

# County of Santa Clara

Office of the County Executive  
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**DATE:** May 8, 2026

**TO:** Honorable Board of Supervisors  
 James R. Williams, County Executive

**FROM:** Sherri Terao, Director of Behavioral Health Services

**RE:** BHSD Revenue Opportunities Update

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At the Board of Supervisors meeting on April 28, 2026 (Item No. 16), Supervisor Arenas requested an off-agenda report relating to the timeline for each option that the Behavioral Health Services Department (BHSD) has identified to increase internal and external revenue opportunities, including Medi-Cal Administrative Activities (MAA) claiming. These initiatives were significantly enabled with the transition of BHSD's financial staffing support moving from Santa Clara Valley Healthcare (SCVH) to an independent finance team within BHSD. This transition was part of the last two budget recommendations from the County Executive.

On February 10, 2026 (Item No. 8), BHSD provided an in-depth report on its mitigation strategies to address budget deficits. As a result of this report, Supervisor Ellenberg requested additional details on BHSD's efforts to increase efficiency and revenue (both internal and external). On April 15, 2026, BHSD provided the attached report (**Attachment 1**) to the Health & Hospital Committee (HHC) (Item No. 5), which outlined specific opportunities, including increased revenue and timelines of implementation that contributed to addressing nearly \$80 million in BHSD deficits over the last three fiscal years, with modest impacts on services to residents. This report will focus on updates regarding revenue opportunities.

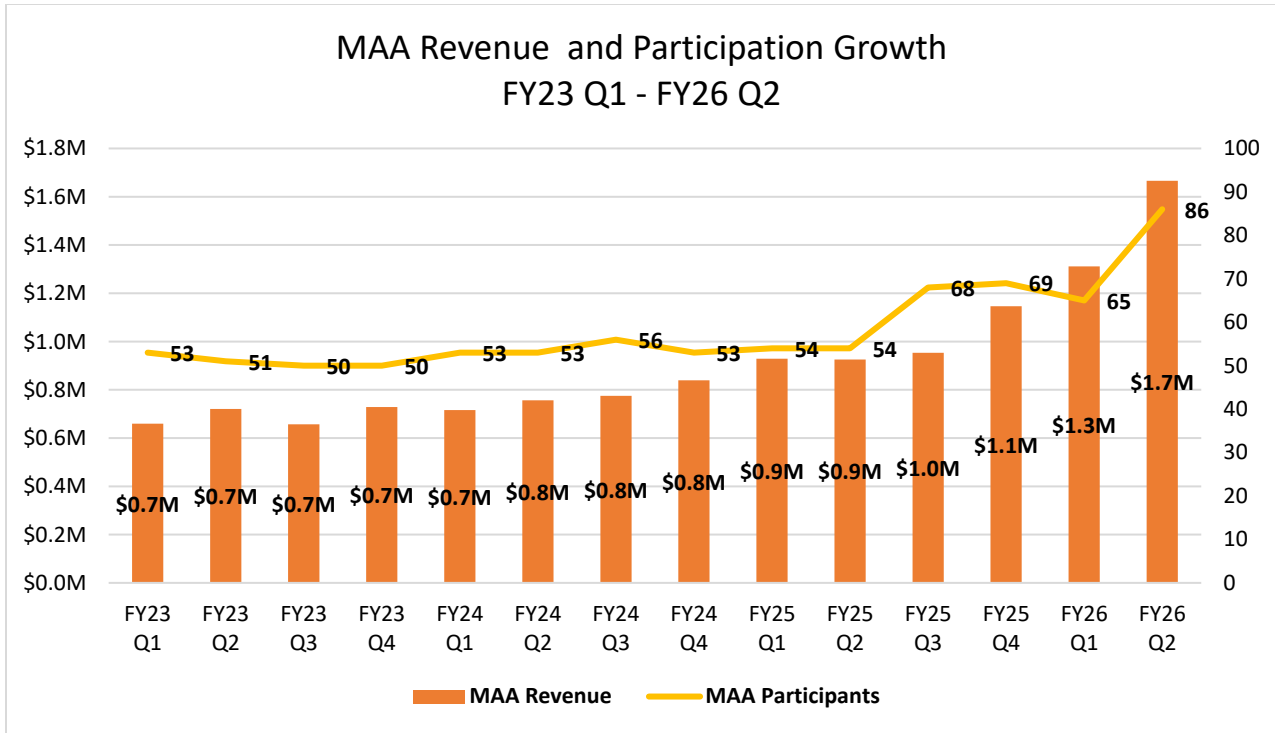
## **Medi-Cal Administrative Activities (MAA)**

BHSD has significantly enhanced its MAA claiming through the implementation of standardized workflows and improved time survey processes. Following the transition to centralized financial administration within the Department, BHSD implemented the time survey tracking mechanisms through the Kronos payroll system, replacing prior manual processes. This change has increased visibility of staff activities, strengthened compliance, and enabled BHSD to identify additional allowable claiming opportunities that were previously not captured.

As a result of these efforts, both participation and revenue have steadily increased. The number of BHSD staff participating in MAA has grown from approximately 50 participants in FY

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2023–2024 to 86 participants as of FY 2025–2026 Quarter 2. As a result, quarterly MAA revenue has increased, contributing to total annual claims increasing from approximately \$3.1 million in FY 2023–2024 to \$3.9 million in FY 2024–2025, with projected revenue of nearly \$6.0 million in FY 2025–2026. BHSD will continue to monitor participation and refine workflows to ensure all eligible activities are appropriately claimed.



To further expand revenue opportunities, BHSD is exploring the expansion of MAA claiming to County Contracted Providers (CCPs). Initial outreach indicates increased provider interest in participating under a County-administered model, which would standardize processes and reduce administrative burden for providers. BHSD is currently conducting readiness assessments and plans to implement a pilot program in FY 2026–2027, with the goal of expanding participation and generating additional sustainable revenue for both the County and its provider network.

**Expansion of Quality Assurance/Utilization Review (QA/UR) Medi-Cal Revenue Claiming**

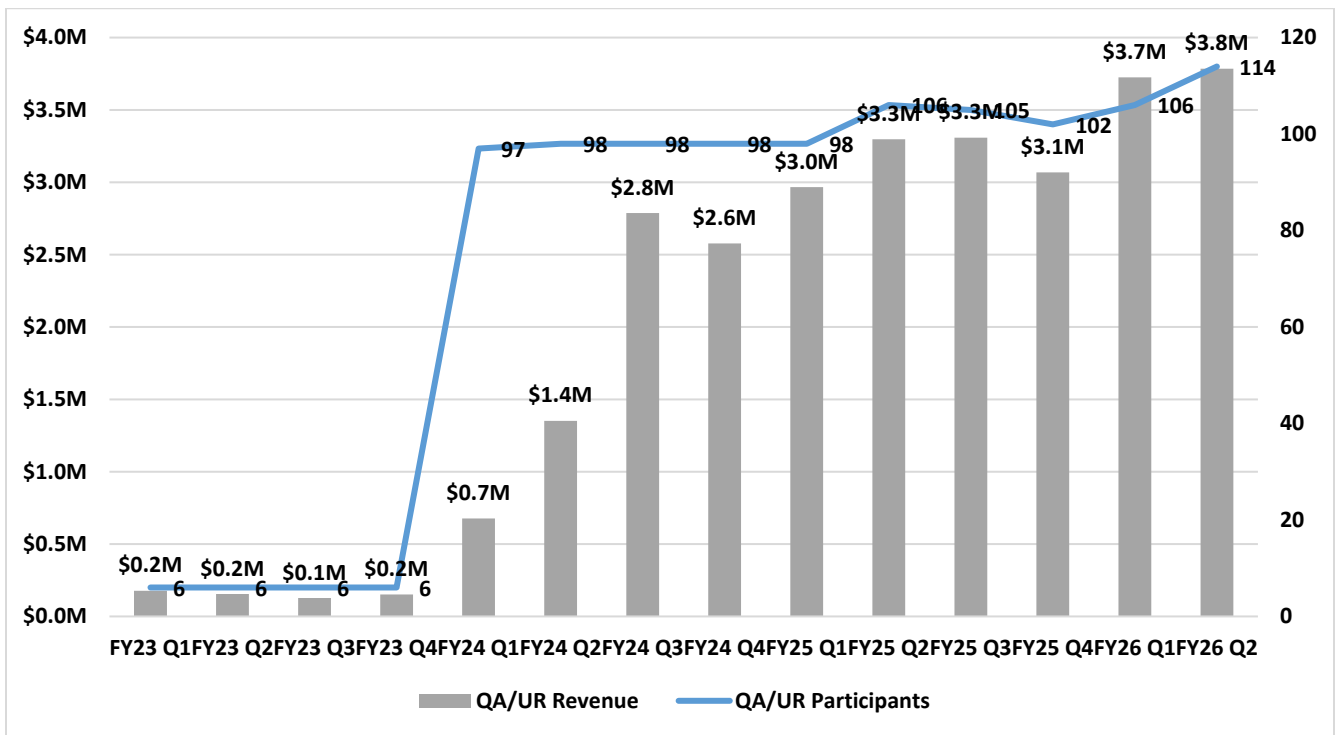
BHSD established and significantly expanded its ability to claim Medi-Cal revenue for QA/UR activities, creating a new and sustainable revenue stream. Prior to this implementation, QA/UR-related activities were not consistently leveraged for Medi-Cal claiming. Following the

