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

May 7, 2026

TO: Members
Behavioral Health Advisory Board (BHAB)

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

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

Behavioral Health Services Act Integrated Plan

This special edition of the Director's Report is intended to support Behavioral Health Advisory Board (BHAB) review of the draft Behavioral Health Services Act (BHSA) Integrated Plan for Fiscal Years 2026–2029 and to provide additional context related to questions raised during the Community Planning Process (CPP) and the draft Plan public comment period held March 17–April 15, 2026.

Public comments received during this period generally fall within one of three themes, which are further detailed in a later section of this report:

- **Clarification Requests**: Some identify areas where clarification on the Integrated Plan document itself would be helpful prior to final submission, including places where the structure of the State's required template shapes how information is organized and limits opportunities to provide additional narrative context.
- **Implementation Feedback**: Other comments raise topics that will continue informing implementation coordination with providers, cities, Tribal governments, community partners, and other regional systems that share responsibility for behavioral health outcomes. These include requests for continued clarity as programs transition under BHSA funding structures and continued attention to children and youth service access across the continuum as implementation moves forward.
- **Outside Scope of BHS:** Additional comments reflect priorities that are important to community members but fall outside the County's direct authority as a Specialty Behavioral Health Plan under BHSA, including priorities related to upstream prevention approaches and other cross-system strategies influencing behavioral health outcomes earlier in the risk trajectory.

These comments are informing both finalization of the Integrated Plan and coordination activities with partners and stakeholders across systems as implementation begins July 1, 2026.

State Requirements & Local Implementation

BHSA updates how counties plan, fund, and report behavioral health services statewide, building on the Mental Health Services Act (MHSA) framework while introducing new required funding categories, statewide outcome expectations, and stronger alignment with Medi-Cal behavioral health delivery systems. As a result, the County's Integrated Plan reflects both statewide direction

established through Proposition 1 and local planning decisions describing how San Diego County will organize implementation of statewide BHSA requirements locally. Within this statewide structure, CPP activities will continue informing how implementation priorities are coordinated across service pathways and with regional partners supporting behavioral health outcomes. The Integrated Plan does not itself change service eligibility rules, Medi-Cal coverage policies, or total funding levels established by the State.

Consistent with Welfare and Institutions Code section 5963.03(b)(4), the BHAB reviews the draft Integrated Plan and provides recommendations to BHS as the local behavioral health agency prior to County Board of Supervisors consideration and submission to the California Department of Health Care Services (DHCS). As implementation moves forward, BHS will continue providing updates to BHAB and its BHSA Community Planning subcommittee supporting opportunities for input as strategies described in the Integrated Plan transition from planning into implementation across the three-year planning cycle.

How Service Categories Are Changing Under BHSA

BHSA updates the structure used under the MHSA to organize how behavioral health funding categories are defined at the statewide level. While many services continue, the categories used to describe and fund them have been reorganized to align with statewide BHSA requirements rather than representing a reduction in available service types. Expectations established through Proposition 1 are reflected throughout the draft Integrated Plan (see Behavioral Health Services Fund Programs and Services by Funding Component sections of the draft Integrated Plan).

Three Required BHSA Funding Components

Under MHSA, many treatment, recovery, and community-based support services were primarily funded through the Community Services and Supports (CSS) category. Under BHSA, many of these services are now reflected across three statewide funding components:

- Behavioral Health Services and Supports
- Full Service Partnerships
- Housing Interventions

These new components structure how counties must plan investments across the Behavioral Health Care Continuum beginning July 1, 2026 (see County Behavioral Health Care Continuum Capacity and Behavioral Health Services Fund Programs sections of the draft Integrated Plan). Updates below summarize how statewide components are reflected in the draft Integrated Plan and how implementation activities are supporting alignment with the BHSA framework.

Behavioral Health Services and Supports

The Behavioral Health Services and Supports (BHSS) component supports a broad range of specialty behavioral health services currently available through the County delivery system, including outpatient treatment, rehabilitation services, crisis response coordination, recovery supports, engagement services, and care navigation activities reflected across multiple service descriptions in the draft Integrated Plan (see County Behavioral Health System Overview and Services Provided tables).

