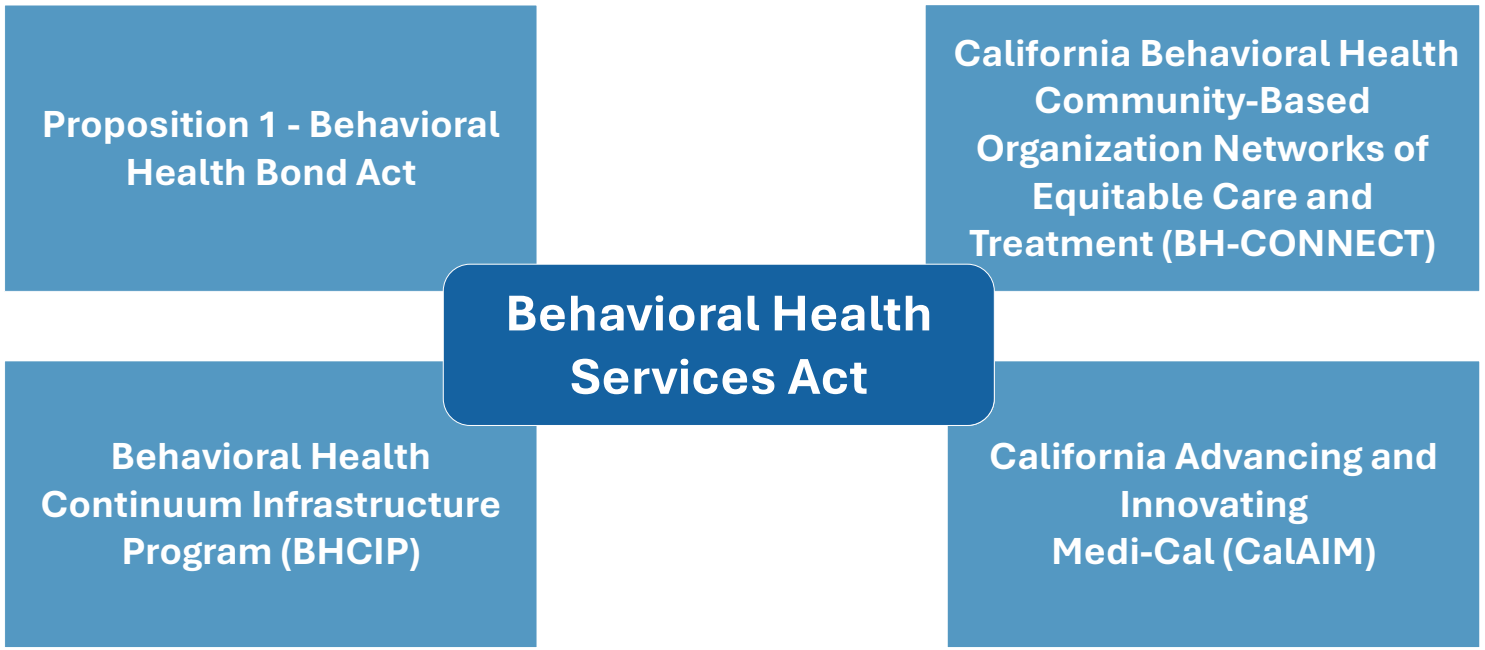
BHSA Public Hearing Presentation

May 7, 2026

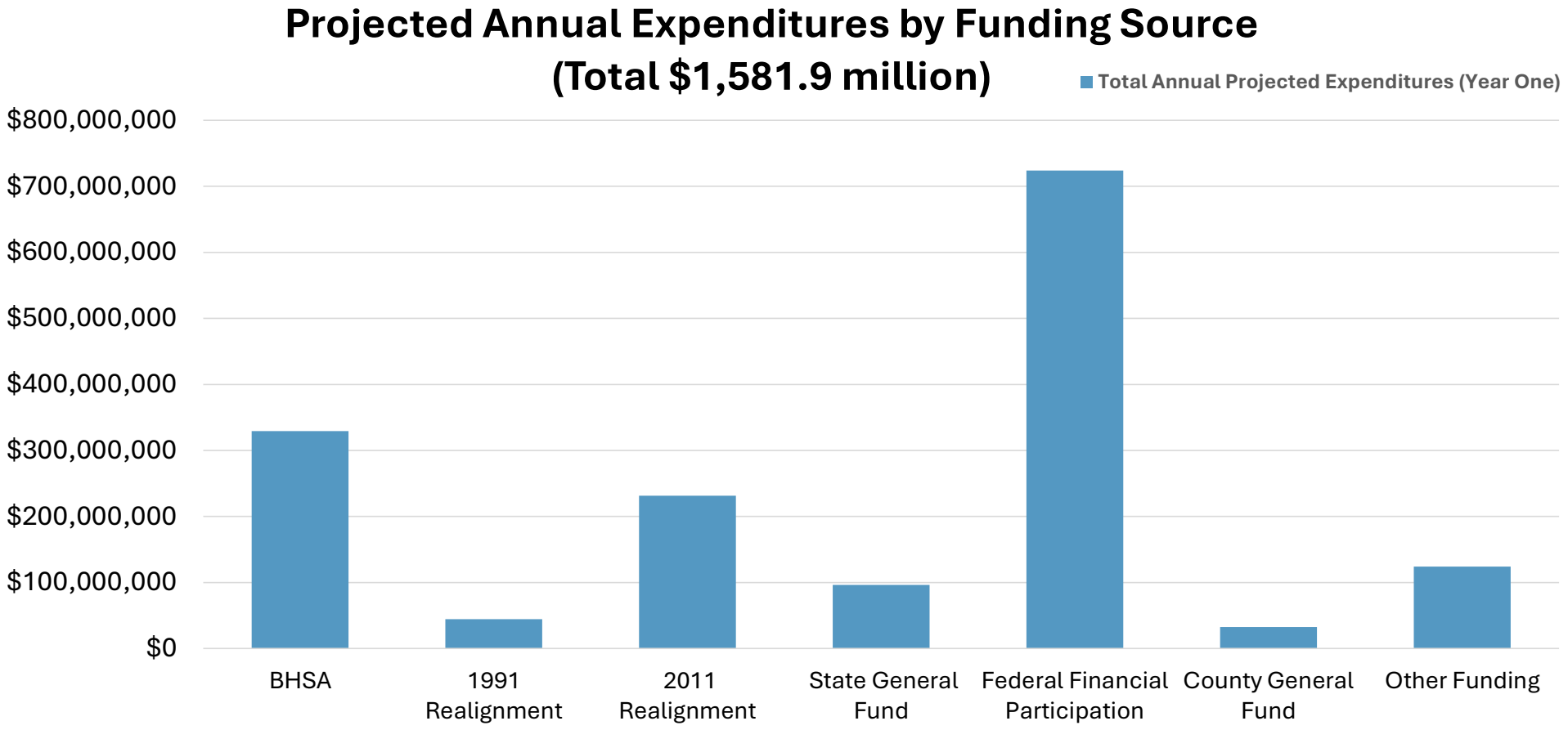
Today's Presentation

- BHSA & the Policy Landscape
- Budget & Expenditures
- BHSA Integrated Plan
- Shifting from MHSA to BHSA
- Statewide Behavioral Health Goals
- BHSA Funding Categories
- Community Planning Process Highlights
- Public Comment Themes Summary
- Future Capacity to Support CPP

