



**San Francisco**  
**Department of Public Health**

# **San Francisco**

## **Behavioral Health Services Act (BHSA)**

### **FY2025-2026 Annual Update to the**

### **Integrated Program and Expenditure Plan**

Presentation to the San Francisco Behavioral Health Commission  
January 15, 2025

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Office Justice, Equity, Diversity, and Inclusion  
Behavioral Health Services Act



# Agenda

## 1. SF BHSA Annual Update FY 25-26

- Overview of Modernization of BHSA
- SF BHSA Annual Update
- Program Outcome Highlights, FY2023-24
- Program Evaluation

## 2. Moving Forward: the Behavioral Health Services Act (BHSA)

- New Three-Year Integrated Plan requirements
- Funding allocation changes
- BHSA Community Program Planning
- Next steps for the BHSA Three Year Integrated Plan, FY2026-29

# Modernization of Behavioral Health Services Act (BHSA)



BHSA was enacted into law in 2005 (Prop. 63)



1% tax on personal income above \$1 million

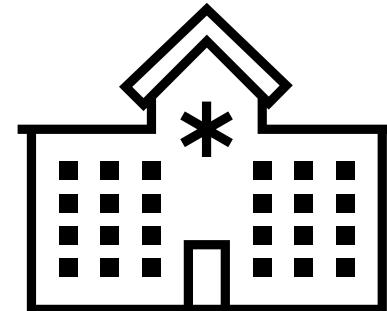


25% of the state's community mental health budget in FY24-25



Funds a range of prevention, early intervention, and treatment services

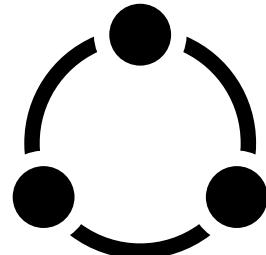
# BHSA's **3** Funding Components: San Francisco's **7** Service Categories, funding **95** programs



35% Full-Service  
Partnership



30% Housing



35% Behavioral Health  
Services and Support

1. Recovery-Oriented Treatment
2. Mental Health Promotion
3. Peer-to-Peer Support Services
4. Vocational Services
5. Housing for FSP Clients
6. Workforce Development
7. Capital Facilities and Information Technology

# **SF BHSA Annual Update, FY2025-26**

The SF Behavioral Health Services Act (BHSA) Annual Update, FY2025-26 includes the following:

- Funding for 85 programs and services that have demonstrated to have a significant positive impact on SF communities
  - Recovery-Oriented Treatment Services
    - Full-Service Partnerships
  - Peer-to-Peer Support Programs
  - Vocational Services
  - Housing (Emergency, Transitional, Permanent Supportive Housing)
  - Mental Health Promotion and Early Intervention
  - Culturally Congruent Innovations Programs
  - Behavioral Health Workforce Development

# Program Outcome Highlights, FY23-24

## Full-Service Partnership (FSP) Programs (N=627)

- ✓ **85% decrease** in arrests
- ✓ **85% decrease** in mental health & substance use disorder **emergencies**
- ✓ **87% decrease** in physical health emergencies

## Population-Focused Programs

- ✓ **97%** of clients within the Asian/Pacific Islander Mental Health Collaborative reported an **increase in their quality of life** and “feeling better” as a result of participating in therapeutic activities (n=306)
- ✓ **85%** of older adult clients attending the Senior Drop-In Center reported **increased socialization** (n=165)

## Vocational Services

- ✓ **100%** of graduates from the i-Ability Vocational IT Program reported **improved coping abilities and increased readiness** for employment or additional activities related to vocational services (n=17)

## Peer-to-Peer Support Services

- ✓ **100%** of Peer-to-Peer, Family-to-Family clients **reported an increased understanding** of their mental health needs and were better able to understand behavioral health signs (n=23).

