



**Behavioral Health  
Services Act (BHSA)  
2026 - 2029  
Integrated Plan**

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# Introduction

The Behavioral Health Services Act (BHSA) (Senate Bill (SB) 326, Chapter 90, Statutes of 2023) requires all county Behavioral Health Departments to submit a three-year Integrated Plan for Behavioral Health Services and Outcomes outlining intended use of funds and a budget for behavioral health programs administered, beginning with Fiscal Years (FY) 2026-2029 (July 1, 2026 – June 30, 2029); this is the IP for San Benito County Behavioral Health (SBCBH). For related policy information, refer to 3.A. Purpose of the Integrated Plan.

The Department of Health Care Services (DHCS) is developing a portal where counties will enter their Integrated Plans and updates (herein referred to as the “county portal”). This document is the template for the Three-Year Integrated Plan. The final release of the Integrated Plan will be available on the county portal and questions will be formatted to collect information in a streamlined manner. The county portal will include web form elements such as dropdown menus and text fields. Throughout this template, bracketed text represents planned user interface elements for the county portal. Additional information on standards for completing and submitting the Integrated Plan is provided in the Behavioral Health Services Act County Policy Manual (herein referred to as the “Policy Manual”) Chapter 3. Figure 1. Integrated Plan Submission Workflow \*Recommended sequence. See details on the exemption submission process in the Integrated Plan Submission section (Policy Manual Chapter 3, Section E.4).

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## General Information

### County, City, Joint Powers, or Joint Submission

County

### Entity Name

San Benito County

### Behavioral Health Agency Name

San Benito County Behavioral Health

### Behavioral Health Agency Mailing Address

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### Primary Substance Use Disorder Contact Name

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### Secondary Substance Use Disorder Contact

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### Compliance Officer for Specialty Mental Health Services (SMHS) Name

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### Behavioral Health Services Act (BHSA) Coordinator

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### Substance Abuse and Mental Health Services Administration (SAMHSA) liaison

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### Quality Assurance or Quality Improvement (QA/QI) Leads

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### Medical Director

- Name: Dr. Peter Huang
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## County Behavioral Health System Overview

Please provide the county behavioral health system (inclusive of mental health and substance use disorder) information listed throughout this section. The purpose of this section is to provide a high-level overview of the city/county behavioral health system's populations served, technological infrastructure, and services provided. This information is intended to support county planning and transparency for stakeholders. The Department of Health Care Services recognizes that some information provided in this section is subject to change over the course of the Integrated Plan (IP) period. All data should be based on FY preceding the year plan development begins (i.e., for 2026-2029 IP, data from FY 2023-2024 should be used).

All fields must be completed unless marked as optional. For related policy information, refer to 3.E.2 General Requirements.

### Populations Served by County Behavioral Health System

Includes individuals that have been served through the county Medi-Cal Behavioral Health Delivery System and individuals served through other county behavioral health programs. Population-level behavioral health measures, including untreated behavioral health conditions, are covered in the Statewide Behavioral Health Goals section and County Population-Level Behavioral Health Measure Workbook. For related policy information, refer to 2.B.3 Eligible Populations and 3.A.2 Contents of the Integrated Plan.



## Children and Youth

- In the table below, please report the number of children and youth (under 21) served by the county behavioral health system who meet the criteria listed in each row.

*Counts may be duplicated as individuals may be included in more than one category.*

Criteria for Children and Youth Underage 21	Number
Received Medi-Cal Specialty Mental Health Services (SMHS)	357
Received at least one substance use disorder (SUD) individual-level prevention and/or early intervention service	64
Received Drug Medi-Cal (DMC) or Drug Medi-Cal Organized Delivery System (DMC-ODS) services	16
Received mental health (MH) and SUD services from the mental health plan (MHP) and DMC county or DMC-ODSplan	373
Accessed the Early Psychosis Intervention Plus Program, pursuant to Welfare and Institutions Code Part 3.4 (commencing with section 5835 ), Coordinated Specialty Care, or other similar evidence-based practices and community-defined evidence practices for early psychosis and mood disorder detection and intervention programs	0
Were chronically homeless or experiencing homelessness or at risk of homeless	505
Were in the juvenile justice system	19
Have reentered the community from a youth correctional facility	23
Were served by the Mental Health Plan and had an open child welfare case	34
Were served by the DMC County or DMC-ODS plan and had an open child welfare case	1
Have received acute psychiatric care	35



## Adults and Older Adults

- In the table below, please report the number of adults and older adults (21 and older) served by the county behavioral health system who meet the criteria listed in each row.

*Counts may be duplicated as individuals may be included in more than one category.*

Criteria for Adults and Older Adults	Number
Were dual-eligible Medicare and Medicaid members	103
Received Medi-Cal SMHS	622
Received DMC or DMC-ODS services	205
Received MH and SUD services from the MHP and DMC county or DMC-ODS plan	827
Were chronically homeless, or experiencing homelessness, or at risk of homelessness	621
Experienced unsheltered homelessness	188
Moved from unsheltered homelessness to being sheltered (emergency shelter, transitional housing, or permanent housing)	11
Of the total number of those who moved from unsheltered homelessness to being sheltered, how many transitioned into permanent housing.	95
Were in the justice system (on parole or probation and not currently incarcerated)	47
Were incarcerated (including state prison and jail)	105
Reentered the community from state prison or county jail	49
Received acute psychiatric services	12

- Input the number of individuals in designated and approved facilities who were:
  - Admitted or detained for 72-hour evaluation and treatment rate: **106**
  - Admitted for 14-day and 30-day periods of intensive treatment: **0**
  - Admitted for 180-day post certification intensive treatment: **0**
- Please report the total population enrolled in Department of State Hospital (DSH) Lanterman-Petris-Short (LPS) Act programs: **<11\***
- Please report the total population enrolled in DSH community solution projects (e.g., community-based restoration and diversion programs): **20**



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5. Of the data reported in this section, are there any areas where the county would like to provide additional context for DHCS's understanding? **Yes**

The most recent publicly available data is from the period FY2022 through 2024 however, in collaboration with the Health and Human Services Agency, more accurate local data was available for CY 2025 for the three questions regarding unsheltered individuals who moved to interim and permanent housing settings. It should be noted that the publicly available data is population-based for individuals who are either eligible or already enrolled with Medi-Cal, and not specifically representative of the population in which Behavioral Health services are indicated to serve or currently serve. Only a proportion of these numbers may have need of Behavioral Health services.

Data from the report SBC Office of Suicide Prevention Suicide and Self-Harm Profile San Benito County: Suicide Deaths, 2016-2023 from the California Department of Public Health (CDPH) was also utilized but not uploaded since it is for internal use for San Benito County only, due to certain data points having unsuppressed small numbers thereby the potential for identification.

Regarding children and youth who were chronically homeless or experiencing homelessness or at risk of homeless; SBCBH provided a best estimate of the total count of all school students who were cumulatively enrolled during the academic year July 1, 2024 to June 30, 2025 and, of those students, the number who were reported as being homeless during that academic year.

In addition, several publicly available data points analyzed were from regional data combining San Benito data with data from other larger neighboring counties and therefore skews the data in terms of specificity and relevance to San Benito County. For example, for adults and older adults who were chronically homeless, or experiencing homelessness, or at risk of homelessness, regionally is 2801, however, the local data indicates 621. Similarly, those who experienced unsheltered homelessness regionally is 2303, whereas locally is 497. It should be noted that 497 is likely a duplicated count and in collaboration with the Health and Human Services Agency, it was possible to obtain an unduplicated count, but for CY 2025, of 188.

The local estimate for adults and older adults moved from unsheltered homelessness to being sheltered (emergency shelter, transitional housing, or permanent housing) for CY2025 was available and provided in this report.

Regarding the number of adults/older adults who were in the justice system – the number shown is the most recently available local data reflecting the number of individuals who were referred to SBCBH by Probation Officers, Jail Staff, San Benito County Court, Attorneys and the District Attorney in FY23.24.

Consistency in reporting periods varied between fiscal year and calendar year, or data was inconsistently available for each FY which makes data analysis or comparisons challenging or even incompatible. It will take time and consistent encouragement to entities outside of the Behavioral Health Department to realize the overall aim of the statewide goals and have data reporting in place to fulfill these data points in the future.



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### 6. Please describe the **local data** used during the planning process

Local data was obtained from internal and other County sources at SBCBH, including the SmartCare Electronic Health Record (EHR), and in collaboration with the SBC Probation Department as well as the SBC Health and Human Services Agency. Within each category, the count of those served has been unduplicated to the best extent possible. The count for children and youth served included individuals under the age of 21 years of age; the count for adults and older adults served included individuals over 21 years of age.

Currently, SmartCare EHR reports are incapable of providing concise reports for each of the data points that were not publicly available data, so multiple reports by program had to be generated, followed by manual review and analysis to produce a single total, particularly for both SMHS and Drug Medi-Cal Organized Delivery System (DMC-ODS) data.

Local data for the period FY2023.24 has been provided for the following criteria:

#### **Children and Youth**

- Received at least one Substance Use Disorder (SUD) individual-level prevention and/or early intervention service
- Have reentered the community from a youth correctional facility
- Were served by the DMC County or DMC-ODS plan and had an open child welfare case
- Have received acute psychiatric care

#### **Adults and Older Adults**

- Were dual-eligible Medicare and Medicaid (Medi-Cal) members
- Were chronically homeless, or experiencing homelessness, or at risk of homelessness
- Experienced unsheltered homelessness
- Moved from unsheltered homelessness to being sheltered (emergency shelter, transitional housing, or permanent housing)
- Were in the justice system (on parole or probation and not currently incarcerated)

Prior to the implementation of BHSA, SBCBH there was no Early Psychosis Intervention program, so no data is available. Since this is a numeric data field zero was entered, however, this not meant to indicate that there were zero cases, but the field does not allow the “N/A” response. The same is true of the numbers served in the 5250 and 5270 psychiatric holds.

An SBCBH internal Inpatient Census Log is maintained for all psychiatric holds per FY. As a small county, no facility exists for psychiatric holds beyond a 5150 at the only hospital in San Benito County. Should a 14-day hold (5250) become necessary, the individual would be transferred to a facility in a neighboring county. The ability to place a 30-day hold (5270) has not been applied for with the San Benito Board of Supervisors, so these are not instigated.

### 7. If desired, provide documentation on the local data used during the planning process

- San Benito County 2024 Homelessness Point-In-Time Count & Report



### County Behavioral Health Technical Infrastructure

For related policy information, refer to 6.C.1 Promoting Access to Care Through Efficient Use of State and County Resources Introduction.

1. Does the county behavioral health system use an Electronic Health Record (EHR)?
  - Yes
2. Please select which of the following EHRs the county uses
  - SmartCare
3. County participates in a Qualified Health Information Organization (QHIO)?
  - No

### Application Programming Interface Information

Counties are required to implement Application Programming Interfaces (API) in accordance with Behavioral Health Information Notice (BHIN) 22-068 and federal law.

1. Please provide the link to the county's API endpoint on the county behavioral health plan's website
  - (<https://fhir-calmhsa-provider.ehn-prod.net/fhir/swagger-ui/?page=System%20Level%20Operations>)
2. Does the county wish to disclose any implementation challenges or concerns with these requirements?
  - No

Counties are required to meet admission, discharge, and transfer data sharing requirements as outlined in the attachments to BHINs 23-056, 23-057, and 24-016.

3. Does the county wish to disclose any implementation challenges or concerns with these requirements?
  - No



### County Behavioral Health System Service Delivery Landscape

For related policy information, refer to 6.C.1 Promoting Access to Care Through Efficient Use of State and County Resources Introduction.

#### Substance Abuse and Mental Health Services Administration (SAMHSA) Projects for Assistance in Transition from Homelessness (PATH) Grant

1. Will the county participate in SAMHSA's PATH Grant during the Integrated Plan period?
  - No
2. Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?
  - No

#### Community Mental Health Services Block Grant (MHBG)

1. Will the county behavioral health system participate in any MHBG set asides during the Integrated Plan period?
  - Yes
2. Please select all set asides that the county behavioral health system plans to participate in under the MHBG
  - [Children's System of Care Set-Aside](#) [First Episode Psychosis Set-Aside](#)
3. Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?
  - No

#### Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG)

1. Will the county behavioral health system participate in any SUBG set asides during the Integrated Plan period?
  - No
2. Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?
  - No



### Opioid Settlement Funds (OSF)

1. Will the county behavioral health system have planned expenditures for OSF during the Integrated Plan period?
  - Yes
  
2. Please check all set asides the county behavioral health system participates in under OSF Exhibit E
  - Prevent Overdose Deaths and Other Harms (Harm Reduction) Support People in Treatment and Recovery
  - Address The Needs of Criminal Justice-Involved Persons
  - Address The Needs of Pregnant or Parenting Women and Their Families, Including Babies with Neonatal Abstinence Syndrome
  - Connect People Who Need Help to The Help They Need (Connections to Care)
  - First Responders
  - Leadership, Planning, and Coordination Prevent Misuse of Opioids
  - Prevent Over-Prescribing and Ensure Appropriate Prescribing and Dispensing of Opioids Training
  
3. Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?
  - Yes

Please describe these challenges or concerns

In San Benito, the funds are held by the Administrative Department rather than the Behavioral Health Department making dissemination and tracking of those funds problematic and time consuming. Each time OSF monies are to be spent, considerable time and clerical effort is required by multiple local parties to obtain the appropriate approvals for expenditure. Every year, the County Public Health, as lead agency for the Opioid Task Force (OTF), creates a workplan which requires approval from the State and the County Board of Supervisors, before any expenditure can be made by the Opioid Task Force in their prevention efforts.

Through community surveys, stakeholder input, and feedback from providers and coalition members, treatment has been identified as a priority need. SBCBH is the primary local provider of treatment and support services in our community and a core member of the OTF coalition. SBCBH collaborates closely with OTF across agencies and organizations, therefore, it would be more appropriate for SBCBH to hold oversight responsibility for the OSF.



### Bronzan-McCorquodale Act

[Context] The county behavioral health system is mandated to provide the following community mental health services as described in the Bronzan-McCorquodale Act (BMA).

- Case Management
- Comprehensive Evaluation and Assessment
- Group Services
- Individual Service Plan
- Medication Education and Management
- Pre-crisis and Crisis Services
- Rehabilitation and Support Services
- Residential Services
- Services for Homeless Persons
- Twenty-four-hour Treatment Services
- Vocational Rehabilitation

1. In addition, BMA funds may be used for the specific services identified in the list below. Select all services that are funded with BMA funds:

- Coordinated Specialty Care for First Episode Psychosis (CSC for FEP)

2. Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?

- Yes

Please describe these challenges or concerns:

Insufficient funding to cover all the mandated services as the cost of acute and inpatient psychiatric hospitalization continually increases.

### Public Safety Realignment (2011 Realignment)

[Context] The county behavioral health system is required to provide the following services which may be funded under the Public Safety Realignment (2011 Realignment)

- Drug Courts
- Medi-Cal Specialty Mental Health Services, including Early Periodic Screening Diagnostic Treatment (EPSDT)
- Regular and Perinatal Drug Medi-Cal Services
- Regular and Perinatal DMC Organized Delivery System Services, including EPSDT
- Regular and Perinatal Non-Drug Medi-Cal Services

1. Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?

- No



### Medi-Cal Specialty Mental Health Services (SMHS)

[Context] The county behavioral health system is mandated to provide the following services under SMHS authority (no action required).

- Adult Residential Treatment Services
- Crisis Intervention
- Crisis Residential Treatment Services
- Crisis Stabilization
- Day Rehabilitation
- Day Treatment Intensive
- Mental Health Services
- Medication Support Services
- Mobile Crisis Services
- Psychiatric Health Facility Services
- Psychiatric Inpatient Hospital Services
- Targeted Case Management
- Functional Family Therapy for individuals under the age of 21
- High Fidelity Wraparound for individuals under the age of 21
- Intensive Care Coordination for individuals under the age of 21
- Intensive Home-based Services for individuals under the age of 21
- Multisystemic Therapy for individuals under the age of 21
- Parent-Child Interaction Therapy for individuals under the age of 21
- Therapeutic Behavioral Services for individuals under the age of 21
- Therapeutic Foster Care for individuals under the age of 21
- All Other Medically Necessary SMHS for individuals under the age of 21

1. Has the county behavioral health system opted to provide the specific Medi-Cal SMHS identified in the list below as of June 30, 2026?

- CSC for FEP
- Peer Support Services

2. Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?

- Yes

3. Please describe these challenges or concerns

As a small county, it is very challenging to have staff solely dedicated to the case loads required to fidelity for the EBPs, so it is appreciated that we are exempt from particular EBPs that require fidelity levels of staffing for this first IP.



### Drug Medi-Cal (DMC)/Drug Medi-Cal Organized Delivery System (DMC-ODS)

1. Select which of the following services the county behavioral health system participates in

- DMC-ODS Program

[Context] The county behavioral health system is mandated to provide the following services as a part of the DMC-ODS Program (DHCS currently follows the guidance set forth in the American Society of Addiction Medicine (ASAM) Criteria, 3rd Edition). (no action required)

- Care Coordination Services
- Clinician Consultation
- Outpatient Treatment Services (ASAM Level 1)
- Intensive Outpatient Treatment Services (ASAM Level 2.1)
- Medications for Addiction Treatment (MAT), Including Narcotics Treatment Program (NTP) Services
- Mobile Crisis Services
- Recovery Services
- Residential Treatment services (ASAM Levels 3.1, 3.3., 3.5)
- Traditional Healers and Natural Helpers
- Withdrawal Management Services
- All Other Medically Necessary Services for individuals under age 21 for individuals under age 21
- Early Intervention for individuals under age 21

2. Has the county behavioral health system opted to provide the specific Medi-Cal SUD services identified in the list below as of June 30, 2026?

- IPS Supported Employment

3. Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?

- Yes

4. Please describe these challenges or concerns

There is a scarcity of local employers willing to take clients who have justice or substance involvement. Those few employment opportunities that may exist through larger employers are often for lower paid, or for less desirable situations such as overnight work in a 24/7 canning facility that is usually seasonal rather than regular employment.



### Other Programs and Services

1. Please list any other programs and services the county behavioral health system provides through other federal grants or other county mental health and SUD programs
  - Federal Grants - Mental Health Block Grant and Substance Use Block Grant
  - Mental Health Programs - Conservatorship, Esperanza Wellness Center, CalAIM JI PATH, Bridges to Housing (BHBH), Behavioral Health Student Support Act (BHSSA)
  - Substance Use Disorder - AB109, Proposition 36 - Drug Court, Medically Assisted Treatment

### Care Transitions

1. Has the county implemented the state-mandated Transition of Care Tool for Medi-Cal Mental Health Services (Adult and Youth)?
  - Yes
2. Does the county's Memorandum of Understanding include a description of the system used to transition a member's care between the member's mental health plan and their managed care plan based upon the member's health condition?
  - Yes



## Statewide Behavioral Health Goals

For related policy information, refer to 3.E.6 Statewide behavioral health goals.

### Population-Level Behavioral Health Measures

[Context] The statewide behavioral health goals and associated population-level behavioral health measures must be used in the county Behavioral Health Services Act (BHSA) planning process and should inform resource planning and implementation of targeted interventions to improve outcomes for the fiscal year(s) being addressed in the IP. For more information on the statewide behavioral health goals, please see the Policy Manual Chapter 2, Section C .

Please review your county’s status on each population-level behavioral health measure, including the primary measures and supplemental measures for each of the 14 goals. All measures are publicly available, and counties are able to review their status by accessing the measures via DHCS-provided instructions and the County Population-Level Behavioral Health Measure Workbook.

As part of this review, counties are required to evaluate disparities related to the six priority statewide behavioral health goals. Counties are encouraged to use their existing tools, methods, and systems to support this analysis and may also incorporate local data sources to strengthen their evaluation.

Please note that several Phase 1 measures include demographic stratifications – such as race, sex, age, and spoken language – which are included in the prompts below. Counties may also use local data to conduct additional analyses beyond these demographic categories. For related policy information, refer to E.6.1 Population-level Behavioral Health Measures.

### Priority Statewide Behavioral Health Goals For Improvement

[Context] Counties are required to address the six priority statewide behavioral health goals in this section. For related policy information, refer to E.6.2 Primary and Supplemental Measures.

#### Access to care: Primary Measures

#### *Specialty Mental Health Services (SMHS) Penetration Rates for Adults and Children & Youth (DHCS), FY 2023*

1. How does your county status compare to the statewide rate?
  - a. For adults/older adults: [Above](#)
  - b. For children/youth: [Below](#)
  
2. What disparities did you identify across demographic groups or special populations?
  - [Age](#)
  - [Race or Ethnicity Sex](#)



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### ***Non-Specialty Mental Health Services (NSMHS) Penetration Rates for Adults and Children & Youth (DHCS), FY 2023***

1. How does your county status compare to the statewide rate? For adults/older adults
  - a. For adults/older adults: [Below](#)
  - b. For children/youth: [Below](#)
2. What disparities did you identify across demographic groups or special populations?
  - [Race or Ethnicity Age](#)
  - [Sex](#)

### ***Drug Medi-Cal (DMC) Penetration Rates for Adults and Children & Youth (DHCS), FY 2022 - 2023***

1. How does your county status compare to the statewide rate?
  - a. For adults/older adults: [Not Applicable](#)
  - b. For children/youth: [Not Applicable](#)
2. What disparities did you identify across demographic groups or special populations?
  - [No Disparities Data Available](#)

### ***Drug Medi-Cal Organized Delivery System (DMC-ODS) Penetration Rates for Adults and Children & Youth (DHCS), FY 2022 - 2023***

1. How does your county status compare to the statewide rate?
  - a. For adults/older adults: [Same](#)
  - b. For children/youth: [Same](#)
2. What disparities did you identify across demographic groups or special populations?
  - [No Disparities Data Available](#)

### **Access to care: Supplemental Measures**

#### ***Initiation of Substance Use Disorder Treatment (IET-INI) (DHCS), FY 2023***

1. How does your county status compare to the statewide rate?
  - [Below](#)
2. What disparities did you identify across demographic groups or special populations?
  - [No Disparities Data Available](#)



### Access to care: Disparities Analysis

1. For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis.

For all measures, disparity data were extracted from the Adult MHS Demographic Dashboard (AB470) | Behavioral Health Reporting and Children and Youth MHS Demographic Dashboard (AB470) | Behavioral Health Reporting dashboards.

(1a) SMHS Penetration Rates [Adults] – Demographic groups performing below the County rate of 4.6% are residents 57-68 (3.1%) and 69+ years of age (1.9%) and Hispanic residents (4.2%).

(1b) SMHS Penetration Rates [Youth] – Demographic groups performing below the County rate of 3.2% are male residents (3.1%), residents in the “Other” or “Unknown” race/ethnicity category (2.0%), and those who are 0-2 (0%), 3-5 (0.9%), and 6-11 years old (2.6%).

(2a) NSMHS Penetration Rates [Adults] – Demographic groups performing below the County rate of 5.9% are male (4.6%) and Black individuals (0%).

(2b) NSMHS Penetration Rates [Youth] – Demographic groups performing below the County rate of 8.7% are female (8.4%), Hispanic individuals (8.2%), and those who are 3-5 (5.7%), 6-11 (7.1%), and 18-20 years old

(7.3%).

### Access to care: Cross-Measure Questions

1. Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may increase your county’s level of access to care. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships, or initiatives the county is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes

Several factors influence why the outcome data for Access to Care may appear to indicate a lower performance than expected during FY2023/24. CalAIM went into effect and SBCBH implemented the new semi-statewide EHR with numerous operational issues; during the initial learning phase of a new system, errors in data entry may have occurred. San Benito was the last county in CA to still offer straight Medi-Cal enrollment as well as through the local MCP. In FY2023/24, Medi-Cal enrollment was only possible through the MCP and numerous clients had to be re-enrolled likely affecting the data due to potential lags in re-enrollment from Medi-Cal as well as previously multiple MCPs to only one. SBCBH intends to carry out a semi-annual review of penetration rate data to monitor progress.

