



Behavioral Health Services Act (BHSA) Board of Supervisors Presentation

June 2, 2026



NAPA COUNTY
Health & Human
Services Agency

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Presentation Overview

Background / Context

- ❖ Behavioral Health Transformation & Statewide Goals
- ❖ Proposition 1: After 2+ Decades → MHSA to the BHSA
- ❖ Level-Set: No New Funding
- ❖ Shift in Focus = New Funding Components
- ❖ Mandated Processes → 3-Year Integrated Plan (IP)

Napa County's BHSA IP

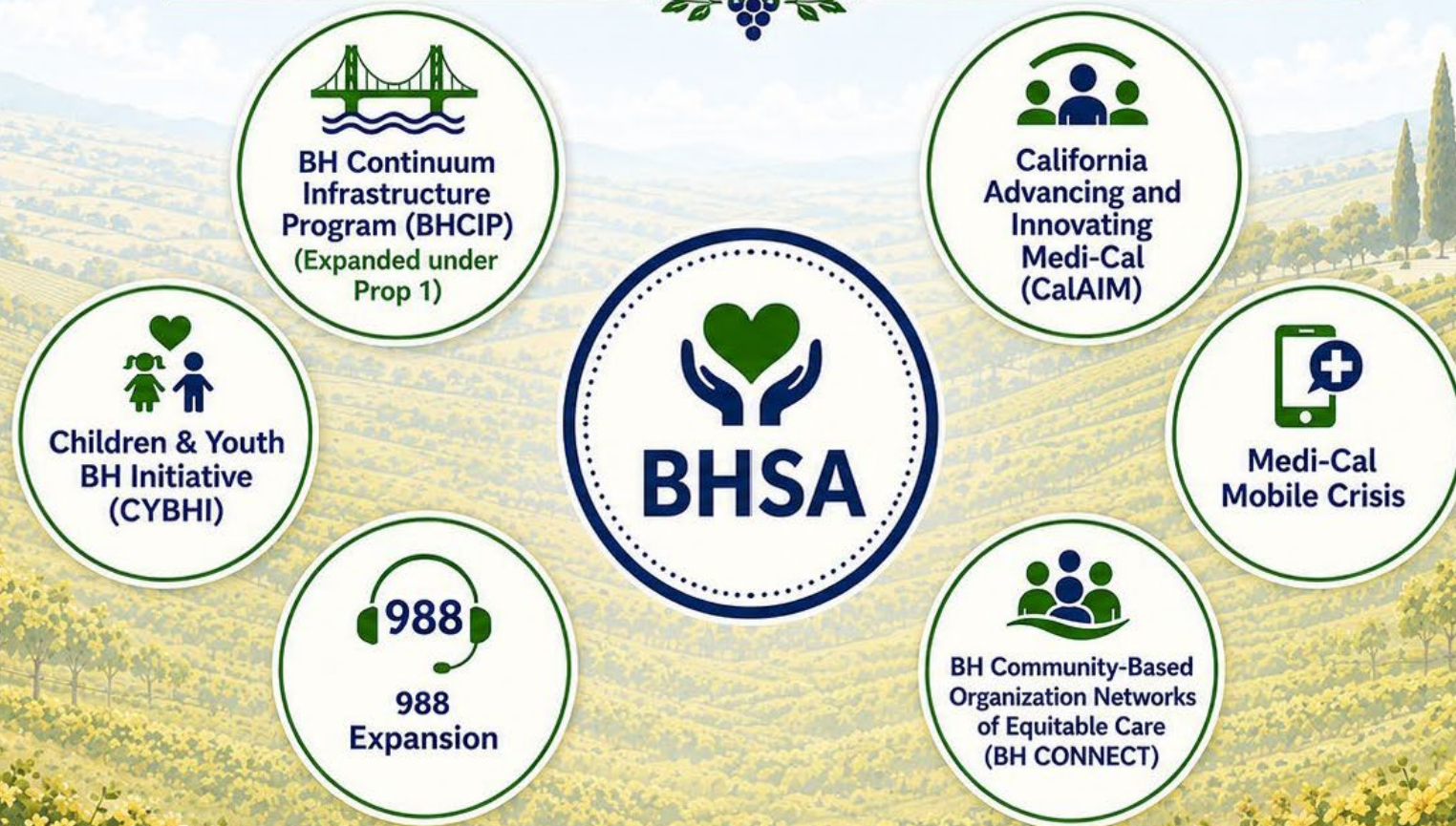
- ❖ New Funding Components & Percentages
 - ❖ Behavioral Health Services and Supports (BHSS)
 - ❖ Full-Service Partnership Programs (FSP)
 - ❖ Evidence-Based Practices (EBPs)
 - ❖ Housing Interventions (HI)
- ❖ Broader Context: CalAIM & Partnering with Managed Care Plans (MCPs)

Next Steps: Formal Submission to DHCS + Implementation of the IP



Background / Context

Behavioral Health Transformation (BHT): California's Major Initiatives





All 14 Statewide Behavioral Health Goals



These statewide goals guide planning under Behavioral Health Transformation.



