



COUNTY OF SANTA CLARA
Behavioral Health Services

Updates to Key Priorities & Initiatives for Behavioral Health Services

April 28, 2026, Board of Supervisors Meeting





Focus Area of Today's Report

- 1) Behavioral Health Timely Access
- 2) Behavioral Health Treatment Beds & Facilities Update
- 3) Additional Updates Included in Appendices/Attachments:
 - Appendix A – Behavioral Health Efforts to Address Public Health Department's Latino Health Assessment
 - Appendix B – 988 and Mobile Crisis Updates and Data
 - Attachment A – April 7, 2026 FGOC Report



Recent Reports related to Behavioral Health

1. Efforts to Address Latino Suicides Off-Agenda Report (February 18, 2026)
2. allcove Report (February 18, 2026, HHC)
3. BHSD's Director's Report (February 18, 2026, HHC)
4. Legislation Updates (February 24, 2026, BOS)
5. Latino Health Assessment Quarterly Report (March 10, 2026, BOS)
6. Timeline for Reentry Housing Program Activities (March 10, 2026, OAR)
7. Existing Resources for In-Custody Voluntary Drug Addiction Treatment (March 16, 2026, PSJC)
8. BHSD's Director's Report (March 18, 2026, HHC)
9. Study Session Relating to State Budget Impacts to the County (March 20, 2026, FGOC)
10. Inpatient Psychiatric Hospitalization Delegation of Authority FY 2027 – FY 2031 (March 24, 2026, BOS)
11. Legislation Updates (March 24, 2026, BOS)
12. Semi Annual School Linked Services Report (March 26, 2026, CSFC)
13. Transitional Rent Benefit Updates (April 7, 2026, PSJC)
14. Amending Subacute and Community Residential Treatment Services Delegation of Authority (April 14, 2026, BOS)
15. Behavioral Health Services Act and Other Improvements (April 15, 2026, HHC)
16. BHSD Director's Report (April 15, 2026, HHC)
17. Fiscal Year 2026-2027 Departmental Budget Proposals (April 15, 2026, HHC)
18. BHSD Facilities/Bed Expansion Updates (April 17, 2026, FGOC)
19. Agreement with The Henne Group (April 28, 2026, BOS)
20. Agreement with Valley Health Foundation (April 28, 2026, BOS)
21. Updates and Progress on Efforts to Strengthen Partnerships with Cities to Address and Prevent Homelessness (April 28, 2026, BOS)
22. Legislation Updates (April 28, 2026, BOS)



Timely Access



DHCS Standards: Timely Access Context

Referral: 2/10/26 Board meeting (Item 8), Supervisor Lee requested insight into behavioral health timely access metrics.

- BHSD, as the County Behavioral Health Plan (BHP), is responsible for ensuring access to care for Medi-Cal beneficiaries who need specialty mental health services (MH Services) and substance use treatment services (SUTS) in a timely manner.
- The BHP undergoes an annual Network Certification by the Department of Health Care Services (DHCS). In this annual certification, DHCS reviews many areas, including the ability of the County to meet timely access standards (e.g., the time it takes to get an appointment offered to beneficiaries).
- In Fiscal Year (FY) 2025, approximately 88% of the total 34,710 individuals served by BHSD’s network were Medi-Cal beneficiaries, and the remaining 12% were non-Medi-Cal.
- BHSD has been steadily increasing the number of individuals served within its network in both the MH and SUTS system, as reflected below:

MH Services	FY 2022	FY 2023	FY 2024	FY 2025
Medi-Cal Beneficiaries Served	25,377	25,899	25,761	26,744
Total Individuals Served	28,045	28,523	28,405	30,030
SUTS	FY 2022	FY 2023	FY 2024	FY 2025
Medi-Cal Beneficiaries Served	3,077	3,313	3,611	3,834
Total Individuals Served	4,074	4,376	4,671	4,710

Mental Health Timely Access Metrics

Referral: 2/10/26 Board meeting (Item 8), Supervisor Lee requested insight into behavioral health timely access metrics.

Mental Health Timely Access Measure	Standard	FY 2025 DHCS Assessment
Non-Urgent, Non-Psychiatry (Adults, 21+)	10 Business Days	Conditional Pass (59%)
Non-Urgent, Non-Psychiatry (Children, 0-20)	10 Business Days	Conditional Pass (64%)
Urgent, Non-Psychiatry (Adults, 21+)	48 hours	Pass
Urgent, Non-Psychiatry (Children, 0-20)	48 hours	Pass
Follow-up - Non-Urgent, Non-Psychiatry (Adults, 21+)	10 Business Days	Pass
Follow-up – Non-Urgent, Non-Psychiatry (Children 0-20)	10 Business Days	Pass
Non-Urgent, Psychiatry (Adults, 21+)	15 Business Days	Conditional Pass (48%)
Non-Urgent, Psychiatry (Children, 0-20)	15 Business Days	Pass
Urgent, Psychiatry (Adults, 21+)	48 hours	Pass
Urgent, Psychiatry (Children, 0-20)	48 hours	Pass

Key Takeaways

Overall, BHSD is doing well with timely access.

To improve timely access to non-urgent mental health services and psychiatry services, BHSD is:

- Ensuring accurate data is being reported to track actual need for MH services
- Closely monitoring program closures to understand availability of services for appropriate placement; and
- Supporting step-down of individuals when appropriate to ensure sufficient availability of providers for new clients seeking services.
- Negotiating a restructuring of FY 2026-2027 CCP Medi-Cal services budgets to remove caps on the budget for Medi-Cal outpatient services.
- Realigning FY 2026-2027 rates for psychiatry services with DHCS rates, which are intended to incentivize hiring and utilization of Psychiatrists and Psychiatric Nurse Practitioners to ensure adequate access to psychiatry services.

- **Conditional Pass:** County is out-of-compliance with requirements and is working on corrective actions to improve performance in this area.
- **Timeliness:** Measured by the time it takes an individual to get offered an appointment from the initial request for service.

SUTS Timely Access

Referral: 2/10/26 Board meeting (Item 8), Supervisor Lee requested insight into behavioral health timely access metrics.

Key Takeaways

To improve access to SUTS, BHSD has:

1. Partnered with Santa Clara Valley Healthcare in launching the Compassionate Addiction Services & Support (COMPASS) Clinic, which allows for drop-in assessments and medications for addiction treatment (MAT) without prior appointments.
2. Opened a SUTS outpatient clinic in Gilroy to provide SUTS outpatient services and MAT.
3. Public Health Department launched the Mobile Pharmacy Pilot to expand access for medications for opioid use disorder and increase access to MAT.
4. Continued pilot program for 1) onsite outreach, engagement, and behavioral health services at 6 shelters and 1 permanent supportive housing site; and 2) Partnered with CCPS to provide training, resources, and direct linkages to SUTS via School Linked Services staff, school wellness centers, and behavioral health clinics to strengthen SUTS access.
5. Opioid Settlement Funds support Custody Health Services coverage of MAT for incarcerated clients to ensure initiation and continuation of treatment.
6. Similar to BHSD’s efforts to address the mental health timely access measures, BHSD is also ensuring accurate data is being reported to track actual need for SUTS services.

