



# Monterey County Behavioral Health

## Behavioral Health Transformation Three-Year Integrated Plan FY 2026-27 through 2028-29

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June 16, 2026  
26-552  
Item 13

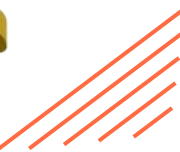


MONTEREY COUNTY  
BEHAVIORAL HEALTH

Avanzando Juntos Forward Together



COUNTY OF MONTEREY  
**HEALTH DEPARTMENT**  
*Nationally Accredited for Providing Quality Health Services*



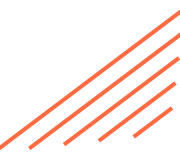
# Today's Recommended Action

Adopt and Approve the BHSA Three-Year Integrated Plan

Authorize Board Certification, attesting that the Board reviewed and approved the Plan

Authorize Staff to submit the approved Integrated Plan to DHCS, and to execute all necessary documentation

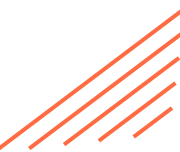
Authorize BH Director to approve non-substantive, technical, or clerical amendments, revisions, and corrections required by DHCS





# Behavioral Health Services Act (BHSA)

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# Proposition 1

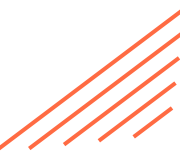
In March 2024, California voters passed Proposition 1, a two-bill package, to modernize the state's behavioral health care system.

## SB326 – The Behavioral Health Services Act

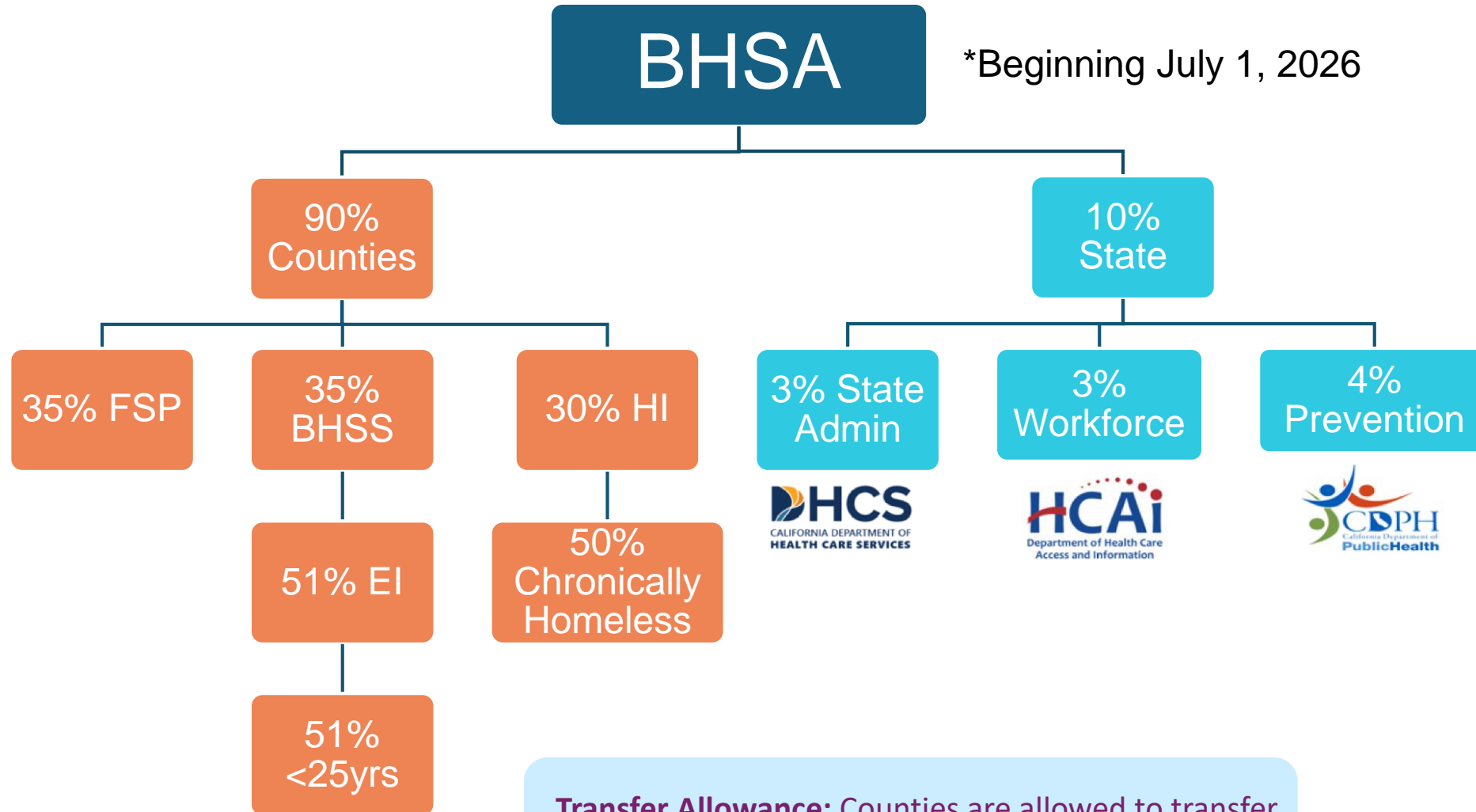
- Reforms behavioral health care funding to provide services to Californians with the most significant behavioral health needs
- Expands the behavioral health workforce to reflect and connect with California's diverse Population
- Focuses on outcomes, accountability, and equity
- **Redirects service, eligibility, and funding requirements across the system**