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transition to BHSD oversight, BHSD implemented the necessary structure and processes to support compliant claiming.

As a result, QA/UR revenue increased substantially from minimal levels of about \$611,000 in FY 2022–2023 to over \$12 million in FY 2024–2025. This growth was driven by the identification and alignment of eligible administrative activities, along with expanded staff participation in claiming processes. While quarterly revenue may vary based on claiming cycles and timing, overall annual revenue has remained significantly elevated compared to prior years.

BHSD will continue to refine QA/UR claiming practices to ensure ongoing compliance, maximize allowable revenue, and maintain this critical funding source.



**Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Incentive Program**

BHSD opted into the BH-CONNECT Incentive Program, administered by the Department of Health Care Services (DHCS). The BH-CONNECT Incentive Program will run for the five years of the BH-CONNECT Waiver and has an overall allocation from the state (for all participating counties) of \$1.9B. Each year, counties will have the opportunity to earn incentives by performing tasks, providing data, and engaging in activities to strengthen performance of the

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Behavioral Health Plan. The reports upon which payment is based are due on June 30<sup>th</sup> of each year, and payment is remitted to the county in October. In November of 2025, BHSD earned \$900,000 for its first report. BHSD is preparing to submit its next report on June 30, 2026, showing completion of the required activities and data submission. The amount of the next incentive payment is not known as it depends on how many participating counties submit a report. Future incentive payments will be based in part on measures of Medi-Cal population health that are not entirely within BHSD's control and thus will require intensive cross-system collaboration with hospitals and managed care plans and may not be quickly achievable. BHSD is dedicated to using this opportunity to improve its network and bring additional funding for that work.

### **Increased Medi-Cal Revenue and Enhanced Care Management**

Since the start of the California Advancing and Innovating Medi-Cal (CalAIM) payment reform, BHSD has prioritized working with its network of providers, both CCPs and County employees, to capture Medi-Cal revenue for all services provided to eligible clients. BHSD is working with a state-provided consultant, Boston Consulting Group (BCG), to review all Medi-Cal billing programs and activities to identify two areas of priorities for BCG to review, provide guidance, and technical assistance on how to better leverage Medi-Cal billing opportunities. BHSD will choose those two programs by June of 2026, and BCG will complete its review and technical assistance by Fall 2026.

Going into FY 2025-2026, BHSD required its mobile crisis CCPs in the Trusted Response Urgent Support Team (TRUST) program to bill Medi-Cal under the mobile crisis benefit. This has generated approximately \$2.5M in revenue in 2026 thus far. BHSD has also worked with its contracted providers to implement the Enhanced Community Health Worker (ECHWs) benefit and associated Medi-Cal billing. One CCP has begun billing for ECHW activities, and BHSD is working with other CCPs to add additional ECHWs through training and credentialing. In FY 2026-2027, BHSD's network will expand ECHW services by another two CCPs. Lastly, three of BHSD's County-operated programs are implementing Enhanced Care Management (ECM), wherein staff provide ECM services to connect clients to a multitude of needed services outside of behavioral health. While the ECHW benefit is administered by BHSD in its role as the local Behavioral Health Plan, ECM is administered by local Medi-Cal managed care plans (i.e., Santa Clara Family Health Plan, Kaiser Permanente, and Anthem). To provide and receive funding for ECM services, BHSD entered into contracts with the local Medi-Cal managed care plans.

In summary, BHSD has been and continues to work diligently in maximizing its efficiencies and partnerships in its efforts to mitigate budgetary deficits where it can. Further details regarding BHSD's FY 2026-2027 budget proposals, including major restructuring of

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departmental staffing and administrative functions to streamline operations, reduce overhead, and improve efficiencies and revenue will be provided at the May Budget Workshops.

c: Chief Board Aides  
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**County of Santa Clara  
Santa Clara Valley Health & Hospital System  
Behavioral Health Services Department**



128125

**DATE:** April 15, 2026  
**TO:** Health and Hospital Committee  
**FROM:** Sherri Terao, Director, Behavioral Health Services  
**SUBJECT:** Behavioral Health Services Act and Other Improvements

**RECOMMENDED ACTION**

Receive report from the Behavioral Health Services Department relating to implementation of the Behavioral Health Services Act and efforts to increase efficiency through restructuring or other improvements. (Referral from February 10, 2026 Board of Supervisors meeting, Item No. 8)

**FISCAL IMPLICATIONS**

There are no fiscal implications from this informational report.

**REASONS FOR RECOMMENDATION**

This report responds to three requests during the February 10, 2026, Board of Supervisor (Board) meeting (Item No. 8). First, Supervisor Ellenberg requested a report on the transition from the Mental Health Services Act (MHSA) to the Behavioral Health Services Act (BHSA) including which programs/services are continuing, recategorizing, added, expanded, scaled back, or will be terminated to meet the new State requirements. Second, Supervisor Lee requested a report on strategies to sustain the Trusted Response Urgent Support Team program (TRUST) after November 2026 when MHSA Innovation (INN) funds for TRUST would be unavailable. Lastly, at the same meeting, Supervisor Arenas requested a report on the Behavioral Health Services Department's (BHSD) various efforts to improve efficiency.

**Transitioning from MHSA to BHSA**

As presented at the February 10, 2026 (Item No. 8) Board meeting, complying with State-mandated changes as part of the transition from MHSA to BHSA will result in significant changes to County behavioral health services. First, counties will have a smaller proportion of statewide BHSA funds for local programs. State withholding will double from 5% to 10% for State administrative costs and State-managed programs. The California Department of Public Health (CDPH) will use 4% of statewide funds for population-based prevention strategies. The Department of Health Care Access and Information (HCAI) will use 3% of

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statewide funds for behavioral health workforce development programs. The State will use the remainder of its funds for program oversight and monitoring. The State's withholding means that in FY 2027 the County would receive approximately \$8.0 million less than it would have received under MHSA based on projected Statewide BHSA revenue for FY 2026-2027 and applying the average distribution rate of BHSA revenues to the County for the past 10 years.

