Behavioral Health Services Act Community Listening Session

APRIL 28, 2026

Agenda

BHSA Overview

BHSA Draft Integrated Plan FY 2026-2029

Prioritized Strategies

Fiscal Summary

Behavioral Health Transformation

Behavioral Health Services Act

BEHAVIORAL HEALTH TRANSFORMATION

BHSA: Policy Changes

California's Proposition 1 (BHSA), passed in March 2024, represents a significant shift in the state's approach to mental health and substance use disorder services.

Places a stronger emphasis on serving the most vulnerable populations, particularly individuals experiencing homelessness and serious mental illness.

Expands the role of County Behavioral Health Plans to more intentionally include housing interventions as a core component of care.

Authorizes the use of Behavioral Health Services Act funding for substance use disorder services, broadening the scope beyond mental health.

Transitions responsibility for population-based prevention and behavioral health workforce funding from counties to the State.

BHSA: Accountability

Expanding Stakeholder and Community Input

Accounting for funding beyond the BHSA in the Integrated Plan.

Publicly reporting on key indicators, settled on by the State, each year.

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%

BHRS Reporting Requirements

Integrated Plan (IP)

Under the BHSA beginning July 1, 2026, counties must submit an Integrated Plan (IP) that includes a comprehensive report on all behavioral health funding streams used to deliver services. The BHSA requires counties to account for both state and non-state sources to provide a full picture of how behavioral health services are funded and coordinated.

BHSA Funds

1991 Realignment

2011 Realignment

Medi-Cal Federal Financial Participation (FFP)

State General Fund Allocations

Federal Block Grants

Opioid Settlement Funds

Local Revenue

Other Competitive Grants and Pilot Funding

Behavioral Health Outcomes, Accountability, and Transparency Report

The BHOATR is an annual reporting requirement under the Behavioral Health Services Act, beginning in Fiscal Year 2027.

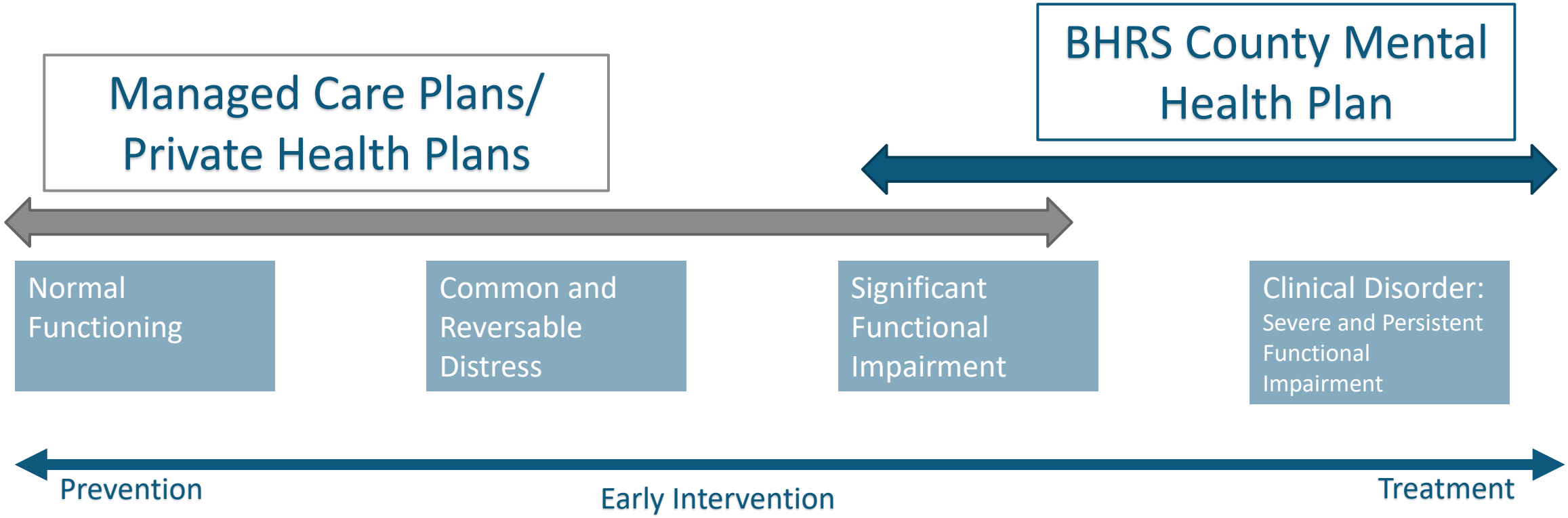
Comprehensive summary of how funds were spent, who was served, and what outcomes were achieved.