Under BHSA, planned investments are organized in the Integrated Plan by funding component and service pathway; appendices provide demographic and utilization information describing service patterns across children and youth, adults, and older adults where available. The draft

Integrated Plan describes service pathways supporting children and youth, adults, and individuals with complex needs across crisis care, outpatient treatment, Full Service Partnerships, housing-linked supports, and care coordination activities (see County Behavioral Health System Overview and Services Provided tables). As implementation planning continues, CPP activities and cross-sector coordination efforts will help inform how these service pathways continue responding to population-specific needs across the three-year planning cycle.

BHSA also expands allowable use of behavioral health funding to support both mental health and substance use disorder treatment services. The draft Integrated Plan reflects this change and describes continued coordination across the specialty mental health and Drug Medi-Cal Organized Delivery System delivery systems (see Behavioral Health System Overview and Substance Use Disorder Services sections). Services described throughout the draft Integrated Plan supporting early identification, family-centered care planning, and school-connected behavioral health pathways include supports for young children and their caregivers through partnerships across the broader behavioral health continuum.

Over the past several years, BHS has continued advancing a coordinated, person-centered behavioral health system aligned with the Triple Aim framework of improving the experience of care, improving population health outcomes, and supporting long-term financial sustainability. This work has included strengthening services for individuals living with the most significant behavioral health needs while aligning programs with evolving statewide requirements under CalAIM, BH-CONNECT, and BHSA.

As part of this transition, BHS conducted a comprehensive review of programs across the service continuum to ensure alignment with legal requirements, community priorities identified through CPP activities, statewide policy direction, and long-term sustainability of the specialty behavioral health delivery system. This review considered services required under State and federal mandates, alignment with Board of Supervisors priorities and Optimal Care Pathway models described in the draft Integrated Plan, evidence-informed approaches supporting measurable outcomes, workforce and funding sustainability considerations, and priorities identified through additional community engagement activities.

Full Service Partnerships
Under BHSA, Full Service Partnership (FSP) programs remain a core service approach supporting individuals living with the most significant behavioral health needs through intensive, team-based care coordination and treatment. FSP services were previously a central component of the CSS category under MHSA. Counties were required to direct at least 51 percent of their CSS funding to FSP programs and could use remaining CSS resources to address locally identified priorities. In practice, this structure historically resulted in approximately 38–41 percent of total MHSA funding in most counties supporting FSP services. FSP services support individuals with the most complex behavioral health needs, including people living with serious mental illness, serious emotional disturbance, substance use disorders, and individuals whose needs intersect with housing instability, justice system involvement, or significant physical health conditions requiring coordinated care across systems.

FSPs now represent a required 35 percent of the total allocation, reflecting a continued statewide expectation that counties prioritize services for individuals living with the most significant behavioral health needs. FSP services represent the most prescriptive service component within

the BHSA funding structure and are primarily composed of high-fidelity, evidence-based practice models defined at the state level. These expectations reflect a continued statewide emphasis on intensive, team-based service approaches designed to support individuals with the most complex behavioral health needs through coordinated care across systems. While BHSA establishes new statewide funding categories, including BHSS and Housing Interventions, these changes reflect a restructuring of prior MHSA CSS resources rather than a reduction in the role of FSP services or the County's commitment to serving individuals with the most significant behavioral health needs.

Examples of Services Included Within FSPs
As reflected in the draft Integrated Plan, FSP services continue to include multidisciplinary, community-based service models such as Assertive Community Treatment (ACT), Forensic Assertive Community Treatment (FACT), High Fidelity Wraparound for children and youth, Intensive Case Management (ICM), and enhanced services that provide an assertive, field-based approach to the initiation of substance use treatment. These models support individuals with serious mental illness, serious emotional disturbance, and substance use disorders through coordinated services supporting housing stability, justice diversion, crisis care access, and recovery.

FSP services also include recovery programs such as Clubhouse services and the Individual Placement and Support (IPS) model of supported employment, which strengthen opportunities for community connection, workforce participation, and long-term stability. Under BHSA, positioning these recovery-supporting services alongside multidisciplinary FSP teams is intended to strengthen coordination with housing, employment, and specialty behavioral health care pathways and helps strengthen their long-term sustainability within the evolving team-based service structure. These approaches reflect continued investment in intensive, team-based services aligned with statewide BHSA expectations, and the Optimal Care Pathway framework described throughout the draft Integrated Plan.