SBCBH intend to devise an O&E campaign to reach underserved populations and strengthen the collaborative relationship with the MCP in addressing the lower access to care data for all populations in our community and have developed referral pathways as part of an MOU. Already, service literature is provided in both English, Spanish and translation is available for other languages. SBCBH already offer a same/next-day assessment appointments for individuals referred for SUD treatment, but plan to strengthen collaboration with both the



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Justice and Emergency Departments to increase participation and improve outcomes.

CSOC staff attend the monthly provider meeting, strengthening the collaborative relationships with local schools for access to care for children by developing a three-tiered system of care through the BHSSA grant to identify and engage children and youth including the provision of wellness centers in a school setting.

For even younger children (0-5yrs), a more collaborative relationship is underway with a local CBO to map out clear referral pathways in early 2026 and, finally, within the timescale of this Integrated Plan, a program will be developed specifically for TAY.

2. Please identify the category or categories of funding that the county is using to address the access to care goal
  - BHSA Behavioral Health Services and Supports (BHSS) BHSA Full Services Partnership (FSP)
  - BHSA Housing Interventions
  - Federal Financial Participation (SMHS, Drug Medi-Cal/Drug Medi-Cal Organized Delivery System (DMC/DMC-ODS)
  - Substance Abuse and Mental Health Services Administration (SAMHSA) Projects for Assistance in Transition from Homelessness (PATH)
  - Community Mental Health Block Grant (MHBG) Substance Use Block Grant (SUBG)

### Homelessness: Primary measures

#### ***People Experiencing Homelessness Point-in-Time Count (Rate per 10,000 people by Continuum of Care Region) (HUD), 2024***

1. How does your county status compare to the PIT Count Rate out of every 10,000 people by Continuum of Care region?
  - Above
2. What disparities did you identify across demographic groups or special populations?
  - Race or Ethnicity Age
  - Gender

#### ***Homeless Student Enrollment by Dwelling Type, California Department of Education (CDE), 2023 - 2024***

1. How does your county status compare to the statewide rate?
  - Below
2. What disparities did you identify across demographic groups or special populations?
  - Race or Ethnicity Age
  - Spoken Language Gender
  - Other



3. Please describe other:

- Migrant population and students with disabilities

### Homelessness: Supplemental Measures

#### ***Point In Time (PIT) Count Rate of People Experience Homelessness with Severe Mental Illness, (Rate per 10,000 people by Continuum of Care Region) (HUD), 2024***

1. How does your county status compare to the PIT Count Rate out of every 10,000 people by Continuum of Care region?

- Above

2. What disparities did you identify across demographic groups or special populations?

- No Disparities Data Available

#### ***PIT Count Rate of People Experience Homelessness with Chronic Substance Abuse, (Rate per 10,000 people by Continuum of Care Region) (HUD), 2024***

1. How does your county status compare to the PIT Count Rate out of every 10,000 people by Continuum of Care region?

- Above

2. What disparities did you identify across demographic groups or special populations?

- No Disparities Data Available

#### ***People Experiencing Homelessness Who Accessed Services from a Continuum of Care (CoC) Rate (BCSH), 2023 (This measure will increase as people access services.)***

1. How does your local CoC's rate compare to the average rate across all CoCs?

- Below

2. What disparities did you identify across demographic groups or special populations?

- Age
- Race or Ethnicity

### Homelessness: Disparities Analysis

1. For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis

For all measures, disparity data were extracted from the CalMHSA Homelessness PowerBI Dashboards.



**People Experiencing Homelessness PIT Count** – Demographic groups performing above (have a higher rate of individuals experiencing homelessness) the County Continuum of Care (CoC) rate of 61 are residents who identify as male (75) and American Indian or Alaska Native (392), Black (267), Native Hawaiian or Other Pacific Islander (168), and multiple races (128). Additionally, individuals who are between the ages of 18-34 (70), 35-44 (96), and 45 years and older (68) performed above the CoC rate.

**Homeless Student Enrollment by Dwelling Type** – Demographic groups performing above the County rate (worse than the County) of 3.8% are English learners (6.3%) and American Indian or Alaska Native (6.3%), Pacific Islander (4.5%), and Hispanic or Latino (4.3%) individuals, and individuals who identify as Non-binary (25%). Additionally, those who are in Transitional Kindergarten (6.0%), Kindergarten (5.8%), 1st grade (4.2%), 4th grade (3.9%), and 5th grade (4.1%), migrant population (8.1%), and students with disabilities (4.3%) also performed above the County rate.

**People Experiencing Homelessness Who Accesses Services from CoC** –Demographic groups performing below the County CoC rate of 62 are residents 65 and older (28), White (59), and Asian or Asian American (10).

### Homelessness: Cross-Measure Questions

1. Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026, that may reduce your county's level of homelessness in the population experiencing severe mental illness, severe SUD, or co-occurring conditions. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships, or initiatives the county is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes)

Engagement and collaboration with the MCP and the CoC is in the early stages with regard to a focus on Homelessness; during the period covered by this plan, progress will be updated. The intention is to identify shared priorities and leverage mutual supports as well as increase outreach and care coordination for service utilization for individuals experiencing homelessness, in particular, for those with severe mental illness and chronic substance abuse. Ease of access for clients for housing navigation, transitional housing and ultimately housing stability in permanent supportive housing is the combined goal.

Methods to track service utilization, demographic trends, housing retention will be developed, or enhanced, to ensure strategies are adjusted to avoid disparities and ensure maximum utilization.

It should be noted that the Point-In-Time (PIT) rate of People Experiencing Homelessness is 91.09 in the County compared to the state rate of 48.0. Black individuals and those in the "Other" race/ethnicity category which included Middle Eastern or North African, Non-Hispanic, and Multiple Race were overrepresented.



2. Please identify the category or categories of funding that the county is using to address the homelessness goal

- BHSA Behavioral Health Services and Supports
- BHSA Full Service Partnership
- BHSA Housing Interventions
- Federal Financial Participation (SMHS, DMC-ODS)
- SAMHSA PATH
- MHBG
- SUBG

### Institutionalization

[Context] Per 42 CFR 435.1010, an institution is "an establishment that furnishes (in single or multiple facilities) food, shelter, and some treatment or services to four or more persons unrelated to the proprietor." Institutional settings are intended for individuals with conditions including, but not limited to, behavioral health conditions.

Care provided in inpatient and residential (i.e., institutional) settings can be clinically appropriate and is part of the care continuum. Here, institutionalization refers to individuals residing in these settings longer than clinically appropriate. Therefore, the goal is not to reduce stays in institutional settings to zero. The focus of this goal is on reducing stays in institutional settings that provide a Level of Care that is not – or is no longer – the least restrictive environment. (no action)

### Institutionalization: Primary Measures

#### *Inpatient administrative days (DHCS) rate, FY 2023*

1. How does your county status compare to the statewide rate/average? For adults/older adults
  - For adults/older adults: [Not Applicable](#)
  - For children/youth: [Not Applicable](#)
2. What disparities did you identify across demographic groups or special populations?
  - [No Disparities Data Available](#)

### Institutionalization: Supplemental Measures

#### *Involuntary Detention Rates, FY 2021 - 2022*

1. How does your county status compare to the statewide rate/average? 14-day involuntary detention rates per 10,000: [Not Applicable](#)
2. 30-day involuntary detention rates per 10,000: [Not Applicable](#)
3. 180-day post-certification involuntary detention rates per 10,000: [Not Applicable](#)



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4. What disparities did you identify across demographic groups or special populations?

No Disparities Data Available

### **Conservatorships, FY 2021 - 2022**

1. How does your county status compare to the statewide rate/average?

- Temporary Conservatorships: **Not Applicable**
- Permanent Conservatorships: **Not Applicable**

2. What disparities did you identify across demographic groups or special populations?

- **No Disparities Data Available**

### **SMHS Crisis Service Utilization (Crisis Intervention, Crisis Residential Treatment Services, and Crisis Stabilization) (DHCS), FY 2023**

Increasing access to crisis services may reduce or prevent unnecessary admissions to institutional facilities.

1. How does your county status compare to the statewide rate/average?

#### **Crisis Intervention**

- a. For adults/older adults: **Above**
- b. For children/youth: **Below**

#### **Crisis Residential Treatment Services**

- a. For adults/older adults: **Not applicable**
- b. For children/youth: **Not applicable**

#### **Crisis Stabilization**

- a. For adults/older adults: **Below**
- b. For children/youth: **Not applicable**

2. What disparities did you identify across demographic groups or special populations?

- **Race or Ethnicity Sex**
- **Age Other**

Please describe other

- **Written language**



### Institutionalization: Disparities Analysis

1. For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis

For all measures, disparity data were extracted from the CalMHSA Institutionalization PowerBI Dashboards.

(1a) SMHS Crisis Utilization, Crisis Intervention (DHCS), FY 2023 – San Benito County’s overall crisis intervention service utilization rate (in minutes) for adults is 309.8. Higher rates (in minutes) of crisis intervention service utilization exist for certain groups in the County: White (357.0); adults aged 33-44 (420.6); and male (316.3). Lower rates (in minutes) of crisis intervention service utilization also exist for certain demographic groups in the County: Hispanic (253); adults aged 21-32 (243.9) and 45-56 (211.6); female (267.8); and individuals whose primary written language is English (288.3).

San Benito County’s overall crisis intervention service utilization rate (in minutes) for youth is 258.6. Higher rates of crisis intervention service utilization exist for certain youth groups in San Benito County: youth aged 12-17 (292.4); male (299.7); and individuals whose primary written language is English (288.6). Lower rates of crisis intervention service utilization also exist for certain youth demographic groups in San Benito County: Hispanic (234.9); female (241.8); and youth whose primary written language is Spanish (210.5).

For this measure, some data was suppressed; for adults, Asian or Pacific Islander, Black, and other residents, those aged 57-68, and those whose primary written language is Spanish had the rates suppressed for the County. For youth, White residents and those aged 6-11 and 18-20 had the rates suppressed for the County.

### Institutionalization: Cross-Measure Questions

1. What additional local data do you have on the current status of institutionalization in your county? (Example: utilization of Mental Health Rehabilitation Center or Skilled Nursing Facility-Special Treatment Programs)

As San Benito does not have a psychiatric facility in this county, clients are sent to neighboring Counties for a psychiatric assessment and care, and the court appoints a conservator as appropriate. Although SBCBH have data in the EHR for FY23.24 for those in conservatorship who permanently reside in an institutional level of care, the average number of these conservatees is below eleven therefore the data is suppressed to maintain privacy.

2. Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026, that may reduce your county’s rate of institutionalization. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships or initiatives the count is implementing (e.g., enhancing crisis response services targeting a sub-population in which data demonstrates they have poorer outcomes)

SBCBH’s Mobile Crisis Response Team (MCRT) launched April 2025, later than originally



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anticipated due to the recruitment challenge of hiring enough staff to provide coverage for the required 24/7/365. Prior to MCRT, an internally staffed team provided some crisis cover after office hours, deescalating episodes to avoid institutionalization. Literature for our MCRT services was developed in English and Spanish, in conjunction with the program launch.

SBCBH will enhance existing cross system collaboration with partner agencies, CoC, MCP and local CBOs for outreach and engagement (O&E) activities with specific focus areas. The intent is early identification and engagement of individuals at risk of Severe Mental Illness (SMI) or Substance Use Disorder (SUD) to reduce the likelihood of crisis episodes leading to institutionalization or housing instability.

The number of conservatees is deliberately kept small to provide clients with care in the least restrictive setting possible. SBCBH strives to help clients stay engaged with a higher level of care through Full Service Partnership (FSP) and Intensive Outpatient services, plus the clients' support system, intended to avoid institutionalization. If appropriate, clients can also be screened to see if they meet diagnostic criteria for enrollment in the Care Court program.

Temporary conservatorship can be initiated after a client has been in hospital for psychiatric care for fourteen days, or in some cases thirty days, so would likely not be considered institutionalized after such a short stay. Lanterman-Petris-Short (LPS) Conservatorship occurs in cases where the individual is either gravely disabled, and they have no relatives or other support system willing or able to take care of them so they truly need an institutional level of care.

All conservatees are annually assessed and their status as a conservatee (re)established in conjunction with a Court order. If conservatee status is no longer shown to be necessary, the client will continue to be supported via our FSP or Intensive Outpatient Services as appropriate.

3. Please identify the category or categories of funding that the county is using to address the institutionalization goal
  - BHSA Housing Interventions 1991 Realignment
  - BHSA FSP BHSA BHSS
  - 2011 Realignment
  - Federal Financial Participation (SMHS, DMC/DMC-ODS)
  - SAMHSA PATH
  - SUBG
  - State General Fund

### Justice-Involvement: Primary Measures

[Context] **Arrests:** Adult and Juvenile Rates (Department of Justice), Statistical Year 2023 How does your county status compare to the statewide rate/average?

- a. For adults/older adults: **Below**
- b. For children/youth: **Above**



1. What disparities did you identify across demographic groups or special populations?

- Sex
- Race or Ethnicity

### Justice-Involvement: Supplemental Measures

[Context] **Adult Recidivism Conviction Rate** (California Department of Corrections and Rehabilitation (CDCR)), FY 2019 – 2020.

1. How does your county status compare to the statewide rate/average?

- Below

2. What disparities did you identify across demographic groups or special populations?

- None Identified

[Context] **Incompetent to Stand Trial (IST) Count** (Department of State Hospitals(DSH)), FY 2023

Note: The IST count includes all programs funded by DSH, including, state hospital, Jail Based Competency Treatment (JBCT), waitlist, community inpatient facilities, conditional release, community-based restoration and diversion programs. However, this count excludes county-funded programs. As such, individuals with Felony IST designations who are court-ordered to county-funded programs are not included in this count.

1. How does your county status compare to the statewide rate/average?

- Below

2. What disparities did you identify across demographic groups or special populations?

- No Disparities Data Available

### Justice-Involvement: Disparities Analysis

1. For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis

For all measures, disparity data were extracted from the CalMHSA Justice-Involvement PowerBI Dashboards.

(1a) Adult Arrest Rates – Adult demographic groups performing above the County rate (2,653) are adults aged 18-9 (2,685), 20-29 (3,402), 30-39 (4,352), as well as male (4,139) residents. Adult demographic groups performing below the County rate (2,653), are adults aged 40-69 (2,367), adults aged 70 and over (123), and adult females (1,153).

(1b) Juvenile Arrest Rates – Juvenile County males (902) had an arrest rate above the County rate (816), whereas juvenile San Benito County females (306) had an arrest rate below the County rate. Meaning, juvenile males were arrested more frequently, and juvenile females were arrested less frequently than California juveniles in general.



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The total population data, when disaggregated, suggest clear disparities: Hispanic (2,522) residents had higher arrests rates than the County (2,149) overall. When looking at the population disaggregated by Race/Ethnicity and sex, Hispanic males (4,043), Black females (2,857), and White males (2,513) had higher arrest rates.

### Justice-Involvement: Cross-Measure Questions

1. Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026, that may reduce your county's level of justice-involvement for those living with significant behavioral health needs. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships or initiatives the count is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes)

Enhanced community partnership, especially with community-based organizations serving Hispanic communities to inform and deliver outreach in ways that build trust and increase engagement with behavioral health services before justice involvement occurs.

SBCBH intends to enhance youth focused interventions in collaboration with schools, Probation and Youth Recovery Services and the MCP to connect with children in the community. The CSOC team will be primarily involved in collaboration with Probation and Youth Recovery Services to establish best practices in order to develop a youth step-down and/or diversion program designed to reduce the recidivism rate of youth being justice involved, in particular juvenile Hispanic males. The introduction of Peer-Led Services for engagement with community-based stabilization services for youth and adults with SMI or SUD who frequently encounter law enforcement, working in the child's home or a group home setting.

Similarly, the ASOC Team will support development, including disparity awareness, of an Adult Recidivism Prevention Program in conjunction with Probation, local Law Enforcement to identify and address individuals with BH needs to reduce adult recidivism rates. Currently, the County Court appoints a psychiatrist to assess incarcerated adult individuals for incompetence to stand trial (IST), and will continue to do so. Larger counties neighboring San Benito perform the evaluations for those who may be incompetent to stand trial.

SBCBH will collaborate with justice involved County systems whose target population will be those who have been arrested, in custody or transitioning from incarceration or youth correctional facility.

2. Please identify the category or categories of funding that the county is using to address the justice-involvement goal:
  - BHSA BHSS
  - BSA FSP
  - Federal Financial Participation (SMHS, DMC-ODS)
  - SAMHSA PATH
  - MHBG
  - SUBG



### Removal Of Children from Home: Primary Measures

#### *Children in Foster Care (Child Welfare Indicators Project (CWIP)), as of January 2025*

1. How does your county status compare to the statewide rate?
  - Below
2. What disparities did you identify across demographic groups or special populations?

No Disparities Data Available

### Removal Of Children from Home: Supplemental Measures

#### *Open Child Welfare Cases SMHS Penetration Rates (DHCS), 2022*

1. How does your county status compare to the statewide rate?
  - Below
2. What disparities did you identify across demographic groups or special populations?
  - Sex

#### *Child Maltreatment Substantiations (CWIP), 2022*

1. How does your county status compare to the statewide rate?
  - Below
2. What disparities did you identify across demographic groups or special populations?
  - None Identified

### Removal Of Children from Home: Disparities Analysis

1. For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis.

For all measures, disparity data were extracted from the CalMHSA Removal of Children from Home PowerBI Dashboards.

(1) Open Child Welfare Cases SMHS Penetration Rate – Youth demographic groups performing below the County rate of 36.5% are male (33.3%).

For this measure, the data was suppressed for certain populations: children ages 0-5, youth ages 12-20, White individuals, and those in the "Other" race/ethnicity category.



### Removal Of Children from Home: Cross-Measure Questions

1. Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026, that may increase your county's level of access to care. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships, or initiatives the county is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes)

San Benito does not have enough foster homes and no Short Term Residential Therapeutic Treatment Program (STRTP) to meet the need for the children in the county; therefore most children and youth are presumptively transferred to surrounding counties where more facilities exist.

To improve access to specialty mental health services (SMHS), improve referral and care coordination between child welfare, MCPs and behavioral health to reduce delays and close gaps in access to specialty mental health and supportive services. A collaborative partnership with Children's Interagency Coordination Council, (CICC) of these organizations is active to meet various mandates including child and family team meetings (CFT), high fidelity wraparound (HFW) and child and adolescent needs and strengths (CANS) to implement a closed-loop referral system to track and confirm timely SMHS initiation, reducing lost or delayed referrals.

SBCBH has introduced several CBOs to the San Benito community, all of whom are suitable candidates to be engaged to implement the activities, identified by the CICC program, for established requirements to strengthen family engagement initiatives, enhance initiation and retention in trauma-informed, developmentally appropriate SMHS services for children and caregivers involved in child welfare to ensure families receive appropriate services.

2. Please identify the category or categories of funding that the county is using to address the removal of children from home goal:
  - BHSA BHSS
  - BHSA FSP
  - Federal Financial Participation (SMHS, DMC/DMC-ODS)
  - SUBG

### Untreated Behavioral Health Conditions: Primary Measures

#### *Follow-Up After Emergency Department Visits for Substance Use (FUA-30), 2022*

1. How does your county status compare to the statewide rate/average?
  - a. For the full population measured: **Above**
2. What disparities did you identify across demographic groups or special populations?
  - No Disparities Data Available



### *Follow-Up After Emergency Department Visits for Mental Illness (FUM-30), 2022*

1. How does your county status compare to the statewide rate/average?
  - a. For the full population measured: **Below**
2. What disparities did you identify across demographic groups or special populations?
  - **No Disparities Data Available**

### **Untreated Behavioral Health Conditions: Supplemental Measures**

Adults that needed help for emotional/mental health problems or use of alcohol/drugs who had no visits for mental/drug/alcohol issues in past year (CHIS), 2023

1. How does your county status compare to the statewide rate? For the full population measured
  - **Above**
2. What disparities did you identify across demographic groups or special populations?
  - **Sex Age**
  - **Race or Ethnicity**

### **Untreated Behavioral Health Conditions: Disparities Analysis**

3. For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis.

For all measures, disparity data were extracted from the CalMHSA Untreated Behavioral Health Conditions PowerBI Dashboards.

(1) Adults Who Needed Help – San Benito County’s overall rate for adults that needed help for emotional/mental health problems or use of alcohol/drugs who had no visits for mental/drug/alcohol issues in the past year is 61.2%. Rates are higher among County residents 18 – 24 years old (63.9%) and White males (64.9%).

For this measure, the data was suppressed for certain populations: adults ages 65 and older, Alaska Native/American Indian, Asian, Black or African American, Native Hawaiian/Pacific Islander, and those in the two or more races category.



### Untreated Behavioral Health Conditions: Cross-Measure Questions

1. Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026, that may reduce your county's level of untreated behavioral health conditions. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships or initiatives the count is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes)

SBCBH staff have been increasingly engaged with the local Emergency Department (ED) during the last year to collaboratively develop referral pathways to ensure that individuals with behavioral health needs have continued access to care post ED discharge.

Once a client is in the ED, to ensure continuity of care, a client will either be linked to the appropriate level of care whether that be in-patient care or outpatient post-crisis care with a safety plan.

SBCBH staff work collaboratively and closely with our contracted Mobile Crisis Response Team throughout the crisis mental health evaluation to ensure that clients' needs are identified and to ensure the clients receive resources and linkage to any identified needs.

Since the state mandated a program improvement plan (PIP) for all counties in CA, the SBCBH QI Team have been more closely monitoring real-time data provided by the MCP to proactively ensure any individual who has visited the ED for mental illness or crisis is provided with connection to care via a follow-up from SBCBH.

2. Please identify the category or categories of funding that the county is using to address the untreated behavioral health conditions goal
  - BHSB BHSS
  - BHSB FSP
  - BHSB Housing Interventions
  - 1991 Realignment
  - 2011 Realignment
  - Federal Financial Participation (SMHS, DMC/DMC-ODS)



### Additional Statewide Behavioral Health Goals For Improvement

[Context] Please review your county’s status on the remaining eight statewide behavioral health goals using the primary measure(s) to compare your county to the statewide status and review the supplemental measure(s) for additional insights in the County Performance Workbook. These measures should inform the overall strategy and where relevant, be incorporated into the planning around the six priority goals.

In the next section, the county will select AT LEAST one goal from below for which your county is performing below the statewide rate/average on the primary measure(s) to improve on as a priority for the county. For related policy information, refer to E.6.2 Primary and Supplemental Measures.

