Behavioral Health Services Act Advisory Meeting

MARCH 6, 2026

Stanislaus County Behavioral Health Services Act Integrated Plan 2026–2029 Overview

Required 3-year plan under Behavioral Health Services Act (BHSA)

Aligns local priorities with statewide behavioral health goals

Promotes equity, access, and community-driven strategies

Community Engagement: Focus groups, surveys, advisory committees

Statewide Behavioral Health Goals

Priority Goals:

- Access to Care
- Homelessness
- Institutionalization
- Justice Involvement
- Removal of Children from Home
- Untreated Behavioral Health Conditions

Additional Goals

- Overdoses
- Suicides

Adult Access Strategy

START: Stanislaus Triage, Access, Recovery, and Treatment (START)

This centralized Substance Use Treatment navigation hub will serve as a community-centered access point, simplifying how residents connect to care by removing barriers and providing a compassionate entry into the system.

START will ensure that when someone reaches out, whether by walking through the door, calling for help, or meeting an outreach worker in the community, they are met with understanding, clarity, and immediate connection to the right level of care.

Families, in particular, often struggle to access clear information or advice on how to support someone they love who is experiencing addiction. Currently, there is no dedicated place for families to turn for that kind of guidance.

Adult Access Strategy

START: Stanislaus Triage, Access, Recovery, and Treatment (START)

- Same-day SUD screening and assessments to understand substance use and mental health needs and help determine next steps.
- Navigation and warm handoffs to appropriate behavioral treatment services and other supportive services.
- One-on-one and group support for people who need immediate help or someone to talk to.
- Crisis support and stabilization, working closely with BHRS crisis and access providers to ensure timely care.
- Care coordination and linkage to medical care, housing, and other supportive services.
- Transportation and support throughout Stanislaus County, including rural areas, to ensure individuals, especially those at risk of overdose or homelessness, can reach the care they need.
- Family education, consultation, and emotional support to help loved ones understand substance use and behavioral health conditions, navigate the treatment system, and effectively support an individual's recovery.

Adult Access Strategy

Neighborhood-Based Access & Treatment

- This strategy will include direct behavioral health treatment services with a culturally responsive, neighborhood-based engagement approach.
- Innovation projects beginning to show results that embedding treatment capacity within trusted neighborhood settings will improve service access, strengthen community trust, and expand equitable access to behavioral health and substance use treatment services across Stanislaus County.

Targeted Outreach Strategies

- The Department will expand and align its outreach infrastructure to strengthen engagement at key system touchpoints: Homelessness services, Justice settings, Hospitals and Shelters
- Through expanded multidisciplinary outreach teams and targeted post-hospital follow-up, the strategy will improve care coordination, ensure timely connection to treatment, and reduce reliance on crisis and emergency systems.

Adult Access Strategy

Jail-Based Services

- **Expand Adult Drug Court / Prop 36:** Strengthen treatment-based diversion for individuals involved in the justice system by expanding coordination with Adult Drug Court and Proposition 36 programs. This expansion will increase access to Medi-Cal certified substance use and behavioral health treatment as an alternative to incarceration.
- **Expand Reintegration Support Team:** Increase staffing and coordination to support individuals transitioning from jail back into the community. The Reintegration Support Team will provide discharge planning, treatment linkage, and care coordination to improve continuity of care and reduce recidivism.
- **Expand Collaborative Court Behavioral Health Services Team:** Expand behavioral health clinical support within collaborative courts to ensure participants receive timely assessments, treatment planning, and ongoing case coordination. This team helps stabilize individuals with behavioral health needs while supporting court compliance and long-term recovery.

Sustain Adult Treatment Services Expansions

- Telecare Behavioral Health Services Team
- Turning Point Behavioral Health Services Team

Adult Access Strategy

Member Relations and Community Education

BHRS will explore development of a Member Relations and Community Education Team dedicated to increasing awareness of Medi-Cal behavioral health benefits across the lifespan. This team will function similarly to member services units within commercial insurance and Medi-Cal managed care plans, focusing on education and benefit navigation rather than crisis response.

Staff will attend community events, school functions, civic meetings, and health fairs to provide structured education about covered services and how to access care. Multilingual and culturally responsive materials will be developed to reach diverse communities. The team will align with the Access Line to provide follow-up benefit clarification and navigation support.

By proactively educating residents about available services, this initiative will improve early help-seeking behavior and reduce delays in treatment entry.

