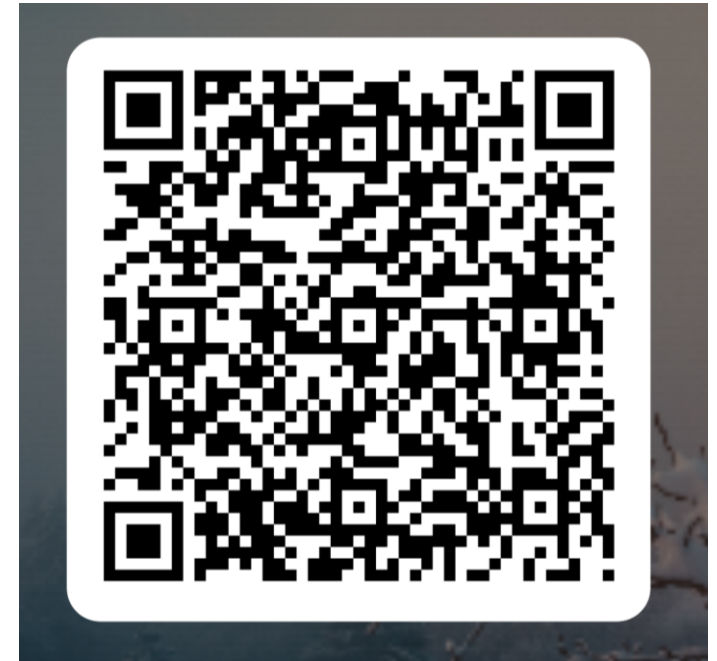


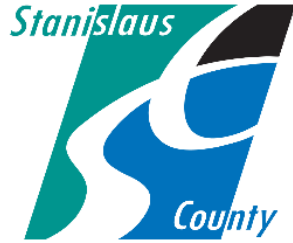
BHSA Advisory Committee

Welcome Form

Information about who is in the room is valuable. It helps to improve program outcomes, reach intended audiences, and enhance equity, diversity, and inclusion initiatives.

We ask that you take a few moments to complete the welcome form using the QR code!





BEHAVIORAL HEALTH AND RECOVERY SERVICES

Behavioral Health Services Act (BHSA) Advisory Committee Meeting

Wednesday, April 30, 2025



Welcome and Introductions

Today's Agenda



City of Modesto Presentation



Mental Health Services Annual Update FY 2025-26



Mental Health Services Act Historical Budget



Behavioral Health Services Act Updates



Prior MHSA Advisory Committee (MAC) Feedback Received



Open Discussion Questions



Modesto Affordable Housing Pipeline

• Our Approach

Implement a coordinated action plan that reduces encampments in public spaces, ensures supportive services and identifies strategies for permanent housing.



- Community standards & reporting
- Law enforcement & social service intervention
- Diversion programs
- Prosecution & detention



- Shelters
- Transitional housing
- Permanent supportive housing
- Affordable housing



- Mental health
- Substance use treatment
- Employment/job training
- Supportive services like the Downtown Streets Team



City of Modesto Funding



\$1.5M

Community Development Block Grant (CDBG)

Supports public services and improvements that benefit low- and moderate-income individuals, families and neighborhoods. Eligible activities include: childcare, health care, job training, recreation and education programs,



\$700K

HOME Investment Partnership (HOME)

State and local government grants that provide rental assistance to low-income households and fund a wide range of activities that build, buy, and/or rehabilitate affordable housing for low-income households to rent or buy.



\$150K

Emergency Solutions Grants (ESG)

Matching grant funds for shelter services including operational and maintenance needs as well as essential supportive services, homeless prevention and grant administration.



\$900K

Permanent Local Housing Allocation (PLHA)

A permanent source of funding to cities and counties to help meet the unmet need for affordable housing and increase the supply of affordable housing units.