## AB531 – Behavioral Health Bond

- Funds behavioral health treatment beds, supportive housing, and community sites
- Directs funding for housing to veterans with behavioral health needs



# BHSA Funding Framework



**Transfer Allowance:** Counties are allowed to transfer 7% of any component to another component.



# BHSA Funding Components

- Full Service Partnership (FSP) services provide intensive, team-based support to help people with serious mental health or substance use needs achieve their goals for recovery and independent living through flexible, 24/7 care that addresses both clinical and practical needs.

FSP



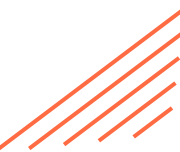
- Behavioral Health Services and Supports (BHSS) provide ongoing, recovery-oriented care to help people with behavioral health needs maintain wellness and stability through coordinated outpatient, community, and peer-based services that prevent crises and support recovery.

BHSS



- Housing Interventions (HI) provide housing-focused services and supports to help people with behavioral health needs achieve stability and independence through rental assistance, tenancy support, and other resources that promote long-term housing success.

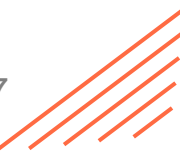
HI





# BHSA Three-Year Integrated Plan (IP)

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# BHSA Three-Year Integrated Plan: Overview

Established through **Proposition 1** and **Senate Bill 326**, the Behavioral Health Services Act (BHSA) replaces the MHSAs framework and requires every California county to develop and submit a **Three-Year Integrated Plan** using standardized templates established by DHCS for FYs 2026/27 through 2028/29.

## What is the Integrated Plan?

The BHSA Integrated Plan is a **systemwide planning and accountability framework** that demonstrates how counties align behavioral health services, funding strategies, statewide goals, and local priorities across the continuum of care.

**It is NOT** a comprehensive inventory of all behavioral health programs and services. Rather, it documents county alignment with new service delivery, eligibility, and funding requirements under the BHSA.