Goals for Improvement

- 1  Care Experience
- 2  Access to Care
- 3  Prevention and Treatment of Co-Occurring Physical Health Conditions
- 4  Quality of Life
- 5  Social Connection
- 6  Engagement in School
- 7  Engagement in Work

 Green highlight = the 6 statewide priority goals, plus Napa's selected 7th goal.

Goals for Reduction

- 1  Suicides
- 2  Overdoses
- 3  Untreated Behavioral Health Conditions
- 4  Institutionalization
- 5  Homelessness
- 6  Justice-Involvement
- 7  Removal of Children from Home



Napa selected Quality of Life based on community feedback.



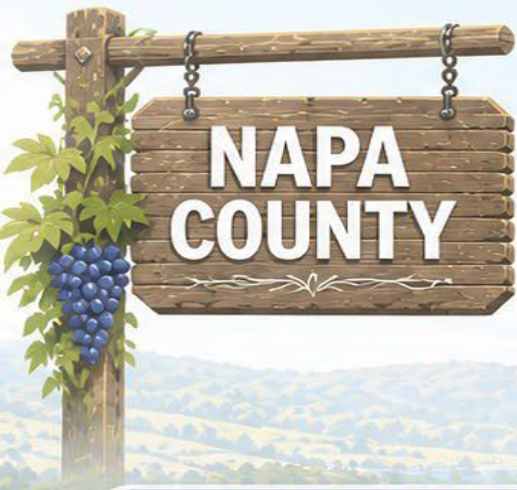
Health equity is incorporated across all statewide behavioral health goals.



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Statewide BHT Goals and Napa's Local Focus



California has 14 statewide behavioral health goals.

DHCS identified 6 statewide priority goals for every county.

Each county also chooses a 7th goal to focus on locally.

Napa selected **Quality of Life** based on community feedback.



6 Statewide Priority Goals for Every County



Access to Care



Institutionalization



Homelessness



Justice-Involvement



Removal of Children
from Home



Untreated Behavioral
Health Conditions

Napa's Selected 7th Goal



Quality of Life

Chosen based on
community feedback.



Health equity is incorporated across all statewide behavioral health goals.



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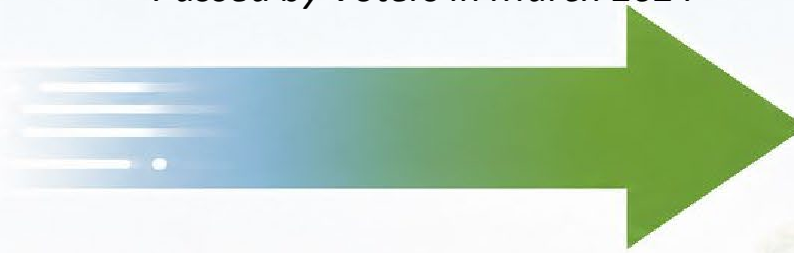


Effective 2005



Proposition 1

Passed by Voters in March 2024



Effective July 1, 2026



Proposition 63 created MHSA that went into effect in 2005. In 2024, voters approved Proposition 1 that changes how MHSA, now BHSA funds are spent and the focus shifts to more acute populations with new funding categories and expansion of coverage to include substance use and housing interventions.



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NO NEW MONEY IN BHSA

10%
to State

BHSA still relies on the same millionaires-tax revenue source, which can rise and fall from year to year.

REVENUE FLUCTUATES OVER TIME



BHSA does not create
a new funding source.



Funding still depends
on the 1% tax on
income over \$1 million.



Revenue can go up or
down with the economy
and capital gains.



