WELCOME TO BHAB RE-ENTRY SUPPORT FOR JUSTICE-INVOLVED YOUTH AND ADULTS SUBCOMMITTEE MEETING



PLEASE USE THE



FUNCTION OF THE ZOOM TO PARTICIPATE.

PLEASE STATE YOUR NAME AND AGENCY/AFFILIATION IN THE CHAT.

PLEASE KEEP PARTICIPATION COMMENTS BRIEF.











COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY, BEHAVIORAL HEALTH SERVICES (BHS)

Behavioral Health Services Act (BHSA) Overview & Input Session with

BHAB Re-entry Support for Justice-Involved Youth and Adults Subcommittee

Monday, October 27, 2025, 3:30 PM – 5:00 PM

BHS Communication & Engagement (C&E) Unit

Kat Casabar Briggs, MPH, Chief

University of California, San Diego (Contract #566007)

Krystal Lira, PhD & David Sommerfeld

Land Acknowledgment





We acknowledge that the San Diego County region is made up of the traditional lands of the Kumeyaay, Luiseño/Payómkaichum, Cahuilla and Cupeño/Kuupangaxwichem Peoples.

We acknowledge the harmony that existed among the land, nature, and its original Peoples, who have since endured displacement, persecution, and systemic oppression.

We pay our respect to the unceded territory and homelands of the 18 federally recognized tribes in our region.

We honor the ancestral grounds and sovereignty of the Tribal Nations, whose resilience and strength inspire forward movement towards more equitable and sustainable programs, policies, and practices.



Today's Meeting



- Background & Context BHS
 - BHSA Overview
 - Community Planning Process

BHSA Input Session – UCSD Health Partnership

Next Steps – BHS

Subcommittee Purpose



To increase awareness of California's Justice-Involved (JI) Reentry Initiative that provides medical and behavioral health services for adults and youth in San Diego County jails

California's JI Reentry Initiative



- On January 26, 2023, California became first state in the nation to offer a targeted set of Medicaid services to youth and eligible adults in state prisons, county jails, and youth correctional facilities for up to 90 days prior to release
- Intended to bridge the gap between custody and community ensuring continuity of coverage, linkages to behavioral health and physical health services, and reduce the risk of poor outcomes post-release, such as:
 - Recidivism
 - Hospitalization
 - Relapse
 - Overdose

About BHSA



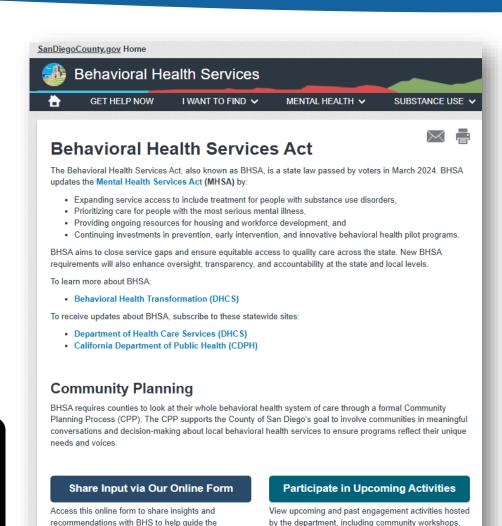
town halls, and input opportunities to help inform

the BHSA Integrated Plan for Fiscal Years 2026-2029.



- Part of Proposition 1; takes effect July 1, 2026
- Modernizes the Mental Health Services Act (MHSA) passed by CA voters in 2004
- No additional funding introduced, but brings new components, requirements, and restrictions for how revenue derived from millionaire's tax may be used by counties for behavioral health programs/services

Learn More bit.ly/BHSA_BHS



development of San Diego County's first BHSA

Integrated Plan for Fiscal Years 2026-2029.

BHSA: Key Populations



Eligible adults/older adults who are:

- Chronically homeless or experiencing homelessness or are at risk of homelessness.
- In, or are at risk of being in, the justice system.
- Reentering the community from prison or jail.
- At risk of conservatorship.
- At risk of institutionalization.

Eligible children and youth who are:

- Chronically homeless or experiencing homelessness or are at risk of homelessness.
- In, or are at risk of being in, the juvenile justice system.
- Reentering the community from a youth correctional facility.
- In the child welfare system.
- At risk of institutionalization.

