

Budget Summary and Proposed Budget for FY 2025-26

Background

The Mental Health Services Act (MHSA) was passed by California voters in 2004 and funded by a one percent income tax on personal income in excess of \$1 million per year. In March 2024, Californians voted to change the MHSA to the Behavioral Health Services Act (BHSA). The vast majority of BHSA funding goes to counties but it allows up to three percent of overall revenues to be used for state administration of BHSA. The Commission is funded by this three percent, often referred to as the “state cap” or “admin cap.”

The Budget and Fiscal Advisory Committee reviewed this proposed budget at its August 21, 2025, meeting and recommended its adoption by the Commission.

Budget Components

The Commission’s yearly budget consists of two major funds: State Operations and Local Assistance. The funds are organized into three main categories: Operations, Budget Directed, and Local Assistance.

- **Operations:** Includes personnel and core operations. These funds are provided for staff, rent, and other related expenses needed to support the work of the Commission. Funding is usually ongoing, with some exceptions, such as one-time funding to support Commission-directed initiatives.
- **Budget Directed:** Funding provided in the Governor’s Budget Act for technical assistance, implementation, and evaluation of grant programs, with one-time and ongoing funding that is allocated over multiple fiscal years.
- **Local Assistance:** Includes the majority of Commission’s funding that is provided to counties and other local partners. Funding is provided via grants to counties or organizations on an ongoing and/or one-time basis, spread over multiple fiscal years. In FY 2025-26, this will include:
 - A statewide advocacy contract for the Immigrants and Refugees population
 - An advocacy contract for the Transition Age Youth population
 - Mental Health Wellness Act grants for Full Service Partnerships and peer respite
 - Innovation Partnership Fund grants

Annual funding in the Commission's budget can be authorized for a single fiscal year or multiple fiscal years. Fluctuations in annual funding reflect the availability of one-time funding, funding authorizations that are available over multiple years, and periodic on-going budget decisions that result in either growth or reductions in expenditure authority.

Overview of State Budget Appropriated Funds for Commission for Behavioral Health

	FY 2023-24	FY 2024-25	FY 2025-26
Operations			
Personnel	\$8,968,000	\$9,656,000	\$9,892,000
Operations	\$4,295,000	\$4,295,000	\$4,079,000
Total Operations	\$13,263,000	\$13,951,000	\$13,971,000
Budget Directed			
Universal Mental Health Screening Study*	\$200,000		
EPI* Reappropriation*	\$1,675,000		
Evaluation of FSP Outcomes	\$400,000	\$400,000	\$400,000
Proposition 1		\$100,000	\$100,000
Total Budget Directed	\$2,275,000	\$500,000	\$500,000
Local Assistance			
Children & Youth Behavioral Health Initiative*	\$15,000,000		
Community Advocacy	\$6,700,000	\$6,700,000	\$6,700,000
Behavioral Health Student Services Act	\$7,606,000	\$7,606,000	\$7,606,000
Mental Health Wellness Act	\$20,000,000	\$20,000,000	\$20,000,000
Total Local Assistance Funds	\$49,306,000	\$34,306,000	\$34,306,000
Vacancies Adjustment		(\$385,000)	(\$385,000)
7.95% State Budget Adjustment		(\$1,152,000)	(\$1,152,000)
Grand Total	\$64,844,000	\$47,220,000	\$47,240,000

*One-time funds

Operations

Legislative foundation: Annual State Budget Act

Summary: The State operations funding included in the yearly Budget Act is provided for personnel costs and operations support of the Commission. This includes staff benefits, building costs, IT expenses, and other related expenses needed to support the Commission.

Every year the Commission votes on the proposed budget for the upcoming fiscal year. We are currently in the fiscal year 2025-26 that started on July 1, 2025, and will end June 30, 2026.

Personnel: This fiscal year the Commission received \$9,892,000 for staff salaries and benefits for 55 authorized full-time positions. Currently 48 positions are filled and 7 are vacant. There are ongoing recruitments for the vacant positions.

Operations: This fiscal year the Commission was allocated \$4,079,000 for administrative and operational costs.

Budget Directed Initiatives

Universal Mental Health Screening

Legislative foundation: Assembly Bill 102, Chapter 38, Statutes of 2023

Summary: The Legislature asked the Commission, in consultation with the Department of Health Care Services, to submit a report on universal mental health screenings of children and youth to inform future budget and policy considerations around expanding mental health screenings to children in California. Screening for unmet mental health needs, particularly when people are young, is a key strategy for promoting early intervention and improving lifelong outcomes. Settings in which young people routinely engage, such as doctors' offices and schools, are considered opportune settings for routine health screenings. Yet, screening practices are highly underutilized for mental health compared to physical health needs. The report was approved by the Commission at its April 2025 meeting.