PROJECT CONSIDERATIONS FOR FUNDING

- **PARTNERSHIPS**
 - Development, ongoing services
- **LOCATION**
 - Community support, zoning, amenities, close to supportive services
- **LEVERAGING**
 - One-time funding, ongoing operational funding, operational partnership commitments

HOUSING CONTINUUM



PRESERVATION OF AFFORDABLE UNITS



HOUSING CONTINUUM



HOMELESS	EMERGENCY SHELTER	TRANSITIONAL HOUSING	PERMANENT SUPPORTIVE HOUSING	AFFORDABLE RENTAL	AFFORDABLE OWNERSHIP
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PRESERVATION OF AFFORDABLE UNITS



HOUSING CONTINUUM



UNSHELTERED	EMERGENCY SHELTER	TRANSITIONAL HOUSING	PERMANENT SUPPORTIVE HOUSING	AFFORDABLE RENTAL	AFFORDABLE OWNERSHIP
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Total All Units 1405	Recently Completed	231	74	4
	In Construction	53	150	35
	Pending	94	171	
	Total	395	379	39

Jenny's Place

(UPHoldings, Center for Human Services, Aspiranet and Stanislaus County-BHRS)

- 53 permanent supportive housing units.
- City assisted with \$16 million in State funds and other local funds in the amount of approximately \$7 million to support the construction and completion of the project.
- Project will be fully occupied Summer 2025.



Vine Street Projects

(Developer – Stanislaus Regional Housing Authority, Stanislaus-BHRS)

- 35 housing units.
 - **King Kennedy Veteran Cottages**
 - 23 detached 580 Sq. Ft permanent supportive housing units
 - Veteran Housing in partnership with BHRS
 - Serve Veterans with incomes below 30% AMI
 - **Helen White Court**
 - 12 attached units 650-700 Sq. Ft
 - Senior Housing units
 - Serve Seniors with incomes below 120% AMI
- City assisted with \$3.2 million in State funds and other local funds. Project was fully occupied in early 2025.



Bridge Housing – Dignity Village

(Stanislaus County-BHRS, Dignity Moves, Modesto BHBH LP)

- 42 bridge housing units
- City is contributing \$325k to the Dignity Village project and is supporting the project with City-owned land. The County is contributing over \$3 million to the project.
- Completed April 2025



7th Street Village

(Developer - Visionary Homebuilders)

