Behavioral Health Services Act Community Planning

Fresno County Department of Behavioral Health

February 6 , 2026

Department of Behavioral Health

Our Mission, Vision and Goals

Vision:

- Health and well-being for our community

Mission:

- DBH, in partnership with our diverse community, is dedicated to providing quality culturally responsive behavioral health services to promote wellness, recovery, and resiliency for individuals and families in our community

Goals – Quadruple Aim:

- Deliver quality care
- Maximize resources while focusing on efficiency
- Provide an excellent care experience
- Promote workforce well-being

Behavioral Health Services Act Overview, Integrated Plan Development, and Timeline

Department of Behavioral Health

What We'll Cover Today

- Context of County Behavioral Health
- Overview of Proposition 1 Behavioral Health Services Act (BHSA) and Behavioral Health Infrastructure Bond Act
- Overview of BHSA Integrated Plan Requirements
- Next Steps
- Timeline
- Changes

Context – Department of Behavioral Health Primary Responsibilities

- Department of Health Care Services (DHCS) contracts with California's Mental Health Plans (MHPs) for the provision of Medi-Cal Specialty Mental Health Services (SMHS) and for the Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan for Substance Use Disorder (SUD) services
  - Across most of the state, counties are the MHP and DMC-ODS (in some parts of the state a City or Joint Powers Authority services this role)
  - An MHP serves individuals with severe mental health impairments and serious needs
  - A DMC-ODS serves Medi-Cal members with SUD treatment needs
  - Managed Care Plans serve Medi-Cal populations with mild/moderate mental health needs

- Fresno County Department of Behavioral Health is the MHP and DMC-ODS for our county
  - We are hybrid of service provider and health plan overseeing an expansive network of contracted providers

Proposition 1 – What was it?

- Two-bill package signed into law by CA Governor
- The contents of those bills were placed on ballot for California voters in March of 2024 as Prop 1 (narrowly passed)
  - SB 326 (Authored by Senator Eggman) - Amends the Mental Health Services Act (MHSA) which was approved by the voters as Proposition 63 in 2004, and makes other statutory changes to update the state's behavioral health system
    - This part of Prop 1 is known as BHSA
  - AB 531 (Authored by Assemblymember Irwin) - General Obligation Bond to build mental health treatment residential settings in the community to house Californians with mental illness and substance use disorders and to create housing for homeless veterans (AB531)
    - This part of Prop 1 is known as BHCIP and Homekey+

Behavioral Health Infrastructure Bond Act
Also known as Behavioral Health Continuum Infrastructure Program (BHCIP)

- Authorized $6.38 billion in general obligation bonds to finance permanent supportive housing and unlocked and locked behavioral health treatment and residential settings
  - More than $4 billion for Behavioral Health Continuum Infrastructure Program (BHCIP) competitive grants for treatment settings
  - Approximately $2 billion for Homekey+ program for permanent supportive housing for individuals experiencing or at risk of homelessness and those with behavioral health conditions

Behavioral Health Services Act Overview

- Retitles Mental Health Services Act to Behavioral Health Services Act (BHSA) and restructures the funding
  - Recategorizes and prioritizes BHSA dollars
  - More prescriptive uses of BHSA funding
  - Doubles the state allocation from 5% to 10%
    - Elimination of mental health prevention activities planned and coordinated at local level – shifted to California Department of Public Health for statewide prevention activities
    - Shift funds to state for statewide workforce initiative administered by California Department of Health Care Access and Information

Clarifications for the BHSA

- No “new money” - current funding is reallocated in new ways
- No changes in the source of BHSA funding - still the same “Millionaire’s Tax” as voters passed in 2004… just reprioritized
- Multiple new requirements
  - Significant new planning and reporting requirements and other administrative processes across ALL funding streams
  - Integration of mental health and substance use disorders (SUD), including allowable uses for SUD-only care
  - Mandatory service types