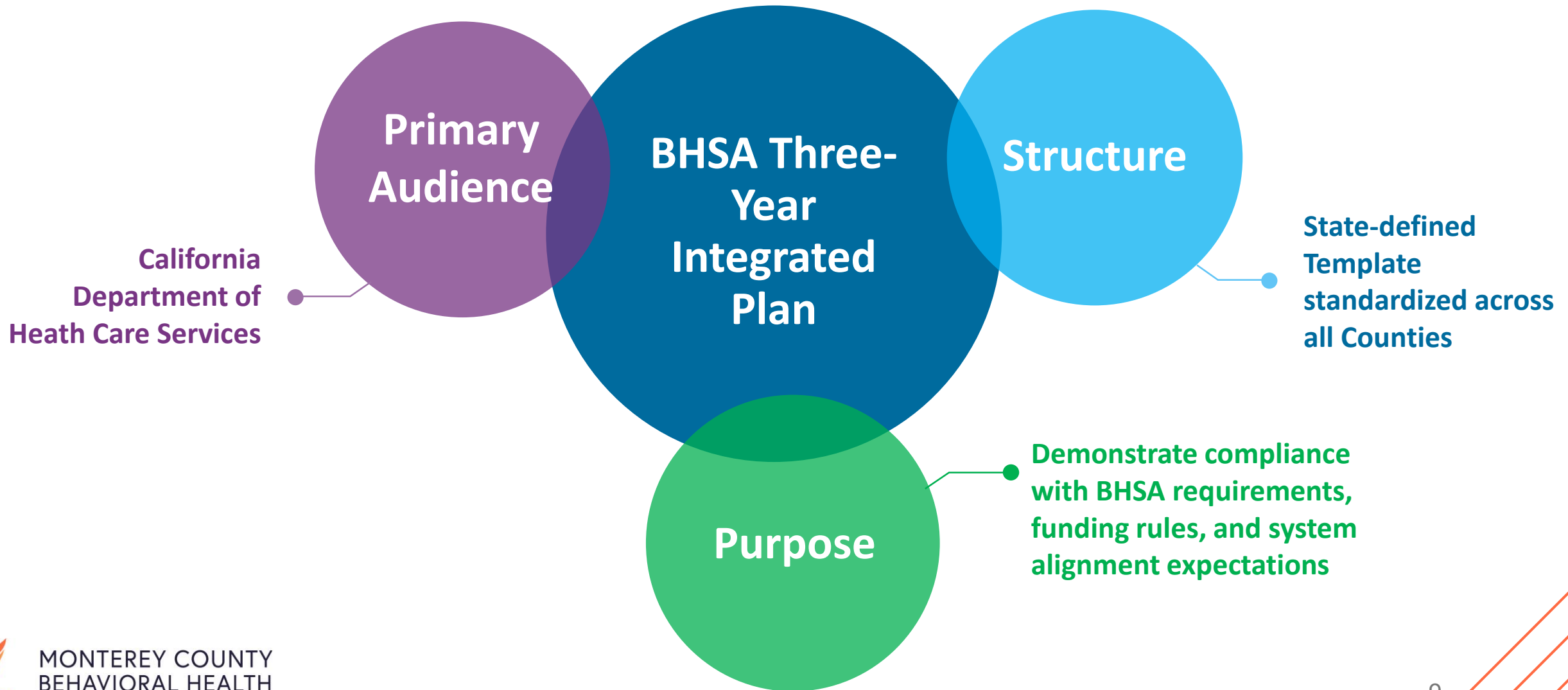
The Plan was developed using required DHCS Integrated Plan and Budget Templates, consistent with statewide BHSA planning and reporting requirements, and informed by County of Monterey's Community Planning Process.

**Key areas of BHSA transformation include:**

- Funding structure and service categories
- Housing interventions and accountability
- Integrated behavioral health planning across mental health and substance use disorder systems
- Statewide consistency, transparency, and outcomes



# BHSA Integrated Plan



# BHSA Three-Year Integrated Plan: Overview

## County of Monterey Priorities

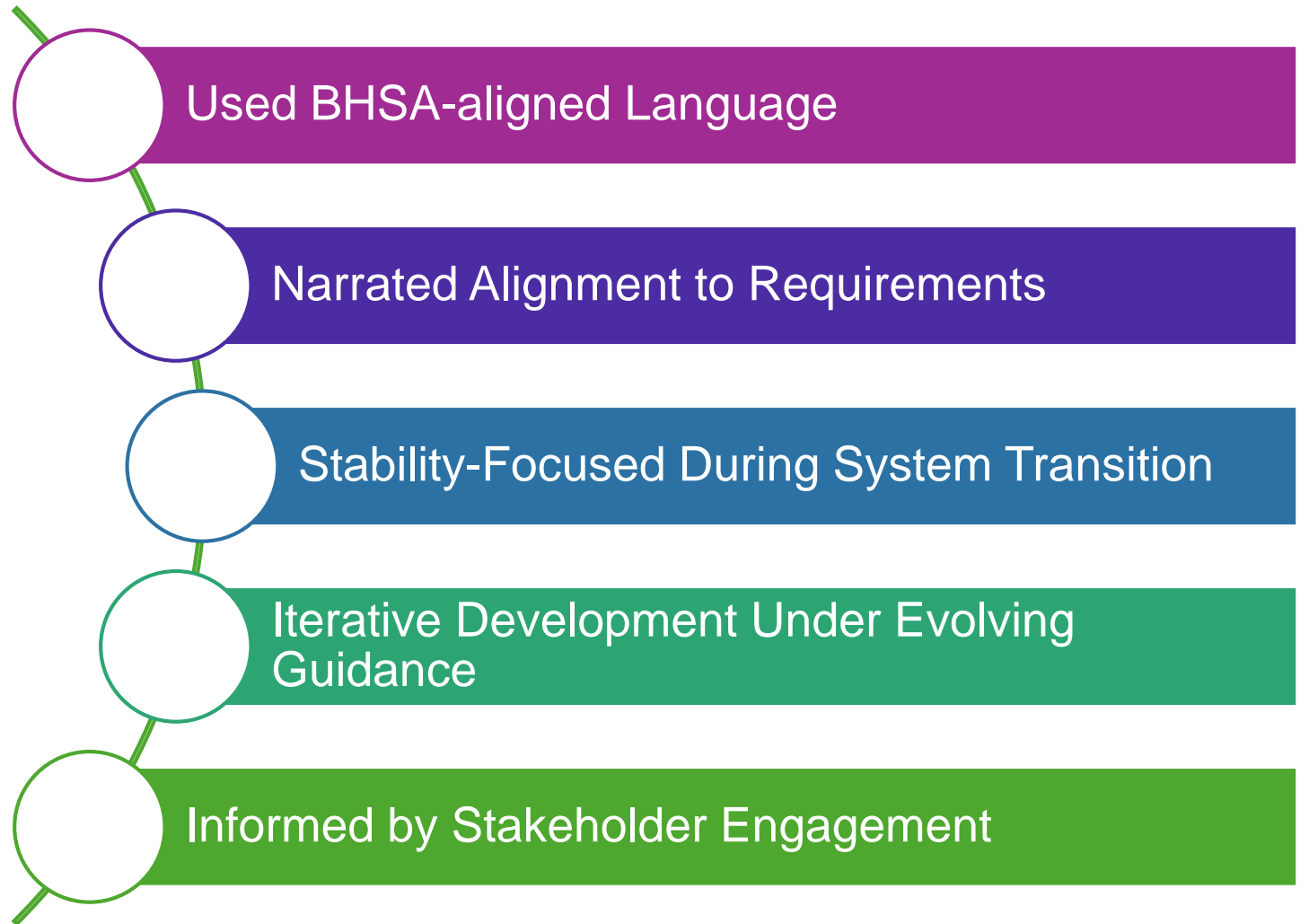
- 01 Specialized behavioral health treatment and supports for individuals with severe needs
- 02 Reducing homelessness among individuals with severe behavioral health conditions
- 03 Addressing disparities in access, engagement, and behavioral health outcomes
- 04 Strengthening coordination and continuity across systems of care
- 05 Maintaining core behavioral health services to ensure continuity of care through a significant system transformation

