



Behavioral Health Services Act (BHSA): County Toolkit

Introduction

In March 2024, California voters passed Proposition 1, consisting of the Behavioral Health Services Act (BHSA) and the Behavioral Health Infrastructure Bond Act of 2024 (BHIBA). Together, the BHSA and the BHIBA build on California's broader efforts to reimagine and strengthen the entire behavioral health system—connecting services, expanding access, and improving outcomes for all Californians.

Proposition 1 is intended to enact sweeping behavioral health transformation by improving access to care, increasing accountability and transparency, and expanding the capacity of behavioral health facilities. The BHSA modernizes and expands upon the original Mental Health Services Act (MHSA) of 2004 to more effectively address the behavioral health needs of Californians. The BHIBA provides \$6.4 billion in funding for behavioral health treatment beds, residential care, supportive housing, community sites, and housing with a special emphasis on veterans with behavioral health needs. To review the state roles in Proposition 1, see **Appendix C**.

The BHSA includes new opportunities to address older adults' behavioral health needs. This marks a pivotal moment for stakeholders in the aging network to ensure older adults are fully included in these opportunities. For the first time, state behavioral health reform directs counties to engage with aging stakeholders in the planning and delivery of services. This shift creates a powerful opportunity for advocates and service providers to bring their expertise to the table—helping guide how resources are allocated at the county level, and which programs are prioritized under the BHSA.

This toolkit is designed to inform stakeholders of these opportunities and offers strategies and resources to support engagement with county partners.



The Growing Behavioral Health Need for Older Adults

- ✓ By 2040, the [California Department of Finance](#) projects that California's older adult population will reach over 11.5 million – 28% of the total population, compared to 21% in 2022.
- ✓ In February 2023, [the California Health Care Foundation](#) reported older adults are the least likely to report receiving mental health care compared to all other age groups.
- ✓ In 2023, the California Department of Aging (CDA) conducted the Consumer Assessment Survey of Older Adults, finding that of 17,700 older Californians surveyed, 40% reported that feeling lonely or isolated was a problem, 43% reported feeling depressed, and nearly half were dealing with grief or loss.
- ✓ The [California Department of Public Health](#) data reports that in 2021 statewide suicide rates were highest among those aged 85 and older.
- ✓ California's [first statewide study](#) of Lesbian, Gay, Bisexual, Transgender, Questioning, Intersexual and Asexual (LGBTQIA+) older adults found that of 4,700 older adults surveyed, one in ten reported serious thoughts of suicide in the past year.

Stakeholder Engagement: Get a Seat at the Table

California counties have a central role in designing, funding, and delivering behavioral health services. Beginning in 2026, County behavioral health departments are required to submit a County Integrated Plan (IP). The IP serves as a three-year perspective global spending plan that describes how county behavioral health departments will utilize all available behavioral health funding. The IP must provide descriptions of how counties will plan expenditures across a range of behavioral health funding sources and deliver care along the [Behavioral Health Care Continuum](#) for the plan period. For more information and details on the purpose and requirements of the County IP, see the [Department of Health Care Services \(DHCS\) BHSA County Policy Manual](#).

The *draft* IP will be due on March 31st for each three-year submission. The *final* IP must be submitted with approval from the County Board of Supervisors by June 30th. Counties will also be required to submit annual updates for the second and third years of the IP cycle. **The BHSA requires counties to conduct ongoing community engagement across all stages of planning, implementation, and evaluation, including IP development.**

Stakeholder engagement requirements for the IP are effective January 1, 2025. Counties are required to engage with local stakeholders to develop each element of their IP. Some of the required stakeholder groups include the following:



- ✓ Individuals and families with lived experience (including older adults and caregivers)
- ✓ Area Agencies on Aging
- ✓ Independent Living Centers
- ✓ Community-based organizations serving culturally and linguistically diverse constituents
- ✓ Providers of mental health services and substance use disorder treatment services

Examples of stakeholder engagement may include, but are not limited to, education and engagement, listening sessions, client advisory meetings, public comment, and stakeholder workgroups and committees. A county may also provide supports, including but not limited to, training and technical assistance, to ensure stakeholders, including peers and families, receive sufficient information and data to meaningfully participate in the development of the IP and annual updates.

