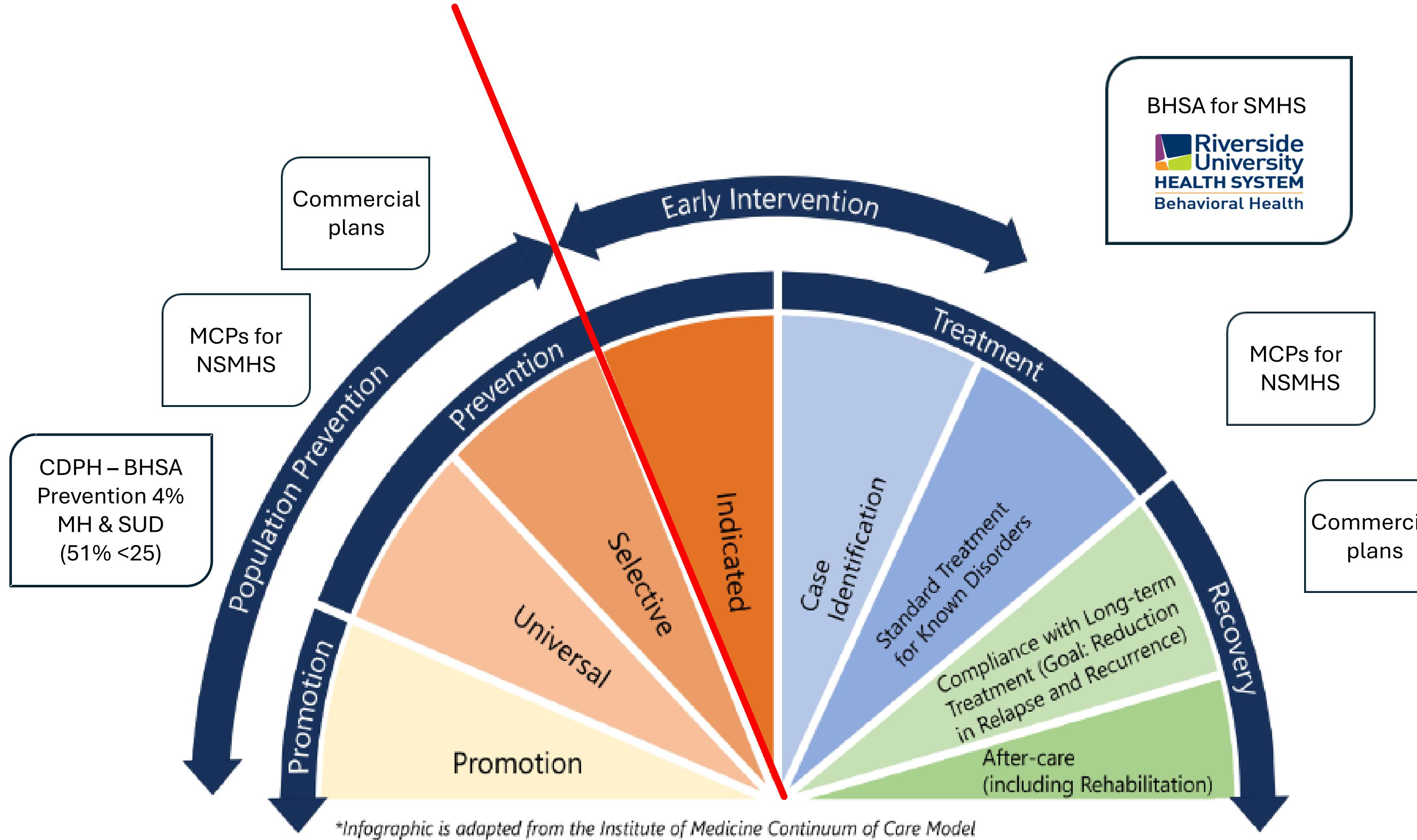




# Behavioral Health Transformation Behavioral Health Services Act





# What is the Behavioral Health Services Act (BHSA)?

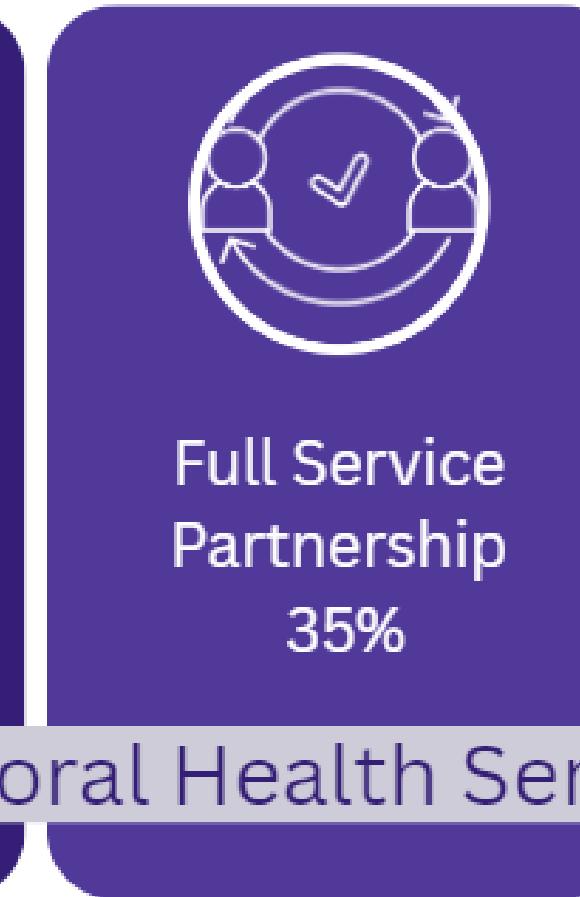
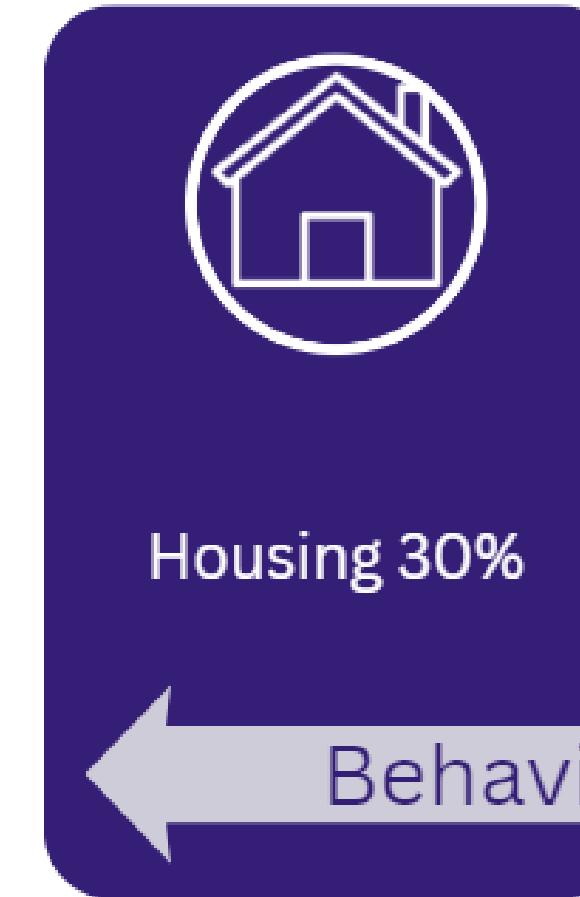
- Modernization of the Mental Health Services Act (MHSA)
- 1% State tax on personal income over \$1million
- Shifts focus for County Behavioral Health on specialty level of care
- Aim is to create a more integrated, coordinated system
- New components, regulations, reporting, and oversight.