#### Care Experience: Primary Measures

##### *Perception of Cultural Appropriateness/Quality Domain Score (Consumer Perception Survey (CPS)), 2024*

1. How does your county status compare to the statewide rate/average?
  - a. For adults/older adults: **Above**
  - b. For children/youth: **Above**

##### *Quality Domain Score (Treatment Perception Survey (TPS)), 2024*

1. How does your county status compare to the statewide rate/average?
  - a. For adults/older adults: **Above**
  - b. For children/youth: **Not Applicable**

#### Engagement In School: Primary Measures

Twelfth Graders who Graduated High School on Time (Kids Count), 2022

1. How does your county status compare to the statewide rate/average?
  - **Above**

#### Engagement In School: Supplemental Measures

##### *Meaningful Participation at School (California Health Kids Survey (CHKS)), 2023*

1. How does your county status compare to the statewide rate/average?
  - **Above**



### ***Student Chronic Absenteeism Rate (Data Quest), 2022***

1. How does your county status compare to the statewide rate/average?
  - [Below](#)

### **Engagement In Work: Primary Measures**

#### ***Unemployment Rate (California Employment Development Department (CA EDD)), 2023***

1. How does your county status compare to the statewide rate/average?
  - [Above](#)

### **Engagement In Work: Supplemental Measures**

#### ***Unable to Work Due to Mental Problems (California Health Interview Survey (CHIS)), 2023***

1. How does your county status compare to the statewide rate/average?
  - [Below](#)

### **Overdoses: Primary Measures**

#### ***All Drug-Related Overdose Deaths (California Department of Public Health (CDPH)), 2022***

1. How does your county status compare to the statewide rate/average?
  - a. For the full population measured: [Below](#)
  - b. For adults/older adults: [Above](#)
  - c. For children/youth: [Not Applicable](#)

### **Overdoses: Supplemental Measures**

#### ***All-Drug Related Overdose Emergency Department Visits (CDPH), 2022***

1. How does your county status compare to the statewide rate/average?
  - a. For the full population measured: [Below](#)
  - b. For adults/older adults: [Below](#)
  - c. For children/youth: [Above](#)



### Prevention And Treatment of Co-Occurring Physical Health Conditions: Primary Measures

#### *Adults' Access to Preventive/Ambulatory Health Service & Child and Adolescent Well-Care Visits (DHCS), 2022*

1. How does your county status compare to the statewide rate/average?
  - a. For adults (specific to Adults' Access to Preventive/Ambulatory Health Service): [Below](#)
  - b. For children/youth (specific to Child and Adolescent Well-Care Visits): [Below](#)

### Prevention And Treatment of Co-Occurring Physical Health Conditions: Supplemental Measures

[Context] Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications & Metabolic Monitoring for Children and Adolescents on Antipsychotics: Blood Glucose and Cholesterol Testing (DHCS), 2022

1. How does your county status compare to the statewide rate/average?
  - a. For adults/older adults (specific to Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications): [Above](#)
  - b. For children/youth (specific to Metabolic Monitoring for Children and Adolescents on Antipsychotics: Blood Glucose and Cholesterol Testing): [Not Applicable](#)

### Quality Of Life: Primary Measures

#### *Perception of Functioning Domain Score (CPS), 2024*

1. How does your county status compare to the statewide rate/average?
  - a. For the full population measured: [Above](#)
  - b. For adults/older adults: [Above](#)
  - c. For children/youth: [Above](#)

### Quality Of Life: Supplemental Measures

#### *Poor Mental Health Days Reported (Behavioral Risk Factor Surveillance System (BRFSS)), 2024*

1. How does your county status compare to the statewide rate/average? For the full population measured
  - [Above](#)



### Social Connection: Primary Measures

#### *Perception of Social Connectedness Domain Score (CPS), 2024*

1. How does your county status compare to the statewide rate/average?
  - a. For the full population measured: [Above](#)
  - b. For adults/older adults: [Above](#)
  - c. For children/youth: [Above](#)

### Social Connection: Supplemental Measures

#### *Caring Adult Relationships at School (CHKS), 2023*

1. How does your county status compare to the statewide rate/average?
  - [Below](#)

### Suicides: Primary Measures

#### *Suicide Deaths, 2022*

1. How does your county status compare to the statewide rate/average?
  - a. For the full population measured: [Below](#)

### Suicides: Supplemental Measures

#### *Non-Fatal Emergency Department Visits Due to Self-Harm, 2022*

1. How does your county status compare to the statewide rate/average?
  - a. For the full population measured: [Above](#)
  - b. For adults/older adults: [Below](#)
  - c. For children/youth: [Above](#)



### County-Selected Statewide Population Behavioral Health Goals

For related policy information, refer to 3.E.6 Statewide Behavioral Health Goals.

1. Based on your county's performance or inequities identified, select at least one additional goal to improve on as a priority for the county for which your county is performing below the statewide rate/average on the primary measure(s). For each county-selected goal, provide the information requested below.
  - Prevention and treatment of co-occurring physical health conditions

#### *Prevention and treatment of co-occurring physical health conditions*

2. Please describe why this goal was selected

San Benito County selected this goal because performance data indicates gaps on both primary measures compared to the statewide average. The county's rates fall below state benchmarks for Adults' Access to Preventive/Ambulatory Health Services (62.0% vs. 65.3% statewide, a 3.3 percentage point gap) and Child and Adolescent Well-Care Visits (44.9% vs. 49.5% statewide, a 4.6 percentage point gap).

Addressing these gaps is foundational to improving health outcomes for individuals with behavioral health conditions, who often experience barriers to accessing integrated preventive care. Improving performance on these primary measures supports both health equity and quality of life across the lifespan of such individuals.

3. What disparities did you identify across demographic groups or priority populations among the Additional Statewide Behavioral Health Goals? For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis

For all measures, disparity data were extracted from the DHCS 2022 Annual Health Disparities Report.

Adults' Access to Preventive/Ambulatory Health Services (AAP-Tot) – Compared to the County rate of 62%, White adults fell in Quintile 1 (below 60.8%), indicating they are accessing preventive care at below-average rates. County data were not available for following groups that experience disparities

statewide: American Indian/Alaska Native, Black/African American, and Native Hawaiian/Pacific Islander residents.

Child and Adolescent Well-Care Visits (WCV) - Compared to the County rate of 44.9%, American Indian or Alaska Native children and adolescents (Quintile 1: Below 30.4%) and White children and adolescents (Quintile 4: 39.2% to 43.4%) accessed well-care visits below-average rates. County data were not available for following groups that experience disparities statewide: Black/African American and Native Hawaiian/Pacific Islander residents.



## Behavioral Health Services Act - Integrated Plan 2026 - 2029

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4. Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may improve your county's level of Prevention and treatment of co-occurring physical health conditions and refer to any data that was used to make this decision (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes)

This goal presents an opportunity to strengthen the partnership between San Benito County Behavioral Health (SBCBH) the local Managed Care Plan (MCP) and the Emergency Department at the local San Benito hospital. Enhanced collaboration is essential for creating integrated care delivery systems that improve care coordination and the referral process, especially in circumstances where physical health symptoms are actually a manifestation of mental health issues and vice versa. Partnership will also help to reduce service fragmentation and expand access to preventive services for the populations we serve, as well as increasing the penetration rate into a wide range of the San Benito population.

5. Please identify the category or categories of funding that the county is using to address this goal

- BHSA BHSS
- BHSA FSP
- Federal Financial Participation (SMHS, DMC/DMC-ODS)



# Community Planning Process

For more information on this section, please see 3.B Community Planning Process .

## Stakeholder Engagement

For related policy information, refer to 3.B.1 Stakeholder involvement

1. Please indicate the type of engagement used to obtain input on the planning process
  - Key informant interviews with subject matter experts Focus group discussions
  - Survey participation
  - County outreach through social media
  - Training, education, and outreach related to community planning
  - Include date(s) of stakeholder engagement for each type of engagement Type of engagement
  - County outreach through social media

Date	Type of Engagement
9/11/2025	Training, education, and outreach related to community planning
9/11/2025	County outreach through social media
9/12/2025	County outreach through social media
9/13/2025	County outreach through social media
9/16/2025	County outreach through social media
9/16/2025	Training, education, and outreach related to community planning
9/18/2025	Training, education, and outreach related to community planning
9/24/2025	Survey Participation
9/25/2025	Training, education, and outreach related to community planning
9/29/2025	Key informant interviews with subject matter experts
9/30/2025 x 2	Key informant interviews with subject matter experts
10/1/2025	Training, education, and outreach related to community planning
10/2/2025	Key informant interviews with subject matter experts
10/6/2025 x 2	Key informant interviews with subject matter experts
10/6/2025	Survey participation
10/7/2025 x 3	Key informant interviews with subject matter experts
10/9/2025	County outreach through social media
10/9/2025	Training, education, and outreach related to community planning
10/10/2025	Key informant interviews with subject matter experts



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10/16/2025	Key informant interviews with subject matter experts
10/18/2025	Training, education, and outreach related to community planning
10/21/2025	County outreach through social media
10/21/2025	Focus group discussions
10/22/2025	Key informant interviews with subject matter experts
10/22/2025	Training, education, and outreach related to community planning
10/27/2025	Key informant interviews with subject matter experts
10/29/2025	Key informant interviews with subject matter experts
11/6/2025	Key informant interviews with subject matter experts
11/8/2025	Training, education, and outreach related to community planning
11/12/2025	Focus group discussions
11/13/2025	Focus group discussions
11/14/2025	County outreach through social media
11/14/2025	Key informant interviews with subject matter experts

2. Please list specific stakeholder organizations that were engaged in the planning process. Please do not include specific names of individuals

Gavilan College, Youth Services Center, Seniors Council San Benito, Services Agency, SBC Health and Human Services Agency, Veteran Services for San Benito County; and California Veteran Service, SBC Office of Emergency Services & Emergency Medical Services, SBC Office of Education, VA Palo Alto Health Care System, San Juan Bautista Mayor, Public Health, SBCBH San Benito Plus (LGBTQ+ Program), The Alliance (CCAH), Emmaus House, Montage Health/Pacific Rehabilitation, Agape, Youth Alliance, Jovénés De Antaño, San Benito County Behavioral Health Adult System of Care.

What are the five most populous cities in counties with a population greater than 200,000 (Cities submitting IP independently are not required to collaborate with other cities) (Population and Housing Estimates for Cities, Counties, and the State)

- Not Applicable

3. Were you able to engage all required stakeholders/groups in the planning process?

- No

4. If not, which required stakeholders/groups were you unable to engage in the planning process?

- Tribal and Indian Health Program designees established for Medi-Cal Tribal consultation purposes
- Other



5. Please describe

San Benito does not have a Federally recognized Native American Indian (NAI) Tribe. However, there is local non-Federally recognized Tribal Band, most of whom have ancestral lands in San Benito, but do not live within the county. Through another County Agency, who have had minimal contact with Tribal leaders, SBCBH will continue towards making contact with this Tribal Band to foster a collaborative relationship.

Engagement did occur through the community survey where 2% of responders identified themselves as “Tribal services” in the demographic question.

6. Please describe and provide documentation (such as meeting minutes) to support how diverse stakeholder viewpoints were incorporated into the development of the Integrated Plan, including any community-identified strengths, needs, and priorities

Two different kinds of surveys were designed to capture feedback from both the community at large and from system partners. As appropriate, one or both surveys were provided to all participants of Focus Groups, Key Informant Interviews, Community Education and Outreach sessions as well as to a multitude of key community members in every stakeholder category via email.

Responses collected from key informant interviews, focus groups, and survey questions were compiled in the Community Planning Process Report. This report was reviewed and taken into account during the BHSA Planning process and is included in the 2026-2029 BHSA Integrated Plan, which can be accessed on the SBCBH website or obtained in print upon request. The report concludes with prioritized, actionable items and strategies, serving as short and long-term goals.

SBCBH intends to share the findings of this report with all community system partners to enhance the local system of care. Many respondents shared experiences that intersect with the services offered by Behavioral Health, highlighting the importance of collaboration in improving community care.

Uploaded File: **San Benito County Behavioral Health Community Planning Process Report.**



### Local Health Jurisdiction (LHJ)

For related policy information, refer to B.2 Considerations of Other Local Program Planning Processes. Additional information regarding engagement requirements with other local program planning processes can be found in Policy Manual Chapter 3, Section B.2.3.

1. Did the county work with its LHJ on the development of the LHJ's recent Community Health Assessment (CHA) and/or Community Health Improvement Plan (CHIP)?

- Yes

2. Please describe how the county engaged with LHJs, along with Medi-Cal managed care plans (MCPs), across these three areas in developing the CHA and/or CHIP: collaboration, data-sharing, and stakeholder activities

At least one, if not more, SBCBH staff members have been consistently attending all the CHIP meetings since October 2023 to the present day. SBCBH staff provided input to identify the top community concerns as well as supporting our San Benito County Public Health partners (SBCPH, or the LHJ) in their efforts to address the issues identified during the CHA Process by each providing education and information on the services offered by either department.

This was the first time SBCPH had gone through the CHA process to create a CHIP, so support from SBCBH was appreciated and the whole process led to a much more mutually supportive and collaborative relationship between the two County Departments that has extended beyond the CHA/CHIP process into collaboration on event planning and the CHIP Never a Bother Campaign adopted as a result of the CHIP to address suicide awareness for youth; a presentation our Equity, Diversity and Inclusion Committee and participation in the BHS Community Planning Process in late 2025 via key informant interviews. The finalized CPPP Report will be shared with the SBCPH to inform the next round of the CHA process to further align the efforts of the two departments and integrate priorities previously identified in the CHA.

When the CalMHS Data Explainer series and Data Dashboards became available in mid-2025, these resources were also shared with SBCPH to inform the development of the next CHA/CHIP.

3. Did the county utilize the County-LHJ-MCP Collaboration Tool provided via technical assistance?

- Yes

### Collaboration

4. Please select how the county collaborated with the LHJ

- Attended key CHA and CHIP meetings as requested.
- Served on CHA and CHIP governance structures and/or subcommittees as requested.
- Data-Sharing
- Data-Sharing to Support the CHA/CHIP



## Behavioral Health Services Act - Integrated Plan 2026 - 2029

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### 5. Select Statewide Behavioral Health Goals that were identified for data-sharing to support behavioral health-related focus areas of the CHA and CHIP

- Access to Care Suicides
- Care Experience
- Engagement in School
- Engagement in Work
- Homelessness
- Institutionalization
- Justice Involvement
- Overdoses
- Prevention of Co-Occurring Physical Health Conditions
- Quality of Life
- Removal of Children from Home
- Social Connection
- Suicides
- Untreated Behavioral Health (BH) Conditions (e.g., substance use disorder, depression, maternal and child behavioral disorders, other adult mental health conditions)
- Other, please describe

The entire set of DHCS/CalMHSA Data Explainer and Data Dashboards were shared with the LHJ in early October 2025.

In addition, presentations regarding the BHSa Priority Goals and the community feedback gained from the CPPP process will be shared with the LHJ when data has been analyzed.

The next round of the CHA is set to begin soon and SBCBH staff will continue to support SBCPH throughout the process, bringing insights and sharing data regarding the changes to the behavioral health landscape. SBCBH plans to share contact information gleaned during the BHSa CPPP process to reach and engage additional community members who may not have previously been aware of the CHA/CHIP process, to create a deeper and broader scope in assessing the community needs with particular regard to behavioral health.

### 6. Was data shared?

- Yes



### Data-Sharing from MCPS and LHJs to Support IP development

1. Select Statewide Behavioral Health Goals that were identified for data-sharing to inform IP development

- Access to Care
- Prevention of Co-Occurring Physical Health Conditions Quality of Life
- Other, please describe

As a result of the CHA process conducted by the LHJ, in which SBCBH participated, the results of the CHA were shared with all San Benito County Departments, including SBCBH and made publicly available via an online dashboard.

Both the Community Health Assessment 2024 and the 2024 Community Health Survey (CHS) documents presented data which was helpful to SBCBH and indicated in the list above and a few key highlights are below.

The CHA included a section on Child Wellbeing and ACEs and whilst not specifically “removal of children from home”, concerning trends indicated 50 cases of general neglect between April 2022 and November 2023.

The CHS provided data on a range of physical health issues but included a section specifically on mental health. On self-reported mental health status only 4.5% indicated Poor; 18.1% Fair; 24.9% Good; 32.9% Very Good and 19.6% Excellent. The CHS also indicated that the highest prevalence of Chronic Depression was in the LGBTQ+ community at 65.5% and Low Income at 61.9%. In San Benito County 13.3% were receiving treatment for mental health.

The MCP also shared their Impact Reports for 2024 and 2025. In the 2025 report there is a statement that data was contributed to the CHA/CHIP process.

2. Was data shared?

- Yes

### Stakeholder Activities

1. Select which stakeholder activities the county has coordinated for IP development with the LHJ engagement on the CHA/CHIP. Please note that although counties must coordinate stakeholder activities with LHJ CHA/CHIP processes (where feasible), the options below are for illustrative purposes only and are not required forms of stakeholder activity coordination (e.g., counties do not need to conduct each of these activities)

Collaborated on joint surveys, focus groups, and/or interviews that can be used to inform both the IP and CHA/CHIP.



### ***Most Recent Community Health Assessment (CHA), Community Health Improvement Plan (CHIP) or Strategic Plan***

1. Has the county considered either the LHJ's most recent CHA/CHIP or strategic plan in the development of its IP ? Additional information regarding engagement requirements with other local program planning processes can be found in Policy Manual Chapter 3, Section B.2.3
  - Yes
2. Provide a brief description of how the county has considered the LHJ's CHA/CHIP or strategic plan when preparing its IP

The CHA/CHIP activities and website created by SBC Public Health were referenced in the last two MHSAs Annual Updates FY24.25 and FY25.26, since many goals are shared in making "San Benito County a healthier place to live".

In BHSAs Planning activities, data from the CHIP was reviewed to assess any behavioral health issues identified by the community and considered in conjunction with the BHSAs requirements. SBCBH shared the BHSAs Local Planning Process Collaboration Toolkit with the LHJ as they begin preparations for the next round of the CHA.

### **Medi-Cal Managed Care Plan (MCP) Community Reinvestment**

For related policy information, refer to B.2 Considerations of Other Local Program Planning Processes.

1. Please list the Managed Care Plans (MCP) the county worked with to inform the MCPs' respective community reinvestment planning and decision-making processes
  - Central California Alliance for Health
2. Which activities in the MCP Community Reinvestment Plan submissions address needs identified through the Behavioral Health Services Act community planning process and collaboration between the county, MCP, and other stakeholders on the county's Integrated Plan?

Central California Alliance for Health (the Alliance), the Medi-Cal managed care plan serving San Benito County under the County Organized Health System model, does not include San Benito County community investments in its initial Community Reinvestment Plan for calendar year 2024, due in Q3 2026. The Alliance became the Medi-Cal MCP for San Benito County effective January 1, 2024, and per APL 25-004, a managed care plan in its first year of operation in a county is subject to Community Reinvestment requirements beginning in the following year. Consistent with APL 25-004, the Alliance will include San Benito County in a future Community Reinvestment Plan for any calendar year in which the Alliance generates net positive income and is required to meet Community Reinvestment activity requirements.

Community Reinvestment planning is aligned with the Alliance's Medi-Cal Capacity Grant Program annual investment planning process, which incorporates stakeholder input from county behavioral health departments across the Alliance's service area. This structure positions the Alliance to align future community investments with San Benito County's Behavioral Health Services Act (BHSAs) plan. Based on input from the County's BHSAs



## Behavioral Health Services Act - Integrated Plan 2026 - 2029

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community planning process, there is clear alignment between Alliance community funding priorities and County priorities, including Access and Equity; Housing as a Foundation for Behavioral Health; and Workforce.

While San Benito County is not included in the initial Community Reinvestment Plan, the Alliance has invested approximately \$4.5 million between Q3 2024 and Q4 2025 to expand access to health care and supportive services for Medi-Cal members in the County and to address social drivers of health. Of these investments, 36% directly support County behavioral health priorities, including 16% for behavioral health workforce recruitment, 11% for community-based behavioral health programs, and 13% for interim and permanent supportive housing.

### Comment Period and Public Hearing

For related policy information, refer to B.3 Public Comment and Updates to the Integrated Plan.

1. Date the draft Integrated Plan (IP) was released for stakeholder comment: [4/1/2026](#)
2. Date the stakeholder comment period closed: [5/21/2026](#)
3. Date of behavioral health board public hearing on draft IP: [5/21/2026](#)
4. Please provide proof of a public posting with information on the public hearing. Please select the county's preferred submission modality

The unsigned form on the next page will be posted 72 hours ahead of the Behavioral Health Board Meeting on May 21<sup>st</sup>, 2026, or earlier if a Special Board Meeting to perform the Public Hearing is held.





**COUNTY OF SAN BENITO, STATE OF CALIFORNIA**

**BEHAVIORAL HEALTH BOARD**

1131 Community Parkway  
Hollister, California 95023

**CERTIFICATE OF POSTING**

Pursuant to Government Code Section #54954.2(a), the agenda for the San Benito County Behavioral Health (SBCBH) Board meeting, of May 21<sup>st</sup>, 2026 at which a Public Hearing closes the public comment period for the BHSa Integrated Plan FY2026.27 – 2028.29, was posted at the following locations on May 15<sup>th</sup>, 2026:

The May 21<sup>st</sup>, 2026 Behavioral Health Board agenda was posted on the SBCBH website at 4:30pm, and is freely accessible to the public:

and

The lobby of the San Benito County Administration Building,  
481 Fourth Street, Hollister, CA

and

The lobby of the San Benito County Behavioral Health Building,  
1131 Community Parkway, Hollister, CA

and

The lobby of the San Benito County Public Library,  
470 5<sup>th</sup> St, Hollister, CA

I, Roxanne Chavarria, certify under penalty of perjury, that the foregoing is true and correct.

\_\_\_\_\_  
BY: Roxanne Y. Chavarria

5. If the county uses an existing landing page or other web-based location to publicly post IPs for comment, please provide a link to the landing page:

<https://www.sanbenitocountyca.gov/departments/behavioral-health/mhsa-mental-health-services-act/bhsa>



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6. Please select the process by which the draft plan was circulated to stakeholders

- Public posting
- Email outreach

*Please note, the dates in the email below are subject to change based on the submission date of this Draft Integrated Plan to the Department of Health Care Services. It may be submitted earlier than the deadline of March 31, 2026.*

Good morning Community Members and System of Care Partners

San Benito County Behavioral Health is pleased to invite you to review the Draft Behavioral Health Services Act (BHSA) Integrated Plan FY2026-2029.

The plan can be viewed or downloaded from here: [The Behavioral Health Services Act \(BHSA\) in San Benito County | San Benito County, CA](#)

A printed copy can be requested by email and available for collection at the Behavioral Health Clinic, 1131 Community Parkway, Hollister.



This Integrated Plan has an open Public Comment period from April 1, 2026 through May 21, 2026.

Comments can be submitted via this link: [BHSA Public Comment](#)

Or via the QR code.

The Public Comment period will conclude at the BHSA Public Hearing to be held during the Behavioral Health Board meeting, on May 21, 2026, at 12pm-1.30pm at 1131 Community Parkway, Hollister.

The San Benito County community is welcome to attend.



### **Behavioral Health Services Act, 2024**

*San Benito County Behavioral Health*

1131 Community Parkway, Hollister, CA 95023

**Phone:** (831) 636-4020 | **Toll Free:** (888) 636-4020

**Fax:** (831) 636-4025

**Website:** [SanBenitoCountyCA.gov](http://SanBenitoCountyCA.gov)

**Social:** [Facebook](#) & [Instagram](#)

**Supporting your mental health and recovery journey**

**Ayoyando tu salud mental y el camino a la recuperación**



**Mobile Crisis Unit:** (831) 902-2911



7. Please specify the other process the draft plan was circulated to stakeholders

- Printed Copies will be available in the following locations:
- SBCBH clinic and Wellness Center lobby areas
- Board of Supervisors Chamber lobby
- Local libraries in Hollister, San Juan Bautista and Aromas



## Behavioral Health Services Act - Integrated Plan 2026 - 2029

8. Please describe stakeholder input in the table below. Please add each stakeholder group into their own row in the table

Stakeholder group that provided feedback	Summarize the substantive revisions recommended this stakeholder during the comment period
<i>Stakeholder feedback received during the Public Comment Period April 1-May21, 2026 will be included in the Final version of this document as appropriate</i>	

9. Please describe any substantive recommendations made by the local Behavioral Health Board that are not included in the final Integrated Plan or update. If no substantive revisions were recommended by stakeholders during the comment period, please input N/A.

- N/A
- Substantive recommendations made by the Behavioral Health Board will be included in the Final version of this document as appropriate.

Draft



# County Behavioral Health Services Care Continuum

[Context] The Behavioral Health Care Continuum is composed of two distinct frameworks for substance use disorder and mental health services. These frameworks are used for counties to demonstrate planned expenditures across key service categories in their service continuum.

## County Provider Monitoring and Oversight

For related policy information, refer to 6.C.2 Securing Medi-Cal Payment.