About BHSA



- Broadens scope of funding to include standalone substance use disorder (SUD)
 treatment services and housing interventions; bolsters oversight and transparency
- Mandates data-driven reporting and population-level outcome tracking
 - Behavioral Health Outcomes, Accountability, and Transparency Report NEW
- Mandates stronger stakeholder engagement (approx. three-fold increase)
- Emphasis on supporting high-need and at-risk populations, evidence-based and community-defined practices, the behavioral health workforce, and health equity

BHSA Components





County Allocation of MHSA Dollars (Before Prop 1)

95% County Allocation

19%

5% State

5% Innovation **Prevention & Early** Intervention

Community Services & Supports

County Allocation of Proposed BHSA Dollars

(Under Prop 1)

35%

State Admin 90% County Allocation 10% State



Full-Service Partnerships

Behavioral Health Services & Supports

 \rightarrow 51% for Early Intervention (approx. 17.85%) →51% of BHSS Early Intervention funds dedicated to children, youth, and young adults (approx. 9.15%)

Housing Interventions

→ 50% dedicated to support housing needs of individuals who are chronically homeless, with a focus on those in encampments

76%

35% 30%

BHSA Components





- Full Service Partnerships (FSPs) provides team-based "whatever it takes" support for people with serious behavioral health needs, focusing on recovery, whole-person care, and family partnerships.
- Behavioral Health Services and Supports (BHSS) includes treatment and recovery services like therapy, case management, and medication support to promote wellness across all ages.
- **Housing Interventions** helps people with behavioral health needs find and maintain stable housing through supports like rental assistance and housing navigation services.

BHSS

- Children's, Adult, and Older Adult Systems of Care
- Outreach & Engagement
- Workforce Education and Training
- Capital Facilities and Technological Needs
- Early Intervention Programs
- Innovative Behavioral Health Pilots and Projects

BHSA: Integrated Plan



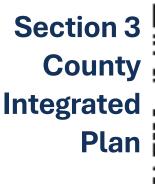


Counties' first BHSA Integrated Plan (IP) will cover Fiscal Years 2026-2029 and be due to DHCS by June 30, 2026.

All counties given template by state to provide:

- County Demographics and Behavioral Health Needs
- Plan Goals and Objectives
- Community Planning Process (CPP)
- Comment Period and Public Hearing
- County Behavioral Health Care Continuum Capacity
- Services by Total Funding Source
- Behavioral Health Services Fund Programs
- Workforce Strategy
- Budget and Prudent Reserve







BHSA: CPP Timeline





Phase 1 Receive New State Guidance for Planning	Phase 2 Conduct Community Education & Engagement	Phase 3 Develop IP (Fiscal Years 2026-2029)	Phase 4 Review & Approve IP	Phase 5 Submit IP to State
Summer 2025-Fall 2025	Fall 2025-Winter 2026	Winter 2026-Spring 2026	Spring 2026-Summer 2026	By June 30, 2026
 Review BHSA County Policy Manual (finalized June 2025) and evaluate new requirements for counties from the California Department of Health Care Services (DHCS). Attend DHCS webinars for counties on Integrated Plan (IP) development and the Community Planning Process (CPP) to structure BHSA CPP engagement activities. 	 Provide BHSA education through informational handouts and presentations at public meetings. Facilitate outreach, listening sessions, focus groups, and other opportunities at community events and convenings for stakeholders to provide input. Document key learnings and stakeholder recommendations to support community priorities and system needs. 	 Department synthesis of stakeholder input, fiscal data, and program assessments. Draft San Diego County's IP for Fiscal Years 2026–2029. 	 Post IP draft for public comment and feedback. Present proposed IP to the San Diego County Board of Supervisors (Board). Incorporate public comments and finalize IP language. 	 Board-approved IP provided to State (DHCS) through their BHSA County Portal. Prepare for official implementation of BHSA funding and reporting requirements on July 1, 2026.

BHSA: CPP Activities



- BHS is conducting <u>engagement</u> and <u>education</u> activities thru various mechanisms
 - Activities include input sessions, focus groups, interviews, tabling exchanges at outreach events, as well as informational BHSA workshops
- Input opportunities during this baseline year for BHSA are focused on hearing stakeholder insights and recommendations related to key topics which are new components and/or have heightened focus under BHSA, such as:
 - Substance use disorder (SUD) treatment services
 - Housing interventions
 - Crisis response services
 - Early intervention for youth and young adults

Input Session Overview

Input Session Questions (60min)





- 1. What outreach strategies or community partnerships could help connect people to support before a behavioral health or criminal legal crisis?
- 2. What could make transitions from custody to community-based care more consistent and reliable?
- 3. What housing supports or partnerships best help justice-involved people stay stable and connected to care?
- 4. What follow-up practices or supports best help people stay engaged, and how could we make those easier to sustain?

Input Session Questions (60min)





Thinking about both prevention and recovery:

- 5. What helps people access support early and avoid system involvement?
- 6. For those who have had system involvement, what approaches or supports help them maintain recovery and stability afterward?
- 7. As the County prepares for BHSA in 2026, what else should BHS consider to better support the behavioral health needs of those at risk of or with prior justice involvement?