Housing Interventions
BHSA establishes Housing Interventions as a dedicated statewide funding category beginning July 1, 2026. Under MHSA, many housing-related services were funded through CSS or through time-limited grant programs. Under BHSA, these housing supports are grouped together as a required statewide investment aligned with housing stability as a core behavioral health outcome (see draft Integrated Plan, Housing Interventions section).
Most Housing Intervention funding in the first years of BHSA implementation supports continuation of existing County housing programs. Current investments in permanent supportive housing services, licensed board-and-care placements supported through the Augmented Services Program, and transitional housing services such as recovery residences, together totaling more than $50 million annually, will shift from MHSA funding into the BHSA Housing Interventions category. BHSA Housing Interventions funding is expected to support continuation of licensed board-and-care placements currently supported through Behavioral Health Bridge Housing and Community Care Expansion Preservation grants as those time-limited grants conclude. These grant-funded housing resources represent more than $20 million annually and will transition into BHSA funding as those time-limited grants conclude over the next several years.

Planned Housing Implementation Activities Under BHSA
In addition to sustaining existing programs, BHSA supports housing interventions aligned with statewide priorities. Planned implementation activities reflected in the draft Integrated Plan include participation in the State's Homekey+ program to increase permanent supportive housing opportunities and coordination with Medi-Cal Managed Care Plans implementing the Transitional Rent Community Support. To support with Transitional Rent and BHSA implementation BHS is in the process of standing up a Flexible Housing Pool Pilot to provide 250 BHSA-funded operational subsidies.

State law requires that at least 50 percent of Housing Interventions funding support individuals experiencing chronic homelessness. The draft Integrated Plan reflects this requirement in the first year of implementation and projects that approximately 75 percent of Housing Intervention investments will support individuals experiencing chronic homelessness in later years as Behavioral Health Bridge Housing placements transition into the BHSA Housing Intervention category and additional housing resources come online. This projection is an early estimate and may change as implementation progresses and additional data becomes available. Housing stabilization and care coordination services described in the Housing Interventions component also support older adults living with behavioral health needs who benefit from service-linked housing settings, board-and-care placements, and recovery-oriented supports.

Under BHSA, counties organize investments across required statewide service components rather than assigning funding by individual population group. Within this structure, services described throughout the draft Integrated Plan support individuals across the lifespan and across levels of behavioral health need. Additional details about how specific service strategies are coordinated across populations will continue developing during implementation planning and future Integrated Plan updates informed by CPP activities.

System Capacity and Infrastructure Investments Under BHSA
BHSA places increased emphasis on strengthening behavioral health system capacity across the full continuum of care, including crisis response services, outpatient treatment, recovery supports, and housing-linked service coordination. These statewide expectations are described throughout the draft Integrated Plan and align with outcome areas tracked under BHSA, including access to care, homelessness, institutionalization, justice involvement, and continuity of treatment. Many of these infrastructure priorities reflect statewide direction established through Proposition 1 and state funding opportunities rather than County-only facility planning decisions.

The draft Integrated Plan describes how existing service capacity and planned investments support these statewide priorities across multiple service settings, including crisis stabilization services, Full Service Partnerships, outpatient behavioral health treatment, recovery residences, licensed board-and-care settings, and permanent supportive housing coordination (see County Behavioral Health Care Continuum Capacity sections of the draft Integrated Plan).

Capital investments supported through State Behavioral Health Continuum Infrastructure Program (BHCIP) funding continue to play an important role in expanding treatment and stabilization capacity across the region. These investments support development of facilities designed to increase access to care and strengthen coordination between crisis services, residential treatment settings, and community-based recovery supports.

In addition to facility development activities, BHSA implementation places increased emphasis on coordination across health systems, housing partners, Medi-Cal Managed Care Plans, and justice system partners to support continuity of care and improve statewide behavioral health outcomes. These coordination expectations are reflected in the draft Integrated Plan's service pathway framework and ongoing implementation planning activities supporting Optimal Care Pathways.