### Medi-Cal Quality Improvement Plans

1. For Specialty Mental Health Services (SMHS) or for integrated SMHS/Drug Medi-Cal Organized Delivery System (DMC-ODS) contracts under Behavioral Health Administrative Integration, please upload a copy of the county’s current Quality Improvement Plan (QIP) for State Fiscal Year (SFY) 2026-2027
  - [San Benito County Quality Work Improvement Plan FY26.27.pdf](#)
2. Does the county operate a standalone DMC-ODS program (i.e., a DMC-ODS program that is not under an integrated SMHS/DMC-ODS contract)?
  - No

### Contracted BHSA Provider Locations

1. As of the date this report is submitted, please provide the total number of contracted Behavioral Health Services Act (BHSA) provider locations offering non-Housing services for SFY 2025-26. I.e., BHSA-funded locations that are (i) not owned or operated by the county, and (ii) offer BHSA services other than Housing Interventions services. (A provider location should be counted if it offers both Housing Interventions and mental health (MH) or substance use disorder services (SUD); provider location that contracts with the county to provide both mental health and substance use disorder services should be counted separately.)

Services Provided	Number of contracted BHSA provider locations
Mental Health (MH) services only	2
Substance Use Disorder (SUD) services only	11
Both MH and SUD services	4

2. Among the county's contracted BHSA provider locations, please identify the number of locations that also participate in the county's Medi-Cal Behavioral Health Delivery System (BHDS) (including SMHS and Drug MC/DMC-ODS) for SFY 2025-26



Services Provided	Number of contracted BHSA provider locations
SMHS only	2
DMC/DMC-ODS only	11
Both SMHS and DMC/DMC-ODS systems	4

### All BHSA Provider Locations

For related policy information, refer to B.2 Considerations of Other Local Program Planning Processes.

1. Among the county’s BHSA funded SMHS provider locations (county-operated and contracted) that offer services/Levels of Care that may be covered by Medi-Cal MCPs as non-specialty mental health services (NSMHS), what percentage of BHSA funded SMHS providers contract with at least one MCP in the county for the delivery of NSMHS?

- 17

2. Please describe the county’s plans to enhance rates of MCP contracting starting July 1, 2027, and over the subsequent two years among the BHSA provider locations that are providing services that can/should be reimbursed by Medi-Cal MCPs

The Provider Comparison List, made available by the DHCS, indicates that the six sites listed are not contracted with the MCP. However, four of those sites are services directly provided by SBCBH at one location. An MOU between the MHP and the MCP currently exists for the coordination of both NSMHS and DMC-ODS services by the MCP for eligible clients, but per the DHCS instructions, these are SMHS providers and therefore are excluded from the calculation.

In communication with the MCP, one of the providers listed was confirmed to be contracting with the MCP and is included in their publicly available, online Provider Directory.

For any future contractually engaged providers, SBCBH intends to strongly encourage contracting with the MCP in this county for NSMHS.

3. To maximize resource efficiency, (subject to certain exceptions) counties must, as of July 1, 2027, require their BHSA providers to:
  - a. Check whether an individual seeking services eligible for BHSA funding is enrolled in Medi-Cal and/or a commercial health plan, and if uninsured, refer the individual for eligibility screening
  - b. Bill the Medi-Cal Behavioral Health Delivery System for covered services for which the provider receives BHSA funding; and
  - c. Make a good faith effort to seek reimbursement from Medi-Cal Managed Care Plans (MCPs) and commercial health plans for covered services for which the provider receives BHSA funding



i. Does the county wish to describe implementation challenges or concerns with these requirements?

- Yes

ii. Please describe any implementation challenges or concerns with the requirements for BHSA providers

Although SBCBH appreciates that these requirements can be written into a Memorandum of Understanding (MOU) or contract with the Managed Care Plan (MCP), SBCBH has reservations that, as a small county, the staff time required to monitor these requirements may be cost prohibitive since it is likely to require a full-time employee (FTE) for such monitoring.

4. Counties must monitor BHSA-funded providers for compliance with applicable requirements under the Policy Manual, the county's BHSA contract with DHCS, and state law and regulations. Effective SFY 2027-2028, counties must (1) adopt a monitoring schedule that includes periodic site visits and (2) preserve monitoring records, including monitoring reports, county-approved provider Corrective Action Plans (CAPs), and confirmations of CAP resolutions. Counties shall supply these records at any time upon DHCS's request. DHCS encourages counties to adopt the same provider monitoring schedule as under Medi-Cal: annual monitoring with a site visit at least once every three years. For providers that participate in multiple counties' BHSA programs, a county may rely on monitoring performed by another county.

a. Does the county intend to adopt this recommended monitoring schedule for BHSA-funded providers that:

i. Also participate in the county's Medi-Cal Behavioral Health Delivery System? (Reminder: Counties may simultaneously monitor for compliance with Medi-Cal and BHSA requirements)

- Yes

ii. Do not participate in the county's Medi-Cal Behavioral Health Delivery System?

- Yes



# Behavioral Health Services Act/Fund Component

## Behavioral Health Services and Supports (BHSS)

For related policy information, refer to 7.A.1 Behavioral Health Services and Supports Expenditure Guidelines

### General

1. Please select the specific Behavioral Health Services and Supports (BHSS) that are included in your plan
  - Children’s System of Care (non-Full Service Partnership (FSP))
  - Adult and Older Adult System of Care (non-FSP)
  - Early Intervention Programs (EIP)
  - Outreach and Engagement (O&E)
  - Workforce, Education and Training (WET)
  - Capital Facilities and Technological Needs (CFTN)

For each program or service of the county’s BHSS funded Children’s System of Care (non-FSP) program, provide the following information. If the county provides more than one program or service type, use the “Add” button. For related policy information, refer to 7.A.2 Children’s, Adult, and Older

### Children’s Systems of Care (non-Full Service Partnership (FSP))

#### *Mental health services*

2. Please describe the specific services provided

SBCBH provides Outpatient individual therapy services to children and youth and, as appropriate, their families and groups. Therapy currently includes EBPs such as Motivational Interviewing (MI), Cognitive Behavioral Therapy (CBT) and Person-Centered Care (PCC). These EBPs are designed to help clients understand their emotional responses, identify maladaptive thought patterns in certain situations and provide coping skills to manage mental health challenges in order to live their best life.

Case management, and where appropriate, Intensive Case Management (ICM), provides coordination to ensure clients receive all the services they need, such as therapy, psychiatric services, plus linkage to other resources such as housing programs and employment assistance for youth. Case management also includes advocacy for clients, to speak up on their behalf as needed and support rehabilitation goals for clients.

Medication services may be identified as necessary if the client is hospitalized, is in crisis or is struggling with therapy. Medication is used in conjunction with therapy to better stabilize moods and behaviors so that the client can better engage in services and facilitate better long-term outcomes. Clients are continually assessed, by the treatment team, to determine if the medication is helpful.



## Behavioral Health Services Act - Integrated Plan 2026 - 2029

SBCBH partners with local agencies, schools and the youth service center for early identification and referrals for a higher level of care at SBCBH. If the child needs a more intense level of care, they can be enrolled in our 24/7 Full Service Partnership program (FSP) or Therapeutic Behavioral Services (TBS) for targeted behavior focus, assessment with the development of a plan of correction. Indications for FSP include incidents of hospitalization, presenting as a danger to themselves or others, or losing a placement at home or foster care.

- Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	322
FY 2027 – 2028	350
FY 2028 – 2029	387

- Please describe any data or assumptions your county used to project the number of individuals served through the Children’s System of Care

According to the CalMHS Data Dashboard the SBCBH penetration rate for Specialty Mental Health Services (SMHS) for youth in FY2023 is 3.2%, which is 1% below the state mean penetration rate of 4.2%. Due to additional staff recruitment plus contracted staff in the Children’s System of Care (CSOC) Team over

the last two years, SBCBH has been able to increase client services by approximately fifteen clients per year since FY 2023 at which time the team for CSOC was understaffed and there was a considerable wait list.

Based on the current Medi-Cal eligible population in San Benito County of 9,211 and, assuming this population stays stable given the policy changes and minimal growth, SBCBH plan to increase the penetration rate by around 0.3% annually to reach the Statewide mean of 4.2% by the last year of this Integrated Plan, dependent on the capacity of internal and contracted staff, which ultimately depends on budgetary allowance.

### **Supportive services**

- Please describe the specific services provided

Under the Mental Health Block Grant, SBCBH Case Managers utilize the program Student Attendance Matters (SAM). Case Managers regularly attend School Attendance Review Board (SARB) meetings, where there is a review of students who have excessive absences from school. Case Managers meet with the family over eight sessions to identify and address barriers to the child attending school. Mitigation efforts may include connecting a child to MH services and advocacy at the school to ensure education is provided in the child’s primary language, especially in cases where the child is monolingual. Any other issues are addressed by referrals or connection to other services that can resolve barriers the child may be experiencing. Case Managers will continue to work with the parents and school for support and accommodation to the child’s needs and success outcomes.

For co-occurring MH and SUD treatment services, psychoeducation is available in partnership



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with the Substance Use Disorder system of care at SBCBH. If a child is justice involved, but is still incarcerated, and therefore not eligible for Medi-Cal until release, assessments for MH services can be carried out in advance in anticipation of the continuance of MH services on release.

6. Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	<11*
FY 2027 – 2028	<11*
FY 2028 – 2029	<11*

7. Please describe any data or assumptions your county used to project the number of individuals served through the Children’s System of Care

Historical data from FY2022 through FY2025 was provided by the Case Management Team facilitating the Student Attendance Matters (SAM)/ School Attendance Review Board (SARB) program and analyzed for the estimated projections for the duration of this Integrated Plan.

The projection assumes a conservative 2% annual population growth rate. The baseline for projection uses the average number of clients served over the past three fiscal years. Actual numbers may increase based on enhanced collaboration with the San Benito County Office of Education, Hollister School District and San Benito High School District for expanded program visibility.

### ***Substance Use Disorder treatment services***

8. Please describe the specific services provided

Substance Use Disorder services are provided to children and youth between the ages of 12 and 17 years of age. Once a youth reaches 18 years, a cognitive assessment is made to determine if it is more appropriate to offer treatment via our Adult System of Care, and if so, the client is transitioned to the Adult System of Care.

Individual appointments for treatment are provided both at the SBCBH clinic facility as well as in a school-based setting. Group therapy sessions have proven unsuccessful due to gang related affiliations of the clients resulting in a distrustful and conflicting environment contrary to the purpose of group therapy. The vast majority of referrals for therapy are through our county partner agency Probation, since youth justice involvement is a strong factor with charges that are frequently related to a drug offense. Medically Assisted Treatment (MAT) is available to children and youth as appropriate.

SBCBH would like to review and potentially introduce the Seven Challenges program within the next three years to improve a variety of client outcomes including building resilience in the face of setbacks, helping clients take power over their lives, including the use of alcohol and other drugs and individualizes relapse prevention.

Crossover of mental health or full-service partnership services for youth will be made as



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appropriate to the needs of the individual when mental health and substance use disorder are co-occurring and/or a more intensive level of care is needed.

- Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	19
FY 2027 – 2028	22
FY 2028 – 2029	26

- Please describe any data or assumptions your county used to project the number of individuals served through the Children’s System of Care

Although the age range in the CalMHSA data dashboard for Penetration Rates is 12-20, the Youth DMC-ODS, SUD program at SBCBH accepts youth from 12, then at the age of 18, if a cognitive assessment indicates that this is appropriate for the client, a youth may be transferred into the Adult System of Care.

According to the DHCS Data Dashboard report, the SBCBH penetration rate for Drug Medi-Cal Organized Delivery System (DMC-ODS) for youth in FY2023 is 0.4%, which is the same as the state mean penetration rate. Based on the recent count of eligible population in San Benito County of 3,725 and assuming this population stays stable given the policy changes and minimal growth, SBCBH plan to increase the penetration rate by 0.1% annually.

Historical client data, from our EHR, over the past three years, was also reviewed and estimates extrapolated based on team capacity for the next three fiscal years.

### Adult and Older Adult System of Care (Non-Full Service Partnership (FSP)) Program

#### *Mental health services*

- Please describe the specific services provided

The Adult System of Care (ASOC) provides mental health services for adults and older adults in San Benito County who experience moderate to severe mental health symptoms. ASOC serves all Medi-Cal recipients who meet medical necessity criteria. Available services include therapy, case management and psychiatric medication support.

Services begin with a behavioral health screening, available on a walk-in basis, to determine the appropriate level of care. Individuals who score below six are referred to our community partner, Alliance, which provides lower-level mental health support.

Individuals who score a six or higher are scheduled for a comprehensive assessment to identify the services that best meet their needs. Individuals being discharged from a psychiatric hospital, referred to by Mobile Crisis or released from jail, are not required to complete the initial screening; they are immediately scheduled for a behavioral health assessment to begin services without delay.



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ASOC therapists deliver a range of evidence-based practices (EBPs), including Cognitive Behavioral Therapy (CBT), Motivational Interviewing (MI), and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), all within a client-centered framework. Therapists also collaborate closely with clients to assess ongoing risk factors and provide appropriate support, including safety planning and linkage to ancillary community resources.

ASOC case managers guide, support and empower clients throughout their care journey. Their responsibilities include client advocacy, development of individualized care plans to meet specific goals and needs, and linkage to community-based resources such as food assistance, employment programs, income resources and educational opportunities. Case managers also promote the prevention of

co-occurring physical health problems by assisting clients in connecting with primary care providers and following up on medical appointments. Additionally, they support medication adherence through appointment coordination and reminders. By collaborating with interdisciplinary teams, case managers help ensure that all client needs are addressed, enhancing the overall quality of care.

Medication services are available as an additional support for individuals who require psychotropic medication to manage symptoms and enhance overall well-being. The ASOC psychiatry team provides psychoeducation regarding medications, monitors effectiveness, and offers support for necessary adjustments. Medication services can be provided concurrently with therapy and/or case management depending on client needs.

ASOC offers a Full-Service Partnership (FSP) program for individuals requiring a higher level of care, providing 24/7 support for those with psychiatric hospitalizations, housing instability, involvement in the criminal justice system, or limited support networks.

- Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	541
FY 2027 – 2028	552
FY 2028 – 2029	563

- Please describe any data or assumptions the county used to project the number of individuals served through the Adult and Older Adult System of Care

According to the CalMHSA Data Dashboard the SBCBH penetration rate for Specialty Mental Health Services (SMHS) for adults in FY2023 is 4.6%, which is above the state mean penetration rate of 3.4%. SBCBH plans to maintain its penetration rate at 4.6%, assuming the CalMHSA Data Dashboard's count of Medi-Cal eligible population of 11,524 in San Benito County will experience minimal annual growth of 2%.



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## Substance Use Disorder (SUD) treatment services

4. Please describe the specific services provided

The Adult Substance Use Disorder (SUD) services are provided by our SUD Team which consists of a team of two licensed clinical staff, six certified counselors, one case manager and an intern provide outpatient services for adult SUD clients.

Individual and group counseling through outpatient services are provided for each client for up to eight hours per week.

Intensive outpatient services are also offered for an additional nine hours per week which provides three group sessions of three hours duration. Residential treatment for adults, and specifically perinatal clients, are available through contracted services. MAT services are available for any adult clients.

5. Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	200
FY 2027 – 2028	204
FY 2028 – 2029	208

6. Please describe any data or assumptions the county used to project the number of individuals served through the Adult and Older Adult System of Care

According to the DHCS Data Dashboard report, the SBCBH penetration rate for Drug Medi-Cal Organized Delivery System (DMC-ODS) for adults in FY2023 is 1.6%, which is similar to the state mean penetration rate of 1.7%. SBCBH plans to maintain a penetration rate at 1.7%, assuming the DHCS Data Dashboard count of eligible population of 12,446 in San Benito County will experience minimal annual growth of 2%.

## Supportive services

7. Please describe the specific services provided

This program serves a number of adults and older adults, who have chronic and/or acute mental illness, at our Esperanza Wellness Center where a team of Case Managers and Peer Mentors put together a program of engaging activities designed to promote cognitive activities, increase socialization and educate clients on a wide range of subjects to assist coping with activities of daily living. During these interactive activities, Case Managers are trained to be aware of early signs of MH issues and provide linkage to appropriate supportive services. Adults who are identified as needing additional services are referred to Behavioral Health for ongoing specialty mental health services.

Depending on the client situation, and on an as needed basis, Case Managers can collaborate with other agencies that provide supportive services to older adults, including Health and Human Services Agency, In-Home Supportive Services, Adult Protective Services, local



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physicians, Public Health, Senior Centers, nursing homes, home health agencies, and regional organizations which serve the elderly. Services are voluntary and client-directed and utilize wellness and recovery principles, which address both the immediate and long-term needs of individuals. Services are delivered in a timely manner that is sensitive to the cultural needs of the older adult population.

Currently, this program is open to existing SBCBH clients, but the intention is to open this program up to include more of the local adult community, offering three visits before an assessment to see if MH or SUD services are indicated.

Within the next three to five years it is the intention of SBCBH for the Case Managers serving older adults to facilitate group services for caregivers who provide support services to family members who care for an elderly relative.

8. Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	140
FY 2027 – 2028	142
FY 2028 – 2029	145

9. Please describe any data or assumptions the county used to project the number of individuals served through the Adult and Older Adult System of Care

Many of the clients that come to the Esperanza Wellness Center repeatedly attend sessions 3 days each week. On average, mostly the same 15 clients regularly attend each day and over the 52 weeks of the year this results in a duplicated count of 2,340 visits.

It is estimated that around 3 new visitors or clients attend each week as referred by the clinical staff at SBCBH; often they visit only once or a few times, but some are repeat visitors.

3 new visitors a week is 7% of the 2,340 total duplicated attendance which is approximately 156 unduplicated new individuals served per year, plus the regular 15 clients. By offering more services and making more referrals from clinical staff at SBCBH and partnering agencies, it is the intention to increase client attendance by 5% year on year.



### Early Intervention (EI) Programs

[Context] For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3 , but counties may develop multiple programs/interventions to meet all county EI requirements. For related policy information, refer to 7.A.7 Early Intervention Programs .

#### *PATHS - Promoting Access Trust And Healthy Behaviors In Schools Program*

1. Please select which of the three EI components are included as part of the program or service

- Outreach
- Access and Linkage: Screenings
- Access and Linkage: Assessments
- Access and Linkage: Referrals
- Treatment Services and Supports: Other

2. Please specify "other" type of Treatment Services and Supports

Early intervention is supported with group education for MH topics: social skills, zones of regulation, how to be a good friend, how to be kind, test and grade anxiety, bullying and empathy, health relationships and self-care.

3. Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs

- Yes

4. Please select the EBPs and CDEPs that apply

- Motivational Enhancement Therapy (MET)
- Motivational Interviewing

5. Please provide the name of the EBPs and CDEPs that apply

- Solution Focused Brief Therapy,
- Motivational Interviewing

6. Please describe intended outcomes of the program or service

The PATHS program offers support to children directly in almost all San Benito schools to facilitate the early identification of behavioral health issues and identify high-risk children who may need referral to services for early therapeutic intervention.

Educational presentations are delivered in an age appropriate, bi-lingual class setting, on a variety of behavioral health subjects, such as; the dangers of social media, bullying, anxiety and depression and healthy relationships. The outcomes of this education reduces stigma, increases resiliency and awareness in the children and youth, and to mitigate behavioral health issues before they become more serious.



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Surveys elicit feedback from the children and youth providing an opportunity for self-reflection on their own progress in areas such as academic engagement, relationships, communication and overall support from educational and behavioral health staff.

7. Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2

- No

8. Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	379
FY 2027 – 2028	387
FY 2028 – 2029	394

9. Please describe any data or assumptions the county used to project the number of individuals served through EI programs

SBCBH has been successfully running the PATHS program for several years which educated nearly 8,000 schoolchildren on a wide variety of behavioral topics and, most importantly, provided access and linkage to behavioral health services for an average of 686 students per year.

The PATHS team was a combination of both internal staff and staff from a community-based organization contracted between July 2022 and June 2025, which was not renewed. The implementation of BHSA has altered the previous MHSA “Prevention and Early Intervention” focus to “Early Intervention”, therefore the BHSA budget will only sustain a reduced PATHS team, thereby affecting the more conservative number of students to be served.

The continuation of the Behavioral Health Student Services Act (BHSSA), formerly the MHSSA (Mental Health Student Services Act) is a grant that allocates funding for school-county mental health partnerships to support student’s behavioral health needs, including schools hiring their own on-site social workers.

SBCBH are actively involved with the San Benito County Office of Education (SBCOE) in implementing this partnership to improve and synchronize referral pathways, terminology and levels of care for students as a strong focus.

Early in 2026, SBCBH plan to meet with the schools to discuss the adaptations of PATHS activities under MHSA to BHSA moving forward.

The projection assumes a conservative 2% annual population growth rate to account for an increased number of people served. The baseline for projection uses half of the average number of clients served over the past three fiscal years, reflecting the anticipated reduction in case manager capacity in subsequent years.



### *Mobile Crisis Response Team Program*

1. Please select which of the three EI components are included as part of the program or service
  - Outreach
  - Access and Linkage: Screenings
  - Access and Linkage: Assessments
  - Treatment Services and Supports: Services that prevent, respond to, or treat a behavioral health crisis or decrease the impacts of suicide
  - Treatment Services and Supports: Services to address co-occurring mental health and substance use issues

2. Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs

- Yes

3. Please select the EBPs and CDEPs that apply

- Motivational Enhancement Therapy (MET)
- Motivational Interviewing

4. Please provide the name of the EBPs and CDEPs that apply

- MTAC
- Motivational Interviewing

5. Please describe intended outcomes of the program or service

The mobile crisis program can respond 24/7/365 to all areas of our county, meeting people where they are located and provide in-person support to de-escalate a behavioral health crisis. It is a goal that crisis evaluations in the community will reduce the number of individuals transported to the Emergency Department, as well as reduce the number of individuals who need psychiatric hospitalization. Ongoing care following a mobile crisis intervention can be carried out by the SBCBH clinical and case management teams to ensure the clients' needs are met in order to prevent crisis recurrence.

A local CBO is engaged to provide a critical service in both promoting and locally answering the Crisis Lifeline service, available 24/7/365. This service allows community members to call at any time to speak to a live person who is trained to deescalate a suicidal situation or offer advice to anyone calling on behalf of an individual they suspect is feeling suicidal. In either case, access and linkage to therapeutic services is provided for crisis care through our Mobile Crisis Response Team, also available 24/7/365, as well as longer term treatment and support through SBCBH's outpatient services.

6. Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2

- No



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7. Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	543
FY 2027 – 2028	553
FY 2028 – 2029	565

8. Please describe any data or assumptions the county used to project the number of individuals served through EI programs

The projection establishes a baseline of 532 clients which is derived from the program's first half-year of operation, with the full-year estimate based on doubling the initial six-month client count. The analysis also applies a conservative 2% annual population growth rate to account for an increased number of people served.

### *Suicide Awareness and Early Intervention Program*

1. Please select which of the three EI components are included as part of the program or service

- Outreach
- Access and Linkage: Referrals
- Treatment Services and Supports: Other

2. Please specify “other” type of Treatment Services and Supports

Suicide awareness and early intervention training classes available for both staff and the community.

3. Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs

- No

4. Please describe intended outcomes of the program or service

This program aims to reduce stigma surrounding suicide, raise understanding of suicidal ideation behavior and increase awareness of therapeutic services available through targeted outreach and training, as well as hosting an annual Suicide Prevention event for key community partners to achieve all these aims.

The Let’s Talk About It training is provided throughout the year and can be tailored to target specific age groups in schools. A two-day ASIST Training is offered to all partner agencies as well as community members to raise awareness and recognition of the early signs of suicidal behavior and how to respond effectively in such a situation, including understanding access and linkage to our services. Additional training sessions on Mental Health First Aid (MHFA) for Youth and Counseling on Access to Lethal Means (CALM) were launched in 2025, the latter to raise awareness of firearms safety and other lethal means.



