BHAB Quarterly Report Q3 Draft

August 6, 2026

To: San Diego County Board of Supervisors

Subject: Behavioral Health Advisory Board – Third Quarter 2026 Update

Dear Chair and Members of the Board of Supervisors,

The San Diego County Behavioral Health Advisory Board (BHAB) is a 20-member citizen board whose purpose is to review and evaluate the County's behavioral health needs, services, programs, facilities, and procedures, and to help ensure citizen and professional involvement in the behavioral health planning process.

BHAB is a state-mandated advisory body comprised of community members, behavioral health consumers and family members, individuals in recovery, veterans, employees of local education agencies, and transition-age youth (a Transitional Age Youth member has not yet been appointed at the time of this letter). This diverse membership provides insight grounded in lived experience, professional expertise, and community engagement across San Diego County.

BHAB meets regularly on the **first Thursday of each month from 2:30 p.m. to 5:00 p.m.**, and we welcome and encourage members of the Board of Supervisors and your staff to attend.

2026 Mid-Year Retreat Update

On July 24, 2026, BHAB held its Mid-Year Retreat to assess progress on its priorities of improving the continuum of care and enhancing communication and community voice.

Throughout the afternoon, we engaged in robust conversation, and members proposed several ideas to Behavioral Health Services staff through BHAB's advisory capacity.

To strengthen communication and community voice, members recommended **expanding outreach beyond the website and County communications to include television, radio, Spanish-language media, and social media**. Suggestions included joint appearances by BHS staff and BHAB members and media training for interested BHAB members.

The main activity of the retreat was a discussion of four community vignettes. BHAB members generated and shared the following ideas:

- Create a centralized "no wrong door" navigation system with clear information about eligibility, available services, referrals, next steps, and escalation options. Members proposed redesigning the BHS website around the needs and questions of users and developing an **interactive decision-tree tool** to guide residents to the appropriate service or contact based on their circumstances.
- Strengthen early intervention for children and youth through school-based services, trusted relationships, practical resource guides, and coordination among BHS, schools, the County Office

of Education, health plans, and community partners. **Members emphasized helping school personnel recognize early warning signs through training**, ensuring young people can seek help even when active parental support is unavailable, and providing children and families with a person who can help them navigate services. These recommendations are aligned with BHS updates regarding recruitment for a new training leadership position.

- Make care teams, accountability, and escalation pathways clear and accessible. Individuals, families, clinicians, housing navigators, primary care providers, and managed care plans should know who is responsible for each part of a person's care. **Members proposed a physical card, electronic contact card, or QR-based tool listing care-team contacts and next steps**.

- Improve the response for people with the most complex needs. Members recommended **stronger implementation of the Comprehensive Continuous Integrated System of Care model** that involves individuals, families, providers, and County staff without blaming clients for difficulty engaging with a fragmented system. The vignette also prompted differing perspectives regarding involuntary treatment, including the consequences of delayed intervention and the potential trauma and civil-rights harms of coercive treatment. No consensus was reached, and members identified this as an area for continued multidisciplinary examination through the LPS Subcommittee, including consideration of psychiatric advance directives.

BHS also provided updates regarding its transition to a standalone department, including workforce and leadership recruitment, organizational changes, opportunities to expedite decisions regarding service expansion, contracts, and grants, and efforts to maximize reimbursement for reinvestment in workforce, services, and facilities.

BHAB will continue working with BHS and its subcommittees to advance these ideas and monitor progress toward a system that is more accessible, coordinated, accountable, and responsive to community experience.

2026 Subcommittees Update

Access to the Continuum of Care for Children, Youth, and Adults Impacted by Mental Health and Substance Use Subcommittee

2nd Wednesday of every month | 3:00pm-4:30pm

Goal: Educating the community on services provided by the County, fully communicating all behavioral health services available for successfully locating resources to prevent gaps in the continuity of services, so that the services follow children, youth, and adults impacted by Mental Health and Substance Use.

Update provided by Subcommittee Chair, Julie Hayden

The Access to the Continuum of Care for Children, Youth, and Adults Impacted by Mental Health and Substance Use Subcommittee has been examining the behavioral health continuum across the lifespan to identify gaps and opportunities in prevention, early intervention, treatment, recovery, and long-term support for individuals and families impacted by mental health and substance use.