Stakeholder Engagement Checklist

- ✓ **Understand new BHSA funding and service changes to advocate for the funding and programs needed:**

Funding Changes: Changes in county funding allocations through the BHSA provide opportunities for programs and services for older adults. For example, under the BHSA, counties are required to allocate 35% of their total BHSA funding to Behavioral Health Services and Supports (BHSS). Of the 35% allocated to BHSS, at least 51% must be used towards Early Intervention Programs. While 51% of the Early Intervention Program funding is earmarked for children and youth, the remaining funds can be used to serve people of any age, including older adults, with Appendix B providing examples of Early Intervention programs that serve older adults. The table below outlines the county funding allocations under the BHSA.



County BHSA Funding Allocation (90% of total funding)	Sub-Allocations	Considerations for Stakeholders
Housing Intervention Programs (30%)	<p>50% of these funds must be directed towards housing interventions for persons who are chronically homeless, with a focus on encampments.</p> <p>A cap of 25% can be used for capital development projects.</p>	Aging advocates can push for permanent supportive housing models that are tailored to older adults—such as those offering accessible design, medical respite, or wraparound services.
Full-Service Partnership (FSP) Program (35%)	N/A	Aging advocates can encourage the creation of older adult-specific FSPs or adaptations of existing programs to include older adults with complex needs. They can also encourage outreach to include those at risk of conservatorship or institutionalization.



[Behavioral Health Services and Supports \(BHSS\) \(35%\)](#)

At least 51% of these funds shall be used for Early Intervention programs and services.

At least 51% of funding allocated for Early Intervention programs and services must be used to serve people 25 years of age and younger.

Each county shall establish and administer an early intervention program that is designed to prevent mental illness and substance use disorder (SUD) from becoming severe and disabling and to reduce disparities in behavioral health. For more information on early intervention program requirements, see **Appendix A**.

Aging advocates can encourage counties to prioritize older adults in early intervention programs, using the 49% of Early Intervention funding that is not restricted to youth. Some examples of early intervention programs for older adults include Program to Encourage Active Rewarding Lives (PEARLS), Healthy IDEAS, and Age Wise. Program descriptions can be found in **Appendix B**.

Counties may also fund BHSS categories other than Early Intervention, including Older Adult Systems of Care, Outreach and Engagement, and Workforce Education and Training. See the list of categories at 7.A.1: [7. BHSA Components and Requirements](#)



Funding Transfers and Exemptions: Counties may ask to transfer funds between the three components listed above to change their funding allocation percentages. Counties may also request exemptions to some BHSA requirements.

- Transfers:
 - Changes in funding allocation cannot exceed 7% of total funds allocated to the county in one fiscal year from any one component.
 - Counties may only request a maximum of 14% of total funds allocated to the county to transfer in any given fiscal year.
 - Changes are subject to DHCS approval and can only be made during the 3-year plan cycle.
 - Counties are required to adhere to local stakeholder consultation requirements for all transfer requests.
 - For more information on funding transfer requests, see [Section 6. B. 4 of the BHSA County Policy Manual](#).
- Exemptions:
 - Small counties can request an exemption from dedicating 30 percent of their local funds for housing interventions in the first county IP (2026-29) and ongoing. All counties regardless of size may do so beginning with the third IP (2032-35).
 - For the first IP, all counties will be exempt from fidelity requirements for Full Service Partnerships.
 - For more information on exemption requests, see [BHSA Components and Requirements](#) of the BHSA County Policy Manual.

Service Changes: The reforms within the BHSA expand the types of behavioral health supports available to Californians who are eligible for services and are in need by focusing on historical gaps and emerging policy priorities. The key opportunities for transformational change within the BHSA include:

- Reaching and serving most vulnerable and at-risk populations.
- Increasing access to SUD services, housing interventions, evidence-based and community-defined practices, and building the behavioral health workforce.
- Focusing on outcomes, transparency, accountability, and equity.



- Requires counties to complete a County IP for behavioral health services and outcomes, which will include information on all local behavioral health funding and services, including BHSA, federal financial participation from Medi-Cal, and other funding streams.
- Requires counties to complete an annual county Behavioral Health Outcomes, Accountability, and Transparency Report to provide public visibility into county spending, disparities, and results. \
- Utilizes data through the lens of health equity to identify racial, ethnic, age, gender, and other demographic disparities and inform disparity reduction efforts. The [Master Plan for Aging Data Dashboard- County Profiles of Older Adults](#) provides county level information to identify underserved populations and the social and economic needs of older adults in each county.
- County BHSA programs must include culturally responsive and linguistically appropriate interventions. These interventions must be able to reach underserved cultural populations and address specific barriers related to racial, ethnic, cultural, language, gender, age, economic, or other disparities in mental health and SUD treatment services access, quality, and outcomes.