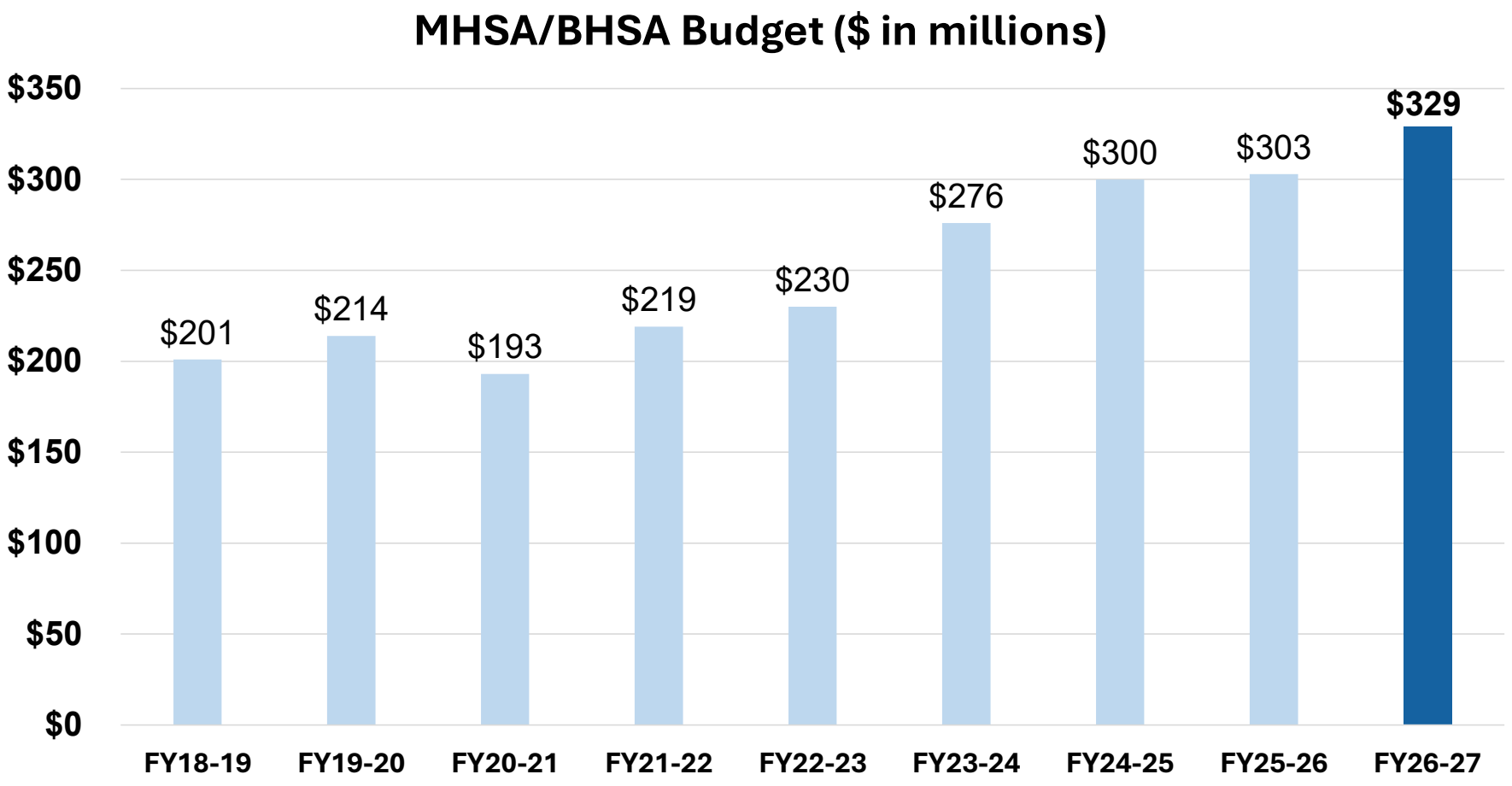
BHSA & the Policy Landscape



Total County Behavioral Health Expenditures



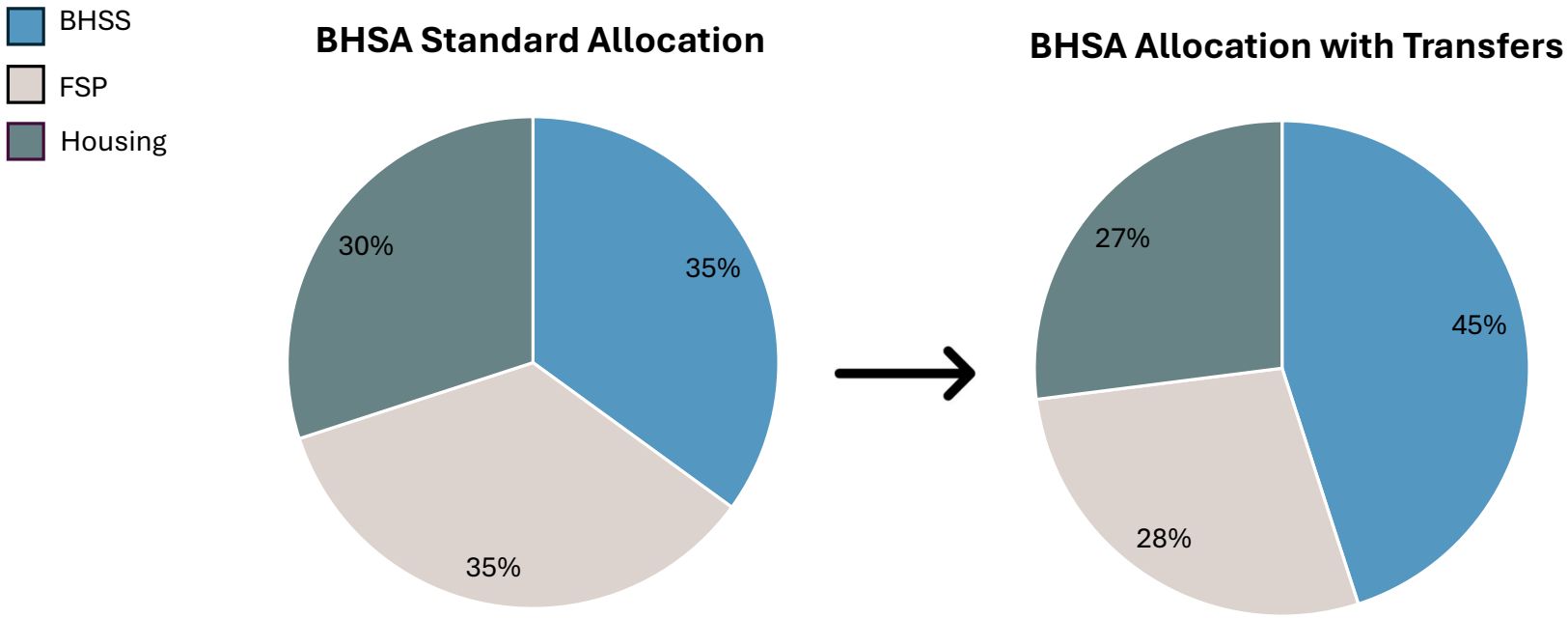
MHSA/BHSA Budget Over the Years



Proposed BHSA Allocations

Total Budget: $329 million

Services Budget without IP Administration and Monitoring: $311 million



Fiscal Year 2026-2027

Behavioral Health Services Act & Integrated Plan

- The **Integrated Plan (IP)** outlines how BHSA funds will be used locally to support specialty behavioral health services and housing interventions
- The first Integrated Plan covers fiscal years 2026-2029

★ **March 31** – Draft Integrated Plan due to DHCS

★ **June 30** – Final Integrated Plan due to DHCS

★ **July 1** – BHSA officially takes effect

Entity	Functions
County Behavioral Health Agencies *(County Behavioral Health Services)*	• Administers specialty services and contracts as the county's behavioral health plan • Engages stakeholders and drafts the IP
Behavioral Health Board/Commission *(Behavioral Health Advisory Board)*	• Reviews the draft IP • Holds required public hearing • Provides recommendations to the county behavioral health director
San Diego County Board of Supervisors	• Reviews and approves the IP • Authorizes submission to the State (DHCS)
CA Department of Health Care Services (DHCS)	• Conducts compliance review • Accepts the plan or request revisions

