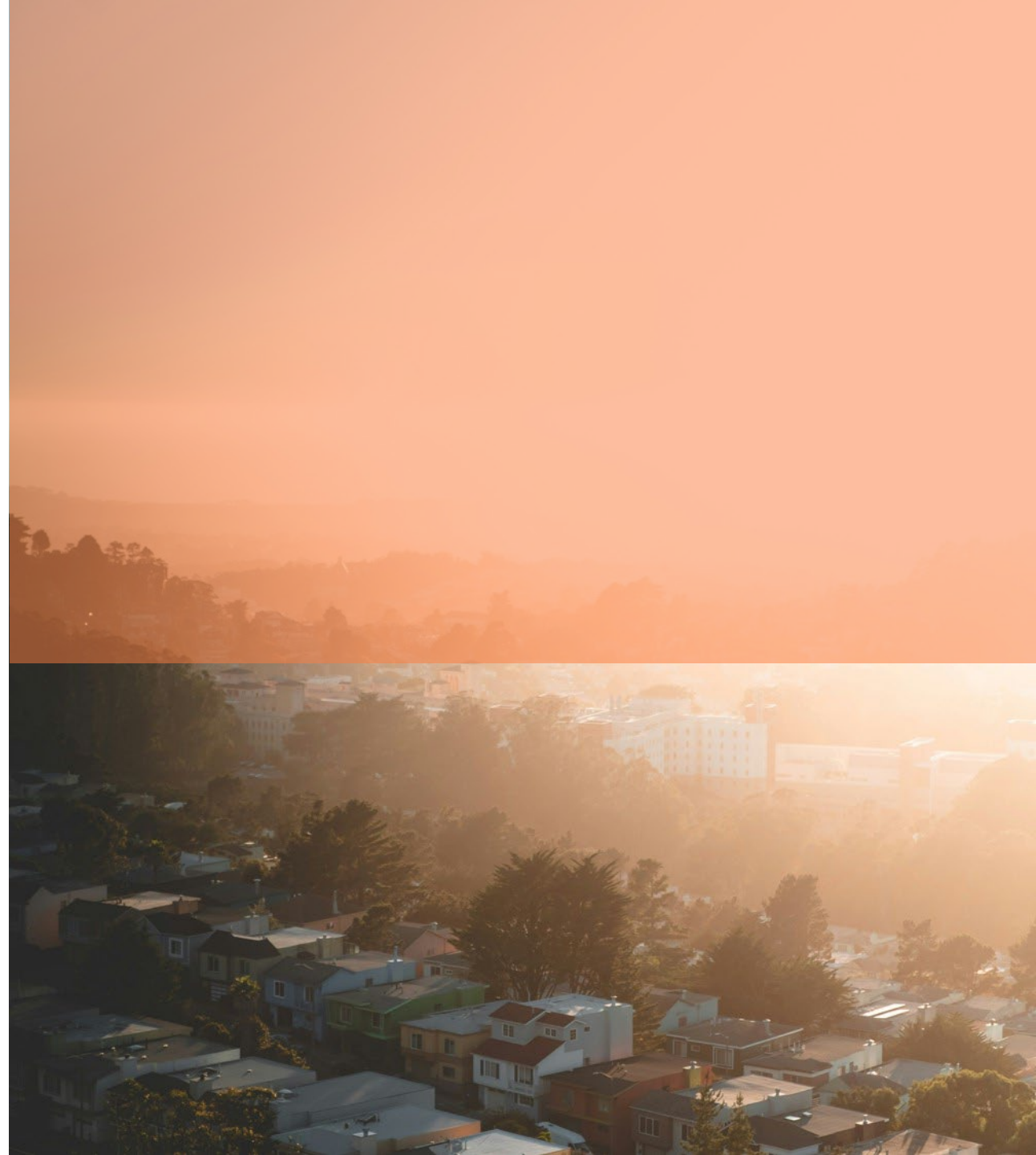




# Budget & Fiscal Advisory ("BFA") Committee



# Commission Membership



**CHAIR**  
**AL ROWLETT**



**VICE CHAIR**  
**CHRIS CONTRERAS**



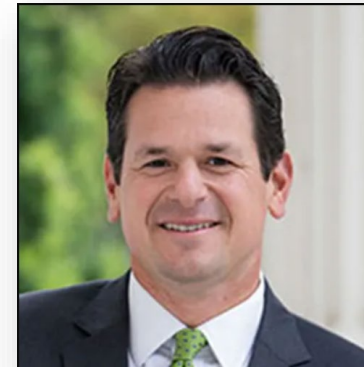
Keyondria Bunch



Steve Carnevale



David Gordon



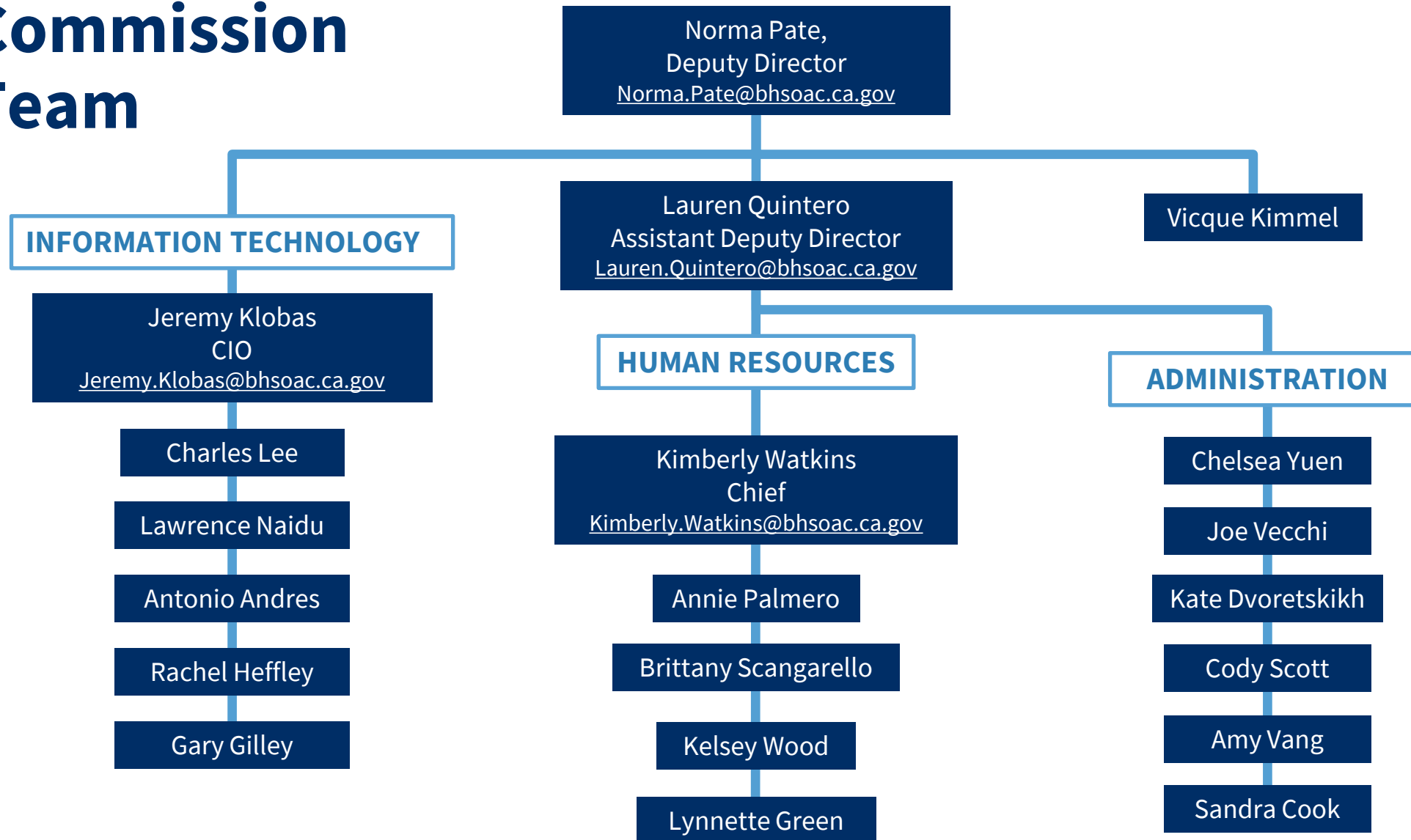
Assemblymember  
John Harabedian

(Designee Rosielyn Pulmano)



Jevon Wilkes

# Commission Team



# Meeting Format and Frequency



## HYBRID

- Virtual via Zoom
- In-person available at the Commission's headquarters: 1812 9<sup>th</sup> Street, Sacramento, CA 95819



## QUARTERLY AND AS NEEDED

- The committee will meet in August and September and then likely quarterly and ad hoc as needed



## BAGLEY- KEENE ACT

- Agendas will be posted 10-days in advance
- Cannot take action, only provide recommendations to full Commission
- Public comment includes open dialogue with Commissioners

# Charter Purpose and Goals

**IN ALIGNMENT WITH PROGRAM COMMITTEE AND  
LEGISLATIVE AND EXTERNAL AFFAIRS COMMITTEE  
SUPPORT THE COMMISSION BY:**

Monitoring the Commission's budget by reviewing annual budget documents, quarterly budget updates, and budget change proposals

Providing recommendations on annual priorities and Commission action including amendment, adoption, and submission as necessary to the Department of Finance or the Legislature

Reviewing periodic fiscal analyses of projects, contracts, and grants under the jurisdiction of the Commission, and making the Commission aware of matters of concern

# DRAFT Decision-Making Framework

Alignment	Impact & Equity	Landscape & Value	Potential Outcomes
<ul style="list-style-type: none"> <li>Does the funding request directly relate to behavioral health or to the Commission and/or its work?</li> <li>Does the funding request relate to the implementation of the Behavioral Health Services Act (BHSA) and/or the state's Behavioral Health Transformation?