HEALTH AND HUMAN SERVICES AGENCY
BEHAVIORAL HEALTH SERVICES
3255 CAMINO DEL RIO SOUTH, MAIL STOP P-531
SAN DIEGO, CA 92108-3806
(619) 563-2700 • FAX (619) 563-2705

ELIZABETH A. HERNANDEZ, Ph.D.
INTERIM DEPUTY CHIEF
ADMINISTRATIVE OFFICER

NADIA PRIVARA BRAHMS, MPA
DIRECTOR

March 5, 2026

TO: Behavioral Health Advisory Board (BHAB)

FROM: Nadia Privara Brahms, MPA, Director, Behavioral Health Services

BEHAVIORAL HEALTH SERVICES (BHS) DIRECTOR'S REPORT – March 2026

Leadership & Governance Updates

Building on leadership transitions shared in February, the department is supporting the Board-directed Behavioral Health Services (BHS) Transformation effort currently under review by the Ad Hoc Subcommittee on Social Safety Net and Behavioral Health Systems Transformation. With the Subcommittee convening for its initial meeting on February 11, 2026, staff have continued to support its process through information-gathering, technical analysis, and preliminary planning to inform upcoming recommendations to the Board of Supervisors.

The County is approaching this effort in stages. In March, the San Diego County Board of Supervisors (Board) will consider an initial action related to updating the Administrative Code to support the separation of BHS from the Health and Human Services Agency (HHSA). If that action moves forward, the Board is expected to consider a follow-up ordinance in April addressing related structural updates. A subsequent phase, subject to future Board direction, would focus more specifically on the financial and governance framework needed to support BHS operating as a distinct department.

This body of work is closely tied to significant changes at the State level. As Medi-Cal transformation has progressed in recent years, BHS has been operating within a fee-for-service environment rather than the historical cost-based model. Under this structure, the clarity of financial flows, operational roles, and system infrastructure becomes increasingly important to ensure the County can appropriately draw down reimbursement for services already being delivered and maintain long-term fiscal stability. To help inform the Subcommittee's deliberations, staff have been conducting early comparative review of specialty behavioral health plan practices and identifying functional areas that may warrant further evaluation over time. These areas include core health plan capabilities such as utilization management, network development, care management approaches, revenue cycle processes, data and technology integration, and the overall member experience.

Consistent with the Board's direction, the Ad Hoc Subcommittee will continue to explore, study, and provide recommendations regarding the most appropriate future structure. As that work progresses, BHS will continue to support the Subcommittee and will engage the Behavioral Health Advisory Board (BHAB), community partners, subject matter experts, providers, and other key stakeholders to help inform analysis and ensure multiple perspectives are considered.

Through this phased process, the intent is to ensure any future structural evolution is guided by Board direction and informed by stakeholder input, while maintaining continuity of care in the near term and supporting a strong and sustainable behavioral health system for the future.

Programs & Service Delivery Updates

As part of ongoing transformation efforts, BHS continues to build on organizational and system improvements already underway, with an increased emphasis on people and their experience across the continuum of care. Over the past several years, the Triple Aim framework — improving the experience of care, improving population health, and reducing the per capita cost of care — has helped guide the department's system improvement efforts. These efforts have progressively shifted the system toward more coordinated, person-centered care.

This work has been advanced through major initiatives such as CalAIM implementation and the Drug Medi-Cal Organized Delivery System (DMC-ODS), alongside continued expansion of community-based capacity. In recent years, the department has expanded Crisis Stabilization Units (CSUs) embedded in the community and is working to strengthen board and care capacity across the region consistent with the Optimal Care Pathways model. Additional services supporting this direction include 24/7 crisis response, specialized youth services, and comprehensive behavioral health clinics operating countywide.

Building on this foundation, planning efforts are focused on further exploring how care may be coordinated around the person rather than organized primarily around individual programs. This includes examining how multidisciplinary teams collaborate, how individuals move across levels of care, and how data and care management tools can better support whole-person needs — particularly for individuals with complex behavioral health and social needs. Together, these efforts are intended to improve access to services, close gaps in care, and support better long-term outcomes for the people and communities BHS serves.

System Capacity, Capital & Infrastructure

The department is reviewing the systems and operations needed to support its future role in coordinating and managing care. Preliminary planning includes evaluating current billing processes, financial oversight, data systems, and administrative workflows. Focus areas include revenue cycle management, information technology and data integration, and contracting functions. These efforts are intended to strengthen accountability, support providers, and improve timely access to care.