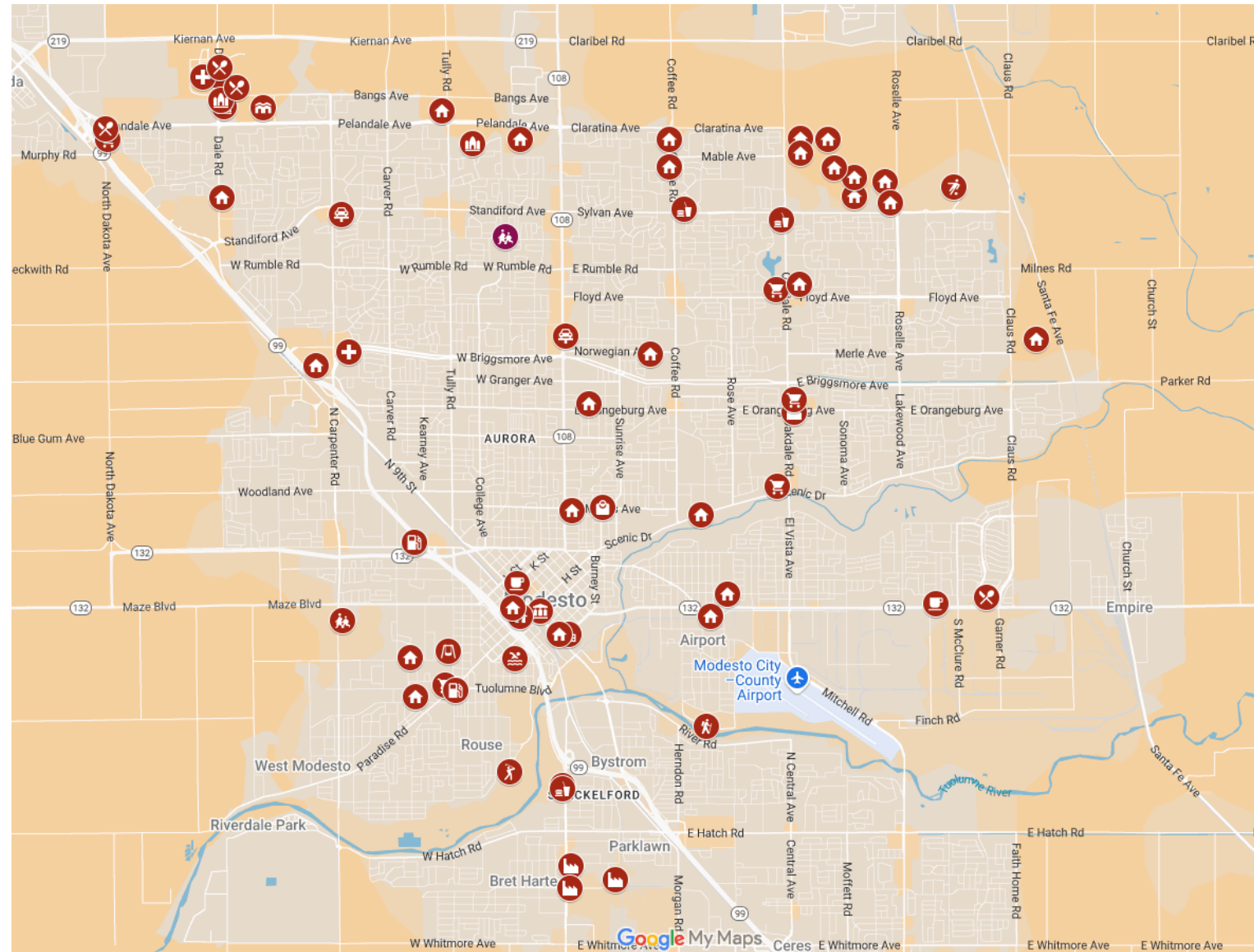
- 79 affordable units for the community.
- The City is contributing \$7 million, and this project is leveraging \$64 million in State funding.
- Expected to break ground Summer 2025





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MODESTO
CALIFORNIA

CHOOSE MODESTO



<https://www.choosemodesto.com/development-projects>



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PROGRAMMATIC CHANGES FOR FISCAL YEARS 2025-2026

Risk Factors and Mitigation Plans



Supply Chain



Inflation



Stock Market
Volatility



Lack of Affordable
Housing

Establish Strategic Reserves



+

Focus on One-Time Spending

Projected Fund Balance on July 1, 2025

Community
Services and
Supports \$1.8M

Prevention and
Early Intervention
\$8.2M

Innovations
\$7.2M

Workforce
Education and
Training \$(305K)

Capital Facilities
and Technological
Needs \$(543K)

Housing \$18K

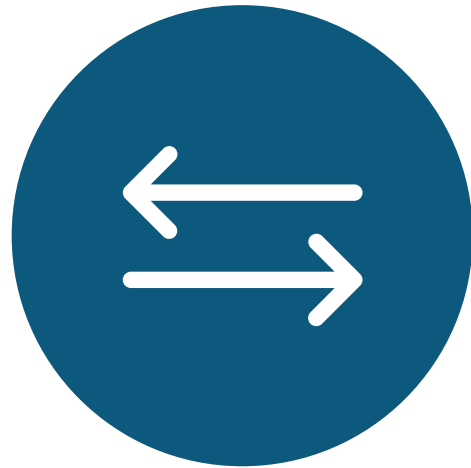
Prudent Reserve
\$500K

Mental Health Services Act (MHSA) Revenue Estimates	Projected Fund Balance on July 1, 2025	Fiscal Year 2024-2025 Legal Budget	Fiscal Year 2025-2026 Legal Budget	Increase / (Decrease)
Community Services and Supports	1,898,392	31,732,930	27,026,725	(4,706,205)
Prevention and Early Intervention	8,273,597	7,887,468	6,913,029	(974,439)
Innovations	7,240,909	2,196,236	1,819,218	(377,018)
Workforce Education and Training	(305,087)	1,563,884	625,391	(938,493)
Capital Facilities and Technological Needs	(543,464)	3,266,762	-	(3,266,762)
Housing	18,600	-	-	-
Prudent Reserve	500,000			
Total	\$ 17,082,947	\$ 46,647,280	\$ 36,384,363	\$ (10,262,917)