</li> <li>Is it aligned with the <a href="#">strategic plan</a> of the Commission to:               <ol style="list-style-type: none"> <li><i>Champion vision into action (elevate diverse voices, improve systems, apply global best practices);</i></li> <li><i>Catalyze best practices (build capacity, strengthen workforce, ensure equitable access);</i></li> <li><i>Inspire innovation (promote adaptive policy, fund new ideas, share impact stories); or</i></li> <li><i>Drive expectations (reduce stigma, measure outcomes, raise public and policymaker awareness)?</i></li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>Will the funding be used to ensure equitable access to behavioral health services for marginalized or underserved groups?</li> <li>Are data and metrics included that will be utilized to assess the project's success(es), including the impact on equity? Is the evaluation design appropriate and logical?</li> <li>What is the potential impact (high, medium, low)?</li> <li>What is the urgency or timing of the proposal?</li> <li>Is funding identified and sufficient to implement and sustain the proposal?</li> </ul>	<ul style="list-style-type: none"> <li>Have we engaged with a variety of stakeholder groups?</li> <li>Do the individuals, communities, or organizations directly impacted by the funding support it?</li> <li>Does this duplicate current initiatives or other statutory mandates?</li> <li>Are there any additional funding sources dedicated to the proposed project?</li> <li>Does the funding further the Administrations' initiatives?</li> </ul>	<ul style="list-style-type: none"> <li>Support for Funding</li> <li>Conditional Support: approval contingent upon specific changes or conditions being met</li> <li>Partial Funding: approving only a portion of the requested funding</li> <li>Deferral: postponing the decision for further review, data collection, or clarification</li> <li>Referral: referring the proposal back to the originating committee for further analysis or refinement.</li> <li>Rejection: decline the funding proposal and cite specific reasons</li> </ul>