Drug Medi-Cal Organized Delivery System Timely Access Measures	Standard	FY 2025 DHCS Assessment (at least 80% of appointments met standard)
Non-Urgent Outpatient Services (Adults, 18+)	10 Business Days	Conditional Pass (75%)
Non-Urgent Outpatient Services (Children, 0-17)	10 Business Days	Conditional Pass (69%)
Non-Urgent Follow-Up Outpatient Services (Adults, 18+)	10 Business Days	Pass
Non-Urgent Follow-Up Outpatient Services (Children, 0-17)	10 Business Days	Pass
Non-Urgent Opioid Treatment Programs (Adults, 18+)	3 Business Days	Conditional Pass (41%)
Non-Urgent Opioid Treatment Programs (Children, 0-17)	3 Business Days	Conditional Pass (38%)
Non-Urgent Follow-Up Opioid Treatment Programs (Adults, 18+)	10 Business Days	Pass
Non-Urgent Follow-Up Opioid Treatment Programs (Children, 0-17)	10 Business Days	Pass

- **Conditional Pass:** County is out-of-compliance with requirements and is working on corrective actions to improve performance in this area.
- **Timeliness:** Measured by the time it takes an individual to get offered an appointment from the initial request for service.

Focus on Key Performance Measures

Referral: 2/10/26 Board meeting (Item 8), Supervisor Lee requested insight into behavioral health timely access metrics.

- In FY 2026-2027, BHSD will launch our inaugural Pay-for-Performance (P4P) – an initiative focused on timeliness and other key measures, such clinical outcomes of Child and Adolescent Needs and Strengths Assessment (CANS) and Adult Needs and Strengths Assessment (ANSA). These key metrics ensure that the County is not subject to financial sanctions and corrective actions from the State and supports quality of care for our clients.
- In addition to state-mandated Behavioral Health Services Act, Behavioral Health Transformation, and BH-CONNECT goals being tracked, all county Behavioral Health Plans are now being measured on Healthcare Effectiveness Data and Information Set (HEDIS) measures too (e.g., timely access to follow-ups after Emergency Department and hospitalizations, antidepressant medication management, use of first-line psychosocial care for children/adolescents on antipsychotics, initiation and engagement of alcohol/other drug abuse or dependence treatments, etc.).
- For measurement year 2024 (the most recent), BHSD did not receive any fiscal penalties for our Specialty Mental Health Plan (MHP) or Drug Medi-Cal Organized Delivery System (DMC-ODS) plan – compared to 10 of 56 counties who received penalties for their MHPs and 29 of 38 counties who received penalties for their DMC-ODS.
- BHSD’s work with Santa Clara Family Plan and the Institute for Healthcare Improvement (IHI) collaborative was also sufficient under state standards.

Efforts to Maintain and Improve Timely Access

Referral: 2/10/26 Board meeting (Item 8), Supervisor Lee requested insight into behavioral health timely access metrics.

- 1. Compliance & Monitoring.** BHSD actively monitors providers for compliance with timely access standards through: a) implementation of a Standardized Timeliness Tool to ensure complete and accurate timeliness data; b) issuing Corrective Action Plans (CAPS) when needed; and c) provider education for County staff and CCPs on the timeliness requirements and enforcement.
- 2. SUTS Expansions.** Collaborative efforts to expand SUTS services through COMPASS, SUTS outpatient program in Gilroy, PHD's mobile pharmacy pilot, Opioid Settlement Fund support for custody health services, and more outreach/linkages through schools, clinics, and shelters continue.
- 3. Partnerships with Managed Care Plans (MCPs).** BHSD ensures also access for new clients seeking services by partnering with MPCs (e.g., Kaiser, Anthem, etc.) to ensure that clients who are ready for mild to moderate services have access to and can step down to lower levels of care. Since December 2025, BHSD has transitioned 141 clients to Managed Care Plans, creating more access for new clients needing services. Approximately 27% of BHSD's network is also contracted with managed care plans for mild to moderate services. BHSD is working with CCPs to increase that to the state-target percentage of 60%. BHSD conducts regular comprehensive reviews of County clinic clients to step individuals down when they are ready.
- 4. Internal Workgroup.** BHSD formed an internal team, **Addressing Access and Availability (A3)**, to: a) give consistent and timely feedback to CCPs on their compliance with State access standards; b) spread awareness and gather input on State access findings and action plans; and c) plan for expected State changes to access monitoring methodology.
- 5. Addition of New State-Mandated Services.** BHSD is working to add new state-mandated services, including Day Rehabilitation, Day Intensive Treatment for Children, and Youth SUTS Residential Services. Solicitations will be issued in Quarter 4 of FY 2025-2026 to acquire additional program types to meet community need.



Behavioral Health Treatment Beds & Facilities Update



Behavioral Health Treatment Beds & Facilities Progress



COUNTY OF SANTA CLARA
Behavioral Health Services

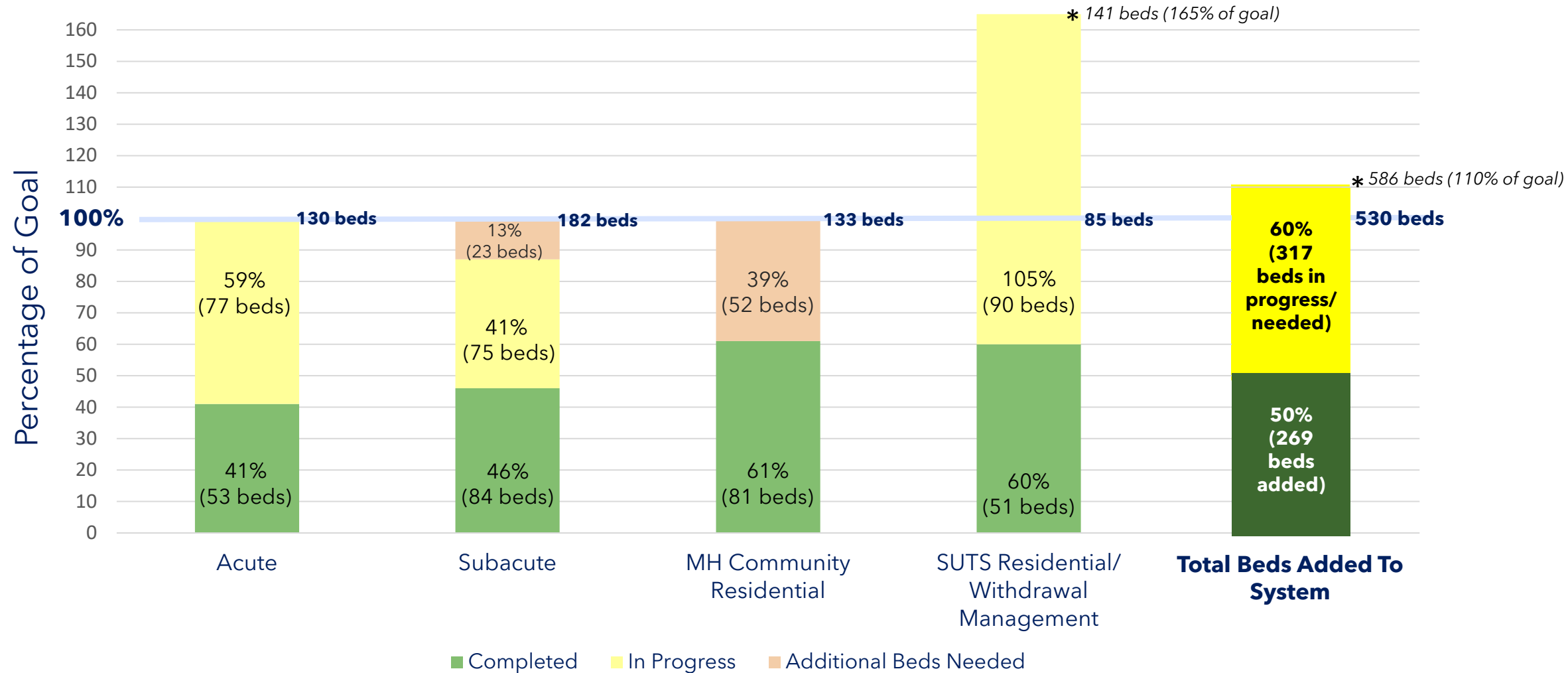
Goal: By 2030, BSHD aims to exceed its goal of increasing beds by 50%, adding approximately 530 beds to the system of care.