**Acknowledgment:** MCBH extends sincere appreciation to all community members, partners, stakeholders, providers, advocates, and individuals with lived experience who contributed to this Integrated Plan.



# BHSA Integrated Plan Approach

**This Plan reflects policy and system-level decisions made within State requirements. It is not a fully specified implementation plan.**

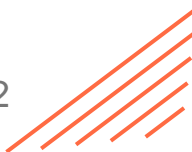
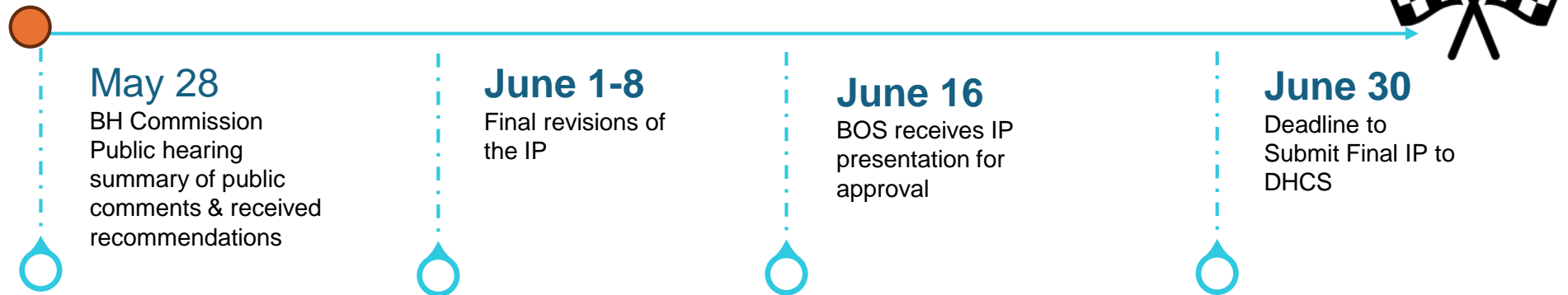


# Integrated Plan Submission Timeline



Organization and analysis of public comments received

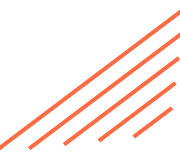
## *Presentations on the Integrated Plan*





# IP Public Comment Process

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# Public Comment Process Requirements & MCBH Approach

## State Requirements: Activities Prior to Submission

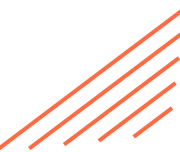
### Draft Integrated Plan

- Circulate draft IP for 30-day public comment period
- Conduct a public hearing by the local Behavioral Health Commission (BHC)
- BHC reviews IP and/or makes recommendations for revisions
- Revise draft IP per DHCS request (Ch. 3, Sec. E.3 & E.4)

