



BEHAVIORAL HEALTH SERVICES ACT Integrated Plan

Executive Brief



Executive Brief

Riverside County 2026–2029 BHSA Integrated Plan

Advancing Community Wellness Under the Behavioral Health Services Act

Introduction

The Behavioral Health Services Act (BHSA) is the updated version of the Mental Health Services Act (MHSA), following the passage of Proposition 1 in March 2024. BHSA continues to be funded through a 1% tax on individuals earning over \$1 million annually.

The goal of BHSA is to modernize how California funds and delivers behavioral health care. It shifts the focus to treating behavioral health as specialty care, while moving broad public health prevention efforts to primary care providers and managed care plans (such as Medi-Cal).

This transition aims to create a more integrated, coordinated system that meets people where they are and provides care that is timely and culturally responsive.

Strategic Framework

The Integrated Plan is grounded in a person-centered, equity-focused framework that recognizes behavioral health as a core public health issue. The County’s strategy emphasizes continuity of care and cross-system collaboration.

Key pillars of the framework include:

Early access to care: Intervening sooner reduces long-term system costs and improves outcomes. Early intervention services are prioritized alongside crisis response.

Continuum of care: Services are designed to support individuals that meet BHSA eligibility; Medi-Cal beneficiaries with specialty mental health needs.

Housing as healthcare: Stable housing is treated as an essential component of recovery and wellness.

Equity and inclusion: Investments focus on communities historically underserved by behavioral health systems.

Data-driven accountability: Performance metrics guide funding decisions and continuous improvement.

Investment Priorities

1. Housing Interventions

To develop an ongoing behavioral health housing program to increase access to permanent supportive housing for people meeting BHSA eligibility who are chronically homeless, experiencing homelessness, or are at risk of homelessness.

Program Requirements:

- Housing Interventions shall not be limited to individuals enrolled in either a Full Service Partnership or Medi-Cal
- Counties shall not discriminate against or deny services to housing for individuals that are utilizing medications for addiction treatment or other authorized medications, or individuals who are justice-involved
- Housing interventions shall comply with the core components of Housing First
- All Housing Interventions settings must be combined with access to clinical and supportive behavioral health care and housing services that will promote the individual's health and functioning and long-term stability

2. Full Service Partnership (FSP)

Provides individualized, team-based care for children, youth (including TAY), adults, and older adults with significant behavioral health needs using a high-intensity, "whatever it takes" approach. Services integrate mental health, substance use, and supportive services delivered through evidence-based models such as:

Adults/Older Adults:

- FSP Level 2: Assertive Community Treatment (ACT)/Forensic Assertive Treatment (FACT), an evidence-based practice - is a field-based, multidisciplinary, team-based model of service delivery that supports individuals with complex and significant behavioral health needs. FACT specifically addresses those involved in the criminal justice system.
- FSP Level 1: Intensive Case Management (ICM) - is delivered by a multidisciplinary team that provides services and supports based upon the unique needs of each client, including peer services, crisis intervention, psychosocial rehabilitation, psychotherapy, medication management, and more.
- Individual Placement and Support model of supported employment - is a model of supported employment for people with serious mental illness (e.g., schizophrenia spectrum disorder, bipolar, depression). IPS supported

employment helps people living with behavioral health conditions work at regular jobs of their choosing.

Children/Youth:

- High Fidelity Wraparound - is a strengths-based, family-centered and team-driven approach to providing comprehensive care for children with complex needs. It is designed to support children and families in a way that keeps the child in the home and community rather than institutional settings.

Assertive Field-Based Initiation of Substance Use Disorder Treatment Services:

- Assertive field-based initiation programs proactively engage individuals living with SUD and offer low barrier access to Medications for Addiction Treatment (MAT). Counties' assertive field-based programs are required to serve BHSA-eligible individuals living with SUD treatment needs and prioritize those who are at higher risk of overdose, including those known to have experienced overdose reversals, or who are experiencing homelessness and/or justice-involvement.

Through ongoing engagement, field-based services, service planning, and linkage to housing interventions, FSPs support stability, recovery, and improved quality of life for individuals in priority populations.