Level of Care	Baseline Prior to 7/1/22	Interim Goal for Additional Beds	Beds Added Since 7/1/22	Beds from Projects in Process	Additional Beds Needed to Meet Interim Goal	Future Total Beds (Baseline + Interim Goal)
Acute	321	130	53	77	0	451
Subacute	253	182	84*	75	23*	435
MH Community Residential	309	133	81	0	52	442
SUTS Residential & Withdrawal Management	177	141	51	90	0	318
TOTAL	1,060	Exceeding 530 bed goal by 56 beds (586 total)	269*	242	75*	1,646

**Since the February 10, 2026 quarterly report, a total of 6 additional subacute beds were accessed.*

Table does not include 294 Recovery Residences funded by BSHD as temporary housing for clients with SUD.

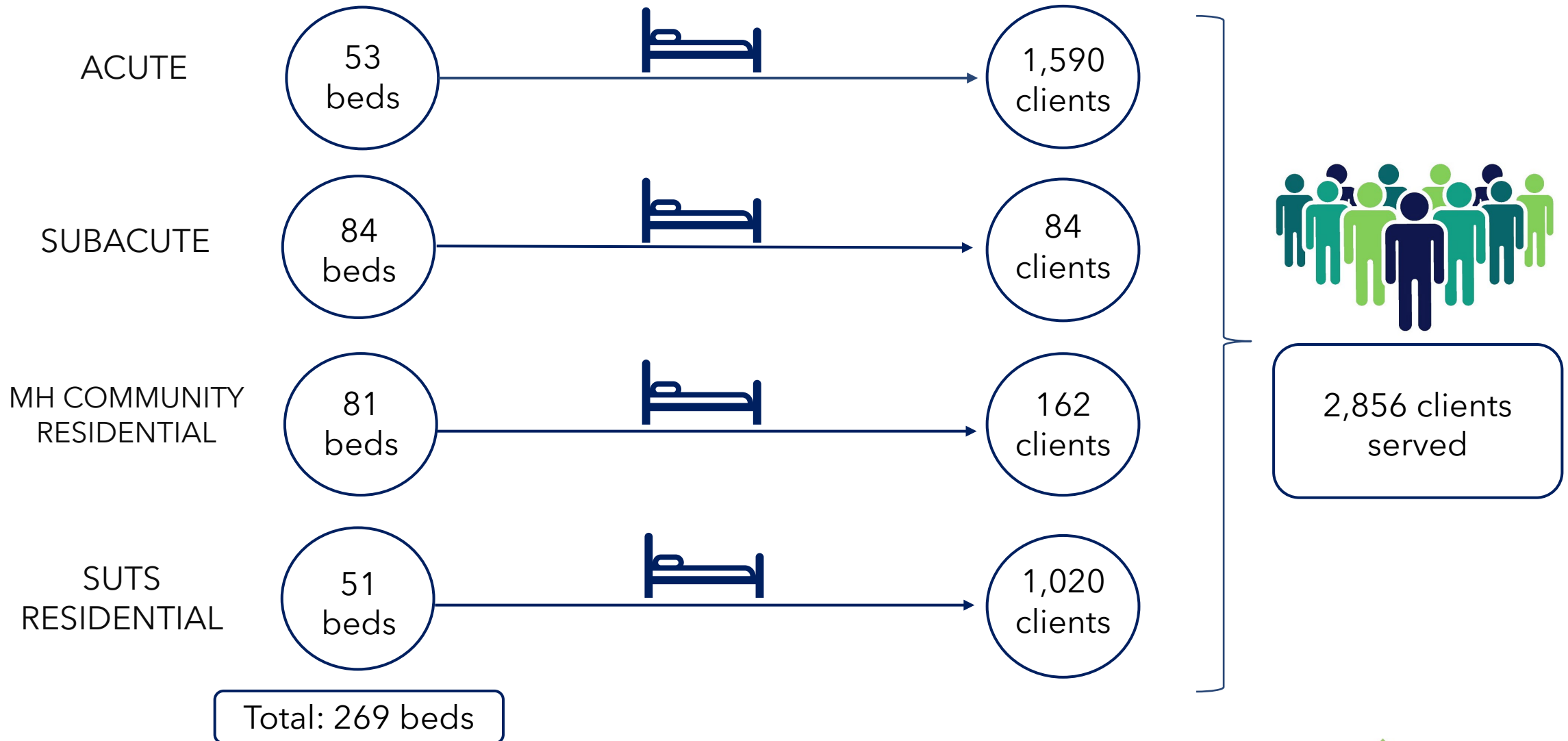
Progress Towards Exceeding 530-bed Goal



* The SUTS Residential/Withdrawal Management level of care is on a path towards exceeding its original 85-bed goal by an additional 56 beds. This would result in the total number of beds to be added to the system increasing from 530 to 586.

Number of Clients Served Annually by Added Beds

Goal: By 2030, BHSD aims to exceed its goal of increasing treatment beds 50% by adding ~530 beds to the system of care.





Appendices



Appendix A- Behavioral Health Efforts to Address Public Health Department’s Latino Health Assessment Action Plan

Referral: 3/10/26 Board meeting (Item 13), the County provided a report on the progress of the County’s Latino Health Assessment action items. This is a follow up on the BHSD led efforts.

Action	County Strategies	Timeline	County Supervisorial Districts & Cities	School Districts	Status
LHA recommendation for all systems, organizations, and communities: Acknowledge and support alternative strategies that increase access to mental health services for the community, including culturally centered healing practices.	Encourage contracted providers to recruit and mentor staff with an enhanced focus on meeting the needs of a multicultural society, including the Latino community. Support youth mental health through School Linked Services (SLS), including School Wellness Centers and culturally relevant youth spaces.	Nov. 2025 through Apr. 2026	All	The County has contracted SLS programs with Alum Rock Union SD; Berryessa Union SD; Cambrian SD ; Campbell Union SD; Cupertino Union SD; East Side Union HSD; Evergreen SD; Franklin-McKinley SD; Gilroy Unified SD; Los Gatos Union SD; Milpitas Unified SD; Moreland SD; Morgan Hill Unified SD; Mountain View Los Altos HSD; Mountain View Whisman SD; Oak Grove SD; San José Unified SD; Santa Clara Unified SD; Sunnyvale SD; SCCOE	SLS hosted monthly Community Resource Trainings from November 2025 - April 2026, during which SLS Coordinators and wellness center staff received information on programs and services available to students and families. Presenters, including San Andreas Regional Center and SCCOE, provided guidance on accessing supports and services, including Individualized Education Program resources for students with developmental disabilities. Additional community organization presentations included The Heard Alliance- Suicide Prevention; the Law Foundation - Accessing Legal Supports; Next Door Solutions - Domestic Violence; and Community Solutions - Mariposas Resiliency Center in South County. As a result of these trainings, SLS Coordinators and wellness center staff were equipped with contact information and resource materials to support future outreach/informational presentations for parents and students. Further details on SLS work is available in the March 26, 2026 CSFC School Linked Services Report.
LHA recommendation for all systems, organizations, and communities: Center mental health services around trauma-informed care that is culturally and linguistically appropriate.	Provide and coordinate Trauma-Informed Systems (TIS) 101 training across BHSD and contracted providers to build healing-centered practices and integrate trauma-informed principles into daily operations.	Nov. 2025 through Nov. 2026 and ongoing	All	All	To ensure sustained capacity building and long-term integration of trauma-informed approaches across the behavioral health system, the TIS 101 curriculum was updated in 2025. Since then, a cohort of 10 TIS 101 trainers (6 trainers and 4 lead trainers who can certify/re-certify trainers) were certified to facilitate TIS 101, and 434 staff across the behavioral health network have been trained. Trainers include representatives from BHSD, Social Services Agency, Probation Department, Public Health Department, and the CEO’s Division of Equity and Social Justice. Monthly virtual and in-person sessions are scheduled through Nov. 2026. Community of Practice trainings will be ongoing.