✓ **Educate County Leadership on the Behavioral Health Needs of Older Adults:**

- Engage and partner with County Behavioral Health Departments, County Aging Departments, County Board of Supervisors, and County Behavioral Health Boards and Commissions to address the behavioral health needs of older adults.
- Develop educational materials on behavioral health needs of older adults in your community.
 - Leverage any local work related to older adult behavioral health (OABH) to demonstrate need and find alignment with local assessments and plans as appropriate (hospital needs assessments and plans, community action plans, local Master Plan on Aging, etc.). Use the [Master Plan for Aging Data Dashboard - County Profiles for Older Adults](#) to find local data.
- Develop effective outreach and communication approaches, such as inviting older adults or peer leaders to speak at public comment periods or providing “Older Adult 101” briefings for County leadership.



- Coalition Building: Identify and align with local aging, disability, housing, or other community-based organizations. Consider co-authoring public comments or letters of support on county draft plans.
- Consider documenting and sharing personal stories of older adults to demonstrate unmet OABH needs.
- Consider inviting older adults to participate in planning meetings.
 - Provide basic training to older adults ahead of the planning meetings on advocating at the county level, articulating their needs with behavioral health services, and the opportunity BHSa presents.
- ✓ **Join county committees and workgroups:**
 - Attend and/or sign up for updates from the MHSA/BHSA county workgroup/stakeholder group, the Mental Health, Alcohol and Drug Advisory Board, and Board of Supervisors Health Committee (see links in the County Resources and Contacts).
 - Engage in the planning process to advocate for funding for older adult services.
 - Review and submit public comments on your county's BHSA IP during the required 30-day stakeholder comment period.
 - Partner with other providers, county agencies (behavioral health department, adult protective services, etc.), County Board of Supervisors, health plans, and others to strengthen advocacy efforts.
 - Sign up for the Behavioral Health Transformation emails from the Department of Health Care Services (DHCS): [DHCS Behavioral Health Transformation List Subscriber](#).

Additional Resources:

- ✓ [DHCS Behavioral Health Transformation](#)
- ✓ Behavioral Health Services Act County Policy Manual
- ✓ County Resources and Contacts in this Toolkit

Conclusion

Proposition 1 presents a historic opportunity to strengthen California's behavioral health system and ensure that older adults—who are among the fastest-growing populations with unmet behavioral health needs—are not left behind. With targeted advocacy and active engagement throughout the County IP planning process, aging stakeholders can help shape how counties implement new programs, allocate funding, and build services that meet the unique needs of older adults.



As planning and implementation efforts move forward, it is important to elevate the voices of older adults, caregivers, and community partners. Your involvement can help ensure the Behavioral Health Services Act translates into meaningful, equitable access to services for older Californians across the state. Together, we can make a difference and ensure behavioral health services meet the needs of California's growing aging population.

For feedback or questions, please contact the California Department of Aging at OABH@aging.ca.gov.



Appendices

Appendix A: Early Intervention Programs Under the BHSA

Under the BHSA, counties are required to establish Early Intervention programs designed to prevent mental illnesses and SUDs from becoming severe and disabling and to reduce disparities in behavioral health. These programs must include three core components:

- ✓ Outreach to individuals and communities;
- ✓ Access and linkage to care to ensure that care can be provided by county behavioral health programs as early in the onset of behavioral health conditions as practicable, and that referrals for medical and social services are provided as needed; and,
- ✓ Mental health and substance use disorder early treatment services and supports, which must be proven to reduce the duration of untreated serious mental health illnesses and substance use disorders and assist people in quickly regaining productive lives.