Identify service gaps, assess performance across the continuum of care, and promote transparency with the public and policymakers.

The report requires formal attestation by the County Board of Supervisors that statutory requirements are being met.

BHRS Overview

Behavioral Health Continuum of Care



https://safehouseapp.info/2018/01/16/the-benefits-of-the-mental-health-continuum/

BHRS as the Medi-Cal Behavioral Health Plan

Designated County Behavioral Health Plan

- BHRS serves as the Medi-Cal Behavioral Health Plan for Stanislaus County residents.
- Administers Specialty Mental Health Services and Drug Medi-Cal Organized Delivery System services.

Responsible for Service Delivery & Oversight

- Provides or contracts for assessment, treatment, care coordination, and crisis services.
- Ensures access, quality, and compliance with Medi-Cal and parity standards.

Part of California's Two-Plan Behavioral Health System

- BHRS covers specialty-level behavioral health needs (severe mental illness and substance use disorders).
- Managed Care Plans cover mild-to-moderate behavioral health services.

Medi-Cal Managed Care Plan

Mental Illness

Performance Measures

Population: Adults/Children with SMI/SED with functional impairment
Better Off PM: Improved Functioning/Reduced Impairment

What Works: Treatment

- Medication Services
- Mental Health Clinical Services
- Family, Peer and Community Support

If experiencing homelessness?

In addition to treatment…

- Housing Supportive Services
- Shelter | Respite | Supportive & Transitional Housing

Substance Use Disorders

Performance Measures

Population: Adults/Children with SUD with functional impairment
Better Off PM: Improved Functioning/Reduced Impairment

What Works: Treatment

- Medication Services
- SUD Counseling and Rehabilitation Services
- Family, Peer and Community Support