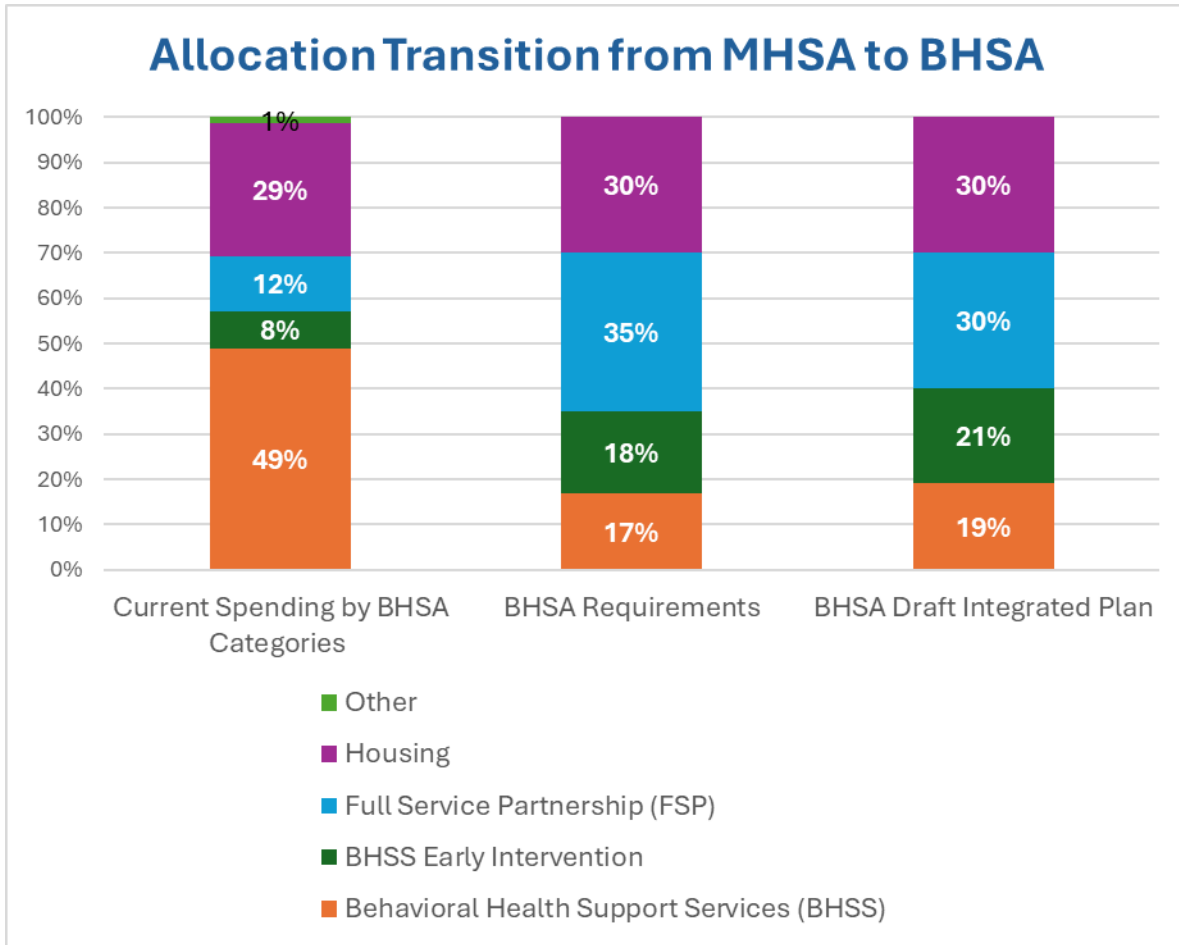
The second major change is that the State is more prescriptive in how counties must use BHSA funds. Counties are required to use a certain percentage of their BHSA funds for three components. **Graph 1** below outlines the funding adjustments with the transition from MHSA to BHSA.

- **30% for Housing Interventions** for individuals of all ages living with serious mental illness/serious emotional disturbance (SMI/SED) and/or substance use disorder (SUD) who are experiencing homelessness or are at risk of homelessness. Allowable interventions include rental subsidies, operating subsidies, shared housing, family housing for children and youth, and the non-federal share for transitional rent for the behavioral health population within the County's Behavioral Health Plan and Drug Medi-Cal Organized Delivery System (DMC-ODS). Half of this amount (50%) shall be used for housing interventions for the chronically homeless, and up to 25% may be used for capital development.
- **35% for Full Service Partnership (FSP) programs**, for people at any age with the most complex needs (also known as the "whatever it takes" model). Allowable services include supportive services, and substance use disorder treatment services. These funds can be used to expand the number of FSP slots across the state.
- **35% for Behavioral Health Services & Supports**, including early intervention, outreach and engagement, workforce education and training, capital facilities, technological needs, and innovative pilots and projects. A majority (51%) of this amount must be used for Early Intervention, and a majority (51%) of these Early Intervention services and supports must be for individuals ages 25 years or younger.

For the FY 2026-2027 – FY 2028-2029 BHSA Integrated Plan (IP), counties will be provided the flexibility to move up to 7% of funds from one category to another for a maximum of 14% more added into any one category, to allow counties to address their different local needs and priorities based on data and community input.

## Graph 1

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As shown in Graph 1, for FY 2026-2027, BHSD’s draft plan allocates 30% of BHSA funds to Housing, 30% of BHSA funds to FSP (i.e., intensive outpatient treatment programs) and 40% of BHSA funds to BHSS. Under the proposed plan, spending less than 35% for FSP would not reduce capacity in intensive programs and will leave room for some increases during the three-year period. Transferring funds from FSP to BHSS allows the County to minimize the reduction on services in the BHSS other category, including outpatient services for youth and adults, early intervention programs, and crisis services. Keeping the current fiscal landscape and changing state policies at the forefront, BHSD has tried to maintain or consolidate as many programs as possible to minimize the impact on service delivery to our clients and the community we serve. Attachment A provides a crosswalk of the existing MHSA funded programs and their program status in FY 2026-2027.

**Sustaining TRUST**

TRUST is part of the countywide mobile crisis response system for individuals experiencing a behavioral health crisis or distress. TRUST uses an alternative response model under which clinical, licensed, or unlicensed professionals try to meet an individual’s needs telephonically or by meeting the individual in the community.

TRUST was implemented on November 7, 2022, using MHSA INN funds. The MHSA’s Innovation component enabled counties to pilot new programs on a time-limited basis. If successful, MHSA INN programs could be continued, in whole or in part, and funded by other MHSA or other county funds. TRUST was designed to continue through November 6,

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2026, and the program is undergoing an evaluation by a research and evaluation firm contracted by BHSD.

Currently, the County contracts with two non-profit organizations, Pacific Clinics and Momentum for Health, to operate TRUST. The program includes a direct line, call center, and five community response teams. TRUST is available 24 hours a day, seven days a week countywide. The FY 2025-2026 annual expense budget for TRUST is approximately \$9.8 million, which includes approximately \$2.8 million for the TRUST direct line and call center staffing.

While INN funding for TRUST will not be available after November 6, 2026, staff are developing several strategies to continue, expand, or improve TRUST. These strategies are applicable to TRUST and the BHSD's broader mobile crisis response system, which includes TRUST, the Mobile Response and Stabilization Services program (MRSS), the Mobile Crisis Response Team program (MCRT), and the 988 suicide and crisis response call center.

BHSD's strategies will be informed and developed in partnership with the TRUST Community Advisory Board (CAB) and other key stakeholders. BHSD leadership intends for TRUST and the mobile crisis response system to continue reflecting the Board's and the community's values and intent. For example, over the last two months the BHSD Director and Deputy Director have met directly with the TRUST CAB to help them understand what BHSD is doing to help the County navigate the upcoming fiscal challenges. These discussions are intended to maintain and improve communication between staff and key stakeholders.

A cornerstone to sustaining TRUST and other alternative response programs is to ensure that all programs maximize cost recovery by billing Medi-Cal or other payers for eligible crisis response services. In December 2023, Santa Clara County was the first county in the State to receive approval from the California Department of Health Care Services (DHCS) to bill Medi-Cal for mobile crisis intervention services. BHSD and its contractors began billing Medi-Cal for eligible mobile crisis services on July 1, 2024.