Mental Health Services Act (MHSA) Annual Update

FOR FISCAL YEARS 2025-2026

Annual Update Purpose



PROGRAMMATIC CHANGES
FOR FISCAL YEARS 2025-2026



REPORT ACTUAL RESULTS
FROM FISCAL YEAR 2023-2024

Review and Public Comment

Posted on MHSA website

<https://www.stanislausmhsa.com/>

Email notice sent to MAC and
other stakeholders

Comments are welcome and
encouraged!

Printed copies are available

Behavioral Health Services Act

Address:
1130 12th Street Ste B
Modesto, CA 95354
[Get Directions](#)

Phone: (209) 525-6247
Fax: (209) 558-4326

CUSTOMER CENTER

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SEARCH DEPARTMENT... 

[Stanislaus County](#) > [Behavioral Health and Recovery Services](#) > [Behavioral Health Services Act](#) > [Publications & Reports](#) > [MHSA Annual Updates](#)

[Back](#)

Per Welfare and Institutions Code (W&I Code) Section 5847 (a) and (b), counties must prepare and submit an Annual Update for MHSA programs and expenditures. The Annual Update reports program actuals within a fiscal year; expenditures and outcomes.

MHSA Annual Updates

[DRAFT - MHSA Annual Update FY 2025-2026](#)

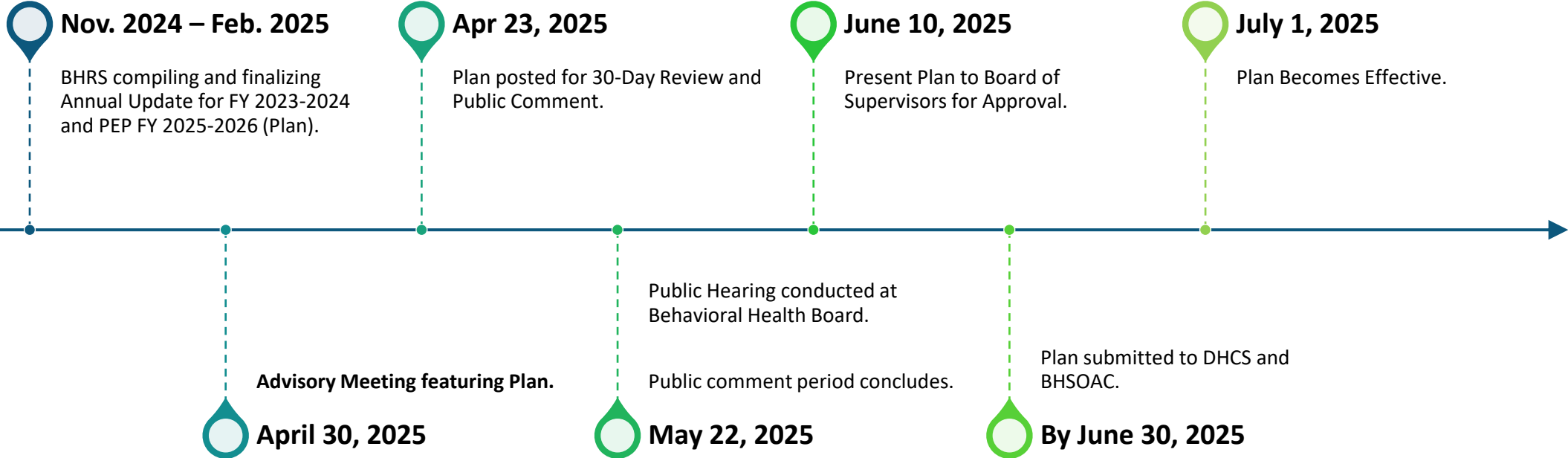
[MHSA Annual Update FY 2024-2025](#)



