

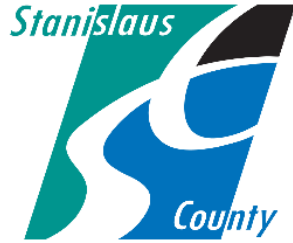
BHSA Advisory Committee

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, November 19, 2025



Welcome

Today's Agenda



Introduction and Welcome



Behavioral Health Services Act Review



Statewide Performance Goals



Open Discussion Questions

Behavioral Health Services Act (BHSA) Review

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.

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% *up to 20%
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 3-Year Integrated Plan

Draft Integrated Plan
due by March 31,
2026

Final Integrated Plan
due by June 30,
2026

Behavioral Health System Overview

Service Delivery Landscape

Statewide Behavioral Health Goals

Monitor Provider Oversight

Services per Behavioral Health Services Act (BHSA) Category

Workforce Strategy

Budget

Stakeholder Engagement Process

EVALCORP

Statewide Performance
Goals

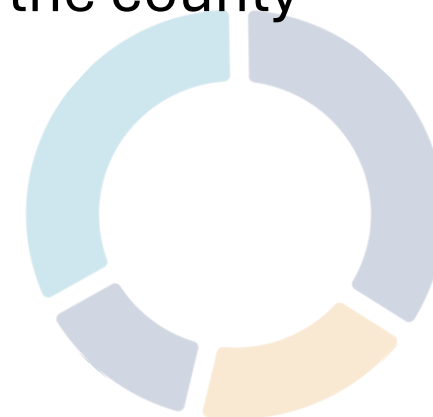
Agenda

- Today's Purpose
- Background and Context
- County Performance:
 - ✓ Priority Goals
 - ✓ Additional Goals
- County-Selected Goal(s): Voting Criteria
- Community Voice: Establishing Priorities
- Q&A

Today's Purpose

Our Goals for This Presentation:

- ☑ Review Stanislaus's performance on BHSA Statewide Behavioral Health Goals
- ☑ Understand how the County compares to statewide rates
- ☑ Share the criteria for the preselection of Additional Goals up for voting
- ☑ Organize and prioritize Additional Goal options together to inform the county-selected 7th goal

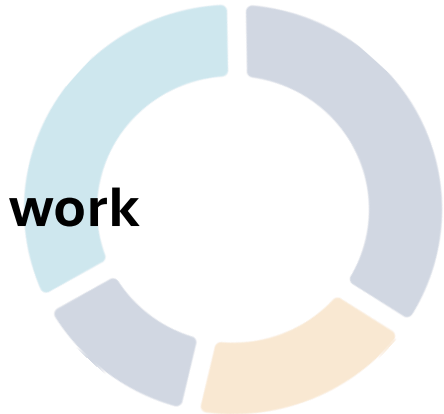


How Behavioral Health Goals Guide Planning

The FY 26-29 Behavioral Health Integrated Plan & Beyond

- 14 Statewide Behavioral Health Goals serve as the roadmap under the new BHSA
- Developed by DHCS with behavioral health stakeholders and experts
- Guide how counties plan, prioritize, and invest in behavioral health resources
- Help measure progress toward improving wellbeing and decreasing adverse outcomes

These goals establish the framework for the County's behavioral health work for the next three years and into the future under BHSA.



How BH Goals Work – Two Categories

Priority Goals (6 goals)

- *Required* – All counties must address these

Additional Goals (8 options)

- Counties select at least one based on local performance
- **This is where the county needs your input today!**



Understanding the Data – Measures Explained

Each goal has measures that help counties track progress:

Primary Measures

- Show the community's current status relative to the goal
- Main indicator of where the county stands
- **Used by the state to evaluate county progress**

Supplemental Measures

- Provide additional context and detail
- Help understand the fuller picture

Today's Presentation: Primary Measure Only - These are more direct indicators of what is important and are used to inform high-level planning



What Does “Performance Target” Mean?

Performance Target = Statewide Rate

Each goal has a statewide rate that serves as the performance target for counties.

Meeting the target depends on the measure:

- For some measures, counties should be below the state rate (Example: lower hospitalization rates)
- For other measures, counties should be above the state rate (Example: higher treatment engagement)

Investment Priority: Goals where Stanislaus County does not meet the state rate become targets for improvement and resource allocation.