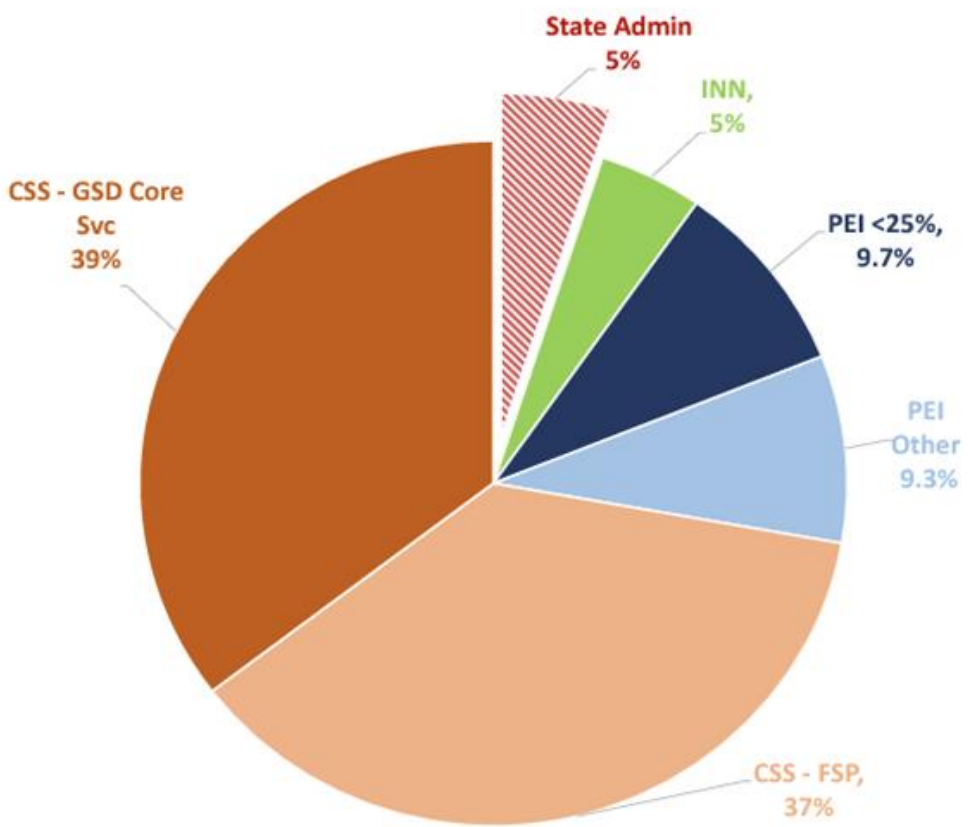
Clarifications for the BHSA Eligible Populations

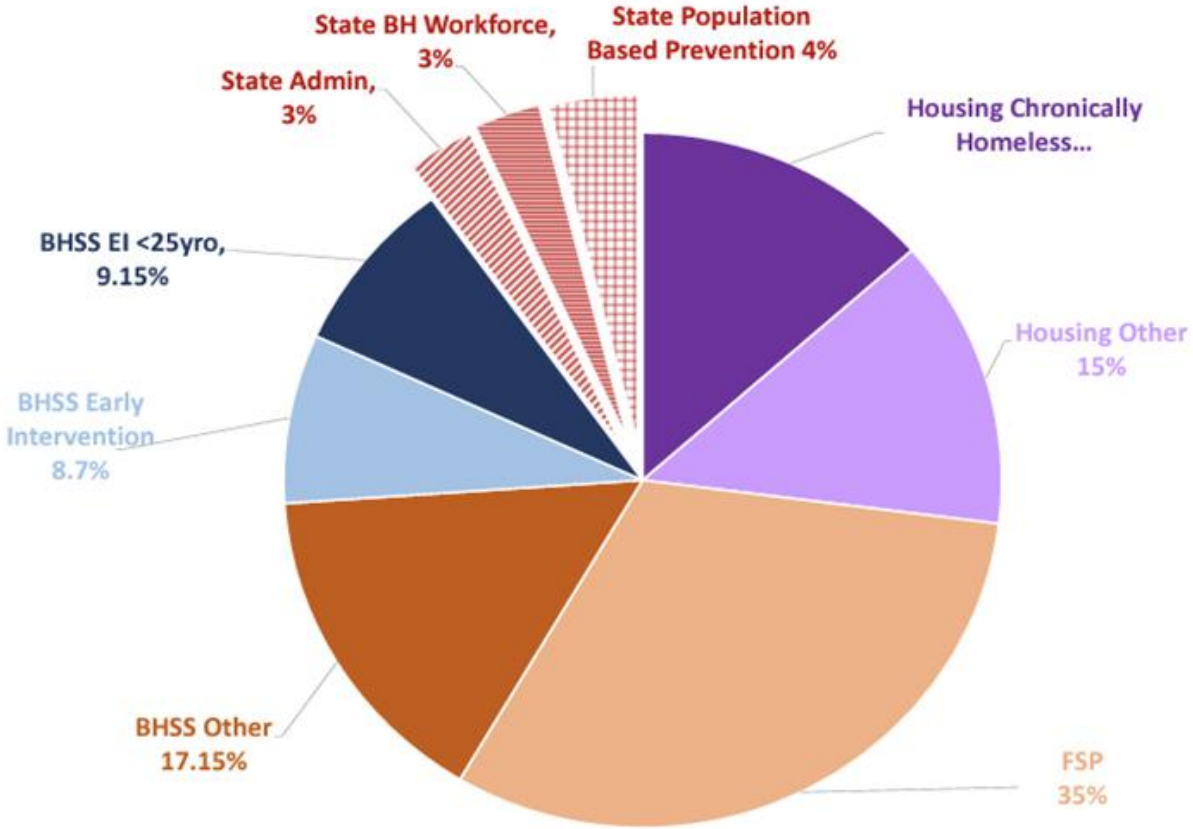
- Eligibility criteria for BHSA services are aligned with Medi-Cal specialty mental health services (SMHS) access criteria, and include individuals with substance use disorders
  - BHSA eligible populations are not required to be enrolled in the Medi-Cal program, although counties must maximize Medi-Cal funding (e.g., we could serve uninsured persons)
- Eligible children and youth are 25 years of age or under
- Eligible adults are 26 years of age or older
- All eligible persons must meet either of the following:
  - Meet SMHS access criteria as defined in Welfare and Institution Code
  - Have at least one diagnosis of moderate or severe substance use disorder (excluding tobacco-related disorders and non-substance-related disorders)

