Behavioral Health Department
Alameda County Health

Behavioral Health Services Act (BHSA) Integrated Plan

Fiscal Years 2026-2029

EXECUTIVE SUMMARY

Alameda County Behavioral Health Department

www.acbhcs.org 1 (800) 491-9099 www.acbhsa.org

NOTE: This plan reflects the collective input of Alameda County's diverse communities, stakeholders, advocates, and providers.

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Executive Summary

Introduction & Overview

The Alameda County Behavioral Health Department (ACBHD) is pleased to present the county's first Integrated Plan under the Behavioral Health Services Act (BHSA). This 10-page Executive Summary provides an overview of the full 306-page Integrated Plan, which covers **fiscal years 2026-2029**. The Integrated Plan introduces a new framework for county behavioral health planning following voter approval of **Proposition 1** in March 2024. As part of this transition, the Behavioral Health Services Act replaces the Mental Health Services Act (MHSA). **BHSA begins July 1, 2026**.

Funding & Components

The Integrated Plan's scope has expanded. Whereas prior plans accounted exclusively for MHSA funding, the Integrated Plan presents a view of all behavioral health funding sources, including BHSA tax revenue, Realignment, federal grant programs, and Medi-Cal participation. BHSA allocations are distributed across three core components:

- 35% to **Behavioral Health Services & Supports**
- 35% to **Full-Service Partnerships**
- 30% to **Housing Interventions**

The development of the Integrated Plan was informed by an extensive community engagement process. Alameda County has allocated approximately **$166,188,844** in budget authority for BHSA programming, representing roughly **25%** of the department's overall budget.

Priorities & Target Population

The BHSA legislation also reflects a shift in programmatic priorities, directing a greater focus to individuals with the most **severe mental illness** and **substance use disorders**. Early Intervention services remain a core component, providing outreach and treatment to two distinct populations: adults over 25, and individuals under 25. **Housing** is now integrated directly into service delivery. The target population for the Behavioral Health Services Act includes individuals who are dealing with significant mental health conditions and/or substance use disorders. **Eligible adults and older adults, or eligible children and youth** who are: Chronically homeless or experiencing homelessness; In, or at risk of being in, the justice system; Re-entering the community from prison or jail; At risk of conservatorship or in the child welfare system; At risk of institutionalization.

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Funding Components

Behavioral Health Services & Supports (BHSS): 35% of funding

Includes **early intervention; outreach and engagement; workforce education and training; capitol facilities; technological needs; and innovative pilots and projects**.
51% of BHSS funds must be used for early intervention programs. **51%** of early intervention funding must be used to serve **individuals age 25 & younger**.

Full Service Partnerships (FSPs): 35% of funding

Includes **mental health, supportive services, and substance use disorder treatment services**.
Counties must implement Evidence Based Practices (EBPs) to fidelity.

Housing Interventions: 30% of funding

For children and families, youth, adults, and older adults living with SMI/SED and/or SUD who are experiencing or at risk of homelessness. Includes **rental subsidies, operating subsidies, shared and family housing, capital, and the non-federal share for transitional rent**.

50% is prioritized for housing interventions for the chronically homeless. Up to **25%** may be used for capital development.

California Department of Health Care Services (DHCS)

These funds remain at the State of California (10%) before they reach the county level. These funds are divided as such: 4% Population Based Prevention (51% must be used to serve individuals age 25 & younger); 3% Behavioral Health Workforce; 3% State Administration.

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Behavioral Health Services & Supports (BHSS)

The Behavioral Health Services & Supports has multiple subcomponents. **BHSS funds: Children's, Adult, and Older Adult Systems of Care (Non-FSP), Outreach and Engagement, Workforce Education and Training, Capital Facilities and Technological Needs, Early Intervention Programs and Innovative Behavioral Health Pilots and Projects**. The majority of programs in this component transitioned funding from MHSA to BHSA. However, to preserve a continuity of expected public programming, Alameda County was resourceful and funded programs through other measures.

It is important to note that 51% of BHSS funding is set aside for **Early Intervention** programs. Early Intervention programs provide **Outreach, Access and Linkage to Care, Mental health and Substance Use Disorder early treatment services and supports**. A majority (51%) of Early Intervention services and supports must be for people 25 years of age and younger.