Where Does This Data Come From?

DHCS County Performance Workbook

- Integrates data from multiple state and federal systems
- Ensures consistency across all California counties
- Provides reliable, comparable information

This is the foundation for data-driven decisions in the community



Priority Goals Indicators

1. Access to Care
2. Homelessness
3. Institutionalization
4. Justice Involvement
5. Removal of Children from Home
6. Untreated Behavioral Health Conditions

Access to Care

	Indicator		Stanislaus County	State (CA)
Primary	Specialty Mental Health Services (SMHS) Penetration Rates	Adults (age 21+)	2.2%	3.4%
		Children/Youth (<21)	2.5%	4.2%
Primary	Non-Specialty Mental Health Services (NSMHS) Penetration Rates	Adults (age 21+)	11.7%	10.6%
		Children/Youth (<21)	12.0%	15.5%
Primary	Drug Medi-Cal (DMC) Penetration Rates	Adults (age 21+)	N/A	1.5%
		Children/Youth (<21)	N/A	0.3%
Primary	Drug Medi-Cal Organized Delivery System (DMC-ODS) Penetration Rates	Adults (age 21+)	1.8%	1.7%
		Children/Youth (<21)	0.3%	0.4%

Homelessness

	Indicator	Stanislaus County	State (CA)
Primary	Point-In-Time (PIT) Rate of People Experiencing Homelessness (Rate per 10,000)	37.2	48.0
Primary	Percent of K-12 Public School Students Experiencing Homelessness	2.6%	5.3%

Institutionalization

	Indicator		Stanislaus County	State (CA)
Primary	Inpatient Administrative Days, Total Days per Beneficiary	Adults (age 21+)	--	25.6
		Children/Youth (<21)	--	8.7
Supplemental	SMHS Crisis Utilization: Crisis Residential Tx Services, Total Days per Beneficiary	Adults (age 21+)	28.5	22.8
		Children/Youth (<21)	--	21.6
Supplemental	SMHS Crisis Service Utilization: Crisis Intervention, Total Minutes per Beneficiary	Adults (age 21+)	299.5	240.1
		Children/Youth (<21)	280.3	266.8
Supplemental	SMHS Crisis Service Utilization: Crisis Stabilization, Total Hours per Beneficiary	Adults (age 21+)	29.2	24.0
		Children/Youth (<21)	35.1	18.6
Supplemental	14-Day Involuntary Detention Rates per 10,000		35.2	10.2
Supplemental	30-Day Involuntary Detention Rates per 10,000		--	0.9
Supplemental	180-Day Post-Certification Involuntary Detention Rates per 10,000		--	0.0
Supplemental	Temporary Conservatorship Rates per 10,000		0.8	0.7
Supplemental	Permanent Conservatorship Rates per 10,000		2.2	2.8

Justice-Involvement

	Indicator		Stanislaus County	State (CA)
Primary	Arrests (Rate per 100,000) (2023)	Adult	3,857	2,440
		Juvenile (<i>under 18</i>)	462	372

Removal of Children from Home

	Indicator	Stanislaus County	State (CA)
Primary	Children in Foster Care (Rate per 100,000)	259.1	525.1

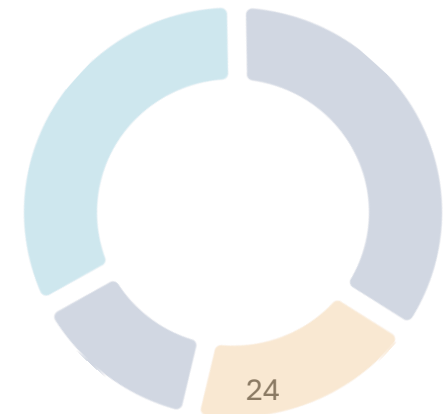
Untreated Behavioral Health Conditions

	Indicator	Stanislaus County	State (CA)
Primary	Follow-up after Emergency Department Visit for Substance Use (FUA-30)	27.0%	28.8%
Primary	Follow-up after Emergency Department Visit for Mental Illness (FUM-30)	26.0%	38.2%

Key Takeaways

Compared to state averages, the County shows:

- Generally **better** performance on **Homelessness** and **Removal of Children from Home** measures
- Generally **worse** performance on **Access to Care, Justice-Involvement** and **Untreated Behavioral Health Conditions** measures



Additional Goals

7. Care Experience ↓
8. Engagement in School ↑
9. Engagement in Work ↓
10. Overdoses ↓
11. Prevention and Treatment of Co-Occurring Physical Health Conditions ↓
12. Quality of Life *No data available for primary measures*
13. Social Connection *No data available for primary measures*
14. Suicides ↓

County-Selected Goal Criteria

Preselected For Community Input

- Goals addressing **irreversible harm** (suicide, overdose)
- Goals that ensure **services work for everyone**, especially those who've faced discrimination or barriers to care (care experience)

In Development For Future Consideration

- Goals where current **performance meets state standards** (engagement in school)
- Goals with **data quality gaps** that currently limit the ability to measure progress and identify disparities reliably (quality of life, social connection)
- Goals that **require other systems** to work with in coordinated ways—partnerships that need more time to develop (engagement in work, prevention and treatment of co-occurring physical health conditions)



Care Experience

Consumer Perception Survey (2024) - Cultural Appropriateness/Quality:

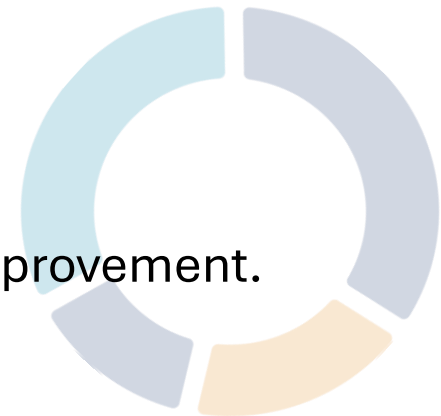
- Youth (13-17): 4.49 vs. 4.39 state ✓
- Adults (18-59): 4.33 vs. 4.36 state

Treatment Perception Survey – Adults (2024): County scores 2-4 points **below** state across all five quality metrics (treatment goals, time, respect, communication, cultural sensitivity)

Treatment Perception Survey - Youth (2024):

- **Strength:** "Staff treated me with respect" (95.8% vs. 92.1%)
- **Gap:** "I received services that were right for me" (78.3% vs. 87.6%)
- Mixed results on cultural sensitivity and family services

Bottom Line: Respect is strong; culturally responsive, individualized care needs improvement.



Overdose & Suicide

All Drug-Related Overdose Deaths (2023):

- Stanislaus County: 34.4 per 100,000
- California: 28.8 per 100,000
- County rate is 19% **above** state average

Suicide Deaths (2022):

- Stanislaus County: 12.2 per 100,000
- California: 11.0 per 100,000
- County rate is 11% **above** state average



Data Q&A



Behavioral Health Transformation Overarching Aims

- BHSA/CALAIM/Medi-Cal Reforms
- Align
 - Managed Care Plan Health Assessments
 - Public Health Community Health Assessment/Community Health Improvement Plan
- BHRS MHSA Planning
- BHSA Community Planning Process
 - Integrate and align county behavioral health services within the Medi-Cal Managed Care healthcare system
 - Align county behavioral health system to address behavioral health issues identified in the Community Health Improvement Plan

Alignment

- Community Health Improvement Plan
 - Opioid overdose and suicide prevention
 - Behavioral health prevention and treatment access
- Cradle 2 Career Mental Health Working Group/Integrated Leadership Team (AB289)
 - Increasing access to behavioral health services through school settings
- Stanislaus county Performance Visioning
 - Access to care
 - Follow up after emergency visits
 - Incompetent to stand trial
- Multiple stakeholders
 - Law Enforcement/Homeless/Veterans/Families/Members/Staff

Community Voice

Organize Your Priorities:

#1 = Most important to you

#2 = Second priority

#3 = Third priority

Care Experience

Engagement in
Work

Overdoses

Prevention and
Treatment of Co-
Occurring Physical
Health Conditions

Quality of Life

Suicides



Mentimeter Ranking

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BEHAVIORAL HEALTH AND RECOVERY SERVICES

Thank you!



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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!