Key takeaway: BHSA changes how funds are used, but it **does not create new money.**



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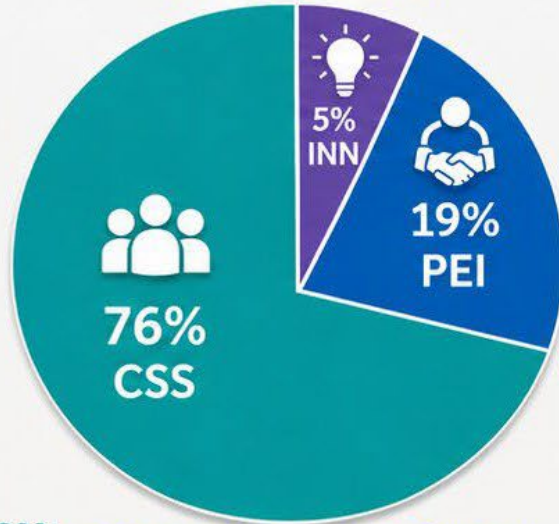


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From MHSA to BHSA



MHSA

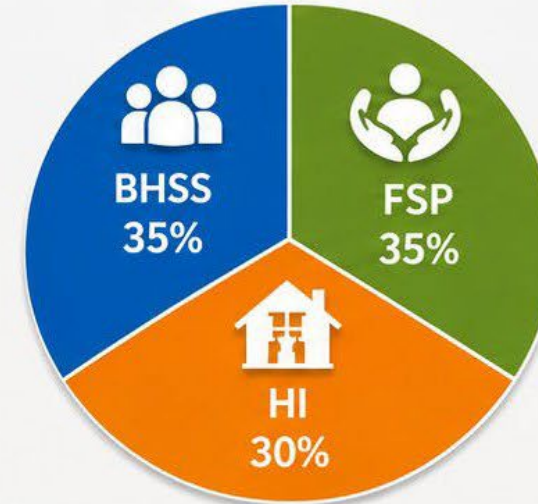


CSS = Community Services & Supports
PEI = Prevention and Early Interventions
INN = Innovations

Mental Health Services Act

Proposition 1

BHSA



BHSS = Behavioral Health Services & Supports
FSP = Full Service Partnership
HI = Housing Interventions

Behavioral Health Services Act



Counties were allowed to move funds into two other funding categories: Capital Facilities & Tech Needs and Workforce, Education, & Training.



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Prevention & Early Intervention

→ A Shifting Oversight Model Under BHSA →



Primary Prevention

- **New Oversight:** Responsibility moves from County Behavioral Health to the California Department of Public Health (CDPH).
- **Focus:** Statewide population-based strategies, stigma reduction, and community-wide education.
- **Funding:** 4% of total BHSA revenue is directed to CDPH to mobilize local strategies.



No longer a mandated funding category for County Behavioral Health.



Early Intervention

- **Local Oversight:** Remains a core responsibility of Counties within the BHSS bucket.
- **Mandate:** Counties must dedicate 51% of all BHSS funds specifically to Early Intervention.
- **Priority:** At least 51% of these funds must serve children and youth (ages 0–25).

51%

Early Intervention

49%

Other BHSS



Primary Prevention shifts to CDPH,
while Early Intervention remains a county responsibility under BHSS.



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Integrated Plan Process

How the plan moves from community planning to draft development, state submission, public hearing, and the final plan.



From **community planning** to **final plan**: local input, state review, public hearing, and statewide accountability.



Public Comment Period

The draft Integrated Plan is posted for public review and comment for at least 30 days.



Posted Publicly
The draft plan is posted online and at public locations.



Open for Review
Everyone has time to read and review the draft plan.

DRAFT INTEGRATED PLAN

**DRAFT IP
POSTED FOR
PUBLIC COMMENT**

**30
DAYS**



**Community
Feedback Welcome**
Share your thoughts, questions, and ideas.



**Comments Help
Inform the Final Plan**
Your input helps shape a stronger, more responsive plan.



Public posting gives the community time to review the draft plan and share feedback before the plan is finalized.







What's Inside Napa County's Integrated Plan?

Key sections of Napa's IP, based on the BHSA Policy Manual
and DHCS Integrated Plan template.



1. Statewide Data & Local Needs

DHCS statewide comparison data, local conditions, disparities, and unmet needs.



2. Goals & Priorities

What Napa is trying to improve and where it will focus.



3. Community Input

Community Planning Process, stakeholder input, public comment, and hearing feedback.



4. Services & Care Continuum

Behavioral health services, provider network, and care continuum capacity.



5. Funding & Budget

Funding sources, planned spending, budget, and prudent reserve.