**Thank you.**



# Questions?



Commission for  
Behavioral Health

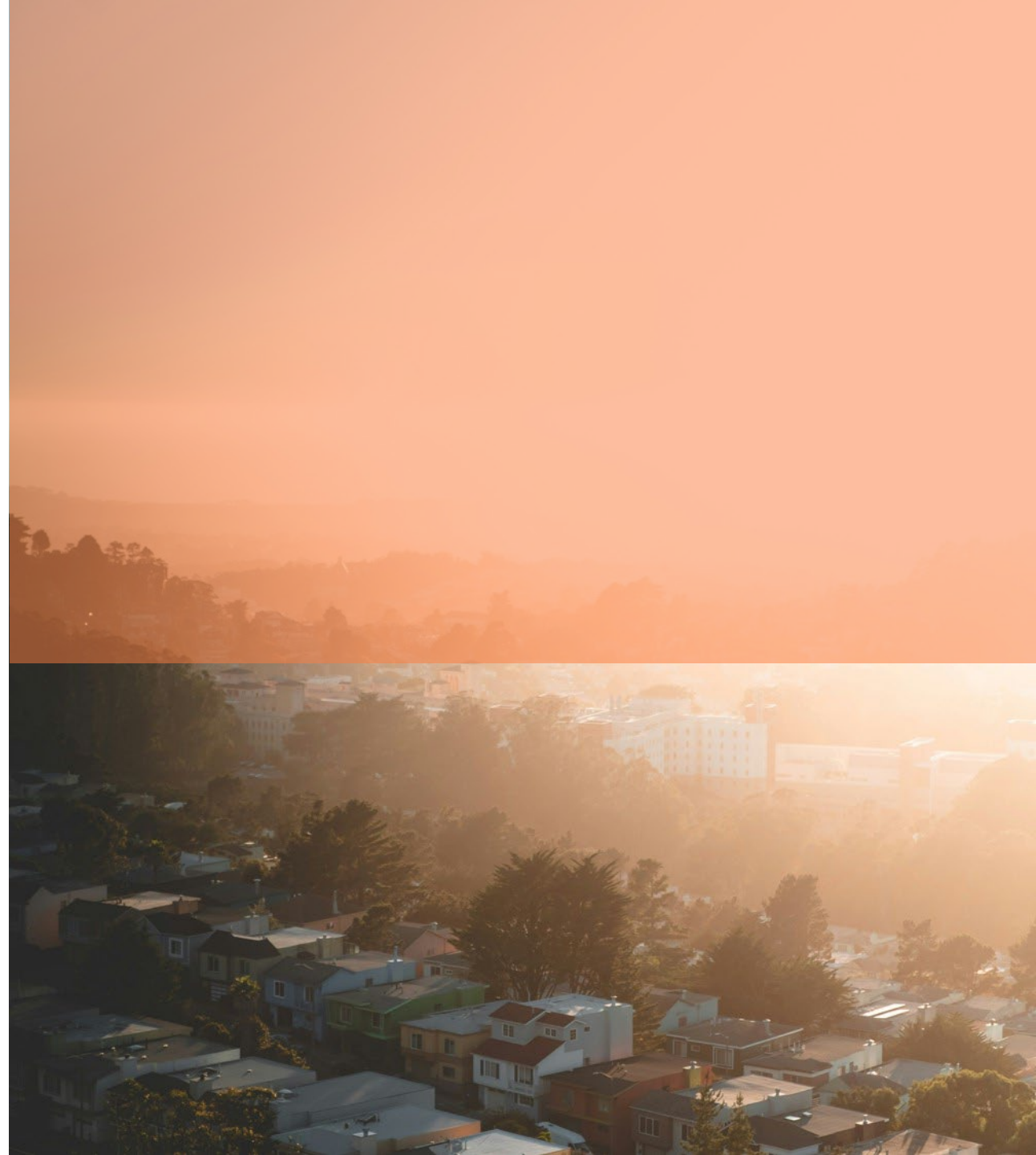
# Motion

- ✓ That the Budget and Fiscal Advisory Committee recommend adopting the Budget and Fiscal Advisory Committee Framework.





# Mental Health Wellness Act Overview

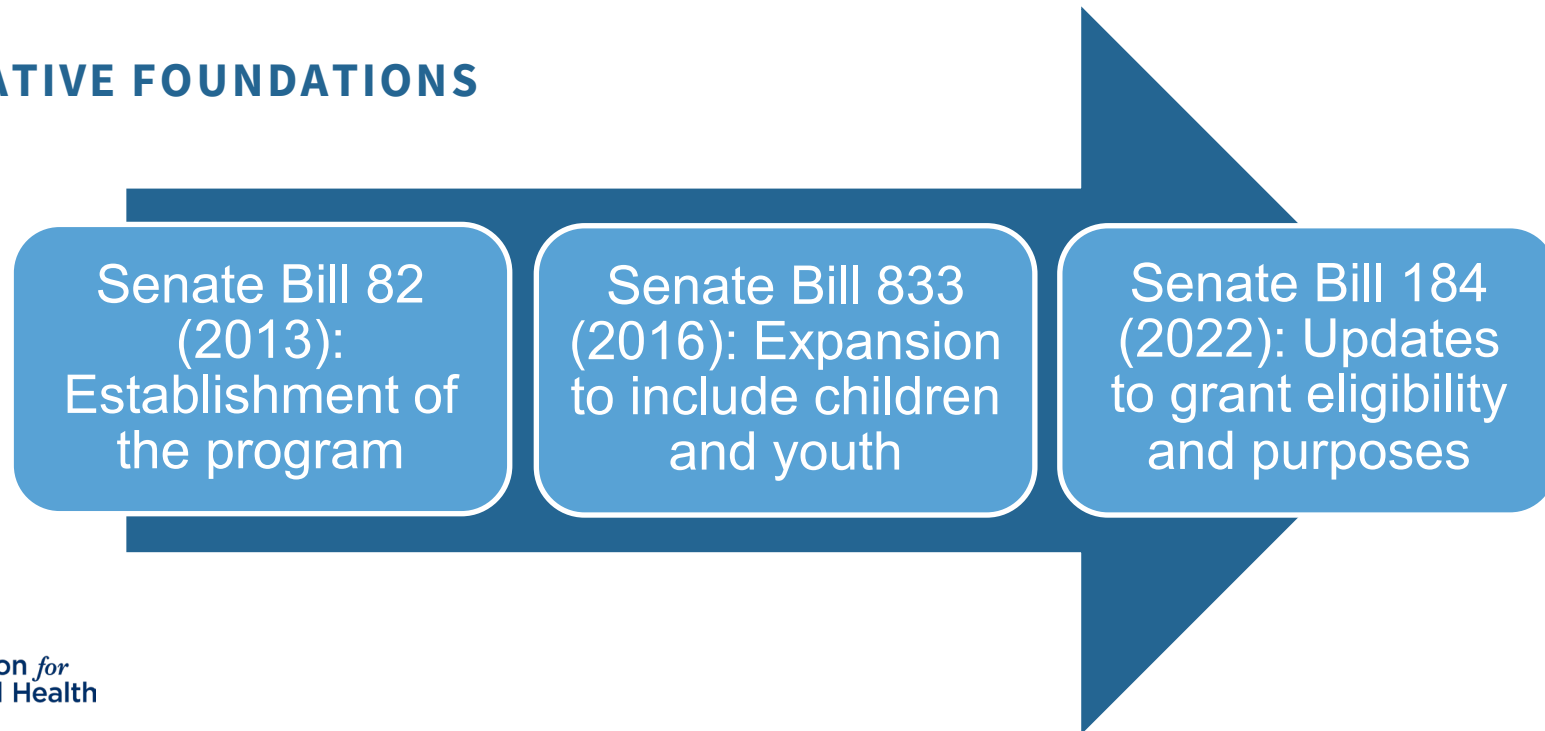


# Overview: Investing in Mental Health Wellness Act

## Mental Health Wellness Act

- Aims to expand crisis services for individuals experiencing mental health emergencies.
- Originally focused on improving access to care, reducing unnecessary law enforcement and hospital involvement, and ensuring individuals receive appropriate support.

## LEGISLATIVE FOUNDATIONS



# Senate Bill 82 (2013): Triage Round I

**2013-2017**

**\$128 MILLION** - \$32 million annually

**24 COUNTIES**

## Round I Results:

- Over 70,000 service instances delivered.
- Increased access to mental health services.
- Greater use of peer support in crisis intervention.
- Reduced hospitalizations and stigma.
- Improved service coordination and consumer well-being.

