



San Francisco
Department of Public Health

San Francisco Behavioral Health Services FY2025-2026 Behavioral/Mental Health Services Act (B/MHSA) Annual Update to the Integrated Program & Expenditure Plan

Presentation to the San Francisco Board of Supervisors
March 26, 2026

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



Presentation Overview

SF BHS requests the San Francisco Board of Supervisor's approval of the FY2025-26 Annual Update to the Behavioral/Mental Health Services Act (B/MHSA) Three-Year Integrated Program & Expenditure Plan. This Annual Update is a requirement of the MHSA and must be submitted to the CA Dept. of Health Care Services.

The Annual Update includes:

1. Programming previously approved by the Board under the FY2023-26 MHSA Three-Year Integrated Program & Expenditure Plan
2. FY2023-24 program outcomes and updates

Presentation Overview

SF B/MHSA Annual Update FY 2025-26

- MHSA Funding Components
- MHSA Funded Programs, FY25-26
- Program Outcome Highlights, FY23-24

Moving Forward: the Behavioral Health Services Act (BHSA)

- Modernization of MHSA to BHSA
- Local funding changes
- New Three-Year Plan requirements
- BHSA Community Program Planning
- Next steps for the BHSA Three Year Integrated Plan, FY2026-29

MHSA's 5 Funding Components: San Francisco's 7 Service Categories, funding 95 programs



Community Services
& Supports (CSS)



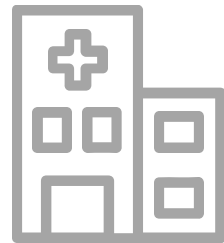
Innovation (INN)



Prevention and Early
Intervention (PEI)



Workforce Education
and Training (WET)



Capital Facilities and
Technology Needs (CF/TN)

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 B/MHSA Annual Update, FY2025-26

The SF Behavioral/Mental Health Services Act (B/MHSA) Annual Update, FY25-26 includes:

- **Funding for 95 programs and services that have demonstrated 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

MHSA Three-Year Plan FY2023-26 Proposed Budget

MHSA budget is 13% of overall DPH-BHS budget

	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Total
FY 23/24 Expenditures	\$33.5M	\$12.5M	\$3.2M	\$5.9M	\$5.1M	\$60.2M
Estimated FY 24/25 Expenditures	\$33.3M	\$16.8M	\$1.1M	\$10.5M	\$2.3M	\$64.0M
Estimated FY 25/26 Expenditures	\$34.7M	\$17.6M	\$1.1M	\$11M	\$2.4M	\$66.8M

Note: FY24-25 total of 6% growth = 2.5% CODB+3.5 true growth

FY25-26 total of 4.5% growth = 1% CODB + 3.5 true growth based off from FY24-25

MHSA 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

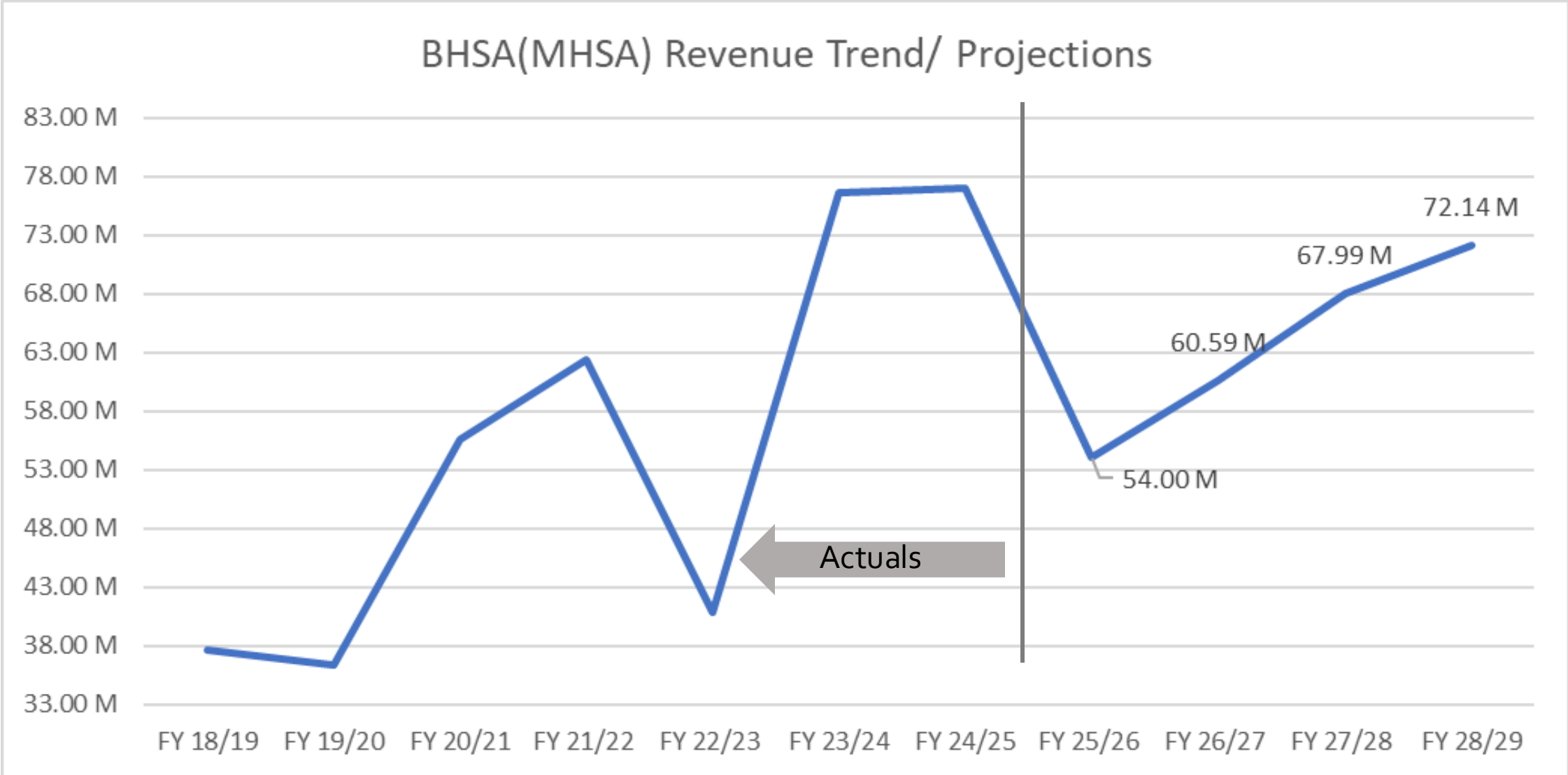
- ✓ **100%** of Peer-to-Peer, Family-to-Family clients **reported an increased understanding** of their mental health needs and were better able to understand behavioral health signs (n=23).