Helpful Links

- [BHSOAC Community Forum Summary Report](#)
- [BHSOAC Website](#)
- [MHSA Issue Resolution Process \(IRP\)](#)
- [State of California MHSA](#)
- [Friends Are Good Medicine](#)
- [Behavioral Health Board](#)
- [National Alliance on Mental Illness \(NAMI\)](#)

FY 2025-26 Annual Update Timeline



Community Services and Supports

RECOMMENDED CHANGES

Add Resource
into BHRS'
Primary Budget

Redirect Adult Residential Facility contracts in the amount of \$12M out of CSS into BHRS' primary Budget Unit.

Reduce the transfer amount by from the CSS component into the CFTN component by \$1M

Prevention and Early Intervention

NO SERVICE LEVEL ADJUSTMENTS ARE BEING RECOMMENDED

Housing

NO SERVICE LEVEL ADJUSTMENTS ARE BEING RECOMMENDED

Workforce Education and Training

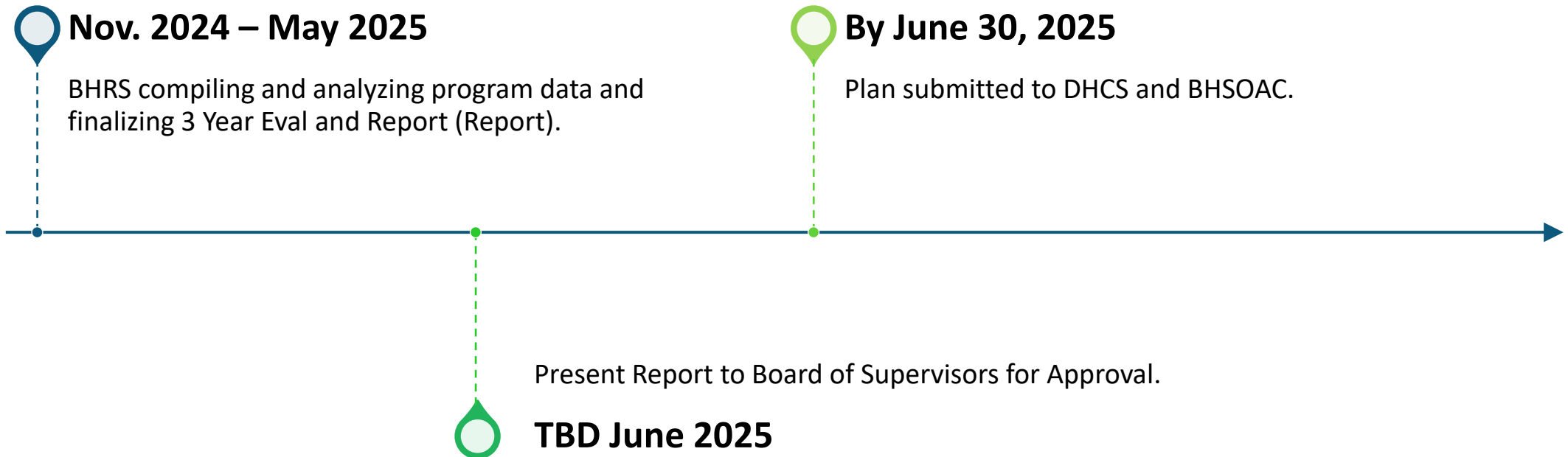
NO SERVICE LEVEL ADJUSTMENTS ARE BEING RECOMMENDED

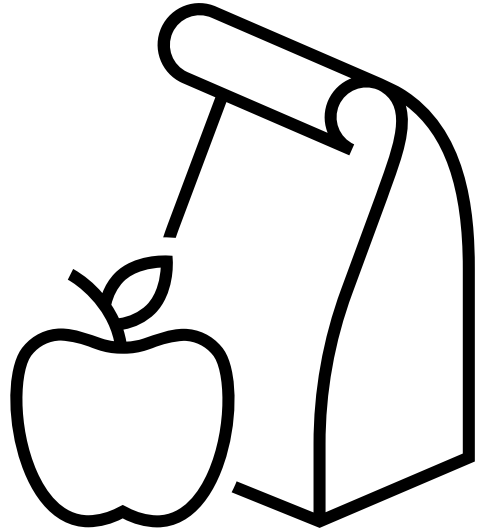
Innovations

NO SERVICE LEVEL ADJUSTMENTS ARE BEING RECOMMENDED

Prevention & Early Intervention (PEI) 3 YR Evaluation Report

PEI 3-Year Evaluation and Report Timeline – (FY's 2021-2024)

