

**Monterey County Board of Supervisors
Referral Submittal Form**

Referral No. 2026.05
Assignment Date: 04/14/26
(Completed by CAO's Office)

SUBMITTAL - Completed by referring Board office and returned to CAO no later than noon on Thursday prior to Board meeting:

Date: 04/07/2026	Submitted By: Supervisor Wendy Root Askew	District #: 4
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Referral Title: Request for discussion of the Behavioral Health Services Act (BHSA) Draft Plan at a Board of Supervisors' meeting during Public Comment Period

Referral Purpose: Request for the Board of Supervisors to schedule time on the next available agenda to review the draft BHSA Integrated Plan and provide policy direction so staff have an opportunity to strengthen the final plan. And request consideration of attached memo outlining areas for policy consideration by the Board. The draft BHSA plan includes significant policy decisions as part of the system redesign mandated by Prop 1; however, the Board of Supervisors is not scheduled to review or discuss these major policy issues until the plan is presented for final approval in late June.

Brief Referral Description (attach additional sheet as required):

The Behavioral Health Services Act (BHSA) provides funding to counties to expand and develop innovative, integrated services for children, transition age youth, adults and older adults. The overall goal is to transform the behavioral health system to improve accountability, increase transparency, and expand the capacity of behavioral health care facilities.

The County of Monterey Health Department's Behavioral Health Bureau has announced the opening of the public comment period for the draft [Behavioral Health Services Act \(BHSA\) Three-Year Integrated Plan](#) for Fiscal Years 2026–27 through 2028–29. The comment period began April 3, 2026, and will conclude on May 18, 2026, after which time the Bureau will consider the comments that were received before bringing a final plan for the Board of Supervisors' approval prior to June 30, 2026.

The draft BHSA plan includes significant policy decisions as part of the system redesign mandated by Prop 1; however, the Board of Supervisors is not scheduled to review or discuss these major policy issues until the plan is presented for final approval in late June. Upon initial review of the draft, it appears that the plan departs in important respects from the [Lead Me Home Plan](#) to End Homelessness, the 5-year plan to reduce homelessness by 50%, developed by the Coalition of Homeless Services Providers and adopted by Monterey County and other jurisdictions in the region.

The draft BHSA plan would benefit from broader, more clearly documented engagement with stakeholders in affordable housing development and homelessness response. **The current draft would benefit from Board direction and targeted revisions before it is ready for final adoption. As time is of the essence, the Board of Supervisors I respectfully request that the Board immediately schedule time to review the draft plan and provide direction on key policy and implementation strategies during the public comment period.** The attached memo outlines areas I believe the Board needs to provide input on.

Classification - Implication	Mode of Response	
☐ Ministerial / Minor	☐ Memo	☐ Board Report X Presentation
☐ Land Use Policy	Requested Response Timeline	

☒ Social Policy ☐ Budget Policy ☐ Other:	☒ 2 weeks ☐ 1 month ☐ 6 weeks Status reports until completed Other: Specific Date: _____
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ASSIGNMENT – Provided by CAO at Board Meeting. Copied to Board Offices and Department Head(s) Completed by CAO’s Office:

Department(s): Health Department	Referral Lead: Elsa Jimenez	Board Date: 04/14/26
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REASSIGNMENT – Provided by CAO. Copied to Board Offices and Department Head(s). Completed by CAO’s Office:

Department(s):	Referral Lead:	Date:
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ANALYSIS - Completed by Department and copied to Board Offices and CAO:

Department analysis of resources required/impact on existing department priorities to complete referral:	
Analysis Completed By: _____ Date: _____	Department’s Recommended Response Timeline ☐ By requested date ☐ 2 weeks ☐ 1 month ☐ 6 weeks ☐ 6 months ☐ 1 year ☐ Other/Specific Date: _____

REFERRAL RESPONSE/COMPLETION - Provided by Department to Board Offices and CAO:

Referral Response Date:	Board Item No.:	Referrals List Deletion:
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Note: Please cc Claudia Escalante and Karina Bokanovich on all CAO correspondence relating to referrals.