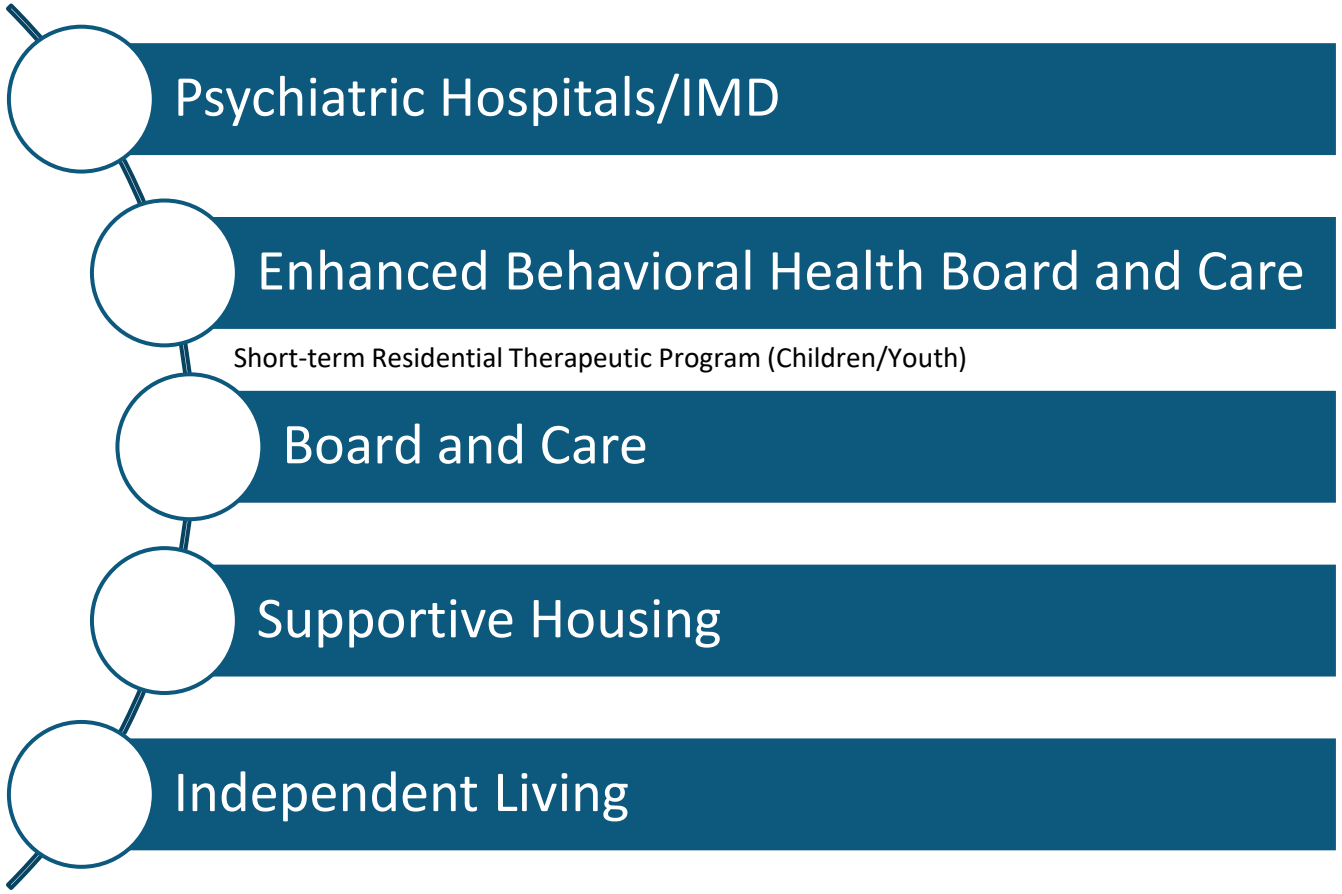
If experiencing homelessness?

In addition to treatment…

- Housing Supportive Services
- Shelter | Respite | Recovery Housing

Residential & Housing Continuum of Care

In the course of treatment, some clients are placed on hospitals, residential treatment and housing. Just as with physical health, the outpatient treatment team provides services in addition to the residential or housing services.