Evaluation of FSP Outcomes

Legislative foundation: Assembly Bill 178, Chapter 45, Statutes of 2022

Summary: Full Service Partnerships (FSPs) have served over 200,000 Californians living with a severe behavioral health issue. While FSPs boast several success stories, they are still in need of significant resources to achieve their full potential. Through robust research and data collection, the Commission recognizes that FSPs continue to struggle with collaboration between counties and providers, understanding the complex nature of billing for services, rules for enrollment, and maintaining a steady workforce. Finding sustainable fixes to these

issues will help shape the future of FSPs, creating a viable, long-term solution for California's most vulnerable populations.

Proposition 1

Legislative foundation: Assembly Bill 107, Chapter 22, Statutes of 2024

Summary: The Legislature provided the Commission with \$100,000 per year for 3 years from 2024-2026 to support the rebrand from the “Mental Health Services Oversight and Accountability Commission” to the “Behavioral Health Services Oversight and Accountability Commission.” The first \$100,000 was spent in 2024 on a rebranding package.

Children and Youth Behavioral Health Initiative

Legislative foundation: Assembly Bill 102, Chapter 38, Statutes of 2023

Summary: The Children and Youth Behavioral Health Initiative is a statewide, five-year, more than \$4 billion initiative that is transforming the way California supports children, youth and families. The Commission is administering Rounds 4 and 5 on behalf of the Department of Health Care Services. Round 4 focuses on scaling youth drop-in centers or other youth-driven programs that provide mental health and wellness services to children, youth, parents, and caregivers. Round 5 focuses on scaling early intervention programs and practices that provide mental health and wellness services to children, youth, parents, and caregivers. Both rounds have a specific focus on children and youth from African Americans, Asians and Pacific Islanders, Latinos, LGBTQIA+, and Native Americans communities.

Local Assistance

Local Assistance includes funding allocation from multiple fiscal years. Current initiatives include:

allcove® Youth Drop-In Centers

Legislative foundation: Senate Bill 109, Chapter 363, Statutes of 2019

Summary: allcove® Youth Drop-In Centers are co-created spaces designed with, by, and for young people through participation in allcove® Youth Advisory Groups. Research indicates that half of all mental health conditions begin by the age of 14. allcove® centers provide an

evidence-based, culturally competent, holistic approach to mental wellness for vulnerable and marginalized youth ages 12 to 25. These lifesaving services and supports include mental health, physical health, substance use, peer support, family support, supported education and employment, and linkage to other services. These drop-in centers provide a vital safety net for young people that is naturally more accessible to them because of the youth-driven design.

Early Psychosis Intervention

Legislative foundation: Senate Bill 109, Chapter 363, Statutes of 2019

Summary: People with psychosis can thrive with timely, effective treatment that begins soon after they experience symptoms. Evidence shows the Coordinated Specialty Care model – which brings together medication, therapy, case management, education/employment support, family education and support, and peer support – changes short- and long-term outcomes, and California is working to increase access to care in both public and private health care. The Early Psychosis Intervention Plus grant program aims to increase the availability and efficacy of Coordinated Specialty Care provision throughout California.

Community Advocacy

Legislative foundation: Assembly Bill 178, Chapter 45, Statutes of 2022

Summary: The Commission uses BHSAC funding to support the advocacy efforts of community partners. Through the release of periodic Requests for Proposals (RFPs) and a resulting competitive evaluation process, contracts are awarded to local and state-level organizations to provide advocacy, training and education, and outreach and engagement on behalf of nine underserved populations: consumers, diverse racial and ethnic communities, families of consumers, immigrants and refugees, K-12 students, LGBTQ+ populations, parents and caregivers, transition age youth, and veterans.

Behavioral Health Student Services Act

Legislative foundation: Senate Bill 109, Chapter 363, Statutes of 2019

Summary: Behavioral health challenges are the most common and disabling medical conditions impacting children. One in every five children has a diagnosable mental health challenge. Local schools can be the front line in establishing protective factors for children's

behavioral health, and a first line of defense in identifying and responding to children's risk factors and behavioral health needs early before they become severe and disabling. Comprehensive school behavioral health services that include a range of prevention, early intervention, and progressively intensive services and supports can improve children's behavioral health outcomes and increase their academic success.

Mental Health Wellness Act

Legislative foundation: Senate Bill 184, Chapter 47, Statutes of 2022

The MHWA provides \$20 million annually to be used as grants. The Commission selected six areas of focus in 2022.