Future statewide performance measures released by the Department of Health Care Services under the Behavioral Health Transformation effort will further guide how counties and system partners track progress across these outcome areas. These measures are currently available for public comment and will help inform future Integrated Plan updates and implementation monitoring across the three-year planning cycle.

Community Planning Process (CPP) & Implementation Coordination

As with MHSA, the BHSA requires counties to conduct stakeholder engagement through CPP activities. Under BHSA, the number of required stakeholder populations participating in CPP activities increases from 11 groups to 29 groups statewide. The draft Integrated Plan reflects engagement conducted throughout 2025 across BHSA populations and included participation **from more than 1,500 individuals representing over 280 organizations** across the region.

Planning and engagement activities to support the BHSA Integrated Plan began in early 2025 as statewide guidance was released in phases by the California Department of Health Care Services. Initial information provided to counties in January 2025 included proposed stakeholder populations, with additional guidance on stakeholder engagement expectations and CPP implementation issued later in June 2025. BHS conducted more than **80 structured engagement activities between April and December 2025** and continued year-round engagement through regional Community Leadership Teams, provider meetings, and listening sessions, adjusting activities as additional DHCS guidance was released. These CPP activities represent the first phase of a multi-year engagement process that continues through implementation monitoring and future Integrated Plan updates.

BHSA Integrated Plan Public Comment Period

The draft BHSA Integrated Plan was available for public review from March 17 through April 15, 2026. During this period, BHS hosted supplemental community review sessions to continue providing overviews of BHSA to stakeholders, summarizing key elements of the draft Integrated Plan, and promoting opportunities for community members to submit comments. Each review session also included optional time for participants to share additional feedback directly with staff.

Additional outreach activities were conducted across County supervisorial districts through collaboration with Live Well Centers, Family Resource Centers, County libraries, and other community-based meeting venues. Community Health Workers also shared announcements and outreach materials during meetings they were attending throughout the public comment period. The department's BHSA distribution list now includes more than 125 community contacts and communications continue to support local sharing of Integrated Plan updates, guidance, and upcoming engagement opportunities.

Summary of Key Themes from the Public Comment Period

Preliminary analysis identified the following key themes across stakeholders' comments. The themes below reflect areas raised most frequently during the public comment period:

A. Plan Clarification

Some public comments requested clarification about how planning assumptions, engagement activities, and performance expectations are reflected in the draft Integrated Plan.

- ***Community planning process (CPP) transparency***
  - Requests for an annual "CPP roadmap," publication of comments, and more short, readable summaries
  - Requests for culturally responsive outreach and language access to support participation in engagement events with advance notice
  - Interest in clearer explanation of how public comments inform planning decisions and the content of the Integrated Plan
- ***Data, measurement, & public dashboards***
  - Requests for clear population-level goals in a publicly accessible dashboard format that align to Integrated Plan strategies
  - Requests for information about how "unmet needs" is calculated and used to inform planning
  - Requests for additional clarity regarding data sources and methodology used to describe service utilization, housing indicators, and population-level estimates supporting planning assumptions
- ***Age-group service planning structure under BHSA***
  - Requests for additional detail describing services within the Integrated Plan by age group
  - Requests for demographic and utilization information that helps describe service patterns across age groups
  - Interest in clearer explanation of how BHSA funding components and statewide outcome areas relate to service planning

B. Implementation Coordination

Other comments highlighted priorities that will continue informing coordination activities across clinical programs, housing partners, hospitals, schools, justice partners, and community-based organizations as implementation moves forward. Several also emphasized the importance of strengthening upstream engagement and early access pathways supporting earlier connection to services.

- ***Access, navigation, and insurance gaps***
  - Access and navigation challenges remain concerns, particularly for older adults, people who no longer qualify for Medi-Cal, and people with private insurance
  - Some participants noted Peer Support Specialists would strengthen service navigation and encouraged expanded use of part-time peer roles among contracted providers
  - Requests for additional attention to documentation-related access barriers affecting some immigrant and newcomer populations and continued coordination with trusted community-based partners supporting enrollment and engagement
- ***Care coordination and hospital partnerships***
  - Interest in stronger alignment between County programs and hospitals
  - Interest in strengthening referral pathways between inpatient and community-based care and maintaining access to acute psychiatric services as part of the broader behavioral health continuum
  - Requests for smoother discharge transitions and expanded long-term and step-down bed planning