Services may encompass a range of evidence-based interventions, such as first episode psychosis programming and behavioral health crisis prevention, response, and treatment. The BHSA mandates that at least 51% of county BHSS funding be dedicated to Early Intervention, and within that, at least 51% of the Early Intervention funds must be used to serve individuals aged 25 and younger. While the BHSA sets aside 51% of Early Intervention funds for individuals aged 25 and younger, counties retain flexibility to use the remaining resources for other populations, including older adults. Additionally, counties are encouraged to implement strategies targeting the mental health and SUD needs of older adults. The aging network is encouraged to engage in the local BHSA planning processes to ensure older adults are not overlooked in the development and funding of these early intervention strategies.



Appendix B: Examples of Early Intervention Programs Focusing on Older Adults

Program	Description
<u>Program to Encourage Active Rewarding Lives (PEARLs)</u>	PEARLs is an evidence-based program utilizing trained coaches/counselors to educate and support older adults to reduce symptoms of depression, improve health-related quality of life, reduce isolating and loneliness, and to lower inpatient hospitalization and nursing home stays.
<u>Healthy IDEAS</u>	This program screens older adults for symptoms of depression, educates older adults and caregivers about depression, links older adults to primary care and mental health providers and empowers older adults to manage their depression through a behavioral activation approach that encourages involvement in meaningful activities.
<u>Age Wise</u>	A non-traditional mental health program for the high-risk and underserved older adult population. Services include in-home behavioral health and case management services, counseling services, peer and family advocacy, and support and education groups provided in the community.
<u>Friendly Visitor</u>	This program offers ongoing socialization services to isolated adults and seniors. Services are provided at no cost to participants and include case management and weekly home visits and telephone checkups from trained volunteers.



Appendix C: Proposition 1 State Roles

State Entity	Role in Proposition 1
Department of Health Care Services (DHCS)	<ul style="list-style-type: none"> Leads implementation and oversight of the BHSA Develops standards, funding guidance, templates, and state-level outcome measures Reviews and approves county Integrated Plans and funding transfer/exemption requests
California Department of Public Health (CDPH)	<ul style="list-style-type: none"> Administers at least 4% of total state BHSA funds for population-based mental health and SUD prevention programs
Department of Health Care Access and Information (HCAI)	<ul style="list-style-type: none"> Administers at least 3% of total BHSA funds for behavioral health workforce development
California Health and Human Services Agency (CalHHS)	<ul style="list-style-type: none"> Oversees cross-departmental alignment of BHT implementation Hosts public dashboards and accountability mechanisms Provides strategic direction and policy coordination across DHCS, HCAI, CDPH, and others
Behavioral Health Services Oversight and Accountability Commission (BHSOAC)	<ul style="list-style-type: none"> Administers the Innovation Partnership Fund Provides technical assistance, promotes cross-county learning, and supports evaluation of innovation efforts
Business, Consumer Services and Housing Agency (BCSH)	<ul style="list-style-type: none"> Provides overall coordination and housing policy leadership, including integration with the state's broader homelessness response
California Department of Housing and Community Development (HCD)	<ul style="list-style-type: none"> Administers up to \$2 billion for permanent supportive housing for individuals at risk of or experiencing homelessness, including those with behavioral health needs
California Department of Veterans Affairs (CalVet)	<ul style="list-style-type: none"> Receives dedicated housing funds to support veterans with behavioral health needs



Ventura County Resources and Contacts

Ventura County Older Adult Demographics

The California Department of Aging (CDA) has created county profiles that combine data from multiple sources to provide an overview of the quantity, characteristics, and needs of older adults in each California County. A copy of [Ventura County's Profile of Older Adults](#) is included in this toolkit and is downloadable. To review California's state-level profile and other county profiles, visit the [Master Plan for Aging Data Dashboard – County Profiles for Older Adults](#). Please email oabh@aging.ca.gov with any corrections.

Directory of Ventura County Behavioral Health Transformation Contacts and Resources

Entity	Contact Information	Important Links
Ventura County Behavioral Health Department	Address: 1911 Williams Drive Oxnard, CA 93036 Phone Number: +1 (805) 981-6830	Behavioral Health Care Services Provider Directory
Ventura County – Mental Health Services Act (MHSA)/Behavioral Health Services Act (BHSA)	Email: MHSA@ventura.org	<ul style="list-style-type: none"> • Current/Previous MHSA/BHSA Plans • Ventura County – Proposition 1
Ventura County Board of Supervisors	Address: 800 S. Victoria Ave., L#1920 Ventura, CA 93009 Phone Number: +1 (805) 654-2251 Email: clerkoftheboard@ventura.org	Ventura County Board of Supervisors District Map

