



Behavioral Health Services Act (BHSA)

On **July 1, 2026**, the Behavioral Health Services Act (BHSA) will replace the Mental Health Services Act (MHSA) making the following key shifts:

- Prioritizes people with the **most significant mental health needs**
- Emphasizes **housing interventions**
- Adds flexibility for counties to fund **substance use programs**
- Increases **priority populations** for engagement from 11 to 29
- Shifts **Prevention** funds to the State Department of Public Health for population-based prevention
- Enhances **oversight, transparency, and accountability**

Shifting from MHSA to BHSA

BHSA will fund treatment, supports, and housing for people who meet criteria for Medi-Cal specialty mental health and with substance use disorders, as follows:

County MHSA Allocation: 95%

76% Community Services & Supports

- Full-Service Partnerships
- Outpatient Treatment
- Crisis Intervention
- Housing Services
- Capital Facilities

19% Prevention & Early Intervention

- School-based Services
- Outreach to Older Adults
- Suicide Prevention

5% Innovation

- Technology Integration
- Innovative Programs
- Increased Access

State MHSA Funding: 5%

- 5% State Administration

County BHSA Allocation: 90%

30% Housing Interventions

- Rental and Operating Subsidies
- Family Housing
- Shared Housing
- Project-Based Housing
- Capital Development

35% Full-Service Partnerships

- Wrap-Around Services
- Assertive Community Treatment
- Mental Health & Substance Use Treatment

35% Behavioral Health Services & Supports

- Early Intervention
- Outreach and Engagement
- Outpatient Treatment

State BHSA Funding: 10%

- 3% State Administration
- 4% Prevention
- 3% Behavioral Health Workforce

BHSA Implementation Timeline

Draft Integrated Plan
Due 3/31/26

Board of Supervisors
Must Approve County
Integrated Plan
Before 6/30/26

County Integrated Plan
Due 7/1/26

Outcomes,
Accountability, and
Transparency Report
(BHOATR)
Due 1/30/28