Appendix B - Crisis Support and Mobile Response Programs

Referral: 8/26/25 Board Meeting (Item 13): Supervisor Ellenberg requested that the average call wait time for 988 and TRUST continue to be included in BHSD quarterly reports.

Between January 1, 2026 through March 31, 2026, 988 received 11,208 calls. Of the 11,208 calls, 10,705 calls were answered by 988 while 288 calls were either abandoned or disconnected and 215 calls were redirected to a back up call center. Of the 10,705 calls answered by 988, 91% of those calls were resolved telephonically. The remaining 9% were transferred to or made directly to TRUST (4.2%), MRSS (1%), MCRT (3.8%), or 911 (0.02%). 988 Call Center's average wait time is about 12.7 seconds.

Calls Made or Transferred to Mobile Crisis Teams (January 2026 - March 2026)

Program	Calls	Average Field Response Times	Age of Clients	Peak Times & Days	Field Visit Disposition
TRUST	Total Calls: 1,484 <ul style="list-style-type: none"> • Resulting in consult: 3 • Resulting in field visit: 503 <ul style="list-style-type: none"> ○ Field visits requiring a joint-response: 4 ○ LEA respond to a field visit: 4 • Calls directly from LEAs Requiring Field Visit: 33 	33 min Average Call Wait Time: 0 min	<ul style="list-style-type: none"> • 18-25: 19% • 25-59: 61% • 60+: 20% 	11am-6pm (M-W)	<ul style="list-style-type: none"> • Stabilized and/or linked to resources: 94% • 5150/5585 Hold: 5% • Canceled/Decline: 0% • EMS activated/Medical Clearance: 1% • LEA Arrest: 0%
MRSS	Total Calls: 842 <ul style="list-style-type: none"> Resulting in clinical consult: 2 • Resulting in field visit: 359 <ul style="list-style-type: none"> ○ Field visits requiring a joint-response: 12 ○ LEA respond to a field visit: 1 • Calls directly from LEAs Requiring Field Visit: 14 	44 min	<ul style="list-style-type: none"> • 4-15: 72% • 16-20: 28% 	11pm-5pm (M-W)	<ul style="list-style-type: none"> • Stabilized and/or linked to resources: 72% • 5150/5585 Hold: 28% • Canceled/Decline: 0% • EMS activated/Medical Clearance: 0% • LEA Arrest: 0%
MCRT	Total Calls: 487 <ul style="list-style-type: none"> • Resulting in clinical consult: 159 • Resulting in field visit: 328 <ul style="list-style-type: none"> ○ Field visits requiring a joint-response: 122 ○ LEA respond to a field visit: 36 • Calls directly from LEAs: 121 • Calls directly from LEAs Requiring Field Visit: 88 	33 min	<ul style="list-style-type: none"> • 1-15: 5% • 16-25: 22% • 26-59: 57% • 60+: 16% 	12pm-4pm (M-F)	<ul style="list-style-type: none"> • Stabilized and/or linked to resources: 38% • 5150/5585 Hold: 44% • Canceled/Decline: 15% (Most common reasons for canceled/decline voluntary MCRT services include- 1) individual and/or family could not be located or 2) the individual and/or family turns down voluntary services when MCRT engages with them. • EMS activated/Medical Clearance: 2% • LEA Arrest: 1%
PERT*	Total Calls: 122 <ul style="list-style-type: none"> • Resulting in clinical consult: 56 • Resulting in field visit: 66 <ul style="list-style-type: none"> ○ All field visits are co-response and include a law enforcement officer 	8 min	<ul style="list-style-type: none"> • 1-15: 19% • 16-25: 13% • 26-59: 51% • 60+: 17% 	12pm-4pm (M-W)	<ul style="list-style-type: none"> • Stabilized and/or linked to resources: 47% • 5150/5585 Hold: 26% • Canceled/Declined: 18% (Most common reasons for canceled/decline voluntary PERT services include- 1) individual and/or family could not be located or 2) the individual and/or family turns down voluntary services when PERT engages with them. • EMS activated/Medical Clearance: 4% • LEA Arrest: 5%

*PERT is dispatched by 911 call centers

Law Enforcement Agency (LEA) Intervention Trends

Referral: 2/10/26 Board meeting (Item 8), Supervisor Arenas requested information on whether the low LEA arrest percentages from the 2/10/26 presentation were a historical increase or decrease and explanations behind the trends.

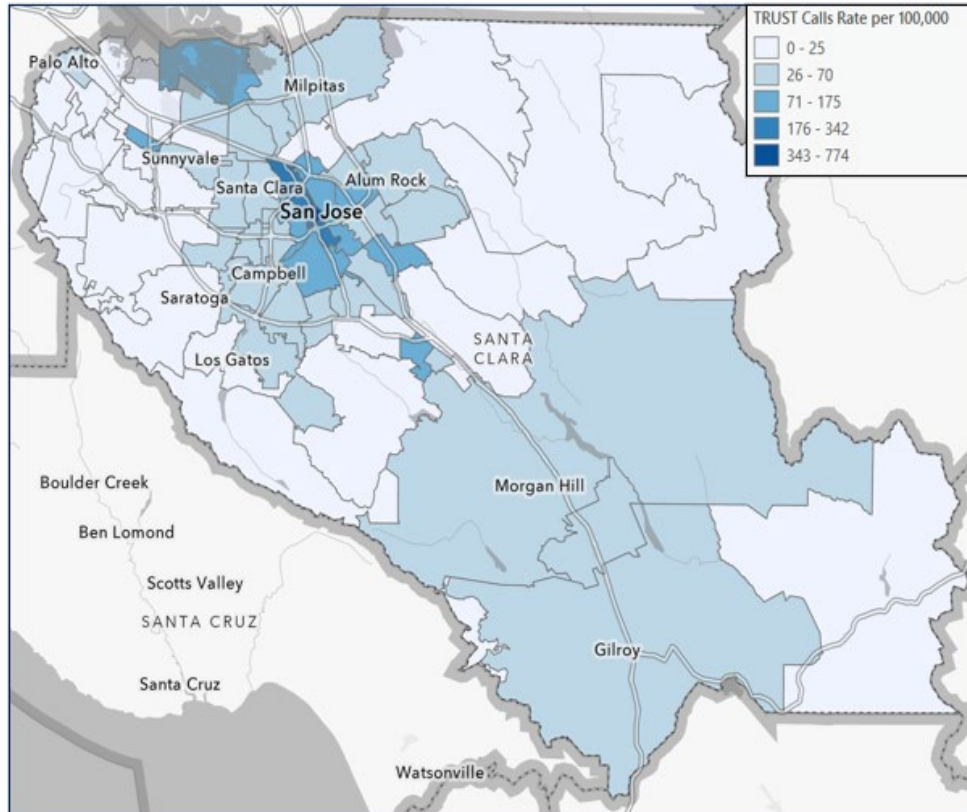
Program	Calendar Year	Total Field Visits	Referred to LEA* or LEA Arrest
TRUST*	• 2024	• 1,870	• 22 (1.2%)
	• 2025	• 3,398	• 24 (0.7%)
	• 2026 (Jan.-Mar.)	• 503	• 0
MRSS*	• 2024	• 1,229	• 13 (1.1%)
	• 2025	• 1,551	• 23 (1.5%)
	• 2026 (Jan.-Mar.)	• 359	• 0
MCRT	• 2024	• 1,301	• 32 (2.5%)
	• 2025	• 1,463	• 42 (2.9%)
	• 2026 (Jan.-Mar.)	• 328	• 3 (1%)
PERT	• 2024	• 478	• 12 (2.5%)
	• 2025	• 388	• 9 (2.3%)
	• 2026 (Jan.-Mar.)	• 66	• 3 (4.5%)

