





PreparationApr-Dec 2024

- Statewide Workgroups
- Request For Proposal (RFP) – Organizational Needs Assessment, Project Management, Implementation, Community Program Planning (CPP) Process
- Public Health Community
 Health Improvement Plan

 MH Workgroup
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Transition Planning Jan 2025-Jun 2026

- Kick-Off BHSA Taskforce and CPP Process – Needs Assessment, Strategy Development, Community Input
- Implement Restructure Recommendations from Organizational Needs Assessment

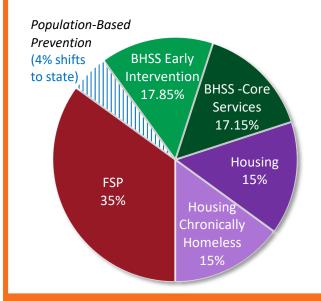
Plan Development Sep 2025-Jun 2026

- Develop Three-Year Integrated Plan
- Behavioral Health Commission 30-Day Public Comment and Public Hearing
- Board of Supervisor Approval

Implementation July 1, 2026

 Current programs funded by MHSA remain as is through June 30, 2026

NEW Funding Allocations:



- BHSS Behavioral Health Services and Supports (30%)
- FSP Full Service Partnerships (35%)
- Housing Interventions (35%)

*Counties have flexibility to move up to 7% from one category to another.

Prop. 1 – Transition to Behavioral Health Services Act (BHSA)

Key priorities for BHSA include:

- Inclusive of substance use without a primary mental health diagnosis
- Focus on the most vulnerable individuals living with serious mental illness (SMI) and/or substance use disorder (SUD), who are at-risk or chronically homeless and at risk for justice involvement.
- Build supportive housing and unlocked community mental health and substance use treatment settings.
- Redirect the Mental Health Services Act (MHSA) funds to housing interventions, full service partnerships, and other core services, including early intervention.
- Create transparency in fiscal planning and reporting across all behavioral health revenues (local and state) with an emphasis on Medi-Cal billing.
- Standardize outcome reporting across all behavioral