Systems of Care & Divisions

Adult System of Care

Children's System of Care

Substance Use Disorder System of Care

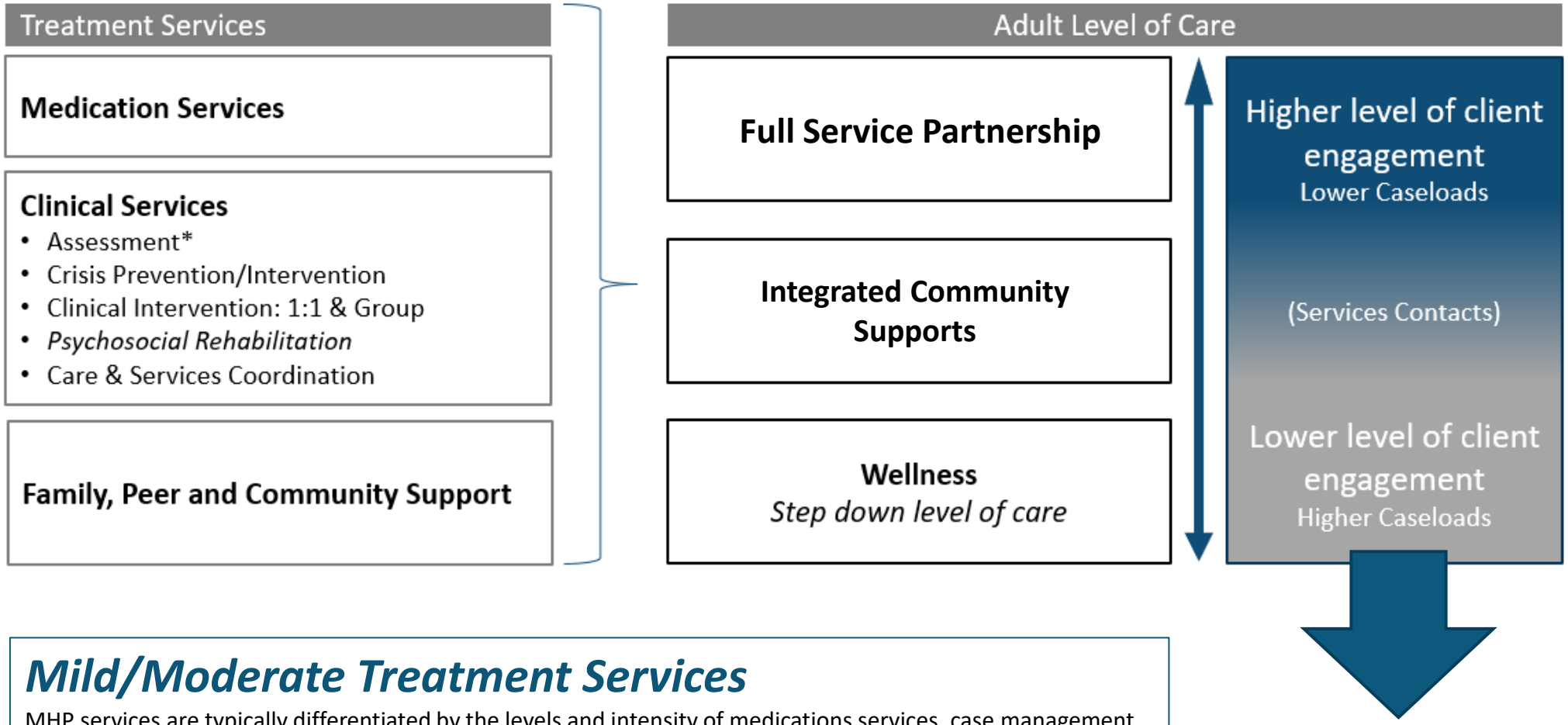
Crisis & Access Services

Supportive Services

Integrated Services

Forensics & Public Guardian

Levels of Care



Mild/Moderate Treatment Services

MHP services are typically differentiated by the levels and intensity of medications services, case management, and crisis services given the severity of the client population's functional impairment due to SMI/SED. MHP client typically require higher levels of the number of core treatment services and contact with treatment team providers to maintain their mental health and satisfaction in environments of their choice