Key Takeaways

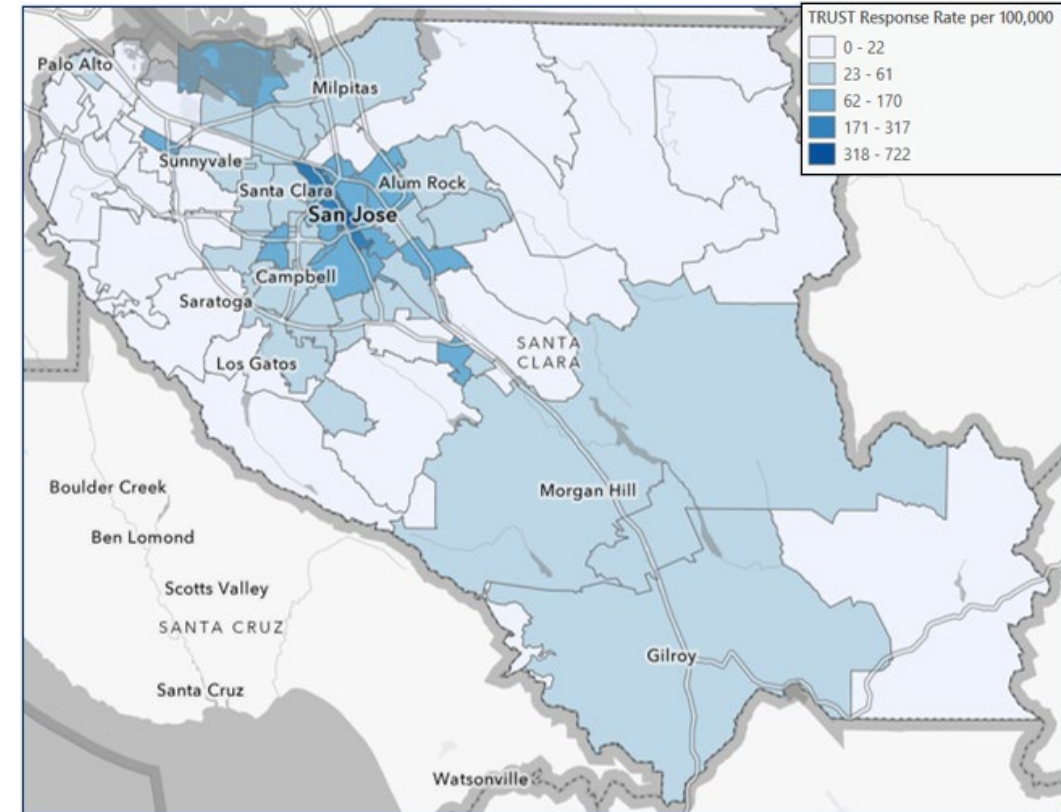
1. In the past two years, there has been a consistently low trend of LEA involvement and individuals being arrested during a field visit.
2. BHSD consistently monitors these data for opportunities to improve our programs and to enhance our ability to utilize our community resources and coordinate with LEAs as needed.

*TRUST and MRSS programs track when an individual has been referred for LEA response teams. They do not currently track arrests.