BHSS Program Breakdown

- **Children System of Care: 6** programs, serving **3,633** individuals/year
- **Adult & Older Adult System of Care: 20** programs, serving **3,633** individuals/year
- **Early Intervention: 25** programs, serving **45,850** individuals/year (including Crisis services)
- **Coordinated Specialty Care (CSC): 1** program, serving **90** individuals/year
- **Outreach & Engagement (O&E): 5** programs, serving **5,190** individuals/year
- **Workforce, Education, & Training (WET): 5** programs
- **Capital Facilities & Tech Needs (CFTN): 3** programs

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Full-Service Partnerships (FSPs)

FSP programs provide individualized, team-based care to individuals living with significant behavioral health needs through a **"whatever it takes"** approach. Participants benefit from a community-based, whole-person approach that is trauma-informed, recovery-focused, age-appropriate, and delivered in partnership with families or an individual's natural supports.

Evidence Based Practices (**EBPs**) in the County's FSP programs under BHSA:

- **Assertive Community Treatment (ACT)**
- **Forensic ACT (FACT)**
- **Intensive Case Management (ICM)**
- **High Fidelity Wraparound (HFW) for children and youth**
- **Individual Placement and Support (IPS) model of Supported Employment**

BHSA requires that county's implement FSP programs to ***fidelity***, the term fidelity means that services must show evidence that they are helping the individual improve. Alameda County has partnered with the Center of Excellence, an outside organization, to ensure that the ACT/FACT, HFW, IPS, programs have a path to ensure fidelity and offer **stepdown in levels of care**.

Below are estimates provided by the California Department of Health Care Services for Alameda County. *These estimates are not annual but represent a point in time for planning purposes.*

FSP Evidence Based Practice	Insured & Uninsured Individuals
Assertive Community Treatment - ACT	403
Forensic Assertive Community Treatment - FACT	201
Intensive Case Management - ICM	2,818
High Fidelity Wraparound (Children/Youth) - HFW	1,006
Individual Placement and Support - IPS	5,456

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Housing Interventions

Using the Behavioral Health Services Act (BHSA) Housing Interventions funding, Alameda County will develop an ongoing behavioral health housing program to increase access to permanent supportive housing for people meeting BHSA eligibility who are **chronically homeless, experiencing homelessness, or are at risk of homelessness**.

Housing Interventions are designed for children, families, youth, adults, and older adults living with **serious mental illness (SMI) or substance use disorders (SUD)** who are experiencing or at risk of homelessness. This component includes rental and operating subsidies, shared housing, capital development, and transitional rent support. Housing remains a key part of Alameda County's behavioral health system, and in partnership with the Housing & Homelessness Department, investments and strategies will focus on helping people find, secure, and keep stable housing while supporting their recovery. **For Housing Support call 211**. Below are the projected annual service levels and unit funding targets.

Housing Intervention Category	Projected Quantity (Annual)
Operating Subsidies (Individuals Served)	990
Housing Transition & Tenancy Sustaining Services (Individuals Served)	550
Rental Subsidies (Units Funded)	545
Housing Interventions Outreach & Engagement (Individuals Served)	420
Rental Subsidies - Permanent Housing (Individuals Served)	346
Operating Subsidies (Units Funded)	175
Landlord Outreach & Mitigation (Units Funded)	175
Rental Subsidies - Interim Housing (Individuals Served)	149
Participants Assistance Funds (Individuals Served)	70
Landlord Outreach & Mitigation (Individuals Served)	14
Capital Development Projects Funded	0

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Community Planning Process (CPP)

The Community Planning Process (CPP) is a cornerstone of the Behavioral Health Services Act (BHSA), ensuring that local mental health and substance use disorder programs are developed in partnership with the community. The CPP took place February 1, 2025, to May 30, 2025. Through listening sessions, surveys, and public hearings, Alameda County gathered input from the **required 24 different stakeholder groups and 5 diverse viewpoints** in order to identify the most pressing needs and priorities for the FY2026-2029 Integrated Plan.

Engagement: 28 listening sessions, 4 community meetings, 613 surveys, interviews, peer led focus groups, and pop-up events. CPP is conducted in English, Chinese, Farsi, Spanish, Tagalog, and Vietnamese.

Framework: Input is organized into 6 System Needs and 6 Populations Needs (rankings below).

Validation: Findings are reviewed with ACBHD Systems of Care, Local Health Jurisdiction, Managed Care Plans, and the Behavioral Health Advisory Board. The Integrated Plan is circulated with the community during 30-day Public Comment.

Top Priorities: Culturally competent outreach: peer support and navigation. **Wraparound supports:** trauma services, caregiving, employment, therapy, peer groups. **Crisis Services:** 24/7 mobile teams, detox shelters, stabilization units. **Early Intervention:** community-based programs, stigma reduction, Mental Health navigators. **Housing:** integrated care and onsite care. **Workforce:** burnout reduction, retention, loan forgiveness, training.

