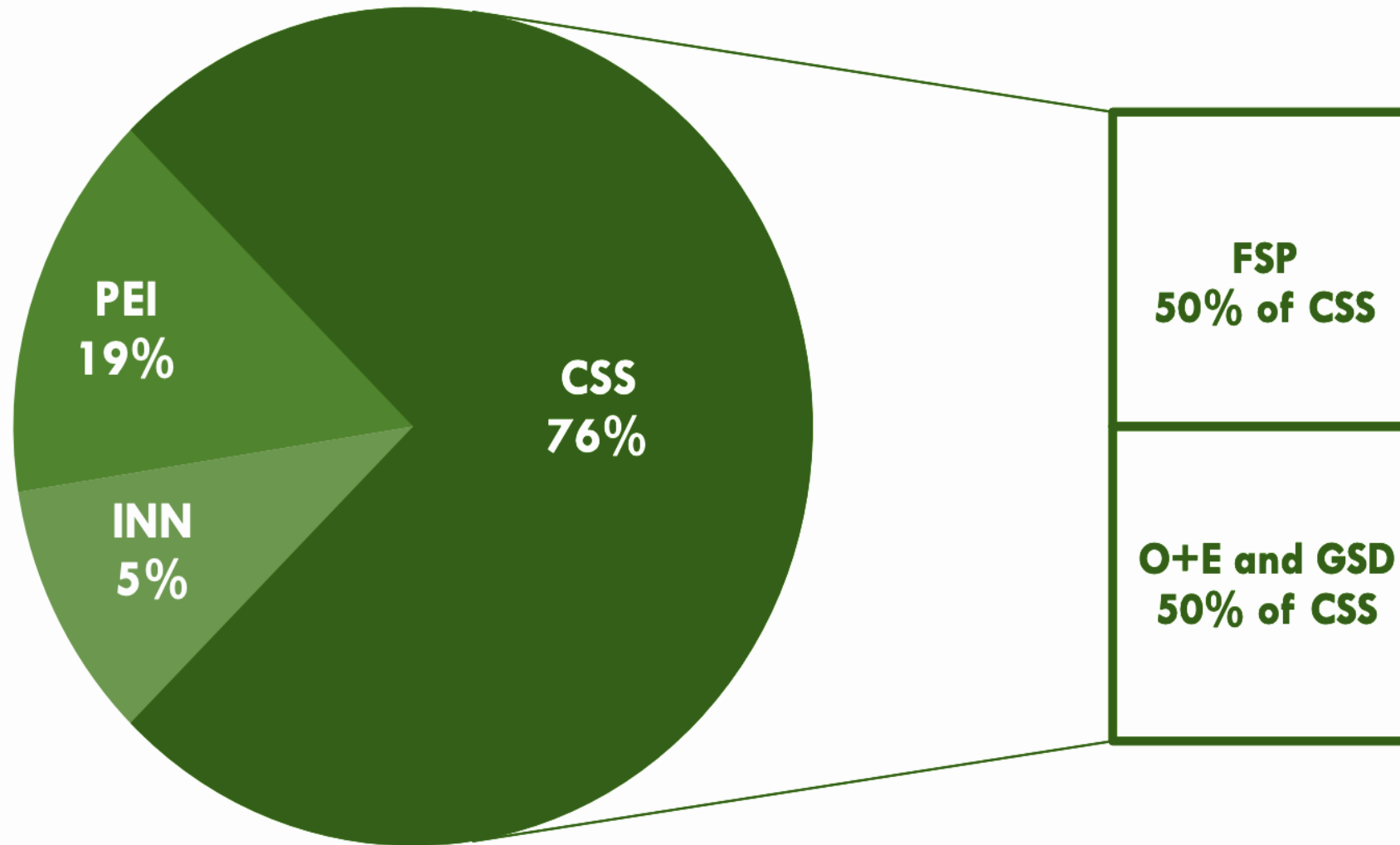
# MHSA Program Modifications for FY2025–26

Support staffing for Children's Crisis Center for FY 25–26 under the Crisis Now Pillar "Somewhere to Go"

Innovation Plan: Crisis Now

# **MHSA Program Budget FY2024-25**

# MHSA Allocation Requirements



**FSP:** Full-Service Partnership Services

**O+E:** Outreach & Engagement Services

**GSD:** General System Development

MHSA Component	FY 2025-26 Estimated MHSA Allocations
Community Services & Supports (CSS)	\$15,192,210
Prevention & Early Intervention (PEI)	\$3,798,052
Innovation Plan (INN) – Crisis Now Project	\$999,487
Workforce, Education, and Training (WET)	\$0
Capital Facilities & Technology Needs (CFTN)	\$0
TOTAL	\$19,989,750

# Three Year Comparison – MHSA Estimated Allocations

	ESTIMATED		
Service Category	FY 24-25	FY 25-26	FY 26-27
Community Support Services (CSS)	\$20,787,460	\$15,192,210	\$17,027,776
Prevention and Early Intervention (PEI)	\$5,191,865	\$3,798,052	\$4,256,945
Innovations (INN)	\$1,366,280	\$999,487	\$1,120,249
<b>Total Estimated Allocation</b>	<b>\$27,325,606</b>	<b>\$19,989,750</b>	<b>\$22,404,973</b>
% Change from Previous Year	7.45%	-26.85%	12.06%

# Next Steps

# Next Steps for the FY2025–26 Annual Update

Finalize Annual Update  
following the Public Comment Period

Present Annual Update to  
Board of Supervisor for Approval

Submit Annual Update to the Mental Health  
Services Oversight & Accountability  
Commission (MHSAOC)

# Public Comment

Discussion, Questions & Answers

# How to Share in Today's Meeting



**In-Person:** Please raise your hand for public comment



**Computer (Teams Meeting):** Click on the raise hand icon on the top of the screen



**E-mail:** Send your comments over email to [MentalHealth.ServicesAct@santacruzcounty.us](mailto:MentalHealth.ServicesAct@santacruzcounty.us)

**Please introduce your First & Last Name when sharing**  
**Please keep comments to 3 minutes**

# Public Comment & Discussion

- **What do you see as the strengths of the plan?**
- **What concerns do you have about the plan?**
- **What types of behavioral health programs or initiatives would you like to see BHD fund or expand?**
- **What other feedback do you have about the plan?**

**Please introduce your First & Last Name when sharing**  
**Please keep comments to 3 minutes**

# Reminder: Public Comment Period Open

## **Public Comment Period**

The public review and comment period begins **Thursday, May 15, 2025, and ends at 5:00 p.m. on Wednesday, June 18, 2025** at the Mental Health Advisory Board meeting.

Community members can review the plan and provide comments in the following ways during the public comment period:

- By **internet**: <http://santacruzhealth.org/MHSA>
- By **email** to: [MentalHealth.ServicesAct@santacruzcounty.us](mailto:MentalHealth.ServicesAct@santacruzcounty.us)
- By **writing** to:  
Santa Cruz County Behavioral Health  
Attention: MHSA Coordinator  
1400 Emeline Street, Building K  
Santa Cruz, CA 95062

# Thank you



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