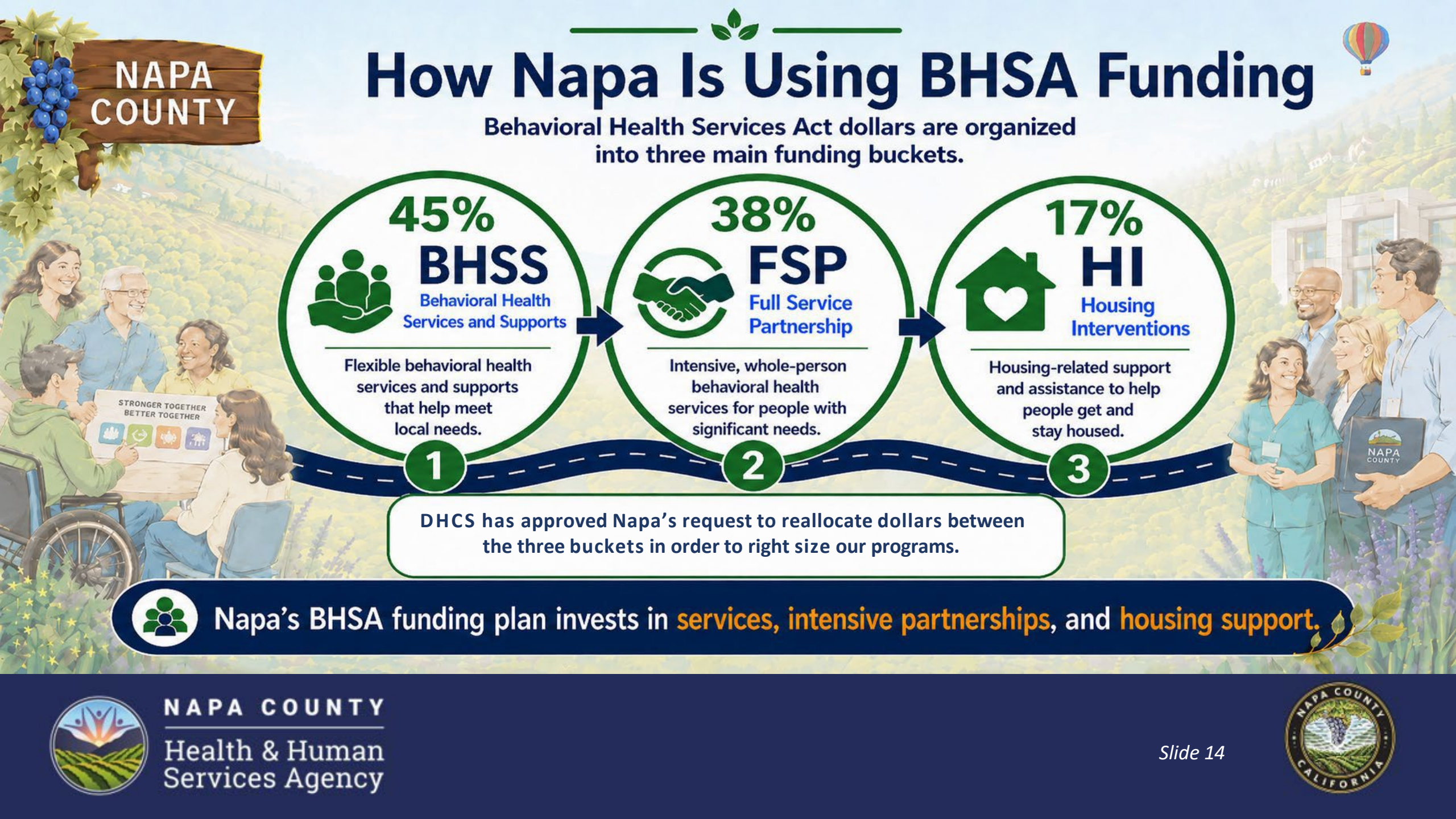
6. Workforce & Capacity

Staffing, provider capacity, and workforce strategy.



The Integrated Plan brings Napa's **data, priorities, community voice, services, funding, and workforce strategy** into one roadmap.





How Napa Is Using BHSA Funding

Behavioral Health Services Act dollars are organized into three main funding buckets.



DHCS has approved Napa's request to reallocate dollars between the three buckets in order to right size our programs.



Napa's BHSA funding plan invests in **services**, **intensive partnerships**, and **housing support**.



1. System Navigation



Service navigation

Bilingual, bicultural outreach, service connection, transportation, and referrals. Helps people connect to mental health care, healthcare, Medi-Cal, CalFresh, and housing services.

2. Behavioral Health Treatment Center



Residential, sobering, withdrawal management, and step-down treatment capacity. Provides structured support for people who need a higher level of behavioral health care.

