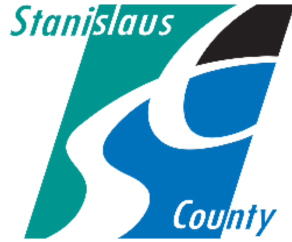
BHSA Advisory Committee

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

Friday, December 19, 2025

Welcome

Today’s Agenda

Introduction and Welcome

Behavioral Health Services Act Review

Community Planning Process

Health Equity

Monitoring & Oversight

Population-Based Prevention Strategies

Open Discussion Questions

Behavioral Health Services Act (BHSA) Overview

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

BHSA 3-Year Integrated Plan

Draft Integrated Plan due by March 31, 2026

Final Integrated Plan due by June 30, 2026

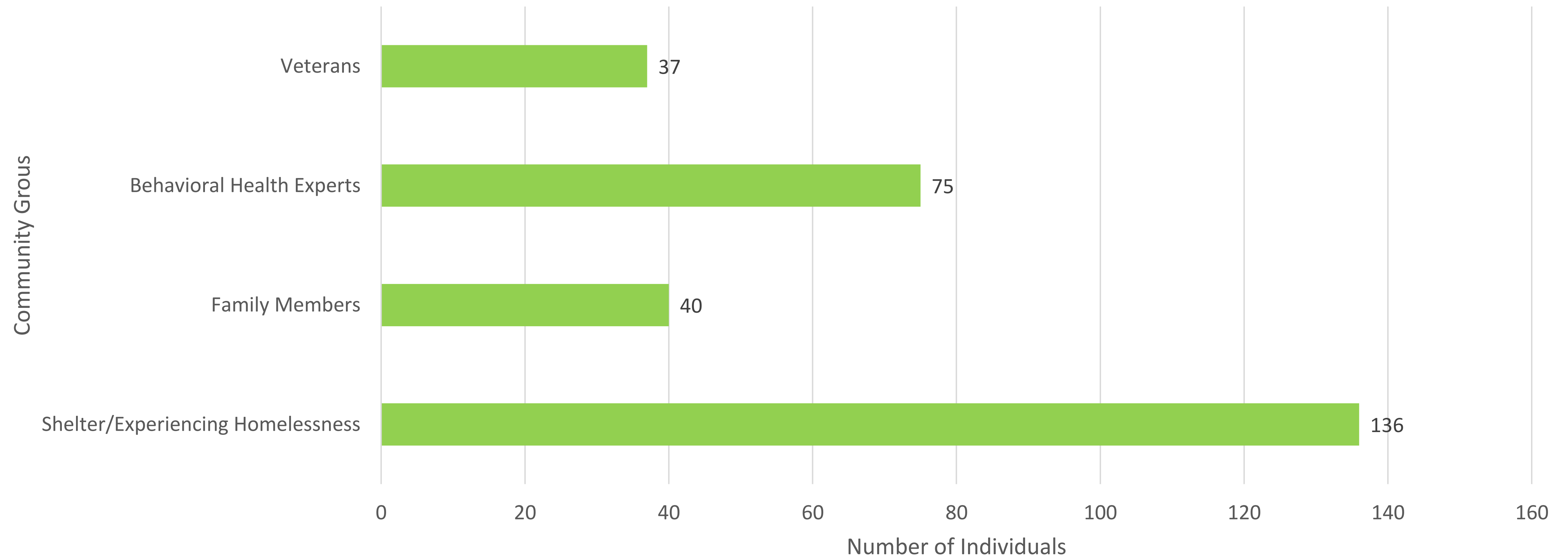
- Behavioral Health System Overview
- Service Delivery Landscape
- Statewide Behavioral Health Goals
- Monitor Provider Oversight
- Services per Behavioral Health Services Act (BHSA) Category
- Workforce Strategy
- Budget
- Stakeholder Engagement Process

Community Planning Process

BHSA requires counties to look at their whole behavioral health system of care through a formal Community Planning Process (CPP).

The CPP supports Stanislaus County's goal to involve communities in meaningful conversations and decision-making about local behavioral health services to ensure programs reflect their unique needs and voices.

BHSA's CPP process includes enhanced community engagement efforts intended to bring together a broad range of voices to provide input on mental health and substance use services, policies, program planning, implementation, budget allocation, and others.



Where We’ve Been & Who We’ve Reached

What We’ve Heard from the Community

How can we improve access to treatment services?

“More safe places for a person with a mental illness”

“Treatment should be targeted and specific based on need of person”

“Have weekend and evening hours”

“Educate the community on BHRS resources”

“More housing options”

“Meet us where we were at”

“Improved referral and care transition process”

What We've Heard from the Community

How can we support members and families through treatment?

"Provide appropriate resources"

"Educate family on treatment options along the journey"

"Begin with the End in Mind"

"Increase presentations for community members to learn resources"

"Increased peer support and family advocates"

"Improved communication"

"Level of services for family members"

What We've Heard from the Community

Partners that have a role in the treatment of SMI,SED, & SUD?

"Family involved more in treatment"

"Have more mental health experts in shelters and law enforcement"

"Chosen family allowed in treatment"

"More SUD experts in my mental health treatment"

"Include life coaches"

"Housing and employment navigators"

"Include my primary doctor in decisions"

What We’ve Heard from the Community

How can we strengthen treatment capabilities?

