

Ensure Young Children Retain Access to Preventative Mental Healthcare



Proposal

- One-time \$20 million allocation to the Population-Based Prevention Fund specifically for children ages 0-5, to offset the loss of infant and early childhood prevention funding at the county level.
- Clarify statutory eligibility to ensure that county First 5s are explicitly eligible applicants for CDPH BHSA Population-Based Prevention Funds; and establish within the fund an ongoing, dedicated funding stream for children ages 0-5 within the Population-Based Prevention Fund.

Background

The Behavioral Health Services Act (BHSA) separated the prevention and early intervention services that were combined under the Mental Health Services Act (MHSA). Under BHSA:

- Early intervention services remain county-administered
- Prevention services will be funded through a new state-level population-based prevention fund administered by the California Department of Public Health (CDPH)

The transition from MHSA to BHSA threatens to eliminate millions of dollars in prevention and early intervention funding that currently supports infant and early childhood mental health services across California counties. Early intervention funding for children ages 0-5 will likely decrease due to changes in BHSA priority population definitions, making access to prevention funding even more critical for this age group.

[Research](#) by The Children's Partnership and First 5 Center for Children's Policy shows that MHSA has been a predominant funding source for child mental health programs in the state.

Prevention and Early Intervention (PEI) funding for young children has supported group-based, community programs rather than individual clinical services. These programs are uniquely

positioned to help families overcome barriers to mental health care access, mitigate future mental health concerns, and are most likely to reach families from historically marginalized communities, including immigrant and low-income families of color. Early intervention funding for children ages 0-5 will likely decrease due to changes in BHSA priority population definitions, making access to prevention funding even more critical for this age group.

These at-risk programs include:

- **Early Childhood Mental Health Consultation: Prevention-based interventions** that pair mental health consultants with adults who work with infants and young children in childcare and other settings where they learn and grow
- **Parent coaching and education models** (such as Triple P - Positive Parenting Program): Support programs that help parents learn strategies to promote social competence and self-regulation in children
- **Developmental playgroups: Facilitated sessions** for parents and children led by early childhood specialists, designed to promote development and social interactions

The funding crisis is compounded by multiple converging factors: steep declines in First 5 county commission revenues, which have historically supplemented prevention and early intervention mental health programming, and the conclusion of California's Children and Youth Behavioral Health Initiative (CYBHI)

grants in 2026. CYBHI has provided critical funding for early childhood mental health services in many counties, and its end will create additional funding gaps that overlap with the BHSA transition. Without access to BHSA prevention funds, counties will lack viable funding sources for these critical upstream interventions that cannot be reimbursed through Medi-Cal, creating a perfect storm that threatens to eliminate essential early childhood mental health services across the state.

Infant and toddler brain development is more rapid and foundational than at any other age. Early relationships and experiences shape brain architecture, creating the foundation for future development and learning. Successfully preventing and treating mental health concerns in young children requires a different approach than serving older populations—one that focuses on caregivers. Healthy child development requires nurturing adult relationships, and young children's emotional well-being is directly tied to their caregivers' and families' functioning. Caregiver stress, mental health issues, poverty, domestic violence, and substance abuse can significantly impact young children's mental health and development, with potentially long-term effects. To effectively serve families and children, services must be culturally relevant, accessible, and available in comfortable locations.

Funding for historical providers of preventative services is uncertain. CDPH's Phase 2 guidance indicates that prevention funds will be allocated to community-based organizations (CBOs) through competitive grants, but it remains unclear whether county First 5s – as governmental agencies – will be eligible to apply. First 5s have previously provided these services directly or through partnership with CBOs.

County First 5s are Essential partners for BHSA implementation. County First 5s are uniquely positioned as:

- Local early childhood experts with deep community knowledge
- Convening hubs connecting CBOs, local government, parents, and caregivers across all 58 counties
- Proven infrastructure already leveraged by other state investments (e.g., CYBHI, CalAIM)
- Experienced administrators with track records managing CBO networks, evaluating community impact, and ensuring accurate financial and programmatic reporting

Additionally, in smaller counties and rural communities, county First 5s often serve as the only coordinating agency with the expertise and capacity to respond to state RFPs, evaluations, and reporting requirements. Excluding First 5s from lead applicant eligibility risks inequitable distribution of resources, particularly disadvantaging rural communities that lack organizational capacity to compete for these funds independently.

Support

- First 5 Association of California (Sponsor)