  - Requests for solutions supporting continuity of care when Medi-Cal eligibility changes
  - Interest in improving continuity of care from custody to community settings
- ***Early intervention for children and youth***
  - Support for expanding school-linked services and early intervention, including services for children ages 0–5 and earlier family-centered supports, while maintaining crisis and treatment capacity across the continuum
  - Interest in maintaining a balanced approach to early intervention that includes coordination with upstream prevention-oriented supports across systems alongside crisis diversion and treatment-linked services
  - Interest in strengthening coordination across early childhood, pediatric, school-based, and community-based entry points supporting access to care for children and families
- ***Justice-involved supports & diversion***
  - Emphasis on ACT/FACT re-entry supports, quality of care in custody settings, and 72-hour post-discharge follow-up
  - Ongoing discussion of diversion approaches and balance between voluntary and involuntary treatment options
- ***Program transitions and implementation readiness***
  - Requests for additional clarity regarding how services are transitioning between MHSA, BHSA, and Medi-Cal funding structures and how continuity of care will be maintained during implementation

C. Beyond County's Sole Authority

Some comments reflected priorities that involve broader cross-system policy decisions, statewide funding structures, or partner-led implementation responsibilities that extend beyond what the County can address independently as a Specialty Behavioral Health Plan. These priorities remain important to ongoing regional planning and coordination efforts and will continue informing collaboration with system partners as BHSA implementation moves forward.

- ***Crisis alternatives and peer-run recovery infrastructure***
  - Interest in peer run respite, non-clinical wellness hubs/clubhouses, expanded recovery-oriented step-down options, and broader integration of peer-led recovery approaches across crisis and community-based services
- ***Cross-system outcome monitoring***
  - Interest in community-led cross-system tracking approaches involving justice partners and other systems to better understand care effectiveness across settings
- ***Housing and homelessness solutions***
  - Support for expanding Permanent Supportive Housing (PSH), hotel/motel conversions, targeted housing supports for youth aging out of systems, veterans, and families with young children, and coordination with housing stabilization strategies supporting earlier behavioral health outcomes
  - Interest in strengthening coordination with housing and social service partners supporting housing stability as part of broader efforts influencing behavioral health outcomes earlier in the risk trajectory
- ***Substance Use Disorder (SUD) services and eligibility for intensive care***
  - Requests regarding eligibility for ACT/FSP-level services for individuals whose primary diagnosis is SUD

  - Requests for additional information about field-based service initiation models
  - Requests to expand youth inpatient SUD treatment capacity
- ***Workforce and peer roles***
  - Support for paid peer internships, flexible peer roles, mentorship pipelines, and clarity on opportunities under County's ELEVATE programs
  - Interest in loan forgiveness supports and expanded workforce equity engagements

While not an exhaustive list, these key themes were surfaced in live community review sessions, as well as were seen in online engagement (Engage San Diego County, BHSA IP input form, emails) and voicemails.

Coordination Approaches Supporting BHSA Implementation
Under MHSA, several standing BHS councils supported recurring updates across age groups and service areas. As BHS began preparing for BHSA implementation in early 2025, previously shared engagement updates described an evolving approach focused on streamlining existing convenings, expanding engagement opportunities with communities that experience disparities, and continuing year-round listening sessions and collaborative planning activities while statewide guidance continued to evolve. Community partners, providers, family leaders, youth leaders, and individuals with lived experience have played an important role over the years in shaping San Diego County's behavioral health system through these engagement venues. As engagement approaches continue evolving under BHSA, these efforts are intended to build on and expand the relationships, expertise, and collaborative planning foundations developed through these partnerships. Continued participation from community stakeholders remains central to implementation planning as the County transitions to the BHSA framework and expands engagement across the broader set of required stakeholder populations.

During this transition period, BHS is strengthening coordination with local jurisdictions, Tribal governments, providers, community-based organizations, and regional partners across the region. Cities and Tribal partners play an important role in how residents connect to behavioral health services across local communities. Coordination conversations to date have included topics frequently raised during recent engagement activities and CPP discussions, such as crisis response coordination, diversion pathways connecting residents to care rather than justice involvement, housing-related service alignment, and community-based access points where residents learn about available behavioral health supports. These conversations are helping inform implementation planning activities as the County transitions to the BHSA framework and continues aligning local coordination efforts with statewide expectations in partnership with these regional partners.