Managed Care Plans

- Health Plan of San Joaquin
- Healthnet

Populations Served by County Behavioral Health System FY 2023/2024

Children and Youth

Received Medi-Cal Specialty Mental Health Services (SMHS) = 4,650

Have received acute psychiatric care = 701

Adults and Older Adults

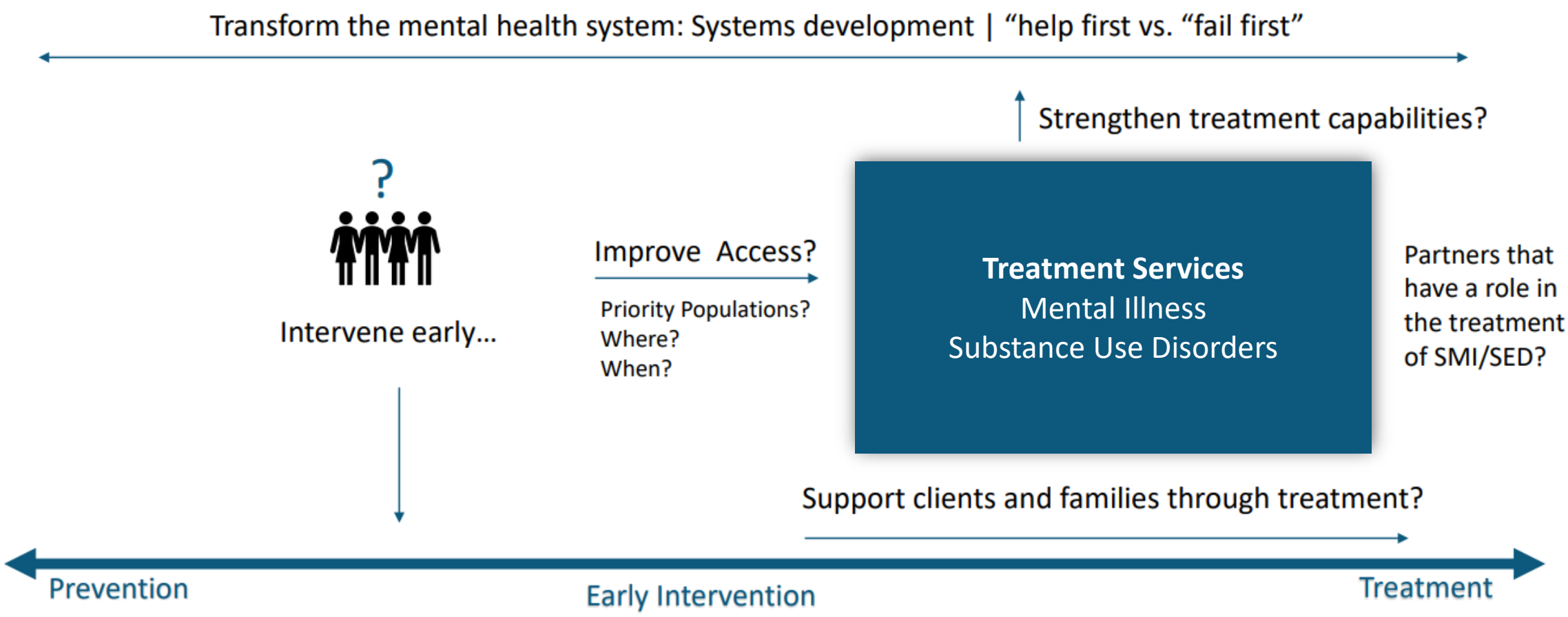
Received Medi-Cal SMHS = 5,399

Received DMC or DMC-ODS services = 3,299

Received acute psychiatric services = 1,302

How might we…

Behavioral Health Services Act and BHRS Budget Priorities Stakeholder Input



BHSA Draft Integrated Plan

FOR FISCAL YEARS 2026-2029

What's in the BHSA 3-Year Integrated Plan?

BHSA Funding Allocations

Populations Served by BHRS

Infrastructure and Funding Landscape

Statewide Priority Goals

- **Planning Strategies**

County Selected Additional Statewide Goals

BHSA-Funded Programs

Workforce Strategy

Appendices

- Documentation of Data Used for Planning
- Documentation of CPP Process
- Quality Improvement Plan
- Integrated Budget Plan

Statewide Priority Goals

State Directed Priority Goals

Goals Required for Behavioral Health and Recovery Services

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

County Selected Additional Goals

- Overdose
- Suicide

Prioritized Behavioral Health Strategies

Access to Care

- Stanislaus Triage, Access, Recovery, and Treatment (START)
- Neighborhood-Based Access & ICS Treatment
- Member Relations and Community Education Team
- High-Fidelity Wraparound Expansion

Homelessness

- Behavioral Health Housing Collaborative
- Housing-Type Analysis
- Sustainability of State-Funded Projects
- Targeted Outreach

Prioritized Behavioral Health Strategies

Removal of Children from Home

- Interagency Governance and Accountability
- Early Identification of Youth Needs
- School-Based Behavioral Health Integration (MCP/BHRS)

Untreated Behavioral Health Conditions

- Targeted Outreach Engagement
- Housing Stabilization as a Treatment Strategy
- Children and Youth Early Intervention
- Post Hospitalization Engagement

Prioritized Behavioral Health Strategies

Justice-Involved/Institutionalization

- Children/Youth Treatment “Hope Forward” Residential Treatment
- CARE Court Sustainability
- Collaborative Court Behavioral Health Services Team Expansion
- Reintegration Support Team Expansion
- Proposition 36 and Adult Drug Court Expansion
- Pre-Trial Felony Mental Health Diversion Program