Ensuring that BHSD staff and contractors have the knowledge, infrastructure, and capability to continue and increase cost-recovery practices through Medi-Cal billing is a priority for BHSD leadership. For TRUST, Medi-Cal revenue could solve for a part of the program's financial challenge. BHSD estimates that in FY 2025-2026, TRUST will generate about \$3.5 million in Medi-Cal revenue, which would be about 36% of the TRUST expense budget for FY 2025-2026. Based on the experience of other crisis response programs, BHSD estimates that TRUST could modify practices to increase Medi-Cal revenue sufficient to cover about 50% of the program's current budget. For this strategy to succeed, the County and its stakeholders must work to ensure that the State keeps mobile crisis services as a mandatory benefit under Medi-Cal. If, as the Governor has proposed, mobile crisis services become an optional benefit under Medi-Cal, the Medi-Cal reimbursement rate would decrease, and Medi-Cal would likely only cover about 25% of TRUST's annual budget.

In addition to ensuring that all crisis response programs maximize cost-recovery opportunities under Medi-Cal, BHSD and representatives from Pacific Clinics and Momentum are participating in statewide workgroup related to billing commercial plans for

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mobile crisis services, as state law explicitly requires insurers to reimburse for these services even if they are provided out-of-network. Across all County alternative response programs, Medi-Cal beneficiaries and unsponsored individuals account for about 66% of individuals who request/necessitate an in-person field response.

Finally, in FY 2026-2027, BHSD will work with its staff, contractors, the TRUST CAB, and other stakeholders to identify and implement improvements that increase efficiency and/or improve services to residents. The County's mobile crisis response system was developed over a 10-year period, with program additions and modifications occurring incrementally, often driven by funding source or regulatory changes. With the formal evaluation of TRUST on the horizon, BHSD leadership has the opportunity to comprehensively assess current operations and determine whether they continue to efficiently meet community needs. Although formal proposals to improve operations are still in development, the TRUST model of care – a non-police crisis response – will remain a key component of the County's response system.

### **Efforts to Improve Efficiency**

In the last three fiscal years, the County has closed nearly \$80 million in deficits in BHSD through ongoing expense reduction and revenue strategies. These strategies have had a relatively modest impact on services to residents. As referenced in the BHSA section, as part of the County's formal annual budget development process for FY 2026-2027, BHSD submitted 16 proposals to reduce costs, increase revenue, and improve operations. As the County Executive's Recommended Budget is still under development, this report focuses on the strategies that BHSD has implemented or could implement in FY 2025-2026 with resources previously approved by the Board.

#### *Fiscal Operations and Administrative Operations*

In FY 2025-2026, BHSD reorganized its fiscal structure and realigned teams to improve efficiency, accountability, and service alignment. This included clarifying roles and responsibilities, shifting functions closer to programs, and advancing recruitment to build capacity for newly established functions. The improvements are part of a broader effort by BHSD, SCVH, the Office of Budget and Analysis (OBA) and the Office of the County Executive (CEO) to modernize and decentralize fiscal and accounting operations among health and hospital system departments.

- **Medi-Cal Administrative Activities (MAA).** BHSD has taken steps to improve revenue captured through enhanced MAA, which include outreach, enrollment, and administrative coordination tasks performed by local governments to ensure eligible individuals access to care. After assuming this function from Santa Clara Valley Healthcare (SCVH) in 2023, BHSD reviewed and revised processes. The changes initially yielded modest revenue increases, but are beginning to take root. Total annual claims increased from approximately \$3.1 million in FY 2023-2024 to \$3.9 million in FY 2024-2025. However, BHSD estimates that in FY 2025-2026 revenue from MAA will increase to nearly \$6.0 million.

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- **Expansion of Quality Assurance/Utilization Review (QA/UR) Medi-Cal Revenue Claiming.** BHSD significantly expanded its ability to claim Medi-Cal revenue for QA/UR activities, establishing a new and sustainable revenue stream. Historically, claims were limited due to prior operational constraints. With the newly formed BHSD Finance Unit, BHSD initiated QA/UR claiming in FY 2022-2023 and has since built a structured process to support ongoing growth. In FY 2025-2026, BHSD realigned various administrative activities to ensure proper claiming, resulting in revenue increasing from approximately \$0.6 million in FY 2022-2023 to over \$12 million in FY 2024-2025. BHSD continues to maximize allowable revenue, strengthen compliance, and improve financial sustainability.
- **Streamlining and Improvement of Billing and Claims Management.** In FY 2025-2026, BHSD streamlined the systems and processes for receiving and managing claims for all services. BHSD eliminated the need to maintain duplicate systems – one for BHSD contractors and one for BHSD-operated clinics – and increased the ability of BHSD staff to diagnose and resubmit service claims that were initially denied by the State. Thus far, the new system is catching more claim errors ahead of submission to the State, giving more opportunities for County staff to prevent or fix initial State denials of claims, and thereby increasing approval rates for County-submitted claims. The new system is also able to bill the State more frequently – weekly instead of monthly or intermittently in previous years.

Managed Care Operations and Program Services

- **BH-CONNECT** is a statewide initiative to improve the continuum of behavioral health services for Medi-Cal members with a serious mental illness and/or substance use disorder. The initiative includes 5 different components and 20 different programs, many of which are optional for counties. Summarized below are the five programs that BHSD is currently implementing in coordination with DHCS.
  - BHSD opted-in to billing for previously excluded short-term stays in facilities that fall under the historical Medicaid Institutions for Mental Diseases (IMD) exclusion.
  - BHSD is working with its provider network to implement Evidence-Based Practices that are eligible for bundled rate billing. This practice is intended to reduce the administrative burden for certain programs and increase revenue for agencies that provide evidenced-based practices.
  - BHSD opted-in to the incentive pool wherein the County will report on certain quality and/or data collection improvements and receive incentive payments according to its performance. Through this program, the County would earn one-time funds while improving programs and services.
  - BHSD opted to be provider for the first Transitional Rent Behavioral Health Population of Focus. (Transitional Rent is an update to the CalAIM waiver but approved by CMS alongside BH Connect)

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- BHSD has added Community Health Workers to its network and will continue to work with providers to expand this provider type through access to the required training.
- **Fee Schedule.** Under the State’s Children and Youth Behavioral Health Initiative (CYBHI), local education agencies (LEAs or school districts) can directly bill Medi-Cal and commercial insurers for school linked, outpatient behavioral health services to expand access to outpatient mental health or substance use disorder services for students up to 25 years of age at or near a school site. The Fee Schedule scope of reimbursement will cover psychoeducation, screenings and assessments, therapy, and care coordination for mild to moderate conditions or needs. This initiative enables school districts to contract with behavioral health agencies to provide services

To date, 12 of 32 school districts in Santa Clara County (38% of the 32 County school districts) are already billing under the Fee Schedule. Two school districts are considering implementing the Fee Schedule in 2026. The remaining 18 school districts are assessing their readiness. School districts also have the ability to collaborate with local behavioral health providers to be their fee schedule provider, and some schools have reportedly chosen this route. BHSD is regularly meeting and communicating with school districts to link them to technical support provided by the Santa Clara County Office of Education, support LEA implementation, and ensure that services for mild to moderate needs are coordinated with specialty mental health services provided through the County. Maximization of LEA Fee Schedule billing would significantly increase students’ access to behavioral health services while supporting the County’s ability to sustain moderate to severe outpatient treatment and mobile crisis services, both of which are State-mandated services for county behavioral health plans.

- **Barbara Arons Pavilion (BAP) and Emergency Psychiatric Services (EPS).** BHSD is partnering with SCVH, the operator of BAP and EPS, to improve financial sustainability of their operations and ensure quality treatment and improved outcomes for patients treated at those facilities. This includes management of stepping down patients ready to be moved into lower levels of care and working closely with contracted providers for residential placements.
- BHCA Recommendations

Furthermore, BHSD is working closely with the Behavioral Health Community Association of Santa Clara County (BHCA) to determine the feasibility of their nine budget mitigation recommendations. A summary of the BHCA recommendations and their corresponding statuses are reflected below. BHSD is already implementing some recommendations in whole or part.