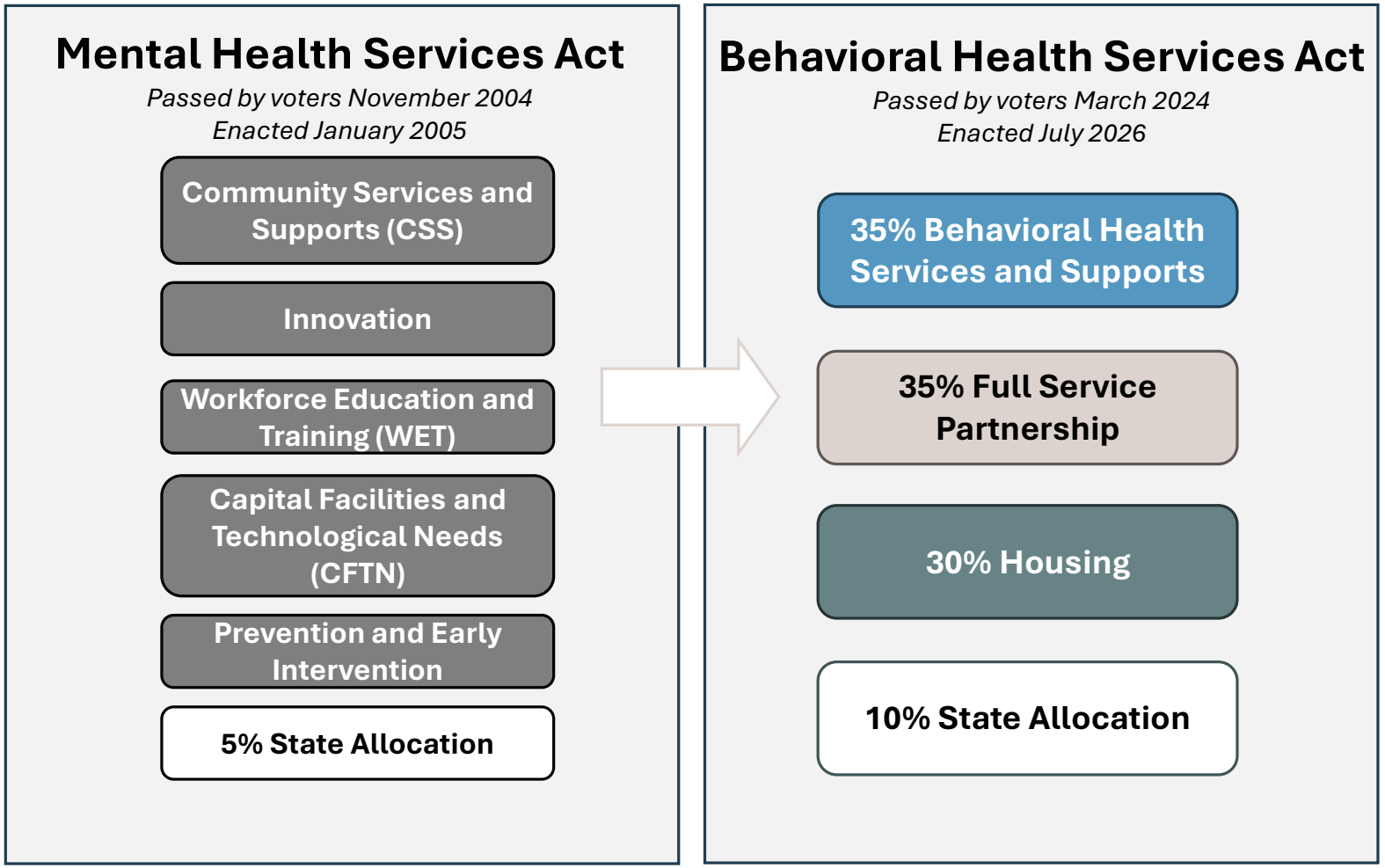
Changes Under BHSA

- ☑ **New requirements, decreased flexibility**
- ☑ **Reduced funding percentage allocated to counties**
- ☑ **Broader use of existing funding**