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In addition, the same CBO provides the service of answering any calls that are made to the 988 Crisis Lifeline as well as the SBCBH’s local mobile crisis community line. Operators who answer the calls are trained to triage callers experiencing a crisis and direct them to an appropriate response team (SBCBH’s Mobile Crisis Team, emergency services or other resources including our main office), thus providing immediate linkage to services or provide information about resources for any callers who are concerned about another individual.

SBCBH have had a robust suicide prevention program running for several years under the MHSA and are concerned about leaving the community with considerably diminished support as the current contract draws to a close in June 2026. Currently it is unclear whether the LHJ will be in a position to begin a new contract in July 2026, since it is unknown when, or if, CDPH will provide funding at the local level to support such a contract. Therefore, SBCBH plans to utilize BHSA funds to extend the existing contract by one year to facilitate a warm handoff to the LHJ during FY 2026.27, and to provide continued suicide prevention training and outreach to the community.

5. Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2
  - No
6. Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	415
FY 2027 – 2028	423
FY 2028 – 2029	432

7. Please describe any data or assumptions the county used to project the number of individuals served through EI programs

The projection assumes a conservative 2% annual population growth rate to account for an increased number of individuals served. The baseline for projection uses the average number of clients served over the past three fiscal years.

### Coordinated Specialty Care for First Episode Psychosis (CSC) Program

For related policy information, refer to 7.A.7.5.1 Coordinated Specialty Care for First Episode Psychosis.

1. Please provide the following information on the county’s Coordinated Specialty Care for First Episode Psychosis (CSC) program
  - Program Name: CSC for FEP
2. CSC program description

Coordinated Specialty Care (CSC) is a structured evidence-based, recovery-oriented



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treatment model which aims to provide early intervention for individuals, especially young adults experiencing their First Episode of Psychosis (FEP). A combination of various therapeutic interventions to support individuals in their recovery journey, emphasizing early intervention and collaborative care to improve clinical outcomes, reduce the duration of untreated psychosis and enhance overall quality of life.

The CSC model includes a multidisciplinary team approach that involves mental health clinicians, psychiatrists, case managers and family members. The key components of CSC for FEP include collaborative treatment planning with shared decision-making between the client and the care team. Support and psychoeducation are provided for both the individual and their family/support group. As needed, Medication Management focuses on the appropriate use of antipsychotic medications to aid recovery. Education and employment assistance helps clients achieve their educational and vocational goals and improves overall quality of life.

Studies have shown that individuals engaged in CSC programs experience significant improvements in symptoms, social functioning and overall well-being compared to those receiving standard care, which provides better clinical outcomes since clients are more likely to remain in treatment and maintain educational or employment activities.

CSC has been associated with reduced healthcare costs, due to fewer hospitalizations and emergency department visits, making it a cost-effective approach to treating early psychosis.

SBCBH's CSC programs is designed to provide comprehensive care tailored to the needs of individuals experiencing FEP. The CSC program emphasizes easy access to treatment and ongoing outreach to engage individuals in care as soon as possible after the onset of psychotic symptoms.

[Context] DHCS will provide counties with information to complete the estimated fields for eligible population and practitioners/teams needed for CSC. The estimated numbers of teams/practitioners reflect the numbers needed to reach the entire eligible population (i.e., achieve a 100 percent penetration rate), and DHCS recognizes that counties will generally not be able to reach the entire eligible population. These projections are not binding and are for planning purposes. In future guidance, DHCS will provide more information on the number of teams counties must implement to demonstrate compliance with BHSA CSC requirements.

- Please review the total estimated number of individuals who may be eligible for CSC (based on the Service Criteria in the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Evidence Based Practice (EBP) Policy Guide and the Policy Manual Chapter 7, Section A.7.5). Please input the estimates provided to the county in the table below.

CSC Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	<11*
Number of Uninsured Individuals	<11*
CSC Practitioners and Teams Needed	Estimates
Number of Practitioners Needed to Serve Total Eligible Population	4
Number of Teams Needed to Serve Total Eligible Population	1



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4. Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for BHSS, please provide the total number of teams and Full-Time Equivalents (FTEs) (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTE) to provide CSC over this Integrated Plan period, by fiscal year.

County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Practitioners	2	2	2
Total Number of Teams	1	1	1

5. Will the county’s CSC program be supplemented with other (non-BHSA) funding source(s)?
- Yes
6. Please list the other funding source(s)
- Medi-Cal

### Outreach and Engagement (O&E) Program

For each program or activity that is part of the county’s standalone O&E programs provide the following information. If the county provides more than one program or activity, use the “Add” button. For related policy information, refer to 7.A.3 Outreach and Engagement.

- Program or activity name: BH Outreach and Engagement

1. Please describe the program or activity

Outreach & Engagement (O&E) activities are integrated into many of the programs throughout San Benito County Behavioral Health in order to connect with a variety of populations, cultural groups and communities at as many local community events as our staff have capacity to attend. Outreach and engagement is generally carried out by Team members who are most appropriate to the population being approached, such as members of the Children’s System of Care attending events focused on children and the SUD Team for the Red Ribbon event. However, as San Benito is a small County, there is much crossover and collaboration between internal Teams to attend or create as many events as possible and share information regarding all the services SBCBH provide with the community.

In FY2023.24, staff either attended, collaborated or created 107 events aimed at a wide variety of community groups, contacting over 4,500 community members. Going forward, O&E events will continue as appropriate according to the BHSA Guidance, with a shift in focus to Early Intervention for targeted, at-risk individuals rather than Prevention.



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2. Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	2518
FY 2027 – 2028	2569
FY 2028 – 2029	2620

3. Please describe any data or assumptions the county used to project the number of individuals served through O&E programs

SBCBH put considerable staff time and effort into outreach to, and engagement of, the community since 2023, which was demonstrated in the dramatic increase in contacts made during FY 2023.24 detailed in the last Annual Update. Due to staffing changes to refocus on the requirements under the implementation of BHSA, where some programs and activities will no longer be a part of SBCBH’s plan going forward, or may be decreased, the projected numbers of community members reached are likely to be correspondingly downsized over the duration of this Integrated Plan. The projected number of individuals served reflect all of those activities that SBCBH are planning to continue.

The projection assumes a conservative 2% annual population growth rate to account for an increased number of people served. The baseline for projection uses the average number of clients served over the past three fiscal years.



### County Workforce, Education, and Training (WET) Program

As described in the Policy Manual, WET activities should supplement, but not duplicate, funding available through other state-administered workforce initiatives, including the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) workforce initiative administered by the Department of Health Care Access and Information (HCAI). Counties should prioritize available BH-CONNECT and other state-administered workforce programs whenever possible. Responses in this section should address the county's WET program. Other workforce efforts should be addressed in the Workforce Strategy section of the Integrated Plan (IP).

For each program or activity that is part of the county's overall WET program, provide the following information. If the county provides more than one program or activity type, use the "Add" button. For related policy information, refer to 7.A.4 Workforce Education and Training.

#### *Relias - Online On-Demand Training Platform*

1. Please select which of the following categories the activity falls under

- Continuing Education

2. Please describe efforts to address disparities in the Behavioral Health workforce.

Additional information regarding diversity of the behavioral health workforce can found in Policy Manual Chapter 7, Section A.4.9

All Staff are given access to the Relias system and are able to login at any time a choose from the multitude of training programs available. Certain mandatory courses are assigned to specific staff, depending on their role, but especially those who are client facing, with deadlines set by SBCBH Policy. Certain mandatory training is assigned to all staff, regardless of role, for subjects such as safety or HIPAA. Live trainings, especially for those which are mandatory, can also be provided through Relias which tracks continuing education and compliance for their licenses and for the department as a whole.

Licensed staff are able to upload certificates of completion to Relias as a convenient online record to track requirements for license certification.

Through Relias SBCBH is able to disseminate Policies to staff and track attestation to ensure that policies have been read and understood, especially when reinforcing compliance issues.

The annual cost for the platform will continue to be funded by BHSA WET.

#### *Technical Training for EBPs*

3. Please select which of the following categories the activity falls under

- Continuing Education

4. Please describe efforts to address disparities in the Behavioral Health workforce.

Additional information regarding diversity of the behavioral health workforce can found in Policy Manual Chapter 7, Section A.4.9

SBCBH make every effort to employ bi-lingual staff since Spanish and English are the two



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threshold languages in this county. Many of our client-facing staff have lived experience of both mental health and substance use which, according to the most recent Consumer Perception Survey, gains respect and appreciation from our clients as staff can directly relate to the experiences of the clients with a real understanding.

When interviewing potential clinical staff, the clinical supervisors ask about the populations that the clinicians have previously worked with, have expertise in, or whether they have a passion for a specific population or cultural group in order to make an appropriate placement in a team that matches their interest.

In SBCBH's Cultural and Linguistic Competence Plan (CLCP), the cultural mix of staff is demonstrated. The age range of staff is from 19-60+, which is typical of the workforce in most organizations, and reflects the majority of the age range of clients.

In consultation with the Centers of Excellence, all clinical and Case Management staff will be provided with the opportunity to train in EBPs. Certain Staff may be identified to take on the additional responsibility of becoming a Trainer in particular EBPs appropriate to their role.

### ***Loan Repayment Program***

Please select which of the following categories the activity falls under

- Loan Repayment

5. Please describe efforts to address disparities in the Behavioral Health workforce.

Additional information regarding diversity of the behavioral health workforce can found in Policy Manual Chapter 7, Section A.4.9

San Benito County Behavioral Health (SBCBH) previously participated, as part of the Greater Bay Area Regional Partnership, in the Loan Repayment Program administered by CalMHSA with matching funds offered by HCAI. SBCBH offered this program to all SBCBH staff, not just licensed staff, and all were given the opportunity to participate in the application process. During the previous round, seven staff successfully completed all the necessary steps, including their service obligation, and were consequentially awarded funds to be deducted from their student loan obligations.

### ***Matching Tuition Fee and License Support***

6. Please select which of the following categories the activity falls under

- Workforce Recruitment, Development, Training, and Retention

7. Please describe efforts to address disparities in the Behavioral Health workforce.

Additional information regarding diversity of the behavioral health workforce can found in Policy Manual Chapter 7, Section A.4.9

Currently, many staff are undergoing education to become licensed or advance their careers. It is the intention of SBCBH to use WET funds to match an annual County offered tuition support as a staff incentive for training. This matching fund opportunity both aids unlicensed staff to complete their education and to assist licensed staff in obtaining continuing education units to maintain their licensed status, keep their awareness of therapeutic modalities and best practices up to date.



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In addition, SBCBH is planning to utilize these funds to support any fees associated with registration, certification and licensing connected to the specific role to meet the needs of the department.

### *Behavioral Health Management Training*

8. Please select which of the following categories the activity falls under

- Workforce Recruitment, Development, Training, and Retention

9. Please describe efforts to address disparities in the Behavioral Health workforce.

Additional information regarding diversity of the behavioral health workforce can found in Policy Manual Chapter 7, Section A.4.9

It is the intention of SBCBH to carry out a wide variety of training for Management Staff on Policies, Procedures and Processes to ensure all are aware of critical best practices and processes of the department. These training sessions will occur at least bi-monthly throughout 2026.

Draft



### Capital Facilities and Technological Needs (CFTN) Program

For each project that is part of the county's CFTN project, provide the following information. If the county provides more than one project, use the "Add" button. Additional information on CFTN policies can be found in Policy Manual Chapter 7, Section A.5.

#### *Behavioral Health Outpatient Clinic Building Bond*

1. Please select the type of project
  - Capital facilities project
2. If capital facilities project, please indicate which of the following categories the project falls under
  - Acquiring, renovating, or constructing buildings that are or will be county-owned. The building can be owned and operated by a non-profit if the non-profit is providing behavioral health services under contract with the county.
3. Please indicate if the project involves leasing or renting to own a building
  - No
4. Please describe the project

SBCBH utilized MHSA CFTN funding to cover the costs of building a new Behavioral Health clinic facility, occupied by SBCBH in 2021. This allowed for considerable expansion in service provision for clients not previously possible due to limited clinic rooms.

The cost of this facility needs to continue to be covered by CFTN funding since SBCBH committed to a bond which extends until 2049. SBCBH will transfer unspent MHSA CSS funding to CFTN to help cover the costs associated with the CFTN projects for which SBCBH has a commitment in the coming fiscal years. The intent is to continue to utilize CFTN funds to cover all costs associated with the Behavioral Health Clinic Building project, including regular monthly payments of the bond, during the period covered by this Integrated Plan.

Anticipated technological needs include new software and hardware upgrades; in order to remain compliant with CalAIM requirements as well as compatibility with the EHR, over half of current computers have to be replaced to upgrade to Windows 11. Supplemental training, office supplies, furniture and equipment are also needed and CFTN funding will be used to cover these expenses.

#### *SmartCare Electronic Health Record*

5. Please select the type of project
  - Technological needs project
6. If Technological Needs Project, please select the focus area(s) of the project
  - Electronic health record system
  - Data exchange and interoperability
  - Data security and privacy



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- Data warehouse
- Imaging/paper conversion
- Monitoring
- Personal health record system
- System maintenance costs
- Telemedicine

### 7. Please describe the project

As part of a multi-County collaborative project, SBCBH, implemented the Electronic Healthcare Record (EHR) system, SmartCare, in July 2023. This achieved full compliance with the requirements of Payment Reform and now functions on a Fee-For-Service model of care. Work continues to refine the remaining elements of ensuring compliance with CalAIM, such as documentation standards, training requirements and interoperability for data exchange and client access to records.

Challenges to the implementation of this SmartCare project include the identification of some software functionality deficiencies which continue to hamper the project. Continuous process improvement efforts continue in collaboration with CalMHSA and Streamline.

Going forward into FY 2025/26, and beyond, it is anticipated that there will initially be increased costs related to the modernization of SBCBH's technological infrastructure of client information in line with standards set by Centers for Medicare/Medicaid Services (CMS). CFTN funds will be utilized to cover the increased funding for the annual maintenance cost of the EHR and any increase in licenses required for staff usage of the EHR.

### *Audio Visual System Installation Project*

### 8. Please select the type of project

- Technological needs project

### 9. If Technological Needs Project, please select the focus area(s) of the project

- Telemedicine
- Other

### 10. Please describe the other focus area of the project

SBCBH is planning to complete the installation of an Audio/Visual (AV) system in the main conference room that is sufficient and efficient for large meetings and trainings, especially meetings that include stakeholders and community members. The AV system will also enhance teleconferencing / Zoom capabilities for virtual activities, events and online training, as well as provide a backup system for telemedicine.

This project has been partially completed as planned with an operational AV system with Zoom functionality, however, SBCBH was not able to fully implement the new AV system in FY23/24 due to technological issues. SBCBH anticipates completing this project in FY 26/27 as the technological issues are resolved.



### 11. Please describe the project

SBCBH is planning to complete the installation of an Audio/Visual (AV) system in the main conference room that is sufficient and efficient for large meetings and trainings, especially meetings that include stakeholders and community members. The AV system will also enhance teleconferencing / Zoom capabilities for virtual activities, events and online training.

This project has been partially completed as planned with an operational AV system with Zoom functionality, however, SBCBH was not able to fully implement the new AV system in FY23/24 due to IT issues. SBCBH anticipates completing this project by the end of FY25/26.

### *Esperanza Wellness Center Lease*

### 12. Please select the type of project

- Capital facilities project

### 13. If capital facilities project, please indicate which of the following categories the project falls under

- Acquiring, renovating, or constructing buildings that are or will be county-owned. The building can be owned and operated by a non-profit if the non-profit is providing behavioral health services under contract with the county.

### 14. Please indicate if the project involves leasing or renting to own a building

- Yes

### 15. Please explain why purchase of the building was not possible

The building is located in a convenient downtown location for our community, but it is a historical building that is not for sale in the foreseeable future. The potential to relocate the Esperanza Wellness Center to a building purchased by SBCBH is being explored.

### 16. Please describe the project

The mission of SBCBH's downtown Esperanza (Hope) Wellness Center is to provide clients with positive reinforcement and assertiveness to promote recovery and encourage happiness on the path of recovery to wellness and creating a life that goes beyond a diagnosis. Recovery involves openness, healing, identifying and developing strengths and building a support system.

It is open to adults and Transition Age Youth (TAY) who are receiving services from San Benito County Behavioral Health and all services and classes are free of charge. Newcomers are welcome and after a few visits to the center they are linked to our main clinic for an assessment for enrollment in services. A wide variety of daily group activities are facilitated by peer mentors, case managers and occasionally community partners.

SBCBH intend to continue to cover the cost of leasing the building with BHSA BHSS funding.



### **Full-Service Partnership Program - Evidence Based Practices**

[Context] DHCS will provide counties with information to complete the estimated fields for eligible population and practitioners/teams needed for each EBP. The estimated numbers of teams/practitioners reflect the numbers needed to reach the entire eligible population (i.e., achieve a 100 percent penetration rate), and DHCS recognizes that counties will generally not be able to reach the entire eligible population, in consideration of BHSA funding availability. These projections are not binding and are for planning purposes only. In future guidance, DHCS will provide more information on the number of teams counties must implement to demonstrate compliance with BHSA FSP requirements. For related policy information, refer to 7.B.3 Full-Service Partnership Program Requirements and 7.B.4 Full Service Partnership Levels of Care.

Please review the total estimated number of individuals who may be eligible for each of the following Full Service Partnership (FSP) services (consistent with the Service Criteria in the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Evidence-Based Practice (EBP) Policy Guide , the Policy Manual Chapter 7, Section B , and forthcoming High Fidelity Wraparound (HFW) Medi-Cal Guidance): Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT), Full Service Partnership (FSP) Intensive Case Management (ICM), HFW and Individual Placement and Support (IPS) Model of Supported Employment).

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for FSP, please provide the total number of teams and Full-Time Equivalents (FTEs) (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTEs) to provide ACT and FACT over this Integrated Plan period, by fiscal year. DHCS will provide further guidance and Technical Assistance (TA) to assist counties with completing these fields.

### **Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT) Eligible Population**

1. Please input the estimates provided to the county in the table below

Total Adult FSP Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	138
Number of Uninsured Individuals	21
Number of Total FSP Eligible Individuals with Some Justice-System Involvement	52

2. Please input the estimates provided to the county in the table below

ACT Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	18
Number of Uninsured Individuals	<11*



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<b>FACT Eligible Population (ACT with Justice-System Involvement)</b>	<b>Estimates</b>
Number of Medi-Cal Enrolled Individuals	9
Number of Uninsured Individuals	1
<b>ACT/FACT Practitioners and Teams Needed</b>	<b>Estimates</b>
Number of Practitioners Needed to Serve Total Eligible Population	0
Number of Teams Needed to Serve Total Eligible Population	0

<b>County Actuals</b>	<b>FY 26-27</b>	<b>FY 27-28</b>	<b>FY 28-29</b>
Total Number of Practitioners	0	0	0
Total Number of Teams	0	0	0

3. Please input the estimates provided to the county in the table below

<b>FSP ICM Eligible Population</b>	<b>Estimates</b>
Number of Medi-Cal Enrolled Individuals	112
Number of Uninsured Individuals	17
<b>FSP ICM Practitioners and Teams Needed</b>	<b>Estimates</b>
Number of Practitioners Needed to Serve Total Eligible Population	10
<b>FSP ICM Practitioners and Teams Needed</b>	<b>Estimates</b>
Number of Teams Needed to Serve Total Eligible Population	2

<b>County Actuals</b>	<b>FY 26-27</b>	<b>FY 27-28</b>	<b>FY 28-29</b>
Total Number of Practitioners	5	7	10
Total Number of Teams	1	2	2



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4. Please input the estimates provided to the county in the table below

HFW Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	52
Number of Uninsured Individuals	12
HFW Practitioners and Teams Needed	Estimates
Number of Practitioners Needed to Serve Total Eligible Population	20
Number of Teams Needed to Serve Total Eligible Population	1

County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Practitioners	3	3	5
Total Number of Teams	1	1	1

5. Please input the estimates provided to the county in the table below

IPS Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	238
Number of Uninsured Individuals	37

IPS Practitioners and Teams Needed	Estimates
Number of Practitioners Needed to Serve Total Eligible Population	0
Number of Teams Needed to Serve Total Eligible Population	0

County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Practitioners	0	0	0
Total Number of Teams	0	0	0



## Full-Service Partnership (FSP) Component

Please provide the following information about the county's BHSa FSP program.

1. Will any of the estimated number of practitioners the county plans to utilize (provided above) be responsible for providing more than one EBP?

- Yes

2. Please describe how the estimated practitioners will provide more than one EBP

As a small rural county, staff have to perform multiple roles so practitioners who are County Staff, as well as contracted from a CBO, may be trained in more than one EBP as appropriate to the system of care in which the practitioner operates.

During FY2026.27 several additional EBPs will be implemented to provide a deeper level of full-service partnership services to children, youth and their families experiencing mental illness or substance use disorders which may be co-occurring. These will include Functional Family Therapy (FFT); a short-term intervention that aims to support at-risk youth and their families by addressing underlying relational patterns that contribute to behavioral and emotional problems; Multi-Systemic Therapy (MST) designed to address the multiple determinants of serious anti-social behavior in youth; Parent-Child Interaction Therapy (PCIT) designed to improve the quality of the parent-child relationship and change interaction patterns to enhance communication skills and reduce externalizing behavioral problems and improve positive parenting practices.

3. Please describe how the county is employing a whole-person, trauma-informed approach, in partnership with families or an individual's natural supports

SBCBH has adopted the philosophy of "nothing about the client, without the client" so always having the clients voice heard and respected during therapeutic encounters is paramount.

Full Service Partnership includes a fully supportive treatment plan designed to address the immediate and unique needs of each client, including engagement and involvement of the clients' support system. As part of a psychosocial assessment in cases where a client has limited or no support system, a support system would be developed. Each client's individualized plan encompasses the care of the whole person and SBCBH continues to develop linkage or referral pathways to other resources or care that the client may need, such as referral to the MCP for physical health needs, or Medically Assisted Treatment (MAT) or Sober Living Environment (SLE) for substance use disorder. SBCHBH employs a regular schedule of training for clinical staff including Trauma-Informed training.

4. Please describe the county's efforts to reduce disparities among FSP participants

SBCBH has been, and will continue to, work on building better connections and communication pathways with our County partners and other entities such as SBC Probation, Child and Adult Protective Services, our local Hospital and community-based organizations, that are likely to be working with individuals that may require an FSP level of care. All clients are equally assessed for their FSP needs, regardless of their background or how they become known to SBCBH and will receive core services dependent on those needs.



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5. Select which goals the county is hoping to support based on the county's allocation of FSP funding

- Prevention of co-occurring physical health conditions Access to care
- Homelessness Institutionalization Justice involvement
- Removal of children from home

6. Please describe what actions or activities the county behavioral health system is doing to provide ongoing engagement services to individuals receiving FSP ICM

All clients are deeply involved in the development of their individualized care plan upon entering the FSP ICM program. Review and adaptation of this plan to include other therapeutic modalities as appropriate, as the client regresses or progresses, continues with the full engagement of the client and their support system.

Addressing therapeutic need earlier in life is crucial to avoid later life crises. SBCBH enjoys a collaborative relationship with almost every school in the County, but the relationship is being deepened in order to focus on children who are known to be at high-risk, especially post a series of brief therapy; FSP screening within these sessions may well flag certain children as candidates for an FSP ICM level of care.

These improved communication pathways and collaborative efforts should provide for more immediate linkage to supportive services for clients and their families or caregivers.

7. Please describe how the county will comply with the required FSP levels of care (e.g., transition FSP ICM teams to ACT, stand up new ACT teams and/or stand up new FSP ICM teams, etc.)

As a small county SBCBH is eligible and has requested exemption to the evidence-based practices ACT and FACT for the duration of this Integrated Plan, due to staffing limitations. Instead, FSP services will be provided with the additional level of Intensive Case Management (ICM). This level of FSP care increases the frequency of the meetings with the client, which may be carried out either in-person or by Telehealth which allows more service flexibility in a geographically large county if the client does not live in, or near, the main cities and may not have transport for in-person meetings.