Input Session

University of California, San Diego (Contract #566007)

Krystal Lira, PhD & David Sommerfeld



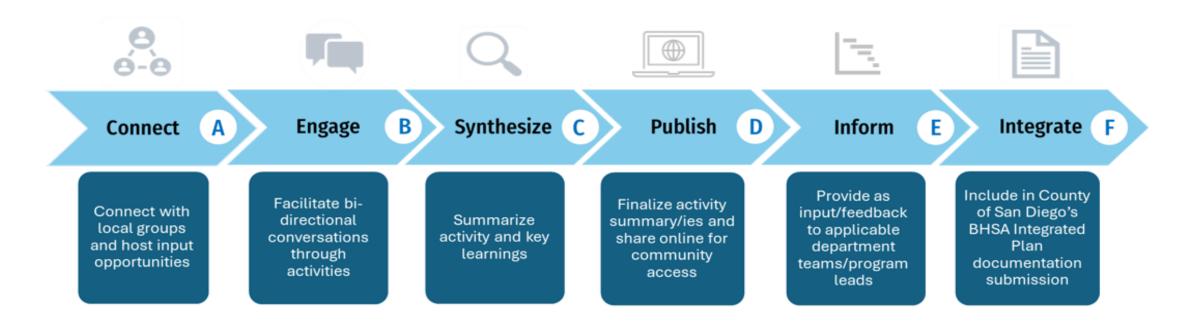
Next Steps





How will information from today's session be utilized by the department?

Input will inform specialty mental health and substance use disorder treatment services priorities, investments, and recommendations included in the first BHSA Integrated Plan scheduled for presentation to the San Diego County Board of Supervisors in Summer 2026.



Next Steps



SAN DIEGO







Key Learnings

Rigid Policies Create Barriers to Stable and Accessible Housing
 Barriers include eligibility rules, funding limits, and a mismatch of services when complex
 health needs exist. Eligibility rules like Coordinated Entry Systems (CES) matching,
 Housing and Urban Development restrictions, and felony exclusions all prevent access.
 Funding limits further narrow eligibility: for example, Supplemental Security Insurance (SSI)
 excludes board and care for high-need individuals. Service mismatch makes housing waits
 too long for clients with specialized care needs that require access to Assertive Community
 Treatment (ACT), and Full-Service Partnership (FSP).

Audience Recommendations

- Dedicate Funding for Capital Development Participants recommended the County dedicate the full 25% allowable under the BHSA 30% Housing Intervention Component to capital development projects. Maximizing this investment would be essential to expand the supply of Permanent Supportive Housing (PSH) and meet needs of individuals with serious behavioral health conditions at risk or experiencing homelessness. Recapitalization of "No Place Like Home," in collaboration with County Housing and Development Services was also suggested.
- Activity Summaries approved by BHAB on 09/04/25
- Overview of activity, participants, discussion(s) held, including questions proctored
- Three primary uses once finalized

Have Additional Input?





Visit our BHSA website! SCAN ME

Share Input via Our Online Form

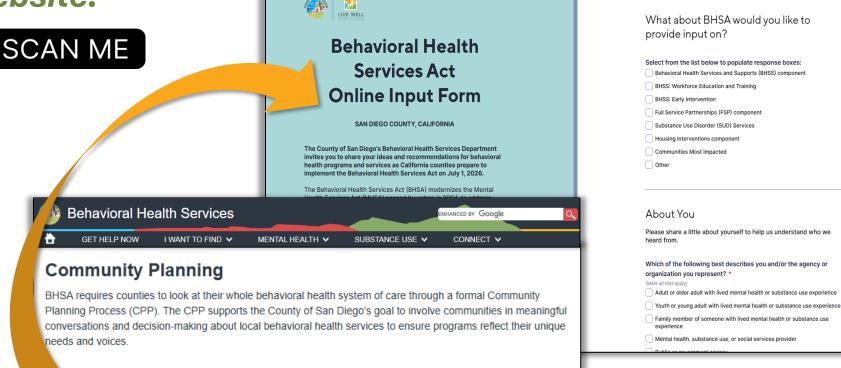
Access this online form to share insights and

recommendations with BHS to help guide the

Integrated Plan for Fiscal Years 2026-2029.

development of San Diego County's first BHSA

bit.ly/BHSA_BHS



Participate in Upcoming Activities

View upcoming and past engagement activities hosted

the BHSA Integrated Plan for Fiscal Years 2026-2029.

by the department, including community workshops,

town halls, and input opportunities to help inform

Stay Connected





Upcoming Engagement Opportunities

Planned Engagement Activities

Past Activity Materials



Contact Us

Communication & Engagement Unit: Engage.BHS@sdcounty.ca.gov

SCAN ME

Thank You!