- ☑ **Extensive outcomes reporting**
- ☑ **Increased collaboration across stakeholders**
- ☑ **Emphasis on health equity and access**

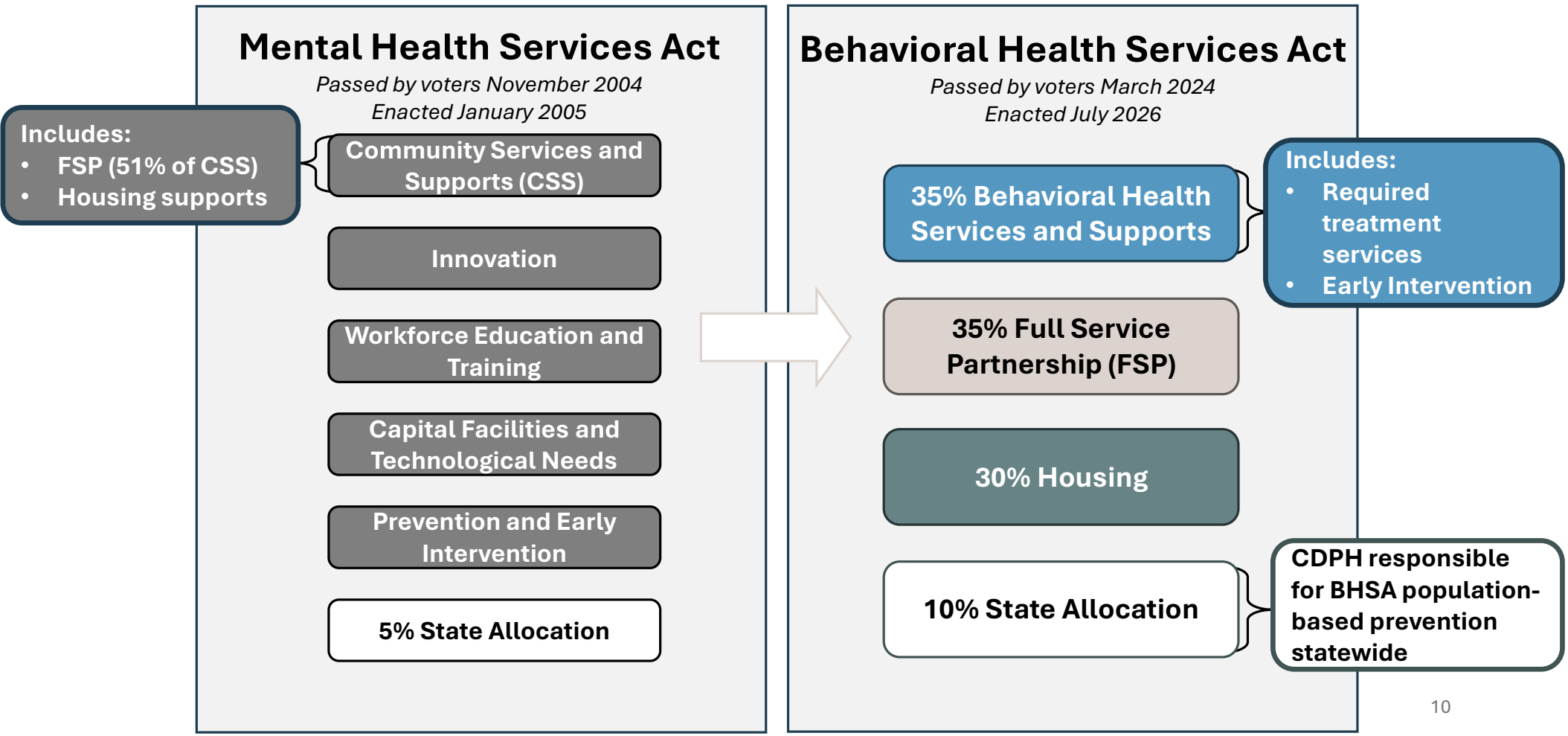
BHSA does NOT change:

- Medi-Cal eligibility rules
- Counties' role
- Public Comment period and Public Hearing requirements

Categories Shifting from MHSA to BHSA



Categories Shifting from MHSA to BHSA



Prevention & Early Intervention under BHSA

MHSA Prevention and Early Intervention

Early Intervention

COUNTY

Behavioral Health Services and Supports

- Mobile Crisis Response Teams
- Para Las Familias
- Telecare Corporation
- EXODUS RECOVERY
- Native American Early Intervention Services

Population Prevention

STATE

CDPH California Department of Public Health

- Never a Bother
- CalHOPE
- BrightLife Kids
- 988 CRISIS CENTER CONSORTIUM CALIFORNIA

Realignment of Services Under BHSA

BHS Service Network Changes

- Contract sunsets reflect a shift in funding requirements
- Transition primarily impacting over 20 MHSA Population Prevention contracts
- Additional programs are being redesigned or having components adjusted
- Some services are being transitioned to other departments with specialized experts to deliver them

New Statewide Behavioral Health Goals

- 14 statewide behavioral health goals
- Counties required to report on **6** of the 14 statewide goals
- Additional regional goal required*
- Integrated Plan includes supplemental measures and disparities analyses

Statewide Behavioral Health Goals	
Care experience	Suicides
Access to care	Overdoses
Prevention & treatment (co-occurring)	**Untreated BH conditions**
Quality of life	**Institutionalization**
Social connection*	**Homelessness**
Engagement in School	**Justice-involvement**
Engagement in Work	**Removal of children from home**

** Indicates additional regional goal required*

Current Ratings for Required Goals

Meeting or Exceeding State Average

- ☑ **Homelessness** among all ages
- ☑ **Institutionalization** among children/youth and adults/older adults
- ☑ **Justice-involvement** among juveniles and adults/older adults
- ☑ **Removal of children from home** among children/youth

☑ ***Regional Goal:** **Social connection** among families of youth, youth, and older adults

Areas Requiring Improvement

- ☒ **Untreated behavioral health conditions**
  - mental health
  - substance use disorder
- ☒ **Access to care**
  - mental health among children/youth and adults/older adults
  - substance use disorder among adults/older adults

☒ ***Regional Goal:** **Social connection** among adults

BHSA Categories

BHSA includes three funding categories for local services.

Behavioral Health Services and Supports	Full Service Partnerships	Housing Interventions
Includes crisis services, treatment and recovery, evidence-based models, and community-defined evidence practices, with a focus on access and early intervention.	Provides a range of effective community-based services for adults and youth with complex conditions which focus on recovery, whole-person care, and a "whatever it takes" approach.	Helps people with behavioral health needs find and maintain stable housing through rent support, housing access, and ongoing services to support recovery and reduce homelessness.

ENHANCED SERVICE

NEW SERVICE

BEHAVIORAL HEALTH SERVICES AND SUPPORTS (BHSS)

- Coordinated Specialty Care (CSC) for First Episode of Psychosis
- Community Defined Evidence Practices
- Crisis Services
- Early Childhood Mental Health Treatment
- Mental Health Outpatient and School-based Outpatient Services for Children and Youth
- Therapeutic Behavioral Services
- Workforce, Education, and Training

ENHANCED SERVICE

NEW SERVICE

FULL SERVICE PARTNERSHIPS (FSP)

- Assertive Community Treatment (ACT)
- Forensic Assertive Community Treatment (FACT)
- Intensive Case Management (ICM)
- High Fidelity Wraparound (HFW)
- Clubhouses for Mental Health and SUD
- Assertive Field-Based Initiation of Substance Use Disorder Treatment Services (AFBI SUD)
- Individual Placement and Support (IPS) Model of Supported Employment for MH and SUD