System Needs Rankings	Rank
Access & Coordination to MH and SUD Services	1
Crisis Services	2
Housing Interventions	3
Behavioral Health Workforce	4
SUD Prevention & Treatment	5
Community Violence & Trauma	6

Population Needs Rankings	Rank
Children, Youth, TAY	1
Adults, Older Adults	2
Disability Community	3
Family Members	4
Re-entry Community	5
Veterans	6

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Statewide Behavioral Health Goals

The Behavioral Health Services Act (BHSA) establishes statewide behavioral health goals to transform California's behavioral health system. Alameda County must use these goals to **guide planning and program implementation initiatives**. Alameda County reported on each measure with disparity analyses for **age, race or ethnicity, spoken language, or gender**. In this section of the Integrated Plan, Alameda County discussed strategies and plans for **improving disparities** and social determinants of health. Alameda County identified funding sources to address each behavioral health goal. Below are the behavioral health goals and the number of measures that varied from the statewide rate.

Improve: Access to Care
Improve access and continuity of care. ***2 measures*** identified for statewide rate variance.

Reduce: Homelessness
Support housing stability for individuals with behavioral health needs. ***3 measures*** identified for statewide rate variance.

Reduce: Justice Involvement
Strengthen coordination, diversion, and reentry support. ***1 measure*** identified for statewide rate variance.

Reduce: Institutionalization
Strengthen community-based options and transitions out of institutional care. ***5 measures*** identified for statewide rate variance.

Reduce: Untreated Behavioral Health Conditions
Improve outreach, engagement, and follow up care. ***0 measures*** identified for statewide rate variance.

Reduce: Overdoses
Prevent overdoses, open pathways to treatment, and recovery support. ***0 measures*** identified for statewide rate variance.

Reduce: Removal of Children from Home
Strengthen family centered behavioral health services. ***0 measures*** identified for statewide rate variance.

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Budget & Prudent Reserve

The Integrated Plan ***budget template*** outlines the various funding sources that contribute to the Alameda County Behavioral Health Department which include BHSA funding, realignment funding, state general fund, FFP, commercial insurance, opioid settlement funds, and other county/state/federal grants. The budget template highlights funding across the **Behavioral Health Care Continuum,** which displays funding separated amongst three categories: **Mental Health Services, SUD Services, and Housing Intervention Services** (standalone funding category).

Please see below for a comparison of MHSA to BHSA service component and funding allocation services:

- **BHSA Total Budget: $166,188,844**
- **BHSA Prudent Reserve: $14,593,038**

Component	MHSA Allocation	BHSA Allocation
County Allocation	95%	90%
Community Services & Supports (incl. FSP)	76%	-
Housing Interventions	-	30%
Prevention & Early Intervention	19%	-
Full-Service Partnership	-	35%
Innovation	5%	-
Behavioral Health Services & Supports (includes Early Intervention)	-	35%
State Directed	5%	10%
• Population-Based Prevention	-	4%
• Behavioral Health Workforce	-	3%
• State Administration	-	3%

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Closing & Outlook

This Integrated Plan represents a significant step forward in Alameda County's commitment to providing comprehensive, recovery-oriented behavioral health services. By integrating housing, evidence-based practices, and community input, we are building a system that is responsive to the needs of our residents. We look forward to implementing the **Behavioral Health Transformation** strategies and continuing our partnership with the community.

The Alameda County Behavioral Health Department thanks **Alameda County staff, Alameda County Board of Supervisors, Behavioral Health Advisory Board, Provider staff, and the California Department of Health Care Services** for their efforts to ensure that communities across Alameda County are receiving the behavioral health services they need.

Beginning July 1, 2026, the Alameda County Behavioral Health Department will implement the Integrated Plan and the necessary programmatic changes brought upon by Proposition 1. We are looking forward to making an immediate impact on our community and improving the lives of Alameda County residents.

Resources & Support

Many people are not aware of the behavioral health resources available in Alameda County. If you or someone you know needs support, we encourage you to visit our website at **www.acbhcs.org** or call **1 (800) 491-9099** to learn more about services and how to access care.

IMPORTANT RESOURCES

- **988** – Crisis Phone Number
- **911** – Emergency Services
- **211** – Housing Phone Number
- **1(800) 491-9099** – ACCESS (system wide ACBHD point of contact)
- For BHSA policy items, please email **bhsa@acgov.org**.

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