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

MHSA is a Volatile Revenue Source



*Summary includes State distributions only, excluding interest and reallocations of reverted funding from other counties

Modernization of CA's Mental Health Services Act



Mental Health Services Act (MHSA) was enacted into law in 2005



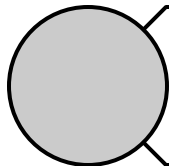
1% tax on personal income above \$1 million



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

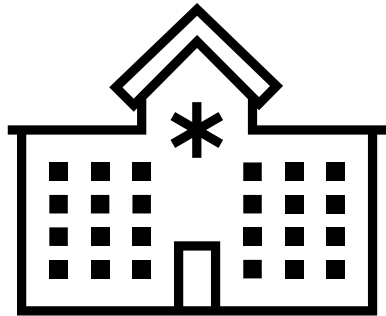


Funds a range of prevention, early intervention, and treatment services

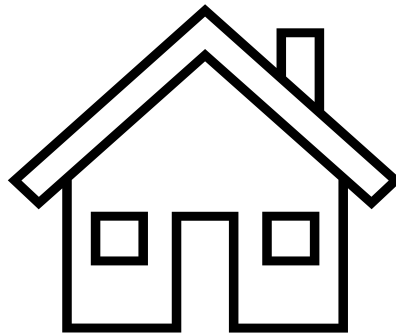


Behavioral Health Services Act (BHSA) goes into effect July 1, 2026

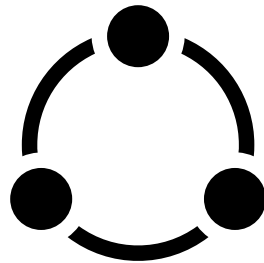
BHSA's 3 Funding Components: San Francisco's 7 Service Categories, funding 95 programs



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

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

Outlines how the county intends to use MHSA funding for MHSA programs and expenditures.

- Community Program Planning
- County Demographics
- MHSA Programs:
 - Community Services and Support
 - Prevention and Early Intervention
 - Innovation
 - Capital Facilities and Technological Needs
 - Workforce Education and Training
 - Innovations
- Budget and Expenditures
- Evaluations, outcomes

BHSA Plan Requirements

Requires counties to demonstrate coordinated BH planning using **all services and sources of BH funding** to provide transparency, stakeholder engagement, and outcomes for all local services.

- County Demographics and BH Needs
- BH Goals and Objectives
- Community Planning Process
- BH Care Continuum
- Services by Total Funding Source
- BHSA Fund Programs
 - Housing Interventions
 - Full-Service Partnership Program
 - BH Services and Supports
- Workforce Strategy
- Budget and Prudent Reserve

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
 - 30-day Public Comment period
 - Board of Supervisors (expected May)
 - Mayor's Office
- **CA DHCS can withhold County funding if the Plan is not submitted on time (new under BHSA)**



San Francisco
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Thank you!

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Behavioral Health Services Act

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