**versus**

**BHSA**



# Guiding Principles Changes from MHSA

## MHSA

- Funds of last resort. Can be used for non-billable services
- Strong focus on peer support and MH recovery
- County had more independence
- Serious Mental Illness (SMI)
- Reach people before they have consequences of SMI and promote MH recovery
- Early Intervention designed to prevent onset of SMI
- Outreach based on stigma reduction, education, and awareness



## BHSA

- Still funds of last resort, but prioritize Medi-Cal and commercial payor billing
- Focus on homelessness, especially encampments
- State has more oversight
- SMI AND Serious SUD
- Address the consequences of untreated BH disorders and prevent exacerbation
- Early intervention designed to prevent disorders from becoming severe and disabling.
- Outreach based on connecting people to care



# BHSA PRIORITY POPULATIONS



**Chronically homeless or experiencing homelessness or at risk of homelessness**



**In, or at risk of being in, the justice system**



**Re-entering the community from prison or jail or youth correctional facility**



**At risk of conservatorship or in the child welfare system**



**At risk of institutionalization**

# Community Planning and Reporting Requirements

## Outcomes & Accountability

### County Integrated Plan for Behavioral Health Services & Outcomes

Every 3 Years

Must include **ALL County Behavioral Health Needs, Funding, Services & Outcomes:**

- All Local, State, Federal Behavioral Health Funding & Behavioral Health Services
- Budget of Planned expenditures, reserves & adjustments
- Alignment with statewide/ Local goals & outcomes measures
- Workforce Strategies

### County Behavioral Health Outcomes, Accountability & Transparency Report (BHOATR)

Annual

Counties required to **report annually** on expenditures of **ALL local, State & federal behavioral health funding**

- Service utilization/outcomes with health equity lens
- Workforce metrics
- Unspent dollars

# Community Engagement - Key Changes

- » Counties already engage in extensive community program planning and engagement with their communities under MHSA
- » BHSA builds upon the MHSA requirements to meaningfully engage with stakeholders with a few key changes
- » Stakeholder engagement requirements for the integrated plan become effective **January 1, 2025**

Key changes to community planning process in WIC § 5963.03:

- ✓ Stakeholder list expanded to include Substance Use Disorder
- ✓ Key stakeholder groups updated to include but are not limited to:
  - Families of eligible children and youth
  - Youths or youth mental health or SUD organizations
  - Early Childhood organizations
  - Historically marginalized communities
  - Representatives from organizations specializing in working with underserved racially and ethnically diverse communities
  - Representatives from LGBTQ+ communities,
  - Victims of domestic violence and sexual abuse
  - People with lived experience of homelessness
  - Health Pans, Education, Housing and Social Services

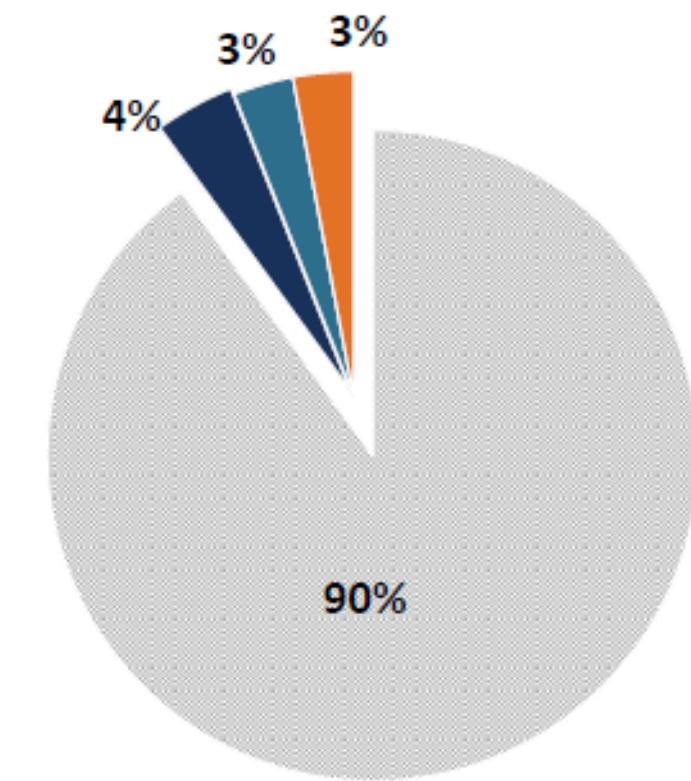
Several Additional Stakeholder Groups have been added - Consult WIC § 5963.03 for details

# Behavioral Health Services Act Funding Breakdown

10% of total funding allocated for **statewide investments**. Of this amount:

- Statewide Oversight and Monitoring Activities**  
3%  
State entities will develop statewide goals, oversee county outcomes, train and provide technical assistance to counties and providers, research and evaluate, and administer programs.
- Workforce**  
3%  
The Department of Health Care Access and Information (HCAI) will expand and support a culturally competent and well-trained statewide behavioral health workforce.
- Prevention**  
4%  
The California Department of Public Health (CDPH) will administer statewide **prevention services** to reduce the risk of people developing mental health conditions or SUDs.

