Behavioral Health Services Act

BEHAVIORAL HEALTH SERVICES & SUPPORTS

Behavioral Health Services Act (BHSA) Funding

The Behavioral Health Services Act (BHSA) keeps a 1% tax on people who earn more than $1 million a year. This is called the "millionaire's tax."

The money collected from this tax is given to counties based on their population size. Counties use these funds to strengthen public behavioral health services, especially for people who have Medi-Cal or do not have insurance.

Under BHSA, 35% of the funding must go to a new category called Behavioral Health Services and Supports (BHSS). Of that amount, 51% must be used for early intervention programs, which focus on helping people before challenges become more serious. Of the funding set aside for early intervention, 51% must be used to support children, youth, and young adults age 25 and younger.

What are Behavioral Health Services & Supports?

Under the BHSA, more than half (51%) of the BHSS funding must be used for Early Intervention (EI) services and supports. These services prioritize children, youth, and young adults age 25 and younger.

EI focuses on identifying and addressing mental health or substance use concerns as early as possible—before they become more serious, long-lasting, or disabling.

Under BHSA, EI programs must include the following components:

- Outreach
- Access and linkage to care
- Mental Health (MH) and Substance Use Disorder (SUD) early treatment services and supports

In addition to the items outlined above, BHSS EI programs must address at least **one** of the nine state-defined EI priorities outlined in the table to the right:

Childhood trauma early intervention to deal with early origins of mental health (MH) and substance use disorder (SUD) needs
Early Psychosis and Mood Disorder detection and intervention and Mood Disorder programming across the lifespan
Outreach and engagement targeting early childhood 0-5, inclusive of out-of-school youth and secondary youth
Culturally responsive and linguistically appropriate nterventions
Strategies targeting MH and SUD needs of older adults
Strategies targeting MH needs of children 0-5 including infant and early childhood MH consultation
Strategies to advance equity and reduce disparities
Programs that include community defined evidence practices (CDEPs) and Evidence based practices (EBPs), and MH and SUD treatment services
Strategies addressing needs of individuals at high risk of crisis

OC health CARE AGENCY

What are Behavioral Health Services & Supports? (continue)

Under the BHSA, every county must offer an early psychosis program to support individuals who are experiencing early signs of psychosis. In addition, EI programs are expected to provide services that are culturally responsive and available in the languages spoken in the community. These programs should focus on reducing the risk of negative outcomes, as outlined in the table below.

NEGATIVE OUTCOMES	
Suicide and self-harm	Overdose
Incarcerations	Unemployment
Prolonged suffering	Homelessness
Removal of children from their homes	Mental illness in children and youth
School suspensions, expulsion, referral to an alternative or community school, failure to complete TK-12 or higher education	

In addition to the required BHSS EI programming, the BHSS Other funds (49% of the BHSS funds) may be used to support the following:

- Children's, Adult, and Older Adult Systems of Care programs and services including SUD services.
- Outreach and Engagement programs and services to reach, identify, and engage individuals, families, and communities in the behavioral health system and reduce gaps.
- Workforce Education and Training (WET) to support the public behavioral health system (county and county contracted workforce) through recruitment and retention efforts as well as trainings for the workforce including individuals with lived experience. The County may not use the BHSS funds for WET initiatives that are duplicative of state-administered WET initiatives.
- Capital Facilities and Technological Needs (CF/TN) to support building or rehabbing of facilities in which behavioral health services are provided, and/or the development and maintenance of information technology such as the County's electronic health record and other data and analytic systems.
- Innovative Behavioral Health Pilots and Projects with a goal to build the evidence base for new statewide strategies.

Under the BHSA, counties are no longer allowed to use BHSS funds for stigma and discrimination reduction activities. These efforts are considered population-based prevention strategies and will now be funded and managed by the California Department of Public Health (CDPH).

In addition, most local population-based suicide prevention efforts will also now be funded through CDPH.

Planned Program Implementation or Expansion for BHSS

Based on the BHSA requirements and gaps identified through the community program planning (CPP) process and by the BHSA BHSS Workgroup the following new programs and services, or expansion of existing services will be funded and included in new Behavioral Health Integrated Plan (BHIP) Fiscal Years 2026/27-2028/29. To see the full BHIP please go to the HCA website at www.ochealthinfo.com/BHSA3yearplan. This investment is estimated to support 47,500 individuals.

BHSS Gaps & Needs

The County will focus on addressing identified gaps per the new BHSS requirements which include but are not limited to:

- EI services for the 0-5 population
- Programs addressing SUD specifically
- Capacity for Early Psychosis EI services utilizing the required Coordinated Specialty Care (CSC) evidence-based practice (EBP) – not enough providers
- EI services for older adults
- Desire for Walk-In "Urgent Care" in Crisis Stabilization Units

Planned BHSS Programs & Services

Outreach & Engagement $15M
Peer Providers
Hospital In-Reach
Justice In-Reach
Connection to Recovery Supports and Services
Enhanced Community Health Workers
Access to Physical Healthcare
SUD connections
System Navigators
Field-Based
Clinics
Justice In-Reach
Hospitals
Schools

Early Intervention $63M
Children & Youth Programming (51%)
Family, Infant and Early Childhood programs (includes MH Consultation)
Early Psychosis Identification and Treatment programs
Crisis programs
Specialized Services, SUD and Justice-Involved
Adult & Older Adult Programming (49%)
Older Adult EI program
Crisis programs, including suicide intervention
Justice-Involved programs (re-Entry)
Perinatal SUD program for uninsured

System Supports $46M
Core Services
OC Links
Centralized Intake (formerly Open Access)
Short Term Residential Treatment Program (STRTP)
Pays for uninsured children, youth, adults and older adults with SUD and/or mental illness who meet criteria for Specialty services
Recovery
Wellness Centers
Supportive Employment
Crisis
Crisis Residential Program