BHCA Recommendation	Status
1. Re-Establish Step-Down Workgroup (Institutions for Mental Diseases, Acute, Emergency Psychiatric	Exploring implementation with BHCA

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Services)	
2. Establish Private Insurance Billing Workgroup to Build System Capacity	Since this recommendation is related to community-based organizations providing behavioral health services to commercially insured persons, BHCA will establish this workgroup.
3. Capitalize on New Reimbursement Eligible Positions	Implementation in progress (including Community Health Workers)
4. Track and Tightly Manage Un-sponsored Funds	This will be implemented in FY 2026-2027 contracts
5. Transition Appropriate Programs to Fee-for-Service	BHSD is working with contracted agencies to implement appropriate changes for FY 2026-2027
6. Align Contract Amounts with Actual Service Delivery	Implementation in progress for FY 2025-2026 and FY 2026-2027
7. Remove Unmandated Staffing Requirements	Exploring implementation with BHCA by reviewing mandates and requesting specifics
8. Reduce Duplicative Administrative Work	Exploring implementation by collecting examples and requesting specifics from BHCA
9. Simplify Clinical Documentation Requirements	BHSD continues to support providers in meeting State documentation requirements and limiting additional asks

In summary, BHSD has been and continues to work diligently in maximizing its efficiencies and partnerships in its efforts to mitigate budgetary deficits where it can. Further details regarding BHSD’s FY 2026-2027 budget proposals, including major restructuring of departmental staffing and administrative functions to streamline operations, reduce overhead, and improve efficiency are provided in the budget proposal presented at the April 15, 2026, Health and Hospital Committee meeting. These proposals will also be presented at the May Budget Workshops.

**CHILD IMPACT**

The recommended actions would have a positive impact on children and youth by ensuring continual access to MHSA/BHSA-funded behavioral health services in the County.

**SENIOR IMPACT**

The recommended actions would have a positive impact on seniors by ensuring continual access to MHSA/BHSA-funded behavioral health services in the County.

**SUSTAINABILITY IMPLICATIONS**

The recommended action will have no/neutral sustainability implications.

## **BACKGROUND**

Proposition 1 was passed by California voters in March 2024. The two-bill package, [Senate Bill \(SB\) 326](#) and [Assembly Bill \(AB\) 531](#), proposed statewide efforts to reform and expand California's behavioral health system. Proposition 1 consists of two parts: The Behavioral Health Services Act and the Behavioral Health Bond.

The Behavioral Health Services Act replaces the Mental Health Services Act of 2004. It reforms behavioral health care funding to prioritize services for people with the most significant mental health needs while adding the treatment of substance use disorders (SUD), expanding housing interventions, and increasing the behavioral health workforce. It also enhances oversight, transparency, and accountability at the state and local levels. Additionally, the Behavioral Health Services Act creates pathways to ensure equitable access to care by advancing equity and reducing disparities for individuals with behavioral health needs

The Behavioral Health Bond authorizes \$6.4 billion in bonds to finance behavioral health treatment beds, supportive housing, community sites, and funding for housing veterans with behavioral health needs:

- \$4.4 billion of these funds will be administered by DHCS for grants to public and private entities for behavioral health treatment and residential settings.
- \$1.5 billion of the \$4.4 billion will be awarded only to counties, cities, and tribal entities, with \$30 million set aside for tribes.
- The remaining \$1.972 billion will be administered by the California Department of Housing and Community Development (HCD) to support permanent supportive housing for individuals at risk of or experiencing homelessness and behavioral health challenges. Of that amount, \$1.065 billion will be for veterans. All these efforts will leverage effective existing programs, including the Behavioral Health Continuum Infrastructure Program (BHCIP), Project Homekey, and Veterans Housing and Homeless Prevention Program (VHHP).

## **ATTACHMENTS:**

- Attachment A (PDF)

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Attachment A

MHSA Category	Current (FY 2026) MHSA Funded Program	Status of Program in FY 2027	FY 2026 Total MH Funding Amount <i>(as noted in FY 2026 Mid-Year Adjustment Plan)</i>	FY 2026 Anticipated Funding Amount	FY 2027 Requested Amount
Community Services & Supports (CSS): Full-Service Partnership (FSP) Programs	Child FSP	Continuing with BHSA FSP funds.	Total: 9,561,488  FFP: 3,553,481 MHSA: 2,893,859 Other: 3,114,149	Total: 7,418,110  FFP: 3,564,496 MHSA: 1,261,254 Other: 2,592,360	Total: 7,418,110  FFP: 3,273,148 BHSA: 4,144,962 Other: 0
	Transitional Age Youth (TAY) FSP	Continuing with BHSA FSP funds.	Total: 9,737,171  FFP: 3,923,420 MHSA: 2,564,832 Other: 3,248,918	Total: 6,356,405  FFP: 3,122,984 MHSA: 2,767,302 Other: 381,672	Total: 6,356,405  FFP: 3,207,431 BHSA: 2,767,302 Other: 381,672
	Cross Systems Initiatives FSP	Continuing with BHSA FSP funds.	Total: 14,119,005  FFP: 4,574,548 MHSA: 9,544,457 Other: 0	Total: 20,925,240  FFP: 10,800,604 MHSA: 10,124,636 Other: 0	Total: 23,210,524  FFP: 9,915,249 BHSA: 10,608,897 Other: 2,686,377
	Forensic, Diversion, and Reintegration (FDR) FSP	Continuing with BHSA FSP funds.	Total: 7,471,233  FFP: 2,616,942 MHSA: 4,854,291 Other: 0	Total: 8,104,308  FFP: 3,616,581 MHSA: 1,359,267 Other: 3,128,460	Total: 8,104,308  FFP: 4,404,604 BHSA: 2,453,151 Other: 1,246,553
	Forensic Assertive Community Treatment (FACT)	Continuing with BHSA FSP funds.	Total: 6,151,745  FFP: 1,801,370 MHSA: 4,350,375 Other: 0	Total: 6,350,512  FFP: 2,418,708 MHSA: 1,896,082 Other: 2,035,722	Total: 6,350,512  FFP: 2,783,339 BHSA: 2,555,340 Other: 1,011,833

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Attachment A

MHSA Category	Current (FY 2026) MHSA Funded Program	Status of Program in FY 2027	FY 2026 Total MH Funding Amount <i>(as noted in FY 2026 Mid-Year Adjustment Plan)</i>	FY 2026 Anticipated Funding Amount	FY 2027 Requested Amount
	Assertive Community Treatment (ACT)	Continuing with BHSA FSP funds.	Total: 8,498,432  FFP: 2,553,124 MHSA: 5,945,308 Other: 0	Total: 8,506,000  FFP: 4,392,045 MHSA: 4,113,955 Other: 0	Total: 8,916,179  FFP: 3,761,981 BHSA: 4,070,382 Other: 1,083,816
	Crisis Stabilization Unit and Crisis Residential Treatment Includes (both FSP & non-FSP):  1. Crisis Stabilization Unit  2. Crisis Residential Treatment	Continuing with BHSA Housing Funds.	Total: 21,803,892  FFP: 13,341,952 MHSA: 8,461,940 Other: 0	Total: 17,329,000  FFP: 9,054,403 MHSA: 4,269,961 Other: 4,004,636	Total: 17,329,000  FFP: 9,294,009 BHSA: 4,079,698 Other: 3,955,293
	FDR Residential and Outpatient Treatment Programs (both FSP & non-FSP)	Continuing with BHSA FSP, Housing and Behavioral Health Services & Supports (BHSS) funds.	Total: 9,642,964  FFP: 1,446,342 MHSA: 7,979,450 Other: 217,172	Total: 16,897,492  FFP: 6,040,322 MHSA: 3,386,543 Other: 7,470,627	Total: 16,652,088  FFP: 6,922,371 BHSA: 3,682,602 Other: 6,047,115
	Permanent Supportive Housing Includes: 1. Permanent Supportive Housing Program 2. Abode HEAT (Homeless Engagement and Access Team)	Continuing with BHSA Housing funds.	Total: 5,778,523  FFP: 917,687 MHSA: 4,836,836 Other: 24,000	Total: 7,174,205  FFP: 1,810,341 MHSA: 1,773,302 Other: 3,590,562	Total: 8,944,936  FFP: 2,608,492 BHSA: 2,892,336 Other: 3,444,108
Community Services &	Children & Family Behavioral Health	Continuing with BHSA BHSS funds.	Total: 39,404,329	Total: 45,629,000	Total: 39,511,000

