

**REPORT/RECOMMENDATION TO THE BOARD OF SUPERVISORS
OF SAN BERNARDINO COUNTY
AND RECORD OF ACTION**

May 20, 2025

FROM

GEORGINA YOSHIOKA, Director, Department of Behavioral Health

SUBJECT

Mental Health Services Act Annual Plan Update for 2025-26

RECOMMENDATION(S)

1. Approve **Amendment No. 2** to the Mental Health Services Act Three-Year Integrated Plan **Contract No. 23-503**, which includes the Mental Health Services Act County Compliance Certification, County Fiscal Accountability Certification, for an Annual Plan Update for 2025-26, including an increase in expenditures of \$10,089,184, from \$184,391,988 to \$194,481,172, for the period of July 1, 2025, through June 30, 2026.
2. Approve the Annual Prevention and Early Intervention Report as required by Title 9 California Code of Regulations Section 3560.010 and incorporated into the Mental Health Services Act Annual Plan Update for 2025-26.
3. Authorize the Director of the Department of Behavioral Health, as the County Mental Health Director, to sign and submit the Mental Health Services Act County Compliance Certification annual update form, as required by the California Department of Health Care Services, for the Mental Health Services Act Annual Plan Update for 2025-26, on behalf of the County, subject to review by County Counsel.
4. Authorize the Director of the Department of Behavioral Health, as the County Mental Health Director, and the Auditor-Controller/Treasure/Tax Collector, to sign and submit the Mental Health Services Act County Fiscal Accountability Certification as required by the California Department of Health Care Services, for the Mental Health Services Act Annual Plan Update for 2025-26, on behalf of the County, subject to review by County Counsel.
5. Authorize the Director of the Department of Behavioral Health, as the County Mental Health Director, to sign and submit the Annual Prevention and Early Intervention Report, which is incorporated into the Mental Health Services Act Annual Plan Update for 2025-26, and any subsequent non-substantive amendments, as required by the California Department of Health Care Services, to the State of California Department of Health Care Services and the Commission for Behavioral Health, on behalf for the County, subject to review by County Counsel.
6. Direct the Director of the Department of Behavioral Health, as the County Mental Health Director, to transmit the documents in Recommendation Nos. 3, 4, and 5 and any subsequent non-substantive amendments in relation to the Mental Health Services Act Annual Plan Update for 2025-26, to the Clerk of the Board of Supervisors within 30 days of execution.

(Presenter: Georgina Yoshioka, Director, 252-5142)

COUNTY AND CHIEF EXECUTIVE OFFICER GOALS & OBJECTIVES

Promote the Countywide Vision.

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**Provide for the Safety, Health and Social Service Needs of County Residents.
Pursue County Goals and Objectives by Working with Other Agencies and Stakeholders.**

FINANCIAL IMPACT

This item does not impact Discretionary General Funding (Net County Cost). Expenditures for Mental Health Services Act (MHSA) program services not to exceed \$194,481,172, as detailed below, will be funded by MHSA funds. Adequate appropriation and revenue will be included in DBH's 2025-26 Recommended Budget.

MHSA Component	Current 2024-25 Amount	Recommended Increase/Decrease	Recommended 2025-26 Amount
Community Services and Supports (CSS)	\$134,525,029	\$13,992,326	\$148,517,355
Prevention and Early Intervention (PEI)	\$32,059,056	(\$2,496,977)	\$29,562,079
Innovation (INN)	\$3,537,126	\$128,459	\$3,665,585
Workforce Education and Training (WET)	\$6,045,605	(\$254,545)	\$5,791,060
Capital Facilities and Technological Needs (CFTN)	\$8,225,172	(\$1,280,079)	\$6,945,093
TOTAL	\$184,391,988	\$10,089,184	\$194,481,172

BACKGROUND INFORMATION

DBH is responsible for providing mental health and substance use disorder (SUD) services to San Bernardino County residents experiencing severe mental illness and/or SUD. The MHSA programs help to reduce symptoms of serious mental illness, improve functioning, reduce homelessness and justice involvement for clients, use non-stigmatizing and culturally appropriate approaches to educate communities about behavioral health conditions, and increase access to necessary behavioral health services.

In 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA), which established a state personal income tax surcharge of one percent on the portion of taxpayers' annual taxable income that exceeds \$1,000,000 for MHSA services. Since 2005, MHSA has provided funding to the County for services and resources that promote wellness, recovery, and resiliency for adults ages 26 to 59, and older adults ages 60 and over, with serious mental illness; for children and youth with serious emotional disturbances; and for family members of children and youth with serious emotional disturbances.

DBH developed the MHSA Annual Plan Update according to the guidelines provided by the Commission for Behavioral Health (CBH), including following the stakeholder process in California Welfare and Institutions Code (WIC) Section 5848 and California Code of Regulations Title 9, Division 1, Chapter 14, Sections 3300, 3315, and 3320, which include a 30-day public review and comment period from February 14, 2025, through March 17, 2025. A public hearing was held by the County Behavioral Health Commission (BHC) on April 3, 2025. The BHC affirmed DBH adhered to the MHSA Community Program Planning (CPP) process and supports the submission of the MHSA Annual Plan Update to the Board of Supervisors (Board) and the subsequent submission to the DHCS and CBH. No substantive text edits were identified or updated during the stakeholder process.