# Emphasis on Program Evaluation

**SF's JEDI/MHSA team has enhanced program monitoring and evaluation activities to meet program objectives over the past five years.**

- ✓ Increased integration of MHSA principles into the Behavioral Health Services system
- ✓ Improved tracking of Intensive Case Management to Outpatient referrals and outcomes
- ✓ Enhanced evaluation of Innovation Projects
- ✓ Required SMART objectives for all MHSA-funded contracts
- ✓ Improved evaluation frameworks for new Request for Qualifications
- ✓ Improved the monitoring of Prevention and Early Intervention evaluation activities

# **Moving forward with the Behavioral Health Services Act**

- California's Behavioral Health Services Act (BHSA) was passed by voters as Proposition 1 on March 5, 2024, and will go into effect July 1, 2026.
- BHSA is the first major reform of California's 2004 Mental Health Services Act (MHSA).
- BHSA expands and increases the types of supports available to Californians in need by focusing on gaps and priorities.
  - Focuses on the most vulnerable and at-risk populations
    - Children and youth
    - Chronically homeless
    - Veterans
- BHSA target population is expanded to include individuals with substance use disorder.
- BHSA updates allocations for county funding, with new state-directed funding categories
- BHSA includes new county planning and reporting requirements.
- Goal of BHSA is to improve transparency and accountability statewide.



# BHSA Funding Allocation (County and State)

Current MHSA Allocation		BHSA Allocation (effective July 1, 2026)	
County Allocation	95%	County Allocation	90%
Community Services and Supports	76%	Housing Interventions	30%
Prevention and Early Intervention	19%	Full-Service Partnerships (FSPs)	35%
Innovation	5%	Behavioral Health Services and Supports (BHSS)	35%
State Directed	5%	State Directed	10%
State Administration	5%	Population-Based Prevention	4%
		Behavioral Health Workforce (Health Care Access and Information, HCAI)	3%
		State Administration	3%

MHSA Plan Requirements	BHSA Plan Requirements
<p>Outlines how the county intends to use MHSA funding for MHSA programs and expenditures.</p> <ul style="list-style-type: none"> <li>• Community Program Planning</li> <li>• County Demographics</li> <li>• MHSA Programs: <ul style="list-style-type: none"> <li>◦ Community Services and Support</li> <li>◦ Prevention and Early Intervention</li> <li>◦ Innovation</li> <li>◦ Capital Facilities and Technological Needs</li> <li>◦ Workforce Education and Training</li> <li>◦ Innovations</li> </ul> </li> <li>• Budget and Expenditures</li> <li>• Evaluations, outcomes</li> </ul>	<p><b><u>Requires</u></b> counties to demonstrate coordinated BH planning <b><u>using all services and sources of BH funding</u></b> to provide transparency, stakeholder engagement, and outcomes for all local services.</p> <ul style="list-style-type: none"> <li>• County Demographics and BH Needs</li> <li>• BH Goals and Objectives</li> <li>• Community Planning Process</li> <li>• BH Care Continuum</li> <li>• Services by Total Funding Source</li> <li>• BHSA Fund Programs <ul style="list-style-type: none"> <li>◦ Housing Interventions</li> <li>◦ Full-Service Partnership Program</li> <li>◦ BH Services and Supports</li> </ul> </li> <li>• Workforce Strategy</li> <li>• Budget and Prudent Reserve</li> </ul>

# **BHSA Community Program Planning (CPP) in FY2025-26**

**The BHSA requires counties to engage with 26 stakeholder groups to inform plan development. To meet this requirement, SF BHS MHSA/JEDI team:**

- **Held 12 CPP Meetings with:**
  - Providers (community-based organizations)
  - Consumers
  - SF BHSA Advisory Committee, SF BHS Client Council, SF BH Commission
- **Conducted targeted outreach to:**
  - City/County Departments:
    - Population Health, Homelessness and Supportive Housing, Disability and Aging, Children, Youth & Families
  - Labor Unions
  - Golden Gate Regional Center
  - Independent Living Center
- **Administered CPP Community Survey, Fall 2025**
  - 1,191 responses (audience: SF residents and/or SF workforce)
- **Leveraged the SF Department of Public Health, Community Health Assessment, 2024**

# **Next Steps for the BHSA Three-Year Integrated Plan**

- **Deadline for Plan's submission to the CA Dept. of Health Care Services (DHCS)**
  - Draft Plan due March 30, 2026
    - CA DHCS will provide feedback on County's first BHSA Three-Year Plan
  - Final Plan due June 30, 2026
  - Plan will be in effect July 1, 2027 to June 30, 2029
- **Plan requires approval before submission from:**
  - SF County Administrator's Office
  - Behavioral Health Commission
  - Board of Supervisors
  - Mayor's Office
- **CA DHCS can withhold County funding if the Plan is not submitted on time (new under BHSA)**

# Thank you!

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Behavioral Health Services Act

Behavioral Health Services

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