## SB 82 legislative objectives:

- Expanding crisis treatment services by adding crisis residential treatment beds, crisis stabilization services, Mobile Crisis Support Teams, Triage personnel,
- Improving the client experience, achieving recovery and wellness, and reducing costs,
- Reducing unnecessary hospitalizations and inpatient stays,
- Reducing recidivism and mitigating unnecessary expenditures of law enforcement, and
- Expanding the continuum of services with early intervention and treatment options that are wellness, resiliency, recovery oriented in the least restrictive environment.

# Round I Challenges

## DELAYS IN PROGRAM START

Time to first client service ranged from  
**7 days to 88 weeks**

Delays stemmed from:

- Lack of required partnerships with law enforcement, health systems, and hospitals before grant approval.
- Lengthy negotiations for formal agreements, taking up to two years in some cases.

## EVALUATION CHALLENGES

Counties developed individual evaluation approaches, resulting in inconsistent data collection.

The lack of a unified statewide evaluation method limited the ability to assess overall program impact.

## MEDI-CAL REIMBURSEMENT UNCERTAINTY

Applicants were encouraged but not required to seek Federal Financial Participation (FFP) reimbursement.

- Counties faced challenges determining eligible services and addressing billing issues, though the Department of Health Care Services committed to assisting with these challenges.

## TARGET POPULATION GAPS

Only six of 50 grant applications focused on children and youth services.

- Less than 16% of total grant funds were allocated to children's crisis services.

## STAFFING ISSUES

Statewide shortage of mental health professionals led to hiring difficulties and high turnover rates.



# Senate Bill 833 (2016): Triage Round II

## 2017-2021

**\$40 MILLION** for children and youth (ages 0-21).

**\$30 MILLION** for adults and transition-aged youth.

**\$10 MILLION** for statewide evaluation and technical assistance

### 20 COUNTIES – 30 GRANTS:

**15** adult and TAY programs (16-24)

**11** child and youth programs (under 18)

**4** school-county collaboratives (enrolled in K-12)

### Expansion for Children and Youth

SB 833 expanded the program to include children and youth, authorizing:

- Crisis intervention services for individuals aged 21 and under.
- Training for parents and caregivers.
- \$3 million in additional one-time funding, split equally between services for youth and caregiver training.

### SB-82/833 Program Goals:

- **Expand Crisis Prevention and Treatment Services:** Address gaps, unmet needs, and underserved communities while fostering partnerships to improve crisis services.
- **Increase Client Wellness:** Provide targeted crisis services to improve mental health outcomes and overall wellness.
- **Decrease Unnecessary Hospitalizations and Costs:** Offer preventative and early intervention services to reduce crises requiring hospitalization.
- **Reduce Law Enforcement Involvement and Costs:** Provide training, alternatives, and co-response options to minimize law enforcement involvement in mental health crises.
- **Increase Access to Mental Health Services:** Strengthen school-community partnerships to expand and enhance mental health care.
- **Develop Coordinated Crisis Response Systems:** Improve referral and tracking systems to address school crises effectively.
- **Engage Parents and Caregivers:** Offer training and resources to support families and build resilience.
- **Reduce Special Education Placements:** Address inequities in discipline and special education for students with mental health needs.

# Round II Challenges

## BUDGET REDUCTIONS

Reductions from **\$32 million to \$20 million** in 2018/19 impacted:

- Services
- Implementation
- Funding for schools
- Funding for crisis intervention personnel

## Midpoint Progress Report on Formative/Process Evaluation

California State Evaluation and Learning Support (Cal SEALS) for SB 82 Grants is available on the Commission's website:

[https://bhsoac.ca.gov/wp-content/uploads/UCLA-Midpoint-Progress-Report-for-Formative-Process-Evaluations\\_ADA.pdf](https://bhsoac.ca.gov/wp-content/uploads/UCLA-Midpoint-Progress-Report-for-Formative-Process-Evaluations_ADA.pdf)

# Senate Bill 184 (2022): Mental Health Wellness Act

## 2021-2027

**\$120 MILLION** - \$20 million annually

**6 PRIORITIES** - Multiple programs in various stages of development, funding, and build-out fall under the MHWA at the Commission.

4 Procurements completed:

- **EMPATH UNITS**
- **OLDER ADULTS' MENTAL HEALTH**
- **SUBSTANCE USE DISORDER PILOT PROGRAM**
- **BEHAVIORAL MATERNAL HEALTH AND CHILDREN 0-5**

3 more planned:

- **FULL-SERVICE PARTNERSHIP TECHNICAL ASSISTANCE ROUND I**
- **PEER RESPITE**
- **FULL-SERVICE PARTNERSHIP TECHNICAL ASSISTANCE ROUND II**

Senate Bill 184 (2022) included the following changes:

- Authorizes the Commission to use a sole-source contracting process for grant-making within the Investment in Mental Health Wellness Act of 2013 when it is determined that it is in the public's best interest to do so.
- Expands the types of entities that qualify for these grants from just county and city health departments to also include other local government agencies, community-based organizations, health care providers, hospitals, health systems, childcare providers, and other entities.
- Expands the purpose of these provisions from supporting only responses to mental health crises and triage personnel to also support crisis prevention, early intervention, and crisis response strategies.
- Adds education, training, and innovative, best practice, evidence-based, and related approaches to support crisis prevention, early intervention, and crisis response to the services that may be supported with these funds.
- Authorizes the Commission to require matching funds from entities in order to qualify for these grants, which shall not be designated in a manner that will prevent participation by any particular entity.

# MHWA Initiatives

## EmPATH Units

Located near hospital Emergency Departments.

Provide acute behavioral health care in a calm, therapeutic setting.

Aim to reduce ED boarding time and unnecessary psychiatric hospitalizations.

## Older Adults Mental Health

**PEARLS:** Educates older adults about depression and fosters self-sufficiency

**Age Wise:** Supports high-risk older adults in maintaining behavioral and physical health.

Both programs promote independent living and well-being.

## Maternal Behavioral Health and Children Ages 0-5

Focuses on early childhood social-emotional well-being.

Develops local systems of care to identify issues early and connect families to culturally relevant services.

Children ages zero to five and their caregivers.



# MHWA Initiatives

## Substance Use Disorder Pilot Program

Increases access to medication-assisted treatment (MAT) for substance use disorders (SUD).

Reduces financial barriers and meets best practice standards.

## Full-Service Partnership Technical Assistance

FSPs provide recovery-oriented services for severe behavioral health challenges.

Technical assistance and capacity building.

## Peer Respite

Voluntary, short-term program providing non-clinical support for individuals in psychiatric crises.

Staffed by peers with lived experience of behavioral health challenges.