EmPATH Units

Emergency Psychiatric Assessment Treatment and Healing (EmPATH) units deliver acute behavioral health care to patients in crisis in a calm, therapeutic setting not always found in a typical emergency department. Most emergency rooms are not equipped to handle patients in a behavioral health crisis, which can lead to increased stress in an already stressful situation for both emergency department workers and patients. The goal of an EmPATH unit is to reduce ER boarding time for patients experiencing a behavioral health emergency and to reduce unnecessary psychiatric hospitalizations. Funding was approved in 2022 to build 11 EmPATH units throughout California.

PEARLS and Age Wise

Behavioral health needs change as we grow and age, and older Californians are less likely to seek and find help. The Commission is using Mental Health Wellness Act funds to expand programs that specifically help older adults get the care they need to prevent their symptoms from worsening. One program, PEARLS, teaches older adults skills to help with their depression; the other, AgeWise, connects high-risk and underserved older adults to whatever services they need. Both programs reduce the risk of more serious behavioral health challenges – and the need for more complex care.

Maternal Behavioral Health and Children Ages 0-5:

Building resilience and protective factors for young children and their families has a lifelong impact. The Commission's maternal behavioral health and early childhood grants are aimed at closing care gaps for children and their families by helping community organizations

expand services, connect to sustainable funding sources, and partner with county behavioral health teams. These community organizations provide services that wrap around families in marginalized communities, providing services from prenatal and doula care to physical and behavioral health care for children and adults.

Substance Use Disorder Pilot Program

As part of California's Behavioral Health Transformation, the Commission is moving to make substance use disorder a priority area. In 2024, the Commission launched the Medication Assisted Treatment (MAT) Pilot project after learning about the barriers to implementing MAT in non-medical settings, as well as the shortage of MAT prescribers. The pilot project goal is to establish a sustainable, long-term solution to these issues throughout the state.

Full Service Partnership Technical Assistance:

Aligned with findings and recommendations from the Commission's second biennial report to the Senate and Assembly Committees on Health, and Assembly and Senate Budget Subcommittees on Health and Human Services, in compliance with Welfare and Institutions Code Section 5845.8 (enacted through SB 465, Chapter 544, Statutes of 2021), the Commission plans the launch of a statewide learning community where county behavioral health staff and providers can gain greater knowledge of the potential benefits of performance management for their teams and better understand the resources necessary to undertake performance management.

Peer Respite

Peer respites are proven crisis care solutions that provide person-centered, cost-effective care in 24-hour, home-like environments run by peers with lived experience. Staff with lived experience of behavioral health challenges who run peer respites are trained to emphasize mutuality, reciprocity, and growth. Self-determined health decisions inherently yield positive health outcomes; the Commission looks to use MHWA grants to increase the number and funding of peer respites, as well as the knowledge required to manage them.

Fellowship

Legislative foundation: Assembly Bill 178, Chapter 45, Statutes of 2022

Summary: The Transformational Change Partnership under the University of the Pacific provides county health and human services teams and their partners with knowledge, learning experiences, and implementation support to achieve transformative system

change. It is designed to help county agencies successfully implement the numerous current state initiatives and reforms in ways that improve operations, relationships with community partners, and client and community results. It engages a cohort of multi-level teams from counties and their community partners over nine months to facilitate shared learning and to support a specific project in ways that make it easier to implement required changes while growing the team's capabilities to lead and sustain transformative system-level improvements.

Proposed Budget for FY 2025-26

BHSOAC Budget FY 2024-25 and FY 2025-26	FY 2025-26 Actuals	Proposed FY 2025-26
Operations		
Personnel	\$7,723,474	\$8,556,529
Salaries and Wages	\$5,491,237	\$5,390,613
Staff Benefits	\$2,232,237	\$3,165,916
Operations	\$4,520,565	\$3,832,526
Administration & Performance Mgmt.	\$2,334,292	\$2,207,457
Legislative and External Affairs	\$142,586	\$158,960
Research, Evaluation & Program Ops	\$1,752,187	\$1,311,925
Legal	\$291,500	\$154,184
Budget Directed	\$500,000	\$500,000
FSP Evaluations	\$400,000	\$400,000
Prop 1 Implementation	\$100,000	\$100,000
Reductions	\$1,578,000	\$1,537,000
Pension Adjustment	\$41,000	
Vacancy Elimination	\$385,000	\$385,000
7.95% State Reduction	\$1,152,000	\$1,152,000
Total Operations	\$14,322,039	\$14,426,055
Local Assistance		
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
Total Local Assistance	\$27,806,000	\$34,306,000
Total	\$42,128,039	\$48,732,055