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MHSA Category	Current (FY 2026) MHSA Funded Program	Status of Program in FY 2027	FY 2026 Total MH Funding Amount <i>(as noted in FY 2026 Mid-Year Adjustment Plan)</i>	FY 2026 Anticipated Funding Amount	FY 2027 Requested Amount
Supports (CSS): Non-FSP Programs	Outpatient / Intensive Outpatient Services Includes:  1. Children, Youth, and Family (CYF) Outpatient Continuum (OPC) program 2. CYF Integrated Outpatient program 3. CYF Ethnic Outpatient Continuum (EOPC) program	CYF Integrated Outpatient Program has sunset.	FFP: 20,179,190 MHSA: 5,389,801 Other: 13,835,338	FFP: 23,841,156 MHSA: 7,348,196 Other: 14,439,648	FFP: 22,250,242 BHSA: 2,384,905 Other: 14,875,853
	Specialty Services – Integrated Mental Health (MH)/ Substance Use Disorders (SUD)	This program has sunset.	Total: 849,767  FFP: 496,100 MHSA: 353,667 Other: 0	Total: 3,564,215  FFP: 1,058,408 MHSA: 1,659,734 Other: 846,073	Total: 0  FFP: 0 BHSA: 0 Other: 0
	Early Childhood Mental Health (ECMH) OPC (formerly known as KidConnections Network)	Moves 5.0 FTE of KidConnections Prevention & Early Intervention (PEI) to Community Services & Supports (CSS) ECMH.	Total: 10,386,484  FFP: 7,024,755 MHSA: 881,975 Other: 2,479,754	Total: 11,089,009  FFP: 5,532,823 MHSA: 1,532,315 Other: 4,023,871	Total: 11,089,009  FFP: 4,449,464 BHSA: 1,474,404 Other: 5,165,141

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MHSA Category	Current (FY 2026) MHSA Funded Program	Status of Program in FY 2027	FY 2026 Total MH Funding Amount <i>(as noted in FY 2026 Mid-Year Adjustment Plan)</i>	FY 2026 Anticipated Funding Amount	FY 2027 Requested Amount
	Services for Juvenile Justice Involved Youth Includes: 1. Juvenile Justice Development 2. Juvenile Justice Treatment Program	Continuing with other funding sources.	Total: 5,319,116  FFP: 1,308,425 MHSA: 3,367,978 Other: 642,713	Total: 7,601,982  FFP: 1,308,425 MHSA: 1,399,984 Other: 4,893,573	Total: 3,668,921  FFP: 0 BHSA: 0 Other: 3,668,921
	Mobile Crisis Stabilization Services (MRSS)	Continuing with BHSA BHSS Early Intervention funds.	Total: 3,018,921  FFP: 288,675 MHSA: 2,405,691 Other: 324,555	Total: 4,106,160  FFP: 1,190,033 MHSA: 168,498 Other: 2,268,528	Total: 4,106,160  FFP: 444,929 BHSA: 2,133,052 Other: 1,528,179
	Post-Crisis Stabilization Services (PCSS)	Continuing with BHSA BHSS Early Intervention funds.	Total: 1,007,527  FFP: 451,518 MHSA: 556,009 Other: 0	Total: 1,850,674  FFP: 980,471 MHSA: 157,133 Other: 713,070	Total: 1,850,674  FFP: 790,424 BHSA: 927,256 Other: 132,994
	TAY Outpatient Services		Total: 2,204,207  FFP: 927,793 MHSA: 1,055,592 Other: 0	Total: 6,821,000  FFP: 3,778, 828 MHSA: 1,574,720 Other: 1,467,452	Total: 6,821,000  FFP: 3,778, 828 BHSA: 308,264 Other: 2,733,908
	Intensive Outpatient Program (IOP)		Total: 1,069,514  FFP: 534,757 MHSA: 534,757 Other: 0	Total: 1,297,000  FFP: 862,505 MHSA: 0 Other: 434,495	Total: 1,297,000  FFP: 871,298 BHSA: 0 Other: 425,702
	TAY Crisis & Drop In Center		Total: 814,503	Total: 400,000	Total: 400,000

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MHSA Category	Current (FY 2026) MHSA Funded Program	Status of Program in FY 2027	FY 2026 Total MH Funding Amount <i>(as noted in FY 2026 Mid-Year Adjustment Plan)</i>	FY 2026 Anticipated Funding Amount	FY 2027 Requested Amount
			FFP: 0 MHSA: 814,503 Other: 0	FFP: 0 MHSA: 400,000 Other: 0	FFP: 0 BHSA: 400,000 Other: 0
	TAY Interdisciplinary Service Teams	Program had sunset at the end of FY 2024.	Total: 1,605,016  FFP: 750,000 MHSA: 855,016 Other: 0	Total: 0  FFP: 0 MHSA: 0 Other: 0	Total: 0  FFP: 0 BHSA: 0 Other: 0
	Enhanced Adult Residential		Total: 10,485,310  FFP: 4,072,939 MHSA: 6,412,371 Other: 0	Total: 18,726,299  FFP: 5,153,311 MHSA: 5,369,855 Other: 8,203,133  *Budget also includes other residential treatment programs.	Total: 18,726,299  FFP: 5,021,201 BHSA: 1,961,802 Other: 11,743,295  *Budget also includes other residential treatment programs.
	Assisted Outpatient Treatment (AOT)		Total: 14,096,284  FFP: 2,679,307 MHSA: 10,136,612 Other: 1,280,365	Total: 3,450,000  FFP: 1,574,073 MHSA: 1,875,927 Other: 0	Total: 3,450,000  FFP: 1,512,638 BHSA: 1,421,731 Other: 515,631
	Adult/Older Adult (AOA) Specialty Outpatient Services Includes: 1. Ethnic Specific Outpatient Continuum		Total: 3,770,773  FFP: 0 MHSA: 3,770,773 Other: 0	Total: 5,373,369  FFP: 1,602,596 MHSA: 3,770,773 Other: 0	Total: 4,716,856  FFP: 2,554,205 BHSA: 884,188 Other: 1,278,463

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MHSA Category	Current (FY 2026) MHSA Funded Program	Status of Program in FY 2027	FY 2026 Total MH Funding Amount <i>(as noted in FY 2026 Mid-Year Adjustment Plan)</i>	FY 2026 Anticipated Funding Amount	FY 2027 Requested Amount
	2. Gender Affirming Care Clinic (GACC)				
	Outpatient Services for Adults	For FY 2027, this row includes all AOA outpatient MHSA programs (e.g., ethnic specific outpatient, older adults, adult, etc.).	Total: 18,570,112 FFP: 6,443,695 MHSA: 11,706,222 Other: 420,195	Total: 67,619,000 FFP: 40,248,421 MHSA: 27,370,579 Other: 0  * Budget includes AOA OP Deaf/HH AOA OP Dual Diagnosis AOA OPD (DD Level 1) AOA OPD (DD Level 2) AOA Outpatient	Total: 76,531,115 FFP: 47,113,881 BHSA: 1,750,000 Other: 27,667,234  *Budget includes AOA OP Deaf/HH AOA OP Dual Diagnosis AOA OPD (DD Level 1) AOA OPD (DD Level 2) AOA Outpatient
	Hope Services: Integrated Mental Health and Autism Services		Total: 2,633,115 FFP: 1,148,496 MHSA: 1,484,619 Other: 0	Total: 4,771,150 FFP: 2,664,234 MHSA: 2,106,916 Other: 0	Total: 4,771,150 FFP: 2,018,501 BHSA: 2,537,924 Other: 215,325
	CalWORKs Community Health Alliance		Total: 654,112 FFP: 261,645 MHSA: 130,822 Other: 261,645	Total: 2,686,283 FFP: 294,543 MHSA: 130,822 Other: 2,260,918	Total: 3,108,817 FFP: 308,569 BHSA: 166,153 Other: 2,634,095
	Individualized Supported Services (Employment)		Total: 1,680,148 FFP: 0 MHSA: 1,680,148	Total: 792,373 FFP: 181,082 MHSA: 611,291	Total: 1,449,594 FFP: 810,060 BHSA: 471,460