As part of this review, the department is also assessing core managed care functions that support specialty behavioral health plan operations. An Administrative Services Organization (ASO) provides operational and administrative support to a health plan while the public entity retains responsibility for clinical policy, program direction, and fiscal oversight. In San Diego County, Optum currently performs delegated administrative functions on behalf of BHS, including provider network administration, utilization management, claims processing, and member support activities. As BHS advances its phased transformation, maintaining continuity in these core administrative functions remains important while the County continues to evaluate longer-term health plan infrastructure needs and future administrative models consistent with Board direction.

In parallel, BHS continues to advance longer-term system capacity planning to ensure the region has the appropriate mix of treatment, residential, and supportive care options across the continuum. Current work includes assessing infrastructure needs, monitoring emerging capacity gaps, and aligning future investments with the County's broader behavioral health system goals. BHS is also awaiting State funding decisions related to the proposed Behavioral Health Wellness Campus, which, if approved, would further enhance regional treatment and support infrastructure.

Community Engagement, Public Participation & Partner Coordination

BHS continues to implement education and engagement activities, in collaboration with contracted partners, to support San Diego County's Behavioral Health Services Act (BHSA) Community Planning efforts. While the State establishes minimum public comment requirements, the department is offering additional opportunities in response to past community feedback for the Mental Health Services Act to help stakeholders better understand BHSA, the County's behavioral health system, and how to participate in the Integrated Plan (IP) review process during this inaugural year. Current outreach builds on activities

underway since April 2025 and is designed to promote strong participation during the 30-day public comment period (March 17–April 15, 2026). The department is also conducting targeted follow-up with stakeholder groups and partners engaged during 2025 to support continued input and dialogue.

In advance of public comment, the department will host a short series of informational sessions to explain the behavioral health system, highlight key changes from MHSA to BHSA, and orient community members to the CPP and available comment pathways. During the public comment window, BHS will also facilitate virtual community review sessions to provide a high-level walkthrough of the draft IP. Review sessions are intended to supplement the formal Public Hearing with the BHAB scheduled for May 7, 2026.

To support broad and equitable participation, community members will have multiple ways to provide feedback on the draft Integrated Plan. In addition to verbal comment opportunities via phone and written input submitted by mail or email, stakeholders will be able to provide online feedback through the County's *Engage San Diego County* platform, where the draft IP will be posted. The April virtual community review sessions will also offer real-time input options and verbal feedback opportunities. Together, these efforts are intended to expand access to information, create multiple pathways for community voice, and support meaningful stakeholder participation in the IP review process. Community members may visit the department BHSA website for activity dates and times as they become available.

- **Department BHSA Website:** https://sandiegocounty.gov/content/sdc/hhsa/programs/bhs/bhsa/
- ***Engage San Diego County* platform:** https://engage.sandiegocounty.gov/

Workforce & Capacity-Building Initiatives

Workforce development remains a key priority within transformation planning. Current efforts focus on aligning recruitment, training, and workforce strategies with the department's evolving responsibilities as a specialty behavioral health plan. Planning activities include reviewing workforce needs across clinical, administrative, and care coordination roles and identifying strategies to support recruitment, retention, and staff development. This work will continue to expand over the coming year.

Looking Ahead

BHS, in collaboration with the Southern Counties Regional Partnership (SCRP), is delivering a Peer Support Symposium titled "Leading with Lived Experience" at SDSU on Tuesday, March 10 from 10:00am-2:00pm.

Event location: San Diego State University
Time: 10:00am–2:00pm
Date: Tuesday, March 10, 2026
Hosts: BHS and SCRP

This event aims to highlight leadership experiences of community members and acknowledge the importance of peers who work within our public behavioral health system of care.

Respectfully submitted,

Nadia Privara

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Date: 2026.02.25 12:31:24 -08'00'

NADIA PRIVARA BRAHMS, MPA, Director
Behavioral Health Services

c: Elizabeth A. Hernandez, Interim Deputy Chief Administrative Officer
Aurora Kiviat Nudd, Assistant Director, Chief Operations Officer
Cecily Thornton-Stearns, LMFT Assistant Director, Chief Program Officer
Liberty Donnelly, Acting Assistant Director, Chief Strategy and Finance Officer