Calls Referred to TRUST



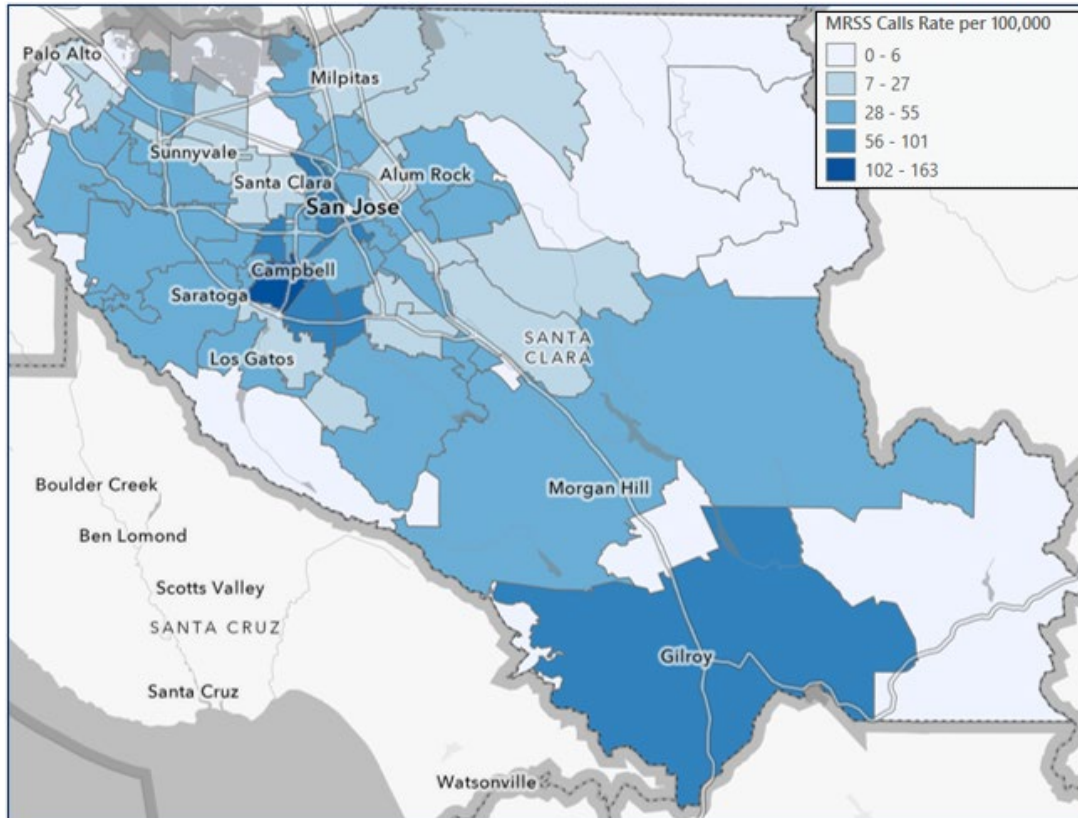
Calls Requiring a Field Visit



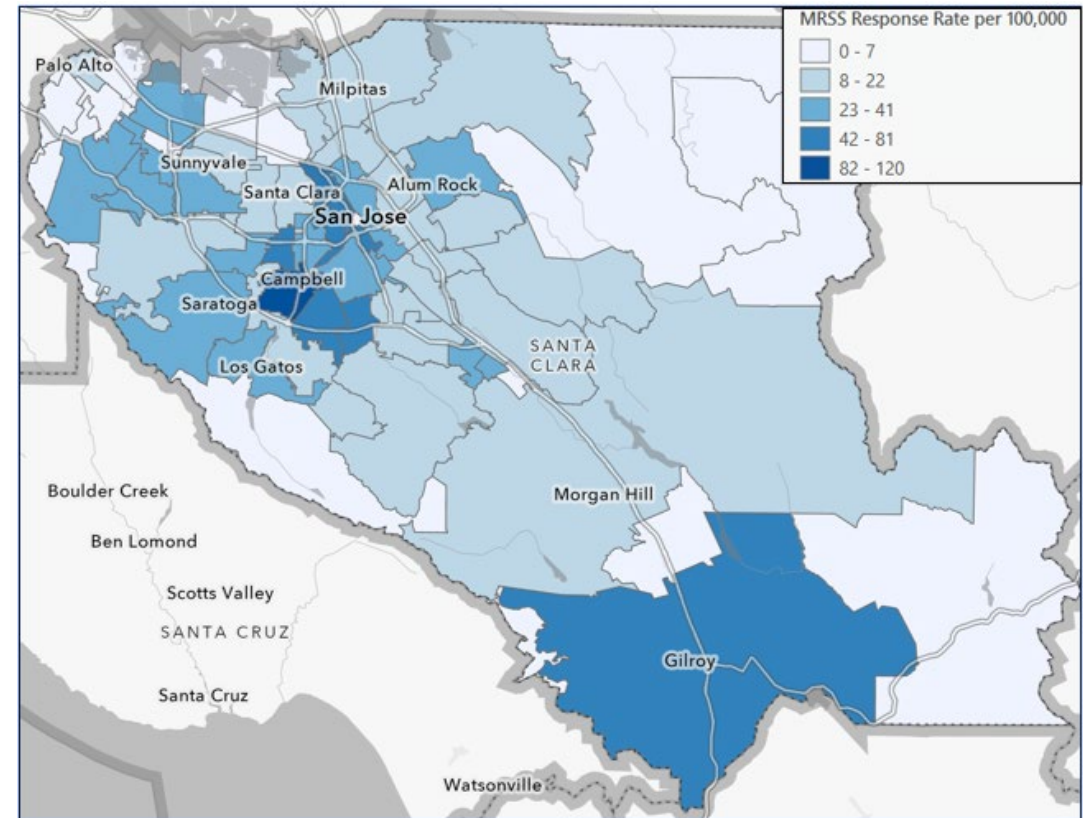
Zip code 95112 (San José) had the most TRUST activity, with 107 calls (resulting in 104 field visits), followed by 95110 (San José) with 69 calls (resulting in 64 field visits).