Adult Access Strategy

Stanislaus County Opioid Safety Coalition

Through the Stanislaus County Opioid Safety Coalition (SCOSC), BHRS will enhance public education campaigns, youth prevention outreach, healthcare provider training, overdose data surveillance, and naloxone distribution efforts.

Opioid Settlement Fund investments will support expanded real-time overdose monitoring, multilingual education campaigns, culturally responsive community outreach stipends, and increased harm reduction distribution.

These investments will be designed to reach populations that have historically accessed services at lower rates, including Hispanic residents, Asian or Pacific Islander residents, and non-English-speaking households.

By increasing culturally and linguistically aligned prevention messaging and community engagement, the County will promote earlier help-seeking behavior and reduce the likelihood that individuals first encounter the system through crisis or incarceration.

Children's Access & Removal of Children from Home Strategy

Children's Access Strategy

Interagency Governance and Accountability

The Interagency Executive Team (IET) will provide executive oversight and cross-system alignment for children's behavioral health access initiatives. Membership in the IET includes executive leadership from child welfare, behavioral health, probation, education, developmental services, and tribal leadership, ensuring cross-system governance aligned with AB 2083.

The Mental Health Working Group (MHWG): The IET will review shared performance benchmarks, align fiscal and policy direction, and approve strategies developed by the MHWG. The MHWG will develop recommendations focused on improving behavioral health treatments access, timeliness of care, school-based integration, and removal prevention.

The Integrated Leadership Team (ILT) will operationalize approved strategies and address workflow barriers affecting access.

Children's Access Strategy

Interagency Governance and Accountability

The Stanislaus Cradle-to-Career System of Care Dashboard will integrate BHSA measures, Behavioral Health Accountability Set indicators, managed care data, child welfare metrics, and school-based indicators into a unified oversight framework.

Shared Visibility Across Systems: The dashboard provides a shared view of key children's system of care indicators, allowing partner agencies to better understand service access, utilization, and outcomes across child welfare, behavioral health, education, and other systems.

Early Identification of Youth Needs: By highlighting trends and early indicators of instability or placement risk, the dashboard helps partners identify opportunities for early intervention and coordinated support.

Improved Cross-System Coordination: The dashboard supports partners in identifying where assessment, referral, or service initiation processes may need strengthening, enabling agencies to work together to improve service pathways.

Alignment of Resources and Strategies: Data from the dashboard helps participating agencies align fiscal and programmatic resources to address emerging needs and support shared priorities.

Collaborative Decision-Making: Consistent with the intent of AB 2089, the dashboard serves as a collaborative tool for the IET to collectively address system challenges and strengthen coordinated efforts to keep youth safely at home, in school, and connected to appropriate supports.

Children's Access Strategy

School-Based Behavioral Health Expansion

The C2C Mental Health Working Group developed the School Mental Health Modeling Guide to support Local Education Agencies (LEAs) and community partners in strengthening and integrating behavioral health services within school settings.

The Modeling Guide serves as a strategic framework to help districts design, expand, and sustain school-based behavioral health services aligned with local need, available funding, and BHSA accountability expectations.

The model will also include strategies to leverage Medi-Cal managed care, Behavioral Health Plan (BHRS), commercial/private health insurance, and other available funding sources allocated or designated to support school-based behavioral health services.

The strategy will incorporate lessons learned and sustainability planning from California's Children and Youth Behavioral Health Initiative (CYBHI) to help ensure school-based behavioral health services remain financially sustainable and integrated across health and education systems while expanding access for students and families.

Children's Access Strategy

High-Fidelity Wraparound Expansion

High-Fidelity Wraparound (HFW) is an intensive, team-based care coordination model designed to serve children and youth with complex behavioral health needs who are at risk of removal from their homes, psychiatric hospitalization, or justice involvement.

Services are youth and family driven, as the family works with a trained facilitator to engage a supportive team who will work with the family toward their goals. The services and supports are available 24 hours a day, and the service plan reflects the family culture and preferences.

The model emphasizes family-centered, community-based services designed to prevent crises and reduce reliance on institutional placements.

Expanded Wraparound services are expected to improve stability for youth and families, reduce hospitalizations and residential placements, and strengthen functioning in home, school, and community environments.

Children's Access Strategy

High-Fidelity Wraparound Expansion

Currently, Wraparound services provide a strength-based, needs-driven, team approach that delivers flexible services and supports to children and youth experiencing significant mental health needs who are involved with Child Welfare, Juvenile Probation, or adoption systems.