Clarifications for the BHSA Priority Populations

- BHSA prioritizes eligible children and youth who satisfy one of the following:
  - Chronically homeless or experiencing homelessness or at risk of homelessness
  - In, or at risk of being in, the juvenile justice system
  - Reentering the community from a youth correctional facility
  - In the child welfare system pursuant to W&I Code sections **300**, **601**, or **602**
  - At risk of institutionalization
- BHSA prioritizes eligible adults and older adults who satisfy one of the following:
  - Chronically homeless or experiencing homelessness or at risk of homelessness
  - In, or at risk of being in, the justice system
  - Reentering the community from state prison or county jail
  - At risk of conservatorship
  - At risk of institutionalization
- Note – Counties are additionally required to identify at-risk local populations except for the definition of at-risk of homelessness which is defined by the state

Reprioritization and Recategorization of Funding





Charts will equal greater than 100% because it reflects the county's required allocations for each component/category, plus the state's allocation.

BHSA Housing Category – 30% of BHSA Funds

- Eligible Housing Interventions may include:
  - Rental and operating subsidies
  - Other housing supports, as defined by DHCS (e.g., landlord outreach and mitigation funds, tenancy and sustaining services*)
  - 50% of Housing funds for “chronically homeless” with focus on those in encampments
  - Up to 25% may be used on capital projects with approval by DHCS (limited time)
    - If target population includes chronically homeless, the investment counts toward the 50% above
  - Project-based housing assistance, including master leasing of project-based housing
  - Defines eligible time-limited and non-time-limited settings

BHSA Housing Category – 30% of BHSA Funds (continued)

- Housing interventions for persons in Full-Service Partnership Programs are funded under Housing Category, not Full Services Partnership Category
- Prohibits use of Housing funds for MH or SUD *treatment* services

* Must exhaust CalAIM Community Supports before using BHSA funds
  - Transitional Rent, Housing Transition Navigation Services, Housing Deposits, and Housing Tenancy and Sustaining Services

BHSA Full-Service Partnerships Category (FSP) – 35% of BHSA Funds

- Requires Evidence Based Practices (EBPs), including Assertive Community Treatment (ACT) & Forensic Assertive Community Treatment (FACT), Individual Placement and Support (IPS) Supported Employment and High-Fidelity Wraparound (HFW) to fidelity.
- Allows for SUD services; requires access to Medication Assisted Treatment (MAT)
- Aligns with Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Waiver and Medi-Cal benefits
- Also adds Community Defined Evidence Practices (CDEPs) to FSP-Intensive Case Management (ICM)s

Behavioral Health Services & Supports (BHSS) Category - 35% of BHSA Funds

- May be used to fund:
  - Children's System of Care and Adult/Older Adult System of Care services
  - Outreach and engagement for specialty mental health services
  - Crisis services
  - Workforce Education and Training
  - Capital Facilities
  - Technology needs
  - Innovation pilots and projects
- Must be used to fund Early Intervention (EI)
  - As defined by DHCS

Behavioral Health Services & Supports (BHSS) Early Intervention Sub-Category

- At least 51% of BHSS category must be dedicated to Early Intervention (EI)
  - Within EI sub-category, at least 51% of funds must be dedicated to youth 25 years and younger
  - State will maintain an approved list of Early Intervention eligible services and supports
  - Must include Coordinated Specialty Care for First Episode Psychosis (CSC-FEP)
- There is no dedicated BHSA prevention funding
- DHCS has established a list of Evidence Based and Community-Defined Evidence Based Practices (EBP/CDEP) Resource Guide