Under BHSA, engagement expectations place increased emphasis on coordination across service pathways connected to new statewide behavioral health outcome goals. In alignment with priorities identified through CPP activities conducted throughout 2025, BHS is continuing to develop updated cross-sector coordination approaches intended to support collaboration across clinical programs, housing partners, Medi-Cal Managed Care Plans, education partners, Tribal partners, justice system partners, and community-based organizations as implementation activities move forward. These approaches are intended to complement existing CPP venues and support participation across community partners, service providers, and regional systems involved in behavioral health implementation.

As part of this engagement, CPP activities conducted throughout 2025 identified several cross-cutting priorities that consistently appeared across stakeholder groups, including:

- improving access and system navigation supports;
- strengthening early support for children, youth, families, and schools, including early childhood service access and family-centered engagement approaches;
- expanding recovery-oriented services and opportunities for social connection; and
- increasing coordination between housing and behavioral health services.

Building on these priorities, BHS is working toward aligning future cross-sector coordination activities around these shared focus areas so that engagement venues can more directly support progress on statewide behavioral health outcome goals and Optimal Care Pathway implementation described in the draft Integrated Plan. These shared priorities helped inform how BHS is organizing coordination efforts moving from planning into implementation under the BHSA framework.

More broadly, BHSA strengthens expectations that counties coordinate engagement across multiple settings supporting planning, implementation monitoring, and future Integrated Plan updates rather than relying on a single standing advisory structure. BHS is continuing to develop coordination approaches intended to support participation from priority populations, regional partners, and cross-sector service systems as implementation moves forward. These approaches are expected to build on existing CPP engagement venues described in the draft Integrated Plan, including BHAB meetings, regional Community Leadership Team meetings, provider meetings, listening sessions, and regional coordination activities. Additional information about implementation-stage coordination activities will be shared as these efforts continue to develop.

CPP Procurement Activities Supporting Expanded Engagement

Following authorization by the Board of Supervisors in fall 2023 to expand outreach and engagement efforts, BHS began initial planning for related competitive solicitations. After passage of Proposition 1 in March 2024, these efforts were temporarily paused while statewide BHSA guidance was still under development, including direction related to CPP requirements released to counties by DHCS in August 2025. Following authorization by the Board of Supervisors in November 2025, BHS resumed planning and development of two competitive solicitations for Community Input & Planning Services and for Public Messaging, Community Engagement, and Education Services. These procurements are anticipated later this calendar year and are intended to strengthen local capacity to connect with the expanded stakeholder populations under BHSA moving forward.

Under BHSA, counties are expected to conduct engagement across 29 distinct stakeholder populations. Based on CPP input throughout 2025 and earlier MHSA CPP activities, BHS is also strengthening how engagement activities are coordinated across populations. Feedback received during input activities indicated engagement with some communities would be most effective when conducted through trusted community-based organizations with established relationships and cultural and linguistic alignment.

Community Input and Planning Services Contracts

The Community Input and Planning Services solicitation will award up to six contracts designed to strengthen recurring engagement with communities that experience documented behavioral

health disparities locally and statewide and may face barriers to participation in traditional County-led engagement settings. The following communities reflect CPP input and statewide outcome priorities under BHSA and CalAIM.

Communities of focus for the Community Input and Planning Services solicitation tentatively include:

- **Black/African American communities**, reflecting documented disparities across multiple behavioral health system touchpoints and statewide priorities related to crisis response equity, justice involvement, and access to specialty behavioral health care.
- **Latino/Hispanic communities,** one of the largest and fastest-growing populations in San Diego County, with engagement supporting statewide priorities related to language access, workforce diversification, and culturally responsive behavioral health services for Medi-Cal members and children and youth.
- **Tribal communities**, reflecting San Diego County's large number of federally recognized Tribal governments and alignment with statewide Tribal consultation expectations supporting culturally appropriate engagement with Tribal governments and Tribal community members.
- **LGBTQ+ communities**, reflecting elevated behavioral health disparities statewide and alignment with priorities supporting culturally responsive crisis services and access to behavioral health care.
- **Asian American, Native Hawaiian, Pacific Islander, immigrant, and refugee communities**, reflecting the size and linguistic diversity of these populations locally and statewide priorities supporting language access and culturally responsive engagement approaches.
- **Justice-impacted, reentry, housing-insecure, and veteran communities**, reflecting shared system navigation barriers related to care transitions, housing stability, diversion from institutional settings, continuity of treatment, and alignment with multiple statewide BHSA outcome areas including homelessness, institutionalization, justice involvement, and untreated behavioral health conditions.

