

PROPOSITION 1 & BEHAVIORAL HEALTH SERVICES ACT (BHSA)

BEHAVIORAL HEALTH COMMISSION INFORMATIONAL BRIEFING



El Dorado County HHSA
Behavioral Health





AGENDA

- Proposition 1
Overview
- MHSA to BHSA
Structural Shifts
- Funding Shifts
- System Impacts
- BHSA Integrated Plan
- Evolving Guidance
- Next Steps



PROPOSITION ONE

- SB 326 reformed the existing Mental Health Services Act (MHSA) to the Behavioral Health Services Act (BHSA)
- Promoted behavioral health funding for housing services, high-acuity populations, and evidence-based practices
- Emphasized reporting and outcomes expectations
- Passed by voter approval in March 2024 with 50.18%

WHAT CHANGED?

MHSA TO BHSA CHANGES

Quick Guide for how Proposition 1 Shifts Funding and Priorities from the **Mental Health Services Act (MHSA)** to the **Behavioral Health Services Act (BHSA)**.



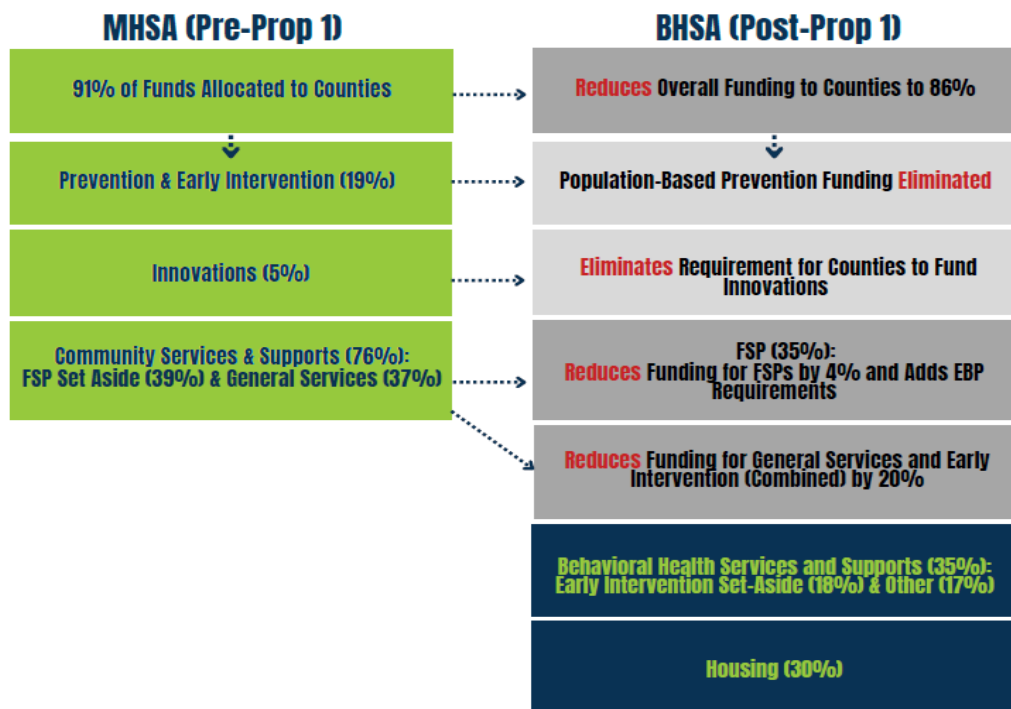
	MHSA (Pre-Prop 1)	BHSA (Post Prop 1)	What This Means
State Funding Level	5% DHCS	10% (3% DHCS, 4% CDPH, 3% HCAI)	Increases State Funding from 5% to 10%
State Funding Categories	Administration (5%)	<ul style="list-style-type: none"> State Administration (3%) Workforce (DHCS & HCAI) (3%) Population Prevention (CDPH) (4%) 	State Workforce and Prevention funding not dedicated for county BH use (including county BH Contractors)
County Funding Level	91%	86%	<ul style="list-style-type: none"> Overall funding decreases by 5% Population-based prevention funding eliminated Workforce funding moves through the state
County Funding Categories	<ul style="list-style-type: none"> Prevention & Early Intervention (19%) Community Services & Supports (76%) <ul style="list-style-type: none"> Full-Service Partnership Set-Aside (39%) General Services (37%) Innovations (5%) 	<ul style="list-style-type: none"> Housing (30%) Full-Service Partnerships (35%) Behavioral Health Services and Supports (35%) <ul style="list-style-type: none"> Early Intervention Set-Aside (18%) Other (17%) 	<ul style="list-style-type: none"> Adds housing (new 30% set-aside) Adds substance use disorders (new requirement) Eliminates population prevention funding from county level and transfers this to the state for a competitive grants program under CDPH Eliminates a stand-alone requirement for counties to fund Innovations Reduces funding for FSPs from 39% to 35% and adds new EBP to fidelity requirements for children and adult services Reduces funding for general services and early intervention (combined) by 20%

Source: California Legislature, (2023). Senate Bill No. 326: The Behavioral Health Services Act [Bill text]. https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=2023202405B326

MHSA TO BHSA COUNTY FUNDING CHANGES



Quick Guide for how Proposition 1 Shifts Funding and Priorities to counties from the Mental Health Services Act (MHSA) to the Behavioral Health Services Act (BHSA).



WHAT THIS MEANS

- Overall funding decreases by 5%
- Population-based prevention funding eliminated
- Reduces funding for general services and early intervention (combined) by 20%
- Eliminates population prevention funding from county level and transfers this to the state for a competitive grants program under CDPH
- Eliminates a stand-alone requirement for counties to fund Innovations
- Reduces funding for FSPs from 39% to 35% and adds new EBP to fidelity requirements for children and adult services
- Workforce funding moves through the state
- Adds housing (new 30% set-aside)
- Adds substance use disorders (new requirement)



The combination of newly added responsibilities (e.g. required shift to housing, substance use disorder services, and evidence based practices to fidelity) and increased state control with less overall funding, will likely lead to fewer services for Californians.

A new level of transparency: In addition, Proposition 1 will require counties to report on and be held to a higher level of accountability for all funding sources: 1991 and 2011 realignment, BHSA, and other state and federal funding sources.

Other Proposition 1 Changes:

- Counties must coordinate with Medi-Cal managed care plans' population needs assessment and the county public health needs assessment.
- Counties will be required to expand the array of stakeholders consulted in the three-year plan to newly include:

1. Cities
2. Public safety
3. Higher education partners
4. Early childhood organizations
5. Veterans
6. County social services

7. Child welfare agencies
8. Tribal and Indian Health Program designees
9. Labor representative organizations
10. Independent living centers
11. Regional centers
12. Emergency medical services

13. Area Agencies on Aging
14. Disability insurers
15. Continuums of care
16. Local health jurisdictions
17. Health care service plans.

WHERE ARE WE NOW?

BHSA INTEGRATED PLAN



State required template



Utilize data from most recent reporting year



Conduct Community Program Planning (CPP)



Three-year cycle for plan



Emphasis on Regulations



Final approval from DHCS

EVOLVING GUIDANCE



- Final BHSA Policy Manual
- Reporting expectations
 - Individual Service Level (ISL) detail reporting
 - BHOATR
- Feedback from DHCS on BHSA IP

NEXT STEPS



February 2026

30-day public
comment on Draft IP



March 18th, 2026

BHC Public Hearing



March 31st, 2026

Draft IP to DHCS



June 2026

BOS approval of IP



June 30th, 2026

Final IP to DHCS

THANK YOU

**El Dorado County HHSA
Behavioral Health**