Prioritized Behavioral Health Strategies

Overdose

- Stanislaus County Opioid Safety Coalition Strategies Expansion
- Integrated Outreach and Engagement Teams
- Justice-Involved Re-Entry Engagement and Overdose Prevention

Suicides

- Stanislaus County Suicide Prevention Education Coalition (SPEC) Blueprint for Action
- Crisis Response Team Expansion

BHSA Funded Programs

Housing Intervention Funded Programs

Program	$
Housing Tenancy and Navigation - Housing Staff	2,240,219
Community Assessment, Response, and Engagement (CARE)	873,311
Community Housing and Shelter	67,666
Turning Point Respite	1,622,819
Stan Co Transitional Housing	1,243,598
Capital Development - El Capitan	500,000
Participant Funds	750,000
Landlord Outreach and Mitigation	750,000
Interim Housing	2,058,630
Permanent Housing	2,058,630
Sober/Recovery Living	311,000
Total	**12,475,873**

Behavioral Health Services & Support Funded Programs

Program	$
Children's Early Intervention	1,789,278
Center for Human Services School Behavioral Health Integration	277,606
Behavioral Health Wellness Center	1,566,978
Behavioral Health Access, Crisis and Support Line	2,901,962
Coordinated Specialty Care- First Episode Psychosis	530,551
Assisted Outpatient Treatment (AOT)	461,874
Behavioral Health Outreach & Engagement (BHOE)	1,687,406
Crisis Residential Unit (CRU)	707,814
Community Response Team (CRT)	717,954
24/7 Mobile Crisis	863,758
Therapeutic Foster Care (TFC)	396,261
Short-Term Residential Therapeutic Program (STRTP)	2,161,759
Workforce Education and Training	597,088
Total	**14,660,292**

Full-Service Partnership Funded Programs

Program	$
Adult Behavioral Health Services Team	6,945,509
CCP Behavioral Health Services Team	44,805
Individual Placement Support for Employment	255,922
Care Court	3,071,265
Adult Medication Clinic	1,689,100
Children/Transition Age Youth Behavioral Health Services Team	2,371,381
SUD Evaluation and Medication Access Clinic	72,100
Total	**14,450,082**

Expansions/New BHSA Funded Programming

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

Crisis Response Team

Access/Integrated Community Supports

High-Fidelity Wraparound

Permanent and Interim Housing Projects

Targeted Outreach

Member Relations and Community Education

Turning Point BHST *

Telecare TAY BHST *

Pre-Trial Felony Mental Health Diversion Program

Collaborative Court BHST

Reintergration Support Team

Adult Drug Court

Coordinated Specialty-Care First Episode Psychosis

BHSA Funded Programs

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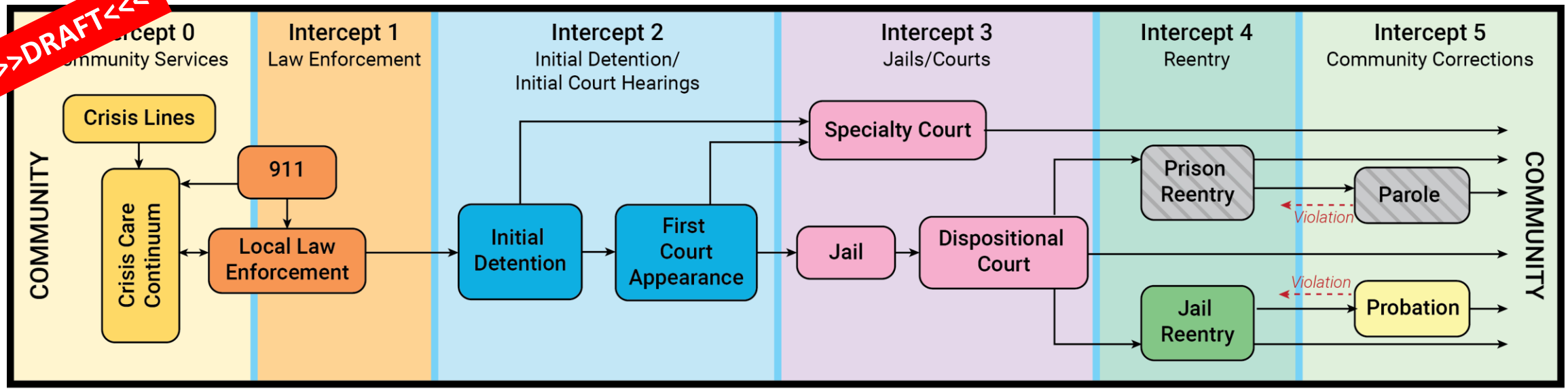
BHSA Category	$
Housing Interventions	12,475,873
Full-Service Partnerships	14,450,082
Behavioral Health Services and Supports	14,660,292

