COUNTY OF SAN DIEGO BEHAVIORAL HEALTH SERVICES (BHS)
BEHAVIORAL HEALTH ADVISORY BOARD (BHAB) – FALL 2025 RETREAT

BHS Director Q&A Session

1. What are the main challenges BHS is facing under the Behavioral Health Services Act (BHSA)?

BHSA is part of the State's broader Behavioral Health Transformation led by the Department of Health Care Services (DHCS). It modernizes how counties plan and deliver services, emphasizing integration, accountability, and transparency. While the goals of the legislation are clear, implementation brings several challenges related to timing, the redistribution of prevention funding, and the alignment of multiple statewide initiatives. For San Diego County, this means sustaining MHSA operations while preparing for BHSA implementation and maintaining fiscal stability over overlapping reforms.

The timing and uncertainty surrounding State guidance makes it very challenging to plan. DHCS is still finalizing fiscal conversion processes, outcome reporting, and the transition of existing MHSA components into the new BHSA structure. Counties must submit their draft Integrated Plans by March 31, 2026, and final plans by June 30, 2026, but without complete guidance, we are maintaining MHSA-funded programs while preparing for a new framework, essentially running two systems at once.

Under BHSA, counties will no longer have local control over prevention funding. Prevention funding that counties previously administered will shift to direct State oversight by the California Department of Public Health (CDPH) beginning July 1, 2026. Those funds will no longer flow through counties. Historically, PEI dollars supported local stigma reduction, suicide prevention, and community education efforts tailored to San Diego County. CDPH has not yet defined how it will coordinate with counties or whether opportunities will exist to maintain local partnerships. We are reviewing our current programs and maintaining regular communication with DHCS and County leadership to outline where existing activities could possibly be modified or sustained through other allowable funding streams.

Finally, we are working to align BHSA with other concurrent State initiatives—including CalAIM, BH-CONNECT, and other State Behavioral Health Transformation efforts—each with distinct timelines, reporting standards, and oversight entities. Managing these reforms simultaneously requires careful coordination so providers and clients experience a cohesive system rather than overlapping mandates.

2. How is BHS maintaining flexibility while the State continues to issue new guidance?

BHSA implementation overlaps with CalAIM and other statewide reforms. DHCS has directed counties to continue essential services while preparing to adapt as regulations and funding details are finalized. We are approaching this through contingency planning rather than early implementation—mapping scenarios for various funding and timeline outcomes so we can pivot without service interruptions.

We are also working towards building and standardizing data dashboards to track access, timeliness, and outcomes, and coordinating internally and with the County Chief Administrative Office to align decisions with broader County direction. As DHCS finalizes requirements, any significant program or fiscal adjustments will go through the appropriate County review processes.

3. How is BHS coordinating with Managed Care Plans under CalAIM?

Enhanced Care Management (ECM) and Community Supports are core components of DHCS's CalAIM initiative integrating physical, behavioral, and social health. ECM assigns a Lead Care Manager for members with complex needs; Community Supports fund non-clinical services such as housing transition and tenancy-sustaining supports. We meet regularly with Managed Care Plans (MCPs) through Healthy San Diego Behavioral Health Workgroups to align referrals, data sharing, and care coordination for shared members. We are preparing for Assembly Bill 618, part of the State's Health Data Exchange and Transparency framework, which will require electronic data exchange between counties and MCPs by 2026. Our focus is readiness—ensuring systems and contracts can interoperate with MCP platforms once State technical standards are finalized. We will continue to update BHAB as the workgroup identifies policy or operational issues that need local attention.

4. How is BHS preparing for BHSA's new housing requirements?

DHCS has indicated counties must dedicate at least 30% of BHSA funding to housing interventions for individuals with behavioral health needs who are experiencing or at risk of homelessness. Eligible activities will include rental and operating subsidies, shared or supportive housing, and capital projects tied to behavioral-health treatment.

We are reviewing current housing and recovery programs to understand how they fit within the State's definitions and what outcome tracking will be required. Work is also underway, in partnership with the Medi-Cal MCPs to implement the new Transitional Rent Benefit which goes into effect on January 1, 2026, with the flexible housing pool benefit going into effect on July 1, 2026. BHSA Housing Intervention funds will support the flexible housing pool for people with serious mental illness and/or substance use conditions who are Medi-Cal eligible.