MRSS Heat Maps

Calls Referred to MRSS



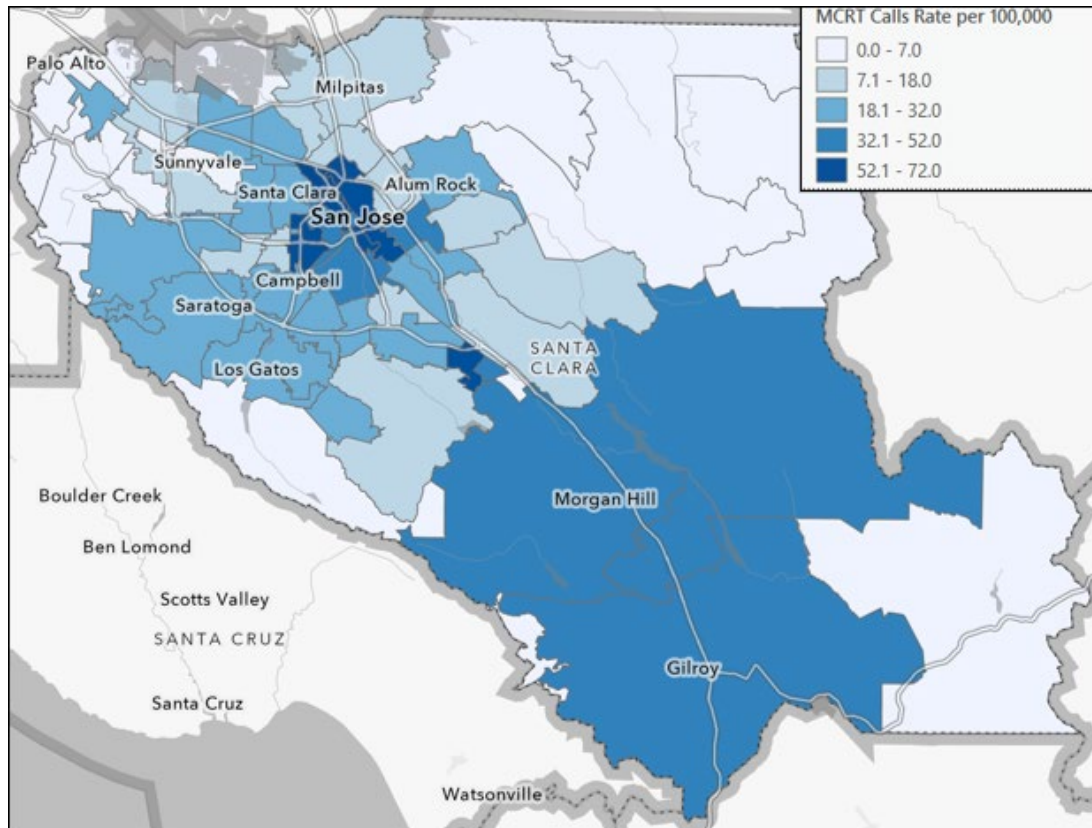
Calls Requiring a Field Visit



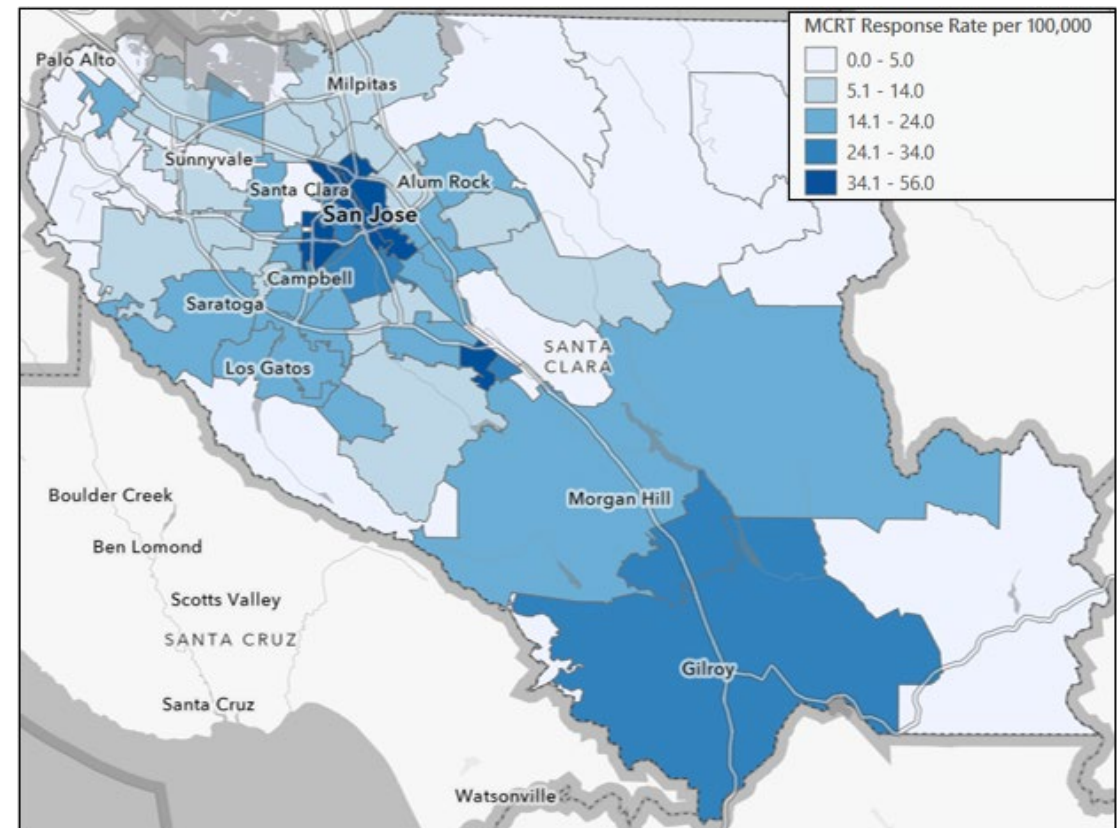
Zip code 95008 (Campbell) had the most MRSS activity, with 76 calls (resulting in 56 field visits), followed by 95020 (Gilroy) with 44 calls (resulting in 38 field visits).

MCRT Heat Maps

All Calls Referred to MCRT



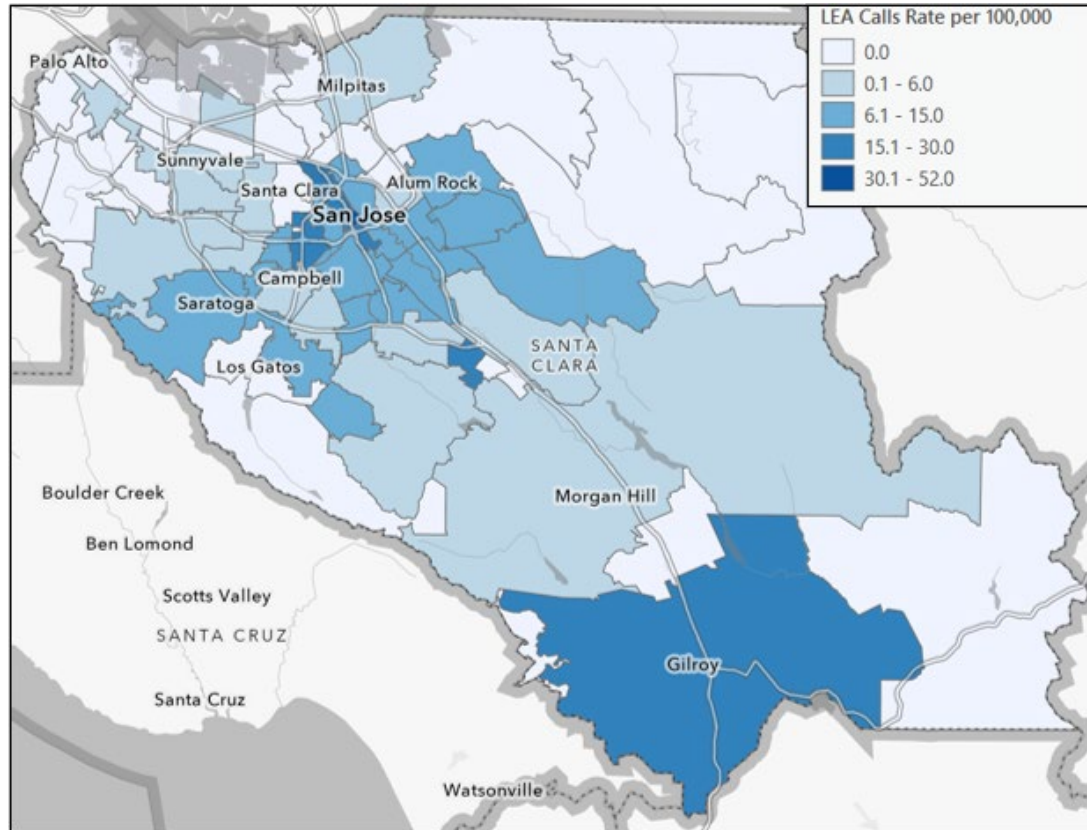
All Calls Requiring a Field Visit



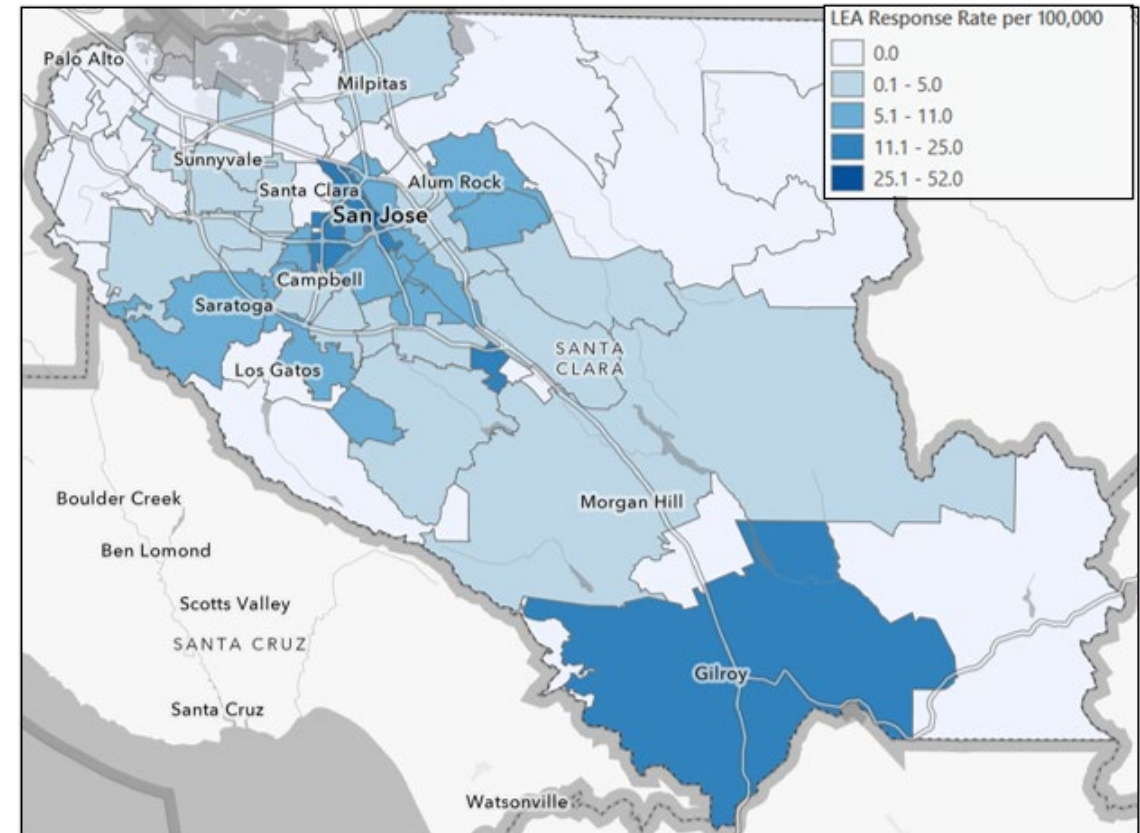
- Zip code 95112 (San José) had the most MCRT calls, with 44 calls (resulting in 29 field visits), followed by 95020 (Gilroy) with 26 calls (resulting in 21 field visits). Zip code 95112 (San José) had the most MCRT field visits, with 29 field visits, followed by 95020 (Gilroy) and 95128 (San José) with 21 field visits each.