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WIC Section 5847 (a) and (b), directs the DBH Director, as the County Mental Health Director responsible for the administration of the County's mental health services, to execute the compliance and fiscal accountability certifications and submit the MHSA Annual Plan Update to the CBH and DHCS within 30 days of adoption by the Board. The CBH maintains evaluation responsibilities over all MHSA components and maintains approval authority over the INN component only. After approval by the Board and submission of MHSA Annual Plan Update to the CBH and DHCS, MHSA program services and operations will proceed with implementation of the Annual Plan. An MHSA Three-Year Plan or an Annual Plan Update to the Three-Year Plan, including an Annual Prevention and Early Intervention Report must be submitted by DBH for Board approval each year to report evaluation of outcomes and any required changes.

The MHSA Annual Plan Update highlights trends, program goals, and outcomes of DBH MHSA programs and provides a roadmap to a unified system of care. The emphasis of the Annual Plan Update is to link MHSA components, programs, and funding with Medi-Cal and/or other behavioral health programs to create an integrated service experience for County residents.

The Annual Prevention and Early Intervention Report is required by CBH as a separate Recommendation for Board approval per Title 9 CCR Section 3560.010. The report is included as a part of the PEI Component of the MHSA Annual Plan Update.

The MHSA Annual Plan Update for FY 2025-26 consists of six MHSA components including: CPP, CSS, PEI, INN, WET, and CFTN.

- The CPP is not a specific "programmatic component," but rather includes countywide stakeholder input and involvement in the planning, implementation, evaluation, and improvement of all MHSA component programs. Program changes identified through stakeholder input include increased behavioral health and housing supports for homeless individuals, expanded mental health crisis services, increased access to services for individuals experiencing first symptoms of the onset of a serious mental illness, and expanded places in the mountain communities for people to connect with mental health and substance use disorder services.
- The CSS component contributes to the ongoing transformation of the public mental health system by augmenting existing services; establishing a system of care for crisis services; developing programming to address the needs of transitional age youth; developing supportive housing and maximizing MHSA funds for housing opportunities; and enhancing and expanding wraparound services to children, youth, adults, and older adults.
- The PEI component is intended to reduce risk factors, increase protective factors, and intervene early in the progression of a behavioral health illness.
- INN projects are unique, as they are intended to contribute to learning and test the implementation of novel, creative, ingenious mental health approaches expected to contribute to learning for integration into the mental health system. All INN projects are time-limited and part of a rigorous evaluation process, which can include transitioning INN strategies into other funded programs or ending strategies depending on lessons learned.
- The purpose of the WET component is to recruit, develop, and maintain an appropriately educated and culturally competent workforce.
- The CFTN component provides funding to purchase or rehabilitate County-owned buildings that will be utilized in the provision of MHSA funded behavioral health services, such as the construction of Crisis Residential Treatment centers, and to support the

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implementation of new electronic and technological enhancements such as the electronic health record and billing systems.

On June 13, 2023 (Item No. 25), the Board approved DBH's MHPA Three-Year Integrated Plan for 2023-24 through 2025-26 in the amount of \$550,758,995, for the period of July 1, 2023, through June 30, 2026.

On June 11, 2024 (Item No. 38), the Board approved DBH's MHPA Annual Update Plan for 2024-2025 in the amount of \$184,391,988.

During 2025-26, DBH anticipates that MHPA programs will serve approximately 205,000 clients across the continuum of care. The cost per client varies widely depending upon specific MHPA program and the individual level of care provided. The individual cost per client per program and is included in the Annual Update The 2025–26 Plan Update reflects a \$10,089,184 increase in MHPA expenditures over the previously approved MHPA Three-Year Integrated Plan amount of \$550,758,995 for 2023-24 through 2025-26. Upon approval of Recommendation No. 1, the three-year total of expenditures will be \$564,877,252. The increase in expenditures is driven largely by the growing demand for behavioral health services across the County. This increase is both necessary and strategic, as it ensures our department can continue to meet the complex and evolving needs of our residents. Without calculating additional revenues that are leveraged to provide services (such as Medi-Cal) the average cost per person fluctuates across the continuum. The final plan update will provide complete cost per client information. This includes low intensity prevention services through high intensity FSP, crisis residential and long-term residential programs.

PROCUREMENT

Not applicable.

REVIEW BY OTHERS

This item has been reviewed by Behavioral Health (Michael Shin, Contract Manager, 388-0899) on May 2, 2025; County Counsel (Dawn Martin, Deputy County Counsel, 387-5455) on April 30, 2025; Auditor-Controller/Treasurer/Tax Collector (Rhawnie Berg, Deputy Chief Disbursements, 382-3166) on May 1, 2025; Finance (Paul Garcia, Administrative Analyst, 386-8392) on May 5, 2025; County Finance and Administration (Cheryl Adams, Deputy Executive Officer, 388-0238) on May 5, 2025.

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Record of Action of the Board of Supervisors
San Bernardino County

APPROVED (CONSENT CALENDAR)

Moved: Joe Baca, Jr. Seconded: Curt Hagman
Ayes: Col. Paul Cook (Ret.), Dawn Rowe, Curt Hagman, Joe Baca, Jr.
Absent: Jesse Armendarez

Lynna Monell, CLERK OF THE BOARD

BY 
DATED: May 20, 2025



cc: DBH - May w/agree for sign
Contractor - c/o DBH w/agree
File - w/agree
CCM 05/23/2025