Statewide Population Behavioral Health Goals

- 14 statewide goals focused on improving wellbeing (e.g., quality of life, social connection) and decreasing adverse outcomes (e.g., suicides, overdoses)
- Will inform state and county planning and prioritization of BHSA resources
- DHCS to continuously assess statewide and county progress toward these goals
- Reduction or elimination of health disparities, health inequities, or other disparities in health that adversely affect vulnerable populations incorporated in each goal

Know Your Community

Proposed Population Behavioral Health Goals

Goals for Improvement	Goals for Reduction
Care Experience	Suicides
Access to Care	Overdoses
Prevention and Treatment of Co-Occuring Physical Health conditions	Untreated Behavioral Health Conditions
Quality of Life	Institutionalization
Social Connection	Homelessness
Engagement in School	Justice-Involvement
Engagement in Work	Removal of Children from Home

Health equity will be incorporated in each of the BH Goals

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Figure 2.C.4 Statewide Population Behavioral Health Goals

BHSA Statewide Population Behavioral Health Goals

- Counties are required to address these six goals:
  1. Access to Care (Increase)
  2. Homelessness (reduce)
  3. Institutionalization (reduce)
  4. Justice-Involvement (reduce)
  5. Removal of Children from Home (reduce)
  6. Untreated Behavioral Health Conditions (reduce)
- Counties are required to pick one additional goal; Fresno is preliminarily planning to address:
  7. Engagement in Work

BHSA Integrated Plan (IP)

- County must submit three-year Integrated Plan (IPs) for Behavioral Health Services and Outcomes
- IP is a prospective global spending plan that describes how county behavioral health department plans to use all available behavioral health funding to:
  - Meet statewide and local outcome measures, reduce disparities, and address unmet needs in our community
- Requires data-informed local planning process and transparency into county planning for expending all behavioral health funding sources overseen by counties
  - Some data provided by the state; other data locally generated
  - Requires inclusion of a robust list of required stakeholders

BHSA Integrated Plan (IP) cont.

- All counties will report in a standardized format using a state portal with templates for IP and budget:
  - Prospective planned service delivery (including estimated numbers of persons served) and planned expenditures (budget) are included in the IP
  - Retrospective actual service delivery data and actual expenditures are included in the Behavioral Health Outcomes, Accountability, and Transparency Report (BHOATR)
  - Data is disaggregated by child/youth under age 21 and adults aged 21 and older
  - Reporting is structured within the Behavioral Health Care Continuum service categories outlined in the Policy Manual (next slide)
  - IP and BHOATR must include planned and actual expenditures across ***all*** behavioral health funding streams, not just BHSA dollars

BHSA Integrated Plan (IP) cont.

- Behavioral Health Care Continuum does not include county expenditures for:
  - Workforce investment activities
  - Capital infrastructure activities
  - Quality and accountability, data analytics, plan management, and administrative activities
  - Other non-clinical service county behavioral health agency activities (e.g., Public Guardian, forensic activities, Community Assistance, Recovery and Empowerment (CARE) Act
- Counties are still required to report these expenditures in the IP and BHOATR
  - Reporting will be distinct from the Behavioral Health Care Continuum
  - These non-Continuum expenditure categories will be further described in subsequent guidance on IP and BHOATR reporting

BHSA Integrated Plan (IP) cont.

- Draft 3-Year IP will be due on March 31st for each 3-year IP submission, with final Board of Supervisors approved 3-Year IP due by June 30th
  - Annual updates due in second and third year with same due dates
- IP template requires counties to report on:
  - Every funding source
  - County Demographics and Behavioral Health Needs
  - Plan Goals and Objectives
  - Community Planning Process
  - Comment Period and Public Hearing
  - County Behavioral Health Care Continuum Capacity
  - Services by Total Funding Source
  - Behavioral Health Services Fund Programs
  - Workforce Strategy
  - Budget and Prudent Reserve

BHSA Planning – Behind the Scenes Preparation

- DBH mapped the Behavioral Health system to align with new regulatory guidance
- Assessed and evaluated all programs
  - Costs
  - Outcomes and performance
  - Sustainability
  - Capacity
  - Alignment with funding requirements
- Developed program designs and redesigns to help align with BHSA and fit within the funding parameters
- Prepared recommendations for community review
- Facilitate community planning process
  - Be on the lookout for information on DBH website for plan draft, updates and public comment periods
  - Other stakeholder opportunities include routine and ad hoc convenings/meetings, focus groups, interviews, surveys, etc.