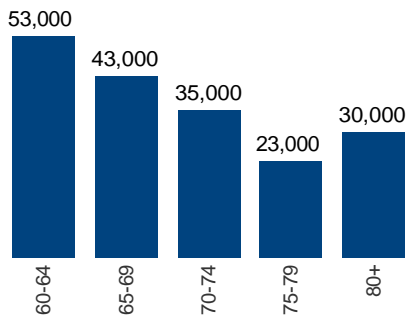


Relevant Stakeholder Meetings

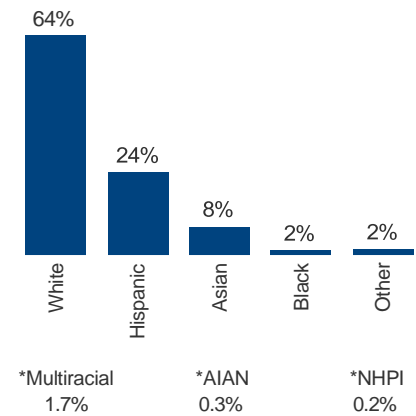
Meeting Name	Description	Additional Details
Ventura County Board of Supervisors Meeting	The Ventura County Board of Supervisors holds public meetings to discuss and decide on county policies, budgets, and services, with opportunities for community members to participate through in-person or remote public comment.	<ul style="list-style-type: none"> Meetings are generally held twice a month on Tuesday at 8:30 am in the Board of Supervisors Hearing Room at 800 S. Victoria Avenue, California 93009. Board of Supervisors Meeting Agendas, Documents, Live Broadcasts, and Archived Recordings
Ventura County Behavioral Health Advisory Board	The Ventura County Behavioral Health Advisory Board advocates for individuals and families affected by mental illness and substance use by reviewing community needs and services, supporting treatment programs, and promoting wellness and recovery through oversight and evaluation.	<ul style="list-style-type: none"> General Behavioral Health Advisory Board meetings are held on the third Monday of each month at 2:00 pm. All Board and Committee meetings are held in-person at Ventura County Behavioral Health, 1911 Williams Drive, Oxnard, CA 93036 and on Zoom. Behavioral Health Advisory Board General Meeting Information and Zoom Details

2020 Profile of Older Adults Ventura County

Age Distribution
Adults Age 60+

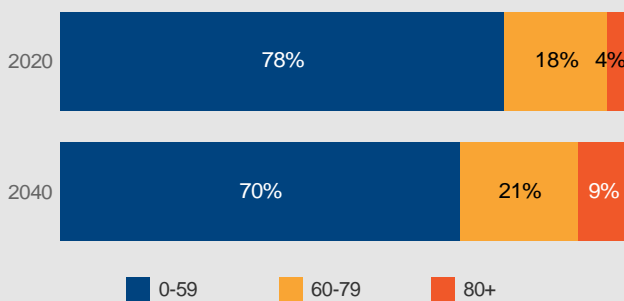


Race/Ethnicity
Adults Age 60+

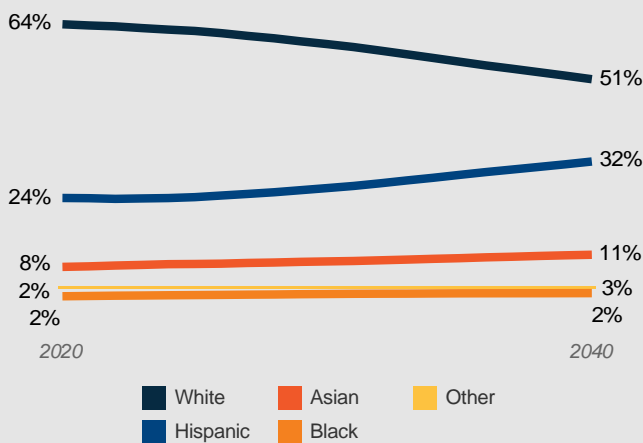


Projected Population Shifts

Population Share



Race/Ethnicity
Adults Age 60+



Social and Economic Needs



11%

of adults age 60+

live in poverty



19%

of adults age 60+

live alone



4%

of adults age 60+

speak English 'not at all'



12%

of adults age 65+

estimated to have Alzheimer's dementia



54%

of low-income households

are housing cost burdened