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MHSA Category	Current (FY 2026) MHSA Funded Program	Status of Program in FY 2027	FY 2026 Total MH Funding Amount <i>(as noted in FY 2026 Mid-Year Adjustment Plan)</i>	FY 2026 Anticipated Funding Amount	FY 2027 Requested Amount
			Other: 0	Other: 0	Other: 167,974
	County Clinics Includes: 1. Downtown Mental Health Center Service Teams 2. Central Wellness Benefits Center (CWBC) 3. The Vietnamese American Service Center (VASC)	Closure of Central Wellness Benefits Center (CWBC) in FY 2027 to streamline resource utilization.	Total: 12,116,231  FFP: 7,744,299 MHSA: 3,981,611 Other: 390,321	Total: 14,409,840  FFP: 3,534,988 MHSA: 10,484,531 Other: 390,321	Total: 10,632,494  FFP: 3,079,983 BHSA: 2,429,472 Other: 5,123,039
	Behavioral Health Urgent Care		Total: 5,234,696  FFP: 2,451,755 MHSA: 2,782,941 Other: 0	Total: 2,999,485  FFP: 1,138,736 MHSA: 1,860,749 Other: 0	Total: 2,363,950  FFP: 1,777,704 BHSA: 325,503 Other: 260,743
	Community Placement Team Services		Total: 205,291  FFP: 0 MHSA: 205,291 Other: 0	Total: 7,113,459  FFP: 0 MHSA: 537,975 Other: 6,575,484  *Budget also includes contracts for inpatient doctor services, residential treatment programs.	Total: 5,777,675  FFP: 0 BHSA: 537,975 Other/QA/UR: 5,239,700  *Budget also includes contracts for inpatient doctor services, residential treatment programs.

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MHSA Category	Current (FY 2026) MHSA Funded Program	Status of Program in FY 2027	FY 2026 Total MH Funding Amount <i>(as noted in FY 2026 Mid-Year Adjustment Plan)</i>	FY 2026 Anticipated Funding Amount	FY 2027 Requested Amount
	In-Home Outreach Teams	Program is sunsetting in the FY 2026 Mid-Year Plan.	Total: 0 FFP: 0 MHSA: 0 Other: 0	Total: 676,232 FFP: 0 MHSA: 676,232 Other: 0	Total: 0 FFP: 0 BHSA: 0 Other: 0
	Outpatient Services for Older Adults	Program merged with AOA outpatient.	Total: 3,218,103 FFP: 1,333,585 MHSA: 1,884,518 Other: 0	Older adult outpatient costs are included in AOA outpatient	Costs included in AOA outpatient
	Clinical Case Management for Older Adults	Program merged with AOA outpatient.	Total: 0 FFP: 0 MHSA: 0 Other: 0	Total: 0 FFP: 0 MHSA: 0 Other: 0	Total: 0 FFP: 0 BHSA: 0 Other: 0
	Connections Program	Program is sunsetting under BHSA.	Total: 446,807 FFP: 0 MHSA: 446,807 Other: 0	Total: 451,036 FFP: 0 MHSA: 451,036 Other: 0	Total: 0 FFP: 0 BHSA: 0 Other: 0
	Learning Partnership	BHSD proposes to reduce these positions and/or transition to other duties.	Total: 822,551 FFP: 0 MHSA: 822,551 Other: 0	Total: 935,002 FFP: 0 MHSA: 935,002 Other: 0	Total: 0 FFP: 0 BHSA: 0 Other: 0
Prevention & Early	Support for Parents Includes:	These SLS components are proposed to be	Total: 6,194,314 FFP: 2,595,631	Total: 5,363,135 FFP: 0	Total: 0 FFP: 0

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MHSA Category	Current (FY 2026) MHSA Funded Program	Status of Program in FY 2027	FY 2026 Total MH Funding Amount <i>(as noted in FY 2026 Mid-Year Adjustment Plan)</i>	FY 2026 Anticipated Funding Amount	FY 2027 Requested Amount
Intervention (PEI): Prevention	1. Nurse Family Partnership 2. Reach Out and Read 3. Triple P	consolidated into Family Engagement and School Based Outpatient (see budget below).	MHSA: 2,647,008 Other: 951,675	MHSA: 5,363,135 Other: 0	BHSA: 0 Other: 0
	Promotores	Program is sunsetting under BHSA.	Total: 688,015  FFP: 0 MHSA: 688,015 Other: 0	Total: 600,000  FFP: 0 MHSA: 600,000 Other: 0	Total: 0  FFP: 0 BHSA: 0 Other: 0
	Older Adult PEI Services	Program is sunsetting under BHSA. Clients will be served in outpatient programs.	Total: 428,730  FFP: 204,365 MHSA: 224,365 Other: 0	Total: 204,000  FFP: 112,200 MHSA: 91,800 Other: 0	Total: 0  FFP: 0 BHSA: 0 Other: 0
Prevention & Early Intervention (PEI): Early Intervention	Raising Early Awareness Creating Hope (REACH)		Total: 2,289,658  FFP: 678,634 MHSA: 1,330,786 Other: 280,238	Total: 1,989,910  FFP: 909,150 MHSA: 419,560 Other: 661,200	Total: 1,889,910  FFP: 605,059 BHSA: 697,864 Other: 586,988
	Integrated Prevention Services for Cultural Communities (IPSCC)	Program is sunsetting in the FY 2026 Mid-Year Plan.	Total: 0  FFP: 0 MHSA: 0 Other: 0	Total: 342,929  FFP: 0 MHSA: 342,929 Other: 0	Total: 0  FFP: 0 BHSA: 0 Other: 0
	Elders' Storytelling Program	Program is sunsetting. Services will be consolidated into	Total: 0  FFP: 0 MHSA: 0	Total: 420,377  FFP: 0 MHSA: 420,377	Total: 0  FFP: 0 BHSA: 0

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MHSA Category	Current (FY 2026) MHSA Funded Program	Status of Program in FY 2027	FY 2026 Total MH Funding Amount <i>(as noted in FY 2026 Mid-Year Adjustment Plan)</i>	FY 2026 Anticipated Funding Amount	FY 2027 Requested Amount
		Older Adult Outpatient Continuum	Other: 0	Other: 0	Other: 0
	School Linked Services (SLS) Initiative Includes: 1. SLS Behavioral Health 2. SLS Family Engagement 3. SLS Unconditional Education 4. SLS Strengthening Families & Children Project 5. School-Based Behavioral Health Wellness Center Grant Program	Consolidation of services into BHSS Early Intervention to focus on: 1. School Based Early Intervention 2. School Based Outpatient	Total: 13,750,681 FFP: 6,134,739 MHSA: 6,204,922 Other: 1,411,020	Total: 17,474,739 FFP: 7,827,642 MHSA: 6,034,338 Other: 3,612,759	Total: 10,736,234 FFP: 4,644,211 BHSA: 549,951 Other: 5,542,072
	Downtown Youth Wellness Center (DYWC)		Total: 1,424,173 FFP: 0 MHSA: 1,424,173 Other: 0	Total: 1,712,141 FFP: 0 MHSA: 1,712,141 Other: 0	Total: 1,493,583 FFP: 82,090 BHSA: 911,493 Other: 500,000
	allcove		Total: 4,058,727 FFP: 0 MHSA: 4,058,727 Other: 0	Total: 2,759,568 FFP: 0 MHSA: 2,759,568 Other: 0	Total: 1,750,000 FFP: 0 BHSA: 1,750,000 Other: 0
PEI: Outreach for Increasing	Older Adult In-Home Peer Respite Program. Clients	Program is sunseting under BHSA.	Total: 458,676	Total: 394,040	Total: 0