MCRT Heat Maps - Calls Directly from LEAs

Only Calls Directly from LEAs to MCRT



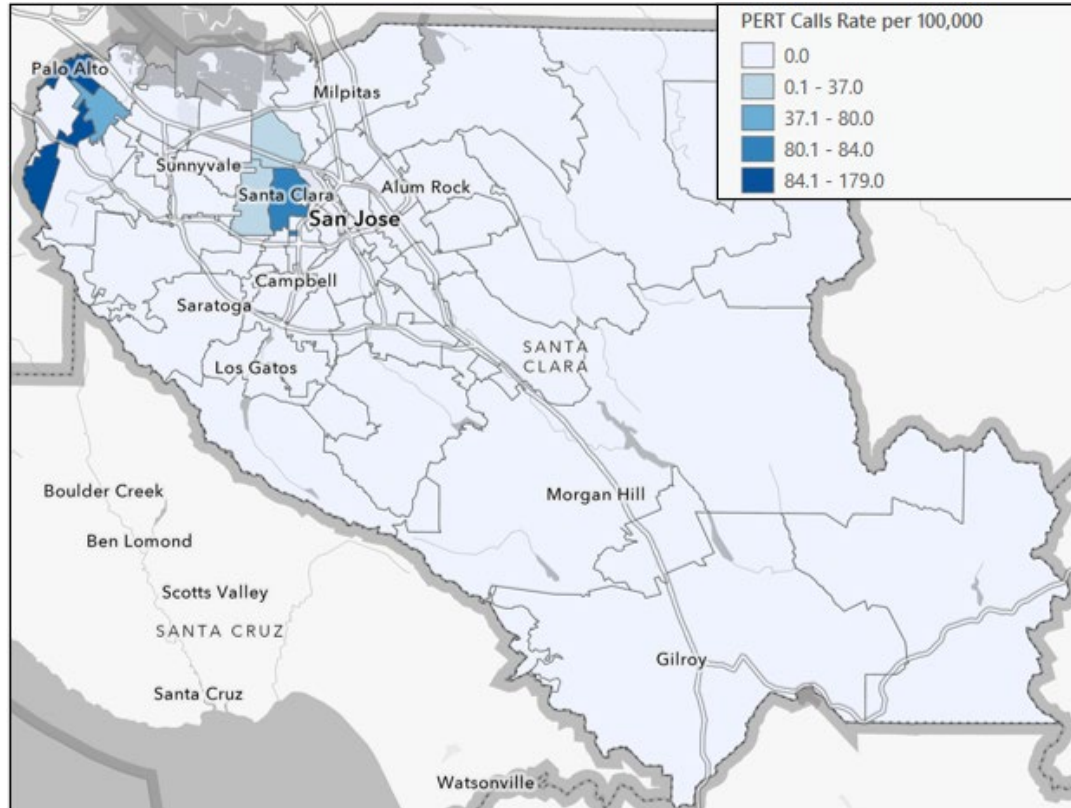
Only Calls Directly from LEAs Requiring a Field Visit



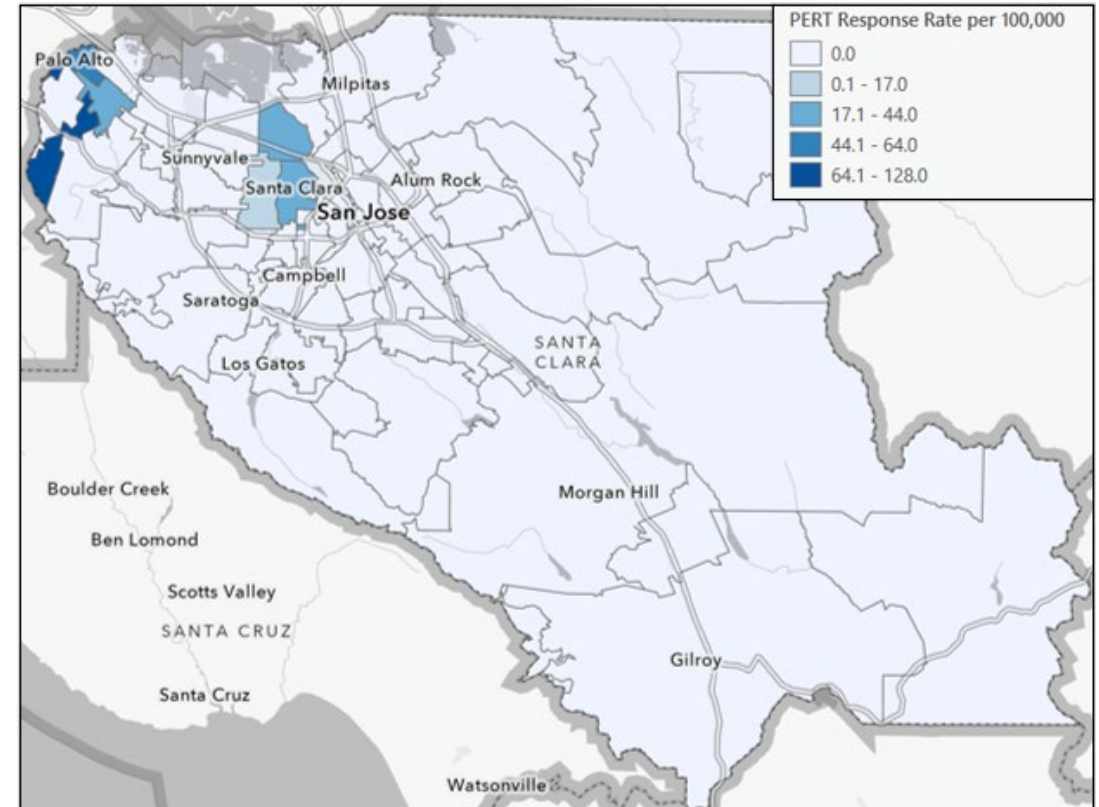
- Zip code 95020 (Gilroy) had the most MCRT calls directly from LEAs, with 12 calls (resulting in 9 field visits), followed by 95112 (San José) with 9 calls (resulting in 4 field visits). Zip code 95020 (Gilroy) had the most MCRT field visits directly from LEAs, with 9 field visits, followed by 95128 (San José) with 6 field visits.

PERT Heat Maps

Calls Referred to PERT



Calls Requiring a Field Visit



- Zip code 95050 (Santa Clara) had the most PERT calls, with 33 calls (resulting in 13 field visits), followed by 94301 (Palo Alto) with 24 calls (resulting in 11 field visits). Zip code 95050 (Santa Clara) had the most PERT field visits, with 13 field visits, followed by 94306 (Palo Alto) with 12 field visits. PERT operates in the City of Santa Clara and City of Palo Alto.