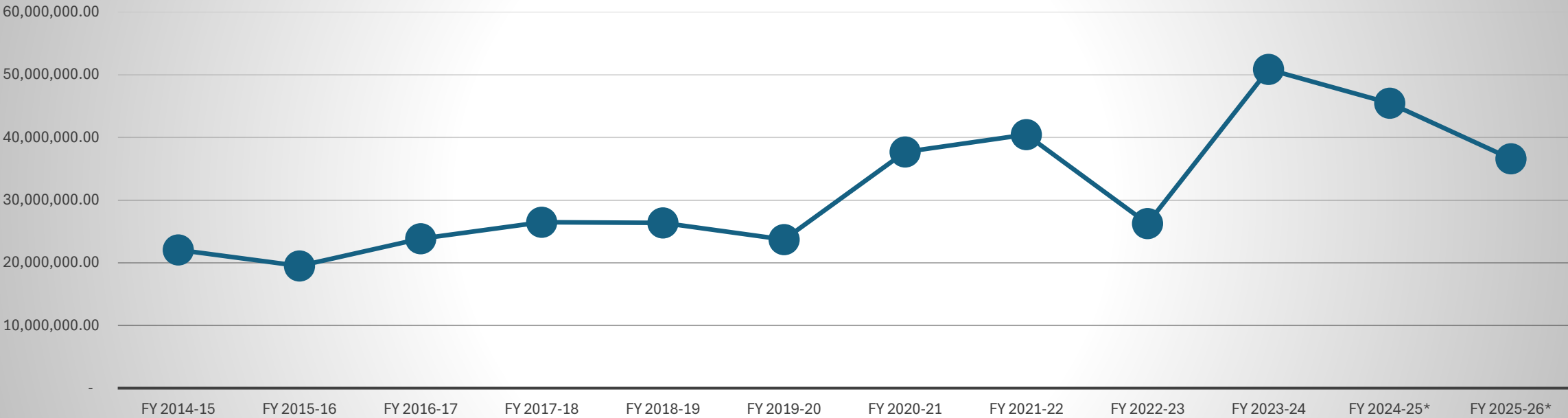




Break

Mental Health Services Act (MHSA) Historical Budget

MHSA Revenue per Fiscal Year



MHSA Historical Allocations

MHSA Allocation							
Components	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25*	FY 2025-26*
CSS	17,912,096	28,633,811	30,688,622	19,899,507	38,592,190	35,214,695	27,772,115
PEI	4,547,163	7,161,766	7,702,365	4,977,698	9,650,868	8,091,015	6,963,029
WET	8,082	191	2,990	7,245	7,245	1,400	1,400
CFTN	11,456	2,222	2,880	39,810	39,810	1,000	1,000
INN	1,240,854	1,887,253	2,057,342	1,338,022	2,567,804	2,181,057	1,884,218
MHSA HP		26,834					
Grand Total	\$ 23,719,650	\$ 37,712,077	\$ 40,454,199	\$ 26,262,282	\$ 50,857,917	\$ 45,489,167	\$ 36,621,762
	-10.1%	59.0%	7.3%	-35.1%	93.7%	-10.6%	-19.5%

* PROJECTIONS

MHSA Historical Allocations

Behavioral Health Services Act (BHSA) Updates



Behavioral Health Transformation

In March 2024, California voters passed Proposition 1, a two-bill package to modernize the state's behavioral health care system, improve accountability, increase transparency, and expand the capacity of behavioral health care facilities.