MEMORANDUM

To: Board of Supervisors

From: Wendy Root Askew, Supervisor, District 4

Date: April 7, 2026

RE: Draft Behavioral Health Services Act (BHSA) Three-Year Integrated Plan

The Behavioral Health Services Act (BHSA) provides funding to counties to expand and develop innovative, integrated services for children, transition age youth, adults and older adults. The overall goal is to transform the behavioral health system to improve accountability, increase transparency, and expand the capacity of behavioral health care facilities.

The County of Monterey Health Department's Behavioral Health Bureau has announced the opening of the public comment period for the draft [Behavioral Health Services Act \(BHSA\) Three-Year Integrated Plan](#) for Fiscal Years 2026–27 through 2028–29. The comment period began April 3, 2026, and will conclude on May 18, 2026, after which time the Bureau will consider the comments that were received before bringing a final plan for the Board of Supervisors' approval prior to June 30, 2026.

The draft BHSA plan includes significant policy decisions as part of the system redesign mandated by Prop 1; however, the Board of Supervisors is not scheduled to review or discuss these major policy issues until the plan is presented for final approval in late June. Upon initial review of the draft, it appears that the plan departs in important respects from the [Lead Me Home Plan](#) to End Homelessness, the 5-year plan to reduce homelessness by 50%, developed by the Coalition of Homeless Services Providers and adopted by Monterey County and other jurisdictions in the region.

The draft BHSA plan would benefit from broader, more clearly documented engagement with stakeholders in affordable housing development and homelessness response, **I believe the current draft would benefit from Board direction and targeted revisions before it is ready for final adoption and therefore request that the Board of Supervisors should immediately schedule time to review the draft plan and provide direction on key policy and implementation strategies during the public comment period.**

The draft BHSA plan focuses on the very real risks of destabilizing critical treatment and support services during transition from the previous MHSA Integrated Plan. The draft plan generally demonstrates compliance with the new BHSA framework, but in several key areas it would benefit from greater operational specificity. It proposes the maximum allowable reduction in Housing Interventions for all three years without a clear restoration strategy; it acknowledges major data gaps in homelessness and institutionalization while offering limited evidence of a corrective data infrastructure plan; and it describes a goal of achieving cross-system housing coordination without details about how it will be achieved. In several places, the plan appears to rely on generalized references to partners and alignment rather than clearly documenting who has been engaged, what they agreed to, how referrals will work, and what outcomes will be measured.

The draft BHSA Integrated Plan is partially aligned with the regionally adopted *Lead Me Home Plan* in that it recognizes the interdependence of housing and behavioral health services and seeks to preserve the service infrastructure needed to keep vulnerable residents stably housed. However, it is not yet well aligned with *Lead Me Home's* housing-first, coordinated-entry, cross-system implementation model. *Lead Me Home* is explicit that ending homelessness requires shared data infrastructure, coordinated prioritization, strong discharge planning, and strategic expansion of housing access. By contrast, the BHSA draft does not sufficiently anchor its housing efforts in HMIS/Coordinated Entry/case conferencing and offers housing coordination language that is often too general to demonstrate operational readiness. **I believe the final plan should be amended to explicitly align with *Lead Me Home* priorities, strengthen housing system integration, commit to data interoperability, and establish concrete cross-sector implementation commitments.**

Specific issues that should be discussed by the Board of Supervisors in preparation of a final plan include:

1. **Restoration of Housing Intervention Transfer over 3-Year Plan:** The draft proposes the maximum allowable transfer away from Housing Interventions for all three years of the plan, but it does not yet provide a clearly defined restoration pathway. If this is intended as a transition stabilization strategy, the final plan should explain why a phased approach is not feasible and should identify objective benchmarks or decision points for restoring the housing allocation in Years 2 and 3 if service stabilization goals are met. The plan should also more clearly explain how Housing Intervention dollars will be balanced across short-term rental subsidies, capital creation, acquisition, operating support, navigation, and other housing-related uses, and why those choices represent the most effective use of limited BHSA resources in a county facing acute housing scarcity. Monterey County's student homelessness crisis is one of the clearest indicators of family housing instability and should not be treated as a peripheral data point in the County's overall housing strategy.
2. **Alignment with the *Lead Me Home Plan to End Homelessness* and Housing Navigation Infrastructure:** *Lead Me Home* treats HMIS, Coordinated Entry, case conferencing, and shared prioritization as core system infrastructure. The BHSA draft would be significantly strengthened by explicitly committing to coordinate BHSA Housing Interventions through the Continuum of Care's HMIS and Coordinated Entry System, with clear eligibility pathways, prioritization criteria, referral protocols, case conferencing practices, and outcomes tracking for BHSA-eligible individuals who are homeless or at imminent risk of homelessness.

The final plan should also more clearly align with *Lead Me Home's* emphasis on housing placement as a cross-system responsibility, including discharge planning obligations for hospitals, correctional settings, probation, child welfare, and other institutions.

The County should consider whether broader system improvements identified in other communities, such as more streamlined or universal affordable housing application pathways, shared housing navigation, and other access tools, could improve BHSA clients' connection to existing housing opportunities.

In addition, *Lead Me Home* speaks to the broader issues of economic stability for individuals as a housing retention strategy. It is reasonable to expect that housing security for BHSA-eligible residents is dependent on income, caregiving support, employment pathways, and family stabilization, and should be addressed in the BHSA plan.

3. **Addressing Data Gaps and Interoperability:** The draft acknowledges significant limitations in the County's ability to report key homelessness and institutionalization data. Those limitations underscore the need for a more explicit corrective strategy. If the County is making major housing policy decisions while acknowledging incomplete data, the final plan should identify a timeline, responsible departments, and specific milestones for improving the County's data infrastructure. At a minimum, the final plan should address a pathway for stronger interoperability and data-sharing across:

- Behavioral Health electronic health records,
- County clinics,
- Natividad and/or hospital-based psychiatric systems,
- Central California Alliance for Health,
- CoC HMIS,
- Jail health service provider
- Probation/corrections, and
- Child welfare.

Even if full interoperability cannot be achieved immediately, the BHSA Plan should articulate concrete next steps, including at minimum Electronic Health Records (EHR) alignment between Behavioral Health and County clinic systems, and a strategy for better housing outcome reporting through the homelessness response system.

The final BHSA Plan should also make clearer use of existing available regional data sources including: *Lead Me Home* planning data, recent Point-in-Time Count information, and input from key health and homelessness system partners to help bridge current gaps while longer-term integration is being developed.

4. **Planning for Justice-involved BHSA-Eligible Individuals:** The draft would benefit from a more defined strategy for BHSA-eligible individuals who are justice-involved or exiting institutional settings. It is widely recognized that the County jail and other institutions are serving individuals with significant behavioral health needs who often face substantial barriers to housing placement upon discharge. The final plan should more clearly address:

- the scale of unmet housing need among justice-involved, BHSA-eligible individuals,
- whether these individuals face distinct placement barriers,
- what specialized housing pathways are needed,
- how discharge planning will be coordinated across jail, probation, hospitals, and other institutions, and
- how family reunification or family-based supports will be assessed when clinically and practically appropriate.

It would also be beneficial for the plan to consider supports for family members and caregivers who are part of stabilization and reentry planning for justice-involved behavioral health clients.

5. **Capital Housing Strategy and Housing Continuum Options:** The strategy for capital housing investment described in the draft appears limited in scope and would benefit from greater specificity, urgency, and leverage. The plan references coordination with HHAP, Homekey+, and supportive housing sites, but it does not yet clearly demonstrate how proposed projects will leverage blended funding, connect to existing local housing development efforts, or align with the broader regional homelessness strategy.