10% Statewide Investments



# What does this mean for Riverside County?

Counties are prohibited from using Early Intervention funds for stigma reduction programs that are aligned with population-based prevention activities.

Population-based prevention programs may no longer be funded with local BHSA funds starting July 2026.

Prevention funds will be administered by the California Department of Public Health (CDPH).

- Riverside County prevention services that will no longer meet BHSA criteria (effective July 1, 2026):
  - Stigma Reduction
  - Mental Health Awareness
  - Parenting/Family and other support programs focused on Non-Specialty MH/non-Medi-Cal community members
  - Suicide Prevention Coalition Activities

# Behavioral Health Services Act Funding Breakdown

90% of total funding allocated to **counties**. Of this amount:

## 30% **Housing Interventions**

Interventions include rental subsidies, operating subsidies, shared housing, **family housing for eligible children and youth**, and the non-federal share of certain transitional rent.

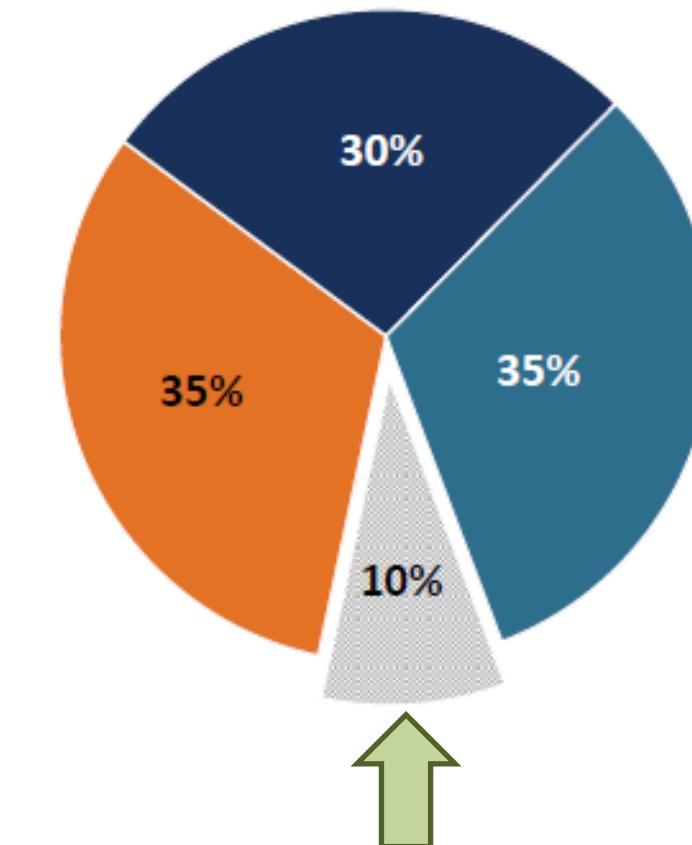
## 35% **Full Service Partnership Services**

Comprehensive and intensive care for **people at any age** with the most complex needs (also known as the “whatever it takes” model).

## 35% **Behavioral Health Services and Supports**

Includes **early intervention (EI)**, outreach and engagement, workforce, education and training, capital facilities and technological needs, and innovative pilots and projects.

90% County Allocations



10% of total funding allocated for **statewide investments**.

# Housing Interventions Component



30% of Component Funds directed toward housing



Used to provide subsidies related to housing and providing supports to maintain housing.

## What does this mean for Riverside County?



- **Expansion of Housing**
  - All levels of housing intervention throughout the county have been expanded
  - Mead Valley Wellness Village:
    - 90 adult residential facility beds
    - 299 transitional living apartment units

# Adult FSP Levels of Care

The framework includes two levels of coordinated care for adults and older adults with ACT as the highest level and a step-down level from ACT, that we are calling FSP Intensive Case Management (ICM).