One of the strongest themes to emerge from the subcommittee's work is the need to strengthen the continuum of care for children and youth. While outpatient services are available, the subcommittee has identified concerns regarding access to higher levels of care for children and adolescents experiencing significant mental health and substance use challenges. In particular, the subcommittee has identified a need to further assess the availability of age-appropriate intensive and residential treatment options,

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including services for children under age 13 and adolescents experiencing substance use disorders or co-occurring mental health and substance use conditions.

When the appropriate level of care is not available or accessible, children and families may be left without adequate options when outpatient treatment is insufficient. This can result in children experiencing difficulty transitioning between services and systems or remaining without the level of care needed to stabilize and recover. This concern is particularly significant given the intergenerational impact of substance use and trauma. Many individuals experiencing substance use disorders have histories of family substance use, trauma, adverse childhood experiences, mental health challenges, or instability. Strengthening prevention and early intervention for children and youth may help improve long-term behavioral health outcomes and reduce the potential for these challenges to continue across generations.

The subcommittee's July meeting with the National Alliance for Drug Endangered Children further highlighted the importance of viewing caregiver substance use as a child and family issue. When a caregiver's substance use interferes with their ability to provide a safe and nurturing environment, children may also require intervention and support. Strengthening prevention, early intervention, family-centered services, and coordination across behavioral health, substance use treatment, child welfare, healthcare, education, and community organizations is essential to addressing these interconnected needs.

The subcommittee is continuing to gather information from stakeholders and examine the availability of services across the continuum, with particular attention to children and adolescents who may require higher levels of care. The subcommittee's ongoing work is focused on identifying opportunities to strengthen the continuum from prevention and early intervention through treatment, intensive and residential care, recovery support, and long-term stability, with the goal of improving access to coordinated services for children, youth, adults, and families impacted by mental health and substance use.

Involuntary Treatment – Lanterman-Petris-Short (LPS) Subcommittee

4th Wednesday of every month | 3:30pm-5:00pm

Goal: To become familiar with the Lanterman-Petris-Short (LPS) law to deliberate on options to advise the BHAB body, the Board of Supervisors, Behavioral Health Services, and other as appropriate for LPS implementation, including support on disability accommodations.

Updated provided by Subcommittee Chair, Robert Alm

Our LPS Subcommittee has identified 8 points at which LPS adherence breaks down within our continuum of care. At these 8 points, the effectiveness of BHS to care for and treat the county's SMI and SUD population weakens, and individuals remain unreached and untreated, and may be unhoused. One example identified by the committee is a misunderstanding of and thereby misuse of the term Gravely Disabled.

In WIC 5150(a), law enforcement and clinicians are told to look for the presence of Gravely Disabled people and, when they find them, to bring them to a facility for evaluation and treatment for their Grave Disability. A Gravely Disabled person is one who, because of an SMI or SUD, "is unable to provide for their basic personal needs for food, clothing, shelter, personal safety, or necessary medical care." WIC 5008(h)(1)(A). The standard of judgment to be used is "probable cause," WIC 5150(a). Probable cause is simply what a normal, reasonable person with no technical training would conclude upon seeing and talking to the person. With this understanding of the term Gravely Disabled we can see that, as one law enforcement supervisor put it, "That applies to 90% of my homeless population." This is the population that remains unreached and untreated in our county. This is the population that SB43, Proposition 1 and BHSA were designed to reach.

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There has been little to no implementation of the broadening of Gravely Disabled from SB43 in the county by BHS or law enforcement.

We are working to identify and review training materials and guidance documents distributed by BHS and used by law enforcement. We have identified a major training source and have begun the revision process. We are confident that once the proper legal definition of Gravely Disabled is taught to our clinicians and law enforcement, we will bring this population into our continuum of care and greatly reduce our homeless population.

Conclusion

We appreciate the Board of Supervisors' attention to these issues and BHS's partnership in responding to community needs. We welcome continued engagement from Board members and staff at our monthly meetings.

Thank you,

2026 Behavioral Health Advisory Board

Compiled by Amanda Berry, Chair

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