BHSA Expands Required Stakeholders

Eligible adults and older adults (individuals with lived experience)	County social services and child welfare agencies
Families of eligible children and youth, eligible adults, and eligible older adults (families with lived experience)	Labor representative organizations
Youths (individuals with lived experience) or youth mental health or substance use disorder organizations	Veterans
Providers of mental health services and substance use disorder treatment services	Representatives from veterans' organizations
Public safety partners, including county juvenile justice agencies	Health care organizations, including hospitals
Local education agencies	Health care service plans, including Medi-Cal Managed Care Plans (MCPs)
Higher education partners	Disability insurers - a commercial disability insurer that covers hospital, medical or surgical benefits as defined in Insurance Code section 106, subdivision (b)
Early childhood organizations	Independent living center

Required Stakeholders

Area agencies on aging	In addition to the required stakeholders previously, stakeholders shall include participation of individuals representing diverse viewpoints, including, but not limited to:
Tribal and Indian Health Program designees established for Medi-Cal Tribal consultation purposes	Representatives from youth from historically marginalized communities
Continuums of Care, including representatives from homeless service provider community	Representatives from organizations specializing in working with underserved racially and ethnically diverse communities
Regional Centers	Representatives from LGBTQ+ communities
Community-based organizations serving culturally and linguistically diverse constituents	Victims of domestic violence and sexual abuse
The five most populous cities in counties with a population greater than 200,000	People with lived experience of homelessness
Local public health jurisdictions	

Stakeholder Meetings

- Targeted Stakeholder Meetings, Focus Groups, Surveys, Key Informant Interviews
  - Some completed already with more underway and planned

- Public Stakeholder Meetings – "Community Forum"
  - Late January and early February
  - Community Input Survey (Mid-Janaury through Mid-February)
  - To include preliminary assessment of funding, validate prioritization with community input, and inform Draft Integrated Plan

Integrated Plan Timeline

- IP Timeline
  - CAO approval of DRAFT Integrated Plan submitted to DHCS by March 31, 2026
  - DHCS will accept or request revisions within 30 days of receiving draft IP
  - Between May 1st and June 30th
    - Completed IP and Budget, with requested revisions
    - Approved Funding and Transfer Requests
    - Public Comment Period
    - Public Hearing
    - CAO, BH Director, & Board of Supervisors approvals
  - Final submission of IP due June 30, 2026

References

Link to California Department of Health Care Services (DHCS). (2022, March 31). Bhin 22-011 no wrong door for Mental Health Services Policy.

Link to California Department of Health Care Services. (2023, January 6). *Behavioral Health Information Notice No: 23-001 – DMC-ODS requirements for the period of 2022-2026.*

Link to California Department of Health Care Services. (n.d.-b). *Drug Medi-Cal Organized Delivery System.*

Link to California Department of Health Care Services. (n.d.-c). *Medi-Cal specialty mental health services.*

Link to California Department of Health Care Services. (n.d.-a). *Proposition 1 – An overview.*

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Additional References

Link to California Department of Health Care Services (DHCS). (2025). *Behavioral Health Services Act County Policy Manual* (Version 1.3.0).

Link to California Department of Health Care Services. (2024, December 16). *Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) initiative.*

Link to Draft Evidence Based and Community-Defined Evidence Based Practices (EBP/CDEP) Resource Guide (December 2025).

Changes

- Mandated Services
  - FSP-ACT/FACT to fidelity
  - Individual Placement and Support (IPS) to fidelity
  - HFW to fidelity
  - Evidence Based Practices (EBPs)
  - Coordinated Specialty Care for First Episode Psychosis (CSC-FEP)
  - Co-occurring capable
  - Multisystemic Therapy (MST)
- New Services
    - External
      - MST/HFW/FSC ACT-FACT
    - Internal
      - FSP-Intensive Case Management (ICMs)
      - CSC-FEP
      - Clinical Homeless Outreach Team

- Sunsetting Services
  - CRDP Evolutions
  - Youth Empowerment Center
  - Supervised Overnight Stay
  - Culturally Based Access and Navigation Services (CBANS
  - Youth/Family Advocacy

- Changes
  - Housing not part of FSP
  - Flex Pool for Housing Coordination.
  - MAP
  - Wellness Center
  - Hmong Helping Hands

Discussion

Related to BHSA, Integrated Plan, etc.

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Participation

Send comments/feedback to mhsa@fresnocountyca.gov

visit www.fresnobhsa.com for survey links.

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THANK YOU

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