3. Hospital Transition Program for Adults & Children



Supports safe transitions from hospital settings into community-based care and ongoing support. Helps children, youth, adults, and families move from higher levels of care to the right next step.

4. Innovations Community Center



Peer-centered wellness, groups, connection, and recovery support. Provides community-based opportunities for engagement, support, and belonging.



Napa is allocating **45%** of BHSA funding to BHSS to sustain essential Treatment Services with **51%** directed to Early Intervention, as mandated.



BHSS & Early Intervention Programs

— Programs and partnerships named in Napa's Integrated Plan —



Mobile Response Team (MRT)

24/7, same-day, in-person support for children, adults, and older adults experiencing an emerging behavioral health crisis.

Focuses on early stabilization, de-escalation, safety planning, and linkage to ongoing care.

Early Intervention program



CSC-FEP

*Coordinated Specialty Care
for First Episode Psychosis*

Provides assessment, medication management, Cognitive Behavioral Therapy for Psychosis, family education, family partner support, and education/employment assistance to help participants recover and stay connected to community life.

CSC program



Community EI programs *through Napa's RFP*

Napa's Early Intervention RFP is intended to support brief, low-barrier, community-based services that help with early identification, screening, navigation, and active linkage to Specialty Mental Health Services.

Priority populations include children, youth, older adults, and underserved communities.

Community-based EI



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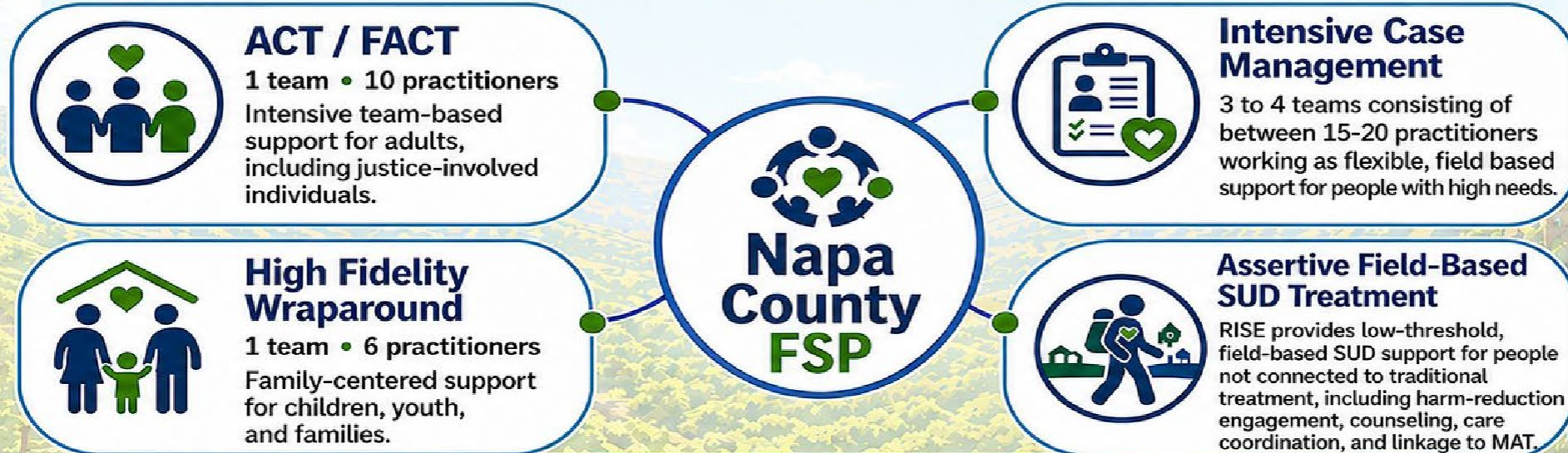
Full Service Partnership (FSP)

Intensive, whole-person support in Napa's Integrated Plan

38%
of Napa's
BHSA funding



FSP = Full Service Partnership



FSP helps people with significant behavioral health needs stay connected to care, housing, family, and community.



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FSP Evidence-Based Practices (EBPs)

Proven approaches that improve outcomes and support recovery across Napa County.



ACT

Assertive Community Treatment

A team-based approach that provides flexible, community-based care to people with serious mental illness to help them live successfully in the community.



FACT

Forensic Assertive Community Treatment

A multidisciplinary team approach that provides intensive, community-based treatment and support to individuals involved in the criminal justice system to reduce recidivism and support recovery.