An initial meeting with the client and the full FSP Team introduces all Team members to the client for their familiarity and comfort as well as assessing the client's needs. SBCBH plan to develop a flyer with pictures and a short bio of the FSP Team members with contact details, specifically for FSP clients as they are enrolled in FSP services. The initial FSP ICM team includes two members of the FSP Team. The same staff also attend a monthly check-in with the client to assess progress and continuing need, and for the client to be introduced to any staff changes. Psychiatric Support Services may be introduced or concluded whilst the client is within the FSP program and as the client's need is regularly assessed for suitability.

All Case Managers are on an on-call duty rotation for FSP to ensure 24/7/365 availability of staff for FSP clients, especially outside normal office hours, so that clients may access care directly and promptly via a dedicated phone line. Following up on any needs the client may have is essential to ensure maximum client stability and FSP Flex funds allow for the purchase of miscellaneous items to support the client for a short time such as clothing, rent expenditure, transport vouchers and even food.



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8. Please indicate whether the county FSP program will include any of the following optional and allowable services

a. Primary substance use disorder (SUD) FSPs

- Yes

9. If Yes, please describe

Primary SUD FSP services will be similar to SBCBH's MH FSP services with coverage provided on a 24/7/365 basis with a fully supportive treatment plan, developed with the client, designed to address the immediate and unique needs of each client, including engagement and involvement of the clients' support system.

Each client's individualized plan encompasses the care of the whole person and SBCBH continues to develop linkage or referral pathways to other resources or care that the client may need, such as referral to the MCP for physical health needs, and SUD FSP services will also include Medically Assisted Treatment (MAT) or Sober Living Environment (SLE) as appropriate.

The population of focus for SUD FSP will be specific where substance use is likely to be a factor. These include individuals exiting from jail, individuals experiencing homelessness and substance use issues simultaneously, existing clients of SBCBH's Drug Court (Proposition 36) program and SBCBH's Diversion and Re-Entry Court program as well as clients receiving SUD Outpatient services, who may not already be at the FSP level of services with SBCBH's SUD Team.

10. Outreach activities related to enrolling individuals living with significant behavioral health needs in an FSP (activities that fall under assertive field-based initiation of substance use disorder treatment services will be captured separately in the next section)

- Yes

11. Please describe the outreach activities the county will engage in to enroll individuals living with significant behavioral health needs into the county's FSP program

For some time, SBCBH has been working on building better connections and communication pathways with our County partners and other entities such as SBC Probation, Child and Adult Protective Services, SBC Health and Human Services Agency, our local Hospital and a number of community-based organizations, all of which are likely to be working with individuals that may require an FSP level of care. The intention of this outreach is to raise awareness of the availability of our FSP services and facilitate a greater number of referrals for those services.

a. Other recovery-oriented services

- No



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12. If there are other services not described above that the county FSP program will include, please list them here. For team-based services, please include number of teams. If no additional FSP services, use “N/A”

- N/A

13. What actions or activities did the county behavioral health system engage in to consider the unique needs of eligible children and youth in the development of the county’s FSP program (e.g., review data, engage with stakeholders, analyze research, etc.) who are:

a. In, or at-risk of being in, the juvenile justice system

SBCBH are establishing a collaborative partnership with the County Probation Department to share data and identify at-risk youth on formal or informal probation, raise awareness of behavioral health services and programs and the provision of assessments to identify the need for behavioral health services.

SBCBH also engaged probation/justice system staff through the Community Planning Process System Partner Survey and conducted a key informant interview with probation partners. The Community Health Assessments (CHA) was also reviewed to identify service gaps and coordination challenges affecting justice-involved youth.

b. Lesbian, Gay, Bisexual, Transgender, Queer, Plus (LGBTQ+)

During the BHSA Community Planning Process (CPP) key informant interviews were conducted with two local key members of the LGBTQ+ community, one of which has close ties with the BH SanBenito+ peer mentor led program for youth.

The interview identified affirming care gaps and service barriers for youth and collected sexual orientation and gender identity data through the Community Behavioral Health Survey to understand prevalence and needs.

c. In the child welfare system

SBCBH are establishing a collaborative partnership with the County Health and Human Services Agency specifically for those involved with Child Protective Services, to share data and identify at-risk children or youth in various placement settings such as foster care or presumptive transfer. Raising awareness of behavioral health services and programs and the provision of assessments to identify the need for behavioral health services.

SBCBH conducted one key informant interview with a child welfare partner from the Health and Human Services Agency/CPS, engaged families interfacing with child welfare systems through one focus group, and reviewed performance data during the baseline analysis phase to identify access and outcome disparities.



14. What actions or activities did the county behavioral health system engage in to consider the unique needs of eligible adults in the development of the county's FSP (e.g., review data, engage with stakeholders, analyze research, etc.) who are

a. Older adults

SBCBH regularly participate in the Aging and Long-Term Care Commission (ALTCC) meetings to better understand the unique needs of the older population. Several collaborative relationships have been formed as a result of this participation and SBCBH will continue to seek collaboration with members of this group. In particular, Enhanced Care Management organizations who already contract with the Managed Care Plan provide many valuable services, particularly to the adult and older adult populations, that are being explored and information disseminated to SBCBH client facing staff for the benefit of Medi-Cal eligible clients.

SBCBH engaged older adults through focus groups and Community Behavioral Health Survey and other stakeholders through the System Partner Survey. A key informant interview was conducted with an aging services partner, and a review of the latest Community Health Assessment (CHA) data documenting high rates of isolation and depression among seniors.

b. Lesbian, Gay, Bisexual, Transgender, Queer, Plus (LGBTQ+)

As described in Question 1b above, during the BHSA Community Planning Process (CPP) SBCBH engaged with LGBTQ+ stakeholders and community members; key informant interviews were conducted with two local key members of the LGBTQ+ community. These interviews helped inform an understanding of the needs of LGBTQ+ children and youth, adults, and older adults.

c. In, or are at risk of being in, the justice system

Similarly to the juvenile population, SBCBH are establishing a collaborative partnership with the County Probation Department to share data and identify at-risk adults involved in formal or informal probation, raise awareness of behavioral health services and programs and the provision of assessments to identify the need for behavioral health services.



### Assertive Field-Based Substance Use Disorder (SUD)

For related policy information, refer to 7.B.6 Assertive Field-Based Initiation for Substance Use Disorder Treatment Services

1. Please describe the county behavioral health system's approach and timeline(s) to support and implement assertive field-based initiation for SUD treatment services program requirements by listing the existing and new programs (as applicable) that the county will leverage to support the assertive field-based SUD program requirements and provide the current funding source, BHSA service expansion, and the expected timeline for meeting programmatic requirements to expand existing programs and/or stand up new initiatives before July 1, 2029. Counties should include programs not funded directly or exclusively by BHSA dollars. Additional information regarding assertive field-based initiation for SUD treatment services can be found in the BHSA Policy Manual Chapter 7, Section B.6.

### Existing Programs for Assertive Field-Based SUD Treatment Services

#### Targeted Outreach Existing Programs

##### *Substance Use Disorder Outreach & Engagement (SUD O&E) - Program descriptions*

- Collaborative Homeless encampment cleanups with the aim of engaging individuals in various services, including BH SUD services
- SUD/SMHS targeted outreach post Emergency Department visits to engage individuals in services
- Early Intervention Specific to SUD Education in Schools
- With consent from client, hospital social workers to refer clients to SBCBH
- Regular Youth Service Center Early Intervention Education Group provides linkage

SBCBH regularly work collaboratively with the LHJ in the Opioid Task Force (OTF) and in early 2026 the OTF secured a grant to enhance public knowledge of the BH 24/7/365 Crisis services through a variety of goals:

- Disseminating culturally relevant and accessible outreach materials through both mailed and digital channels to reduce barriers
- Deploy a coordinated outreach effort across mail, social media, and printed materials to maximize reach and ensure consistent messaging that encourages early help-seeking and reduces overdose risk
- Support overdose prevention efforts by connecting people to crisis services at critical moments thereby increasing the likelihood that individuals at high risk of overdose receive timely intervention by promoting immediate access to crisis services, thereby contributing to the OTF's mission to prevent overdoses and related deaths.

#### *Current funding source(s)*

- BHBH Grant
- SUBG
- Medi-Cal
- BHSA O&E



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### *BHSA changes to existing programs to meet BHSA requirements*

SBCBH regularly attend the San Benito County Overdose Review Meeting to engage with the local Emergency Services, and other participants in the continuum of care, to review recent overdoses and Emergency Department visits to collaboratively identify gaps in service to establish where aspects of the care continuum could have more effectively intervened for a better client outcome and ascertain ways in which to improve and amend the process. These meetings include representatives from Behavioral Health, Public Health, Emergency Medical Services, the County Hospital Social Worker and, if there was a death, the Coroner.

SBCBH also regularly attends the Opioid Task Force which reviews the number of overdoses in the County, which may have occurred in the preceding month and is recorded on OD Maps. SBCBH have made suggestions to improve the information included in OD Maps to provide data-informed and improved understanding of where the hotspots of opioid activity may be located for targeted outreach. SBCBH will continue to explore ways to more effectively connect with those who have survived an overdose. In instances where SBCBH receives a referral from the hospital, the SBCBH SUD Team follow up on outcomes of individuals to ensure that each has, or will receive, all indicated services. One of the biggest challenges in the referral process from the hospital is that the Social Work team there is very small and works only during regular office hours and therefore often finds it challenging to interact with all individuals who have survived an overdose, or have a SUD experience, to ensure that SBCBH receives an expedient referral. In cases where SBCBH is notified of an overdose, then the best practice outlined in the BHSA Guidance is followed.

SBCBH also regularly collaborate with the Opioid Task Force, run by the San Benito LHJ, to provide the location for, and help promote, Naloxone/Narcan Training to educate the community on the use and locations of Naloxone. SBCBH have a Naloxone store located in the main clinic lobby and will ensure that every pack has a bi-lingual sticker on the box providing our 24/7/365 Mobile Crisis Line number to provide recipients of Narcan immediate help.

### *Expected timeline of operation*

Ongoing timeline to ensure continuous improvement of Outreach and Engagement.

### **Existing Mobile-field based programs**

- Mobile Crisis Response Team (MCRT)
- MAT/NTP Mobile Unit

### *Program descriptions*

- MCRT provides crisis outreach and services for co-occurring SMI/SUD
- Medication for Addiction Treatment & Narcotic Treatment Program services

### *Current funding source*

- BHSA, FSP
- Medi-Cal



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### *BHSA changes to existing programs to meet BHSA requirements*

In Spring 2026, SBCBH launched a new program by contracting with a CBO that provide mobile MAT & NTP services. The program will initially be located at the SBCBH clinic site whilst assessing the need in the community for additional locations. As appropriate There will be a reciprocal referral process between the CBO and SBCBH for services.

SBCBH has recently learned about a successful mobile program implemented by a neighboring county and plans to discuss their experiences and best practices in relation to the BHSA requirements.

### *Expected timeline of operation*

- Ongoing

### *Open-access clinics Existing programs*

- Open Access at SBCBH main clinic & Esperanza Wellness Center
- 24/7/365 phone line

### *Program descriptions*

- Walk-in assessment during office hours
- 988 Crisis Lifeline Service 24/7/365
- After Hours Crisis Support Services

### *Current funding source*

- BHSA, FSP
- Medi-Cal

### *BHSA changes to existing programs to meet BHSA requirements*

The main SBCBH clinic is open during normal office hours, supplemented by the 24/7/365 mobile crisis response team. However, the clinic location can make attending appointments challenging for many clients, especially for those who do not have their own transport. Since late 2025, providers have been available at the downtown Esperanza Wellness Center during office hours which is being actively promoted to community. The Esperanza Wellness Center is located downtown, so within easy walking distance and nearby to regular bus routes.

SBCBH is currently in communication with local CBOs, that serve children, to determine capacity to help increase open access for children.

### *Expected timeline of operation*

- Ongoing

## **New Programs for Assertive Field-Based SUD Treatment Services**

### *Targeted outreach - New programs*

- In-Reach Jail Services
- Collaborative Homeless Coalition



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### *Program descriptions*

- To provide continuous services to inmates 90 days pre-release.
- Identify those in shelters who may need MAT

### *Planned funding*

- AB109 to launch
- BHSA, BHSS
- Medi-Cal once live

### *Planned operations*

SBCBH have been collaborating with correctional facilities, local jails and the Youth Services Center since early 2025. The goal is to streamline care for individuals released from incarceration back into the community. The collaboration is intended to find ways to close service gaps by working with enrolling clients during the ninety days prior to release from incarceration, then upon release, to continue with Outpatient services depending on the need of the individual. SBCBH is also expanding operations by having a team dedicated to forensic services which will include justice involved individuals.

### *Expected timeline of implementation*

- 2026 - 2027

### **Mobile-field based programs New programs**

- BH Mobile Service

### *Program descriptions*

Mobile unit parked in public locations in San Benito towns to provide screenings on scheduled days of the week.

### *Planned funding*

- BHSA, FSP
- Medi-Cal

### *Planned operations*

Regular schedule for rural communities in SBC which will be heavily advertised. Connection to Outpatient services either at the SBCBH Clinic or via Telehealth

### *Expected timeline of implementation*

- 2028

### **Open-Access Clinics New programs**

- BH Mobile Outpatient service

### *Program descriptions*

San Benito County is a rural community so to provide services in the more remote areas of the county, a mobile outpatient service is being planned. After screening, the client is provided with linkage to connect them to services as appropriate.



### *Planned funding*

- BHSA, FSP
- Medi-Cal

### *Planned operations*

If there are enough individuals eligible for this program, then SBCBH will look to expand further, based on volume or specific need.

### *Expected timeline of implementation*

- 2028

## Medications for Addiction Treatment (MAT) Details

1. Please describe the county's approach to enabling access to same-day medications for addiction treatment (MAT) to meet the estimated population needs before July 1, 2029. Describe how the county will assess the gap between current county MAT resources (including programs and providers) and MAT resources that can meet estimated needs

A policy has been developed in response to BHIN 23-054 to meet the requirements including referrals and direct linkage. In addition, a flyer regarding MAT services including the details outlined in the BHIN for those who come into the clinic for services as well as outreach and social media, including our website.

2. Select the following practices the county will implement to ensure same day access to MAT  
Contract directly with MAT providers in the County Contract with MAT providers in other counties
3. Please provide the names of other counties the contracted MAT providers are located in  
Both MAT providers to SBCBH are located in our neighboring county of Monterey.
4. What forms of MAT will the county provide utilizing the strategies selected above?
  - Buprenorphine
  - Methadone
  - Naltrexone
  - Other
    - a. Please specify other forms of MAT

Enhanced case management and clinical monitoring, plus collaboration with SBC Public Health/Opioid Task Force for Naloxone availability and distribution via the Opioid Task Force



# Housing Interventions Component

## Planning

For related policy information, refer to 7.C.3 Program priorities and 7.C.4 Eligible and priority populations

## System Gaps

1. Please identify the biggest gaps facing individuals experiencing homelessness and at risk of homelessness with a behavioral health condition who are Behavioral Health Services Act (BHSA) eligible in the county.

Please use the following definitions to inform your response:

- No gap – resources and connectivity available
- Small gap – some resources available but limited connectivity
- Medium gap – minimal resources and limited connectivity available
- Large gap – limited or no resources and connectivity available
- Not applicable (N/A) – county does not have setting and does not consider there to be a gap.

Counties should refer to their local Continuum of Care (CoC) Housing Inventory Count (HIC) to inform responses to this question.

1. Supportive housing - [Medium gap](#)
2. Apartments, including master-lease apartments - [Medium gap](#)
3. Single and multi-family homes - [Medium gap](#)
4. Housing in mobile home communities - [Large gap](#)
5. (Permanent) Single room occupancy units - [Large gap](#)
6. (Interim) Single room occupancy units - [Medium gap](#)
7. Accessory dwelling units, including junior accessory dwelling units - [Medium gap](#)
8. (Permanent) Tiny homes - [Large gap](#)
9. Shared housing - [Medium gap](#)
10. (Permanent) Recovery/sober living housing, including recovery-oriented housing - [Large gap](#)
11. (Interim) Recovery/sober living housing, including recovery-oriented housing - [Medium gap](#)
12. Assisted living facilities (adult residential facilities, residential facilities for the elderly, and licensed board and care) - [Large gap](#)
13. License-exempt room and board - [Large gap](#)
14. Hotel and Motel stays - [Medium gap](#)
15. Non-congregate interim housing models - [Large gap](#)



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16. Congregate settings that have only a small number of individuals per room and sufficient common space (does not include behavioral health residential treatment settings) - [Large gap](#)
  17. Recuperative Care - [Medium gap](#)
  18. Short-Term Post-Hospitalization housing - [Large gap](#)
  19. (Interim) Tiny homes, emergency sleeping cabins, emergency stabilization units - [Large gap](#)
  20. Peer Respite - [Large gap](#)
  21. Permanent rental subsidies - [Large gap](#)
  22. Housing supportive services - [Medium gap](#)
2. What additional non-BHSA resources (e.g., county partnerships, vouchers, data sharing agreements) or funding sources will the county behavioral health system utilize (local, state, and federal) to expand supply and/or increase access to housing for BHSA eligible individuals?

SBCBH have utilized Federal Section 8 HUD vouchers to the maximum possible. SBCBH have access to Section 8 HUD Vouchers through an affiliation with neighboring Santa Cruz County (SCC). Currently (Q2 FY25.26) however, there are no vouchers available and SCC's waitlist is closed to new clients for the foreseeable future. Earlier in 2025, Monterey County (MC) opened their waitlist for 7 days only and a limited number of SBCBH's clients were able to be added to the waitlist, for an indeterminant time, before a voucher can be obtained. In the Nation overall, there is such a severe insufficiency of these vouchers compared to the need, that obtaining HUD vouchers is almost impossible.

SBCBH intends to work with the Managed Care Plan (MCP) to leverage Transitional Rent, as it is introduced in January 2026 to increase access to housing in the short term, with the ultimate goal for a Permanent Supportive Housing (PSH) arrangement.

It would be helpful for the State to create advertisements to encourage landlords to be willing to accept BHSA HI funding as a beneficial guaranteed rent source.

A non-BHSA funding source currently being utilized to the maximum possible is Behavioral Health Bridges to Housing, but this can only be used for transitional housing and the Behavioral Health Bridges to Housing program ends in June 2027. For each client enrolled, there is a two year term limit of transitional housing under Behavioral Health Bridges to Housing.

3. How will BHSA Housing Interventions intersect with those other resources and supports to strengthen or expand the continuum of housing supports available to BHSA eligible individuals?

A total of twenty-four clients, in twenty-four units/leases, will need an alternative form of funding for rental assistance as the two year Behavioral Health Bridges to Housing rental assistance term concludes. The Managed Care Plan six months period of Transitional Rent will be available for qualified clients.

It is intended for BHSA HI and FSP funding to continue to support all eligible clients thereafter, to remain in their current home, as permanent supportive housing.



4. What is the county behavioral health system's overall strategy to promote permanent housing placement and retention for individuals receiving BHSA Housing Interventions?

SBCBH Staff with direct client contact will be provided with education as to the availability and pathways available for PSH placement with an emphasis on understanding that a stable housing environment is a vital factor in the successful treatment and recovery for those experiencing serious mental illness and/or substance use disorder. However, since the Housing Inventory Count (HIC) in San Benito County is so low, promotion will occur on a case by case basis with clients as the need is identified and the BHSA HI budget allows for rental subsidy as appropriate. In order to ensure clients have means to contribute to a PSH where feasible, clients will be connected with SBCBH staff who specialize in housing placement who can also assist with HUD waitlist applications; SSA disability applications for benefits; connection to State rehabilitation for disability benefit and the job center, as well as to our county Health and Human Services Agency for any additional assistance.

5. What actions or activities is the county behavioral health system engaging in to connect BHSA eligible individuals to and support permanent supportive housing (PSH) (e.g., rental subsidies for individuals residing in PSH projects, operating subsidies for PSH projects, providing supportive services to individuals in other permanent housing settings, capital development funding for PSH)?

SBCBH intend to work with County partners to find as many long-term PSH solutions in which we can participate as possible, depending on the budget allocation. Consistent meetings between collaborative entities to develop a process and methods to braid funding to support PSH will be established.

6. Please describe how the county behavioral health system will ensure all Housing Interventions settings provide access to clinical and supportive behavioral health care and housing services

Case Managers check in on HI clients on a regular basis to assist, monitor and determine if there are any additional levels of care required to meet the clients' needs in order to sustain the PSH.

### Eligible Populations

1. Please describe how the county behavioral health system will identify, screen, and refer individuals eligible for BHSA Housing Interventions

SBCBH has a long history of outreach to local homeless encampments to build trust and relationships with encampment residents, and these activities will continue under BHSA. It takes time and repeatedly showing up to build trust with the homeless population, but it is vital to build this relationship as many homeless individuals regard government entities with distrust, which becomes a barrier to seeking services.

A collaborative relationship between SBCBH and SBC Health and Human Services Agency, who provide the local Homeless Shelter, continues to strengthen, and the BHSA Community Planning Process (CPPP) efforts have created new relationships with local organizations, including our Managed Care Plan (MCP), involved with assisting the homeless. As collaboration strengthens, existing screening and referral processes will be developed to ensure that housing needs are noted and action taken to ensure options are explored with the individual in need.



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2. Will the county behavioral health system provide BHS-funded Housing Interventions to individuals living with a substance use disorder (SUD) only?
  - Yes
3. What actions or activities did the county behavioral health system engage in to consider the unique needs of eligible children and youth in the development of the county's Housing Interventions services (e.g., review data, engage with stakeholders, analyze research, etc.) who are:

- a. In, or at risk of being in, the juvenile justice system

SBCBH considered the findings of the San Benito County 2024 Homelessness Point In Time (PIT) Count report. It should be noted here that the PIT count did not subcategorize the respondents into children/youth or adults for this question.

Housing needs and barriers for all county residents was asked in the BH Community Survey Engagement with the SBC Probation Department began in early 2025 to discuss collaboration for several state mandates.

- b. Lesbian, Gay, Bisexual, Transgender, Queer, Plus (LGBTQ+)

As described in Question 1b above, SBCBH's engagement with LGBTQ+ stakeholders and community members informed an understanding of the behavioral health and housing needs of LGBTQ+ children and youth, adults, and older adults.

- c. In the child welfare system

As described in Question 2a, SBCBH conducted one key informant interview with a child welfare partner from the Health and Human Services Agency/CPS to explore behavioral health and housing needs.

4. What actions or activities did the county behavioral health system engage in to consider the unique needs of eligible adults in the development of the county's Housing Interventions services (e.g., review data, engage with stakeholders, analyze research, etc.) who are

- a. Older adults

SBCBH considered the findings of the San Benito County 2024 Homelessness Point In Time (PIT) Count report and those of the Behavioral Health Survey.

SBCBH also considered the San Benito County 2025 Affordable Housing Needs Report which indicates that in 2024 in San Benito County, there were only 995 beds available in interim housing supply for persons experiencing homelessness, but the number of individuals in need was identified as over 3,000, thus indicating the shortfall of housing inventory available to house individuals.

- b. In, or are at risk of being in, the justice system

According to the 2024 PIT count, individuals without stable housing are at greater risk of criminal justice system involvement, particularly those with mental health issues, substance use issues, veterans and youth. Individuals with a history of incarceration face significant



barriers to exiting homelessness due to issues affecting their ability to gain employment and access housing opportunities.

SBCBH are working collaboratively with the SBC Probation Department to review data on justice involved individuals both currently at risk of incarceration, are currently incarcerated or are soon to be exiting incarceration to assess the need for both mental health and substance use disorder services for each group in conjunction with housing needs pre and/or post incarceration.

c. In underserved communities

During the BHSA community planning process (CPP) a focus group was held to hear points of view and suggestions from many individuals who had previous or current experience with homelessness.

### Local Housing System Engagement

1. How will the county behavioral health system coordinate with the Continuum of Care (CoC) and receive referrals for Housing Interventions services?