**Full Service Partnership Eligible**

**Level 2: Assertive Community Treatment (ACT)**  
Stand-Alone EBP for Highest Need Adults and Older Adults

**BHSS Eligible**

**Level 1: FSP Intensive Case Management (ICM)**  
Higher Need Adults and Older Adults

**Outpatient SMHS**

Individuals stepping down from FSP ICM no longer meet the threshold for FSP and should receive outpatient SMHS BH services, as needed.

Individual Placement and Support Model of Supported Employment

**Children's FSP Level of Care**  
**High Fidelity Wraparound**

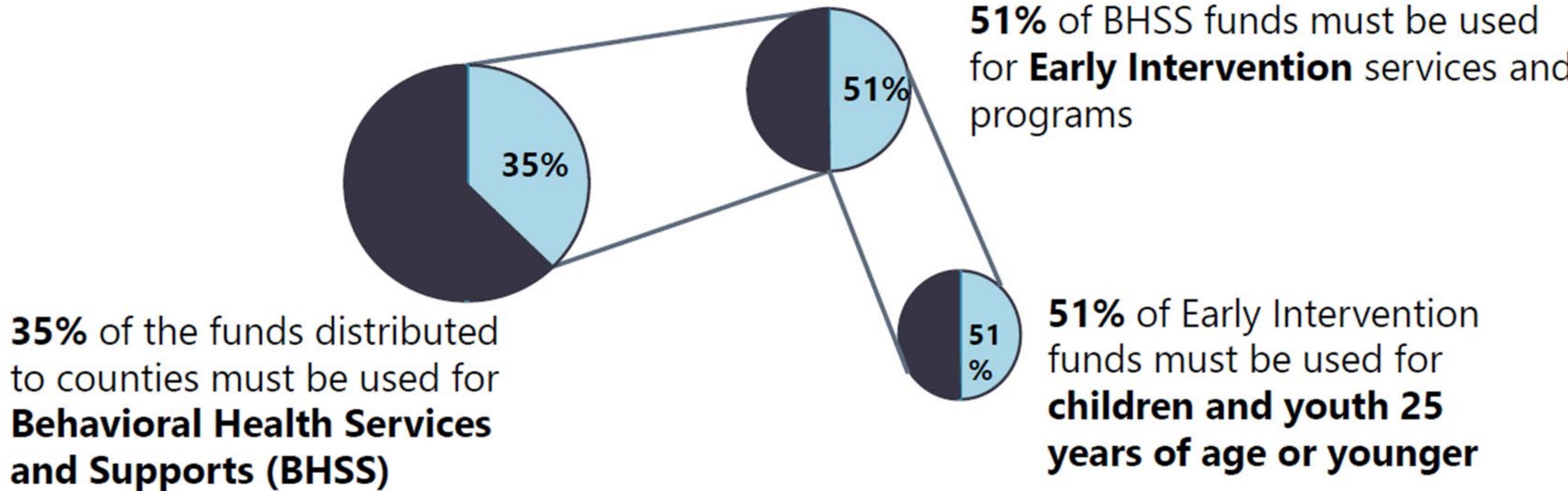
**Assertive Field Based Initiation for SUD Treatment Services**

# Behavioral Health Services and Supports Component

- **35% of Component Funds for BHSS**
  - 51% directed toward early intervention
  - 51% of early intervention for children/youth aged 25 and younger
- **Can use funds to support:**
  - System of Care services
  - Outreach and Engagement
  - WET
  - CFTN
  - Early intervention
  - Innovative pilots