Public Messaging, Community Engagement, and Education Services Contract
The Public Messaging, Community Engagement, and Education Services solicitation is intended to strengthen awareness of CPP activities through countywide media, public messaging, and outreach efforts and improve access to participation opportunities across the region. Related services are expected to support promotion of both County-led and contractor-led engagement activities, expand distribution of behavioral health information, and increase visibility of opportunities for community members, providers, and partner organizations to participate in input activities, implementation planning, and future Integrated Plan updates. This work responds to longstanding CPP feedback emphasizing the importance of accessible communication channels that help community members understand how, when, and where they can participate with BHS and its partners and how their input informs local planning.

Together, these investments support participation across the expanded set of 29 required stakeholder populations for BHSA and are intended to complement existing engagement activities and mechanisms. Both solicitations reflect priorities identified through earlier MHSA CPP activities and through stakeholder input during BHSA planning activities conducted throughout 2025.
Input received through CPP activities and the public comment period continues to inform how implementation priorities are sequenced and how coordination activities are organized across service pathways moving forward.

BHSA Performance Measures & Accountability

BHSA introduces a new statewide framework for tracking how behavioral health systems are improving over time. Under BHSA, the California Department of Health Care Services (DHCS) defines outcome goals, publishes performance measures, and reviews progress each year. Counties, Medi-Cal Managed Care Plans, and other regional partners all share responsibility for improving results because many factors that affect behavioral health outcomes happen across multiple systems.

Statewide Outcome Areas Under BHSA

BHSA identifies six statewide outcome areas that counties must monitor:

- access to care
- homelessness
- justice involvement
- institutionalization
- removal of children from home
- untreated behavioral health conditions

These outcome areas help guide how counties organize their Integrated Plans and how progress will be reviewed over time. Based on currently available statewide comparison information used during planning, San Diego County is performing at or above the state average in several outcome areas, including homelessness, institutionalization, justice involvement, and removal of children from home. Areas related to access to care and untreated behavioral health conditions continue to be important improvement priorities statewide and locally. These comparisons help inform how implementation activities are being sequenced as counties transition to the BHSA framework.

DHCS recently released a draft statewide behavioral health performance measure framework for public comment describing how progress may be measured consistently across counties. This framework is intended to support transparency and shared accountability statewide while recognizing that improvement depends on coordination with housing partners, health systems, schools, justice partners, Tribal governments, community-based organizations, and Medi-Cal Managed Care Plans.

CPP activities conducted throughout 2025 helped identify local priorities connected to these statewide outcome areas and informed the service pathway focus areas reflected in the draft Integrated Plan. Community input also emphasized the importance of continuing to use statewide benchmarks while identifying opportunities to improve outcomes locally over time. In addition to the six statewide outcome areas, engagement activities also identified social connection as an important local priority supporting recovery and well-being across age groups. This regional focus area complements statewide outcome expectations and continues informing coordination activities described in the Integrated Plan.

As DHCS finalizes the statewide performance framework, additional information will be shared about how these measures will be monitored locally and how CPP activities will continue informing future Integrated Plan updates across the three-year planning cycle.

Workforce & Capacity-Building Initiatives

Workforce-related investments described in the draft Integrated Plan reflect implementation of recommendations identified through the County's 2022 Behavioral Health Workforce Shortage Assessment, which is included in the Integrated Plan appendices. The assessment identified substantial regional workforce needs, including estimates that approximately 18,500 additional behavioral health workers may be needed locally by 2027 to meet projected demand. It also identified opportunities to strengthen workforce diversity and culturally responsive service capacity, which continue to inform pipeline and training strategies. Recommendations summarized in the report include strengthening workforce pipelines, supporting participation by community-based organizations in Medi-Cal behavioral health service delivery, expanding training capacity, and improving retention across the behavioral health workforce. Current and planned workforce efforts are intended to strengthen workforce capacity across the full public behavioral health continuum of care and support readiness for CalAIM, BH-CONNECT, and BHSA implementation.