The Housing Navigation staff at SBCBH are trained in the use of the HMIS system as a stipulation of the BHBH Grant. SBCBH continue to partner closely with both the MCP and San Benito Health and Human Services Agency (HHSA), which hosts the H.O.M.E. Resource Center, to utilize existing referral pathways and expand outreach to individuals eligible for BHSA Housing Interventions. All organizations currently utilize the HMIS system as a point of entry for individuals into the Continuum of Care (CoC). Once entered into the HMIS, as placements become available the individuals can be notified.

2. Please describe the county behavioral health system's approach to collaborating with the local CoC, Public Housing Agencies, Medi-Cal managed care plans (MCPs), Enhanced Care Management (ECM) and Community Supports providers, as well as other housing partners, including existing and prospective PSH developers and providers in your community in the implementation of the county's Housing Interventions

a. Local CoC

Discussions with the local entities involved in the Continuum of Care (CoC) have begun and will continue. SBCBH will explore the possibility of having representation on the Board of the CoC, which could include discussions to address the client needs under BHSA. CoC participants include SBC Health and Human Services who operate the H.O.M.E Resource Center, the local Managed Care Plan (MCP) who provide Enhanced Care Management (ECM) through subcontractors, and local community-based organizations focused on helping homeless individuals. SBCBH will continue to link clients in the Homeless Management Information Systems (HMIS) with the CoC.

Additionally, recent collaborative discussions with both MCP and ECM providers in San Benito County have helped to better understand the services provided and referral pathways to expedite client services.



### b. Public Housing Agency

SBCBH already have a collaborative relationship with our local Health and Human Services Agency (HHS) who have helped facilitate limited housing availability from the local public housing agency, the Housing Authority of Santa Cruz (HASC). Through this arrangement, limited housing was made available during the work carried out under the Behavioral Health Bridges to Housing Grant. Through the HHS, limited HUD Vouchers from the HASC have also been made available to SBCBH, however, as mentioned earlier in this report, the scarcity of these vouchers is a serious impediment to obtaining housing for our clients.

HHS provide some public housing, such as the H.O.M.E Resource Center (H.O.M.E.) and some transitional and time-limited housing. SBCBH plans to deepen the relationship with HHS as we continue to meet to develop ways to address the housing needs of our local community in accordance with the requirements of the BHS HI component.

### c. MCPs

SBCBH will continue to meet with our MCP to develop a mutually beneficial understanding of the requirements under both entities' guidance and how the activity of each entity interlinks specifically with regard to housing. The intention is to have monthly meetings and develop and/or update MOUs to clearly delineate roles, responsibilities and process flows. As Transitional Rent becomes live, we will also ensure that our clients are connected with this benefit as appropriate.

### d. ECM and Community Supports Providers

The MCP facilitates ECM via local sub-contractors; SBCBH will meet with the sub-contractors to work collaboratively to connect and attain approval for the necessary level of support for clients with more specialist needs, primarily for those with physical health issues.

SBCBH's CMs are actively referring clients to the ECM program as appropriate.

### e. Other (e.g., CalWORKS/TANF housing programs, child welfare housing programs, PSH developers and providers, etc.)

SBCBH plans to develop a deeper relationship with our SBC Health and Human Services Agency and the local non-profit Community Services and Development Corporation (CSDC) with whom HHS already work collaboratively. This relationship is intended to avoid overlapping of housing efforts for the SBC community and fill gaps in our respective housing programs.

## 3. How will the county behavioral health system work with Homekey+ and supportive housing sites to provide services, funding, and referrals that support and house BHS eligible individuals?

SBC has not yet applied for HomeKey+, but are considering doing so in the future in partnership with San Benito Health and Human Services Agency.

Since 2024, SBCBH enrolled twenty-four clients in the Behavioral Health Bridges to Housing Program (BHBH) home leases. All of these clients receive regular visits from SBCBH Housing Navigators, who are Case Managers who can provide referrals to services or linkage to resources such as employment, benefits, and assistance with improving their activities of daily



living, to help clients stay housed.

The BHBH grant also provided those same clients with the opportunity to enter sober living environments (SLE) to successfully navigate remaining sober for a period of up to six months. These clients are also in close contact with SBCBH Case Managers to provide services and resources as needed.

Since 2018, SBCBH has had five clients who were homeless or at risk of homelessness, successfully placed in four permanent supportive housing apartments, funded through No Place Like Home, that funded the build and designated for our clients in collaboration with a non-profit housing developer Community Housing Improvement Systems and Planning Association (CHISPA). These FSP individuals have a serious mental illness (SMI) and a history of placement in Institutions for Mental Disease (IMDs) and/or group home settings. In addition to therapeutic services, an SBCBH Case Manager regularly checks in with the clients, teaches life skills such as cooking, bill paying, social skills, and problem resolution to help them remain stable and productive, continuing to achieve their lifelong goals of living independently in the community.

4. Did the county behavioral health system receive Homeless Housing Assistance and Prevention Grant Program (HHAP) Round 6 funding?
  - No

### **BHSA Housing Interventions Implementation**

The following questions are specific to BHSA Housing Interventions funding (no action needed). For more information, please see 7.C.9 Allowable expenditures and related requirements.

#### ***Rental Subsidies (Chapter 7. Section C.9.1)***

[Context] The intent of Housing Interventions is to provide rental subsidies in permanent settings to eligible individuals for as long as needed, or until the individual can be transitioned to an alternative permanent housing situation or rental subsidy source. (no action needed)

1. Is the county providing this intervention?
  - Yes
2. Is the county providing this intervention to chronically homeless individuals?
  - Yes
3. How many individuals does the county behavioral health system expect to serve with rental subsidies under BHSA Housing Interventions on an annual basis?
  - 24
4. How many of these individuals will receive rental subsidies for permanent housing on an annual basis?
  - 24



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5. How many of these individuals will receive rental subsidies for interim housing on an annual basis?

- 0

6. What is the county's methodology for estimating total rental subsidies and total number of individuals served in interim and permanent settings on an annual basis?

As SBCBH enter the onset of BHSA on July 1, 2026, there are no active rental subsidies in place other than the twenty-four clients currently being provided with rental subsidies under the BHBH grant will be assessed for eligibility to continue their rental subsidy under Transitional Rent provided by the Managed Care Plan. Those clients who are eligible and in receipt of transitional rent will have a Housing Plan to utilize BHSA Housing Intervention after the transitional rent period expires.

The methodology for calculating total rental subsidies includes a review each of the lease agreements between the landlords and clients which details the full rental amount. Clients are required to provide a means tested of the rent and then rental subsidy covers the remainder. The remainder of all leases is subtotaled, and an annual 5% cost-of-living increase is calculated and added for a grand total.

Some of the leases included language that provided for the landlord raising the rent rate to Fair Market Rate (FMR) which had to be factored into a budget increase on the BHBH grant funding for the second year of those leases. At the end of each lease, clients will be reassessed for eligibility for transitional rent. Again, any increase in the FMR will have to be factored into the total cost.

Collaborative efforts with the SBC Health and Human Services Agency to provide additional housing opportunities for SBCBH clients and to address the lack of housing inventory in San Benito County are in early development. Any additional rental subsidies that SBCBH will be able to offer for clients in need will have a methodology developed for interim and permanent housing settings funded by BHSA Housing Intervention.

7. For which types of setting will the county provide rental subsidies?

- Non-Time-Limited Permanent Settings: Supportive housing
- Non-Time-Limited Permanent Settings: Assisted living (adult residential facilities, residential facilities for the elderly, and licensed board and care)
- Time Limited Interim Settings: Hotel and motel stays
- Time Limited Interim Settings: Non-congregate interim housing models
- Non-Time-Limited Permanent Settings: Apartments, including master-lease apartments Non-Time-Limited Permanent Settings: Single and multi-family homes
- Non-Time-Limited Permanent Settings: Single room occupancy units Non-Time-Limited Permanent Settings: Tiny Homes
- Non-Time-Limited Permanent Settings: Recovery/Sober Living housing, including recovery-oriented housing
- Non-Time-Limited Permanent Settings: License-exempt room and board
- Non-Time-Limited Permanent Settings: Other settings identified under the Transitional Rent benefit



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8. Will this Housing Intervention accommodate family housing?

- Yes

9. Please provide a brief description of the intervention, including specific uses of BHS Housing Interventions funding

The long term aim for SBCBH is to provide rental subsidies for eligible individuals until it is possible to transfer them to a more sustainable Permanently Supportive Housing funding source, such as HUD Section 8 vouchers as available or, potentially, project based vouchers for housing developments for those disabled or on low income, should any of those become available in San Benito County. The scarcity of these types of vouchers is a concern for the long-term sustainability of clients who have SMI/SUD needs in that the available HI funding allocation will only sustain very few clients in San Benito County.

A collaborative arrangement is in the process of being developed with the SBC Health and Human Services Agency, so it is too early to determine specific uses of Housing Intervention as this is still being explored.

10. Will the county behavioral health system provide rental assistance through project-based (tied to a particular unit) or tenant-based (tied to the individual) subsidies?

- Tenant-based

11. How will the county behavioral health system identify a portfolio of available units for placing BHS eligible individuals, including in collaboration with other county partners and as applicable, Flex Pools (e.g., Master Leasing)? Please include partnerships and collaborative efforts your county behavioral health system will engage in

SBCBH is in the early stages of working collaboratively with the County Health and Human Services who work with the local Community Services and Development Corporation (CSDC). SBCBH will work with both of these entities to enter into a Master Leasing collaborative agreement in order to place our clients in housing inventory available through these entities.

12. Total number of units funded with BHS Housing Interventions per year

- 24

13. Please provide additional details to explain if the county is funding rental subsidies with BHS Housing Interventions that are not tied to a specific number of units

Once the BHBH funding for the twenty-four clients currently receiving rental subsidies under the BHBH grant expires on June 30, 2027, transitional rent will be utilized for the allowable six-month period. Post that six-month period BHS Housing Intervention dollars will then be utilized to cover the rental subsidy for all remaining eligible participants originally from the BHBH program (maximum twenty-four), until an alternative source of permanent supportive housing can be established. More rental units will be included as the budget allows and collaboration will be developed in partnership with SBC Health and Human Services Agency.



### *Operating Subsidies (Chapter 7, Section C.9.2)*

1. Is the county providing this intervention?
  - Yes
2. Is the county providing this intervention to chronically homeless individuals?
  - Yes
3. Anticipated number of individuals served per year
  - 24
4. Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding

Operating subsidies provided by BHSA Housing Intervention provide clients with behavioral health conditions with items needed to cover the cost of day-to-day living expenses over and above the rent. These items may include utilities, maintenance and repairs, small appliances, furnishings and cleaning costs.
5. For which setting types will the county provide operating subsidies?
  - Non-Time-Limited Permanent Settings: Supportive housing Time Limited Interim Settings: Hotel and motel stays
  - Time Limited Interim Settings: Non-congregate interim housing models
  - Non-Time-Limited Permanent Settings: Apartments, including master-lease apartments Non-Time-Limited Permanent Settings: Single and multi-family homes
  - Non-Time-Limited Permanent Settings: Single room occupancy units
  - Non-Time-Limited Permanent Settings: Accessory dwelling units, including Junior Accessory Dwelling Units Non-Time-Limited Permanent Settings: Tiny Homes
  - Non-Time-Limited Permanent Settings: Assisted living (adult residential facilities, residential facilities for the elderly, and licensed board and care)
  - Non-Time-Limited Permanent Settings: Other settings identified under the Transitional Rent benefit
6. Will this be a scattered site initiative?
  - Yes
7. Will this Housing Intervention accommodate family housing?
  - Yes
8. Total number of units funded with BHSA Housing Interventions per year
  - 24



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9. Please provide additional details to explain if the county is funding operating subsidies with BHSA Housing Interventions that are not tied to a specific number of units

It is too early in the development of a collaborative partnership with SBC HHS to definitively state the number of units. Additional information will be provided in Annual Updates as available.

### ***Landlord Outreach and Mitigation Funds (Chapter 7, Section C.9.4.1)***

1. Is the county providing this intervention?

- Yes

2. Is the county providing this intervention to chronically homeless individuals?

- Yes

3. Anticipated number of individuals served per year

- 24

4. Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding

SBCBH will work collaboratively with the SBC Health and Human Services Agency to develop policies and procedures that will cover necessary expenditure for outreach to potential landlords including campaigns and incentives to recruit landlords. Typical expenditures may include the development of outreach campaigns or advertising and associated materials, and potentially landlord incentives.

Additional policies and procedures will be collaboratively developed to ensure landlords have a clear understanding of the types of mitigating costs that are allowable with BHSA HI and how to claim such costs. These will include costs to cover such expenditures as short-term holding properties before or between client occupancy, damage reimbursement and eviction prevention costs.

5. Total number of units funded with BHSA Housing Interventions per year

- 24

6. Please provide additional details to explain if the county is providing landlord outreach and mitigation funds with BHSA Housing Interventions that are not tied to a specific number of units

### ***Participant Assistance Funds (Chapter 7, Section C.9.4.2)***

1. Is the county providing this intervention?

- No



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2. Please explain why the county is not providing this intervention

These types of supports are already covered under SBCBH's FSP programming and Flex Funds since clients housed with BHSA HI will also be receiving FSP services.

3. Anticipated number of individuals served per year

- 0

4. Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding

- N/A

### ***Housing Transition Navigation Services and Tenancy Sustaining Services (Chapter 7, Section C.9.4.3)***

Pursuant to Welfare and Institutions (W&I) Code section 5830, subdivision (c)(2), BHSA Housing Interventions may not be used for housing services covered by Medi-Cal MCP. Please select Yes only if the county is providing these services to individuals who are not eligible to receive the services through their Medi-Cal MCP (no action needed)

1. Is the county providing this intervention?

- No

2. Please explain why the county is not providing this intervention

For the duration of this Integrated Plan, the funding allocation to SBCBH will only afford our support to Medi-Cal clients. Should leftover funding be available at the end of this plan, then this option will be reconsidered and explored for feasibility.

### ***Housing Interventions Outreach and Engagement (Chapter 7, Section C.9.4.4)***

1. Is the county providing this intervention?

- Yes

2. Is the county providing this intervention to chronically homeless individuals?

- Yes

3. Anticipated number of individuals served per year

- 90

4. Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding

In FY2023/24, of the nine visits to known encampments, 93 individuals were contacted. It can take several visits and multiple contacts to build enough of a trusting relationship with homeless individuals in order to engage them in a variety of services, including housing. SBCBH will continue outreach and engagement of the homeless population and hope to reach 90-100 individuals per year, however, depending on the rate of engagement in services, we



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would prefer that there are less homeless individuals to contact in the coming years as an increasing number of them become housed.

A team of SBCBH Case Managers, including the Housing Navigator, work with Health and Human Services Social Workers to periodically visit known encampments to make contact with the homeless population; provide information about the local shelter and Behavioral Health services; assess Medi-Cal eligibility or help with an application; check on HMIS status; provide information on availability of food from the local food bank; distribute hygiene packs which have been provided by the Health and Human Services Agency, and provide linkage to other agencies and/or resources dependent on the needs of the individuals encountered.

Draft



### Capital Development Projects (Chapter 7, Section C.10)

Counties may spend up to 25 percent of BHSA Housing Interventions on capital development projects.

1. Will the county behavioral health system use BHSA Housing Interventions for capital development projects?
  - Yes
2. Is the county providing this intervention to chronically homeless individuals?
  - Yes
3. How many capital development projects will the county behavioral health system fund with BHSA Housing Interventions?
  - 1

### Capital Development Project Specific Information

1. Please complete the following questions for each capital development project the county will fund with BHSA Housing Interventions
  - a. Name of Project - **Chappell Road Project**
2. What setting types will the capital development project include?
  - Non-Time-Limited Permanent Settings: Supportive housing
  - Non-Time-Limited Permanent Settings: Single and multi-family homes Non-Time-Limited Permanent Settings: Shared housing
  - Non-Time-Limited Permanent Settings: Tiny Homes
  - Non-Time-Limited Permanent Settings: Apartments, including master-lease apartments Non-Time-Limited Permanent Settings: Single room occupancy units
3. Capacity (Anticipated number of individuals housed at a given time)
  - 5
4. Will this project braid funding with non-BHSA funding source(s)?
  - Yes
5. Total number of units in project, inclusive of BHSA and non-BHSA funding sources
  - 2
6. Total number of units funded with Housing Interventions funds only
  - 0



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7. Please provide additional details to explain if the county is funding capital development projects with BHSA Housing Interventions that are not tied to a specific number of units

Anticipated date of unit availability (Note: DHCS will evaluate unit availability date to ensure projects become available within a reasonable timeframe)

- 6/30/2030

8. Expected cost per unit (Note: the BHSA Housing Intervention portion of the project must be equal to or less than \$450,000)

- \$450,000

Have you utilized the “by right” provisions of state law in your project?

- Yes

### Other Housing Interventions

1. If the county is providing another type of Housing Interventions not listed above, please describe the intervention

- N/A

2. Is the county providing this intervention to chronically homeless individuals? Anticipated number of individuals served per year

- Continuation of Existing Housing Programs

3. Please describe if any BHSA Housing Interventions funding will be used to support the continuation of housing programs that are ending (e.g., Behavioral Health Bridge housing)

SBCBH successfully utilized the BHBH Grant to house twenty-four clients and their families on a two-year lease basis. The first lease ends in September 2026 and SBCBH intend to utilize BHSA, HI funding to assume the cost of those leases once Transitional Rent has been exhausted.

### Relationship to Housing Services Funded by Medi-Cal Managed Care Plans

For more information, please see 7.C.7 Relationship to Medi-Cal Funded Housing Services

1. Which of the following housing-related Community Supports is the county behavioral health system an MCP-contracted provider of?

- None of the Above

2. For which of the following services does the county behavioral health system plan to become an MCP-contracted provider of?

a. Housing Transition Navigation Services - No

b. Housing Deposits - No

c. Housing Tenancy and Sustaining Services - No



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- d. Short-Term Post-Hospitalization Housing - No
- e. Recuperative Care - No
- f. Day Habilitation - No
- g. Transitional Rent - No

3. How will the county behavioral health system identify, confirm eligibility, and refer Medi-Cal members to housing-related Community Supports covered by MCPs (including Transitional Rent)?

San Benito County BH will refer clients in need of community supports (CS) to either the County's Housing support program or other programs in San Benito County as needed and in alignment with the CalAIM required referral processes.

4. Please describe coordination efforts and ongoing processes to ensure the county behavioral health contracted provider network for Housing Interventions is known and shared with MCPs serving your county

San Benito County Behavioral Health has been working on streamlining coordination with the primary MCP, the Central Coast Alliance for Health (CCAH), aka The Alliance, and HHSA who serves as the contracted Housing Support for CCAH. SBCBH is actively meeting with CCAH and HHSA to develop shared processes regarding accessing community supports benefits and is working jointly to develop workflows for transitional rent.

5. Does the county behavioral health system track which of its contracted housing providers are also contracted by MCPs for housing-related Community Supports (provided in questions #1 and #2 above)?

- Yes

6. Please describe the county behavioral health system's coordination efforts to align network development

HHSA, in partnership with SBCBH and CCAH, will continue collaborating to ensure that there is awareness of all currently funded ECM and CS programs in San Benito County. Tracking of providers will be shared during these meetings.

7. What processes does the county behavioral health system have in place to ensure Medi-Cal members living with significant behavioral health conditions do not experience gaps in service once any of the MCP housing services are exhausted, to the extent resources are available? Most individuals with significant behavioral health conditions are also connected to SBCBH's FSP or through support from housing-based case managers under BHBH support team.



### Flexible Housing Subsidy Pools

[Context] Flexible Housing Subsidy Pools (“Flex Pools”) are an effective model to streamline and simplify administering rental assistance and related housing supports. DHCS released the Flex Pools TA Resource Guide that describes this model in more detail linked here: [Flexible Housing Subsidy Pools - Technical Assistance Resource](#). Please refer to the TA Resource Guide for descriptions of the Flex Pool model and roles referenced below including the Lead Entity, Operator, and Funder. For related policy information, refer to 7.C.8 Flexible Housing Subsidy Pools.

1. Is there an operating Flex Pool (or elements of a Flex Pool, which includes (1) coordinating and braiding funding streams, (2) serving as a fiscal intermediary, (3) identifying, securing, and supporting a portfolio of units for participants, and/or (4) coordinating with providers of housing supportive services) in the county (please refer to DHCS’ Flex Pools TA Resource Guide)?
  - No
2. Is the county behavioral health system involved in planning efforts to launch a Flex Pool in the county?
  - No
3. Please describe any other roles and functions the county behavioral health system plans to take to support the operations or launch and scaling of a Flex Pool in addition to those described above
  - N/A

### Behavioral Health Services Fund: Innovative Behavioral Health Pilot and Projects

For each innovative program or pilot provide the following information. If the county provides more than one program, use the “Add additional program” button. For related policy information, refer to 7.A.6 Innovative Behavioral Health Pilots and Projects.

1. Does the county’s plan include the development of innovative programs or pilots?
  - No



# Workforce Strategy

For more information on this section, please see 6.C.2 Securing Medi-Cal Payment.

## Maintain an Adequate Network of Qualified and Culturally Responsive Providers

[Context] The county must ensure its county-operated and county-contracted behavioral health workforce is well-supported and culturally and linguistically responsive with the population to be served.

Through existing Medi-Cal oversight processes, the Department of Health Care Services (DHCS) will assess whether the county:

- Maintains and monitors a network of providers that is sufficient to provide adequate access to services and supports for individuals with behavioral health needs; and
- Meets federal and state standards for timely access to care and services, considering the urgency of the need for services.
- The county must ensure that Behavioral Health Services Act (BHSA)-funded providers are qualified to deliver services, comply with nondiscrimination requirements, and deliver services in a culturally competent manner. Effective FY 2027-2028, DHCS encourages counties to require their BHSA providers to comply with the same standards as Medi-Cal providers in these areas (i.e. requiring the same standards regardless of whether a given service is reimbursed under BHSA or Medi-Cal), as described in the Policy Manual.

1. Does the county intend to adopt this recommended approach for BHSA-funded providers that also participate in the county's Medi-Cal Behavioral Health Delivery System?
  - Yes
2. Does the county intend to adopt this recommended approach for BHSA-funded providers that do not participate in the county's Medi-Cal Behavioral Health Delivery System?
  - Yes

## Build Workforce to Address Statewide Behavioral Health Goals

For related policy information, refer to 3.A.2 Contents of Integrated Plan and 7.A.4 Workforce Education and Training

### Assess Workforce Gaps

1. What is the overall vacancy rate for permanent clinical/direct service behavioral health positions in the county (including county-operated providers)?
  - 25



## Behavioral Health Services Act - Integrated Plan 2026 - 2029

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2. For county behavioral health (including county-operated providers), please select the five positions with the greatest vacancy rates

- Licensed Clinical Social Worker
- Licensed Marriage and Family Therapist
- Licensed Professional Clinical Counselor
- Registered nurse

3. Please describe any other key workforce gaps in the county

SBCBH experience key workforce gaps in clinical providers. These are difficult positions to fill since the severe shortage of clinical providers across the state means that we are competing with neighboring agencies for the same applicants, but with less resources to make the positions attractive and ensure long-term retention.

4. How does the county expect workforce needs to shift over the next three fiscal years given new and forthcoming requirements, including implementation of new evidence-based practices under Behavioral Health Transformation (BHT) and Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT)?

SBCBH finds it difficult to hire new staff due to competing neighboring counties that are fiscally better able to offer enhanced benefits and salaries. SBCBH will be contracting services to local Community Based Organizations to help meet the mandates of the EBPs.

### **Address Workforce Gaps**

[Context] If the county is planning to leverage the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) workforce initiative to address workforce gaps including for FSP and CSC for FEP, such as through applying for and/or encouraging providers to apply for the following BH-CONNECT workforce programs, please specify below.

1. Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Scholarship Program?