Expanded Access to High-Fidelity Wraparound: BHRS will expand eligibility for High-Fidelity Wraparound services, moving beyond a primary focus on foster care to serve all children and youth with complex behavioral health needs.

Integration into Full-Service Partnership Programs: Wraparound will function as a core service model within children's Full-Service Partnership (FSP) programs, strengthening intensive, team-based care coordination.

Earlier and Cross-System Intervention: Services will engage youth earlier and support coordination across child-serving systems such as behavioral health, child welfare, education, and justice.

Homelessness

Homelessness

Behavioral Health Housing Collaborative

Cross-Agency Housing Governance: The Behavioral Health Housing Collaborative convenes key County and local housing partners to coordinate housing planning and policy for individuals with behavioral health needs.

Data-Driven Housing Planning: The Collaborative works to quantify current and projected housing needs for individuals receiving behavioral health services, including populations expected to be served under the Behavioral Health Services Act (BHSA).

Alignment of Housing Resources and Development: Partner agencies coordinate housing development priorities, funding strategies, and project planning to ensure behavioral health housing needs are integrated into broader county housing initiatives.

Accountability for BHSA Housing Investments: The Collaborative provides oversight to ensure BHSA housing resources are deployed strategically, avoid duplication of existing programs, and support priority populations with measurable outcomes.

Homelessness

Strengthened Housing Data Collection and Internal Point-in-Time Assessments

Improved Housing Data Collection: BHRS will strengthen documentation of housing status within the Department's electronic health record (EHR) system by establishing clear policies, standardized definitions, and quality assurance processes to ensure housing information is consistently recorded and updated during treatment.

Internal Point-in-Time Assessments: BHRS will conduct periodic internal point-in-time counts of individuals engaged in services to supplement EHR data, validate housing trends, and provide deeper insight into housing conditions, stability, and service gaps.

Real-Time Housing Prioritization Tool: BHRS will maintain a dynamic, real-time by-name list of individuals experiencing homelessness or housing instability, using EHR data and internal assessments to support coordinated case conferencing, prioritize housing placements based on acuity and vulnerability, and track progress toward stable housing and improved treatment outcomes.

Homelessness

Behavioral Health Housing Needs and BHSA Housing-Type Analysis

Comprehensive Housing Needs Assessment: The Behavioral Health Housing Collaborative will conduct a data-driven analysis using BHRS electronic health record (EHR) data, Point-in-Time (PIT) counts, and the County's by-name list to quantify housing needs among individuals receiving behavioral health services.

Evaluation of Current Housing Capacity: The analysis will assess whether the County's existing behavioral health housing portfolio—including emergency shelter, transitional housing, permanent supportive housing, and units currently in development—is sufficient to meet current and projected demand.

Projection of Future Housing Demand: Using service utilization patterns, housing status data, and BHSA implementation projections, the assessment will estimate housing needs for the next three years to guide planning and system expansion.

Data-Informed Housing Investment Decisions: Findings will inform the types and number of housing units needed and ensure that BHSA housing investments and development priorities are aligned with verified system data and documented service gaps.

Homelessness

Sustainability of State-Funded Projects

BHRS will develop continuity plans for housing and infrastructure projects originally funded through time-limited state investments such as the Behavioral Health Bridge Housing Program (BHBHP) and Behavioral Health Continuum Infrastructure Program (BHCIP) to prevent loss of service capacity as these funds sunset.

Operational and Funding Alignment

BHRS will assess operational needs and identify sustainable funding strategies that align with payer-of-last-resort principles and leverage available federal, state, and local funding sources.

Sustainability Projects

- Dignity Village
- Transitional Board and Care Expansion

Homelessness

Targeted Outreach Strategies

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Institutionalization & Justice Involved

Adult Institutionalization & JI

Collaborative Court Behavioral Health Services Team Expansion

The Collaborative Court Behavioral Health Services Team is the dedicated treatment team serving individuals participating in diversion programs through the County's newly established Collaborative Court. The team operates as a Full-Service Partnership-level program and serves as the forensic Assertive Community Treatment model within the BHSA plan. It provides core mental health treatment services within the jail setting and in the community.

Reintegration Support Team Expansion

The Reintegration Support Team provides jail-based screening and diversion eligibility assessments prior to IST determination. The team supports referrals to mental health diversion, CARE Court, Proposition 36, Penal Code 1000.36 diversion, and other alternatives. Expansion strengthens early intervention and preserves the County's IST prevention capacity.