HFW

High Fidelity Wrap

A family-centered, team-based approach for children and youth with complex behavioral health needs. It brings together natural supports and service partners to help youth remain safely at home, in school, and in the community.

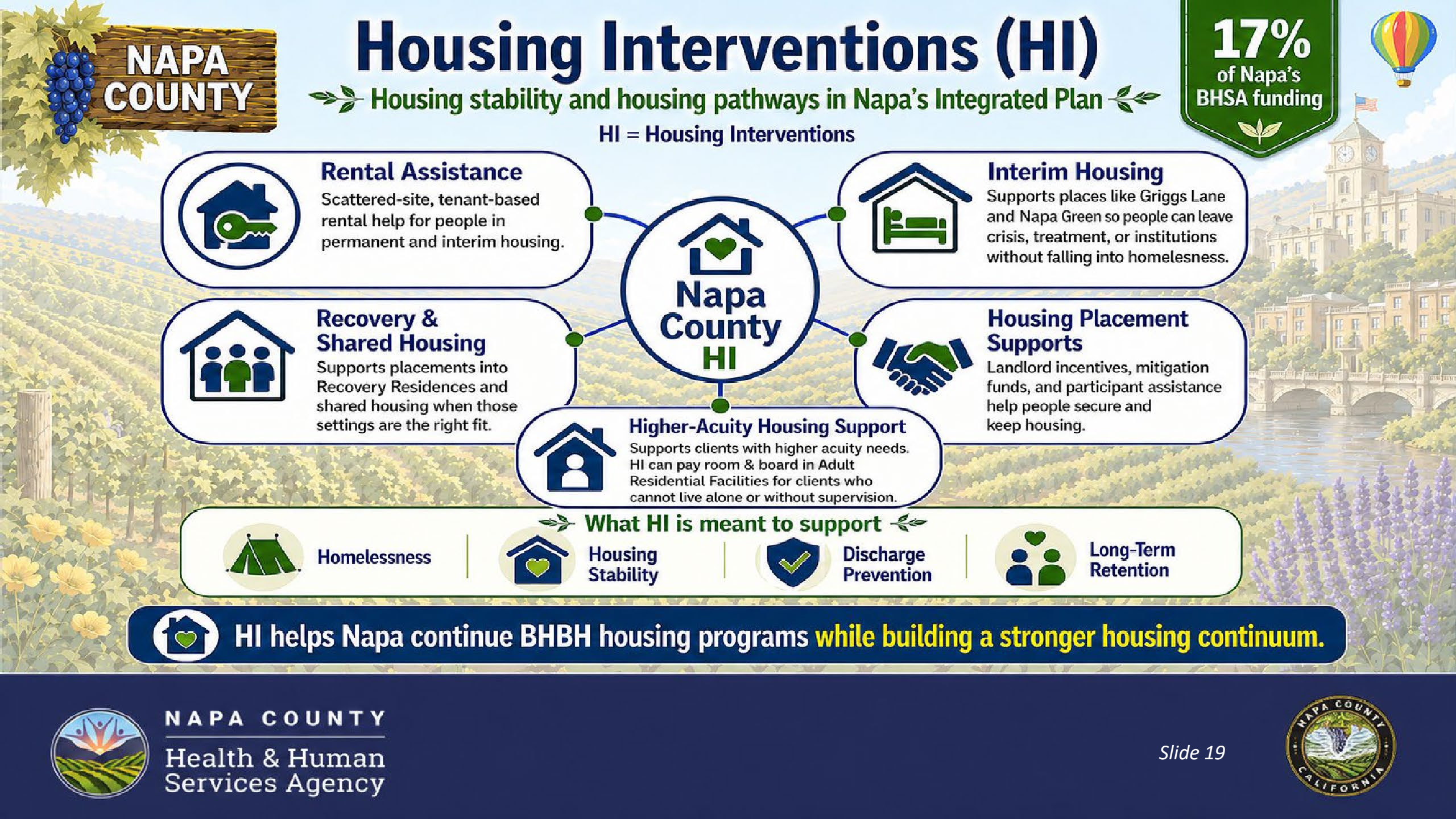


ICM

Intensive Case Management

Provides comprehensive, coordinated support to help individuals access services, manage needs, and overcome barriers to achieve their recovery goals.