# Early Intervention Legislative Funding Requirements



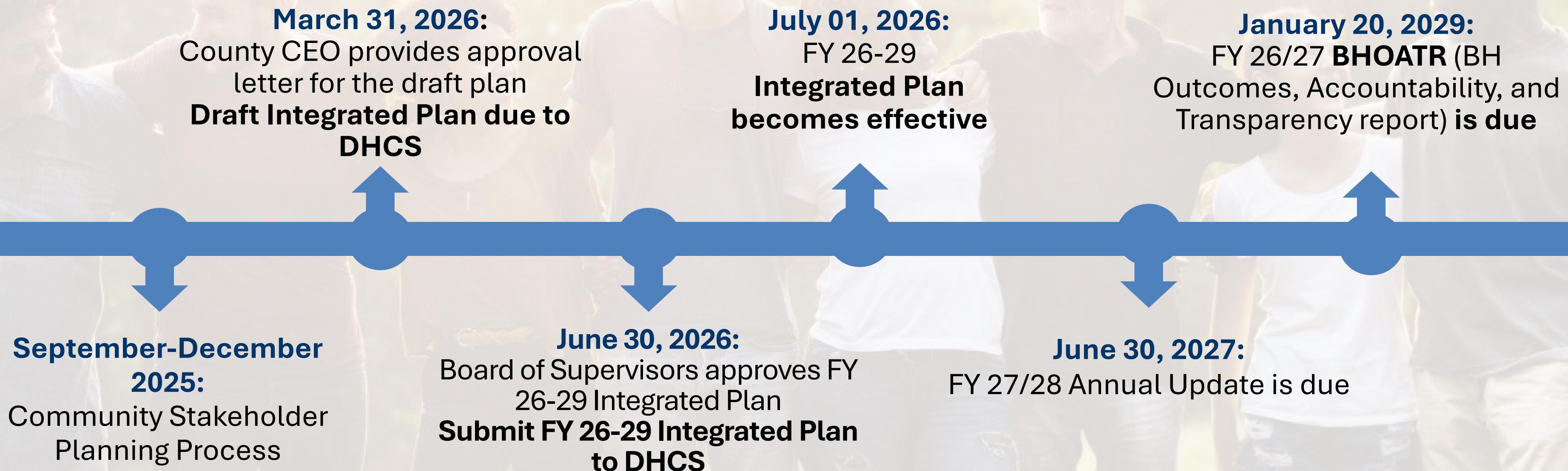
Counties have the flexibility to transfer 7% of funds from BHSS into another funding category (FSP or Housing Interventions) for a maximum total shift of 14% into a single funding category.

# What does this mean for Riverside County?

- System of Care expansion with required EBPs: Functional Family Therapy, Multisystemic Therapy, expansion of PCIT
- Programs Currently in the MHSA PEI plan that will continue to be funded under Early Intervention:
  - Mamás y Bebés (Mothers & Babies)
  - Inland SoCal Crisis and Suicide Helpline and 211
  - Cognitive-Behavioral Therapy (CBT) for Late-Life Depression
  - Program to Encourage Active Rewarding Lives (PEARLs)
  - Cognitive-Behavioral Interventions for Trauma in Schools (CBITS)
  - Bounce Back
  - Stress and Your Mood Program (SAYM)
  - Seeking Safety
  - Parent Child Interaction Therapy (PCIT) – 0-5 Preschool Programs
- All Early Intervention service providers must meet new BHSA regulations, including obtaining Medi-Cal certification.
- Additional Services That Meet Early Intervention Criteria
  - Coordinated Specialty Care for First Episode Psychosis (CSC-FEP) - Required by BHSA
  - Crisis System of Care
  - Peer Support Resource Center



# BHSA Timeline



# What's Next for Community Stakeholders?

- **Public Posting & Hearings**

- **1<sup>st</sup> Quarter 2026: 30-day website posting**
  - Give written feedback on the draft plan
- **Public Hearings following the 30-day post**
  - Provide your opinion to the Behavioral Health Commission
- **Virtual 24/7 videos on-line**
- **Provide your feedback:**
  - In-person at a Public Hearing
  - Email us: [BHSA@RUHEALTH.ORG](mailto:BHSA@RUHEALTH.ORG)
  - Call us: 951.288.4692
- **BHSA landing page in development**



## Your Voice Matters — Help Shape Behavioral Health Services in Riverside County

We believe that community voices are essential to meeting the needs of our community. Please provide your input on our BHSA Community Planning Survey.

Please use the following QR code or survey link to answer a few questions.



<https://forms.gle/fFMgbJoxGewEg8EM8>