5. What insights from the 2025 Community Health Needs Assessment (CHNA) are most relevant?

The 2025 CHNA confirms that behavioral health remains San Diego County's top community concern, consistent with DHCS findings statewide. Emergency department use for behavioral health crises remains high, some outpatient wait times are long, and the workforce shortage persists. We are using these findings to inform BHSA planning and CalAIM coordination. They align with DHCS priorities around crisis continuum capacity, housing stability, and workforce development. Over the coming months we will analyze CHNA regional data to identify service gaps and use that analysis to also help shape BHSA Integrated Plan priorities.

6. How is BHS responding to increased stress and fear affecting access to care in our diverse and immigrant communities?

We know that many families in San Diego County are under a lot of stress right now. The national conversation and some federal actions have created real fear for families in our region. People are worried about being seen, about who might ask questions, or whether getting help could somehow bring unwanted attention. As a specialty behavioral health plan, our role isn't to take a political position or provide every type of care, but it is to make sure that when someone needs specialty-level help, they can get it safely, privately, and in a way that makes sense for their culture and language.

To do that, we've been reminding people services are confidential, protected by law, and that no one's personal information is shared outside what's needed for their care. We're working with community partners who can help families feel more comfortable reaching out in the first place. We're also continuing to work with schools, libraries, and other trusted community hubs to share about behavioral health resources to help make information more available and easier to access. Lastly, we continue to offer cultural competency and engagement trainings for staff so when people seek specialty behavioral health supports, they're being met with compassion and understanding. We can't change everything happening nationally, but we are doing what we can to ensure engagements with our behavioral health system here in San Diego County are safe and positive experiences for beneficiaries.

7. What is the status of our organizational transition out of HHSA?

On August 26, 2025, the Board of Supervisors approved the establishment of the Ad Hoc Subcommittee on Social Safety Net and Behavioral Health Systems Transformation. The subcommittee—co-chaired by Supervisors Terra Lawson-Remer and Monica Montgomery Steppe—was formed to advise the Chief Administrative Officer (CAO) on:

1. The County's response to anticipated federal policy changes under H.R. 1 affecting Medi-Cal and CalFresh; and

2. The strategic realignment of Behavioral Health Services (BHS) into a standalone organizational structure, including assessment of governance, staffing, fiscal management, and operational models.

The subcommittee's scope will determine how BHS and the Health and Human Services Agency (HHSA) will be best situated to support people in receiving coordinated support across health and social service programs. The subcommittee's first meetings are anticipated in December 2025, and its recommendations will guide any future Board actions. The CAO has appointed Aurora Kiviat, BHS' Assistant Director & Chief Operations Officer, to serve as Interim Project Manager for the department's restructuring. Aurora's expertise in program development, impact evaluation, and change management will be instrumental in guiding this complex, multi-phase effort.

Our priority is maintaining service continuity, contract stability, and staff communication while the subcommittee conducts its review. We will continue to keep BHAB informed as this process evolves to help ensure input is incorporated where possible at appropriate milestones in alignment with Board direction and State requirements.

8. What are BHS' immediate next steps?

Our focus remains on readiness, collaboration, and transparency as we implement State Behavioral Health Transformation initiatives and separate from HHSA. We continue to monitor DHCS' release of BHSA policy and technical guidance to ensure local implementation aligns fully with State expectations. Internally, staff workgroups are working through State-provided materials and pulling forward information for the BHSA Integrated Plan draft.

At the same time, we are advancing coordination efforts with Managed Care Plans under CalAIM, particularly around ECM and Community Supports, so we can meet the data exchange requirements outlined in Assembly Bill 618. We are also reviewing existing housing programs and working with the MCPs on the new Transitional Rent benefit under the BHSA Housing Interventions component.

In parallel, when it begins, we will support the CAO's Ad Hoc Subcommittee on Social Safety Net and Behavioral Health Systems Transformation as it begins its review of the department's future organizational structure. Our role is to provide data, best practices, and operational insight to support our evolution as a specialty behavioral health plan.

Across all this work, our priority is continuity, maintaining service stability for clients and providers while we prepare for transition. As new guidance and Board direction become available, we will sequence next steps deliberately and continue to keep stakeholders informed as much as possible. Our intent is to move forward transparently, with careful alignment to both local needs and State policy.