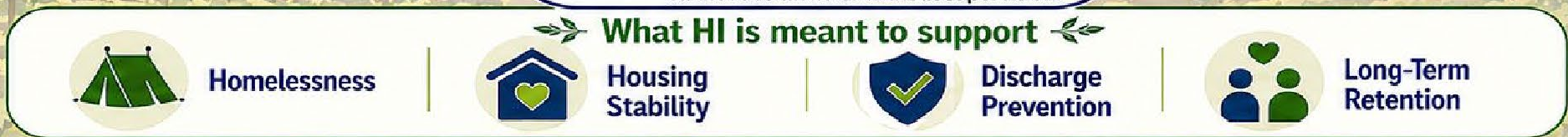
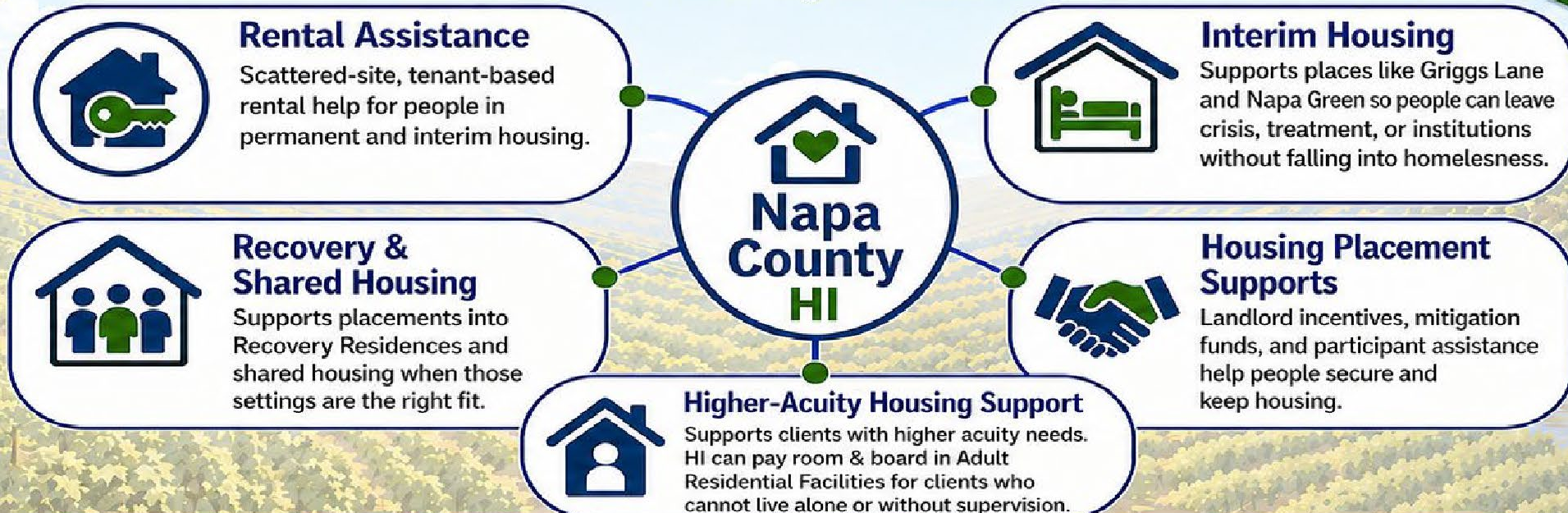
Housing Interventions (HI)

Housing stability and housing pathways in Napa's Integrated Plan

17%
of Napa's
BHSA funding



HI = Housing Interventions

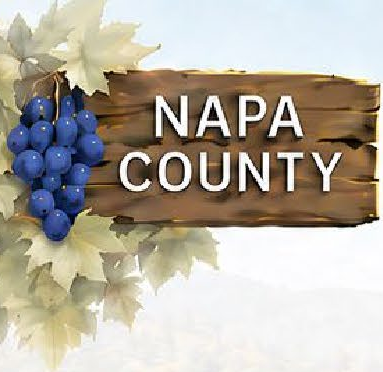


HI helps Napa continue BHBH housing programs **while building a stronger housing continuum.**



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BHSA Housing Interventions Infrastructure

Building on existing housing resources to serve clients with higher levels of need.



1 Created housing infrastructure

Built a behavioral health housing program where little formal capacity existed before.



2 Added a Housing Manager

Established a dedicated role to lead housing strategy, referrals, and coordination.



3 Expanded housing tools

Added interim housing, hotel stabilization, and Adult Residential Facilities to the housing continuum.



4 Strengthened partnerships

Improved coordination with HCS, Abode, PHC, CES, the CoC, and the Housing Authority.



5 Built a path to sustain it

Created a foundation for BHSA Housing Interventions and Medi-Cal Community Supports.