ENHANCED SERVICE

NEW SERVICE

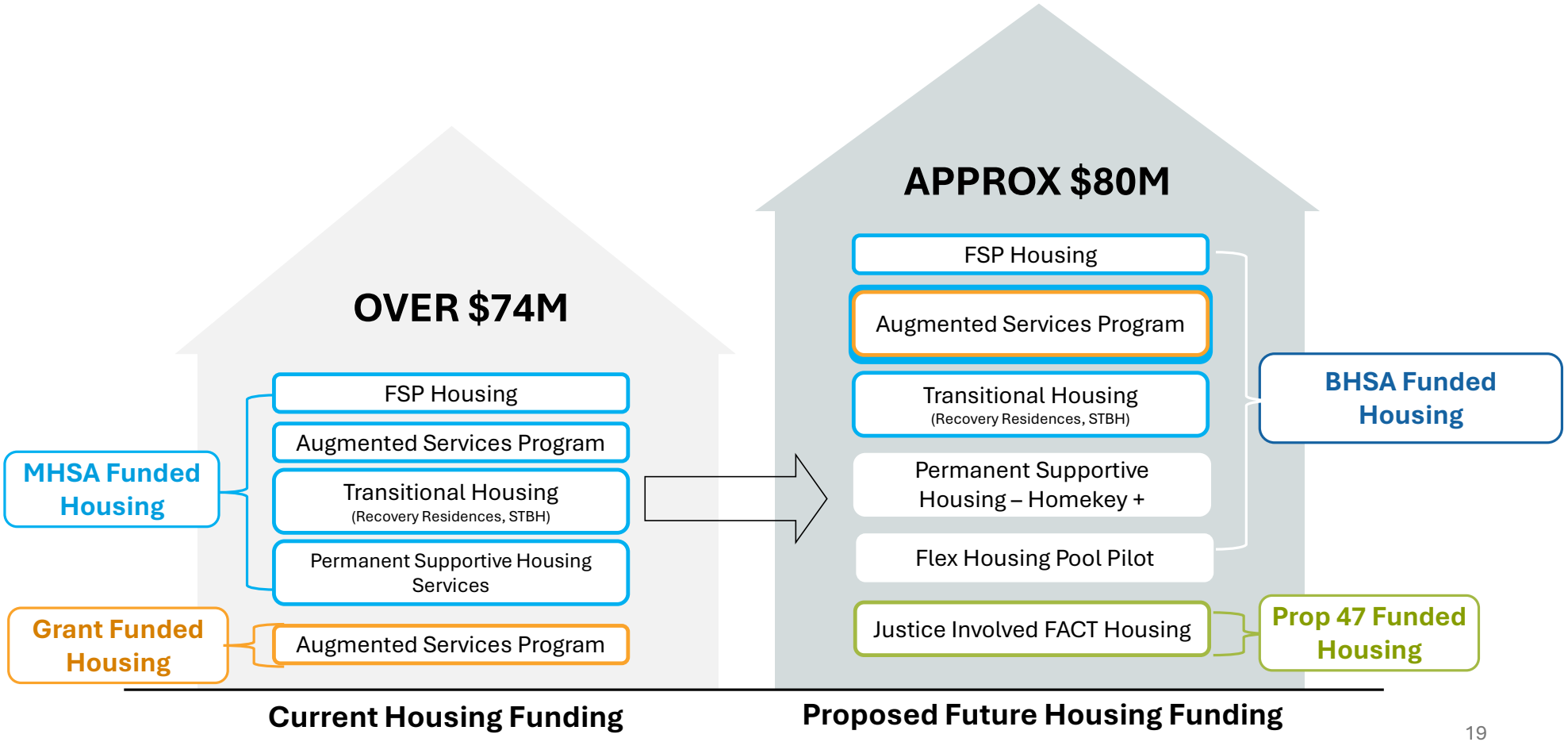
HOUSING INTERVENTIONS (HI)

- **Permanent and Project-based Rental Assistance**
- **Interim and Transitional Housing Supports**
- **Operating Subsidies for Housing**

Dedicated BHSA Housing Interventions supplement broader statewide housing strategies:

- **Homekey+**
  California Department of Housing and Community Development
- **Transitional Rent Benefit**
  Medi-Cal Managed Care Plans Community Support

Behavioral Health Housing Funding



Community Planning Process Highlights

Key Themes from 2025 Activities

Access to Care & Crisis Response

- Faster access to care, especially for youth and early supports
- Crisis help without law enforcement

Behavioral Health Workforce

- A stronger, more stable BH workforce
- Training for BH professionals on specific topics (e.g. anosognosia)



Culturally Responsive Care

- Services that reflect culture, language, and community needs

Navigation & Care Continuity

- Help navigating services and getting follow-up care



Housing & Support Services

- Housing with services to help people stay housed
- Need for more supportive housing options

Community Education & Alignment

- Community education on BH system
- Tailored, general education efforts
- State prevention funding concerns