A significant portion of Housing Intervention funds appear to be directed toward rental subsidies. While subsidies are important, the final BHSA plan should more clearly justify that balance in light of the *Lead Me Home Plan's* emphasis on increasing access to an expanded housing supply for the most vulnerable residents.

To better reflect the practical housing continuum discussed in *Lead Me Home*, the final BHSA plan could also evaluate a broader set of options where clinically and operationally appropriate, including:

- safe parking with case management,
- tiny homes or sleeping cabins that provide privacy and safety,
- ADUs/JADUs, particularly where supportive family or caregivers are part of the plan,
- shared housing, room-and-board, or license-exempt models, and
- family-hosted stabilization supports where appropriate.

The final plan should also acknowledge the current shelter and interim housing funding cliff facing existing local programs, as well as already substantial waiting lists, because those conditions directly affect housing placement feasibility for BHSA-eligible clients.

6. **Flexible Housing Subsidy Pool:** The opportunity to pursue Flexible Housing Subsidy Pool is at the core of the *Lead Me Home* value of coordinated services but currently is not included with the BHSA draft. A Flex Pool is one of the clearest emerging best-practice tools for: braiding housing dollars, simplifying landlord engagement, stabilizing subsidies, and coordinating across systems.
7. **Stakeholder Engagement and BHT Governance Transparency:** The draft frequently references “partners,” but it is not always clear which partners were consulted on specific policy choices, when that engagement occurred, or how input shaped the draft. The final plan would be stronger if it included a simple stakeholder engagement matrix identifying:
 - which stakeholder groups were consulted,
 - when and how consultation occurred,
 - what concerns or recommendations were raised, and
 - how that input informed the plan.

In addition, because the BHSA planning process has been supported by a Behavioral Health Transformation Collaborative, it would be helpful to clarify who serves on that collaborative and assurances that key implementation partners such as the County's Homeless Services Director, Housing and Community Development leadership, Continuum of Care leadership, city and public safety leaders, and other essential housing system partners have been included in a meaningful way.

8. Consideration of Additional Funding Sources for Prevention and Intervention Services:

The final integrated 3 year plan should include the protection of prevention and intervention programs (PEI) lost in the transition from MHSA by identifying behavioral health 'increased productivity revenue' for this purpose. The draft plan recognizes that these PEI programs have been essential and effective in meeting the needs of residents at the lowest level of intervention necessary. The abrupt loss of these system-wide service providers could destabilize the existing behavioral health system that our community relies on.

Requested Board Action: Monterey County has an opportunity to submit a stronger plan that better reflects the scale of our housing crisis, the realities of justice and hospital system involvement, and the need for meaningful integration across behavioral health, housing, healthcare, and community partners within the parameters of the Prop 63 Behavioral Health Services Act focus on serving residents with an eligible "Serious Mental Illness" and/or "Substance Use Disorder".

I respectfully request that the Board schedule time on the next available agenda to review the draft BHSA Integrated Plan and provide policy direction on the issues identified above so that staff have an opportunity to strengthen the final plan before it returns for approval in June. Bringing the plan forward for Board review during the public comment period will also encourage meaningful public engagement in the development of a final plan that is both compliant with the BHSA framework and aligned for action with broad support.

References:

- BHSA draft Implementation Plan: <https://www.countyofmonterey.gov/home/showpublisheddocument/145382/639108181257965073>
- Lead Me Home Plan: <https://chsp.org/continuum-of-care/coc-activities/lead-me-home-plan/>
- Civil Grand Jury Report 2023/2024 "Response to Community Members Experiencing a Mental Health Crisis": https://www.monterey.courts.ca.gov/system/files/general/moco_cgjr2324_eng.pdf
- DHCS BHSA: <https://www.dhcs.ca.gov/BHT/Pages/home.aspx>