## MHWI Initiatives and Funding Distribution Fiscal Years 2021/22 through 2026/27\*

Program	FY 21/22	FY 22/23	FY 23/24	FY 24/25	FY 25/26	FY 26/27	Total
EmPATH	\$10,000,000	\$9,250,000	\$750,000				\$20,000,000
EmPATH Reappropriation **			\$16,441,401				\$16,441,401
Older Adults' Mental Health	\$10,000,000	\$9,250,000	\$750,000				\$20,000,000
Substance Use Disorder Pilot Program		\$1,500,000	\$10,000,000	\$8,500,000			\$20,000,000
Maternal Behavioral Health and Children 0-5			\$8,500,000	\$6,500,000	\$5,000,000		\$20,000,000
Full-Services Partnership Technical Assistance 1				\$5,000,000	\$5,000,000		\$10,000,000
Peer Respite					\$10,000,000	\$10,000,000	\$20,000,000
Full-Services Partnership Technical Assistance 2						\$10,000,000	\$10,000,000
Total	\$20,000,000	\$20,000,000	\$36,441,401	\$20,000,000	\$20,000,000	\$20,000,000	\$136,441,401

\*An ongoing annual allocation of \$20 million is divided between grant programs across multiple fiscal years in order to allow each grantee at least three years to expend what would otherwise be a two-year grant award.

\*\*CBH reappropriated unspent Triage funds from Round II

**Thank you.**



# Questions?



Commission for  
Behavioral Health



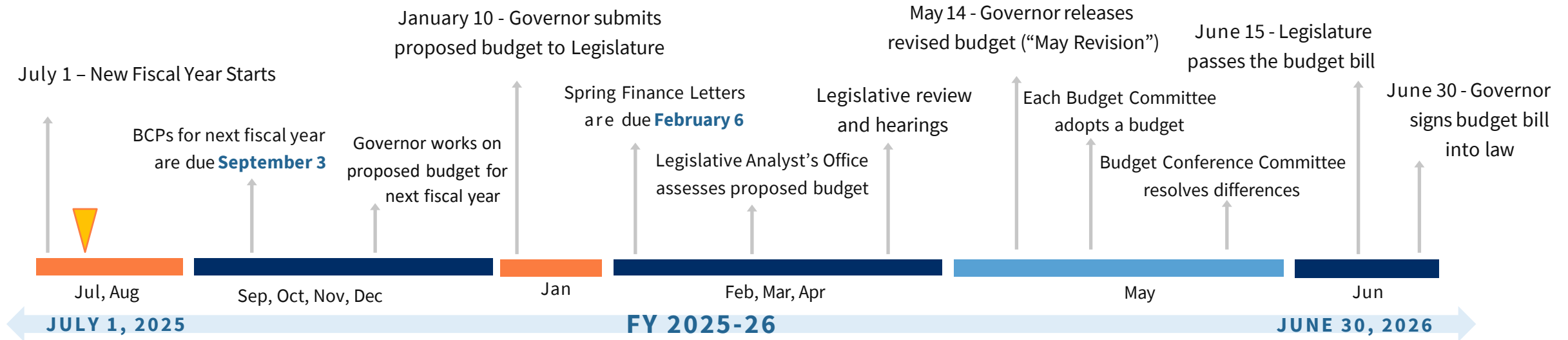


# CBH Budget Overview and Proposed Budget for FY 2025-26

**Norma Pate**, *Deputy Director of Administration and Performance Management*  
July 17, 2025



# California's Budget Process Timeline



State Budget is developed a year in advance – any funds we request now will not be available until **July 1, 2026**

- The Commission can request budget changes through the Department of Finance or by working directly with the Legislature
- Commission budget proposals do not require the DOF's approval before submission to the Legislature.

- **FY** – Fiscal Year
- **PY** – Prior Year (FY 2024-25)
- **CY** – Current Year (FY 2025-26)
- **BY** – Budget Year (FY 2026-27)
- **YTD** – Year to Date
- **BCP** – Budget Change Proposal

# Commission Funding

## 1% INCOME TAX ON PERSONAL INCOME OVER \$1 MILLION PER YEAR

### Behavioral Health Services Act (BHSA)

Majority of BHSA funding goes to counties,  
but it allows up to **3%** to be used for state  
administration of BHSA.

CBH is funded entirely  
through **3%** state  
administration portion of  
the BHSA funds

CBH ongoing yearly budget  
consists of two main funds:

**State Operations** include  
personnel, general  
operational costs and budget  
directed funds (funds that are  
part of the Budget Act received  
for a specific purpose)

**Local Assistance** funds  
are used for grants and  
advocacy contracts that  
are distributed to the  
community.

# Local Assistance ongoing funding sources

## Mental Health Wellness Act

\$20 million annually to support crisis intervention and support, and early intervention services.

## Behavioral Health Student Services Act

Ongoing appropriation of \$7.6 million to provide comprehensive school-based mental health services to students and families.

## Community Advocacy Contracts

\$6.7 million annually to competitive grants to organizations serving nine specified high-need populations.

# Budget Directed funding sources

## SB 465

\$400,000 annually ongoing to support FSP evaluation and reports to the Legislature.

## Prop 1

\$100,000 annually for 3 years starting in FY 2024-25 to implement the necessary changes as required by SB 326 Proposition 1

# Encumber and Reversion Dates and “Braided” Funding

Funds have time constraints

1 YEAR TO ENCUMBER  
2 YEARS TO SPEND

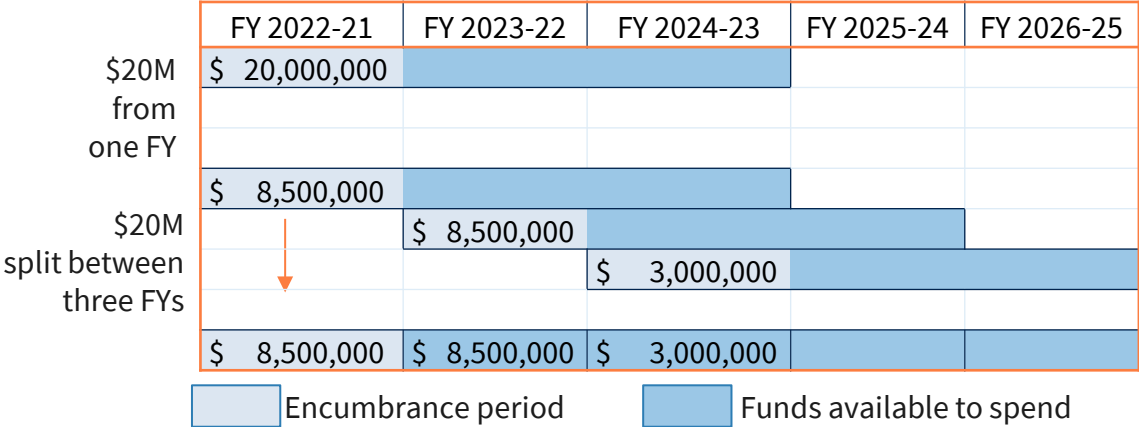
CAN BE LONGER IF SPECIFIED  
IN THE BUDGET ACT

Ongoing funds allow us to “braid” multiple fiscal years to give grantees more than two years to spend the grant

- **Encumbrance** - represents a commitment to spend money for a future expense. Funds get encumbered when a grant, contract or purchase order is signed.
- **Reversion** - any unspent funds will revert back to the Behavioral Health Services Fund.