“Provide more in person interactive trainings”

“Evaluate staff caseloads”

“Provide more services to rural areas”

“Advertise your resources to the community”

“Educate the community on behavioral health topics”

“Go into the community to meet the people”

“Be creative and follow up with people in other areas like hospitals and jails”

BHSA Health Equity

Embedding Equity in Behavioral Health Policy

Identifying	Advising	Monitoring
Identifying disparities in access, quality, and outcomes across racial, ethnic, and cultural groups.	Advising on policy and program design to ensure services are culturally and linguistically appropriate.	Monitoring compliance with equity-related mandates in the BHSA.

Data-Driven Equity Monitoring

Track equity indicators (e.g., service utilization by race/ethnicity, language access).

Identify gaps in service delivery and outcomes.

Inform continuous quality improvement efforts aligned with BHSA goals.

Accountability and Implementation Support

Developing equity action plans aligned with BHSA implementation.

Reporting progress on equity goals to county and state agencies.

Supporting cross-sector collaboration to address social determinants of behavioral health.

BHSA Monitoring and Oversight

BHSA Monitoring and Oversight Responsibilities

The BHSA establishes a structured oversight framework to ensure counties are accountable for behavioral health services.

DHCS is authorized under WIC 5963.05(a) and 14197.7(r) to implement oversight processes.

Oversight includes monitoring county submissions of the Integrated Plan (IP), Annual Update (AU), and the Behavioral Health Outcomes, Accountability, and Transparency Report (BHOATR).

Counties must also monitor BHSA-funded providers and ensure services are culturally competent and accessible.

DHCS conducts compliance reviews at least once every three years, more frequently for priority areas.

Reviews include planning, document collection, desk review, and post-review evidence submission.

Reviews may be virtual or on-site, depending on risk assessment.

DHCS aims to align BHSA reviews with Medi-Cal and SAMHSA processes to reduce duplication and streamline oversight.

Compliance Review Process

Enforcement Mechanisms

DHCS may impose administrative sanctions, require Corrective Action Plans, or apply monetary penalties.

Correction Action Plans must be submitted within 60 days and resolved within 90 days of approval.

Monetary sanctions escalate based on the number of violations, ranging from $25,000 up to $1,000,000.

DHCS considers factors like severity, client impact, and county history when determining sanctions.

All monetary penalties are returned once the county comes into compliance.

County Provider Oversight

Aligning compliance review process will support future streamlined review. This streamlined review would encompass BHSA, Medi-Cal, and SAMHSA grants

Counties must monitor BHSA-funded providers through site visits and documentation reviews.

By FY 2027–28, counties must adopt a monitoring schedule and preserve oversight documentation.

Providers must meet Medi-Cal standards for qualifications, non-discrimination, and cultural competence.

DHCS recommends annual compliance checks and on-site reviews every three years.

Counties may rely on reviews conducted by other counties and must ensure providers are enrolled in Medi-Cal by July 2027.

California Department Public Health Population-Based Prevention Strategies

Office of Social and Behavioral Health

Launching in 2026 to centralize behavioral health leadership within CDPH

Ensures equity, Tribal engagement, and oversight

Coordinates with state and local partners

Leads behavioral health communications and strategy

Statewide Prevention Strategies

Priority populations targeted by BHSA funding: BIPOC, youth, LGBTQ+, immigrants, older adults, Tribes, veterans, and 51% of BHSS funds must serve individuals 25 years or younger.

Data-informed, culturally grounded strategies

Focus areas: suicide, overdose, violence, school supports

Emphasizes Social and Emotional Learning (SEL), stigma reduction, harm reduction, healing

Funding and Grants

CDPH will fund:

- Community-Based Organizations (CBOs)
- Tribes
- Local Health Jurisdictions (LHJs)

Key grant programs include:

- CDEP & EBP Grant Program
- Trusted Messenger Campaigns
- Regional Policy Research & Implementation
- Tribal Grant Program ($6M annually)
- 988 Outreach Campaign Grants
- Training & Technical Assistance Grants
- LHJ Coordination Grants ($12M annually)

Component	FY 2026/27	FY 2027/28–2028/29
Statewide Strategies	$63.6M (53%)	$52.6M (44%)
CBO Grants	$30.8M (26%)	$41.3M (35%)
Tribal Grants	$6.0M (5%)	$6.0M (5%)
TTA Grants	$7.5M (6%)	$7.5M (6%)
LHJ Grants	$12.0M (10%)	$12.0M (10%)
Total Annual Budget	$119.8M	$119.4M

Funding Summary

- Coordinate local convenings with key stakeholders to align efforts and inform suicide prevention planning
- Develop or update local suicide prevention plans reflecting community needs and statewide strategies
- Align with CHA/CHIP and other planning cycles by 2028–2029
- Engage in regional and statewide coordination and learning collaboratives
- Monitor and prepare for BHSA-related grant opportunities starting in 2026
- Integrate BHSA into broader public health and equity planning
- Build infrastructure to support data collection, stakeholder engagement, and prevention efforts

Next Steps for Stakeholders

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!