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What is next

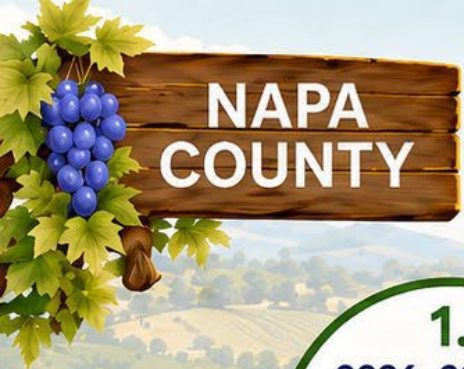
For HHSA-Behavioral Health



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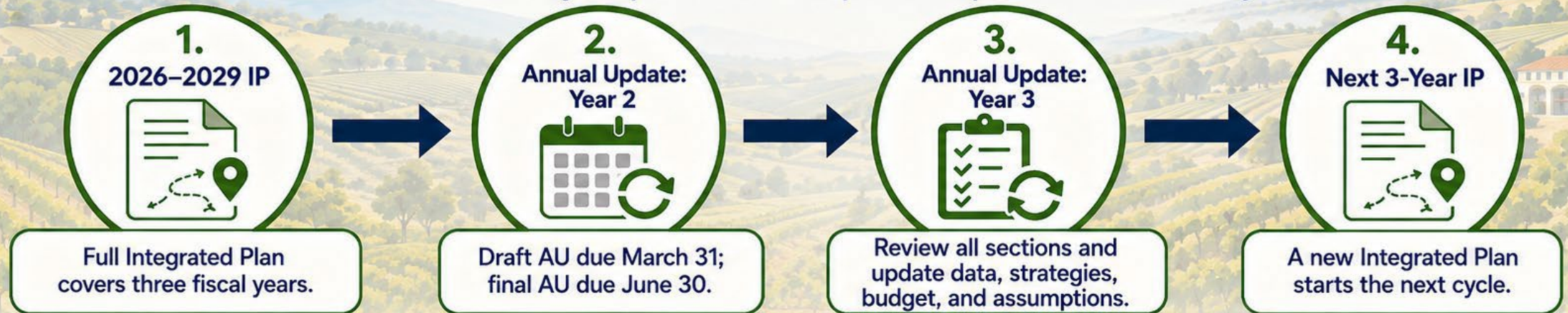


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Submit the IP and Keep It Current

Three-year plan + annual updates + public accountability



What annual updates do

- Update data, strategies, funding, and assumptions
- Post changes and summary/justification for a 30-day public comment period
- Become the current baseline after county approval and DHCS submission



Intermittent Updates

Optional; used when changes are needed mid-cycle. Counties may submit them as needed and notify DHCS in advance.



The IP is not a one-time document — Napa reviews, updates, and course-corrects each year.



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Partnering with Medi-Cal Managed Care Plans



Using BHSA and Medi-Cal together to connect people to care, housing, and long-term stability.



Aligning BHSA with CalAIM Housing Supports

Napa is working to connect BHSA Housing Interventions with MCP-funded housing supports, including Transitional Rent, Housing Tenancy Navigation Services, Housing Tenancy Sustaining Services, and Housing Deposits.



Continue Coordination with MCPs

HHSA has active MOUs with our two MCPs regarding coordination of care and we actively meet and partner with them to improve Community Health, inclusive of Behavioral Health.



Encouraging Providers to Use MCP Funding

Napa encourages providers to pursue MCP reimbursement when appropriate and asks applicants to explain how they will maximize available funding sources, including MCP contracts.



Building Better Continuity of Care

The goal is to improve coordination across Behavioral Health programs and MCP housing services so people experience fewer gaps when funding sources or service systems change.



The goal: fewer gaps, less duplication, and better coordination for people who need both behavioral health care and housing support.



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HHSA's Goal for our BH System

A simple picture of what we are trying to improve



Get help sooner

Make it easier for people to find care before problems get worse.



Stay housed and stable

Connect behavioral health services and housing support.



Reduce crisis and system cycling

Help people avoid repeated trips through hospitals, jail, and homelessness.



Improve day-to-day well-being

Support recovery, quality of life, and stronger connections to the community.



The goal is simple: help more people get the right support, at the right time, in the right setting.





Thank You

*And a BIG thank you to the HHSA Team (BH, Fiscal, Admin Staff Members)
for their Significant Work and to our Community Stakeholders, Partners,
and Providers for their Wonderful Partnership*



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