## MCBH Approach

### MCBH Exceeded the State Standard

- Provided **45 days** of public comment (15 days beyond the required 30)
- Multilingual outreach (English & Spanish) across email, social media, radio, flyers, and community events/meetings
- BH Commission public hearing: **May 28, 2026**
- Board of Supervisors approval: **June 16, 2026**



# Public Comment Process Requirements & MCBH Approach

□ **OPEN:**  
April 3, 2026

**45 Days Public  
Comment Period**

● **CLOSE:**  
May 18, 2026

## Public Comment Results

**142**

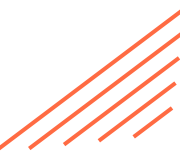
**Comments Received**

Total comments submitted

**136**

**Individuals Responded**

Unique community members who  
submitted



# Public Comment Opportunities

## Presentations

**Apr 15** - County of Monterey News Briefing

**Apr 16** - Cultural Committee Presentation (Spanish-language)

**Apr 28** - Board of Supervisors

**Apr 30** - Behavioral Health Commission (Public Hearing)

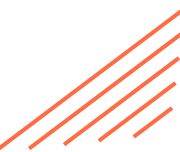
**May 11** - King City Community Presentation at Sun Street Center (Spanish language)

**May 12** - Multi-Disciplinary-Team: Aging & Adult Protective Services host County, State, and City agencies involved in Adult Protective Services.

**May 13** - **1)** Follow-up County of Monterey News Briefing – Public Comment Period will close May 18.  
**2)** Wednesday with Wendy: Supervisor Wendy Root-Askew (Community Zoom)

**May 28** - Behavioral Health Commission (Public Hearing)

**Jun 16** - Board of Supervisors (Final Approval)



# Other Public Comment Opportunities

## Other Engagement Activities

 **Email & Mailchimp Outreach via County listserves • 18**

Apr 3 – May 15 | 4 mass mailout rounds

 **Website Updates (English & Spanish) • 6**

Apr 3 – Apr 29 | BHSA, MCBH, County, Health Dept sites

 **Social Media Posts • 5**

Apr 6 – May 7 | Facebook & Instagram

 **Flyer & Cover Letter Distribution • 4**

Apr 26 – Apr 30 | Dia del Nino, Alisal HS, community events

 **Radio Bilingue Outreach**

Apr 7

 **MCBH Alisal Integrated Health Center Produce Distribution Event • 1**

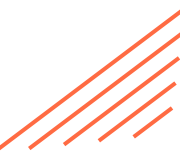
Apr 13 | ~50 flyers distributed

 **Newsletter & Public Posting • 2**

Apr 10 (bulletin boards) | May 15 (employee newsletter)

**44 Total  
Comment  
Opportunities**

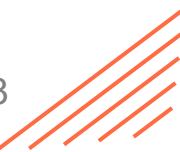
10 Presentations  
+  
37 Engagement  
Activities





# Summary and Reporting of Public Comments Received

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# Public Comment Summarization Process



Comments were organized by required BHSA stakeholder groups



Summaries focused on substantive recommended revisions to the Integrated Plan



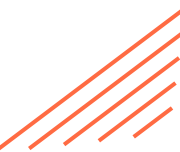
Similar recommendations within a stakeholder group were consolidated into shared themes



Summaries were written to reflect stakeholder perspectives without adopting or validating all factual claims made in comments



Program names and specific recommendations were included when central to the stakeholder's requested revision



# Public Comment Themes

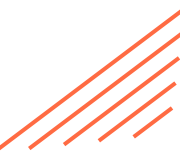
Housing Stability as Core Behavioral Health Infrastructure

Preservation of Prevention, Early Intervention, Peer, Family, and Community-Based Supports

Cross-System Coordination, Data Sharing, and Implementation Accountability

Equity, Cultural Responsiveness, and Language Access

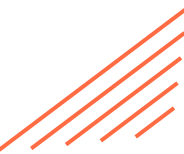
Access, Continuity of Care, and Crisis-to-Recovery Pathways for High-Need Populations



# Housing Stability as Core Behavioral Health Infrastructure

## Substantive Comments:

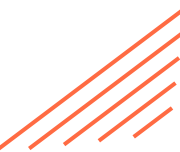
- Housing stability as a behavioral health strategy
- More specific housing implementation planning
- Stronger Housing Interventions investments
- Permanent Supportive Housing (PSH) and recovery-oriented housing
- Behavioral health services embedded within housing settings
- Alignment with coordinated housing and homelessness systems