Investments such as the **ELEVATE Behavioral Health Workforce Fund** support workforce pipeline development, training, and retention specifically within the specialty behavioral health delivery system. These efforts help strengthen the workforce capacity within the specialty behavioral health delivery system serving individuals with the most significant behavioral health needs. Complementing these specialty workforce investments, the San Diego County Board of Supervisors also authorized a competitive solicitation to provide Medi-Cal training and technical assistance for community-based organizations interested in completing Medi-Cal behavioral health certifications. BHS developed a training and technical assistance solicitation supported by this investment to strengthen readiness among community-based providers to participate in Medi-Cal behavioral health service delivery. This effort supports workforce participation across the broader behavioral health continuum of care and helps expand access through trusted community-based partners.

Behavioral Health Apprenticeship Network (BHAN)
Additional workforce pipeline strategies are also underway through development of the Behavioral Health Apprenticeship Network (BHAN) Committee, an industry-led employer forum facilitated by the Local Apprenticeships Uniting a Network of Colleges & High Schools (LAUNCH). The BHAN Committee will include industry partners, union representatives, and educators who will advise on apprenticeship program development, help establish training standards, and ensure program quality and relevance. Initial apprenticeship occupations are expected to include Substance Use Disorder Counselors, Social and Human Services Assistants (including case managers and outreach workers), Community Health Workers, and Wellness Coaches.

Peer Workforce Development Activities
In addition, peer workforce development efforts are continuing through ELEVATE's Peer Specialist Upskilling Program supported by NAMI San Diego & Imperial Counties and Pacific Clinics, which are recruiting participants for upcoming training cohorts in 2026. These programs support career advancement opportunities for individuals with lived experience and strengthen the peer support workforce as an important component of the behavioral health continuum.
Together, these efforts reflect a coordinated strategy to strengthen workforce capacity across both specialty behavioral health services and the broader Medi-Cal behavioral health delivery system, consistent with recommendations from the workforce shortage assessment. Public comments received during the Integrated Plan review period also emphasized the importance of workforce participation and sustainability across inpatient and specialty provider settings as

statewide staffing requirements and financing conditions continue changing. These workforce strategies support improved access to care by strengthening provider availability and expanding participation by community-based organizations serving priority populations as implementation moves forward in coordination with regional partners.

Looking Ahead

Statewide Public Comment Opportunity: BHSA Performance and Equity Measures

DHCS invites public comment on the second set of proposed performance and health equity measures related to the BHSA County Policy Manual. Share your feedback through Friday, May 8, 2026. These measures use more detailed, granular data to help counties and partners track progress, identify gaps, and improve outcomes for people most impacted by behavioral health challenges, including youth, people experiencing homelessness, and communities of color. Currently, proposed measure descriptions for performance measures and health equity measures are available for public comment. Feedback may be submitted via email to BHTinfo@dhcs.ca.gov with the subject line "Feedback on Performance and Health Equity Measures."

Conference Opportunity: Critical Issues in Child and Adolescent Mental Health Conference

All professionals and stakeholders engaged in community mental health, with focus on child and adolescent services, are invited to attend the 11th Annual Critical Issues in Child and Adolescent Mental Health (CICAMH) Conference on Friday, May 8, 2026. This year's theme, "Voice of a Generation: Equity, Access, and Innovation in Youth Mental Health," will guide a series of discussions and presentations addressing emerging priorities in the field. The hybrid conference will be hosted at the University of San Diego, Joan B. Kroc Institute for Peace and Justice – School of Peace Studies.

Registration and additional event information are available on the CICAMH website. For inquiries, please visit https://cicamh.com/ or contact CICAMH team at cicamh.conference@gmail.com.

Respectfully,

Nadia Privara

Digitally signed by Nadia Privara
Date: 2026.04.30 07:03:55 -07'00'

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, Assistant Director, Chief Strategy and Finance Officer