Alignment to Key Themes

Community Input	Service Priorities
"We need faster access to care, especially for youth."	Strategic investments into early intervention and outpatient services (e.g. Youth OCP)
"We want crisis support that doesn't involve law enforcement."	Funding prioritized for crisis services, e.g., Mobile Crisis Teams and Crisis Stabilization Units
"We want services in our communities that reflect our needs and neighborhoods."	Maintaining support for community-based and culturally responsive EI programs
"We need help navigating services and staying connected to care."	Expanding navigation supports e.g., Community Health Workers
"We need support earlier, before things get worse."	Shifting funding to strengthen front-end, community-based early support services
"We need more trained staff who understand and reflect our communities."	Training investments based on recommendations from 2022 Behavioral Health Workforce Needs Assessments, including the ELEVATE Behavioral Health Workforce Fund

Local Workforce Strategies

Workforce Pipeline Investments

ELEVATE Behavioral Health Workforce Fund
(*strengthens specialty workforce)*

Behavioral Health Apprenticeship Network:

- Industry-led partnership (employers, unions, and educators)
- Pathways: SUD counselors, case managers/outreach workers, CHWs, wellness coaches

Peer Specialist Upskilling Program:

- Training by NAMI SD/Imperial & Pacific Clinics
- Expands pathways for individuals with lived experience

System Capacity Investment

$2M Annual Medi-Cal for Small CBOs
(*strengthens non-specialty workforce)*

- Training and technical assistance for community-based organizations (CBOs) pursuing Medi-Cal behavioral health certifications
- Aims to expand organizations' participation in behavioral health service delivery
- Helps diversify the local workforce

Key investments strengthen the behavioral health workforce pipeline, training, and retention

Public Comment Period Key Themes

★ Key priority identified during 2025 engagement activities

Clarification Requests	Implementation Feedback	Outside Scope of BHS
Community Planning Process and how input informs the IP	★ Access, navigation, and insurance transition gaps	Crisis alternatives and recovery infrastructure
Population goals, data sources, and dashboard reporting	★ Hospital coordination and care transitions	Cross-system outcome monitoring approaches
Age-group service planning under BHSA	★ Early intervention pathways for children and youth	★ Housing stability and supportive housing expansion
	Justice diversion and reentry supports	SUD eligibility for intensive service levels
	Transitions across MHSA, BHSA & Medi-Cal	★ Behavioral health workforce and peer pathways

Clarification Requests About Plan Organization

- BHSA requires counties to organize the Integrated Plan (IP) by **funding components** and **statewide outcomes** rather than population groups, using a statewide template
  - Planning was previously organized around age-specific systems of care

MHSA Planning	Population group → service program → funding category
BHSA Planning	Funding component → service pathway → statewide outcome improvement

- Counties must plan specialty services that strengthen treatment access, stabilize housing, reduce institutionalization, and improve continuity of care

- DHCS developing statewide performance measures and public reporting frameworks
  - Counties will report data and coordinate implementation locally to support improvement across outcome areas
  - First draft Behavioral Health Outcomes, Accountability, and Transparency Report (BHOATR) on BHSA implementation will be due to DHCS on January 30, 2028

Shared Responsibilities Across Systems

Some recommendations addressed areas driven by statewide policy or cross-system coordination, including:

- Prevention funding structure under Proposition 1
- Conservatorship eligibility & CARE Act implementation
- Hospital workforce regulations
- Psychiatric hospital bed availability
- Medi-Cal eligibility & Managed Care Plan access pathways
- Justice system policies & custody health services



The County will continue coordinating with State partners, Managed Care Plans, hospitals, cities, Tribal governments, and community organizations to support BHSA implementation and improve outcomes in these areas.

Future Capacity to Support CPP

BHS aims to strengthen and sustain engagement efforts to meet CPP mandates by:

- Using CPP administrative funding (up to 5%) to support engagement infrastructure
- Expanding partnerships across the 29 required BHSA stakeholder categories
- Trusted messenger engagement through Community Input & Planning contracts
- Expanding awareness through countywide CPP messaging/media/outreach contract
- Launching cross-sector collaboratives aligned to statewide behavioral health goals

Proposed CPP Coordination Infrastructure

Engagement Structure	Primary Focus	Role in Supporting BHSA Statewide Outcome Goals
Behavioral Health Advisory Board (BHAB)	Governance oversight	Provides formal public review before Board of Supervisors approval and State submission
Regional Community Leadership Teams (CLTs) (County-led)	Regional population health alignment	Connect regional Community Enrichment Plans and Community Health Assessment/Community Health Improvement Plan regional priorities with CPP engagement priorities and statewide behavioral health outcomes
Community Input & Planning Services Committees[NEW] (Contractor-led)	Population insights	Gather recurring input from priority populations most connected to BHSA statewide outcome goals
New BHS Collaboratives[NEW] (Department-led)	Service pathway coordination	Support cross-system coordination of service pathways that influence those same statewide behavioral health outcomes

BHSA Public Hearing Presentation

May 7, 2026