3. Behavioral Health Services & Supports

- **Early Intervention (EI)** – 51% of the BHSS funds (51% of this dedicated to 0–25-year-olds) Early Intervention identifies and addresses emerging behavioral health needs early to prevent escalation, reduce disparities, and support timely access to care. It emphasizes short-term, evidence-based and culturally responsive supports that help individuals and families maintain stability and reduce the risk of crisis.
- **Workforce Education & Training (WET)** - WET strengthens and diversifies the behavioral health workforce through training, recruitment, and culturally responsive practices to expand access to equitable care. It also supports peer and community-based roles to better meet the needs of underserved populations.
- **Outreach & Engagement (O&E)** - Culturally responsive, community-driven outreach to connect unserved and underserved populations to behavioral health services, expanding access, reducing disparities, and building trust. It relies on partnerships with trusted organizations, peers, and community messengers to support ongoing engagement in care and participation in treatment.
- **Children, Adult, & Older Adult Systems of Care (SOC)** - The integrated System of Care model provides coordinated age-appropriate behavioral health services across the lifespan. It promotes continuity of care, recovery, and quality of life for children, adults, and older adults.
- **Innovative Behavioral Health Pilots & Projects** - The goal is to build the evidence base for the effectiveness of new statewide strategies. Counties are encouraged to pilot and test innovative behavioral health pilots and projects in

all BHSA funding components (Housing Interventions, FSP, and BHSS). Innovation no longer has its own separate funding allocation. (MHSA Innovation continues to fund its final project: Mindful Body and Recovery, an Eating Disorder Intensive Outpatient program. Grandfathered in under MHSA, the current project will conclude June 30, 2029.)

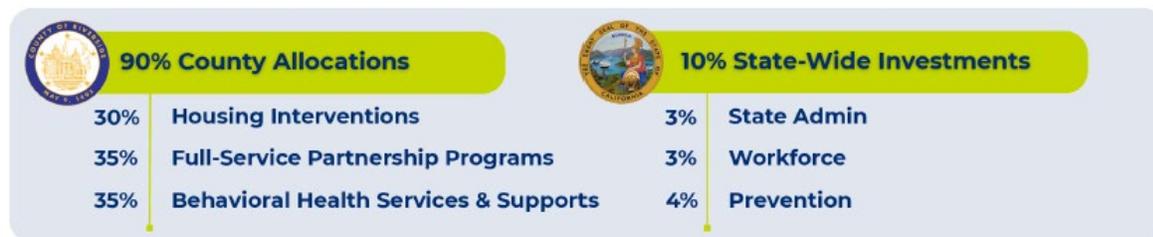
- **Capital Facilities & Technological Needs (CFTN)** - This focus area strengthens BH infrastructure and technology through facility improvements, telehealth expansion, and system upgrades, improving access, efficiency, and quality of care.

Projects in Development:

- The Mead Valley Wellness Village will provide outpatient and residential services for mental health and substance use disorders, primary healthcare, and behavioral health urgent care. It will serve children, youth, families, veterans, and other priority populations, and will house the first behavioral health urgent care center for children in Riverside County. The facility is scheduled to open in 2027. This will bring an additional 90 adult residential facility beds; 299 transitional living apartment units to the overall continuum of care, in line with BHSA’s focus on Housing.
- BHSA – Prop 1 BHCIP: Prop 1 infused the BHCIP grants with additional dollars to support its initiative. BHCIP grants are used to build a variety of new inpatient and outpatient capacity in mental health and SUD treatment facilities. RUHS-BH was awarded funds for two projects under this funding:
 - A new psychiatric hospital with expanded bed size and a better ability to treat children, located next to the Medical Center in Moreno Valley
 - A children’s and youth campus that will include all levels of behavioral health care, located in Beaumont.

HOW BHSA FUNDS ARE USED

BHSA revenue is split between county-level services and state-wide investments:



Funding Transfer: Counties are permitted to request a funding transfer between the three components to change their funding allocation percentages. However, these changes in funding allocation percentages cannot exceed 7 percent of total funds allocated to the county in one fiscal year from any one component.