# Preservation of Prevention, Early Intervention, Peer, Family, and Community-Based Supports

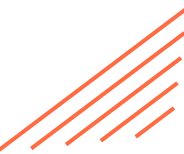
## Substantive Comments:

- Preserve prevention and early intervention services
- Protect peer, family support, outreach, and navigation services
- Sustain culturally responsive community-based supports
- Concerns regarding narrower eligibility and funding shifts
- Reduce reliance on crisis systems, hospitalization, and emergency departments
- Protect youth and family-serving programs



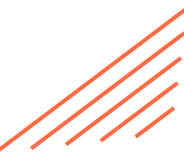
## Substantive Comments:

- Stronger cross-system coordination
- Clarify operational roles and referral pathways
- Improve continuity of care and discharge planning
- Behavioral health and healthcare integration
- Improve interoperability and data sharing
- Collaboration across schools, EMS, justice, and community systems



## Substantive Comments:

- Culturally responsive and linguistically appropriate services
- Improve language access and interpretation
- Reduce disparities in access and outcomes
- Community-Defined Evidence Practices (CDEPs)
- Outreach to underserved populations
- Focus on Spanish-speaking communities, older adults, youth, and individuals experiencing homelessness



# Access, Continuity of Care, and Crisis-to-Recovery Pathways for High-Need Populations

## Substantive Comments:

- Expand mobile and field-based behavioral health outreach for unsheltered and high-need populations
- Strengthen reentry navigation, warm handoffs, and post-discharge continuity of care
- Improve coordination across behavioral health, hospitals, EMS, law enforcement, housing, and justice systems
- Reduce barriers created by intake processes, transportation gaps, interpretation needs, and fragmented records
- Increase local treatment capacity and integrated care pathways for individuals with co-occurring needs
- Build clearer crisis-to-recovery pathways that help individuals move between services without falling through system gaps



# Behavioral Health Commission Engagement on the Draft Integrated Plan

Per BHSA requirements (WIC§5963.03(b)), the Behavioral Health Commission is required to hold a public hearing and provide recommendations on the draft Integrated Plan (IP). MCBH exceeded this requirement by presenting to the commission on two separate occasions.

## April 30, 2026 - Public Hearing #1

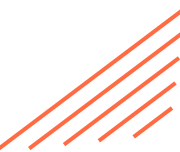
**Presentation: Staff presented the Draft Integrated Plan to the Commission**  
**MCBH opened the formal Public Comment Period from April 3<sup>rd</sup> to May 18<sup>th</sup>**

## May 28, 2026 – Public Hearing #2

Summary of Outreach & Engagement Activities  
Summary of Public Comments Received  
Receipt of Behavioral Health Commission Recommendations

## Outcome / Reference Materials:

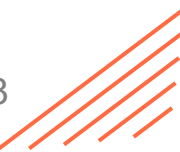
Behavioral Health Commission Recommendations Received and Incorporated  
QR Code Provided on Slide 39





# Revisions to Draft IP

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# Draft Integrated Plan Revisions

**\*54**

## **DHCS Technical Revisions**

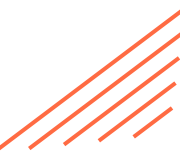
Compliance corrections identified through the DHCS review portal

**25**

## **Public Comments/ BHC Revisions**

Additional revisions made by MCBH based on the public comments and Behavioral health Commission recommendations

**\*Technical and compliance corrections identified through the DHCS Integrated Plan review portal**



# Revisions to the Draft Integrated Plan

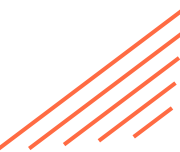
*Narratives revised to include detailed information about:*

**Housing Interventions**

**Justice Involved**

**Crisis / Data & Outcomes**

**Other – employment, overdose response, personnel correction**

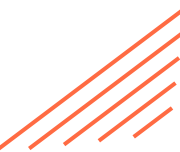


# Draft Integrated Plan Revisions Public Comment and Behavioral Health Commission

27

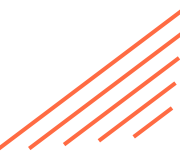
**Additional revisions made by MCBH based on:  
Public Comments & Behavioral Health Commission  
recommendations**

#	REVISION
1	In the Housing Interventions responses, MCBH identified the Coalition of Homeless Services Providers and the Lead Me Home Leadership Council as key partners. The revised language describes coordination with Lead Me Home strategies, housing navigation, case conferencing, housing placement, appropriate data-sharing efforts, interim housing supports, and pathways to permanent housing for BHSA-eligible individuals.
2	In the County of Monterey Continuum of Care section, MCBH added coordination with CoC-funded permanent supportive housing, HMIS-informed planning, HUD resources, referral processes, housing navigation, case conferencing, and housing outcome tracking for individuals experiencing homelessness, chronic homelessness, or risk of homelessness.