Sequential Intercept Model

>>>DRAFT<<<



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- CARE MDT Outreach Team
- Crisis Response Teams (CRT)
  - BHRS
  - Telecare

- Reintegration Support Team

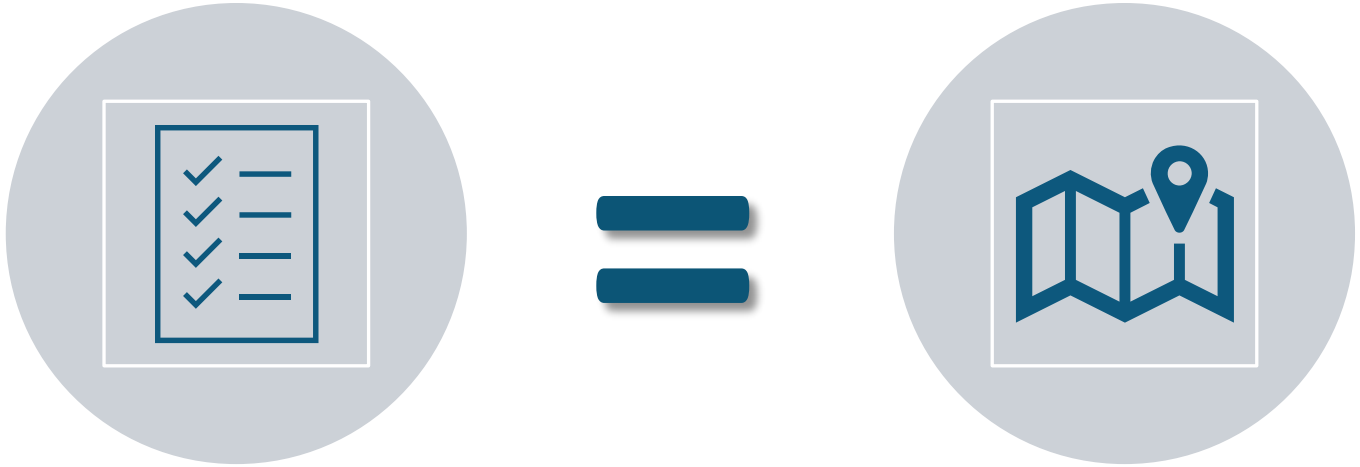
Collaborative Court
- Prop 36 / Drug Court
- CARE Court
- IST Diversion Program

- Day Reporting Center Treatment Services
- Cal AIM Pre-release Services

Behavioral Health Treatment Services

Align >>> Cal AIM Pre-Release Services: Sheriff & Probation Plan | Community Corrections Partnership Plan

Strategic Plan



BHSA INTEGRATED PLAN BHRS STRATEGIC PLAN

Budget

Review and Public Comment

30-day Public Comment

- April 28 – May 28, 2026
- Full draft Integrated Plan document posted on BHSA website: https://www.stanislausmhsa.com/
- Email notices sent to BHSA stakeholder email listservs

How to Give Public Comment

- Email BHSA@stanbhrs.org
- Leave a phone message at (209) 525-6247
- Fax at (209) 653-0391
- Visit BHSA office at 1130 12th Street, Suite B, Modesto Ca 95354
- Comment Form: https://forms.office.com/g/Aydr78uLqg?origin=lprLink
- Printed copies are available