For this three-year plan, the county is requesting a transfer from the Housing component into each of the other two components: FSP & BHSS. The proposed transfer

of funds is a strategic investment to support the systemwide transition to BHSA by enabling programs to meet new regulatory requirements and expand Medi-Cal billing capacity, thereby strengthening long-term fiscal stability.

Additionally worth noting, despite this funding transfer, RUHS-BH will be funding more housing in this next three-year plan than ever before. Starting in FY26/27 RUHS-BH will have 430 additional housing beds available through several initiatives such as Mead Valley Wellness Village and other transitional housing locations.

2026-2029 Integrated Plan Funding % Allocation			
	Housing	FSP	BHSS
FY2026-2027	23%	39%	38%
FY2027-2028	27%	37%	36%
FY2028-2029	27%	37%	36%

Prevention moves to the California Department of Public Health (CDPH) -

Population-based prevention programs may no longer be funded with local BHSA dollars starting July 2026. The most significant change is that prevention funds will be administered by the California Department of Public Health (CDPH). Programs that no longer meet BHSA criteria will sunset June 30, 2026. RUHS-BH remains committed to suicide prevention and is working closely with our partners in Public Health to continue to seek other funding opportunities to maintain some of these activities. The following programs will sunset June 30, 2026:

Asian American/Pacific Islander Mental Health Resource Center	Directing Change program and film contest – local recognition event	Carelink – Healthy IDEAS
Promotores de Salud Mental y Bienestar	Teen Suicide Awareness and Prevention Program	Mental Health Liaisons to Office on Aging
Community Mental Health Promotion Program	Active Minds – Send Silence Packing exhibit	Care Pathways - Caregiver Support groups
La Clave – website access & TA	Man Therapy – website maintenance	Safe Places program
Strengthening the Circle	Strengthening Families Program	Up2Riverside.org
Keeping Intergenerational Ties in Ethnic Families (KITE)	Stand Against Stigma	Peer-to-Peer (Cup of Happy)
Dare to be Aware youth conference		

Equity and Community Engagement

Equity is embedded across every component of the Integrated Plan. The County prioritizes populations that have historically faced barriers to behavioral health care, including communities of color, rural residents, and individuals experiencing homelessness. Community engagement is central to implementation. Public hearings, stakeholder consultations, and lived-experience input shaped the plan's priorities. Ongoing engagement ensures responsiveness to community needs and evolving conditions.

The RUHS-BH Cultural Competency and Reducing Disparities (CCRD) Committee will play a central role in the ongoing community planning/engagement and stakeholder process. CCRD includes 10 sub-committees focused on the 10 target un/underserved populations in Riverside County. Ongoing meaningful engagement with these groups and additional connections through these groups will ensure RUHS-BH receives feedback to better inform our overall service delivery system.

Programs emphasize culturally and linguistically appropriate services, community partnerships, and peer-led models that build trust and accessibility. This approach strengthens both service delivery and public confidence in the behavioral health system.

BHSA strengthens the relationship between Behavioral Health, Public Health, and the Managed Care Plans of Riverside County. Working together through the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP), the goal is to create synergy in addressing the needs of the community by working together on the same identified community strategies.

Annual and Triennial Reporting

The Integrated Plan (IP) is a three-year plan that requires a meaningful stakeholder engagement process, 30-day public posting, and a public hearing. Annual Updates (AU) and Intermittent Updates (IU) do not require a stakeholder process. AU/IU are used to describe any changes to the IP and includes a summary and justification of the changes made by the updates for a 30-day comment period prior to the effective date of the updates.

The Behavioral Health Services Act (BHSA) requires counties to submit Behavioral Health Outcomes, Accountability, and Transparency Reports (BHOATRs) to the Department of Health Care Services (DHCS) on an annual basis, with the intent to provide transparency on the expenditure of behavioral health dollars and administration of behavioral health care.

Long-Term Impact

The plan recognizes that behavioral health challenges are complex, interconnected, and solvable through sustained collaboration. Success depends on partnerships among County agencies, healthcare providers, schools, housing developers, nonprofit organizations, and residents.

Through strategic alignment with BHSA reforms, Riverside County is building a system that promotes dignity, stability, and opportunity — improving quality of life for individuals, families, and communities.

For more information please visit: <https://www.ruhealth.org/behavioral-health/BHSA>