

To: Board of Supervisors  
From: Supervisor Wendy Root Askew  
Date: June 16, 2026

**RE: BHSA Plan - Additional Action for Consideration**

I appreciate the substantial improvements that have been made to the Behavioral Health Services Act (BHSA) initial 3-year plan since the initial draft was released. Our dedicated Behavioral Health team has clearly listened to public comment and strengthened the document's alignment with Lead Me Home, housing interventions, justice-involved populations, and cross-system coordination. The plan also more clearly explains the intentions and values that will guide further implementation. I intend to support moving this plan forward.

At the same time, BHSA represents one of the most significant behavioral health and homelessness policy shifts in decades and will guide approximately \$40 million annually in public investment. The Board of Supervisors therefore has an ongoing responsibility to remain engaged in implementation and oversight to ensure these investments achieve their intended outcomes for Monterey County residents.

I propose the following recommendations for consideration by the Board, **as additional direction** to support appropriate oversight of ongoing policy decisions as the BHSA Integrated Plan implementation occurs over the next 3 years.

**1) Request that the Behavioral Health Commission establish a standing BHSA implementation agenda item and receive regular updates regarding:**

- Specific Components and programs included in the BHSA Plan;
- Full Service Partnership programing and outcomes;
- Justice-involved behavioral health initiatives;
- Data integration and outcome measurement efforts;
- Housing placement, retention, and homelessness outcomes;
- Utilization and outcomes of peer-support services;
- Community stakeholder engagement activities;
- Progress toward goals identified within the BHSA Integrated Plan;
- Peer-led and Family Support programs within the BHSA framework.

**2. Request the County Health, Human Services, Housing and Homelessness (4H) Committee monitor and advise on implementation of the Housing Interventions**

Housing Access Must Remain a Central Outcome. Public comments consistently emphasized the importance of housing access, long-term rental assistance, behavioral health services within shelter settings, sober living environments, and

housing options for older adults experiencing declining mental health and increasing care needs. Our community knows that stable housing is the platform upon which recovery, treatment engagement, and long-term wellness depend.

The plan acknowledges that the approach to developing a full housing plan will continue to be developed during FY 2026-27 and depends on future collaboration and funding conditions. The capital project descriptions are listed with preliminary project costs for the "Recovery Residence" and "Board and Care Expansion" and do not appear to include a plan for the full 25% allowed capital expenditure.

- Monitor implementation of Housing Interventions component of the BHSA;
- Review the Housing Interventions 25% capital expenditure plan;
- Support meaningful collaboration with housing and shelter partners;
- Review the HOPE Housing relationship with the Housing Authority of County of Monterey;
- Advise on emerging strategies that expand housing supply, leverage non-BHSA resources, participate in housing development partnerships, and explore innovative housing models such as shared housing, tiny homes, emergency sleeping cabins, ADUs, and other approaches that increase housing opportunities for BHSA-eligible individuals;
- Monitor operational policy that formalizes Behavioral Health coordination through existing homelessness response infrastructure, including coordinated entry, case conferencing, housing navigation, and discharge planning efforts.

### **3. Request Expanded Participation and Transparency: Formalize the Behavioral Health Transformation Collaborative**

The revised plan includes a goal to develop strong coordination with Lead Me Home, the Continuum of Care, CCAH, housing providers, hospitals, probation, jail health, and local governments. It is clear from the public comments that there is still much work to be done to fully describe the operational workflow by which BHSA-eligible individuals will be identified, prioritized, referred, housed, and supported across systems. Ensuring that these are collaborative working relationships will be important so that all partners understand their roles and agree on shared governance for implementation of shared delivery systems.

- Request that Behavioral Health staff review the membership, governance structure, and public engagement practices of the Behavioral Health Transformation Collaborative;
- Expand participation from key implementation partners;
- Increase transparency regarding membership, meeting schedules, and work products;

- Create opportunities for broader ongoing stakeholder participation that is proactive and meaningful in regards to BHSA policy considerations;
- Strengthen collaboration with housing and homelessness system partners.

Particular consideration should be given to participation from:

- The Continuum of Care and Coalition of Homeless Services Providers;
- Community and Housing Development staff;
- County Homeless Services Director;
- Housing Authority for County of Monterey
- Central California Alliance for Health;
- Natividad Mental Health Unit and Emergency Department;
- Justice system partners;
- MCOE Homeless Director;
- City Leaders;
- Individuals with lived experience; and
- Providers serving older adults, transition-age youth, and individuals experiencing homelessness.

The purpose of expanded participation should not simply be representation, but the development of shared implementation ownership across systems responsible for housing, healthcare, justice, education, and behavioral health outcomes.

#### **4. Request the Behavioral Health Transformation Collaborative report back to the Board of Supervisors.**

While this revised plan reflects substantial improvement and meaningful stakeholder input, successful implementation will require sustained collaboration, transparency, and accountability. As the Behavioral Transformation Collaborative continues to evaluate policy considerations, they should return to the Board of Supervisors with updates and recommendations about these, and other relevant issues:

- Improved Data Integration and Accountability: The plan identifies ongoing challenges related to data sharing and outcome measurement. Addressing these limitations is critical to evaluating success. Develop a roadmap for improving data sharing and interoperability among Behavioral Health, Natividad, County clinics, homelessness response systems, corrections, probation, child welfare, and other relevant partners, including identification of barriers, opportunities, and implementation milestones.
- Planning for “Increased Productivity Revenue” in the Behavioral Health System: Develop recommendations for how these funds could be used to

protect prevention and early-intervention programs, or other Behavioral Health priorities that should be considered for these funds.

- Coordinated Planning for Justice-Involved Individuals: Our data confirms that many individuals with serious behavioral health needs intersect with the justice system and often face significant housing barriers upon release. The BHT should define the specific operational planning needed to ensure discharge planning, treatment continuity, family supports where appropriate, housing stability, and coordinated reentry planning for justice-involved BHSA-eligible individuals, specifically focused on the serious disparity faced by Black residents.
- A role for Peer-Led and Family Supports in BHSA: Public comment consistently identified peer-led and family-support programs as cost-effective, community-based approaches that help individuals remain connected to services, avoid crisis, and support long-term recovery. Programs such as NAMI Monterey County, Center for Community Advocacy, and the Alliance on Aging Peer Counseling Program were specifically identified as valued local resources. The BHT should evaluate opportunities to preserve and expand peer-led and family-support services within the BHSA framework.
- Annual Board Study Session on BHSA Implementation: Request that the Behavioral Health Transformation Collaborative provide an annual public update to the Board of Supervisors regarding BHSA implementation progress, housing outcomes, stakeholder engagement, funding trends, emerging policy issues, and recommendations for future plan modifications.

This revised plan represents considerable work by Behavioral Health staff. However there are many essential operational issues that remain in need of thoughtful collaborative leadership. The recommendations outlined above will help inform the Board's ongoing oversight and direction as the County works to build a behavioral health system that is more integrated, housing-focused, accountable, and responsive to the needs of Monterey County residents.

## **REFERENCE:**

BHSA Plan:

<https://www.countyofmonterey.gov/home/showpublisheddocument/146607/639168675894185960>