- No

2. Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Student Loan Payment Program?

- No

3. Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Recruitment and Retention Program?

- No

4. Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Community-Based Provider Training Program?

- No



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5. Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Residency Program?

- No

6. Please describe any other efforts underway or planned in the county to address workforce gaps aside from those already described above under Behavioral Health Services Act Workforce, Education, and Training

As previously described under Workforce Education and Training, a series of management training is set to take place in 2026 to educate and inform the management staff on specific processes and protocols throughout a variety of topics for those in management positions.

Draft



## Budget and Prudent Reserve

For more information on this section, please see 6.B.3 Local Prudent Reserve.

### Budget and Prudent Reserve

1. Please indicate how the county plans to spend the amount over the maximum allowed prudent reserve limit for each component if the county indicated they would allocate excess prudent reserve funds to a given Behavioral Health Services Act component in Table Nine of the budget template Behavioral Health Services and Supports (BHSS)
  - N/A – SBCBH’s Prudent Reserve is slightly below the maximum allowed 25% under BHSA, so there is no excess to allocate in the new BHSA component structure.
2. Enter date of last prudent reserve assessment: 10/4/2024
3. Please describe how the use of excess prudent reserve funds drawn down from the local prudent reserve aligns with the goals of the Integrated Plan
  - N/A

Draft



## Plan Approval and Compliance

For more information on this section, please see 3.A.1 Reporting Period

The certification documents, available so far, are shown on the following pages.

Draft



## Behavioral Health Director Certification

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### Behavioral Health Director Certification

#### Certification

- I hereby certify that San Benito County has complied with all statutes, regulations, and guidelines in preparing and submitting this Three-Year Plan (IP) for Behavioral Health Services and Outcomes, including all fiscal accountability and stakeholder participation requirements. I further certify that:
  - The information, statements, and attachments included in the Three-Year IP are, to the best of my knowledge and belief, true and correct
  - I understand and agree that the Department of Health Care Services (DHCS) reserves the right to request clarification regarding unclear or ambiguous statements made in the IP and other supporting documents submitted in the IP
  - The County will use Behavioral Health Services Act (BHSA) funds to serve the targeted population(s) as described in statute, regulations, and guidance
  - Behavioral Health funding from all sources will be spent only on allowable uses as stated in statute, statute, regulations, and guidance
  - BHSA funding will supplement, and not supplant, other funding available from existing state or county funds utilized to provide mental health services or substance use disorder treatment services (except that this non-supplant rule does not apply to the use of 2011 realignment funds provided to counties from the Behavioral Health Subaccount or Behavioral Health Services Growth Special Account)
  - The IP was submitted to the local behavioral health board
- Does the county wish to disclose any implementation challenges or concerns with these requirements?
  - Yes
  - No

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- Please describe any implementation challenges or concerns with the BHSA fiscal accountability and stakeholder participation requirements

#### County Behavioral Health Agency Director contact information

- County Name
- Certification for
  - Three-Year Integrated Plan
  - Annual Update
  - Intermittent Update
- Submission type
  - Draft
  - Final
- County Behavioral Health Agency Director name
- County Behavioral Health Agency Director phone number
- County Behavioral Health Agency Director email

#### Additional contact information for counties with separate MH and SUD directors (optional)

- Name
- Title

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# Behavioral Health Services Act - Integrated Plan 2026 - 2029

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10. Phone

N/A

11. Email

N/A

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## County Behavioral Health Agency Director signature

12. Print name

Rachel White

13. Title

Interim Director

14. Date

2/24/2026

15. Signature

Digitally signed by  
Rachel White  
DN: cn=Rachel White, o=San Benito County

---

## Additional signature for counties with separate MH and SUD directors (optional)

16. Print name

N/A

17. Title

N/A

18. Date

N/A

19. Signature

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## County Administrator Certification



### County Administrator or Designee Certification

The County Administrator may be known by other titles such as Chief Executive, County Manager, or Chief Administrative Officer. The County Administrator must be the individual who serves as the top staff member in county government and hold the highest level of administrative authority in the county or be the designee of that individual. This individual or their designee must work within the executive office of county government, and they may not be the county behavioral health director.

### Certification

1. I hereby certify that:

- The County will use Behavioral Health Services Act (BHSA) funds to serve the targeted population(s) as described in statute
- Behavioral Health funding from all sources will be spent only on allowable uses as stated in statute
- BHSA funding will supplement, and not supplant, other funding available from existing state or county funds utilized to provide mental health services or substance use disorder treatment services (except that this non-supplant rule does not apply to the use of 2011 realignment funds provided to counties from the Behavioral Health Subaccount or Behavioral Health Services Growth Special Account)

2. Does the county wish to disclose any implementation challenges or concerns with these requirements?

- Yes
- No

a. If answered yes above, please describe any implementation challenges or concerns with the BHSA fiscal accountability and stakeholder participation requirements

### Signature

3. Print name

4. Date

5. Signature

### Contact information

6. County Name

7. Certification for

- Three-Year Integrated Plan
- Annual Update
- Intermittent Update

7a. Submission type

- Draft

8. County Chief Administration Officer Name

9. County Chief Administration Officer Phone number

10. County Chief Administration Officer Email



## Board of Supervisor Certification

For final submission of the BHSA Integrated Plan to the DHCS a completed Board Of Supervisor Certification will be included after the Board of Supervisors approve the Final Version in June 2026.

Draft



## Exemption Requests

### Increase Housing Intervention Funds for Capital Development

1. What percentage of Housing Intervention Component allocation is the county requesting to use for capital development projects?
  - 27%
2. Please select which Housing Interventions exemptions criteria the county meets
  - Significant capital development required to meet housing needs of eligible population (e.g., demonstrated lack of existing suitable housing facilities within the county)
  - Other funding sources insufficient to address need
  - Costs of accessibility improvements exceed 25 percent capital improvement limits
  - Other considerations
    - a. Please provide justification for this Housing Interventions exemptions request

San Benito County (SBC) continues to face a significant shortage of housing inventory overall, with an even more critical deficit in units that will accept and adequately serve homeless individuals experiencing behavioral health challenges. This shortage directly impacts our ability to stabilize some of our most vulnerable residents and reduce homelessness in a meaningful and sustainable way.

The Continuum of Care (CoC) Lead Me Home Plan to Reduce Homelessness in Monterey and San Benito Counties identifies clear housing production targets to address regional homelessness. As noted on page 19 of the report, San Benito County was projected to produce 190 new housing units by June 2026 to meet identified homeless housing needs. However, due to escalating construction material costs, limited available funding, infrastructure constraints, and extended development timelines, only 16 units are currently underway, with anticipated completion by April 2026. This leaves a gap of 174 units, representing more than 90% of the identified target still unmet.

This shortfall is especially pronounced for individuals with behavioral health needs, who often encounter additional barriers to securing housing due to limited landlord participation, stigma, service coordination requirements, and the need for supportive environments. Without dedicated investment in housing that is both accessible and supportive, individuals remain at increased risk of prolonged homelessness, emergency service utilization and institutional care.

Addressing this deficit requires swift, coordinated action and true partnership among local jurisdictions, the regional Continuum of Care, behavioral health systems, and state partners. Additional Behavioral Health Services Act (BHSA) Housing Intervention (HI) funding would provide a critical opportunity to expand the County's housing inventory in alignment with the Lead Me Home housing targets. While modest in scale, the proposed expansion of 1–3 additional units anticipated serving 2-4 individuals represent meaningful progress in a small rural county with limited development capacity. Even incremental increases in supportive housing inventory can significantly improve system flow, reduce homelessness among high-



## Behavioral Health Services Act - Integrated Plan 2026 - 2029

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need individuals, and move the County closer to meeting its regional housing goals.

In short, targeted Behavioral Health funding is essential to closing the housing gap, supporting system coordination, and ensuring that individuals with behavioral health needs have access to stable, appropriate housing within San Benito County.

In 2021, San Benito County Health and Human Services were able to secure a nearby, 4.66-acre property, with two existing single-family units in varying states of disrepair. A one-time grant opportunity for funding originally came from the Whole Person Care Housing Fund enabling the purchase of the entire property and partial rehabilitation of one of the units. Additional funding from the local Managed Care Plan facilitated the completion of unit one to habitability, with a small amount of remaining funds available for the reconditioning of the second unit. However, inspection of unit two revealed structural issues that indicated it would be more cost effective to demolish and rebuild this unit. At a minimum, one unit will be built, but with further approvals and adequate resources, it may be possible to build a multi-unit residence with the intention of providing permanent supportive housing for additional individuals.

Currently, there is insufficient funding to begin the construction of the second unit, so BHSA HI Capital Development funding will be vital to enable this part of the project to move forward should the approval be obtained from both the City of Hollister and of the San Benito County Board of Supervisors. With the aforementioned approvals, and BHSA HI secured, opportunities to be eligible for other grant funding are a possibility from sources such as Housing and Community Development, Homekey+ and Community Development Block Grant. At this stage of the project, the amount of funding that could be obtained from such sources is unknown so the figures in the BHSA Budget are very provisional but will be updated in Annual Updates and the next BHSA Integrated Plan as other funding is secured and the approved scope of the project is developed.

Given the acreage of this project site, there is considerable scope for future development in terms of adding units of various kinds to accommodate homeless individuals, particularly those experiencing behavioral health issues, once the City and County provide approval for this project to move forward. One of the conditions of the purchase of the property is a Deferred Improvement Agreement with the City of Hollister which would trigger when expanding the number of units on the site beyond the original two units. This would necessitate the rehabilitation of the access road including burying all utility services underground – this part of the project will cost in the region of \$1,000,000, so BHSA HI funding is essential to ensure the continuance of this project in order to provide the maximum number of units for behavioral health clients and homeless individuals.

The budget for the rehabilitation of unit one has been uploaded to provide current costs and estimates of the construction and ongoing costs for this site. A budget for subsequent phases of the project will be provided with Annual Updates or the next Integrated Plan as those budgets become available.



### Supporting Data Uploaded

#### *Evidence of need for housing production*

- LEAD ME HOME – Plan Update: 5 Year Plan to Reduce Homelessness in Monterey and San Benito Counties. July 2021 through June 2026
- County of San Benito 2023-2031 HOUSING ELEMENT Report
- San Benito County Board of Supervisors’ Resolution to Adopt the General Plan Amendment for the 2023-2031 Housing Element 6<sup>th</sup> Cycle Update

#### *Partnership agreements/letters of support*

- Letter from the Governor Newsom to San Benito County CAO Acknowledging and Accepting the Housing Element Report

#### *Project budget with funding breakdown*

- Budget for the Development and Rehabilitation of the North Chappell Road Project

Draft



### Exemption Request: Assertive Community Treatment (ACT)

1. For counties seeking an exemption to the requirement to include ACT in the county's FSP program, please select which FSP exemptions criteria the county meets

Limited workforce (e.g. qualified providers)

Limited need (e.g., estimated population with a clinical need for ACT)

2. Please provide justification for this FSP exemption request

San Benito County is a small county of less than 70,000 in population. According to the Supply and Demand modeling for California's Behavioral Health Workforce report developed by HCAI (excerpt uploaded), SBCBH's workforce has a gap of 62.2%, demonstrating the severe shortage of workforce in SBCBH. SBCBH have experienced difficulties in attracting and keeping providers since surrounding counties offer a higher salary and better benefits for the same position. High vacancy rates have a big impact on the capacity for services provided to clients. In addition, with all the changes and new programs that need to be developed in order to implement BHSA, staff time is already stretched and SBCBH leadership is conscious to avoid overloading already busy staff and risking burnout.

This deficit in staffing, and therefore the lack of capacity to provide ACT services were confirmed in conversation with the experts at the Center of Excellence (CoE) for the evidence-based practice Assertive Community Treatment (ACT). The CoE provided a presentation (included in the upload) reporting the difficulties small rural counties will experience in implementing an ACT team, particularly when the demand is for less than 40 individuals and travel times can be over an hour in a widely dispersed population.

In addition, consideration of the data provided by CalMHSA on population estimates, and the estimated clinical need for individuals requiring the ACT level of services (included in the uploaded file) for both Medi-Cal enrolled recipients and those uninsured is extremely low at 18 for the former and 3 for the latter.

SBCBH do not have the current capacity to provide a dedicated team of providers for this evidence-based practice and therefore respectfully request an exemption for the duration of this Integrated Plan.

### Supporting Data Uploaded

#### *County workforce data*

- Supply and Demand Modeling for California's Behavioral Health Workforce, authored by HCAI
- COE consultation documentation: ACT Implementation in Rural California Counties, authored by UCLA



### Exemption Request: Forensic Assertive Community Treatment (FACT)

1. For counties seeking an exemption to the requirement to include FACT in the county's FSP program, please select which FSP exemptions criteria the county meets:
  - Limited workforce (e.g. qualified providers)
  - Limited need (e.g., estimated population with a clinical need for ACT)
2. Please provide justification for this FSP exemption request:

The same criteria that currently prevent San Benito County from implementing the evidence-based practice (EBP) Assertive Community Treatment (ACT), also apply to implementing the EBP Forensic Assertive Community Treatment (FACT). These criteria include the severe workforce gap of 62.2% reflecting the high vacancy rates; the estimated clinical need calculated by CalMHSA which is even lower than the need for ACT at a total of 10 individuals in the County, and the confirmation from the Center of Excellence that such small, estimated need does not justify implementing a dedicated FACT team. The uploaded supporting documentation is therefore the same as for ACT, but just as relevant.

### Supporting Data Uploaded

#### *County Workforce Data*

- Supply and Demand Modeling for California's Behavioral Health Workforce, authored by HCAI
- COE consultation documentation: ACT Implementation in Rural California Counties, authored by UCLA



### Exemption Request: Individual Placement and Support (IPS) Supported Employment

1. For counties seeking an exemption to the requirement to include IPS in the county's FSP program, please select which FSP exemptions criteria the county meets
  - Limited workforce (e.g. qualified providers)
  - Limited need (e.g., estimated population with a clinical need for ACT)
2. Please provide justification for this FSP exemption request

The San Benito County data for Supply and Demand modeling for California's Behavioral Health Workforce developed by the Department of Healthcare Access and Information (HCAI), shows that San Benito has a workforce gap of 62.2% clearly demonstrating the severe shortage of workforce in San Benito County Behavioral Health (SBCBH). In a small county, all staff take on multiple duties and roles to ensure that client needs are met; this is especially the case in SBCBH, where workforce is limited due to being surrounded by counties who offer a higher salary and better benefits for the same position. High vacancy rates have a big impact on the capacity for services provided to clients. In addition, with all the changes and new programs that need to be developed in order to implement the Behavioral Health Services Act (BHSA), staff time is already stretched and SBCBH leadership is conscious of avoiding overloading already busy staff and risking burnout.

The data provided by CalMHSA for the Individual Placement and Support (IPS) for employment shows that there is a limited need for individuals in this county to receive IPS services; an estimated 275 individuals in a population of approximately 70,000, equates to 0.0039% of the population. IPS support has already been included, in certain circumstances, in the services provided by our Substance Use Disorder (SUD) Team for the last few years to assist SUD clients and will continue as part of the SUD service as BHSA is implemented. However, the Specialty Mental Health Services (SMHS) Adult System of Care (ASOC) do not currently have the capacity to implement this service and still provide comprehensive SMHS. The Center of Excellence (CoE) support team suggested that SBCBH should hire two full-time employees to implement IPS as an evidence-based practice (EBP), however, budgetary constraints are also a significant consideration when hiring staff and SBCBH simply do not have the budgetary flexibility to accommodate two staff whose primary focus is not behavioral health.

San Benito County already has a several resources, to which clients can be linked, such as the SBC Health and Human Services Agency (SBC HHSA), Workforce Development Board, 211 San Benito County and San

Benito County Community Services & Workforce Development as well as at least two community-based organizations (CBOs) that offer Medi-Cal clients help with seeking employment, and these resources are much better equipped to work with clients to find employment.



### Supporting Data Uploaded

#### *County workforce data County demographic data*

- CalMHSA Data Tables indicating the low clinical need estimate for Medi-Cal and Uninsured Individuals in San Benito County
- HCAI's Supply and Demand Modeling for California's Behavioral Health Workforce illustrating the workforce gap:  
<https://hcai.ca.gov/visualizations/supply-and-demand-modeling-for-californias-behavioral-health-workforce>.

Draft



## Appendix A - Acronyms

### A

[ACT](#) Assertive Community Treatment  
 ASAM ..... American Society of Addiction  
 Medicine  
 ASOC ..... Adult System of Care  
 ASIST ..... Applied Suicide Intervention Skills  
 Training Program  
 AV ..... Audio-Visual [System]

### B

BH ..... Behavioral Health  
 BHBH ..... Behavioral Health Bridges to Housing  
 (Grant)  
 BHDS ..... Behavioral Health Delivery System  
 BHSA ..... Behavioral Health Services Act 2024  
 BHSS ..... Behavioral Health Services and  
 Support  
 One component of the BHSA  
 BHSSA ..... Behavioral Health Student Support Act  
 [Grant]  
 BHT ..... Behavioral Health Transformation  
 From MHSA to BHSA

### C

[CalAIM](#) ..... California Advancing and Innovating  
 Medi-Cal  
 Payment Reform In effect from July 1, 2023  
 CALM ..... Counseling on Access to Lethal Means  
 CalMHSA ..... An organization supporting Counties in  
 MHSA/BHSA  
 CANS ..... Child and Adolescent Needs and  
 Strengths  
 CBO ..... Community Based Organization  
 CBT ..... Cognitive Behavioral Therapy EBP  
 CCAH ..... Central Coast Alliance for Health  
[CDPH](#) ..... California Dept of Public Health  
 CFT ..... Child and Family Team  
 CFTN ..... Capital Facilities and Technological  
 Needs  
 One of the BHSA, BHSS sub-components  
 CICC ..... Children’s Interagency Coordination  
 Council  
 CHA ..... Community Health Assessment  
 PH activity to create CHIP  
 CHIP ..... Community Health Improvement Plan

Created by Public Health

CHISPA ..... Community Housing Improvement  
 Systems and Planning Association  
 CHS ..... Community Health Survey  
 Carried out by Public Health  
 CLCP ..... Cultural and Linguistic Competence  
 Plan  
 CM ..... Case Manager  
 CMS ..... Centers for Medicare/Medicaid  
 Services  
 CoC ..... Continuum of Care  
 CoE ..... Center of Excellence  
 Organization expert in EBPs  
 CPPP ..... Community Program Planning Process  
 CPS ..... Child Protective Services  
 CS ..... Community Supports  
 CSCforFEP ..... Coordinated Specialty Care for First  
 Episode Psychosis  
 CSDC ..... Community Services and Development  
 Corporation  
 CSOC ..... Children’s System of Care  
 CSS ..... Community Services and Support  
 Component of MHSA, now BHSS under BHSA  
 CY ..... Calendar Year

### D

DHCS ..... Department of Healthcare Services  
 State regulating body for Behavioral Health  
 operations  
 DMC-ODS ..... Drug Medi-Cal Organized Delivery  
 System  
 DSH ..... Department of State Hospitals

### E

[EBP](#) ..... Evidence Based Practice  
 ECM ..... Enhanced Care Management  
 ED ..... Emergency Department  
 EHR ..... Electronic Health Record  
 EIP ..... Early Intervention Program  
 EMS ..... Emergency Medical Services



# Behavioral Health Services Act - Integrated Plan 2026 - 2029

## F

- FACT** ..... Forensic Assertive Community Treatment
- FEP** ..... First Episode Psychosis
- FFT** ..... Functional Family Therapy  
An EBP under BHSA
- FMR** ..... Fair Market Rate (re: Housing/Rent)
- FSP** ..... Full-Service Partnership  
One component of BHSA
- FTE** ..... Full Time Employee
- FY** ..... Fiscal Year (July 1 to June 30)

## H

- HASC** ..... Housing Authority of Santa Cruz
- HCD** ..... [Department of] Housing and Community Development
- HCAI** ..... [Department of] Healthcare Access and Information
- HFV** ..... High Fidelity Wraparound  
Evidence based practice; Intensive level of care in BHSA FSP
- HHS** ..... Health and Human Services Agency
- HI** ..... Housing Intervention  
One component of BHSA
- HIC** ..... Housing Inventory Count
- HIPAA** ..... Health Insurance Portability and Accountability Act
- HMIS** ..... Homeless Management Information Systems
- HUD** ..... Housing and Urban Development

## I

- ICM** ..... Intensive Case Management
- IMD** ..... Institution for Mental Disease
- IP** ..... Integrated Plan (BHSA)
- IPS** ..... Individual Placement and Support
- IST** ..... Incompetent to Stand Trial

## J

- JII** ..... Justice Involved Individual

## K

- KII** ..... Key Informant Interview

## L

- LGBTQ+** ..... Lesbian, Gay, Bisexual, Transgender, and Queer or Questioning
- LHJ** ..... Local Health Jurisdiction (aka Public Health)
- LPS** ..... Lanterman-Petris-Short Act, WIC 5150 thru 5152  
Regulates involuntary civil commitments to MH institutions in CA, aka Conservatorship

## M

- MAT** ..... Medication Assisted Treatment
- MCP** ..... Managed Care Plan (Medi-Cal NSMHS)
- MCRT** ..... Mobile Crisis Response Team  
BH launched April 2025
- MH** ..... Mental Health
- MHBG** ..... Mental Health Services Block Grant
- MHFA** ..... Mental Health First Aid
- MHP** ..... Mental Health Provider
- MHSA** ..... Mental Health Services Act  
Legislation for Mental Health Services 2004-2024
- MI** ..... Motivational Interviewing EBP
- MOU** ..... Memorandum of Understanding
- MST** ..... Multisystemic Therapy  
An EBP in BHSA
- M-TAC** ..... Medi-Cal Mobile Crisis Training and Technical Assistance Center

## N

- NAI** ..... Native American Indian
- NSMHS** ..... Non-Specialty Mental Health Services
- NTP** ..... Narcotics Treatment Program

## O

- O&E** ..... Outreach and Engagement
- OES** ..... Office of Emergency Services
- OSF** ..... Opioid Settlement Funds
- OTF** ..... Opioid Task Force



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## P

- PATH ..... Projects for Assistance in Transition from Homelessness (SAMSHA)
- PATH ..... Providing Access and Transforming Health
- PATHS ..... Promoting Access Truth and Healthy Behaviors in Schools
- PCC..... Person Centered Care EBP
- PIP..... Program Improvement Plan
- PIT-C..... Point In Time Count [of Homeless Individuals]
- Proposition 1 On March 2024 ballot to enact BHSA
- PSH..... Permanent Supportive Housing
- PCIT..... Parent-Child Interactive Therapy  
An evidence based practice in BHSA

## Q

- QI ..... Quality Improvement
- QWIP..... Quality Improvement Work Plan

## S

- SAM ..... Student Attendance Matters [Program]
- SAMHSA..... Substance Abuse and Mental Health Services Administration
- SARB ..... School Attendance Review Board
- SB326 ..... Senate Bill 326 – BHSA Legislation
- SBCBH ..... San Benito County Behavioral Health
- SBCOE ..... San Benito County Office of Education

SBCOES & EMS San Benito County Office of Emergency Services and Emergency Medical Services

SBCPH ..... San Benito County Public Health

SLE..... Sober Living Environment

SMI..... Severe Mental Illness

SMHS..... Specialty Mental Health Services

SSA ..... Social Security Administration

STRTP ..... Short-Term Residential Therapeutic Program

SUBG ..... Substance Use Prevention, Treatment and Recovery Services Block Grant

SUD ..... Substance Use Disorder

## T

TAY..... Transitional Age Youth  
Youth from 16 to 25

TBS ..... Therapeutic Behavioral Services

TF-CBT ..... Trauma-Focused Cognitive Behavioral Therapy

## V

VA..... Veterans Administration / Affairs

## W

WCV ..... Child and Adolescent Well-Care Visits

WET ..... Workforce, Education and Training  
One of the BHSA, BHSS sub-components