Instead of using funds from one fiscal year, the grant amounts are split between two or more fiscal years to allow grantees at least three years to spend the funds.

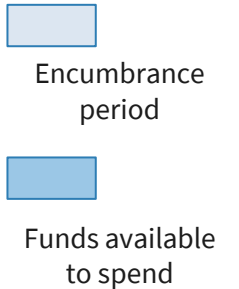
This also means we monitor multiple active grants and contracts that span years





# Active Grants and Contracts

Active Grants and Contracts Currently Managed by BHSOAC	# Grants or Contracts	Total Amount per Program	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	CY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29
MHWA EMPATH	6	\$ 20,000,000										
EMPATH Reappropriation*	5	\$ 16,441,401										
MHWA Older Adults	10	\$ 20,000,000										
MHWA SUD	6	\$ 20,000,000										
MHWA Maternal Behavioral Health	6	\$ 20,000,000										
BHSSA Rounds 1-3	57	\$ 255,000,000										
BHSSA Round 4	50	\$ 25,000,000										
BHSSA Admin	7	\$ 25,000,000										
BHSSA Evaluation	1	\$ 16,646,000										
Advocacy - 7 Populations	7	\$ 4,690,000										
Advocacy Immigrant and Refugee	7	\$ 1,340,000										
Advocacy K-12	1	\$ 670,000										
CYBHI	3	\$ 15,000,000										
Fellowship	1	\$ 5,000,000										
Youth Drop-In	4	\$ 14,579,000										
Operations**	17	\$ 14,169,000										
<b>Total</b>	<b>188</b>	<b>\$ 473,535,401</b>										



\*No encumbrance period because grants were signed right away

\*\*Total Operations budgets over three fiscal years

For a list of all current grants and contracts please visit our website at:

<https://bhsoac.ca.gov/about/#contracts>

## Prior Years' Available Active funds

FY	Prior Years' Active Funds	Budget	YTD Expenses	Remaining Encumbrance	Total YTD	Variance	Proposed 2025-26
2024-25	MHWA FY 2024	\$ 20,000,000	\$ -	\$ 13,500,000	\$ 13,500,000	\$ 6,500,000	\$ 6,500,000
2021-22	Older Adults Reappropriation	\$ 995,301	\$ -	\$ 805,463	\$ 805,463	\$ 189,838	\$ 189,838
2021-22	BHSSA Admin	\$ 25,000,000	\$ 6,093,604	\$ 10,249,267	\$ 16,342,871	\$ 8,657,129	\$ 8,657,129
2022-23	BHSSA Evaluation	\$ 16,646,000	\$ 1,687,231	\$ 4,014,000	\$ 5,701,231	\$ 10,944,769	\$ 10,944,769
	<b>Total Prior Years' Active Funds</b>	<b>\$ 62,641,301</b>	<b>\$7,780,835</b>	<b>\$28,568,730</b>	<b>\$36,349,565</b>	<b>\$26,291,736</b>	<b>\$26,291,736</b>

### Behavioral Health Student Services Act Administration

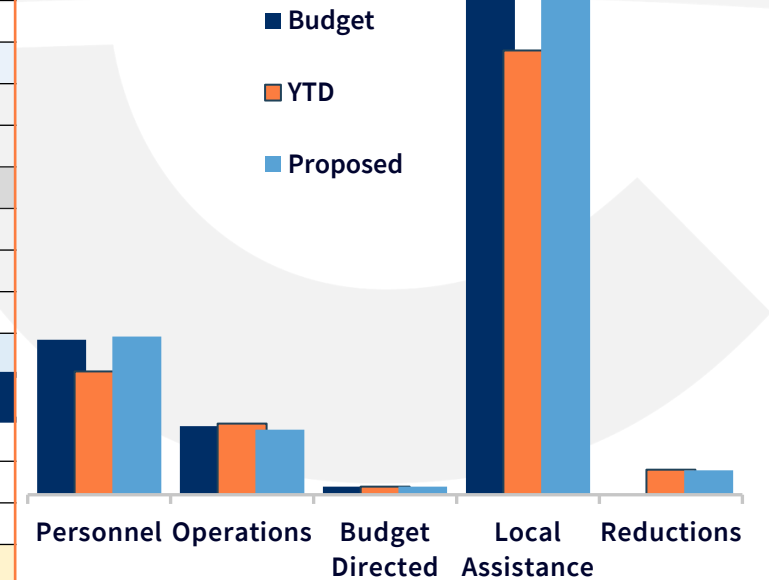
\$25 million to administer the Behavioral Health Student Services Act (BHSSA) grant program. Received in Budget Act of 2021 and available to encumber until 6/30/2026.

### Behavioral Health Student Services Act Evaluation

\$16.6 million to evaluate the Behavioral Health Student Services Act (BHSSA) grant program. Received in Budget Act of 2022 and available to encumber until 6/30/2026.

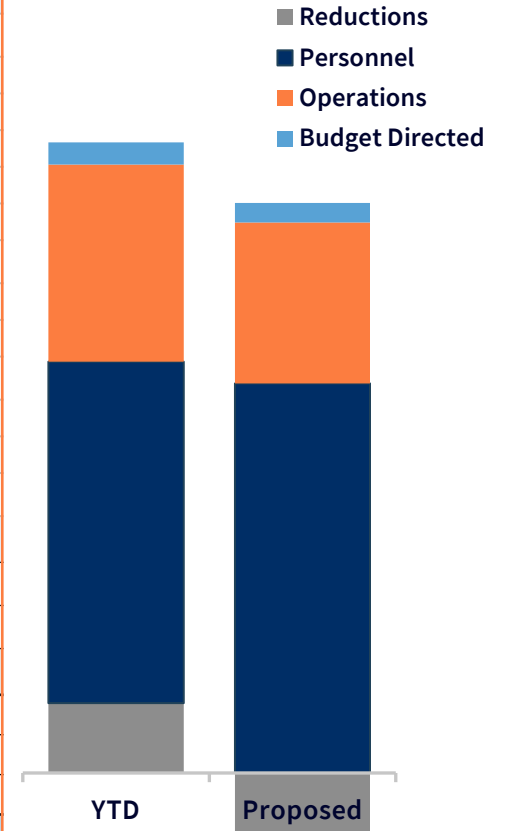
# FY 2024-25 Budget Overview and Proposed FY 2025-26 Budget

