



BEHAVIORAL HEALTH & RECOVERY SERVICES

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 Services Act Advisory Committee Meeting

MONDAY, OCTOBER 27, 2025

Agenda



Behavioral Health Services Act



BHSA Reporting



Integrated Plan Requirements



Statewide Performance Goals



Open Discussion Questions

Behavioral Health Services Act

California's Proposition 1, passed in March 2024, represents a significant overhaul of the state's approach to mental health and substance use disorder (SUD) services. This measure, officially titled the Behavioral Health Services Act (BHSA), updates the 2004 Mental Health Services Act (MHSA) and introduces the Behavioral Health Infrastructure Bond Act.

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

Key Changes

Inclusion of Substance Use Disorders: The BHSA broadens the MHSA's focus to encompass treatment for substance use disorders, acknowledging the intertwined nature of mental health and substance abuse issues.

State-Level Administration of Prevention Funds: Previously managed at the county level, prevention funds will now be administered by the state. These funds are earmarked for population health initiatives rather than individual therapy services.

Under the reformed Behavioral Health Services Act (BHSA), county-level funding will be restructured to ensure a more targeted and outcomes-oriented distribution of resources. These funds must be allocated into the following three categories, each designed to address specific gaps in the behavioral health continuum:

30% – Housing Interventions

35% – Full-Service Partnerships (FSPs)

35% – Behavioral Health Services and Supports

MHSA

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

BHSA

County Allocations	90%
Housing Interventions	30%
Full-Service Partnerships	35%
Behavioral Health Services and Supports	35%
State Allocation	10%
State-wide Prevention Initiatives	4%
State-wide Workforce	3%
Administration	3%

BHSA Key Reporting Changes

3 YR INTEGRATED PLAN

Purpose:

A forward-looking, comprehensive spending and service plan that outlines how counties will use all behavioral health funding sources to meet local and statewide goals.

Key Features:

- Covers a three-year period (first plan: FY 2026–2029)
- Requires Board of Supervisors approval
- Includes local data analysis on mental health and substance use disorder (SUD) needs
- Describes how counties will deliver culturally responsive, timely care across the Behavioral Health Care Continuum

BEHAVIORAL HEALTH OUTCOMES ACCOUNTABILITY TRANSPARENCY REPORT

Purpose:

An annual report that verifies counties are meeting their realignment obligations and performance standards—such as time/distance and appointment wait time benchmarks—without relying on waitlists.

Key Features:

- Serves as a compliance and performance monitoring tool
- Required as part of the IP submission
- Confirms counties are meeting standards set in W&I Code section 14197.7
- Provides transparency and accountability for elected officials and the public

BHSA 3-Year Integrated Plan

Behavioral Health System Overview

Service Delivery Landscape

Statewide Behavioral Health Goals

Monitor Provider Oversight

Services per Behavioral Health Services Act Category

Workforce Strategy

Budget

Stakeholder Engagement Process

**Draft Integrated Plan due
by March 31, 2026**

**Final Integrated Plan due
by June 30, 2026**

Statewide Behavioral Health Goals Outcomes Overview

PRIORITY GOALS | ADDITIONAL GOALS

Data Sources & Context



Sources Data from DHCS County Performance Workbook integrating state and federal systems. Access at: <https://www.calmhsa.org/data-explainer-series/>



Understanding the Data This data offers a valuable snapshot but cannot capture the full complexity of behavioral health services, community needs, social determinants, or lived experiences.



Use as a starting point – supplement with local knowledge, community input, and lived experience for comprehensive understanding.

Priority Goals

Access to Care (Improve)

Homelessness (Reduce)

Institutionalization (Reduce)

Justice-Involvement (Reduce)

Removal of Children from Home (Reduce)

Untreated BH Conditions (Reduce)

Additional Goals

Care Experience (Improve)*

Engagement in School (Improve)

Engagement in Work (Improve)*

Overdoes (Reduce)*

Prevention/Treatment of Co-Occurring Physical Health Conditions (Improve)*

Quality of Life (Improve)*

Social Connections (Improve)

Suicides (Reduce)*

Open Discussion Questions



WHAT DID YOU HEAR?



WHAT DID YOU LIKE?



QUESTIONS, REACTIONS
OR COMMENTS?



BHSA Contacts

BHSA POLICY AND PLANNING TEAM

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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!