Behavioral Health Service Act (BHSA) SB 326

- Reform behavioral health care funding to provide services to individuals with serious mental illness and treat substance use disorders.
- Expand the behavioral health workforce to reflect and connect with California's diverse population.
- Focus on outcomes, accountability, and equity.

Major Structural Change

MHSA

MHSA Allocation	MHSA Percentage
County Allocations	95%
Community Services and Supports (CSS) *Capital Facilities/Technological Needs & Workforce, Education and Training	76% *up to 20%
Prevention and Early Intervention	19%
Innovations	5%
State Allocations	5%
Administration	5%

BHSA

BHSA Allocation	BHSA Percentage
County Allocation	90%
Housing Interventions	30%
Full-Service Partnerships (FSPs)	35%
Behavioral Health Services and Supports (BHSS)	35%
State Allocation	10%
State-wide Prevention Initiatives	4%
State-wide BH Workforce	3%
Administration	3%

BHSA Reporting Requirements

FY 2024-25 ARER due by January 31, 2026	Fiscal/Program Narrative Report Reporting on actual expenditures
Draft Integrated Plan due by March 31, 2026	Fiscal/Program Narrative Report Public comment period required Report on planned expenditures for three years
Final Integrated Plan due by June 30, 2026	Fiscal/program report Board of Supervisors Required Report on planned expenditures for three years
FY 2025-26- Final ARER for MHSAs due by January 31, 2027	Fiscal/Program Narrative Report Reporting on actual expenditures
FY 2027-28 Draft Annual Update due by March 31, 2027	Fiscal/program report Board of Supervisors Required Report on actuals and projected expenditures
FY 2027-28 Final Annual Update due by June 30, 2027	Fiscal/program report Board of Supervisors Required Report on actuals and projected expenditures
FY 2026-27 Draft BHOATR (new ARER) due by January 30, 2028	Fiscal/Program Narrative Report Reporting on actual expenditures
FY 2026-27 Final BHOATR due by January 30, 2029	Fiscal/Program Narrative Report Reporting on actual expenditures

3-Year Integrated Plan

County Demographics and Behavioral Health Needs

Plan Goals and Objectives

Community Planning Process

County Behavioral Health Care Continuum Capacity

Services by Total Funding Sources

Behavioral Health Services Fund Programs

Workforce Strategy

3-Year Budget

Prudent Reserve

Statewide Behavioral Health Goals

GOALS FOR IMPROVEMENT

Care Experience	Access to Care	Prevention and Treatment of co-occurring physical health conditions
Quality of Life	Social Connection	Engagement in School
	Engagement in Work	

GOALS FOR REDUCTION

Suicides	Overdoes	Untreated behavioral health conditions
Institutionalization	Homelessness	Justice-involved
	Removal of children from home	

County Partner Collaboration Requirements

Partners

- Managed Care Plans
- Local Health Jurisdictions

Responsibilities

- Collaboration
- Data Sharing
- Stakeholder Engagement

Required Engagement

- Local Community Health Assessment (CHA)
- Local Community Health Improvement Plan (CHIP)

BHSA Fiscal Policies Required

Transfer Policy

- 7% from one category to another
 - Housing Intervention O&E restriction
- Max of 14% per fiscal Year

Medi-Cal Billing

- BHSA providers must be able to bill Medi-Cal or justify if not
- Policy on confirming eligibility status and referring to Medi-Cal determinations

Other Health Coverage (OHC)

- Policy on confirming insurance statuses
- Consistently bill OHC

BHSA Housing Interventions (30%)

Funding Requirements

- 50% must be used for Chronically Homeless with focus on encampments
- Up to 25% for Capital Development

Population Served

- Experiencing homelessness or at risk
- Chronically Homeless

Program Requirements

- Housing First core components
- Homeless Management Information System (HMIS)
- Combined with access to clinical and supportive services
- Managed Care Plan Community Support Services not allowed if eligible to
- Must meet minimum habitability standards

Identified Gaps

- Databases
- MCP Covered Services

BHRS Housing Supports

Transitional Board and Care – 25 BHRS Supported Facilities

- Facilities provide 24/7 care to individuals who require it due to cognitive impairment or inability to perform activities of daily living (ADLs), along with room and board. These settings may be appropriate for some people experiencing homelessness who have serious behavioral health conditions, require assistance with ADLs, or have severe cognitive impairment.