BHSOAC Budget FY 2024-25	Budget	YTD	Variance	Proposed 2025-26
<b>Operations</b>				
<b>Personnel</b>	<b>\$ 9,697,000</b>	<b>\$ 7,717,763</b>	<b>\$ 1,979,237</b>	<b>\$ 9,892,000</b>
Salaries and Wages	\$ 6,110,000	\$ 5,485,573	\$ 624,427	\$ 6,252,000
Staff Benefits	\$ 3,587,000	\$ 2,232,190	\$ 1,354,810	\$ 3,640,000
<b>Operations</b>	<b>\$ 4,295,000</b>	<b>\$ 4,456,552</b>	<b>\$ (161,552)</b>	<b>\$ 4,079,000</b>
Administration & Performance Management	\$ 2,422,704	\$ 2,286,531	\$ 136,173	\$ 2,454,845
Legislative and External Affairs	\$ 217,830	\$ 218,293	\$ (463)	\$ 308,400
Research, Evaluation & Program Operations	\$ 1,649,802	\$ 1,669,472	\$ (19,670)	\$ 1,160,500
Legal	\$ 4,664	\$ 282,256	\$ (277,592)	\$ 155,255
<b>Budget Directed</b>	<b>\$ 500,000</b>	<b>\$ 500,000</b>	<b>\$ -</b>	<b>\$ 500,000</b>
FSP Evaluations	\$ 400,000	\$ 400,000	\$ -	\$ 400,000
Prop 1 Implementation	\$ 100,000	\$ 100,000	\$ -	\$ 100,000
<b>Reductions</b>		<b>\$ 1,578,000</b>	<b>\$ (1,578,000)</b>	<b>\$ (1,537,000)</b>
Pension Adjustment		\$ 41,000	\$ (41,000)	\$ -
Vacancy Elimination		\$ 385,000	\$ (385,000)	\$ (385,000)
7.95% State Reduction		\$ 1,152,000	\$ (1,152,000)	\$ (1,152,000)
<b>Total Operations</b>	<b>\$ 14,492,000</b>	<b>\$ 14,252,315</b>	<b>\$ 239,685</b>	<b>\$ 12,934,000</b>
<b>Local Assistance</b>				
Mental Health Wellness Act	\$ 20,000,000	\$ 13,500,000	\$ 6,500,000	\$ 20,000,000
Behavioral Health Student Services Act	\$ 7,606,000	\$ 7,606,000	\$ -	\$ 7,606,000
Community Advocacy	\$ 6,700,000	\$ 6,700,000	\$ -	\$ 6,700,000
<b>Total Local Assistance</b>	<b>\$ 34,306,000</b>	<b>\$ 27,806,000</b>	<b>\$ 6,500,000</b>	<b>\$ 34,306,000</b>
<b>Total FY 2024-25</b>	<b>\$ 48,798,000</b>	<b>\$ 42,058,315</b>	<b>\$ 6,739,685</b>	<b>\$ 47,240,000</b>



# Operations Fund Overview

BHSOAC Budget FY 2024-25	Budget	YTD Expenses	Remaining Encumbrance	Total YTD	Variance	Proposed 2025-26
<b>Operations</b>						
<b>Personnel</b>	\$ 9,697,000	\$ 7,717,811	\$ -	\$ 7,717,811	\$ 1,979,189	\$ 9,892,000
Salaries and Wages	\$ 6,110,000	\$ 5,485,573	\$ -	\$ 5,485,573	\$ 624,427	\$ 6,252,000
Staff Benefits	\$ 3,587,000	\$ 2,232,238	\$ -	\$ 2,232,238	\$ 1,354,762	\$ 3,640,000
<b>Operations</b>	\$ 4,295,000	\$ 2,677,363	\$ 1,529,344	\$ 4,456,707	\$ (161,707)	\$ 4,079,000
Administration & Performance Mgmt.	\$ 2,422,704	\$ 1,799,888	\$ 236,798	\$ 2,286,686	\$ 136,018	\$ 2,454,845
Office Operations	\$ 905,603	\$ 897,494	\$ 51,556	\$ 949,050	\$ (43,447)	\$ 908,606
Administration	\$ 187,427	\$ 166,508	\$ 6,918	\$ 173,426	\$ 14,001	\$ 175,339
Human Resources	\$ 356,674	\$ 109,315	\$ -	\$ 109,315	\$ 247,359	\$ 59,700
Information Technology	\$ 723,000	\$ 626,571	\$ 178,324	\$ 804,895	\$ (81,895)	\$ 1,111,200
Reserve	\$ 250,000	\$ -	\$ -	\$ 250,000	\$ -	\$ 200,000
Legislative and External Affairs	\$ 217,830	\$ 188,883	\$ 29,410	\$ 218,293	\$ (463)	\$ 308,400
Legislature	\$ 87,496	\$ 87,790	\$ -	\$ 87,790	\$ (294)	\$ 2,900
Communications	\$ 130,334	\$ 101,093	\$ 29,410	\$ 130,503	\$ (169)	\$ 305,500
Research, Evaluation & Program Ops	\$ 1,649,802	\$ 459,433	\$ 1,210,039	\$ 1,669,472	\$ (19,670)	\$ 1,160,500
Program	\$ 400,000	\$ 249,560	\$ 162,725	\$ 412,285	\$ (12,285)	\$ 90,000
Research	\$ 1,249,802	\$ 209,873	\$ 1,047,314	\$ 1,257,187	\$ (7,385)	\$ 1,070,500
Legal	\$ 4,664	\$ 229,159	\$ 53,097	\$ 282,256	\$ (277,592)	\$ 155,255
<b>Budget Directed</b>	\$ 500,000	\$ -	\$ 500,000	\$ 500,000	\$ -	\$ 500,000
FSP Evaluations	\$ 400,000	\$ -	\$ 400,000	\$ 400,000	\$ -	\$ 400,000
Prop 1 Implementation	\$ 100,000	\$ -	\$ 100,000	\$ 100,000	\$ -	\$ 100,000
<b>Reductions</b>				\$ 1,578,000	\$ (1,578,000)	\$ (1,537,000)
Pension Adjustment				\$ 41,000	\$ (41,000)	\$ -
Vacancy Elimination				\$ 385,000	\$ (385,000)	\$ (385,000)
7.95% State Reduction				\$ 1,152,000	\$ (1,152,000)	\$ (1,152,000)
<b>Total Operations</b>	\$ 14,492,000	\$ 10,395,174	\$ 2,029,344	\$ 14,252,518	\$ 239,482	\$ 12,934,000