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MHSA Category	Current (FY 2026) MHSA Funded Program	Status of Program in FY 2027	FY 2026 Total MH Funding Amount <i>(as noted in FY 2026 Mid-Year Adjustment Plan)</i>	FY 2026 Anticipated Funding Amount	FY 2027 Requested Amount
Recognition of Early Signs of Mental Illness	will be served in Adult Outpatient Continuum.		FFP: 0 MHSA: 458,676 Other: 0	FFP: 0 MHSA: 394,040 Other: 0	FFP: 0 BHSA: 0 Other: 0
	Law Enforcement Training and Mobile De-Escalation Response		Total: 256,000  FFP: 0 MHSA: 256,000 Other: 0	Total: 180,000  FFP: 0 MHSA: 180,000 Other: 0	Total: 180,000  FFP: 0 BHSA: 180,000 Other: 0
PEI: Stigma & Discrimination Reduction	New Refugees Program	Program is sunsetting under BHSA. Clients will be served in AOA Outpatient Continuum.	Total: 779,783  FFP: 0 MHSA: 779,783 Other: 0	Total: 1,134,000  FFP: 401,280 MHSA: 732,720 Other: 0	Total: 0  FFP: 0 BHSA: 0 Other: 0
Prevention & Early Intervention (PEI): Access & Linkage to Treatment	Services for Children 0-5	Consolidation of funds from Services for Children 0- 5 to ECMH OPC.	Total: 0  FFP: 0 MHSA: 0 Other: 0	Total: 0  FFP: 0 MHSA: 0 Other: 0	Total: 0  FFP: 0 BHSA: 0 Other: 0
	Re-Entry Services Team		Total: 540,594  FFP: 0 MHSA: 540,594 Other: 0	Total: 1,829,121  FFP: 0 MHSA: 406,195 Other: 1,422,926	Total: 1,848,576  FFP: 0 BHSA: 0 Other: 1,848,576
	Behavioral Health Navigator Program		Total: 752,020  FFP: 0 MHSA: 752,020 Other: 0	Total: 1,174,495  FFP: 0 MHSA: 1,174,495 Other: 0	Total: 1,111,643  FFP: 0 BHSA: 1,037,143 Other: 74,500

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MHSA Category	Current (FY 2026) MHSA Funded Program	Status of Program in FY 2027	FY 2026 Total MH Funding Amount <i>(as noted in FY 2026 Mid-Year Adjustment Plan)</i>	FY 2026 Anticipated Funding Amount	FY 2027 Requested Amount
PEI: Suicide Prevention	Suicide Prevention Strategic Plan Includes: 1. Suicide Prevention Plan 2. 988- Crisis and suicide prevention lifeline	Redirection of funds to Public Health Department (PHD) and BHSA Early Intervention.	Total: 6,584,200  FFP: 0 MHSA: 3,684,093 Other: 2,900,107	Total: 8,643,568  FFP: 0 MHSA: 5,743,461 Other: 2,900,107	Total: 8,195,769  FFP: 0 BHSA: 1,880,086 Other: 6,315,683
PEI: Improve Timely Access to Services for Underserved Populations	LGBTQ+ Access & Linkage		Total: 1,622,575  FFP: 0 MHSA: 1,622,575 Other: 0	Total: 2,137,756  FFP: 0 MHSA: 2,041,302 Other: 96,454	Total: 1,798,809  FFP: 0 BHSA: 1,798,809 Other: 0
	Culture-Specific Wellness Centers	Program is sunsetting under BHSA. Outpatient services will merge into AOA outpatient.	Total: 1,454,769  FFP: 0 MHSA: 1,454,769 Other: 0	Total: 1,585,987  FFP: 0 MHSA: 1,454,769 Other: 131,218	Total: 0  FFP: 0 BHSA: 0 Other: 0
Innovation (INN)	INN 15: Community Mobile Response Project (TRUST)		Total: 7,914,015  FFP: 363,058 MHSA: 7,550,957 Other: 0	Total: 7,409,200  FFP: 0 MHSA: 7,409,200 Other: 0	Total: 8,458,600  FFP: 558,789 BHSA: 7,697,129 Other: 202,682
	INN 17: Transgender, Non-Binary, and Gender Expansive Center (TGE)		Total: 11,938,639 (for project lifespan)  FFP: 0 MHSA: 11,938,639 Other: 0	Total: 11,938,639 (for project lifespan)  FFP: 0 MHSA: 11,938,639 Other: 0	Total: 11,938,639 (for project lifespan)  FFP: 0 MHSA: 11,938,639 Other: 0

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MHSA Category	Current (FY 2026) MHSA Funded Program	Status of Program in FY 2027	FY 2026 Total MH Funding Amount <i>(as noted in FY 2026 Mid-Year Adjustment Plan)</i>	FY 2026 Anticipated Funding Amount	FY 2027 Requested Amount
	INN 18: PIVOT		Total: 4,100,000 (for project lifespan)  FFP: 0 MHSA: 4,100,000 Other: 0	Total: 4,100,000 (for project lifespan)  FFP: 0 MHSA: 4,100,000 Other: 0	Total: 4,100,000 (for project lifespan)  FFP: 0 MHSA: 4,100,000 Other: 0
Workforce Education & Training (WET)	WET Coordination	Functions will continue with streamlined staffing under BHSS other.	Total: 799,343  FFP: 0 MHSA: 343,215 Other: 456,128	Total: 669,439  FFP: 0 MHSA: 669,439 Other: 0	Total: 654,912  FFP: 0 BHSA: 302,871 Other: 352,041
	WET Training		Total: 842,299  FFP: 0 MHSA: 842,299 Other: 0	Total: 1,023,394  FFP: 0 MHSA: 1,023,394 Other: 0	Total: 278,325  FFP: 0 BHSA: 278,325 Other: 144,431
	WET Career Pathways and Development		Total: 2,449,506  FFP: 0 MHSA: 2,449,506 Other: 0	Total: 406,212  FFP: 0 MHSA: 406,212 Other: 0	Total: 800,000  FFP: 0 BHSA: 800,000 Other: 0
Capital Facilities / Technological Needs (CFTN)	Capital Facilities Project: Specialty Mental Health Gender Affirming Care	Project complete. No further BHSA funding needed.	Total: 1,500,000  FFP: 0 MHSA: 1,500,000 Other: 0	Total: 1,500,000  FFP: 0 MHSA: 1,500,000 Other: 0	Total: 0  FFP: 0 BHSA: 0 Other: 0
	Technological Needs: CFTN Support Staff		Total: 1,353,178  FFP: 0	Total: 1,353,178  FFP: 0	Total: 0  FFP: 0

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MHSA Category	Current (FY 2026) MHSA Funded Program	Status of Program in FY 2027	FY 2026 Total MH Funding Amount <i>(as noted in FY 2026 Mid-Year Adjustment Plan)</i>	FY 2026 Anticipated Funding Amount	FY 2027 Requested Amount
			MHSA: 1,353,178 Other: 0	MHSA: 1,353,178 Other: 0	BHSA: 0 Other: 0
	Independent Living Home Habitability Improvements Project (ILH)		Total: 2,000,000  FFP: 0 MHSA: 2,000,000 Other: 0	Total: 2,000,000  FFP: 0 MHSA: 2,000,000 Other: 0	Total: 2,000,000  FFP: 0 MHSA: 2,000,000 Other: 0