Permanent Supportive Housing – 218 BHRS Supported Units

- **Permanent:** Tenants may live in their homes as long as they meet the basic obligations of tenancy.
- **Supportive:** Tenants have access to the supportive services that they need to retain housing.
- **Housing:** Tenants have a private or shared and secure place to make their home, just like other members of the community, with the same rights and responsibilities.

Peer Respite/Short Term Transitional – 2 Homes, 9 beds BHRS Supported

- Short term emergency shelter housing for up to 28 days (Hope House and Rest House)

BHSA Behavioral Health Services and Supports (35%)

Funding Requirements

- 51% Must be used for Early Intervention
 - 51% of this must be used for 25 and younger
- 49% for non-Early Intervention services

Baseline Requirements

- Coordinated Specialty Care for First Episode Psychosis (CSC for FEP) by July 1, 2026
- Early Intervention Program requirements
 - Outreach
 - Access and linkage to care
 - Behavioral health early treatment services and supports

Challenges

- Only 49% of funding to available to cover all services in ASOC, CSOC, CFTN, and WET

BHSA Full-Service Partnership (35%)

Evidence-Based Practices by 07/01/2026

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

Fidelity Requirements by 06/30/2029

- All FSP programs must be in alignment with full fidelity requirements by this date

Assertive-field Base Initiation between 07/01/2026 and 06/30/2029

- Open-Access Clinics
- Mobile-Field-Based Program
- Conduct ongoing, data-informed targeted outreach to BHSA eligible individuals with SUD needs

Identified Gaps

- Training
- Staffing
- Software capabilities
- Data
- Co-occurring capable
- SUD requirements

Task	Target Date
BHSA FY 2026-27 Budget Plan Stakeholder Engagement	Fall 2025
Board of Supervisors	December 2025
BHSA FY 2026-27 Budget Implementation	December 2025
BHSA Budget Launch	July 1, 2026

FY 2026/27 BHSA Budget Planning Cycle

Prior MAC Feedback Received

What could be improved?

- Educating Community about mental health
- Bring in more mental health resources/network
- Expand Community Engagement/Does BHSA change the structure of the old MAC
- Provide feedback summary to see what we can build upon/Review surveys
- Financial Information
- Send PPT in advance
- Change meeting duration/need more time to discuss/More than 1 break
- More table discussions/more brainstorming sessions
- Identify BHRS staff at meetings
- Facts sheets/Data stats
- More training to law enforcement
- Being able to contribute to the agenda topics
- More information on housing and homelessness/plans
- Training on what it means to be an advisory committee member
- BHRS departments to share what they do
- More presentations on community partners such as CHAT
- Online to be able to see faces of speakers
- Share what other counties are doing

What have we improved on

- Meeting time was shortened
- Bringing in presenters in response to feedback
- Inviting more community members

What changes are coming

- Agenda and/or power point to be sent in advance of meetings
- Posting all meetings materials on website
- Due to expanded Community Planning Process (BHSA) will now have more community stakeholders
- Will be scheduling a stakeholder advisory meeting
- Look to schedule more community presenters/BHRS department information

Open Discussion Questions



WHAT DID YOU HEAR?



WHAT DID YOU LIKE?



QUESTIONS, REACTIONS
OR COMMENTS?



BEHAVIORAL HEALTH AND RECOVERY SERVICES

Thank you!



BHSA Contacts

BHSA POLICY AND PLANNING TEAM

MARIBEL MCCARROLL, BHSA POLICY MANAGER
E: MMCCARROLL@STANBHRS.ORG

BHRS-BHSA

E: BMHSA@STANBHRS.ORG

BHSA Advisory Committee

Evaluation Form

Your feedback is appreciated to ensure we deliver the utmost quality service.

We ask that you take a few moments to complete the evaluation form using the QR code and let us know how we did, what we can improve on, and what topics you would like to see in the future!