# Draft Integrated Plan Revisions 3-5

#	REVISION
3	The CoC coordination language was revised to commit to HMIS-informed planning and coordination with CoC partners without stating that all BHSA Housing Interventions will be routed through Coordinated Entry. The IP also notes continued planning with system partners around future housing system integration opportunities.
4	The Behavioral Health Bridge Housing section was revised to describe how interim and bridge housing resources will coordinate with BHSA Housing Interventions to stabilize placements and support transitions from crisis or interim settings into longer-term residential and supportive housing. The revised language also references continuity of care, hospital discharge planning, justice reentry, and movement from crisis response and interim housing into recovery-oriented and permanent housing opportunities.
5	The Community Care Expansion section now explains how prior CCE-funded capital and operating stabilization of residential care facilities will align with BHSA Housing Interventions to preserve capacity, reduce closure risk, support long-term financial sustainability, and maintain residential care resources that support recovery, community integration, and housing stability.

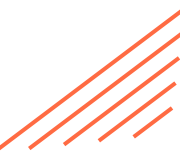


# Draft Integrated Plan Revisions 6-9

#	REVISION
6	The Central California Alliance for Health section was revised to include CalAIM Enhanced Care Management, Community Supports, Transitional Rental Assistance, workforce and equity initiatives, housing navigation, transitions between levels of care, and access to housing-related services that support stability and recovery.
7	The local housing developers, nonprofit operators, and supportive housing providers section was revised to include facility acquisition, conversion, and development strategies. The IP also now references exploration of adaptive reuse, recovery-oriented housing, shared housing, master leasing, and other housing approaches that may strengthen the local housing continuum.
8	The housing navigation and low-barrier housing partners section was revised to describe engagement of individuals experiencing homelessness, including those living in unsheltered settings, and connection to housing opportunities that support stability, recovery, and long-term community integration.
9	The Monterey County Works section was revised to describe workforce development and training resources that strengthen staffing capacity in residential care facilities and supportive housing settings. The revised language includes recruitment, training, retention, preservation of housing and treatment capacity, reduced service disruptions, long-term stability, and continuity of care.

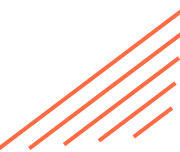
# Draft Integrated Plan Revisions 10-12

#	REVISION
10	The Monterey-Salinas Transit section was revised to describe coordination between housing placements and transit programs to improve access to behavioral health services, medical appointments, employment, education, and other community resources. The IP also now references reducing transportation barriers, improving access for individuals in underserved areas, supporting community integration, and promoting successful housing placements.
11	The overall Housing Interventions strategy response was revised to describe a balanced approach that includes rental subsidies, operating subsidies, housing navigation, tenancy supports, participant assistance funds, and capital development investments. The revised language explains that this mix addresses both immediate housing access needs and longer-term housing capacity challenges.
12	The overall Housing Interventions strategy response was revised to identify Permanent Supportive Housing as a central component of MCBH's housing strategy. The IP now names housing partners and describes support for permanent supportive housing, transitional housing, residential care settings, housing access, housing retention, housing navigation, tenancy sustaining services, rental subsidies, operating subsidies, and coordination with behavioral health services.



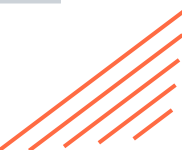
# Draft Integrated Plan Revisions 13-15

#	REVISION
13	The Housing Interventions strategy response now describes planned capital development investments intended to expand housing resources for BHSA-eligible individuals and strengthen the long-term sustainability of the local behavioral health housing continuum. Additional language was developed for the PSH and capital development response describing strategic investments in board-and-care capacity and recovery-oriented housing opportunities.
14	The Housing Interventions overall strategy response was revised to explain that rental subsidies, operating subsidies, participant assistance funds, and housing support services help individuals obtain and maintain housing in the near term, while capital development investments help preserve and expand housing opportunities for future BHSA-eligible individuals.
15	The Housing Interventions identification, screening, and referral response was revised to state that MCBH will use population-specific and culturally responsive engagement and referral approaches for older adults and other groups with elevated unmet behavioral health and housing needs. The IP also now states that MCBH will monitor and report implementation progress across age groups during the plan period.