# Local Assistance Overview

BHSOAC Budget FY 2024-25	Budget	YTD Expenses	Remaining Encumbrance	Total YTD	Variance	Proposed 2025-26
Local Assistance						
Mental Health Wellness Act (MHWa)	\$ 20,000,000	\$ -	\$ 13,500,000	\$13,500,000	6,500,000	\$ 20,000,000
Behavioral Health Student Services Act	\$ 7,606,000	\$ 846,001	\$ 6,759,999	\$ 7,606,000	\$ -	\$ 7,606,000
Community Advocacy	\$ 6,700,000	\$ 171,000	\$ 6,529,000	\$ 6,700,000	\$ -	\$ 6,700,000
<b>Total Local Assistance</b>	<b>\$ 34,306,000</b>	<b>\$1,017,001</b>	<b>\$ 26,788,999</b>	<b>\$27,806,000</b>	<b>\$6,500,000</b>	<b>\$ 34,306,000</b>

## FY 2024-25 Procurements

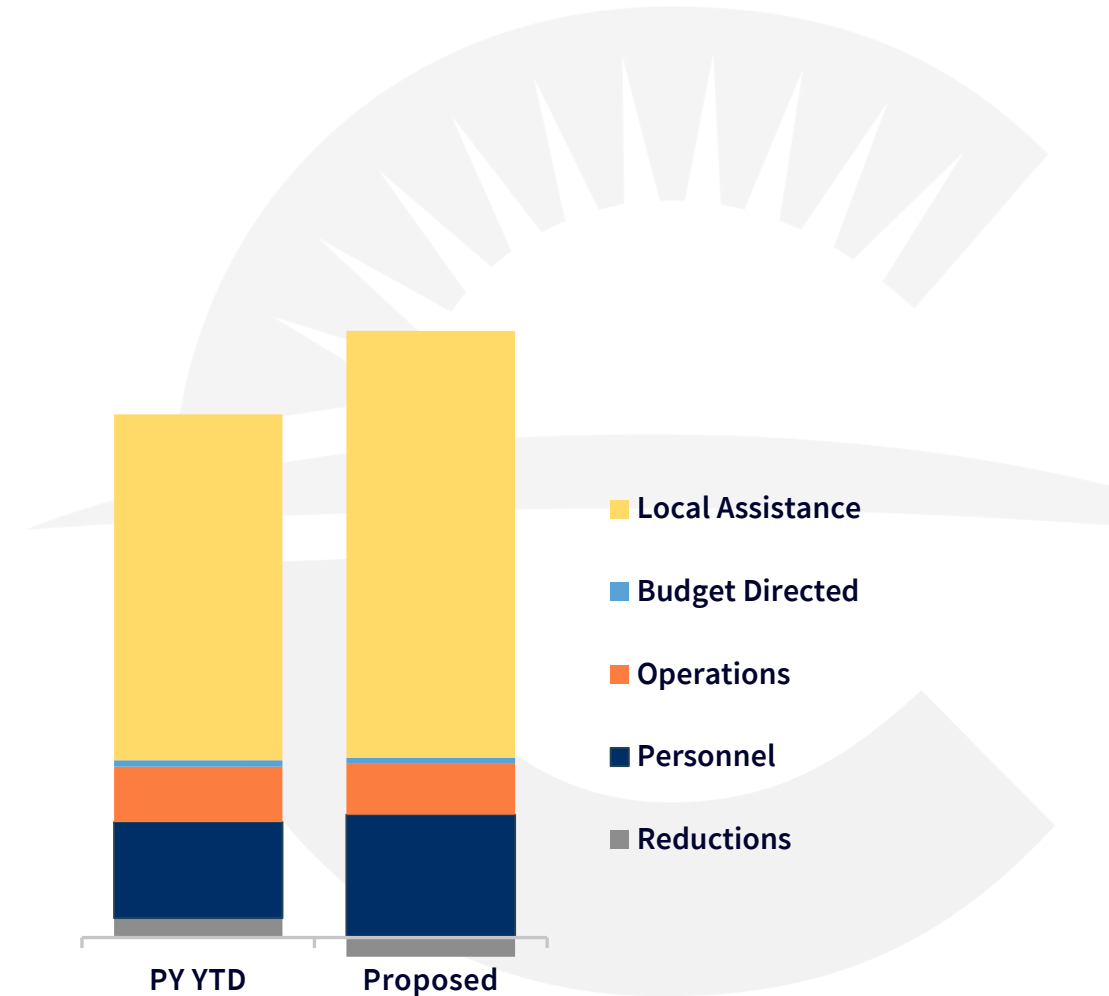
- BHSSA Statewide Coordinator
- Immigrants and Refugees Advocacy (Local)
- MHWa Maternal Behavioral Health/0-5
- K-12 Advocacy

## FY 2025-26 Procurements

- Immigrants & Refugees Advocacy (Statewide)
- MHWa FSP
- TAY Advocacy
- MHWa Peer Respite
- Innovation

# Proposed FY 2025-26 Budget

BHSOAC Budget FY 2024-25 and FY 2025-26	PY YTD	Proposed 2025-26
<b>Operations</b>		
<b>Personnel</b>	<b>\$ 7,717,763</b>	<b>\$ 9,892,000</b>
Salaries and Wages	\$ 5,485,573	\$ 6,252,000
Staff Benefits	\$ 2,232,190	\$ 3,640,000
<b>Operations</b>	<b>\$ 4,456,552</b>	<b>\$ 4,079,000</b>
Administration & Performance Management	\$ 2,286,531	\$ 2,454,845
Legislative and External Affairs	\$ 218,293	\$ 308,400
Research, Evaluation & Program Operations	\$ 1,669,472	\$ 1,160,500
Legal	\$ 282,256	\$ 155,255
<b>Budget Directed</b>	<b>\$ 500,000</b>	<b>\$ 500,000</b>
FSP Evaluations	\$ 400,000	\$ 400,000
Prop 1 Implementation	\$ 100,000	\$ 100,000
<b>Reductions</b>	<b>\$ 1,578,000</b>	<b>\$ (1,537,000)</b>
Pension Adjustment	\$ 41,000	\$ -
Vacancy Elimination	\$ 385,000	\$ (385,000)
7.95% State Reduction	\$ 1,152,000	\$ (1,152,000)
<b>Total Operations</b>	<b>\$ 14,252,315</b>	<b>\$ 12,934,000</b>
<b>Local Assistance</b>		
Mental Health Wellness Act	\$ 13,500,000	\$ 20,000,000
Behavioral Health Student Services Act	\$ 7,606,000	\$ 7,606,000
Community Advocacy	\$ 6,700,000	\$ 6,700,000
<b>Total Local Assistance</b>	<b>\$ 27,806,000</b>	<b>\$ 34,306,000</b>
<b>Total FY 2024-25</b>	<b>\$ 42,058,315</b>	<b>\$ 47,240,000</b>





**Thank you.**



# Questions?



Commission for  
Behavioral Health