Adult Institutionalization & JI

Pre-Trial Felony Mental Health Diversion (PFMHD) Program

Pre-Trial Felony Mental Health Diversion (PFMHD) program will provide a structured alternative to state hospital commitment. BHRS is currently in the planning phase and securing a transitional board and care residential treatment operator to provide the housing component. This program expands local restoration alternatives and strengthens the County's IST mitigation strategy.

Proposition 36 and Adult Drug Court Expansion

- **Growing Diversion Demand:** Since January 2025, Stanislaus County has received approximately 820 Proposition 36 referrals, demonstrating significant demand for treatment-based diversion services.
- **Adult Drug Court Expansion:** Participation in Adult Drug Court has increased from a historical average of 5–7 participants to approximately 39 active participants as of January 2026.
- **Diversion Capacity Expansion:** To meet growing demand, the Department is expanding the Adult Drug Court treatment team, which supports both Drug Court and Proposition 36 participants.

Adult Institutionalization & JI

CARE Court Sustainability

- **Court-Based Treatment Pathway:** CARE Court provides a court-supervised pathway to treatment for individuals with untreated schizophrenia spectrum and other psychotic disorders who are not successfully engaged in care.
- **Petition-Based Referral Process:** The program begins with a CARE Court petition filed with the court by eligible petitioners, which may include family members, behavioral health providers, first responders, hospital staff, public guardians, or other authorized parties who believe an individual meets CARE Court criteria.
- **Individualized Care Plans:** The program develops a CARE Plan that outlines behavioral health treatment, medication support, housing stabilization, and other services designed to support recovery and community stability.
- **Cross-System Coordination:** CARE Court requires collaboration among behavioral health providers, courts, legal representatives, and community partners to coordinate treatment, housing, and supportive services.
- **Engagement and Stabilization Focus:** The program emphasizes voluntary engagement, treatment adherence, and ongoing support to stabilize individuals who are at risk of repeated crisis system involvement.
- **Prevention of Institutionalization:** By connecting individuals to treatment earlier and coordinating services across systems, CARE Court aims to reduce psychiatric hospitalizations, homelessness, justice involvement, and other forms of institutional care.

Children/Youth Institutionalization & JI

Hope Forward Campus

The Hope Forward Campus in Turlock will provide a local crisis continuum for children and youth experiencing behavioral health crises, reducing reliance on emergency departments and out-of-county placements.

- **Children's Crisis Stabilization Unit (CSU):** 24-hour stabilization, assessment, and treatment for youth experiencing an acute mental health crisis.
- **Children's Crisis Residential Program (CCRP):** Short-term residential crisis care for youth who require stabilization beyond immediate crisis intervention.
- **Psychiatric Health Facility (PHF):** Small inpatient psychiatric program providing intensive treatment for youth with more complex or persistent crisis needs.

Family-Centered Supports and Continuity of Care: The Hope Forward Campus includes a Wellness Center that serves as a navigation hub for youth and families, providing care coordination, peer support, and community linkage, while a transition team uses the Child and Family Team (CFT) model to coordinate services; the continuum also includes a Family Visitation Unit and Intensive Services Foster Care (ISFC) placements to support reunification and step-down from higher levels of care.

Untreated Behavioral Health Conditions

Untreated Behavioral Health Conditions

START Centralized Access Hub

Neighborhood-Based Access & Treatment (Slide 6)

Targeted Outreach: Homeless, Hospital, Shelters & Justice Settings (Slide 6)

Housing: Housing Stabilization as a Treatment Strategy

School-Based Integration: Children and Youth Early Intervention

Justice Diversion & Jail-based Services

Funding Supporting These Goals

Behavioral Health Services Act

Medi-Cal Federal Financial Participation

1991 & 2011 Realignment

Substance Use Block Grant

Opioid Settlement Funds

Discussion

What did you hear?

What did you like?

What questions do you have?

Do you see any challenges or obstacles to implementing these strategies locally?

What solutions or ideas would you suggest to overcome these challenges?

What partnerships or resources could help make these solutions possible?

Tentative Timeline & Next Steps

Next Advisory: TBD

Public comment period: April 28 – May 28, 2026

Behavioral Health Board public hearing: May 28, 2026

Final submission to DHCS: June 30, 2026

Ongoing monitoring & annual updates