# Draft Integrated Plan Revisions 16-18

#	REVISION
16	The non-BHSA housing resources response was revised to include discharge planning and transition coordination across hospitals, correctional settings, probation, child welfare, and other institutional partners as part of housing navigation, interim supports, and pathways to permanent housing for BHSA-eligible individuals.
17	The IPS supported employment response was revised to describe implementation of the Individual Placement and Support model to fidelity as part of the Full-Service Partnership continuum. The revised language connects IPS to competitive employment, earned income, workplace supports, economic stability, recovery, community integration, and long-term housing stability.
18	Disparity analysis language was added to explain that some demographic disparity data were not available through the source datasets used for the analysis. The IP now notes that some source data either do not report disparities at the required level of detail or are not accessible to the County in a way that allows reliable subgroup analysis, limiting the County's ability to fully assess disparities for those measures.



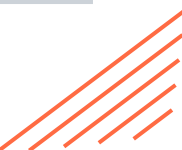
# Draft Integrated Plan Revisions 19-21

#	REVISION
19	Data limitation language was added stating that the Perception of Functioning Domain Score and Perception of Social Connectedness Domain Score were not available through the data sources provided for the Integrated Plan. The IP also now states that MCBH will monitor opportunities to incorporate these measures into future planning and reporting as data become available and will continue supporting services that promote community integration, social connection, recovery, and independent functioning.
20	The crisis utilization discussion was revised to state that state-provided data did not include age-group analysis for Crisis Residential Treatment or Crisis Intervention utilization. MCBH also added specific Early Intervention strategies, including Behavioral Health Crisis, Dispatch, and Mobile Response Services; Access Post-Hospital/Crisis Follow-Up; MCHOME Homeless Outreach & Engagement; 211 referral and linkage services; regional Access to Treatment programs; and early childhood, child welfare, youth, and family-serving programs.
21	The IP now includes monitoring language identifying crisis line volume, mobile crisis response volume, response and linkage timeliness where available, post-crisis follow-up contacts, completed referrals, engagement in ongoing services, and trends in higher-acuity utilization such as Crisis Residential Treatment, emergency department use, hospitalization, and repeat crisis episodes.



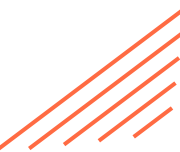
# Draft Integrated Plan Revisions 22-24

#	REVISION
22	The Justice-Involvement cross-measure response was revised to describe outpatient, crisis, intensive care coordination, FSP, and intensive case management services that support identification of behavioral health needs, stabilization, continuity of care, and reduced justice involvement for individuals with SMI, SUD, or co-occurring conditions.
23	The Justice-Involvement response now describes behavioral health services across juvenile justice, adult justice, court, and reentry settings. It also states that the County provides direct behavioral health services in juvenile justice settings and collaborates with adult jail behavioral health providers to support assessment, treatment engagement, discharge planning, and connection to community-based services.
24	The Justice-Involvement response was revised to identify coordination with County Access programs, diversion initiatives, court-based collaborations, and CalAIM Justice-Involved Behavioral Health Linkages activities designed to improve continuity of care and reduce service gaps after release from institutional settings.



# Draft Integrated Plan Revisions 25-27

#	REVISION
25	The Justice-Involvement response now describes continued support for the Community Crisis Line, 988 coordination, crisis dispatch services, and countywide mobile crisis response teams serving youth and adults. The revised language explains that these services help de-escalate crises, stabilize individuals in the community, and connect people to behavioral health services before justice system involvement occurs.
26	The overdose response was revised to state that overdose prevention, treatment, and recovery strategies will be implemented with culturally responsive providers and community-based organizations. The IP also now identifies monitoring indicators, including overdose deaths, emergency department visits related to substance use, follow-up after emergency department visits for substance use, engagement in treatment services, DMC-ODS utilization, and other available population health measures.
27	Revised by removing Lindsey O'Leary and adding Deputy Director for QA/QI - Open Position



# BHSA Website

- Integrated Plan
- Integrated Plan Budget
- Redacted Public Comments
- Residential Care Facility Incubator Evaluation Report *(also known as the "Housing Tools" Report)*

*QR code links to  
BHSA Website  
(English)*

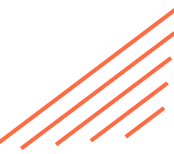


*QR code links to  
BHSA website  
(Spanish)*



# Today's Recommended Action

- 1. Adopt and Approve the BHSA Three-Year Integrated Plan
- 2. Authorize Board Certification, attesting that the Board reviewed and approved the Plan
- 3. Authorize Staff to submit the approved Integrated Plan to DHCS, and to execute all necessary documentation
- 4. Authorize BH Director to approve non-substantive, technical, or clerical amendments, revisions, and corrections required by DHCS





# Thank you!

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MONTEREY COUNTY  
BEHAVIORAL HEALTH

Avanzando Juntos Forward Together

