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

County BHSA Allocation: 90%

30% Housing Interventions
- Rental and Operating Subsidies
- Participant Assistance (e.g., move-in costs)
- Landlord Outreach and Engagement
- Flexible Housing Models (e.g., permanent supportive housing, shared housing)

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 MHSA Funding: 5%
- 5% State Administration

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